

HEALTHIER, WEALTHIER AND WISER

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Bruner says CAP critics must acknowledge that the organization today serves many more people than it did just a few years ago. Although the mission still is focused on HIV and AIDS, it often is impossible to separate these concerns from accompanying problems. The epidemic's widespread and complex nature requires programming with deeper scope, he says, and that requires financial support from entities that demand fiscal accountability delivered via a solid business structure.

"As you grow and your issue becomes bigger and more complicated and the need for what you have to offer increases exponentially, so, too, must your business foundation. Government funds that make this work possible come with a lot of strings attached. It's not like a drag show fund-raiser at a bar. If you don't have these [business systems] in place, guess what happens? You don't get the money to be able to hire the people to train the kids to do the prevention to..." Bruner says, trailing off in frustration.

He understands that the anger from the gay and lesbian community isn't really about a solid business infrastructure or simple accountability. For many, it runs much deeper, with personal roots back to the beginning of the epidemic.

"It's from the heart," Bruner sighs, pausing. "We all thought it should be over by now."

Regroup and revitalize

But the end is not yet in sight. Not for the disease, and not for the organization. If Bruner successfully has excised vestigial portions of Cascade AIDS Project, he only is beginning the reconstructive surgery.

"If 1999 was a bit of reassessing and reor-

ganizing, 2000 was the year of stabilizing and solidifying and refining. And 2001 is absolutely a year of enormous growth and the continued sophistication of our new direction," Bruner prognosticates.

Later this year, a fourth office is expected to open in North or Northeast Portland, joining the three located in downtown Portland, Hills-

boro and Vancouver, Wash. This new site will offer CAP a more locally based presence to respond to the needs of communities of color, Bruner says.

Among the eight new staff members coming aboard, two will be full-time caseworkers dedicated to reaching out to HIV-positive individuals among hard-to-find or hard-to-reach

MEETING THE DEMOGRAPHIC TRENDS

	All AIDS cases ¹	New HIV infections ²	HIV/AIDS clients ³	Educational outreach ⁴
Male	93%	74%	86%	58%
Female	7%	18%	14%	42%
Unspecified	0%	8%	0%	0%
Caucasian	82%	70%	73%	81%
People of color	12%	19%	27%	19%
Unspecified	6%	11%	0%	0%
Adults	99%	98%	99%	47%
Youth	<1%	2%	1%	53%
Gay/Bisexual	79%	66%	60%	36%
Heterosexual	21%	34%	30%	64%
Unspecified	0%	0%	10%	0%

¹ Percent of the total 4,586 cases reported for the state of Oregon from 1981 (first case) through June 2000, based on data from the Oregon Health Division.

² Percent of the total 630 new HIV infections (not including AIDS) diagnosed in the state of Oregon during calendar years 1998 and 1999, based on data from the Oregon Health Division.

³ Percent of the total 899 unduplicated and officially registered clients with either HIV or AIDS that were served by CAP in fiscal year 2000. CAP served more than 500 others with HIV or AIDS in fiscal year 2000 who were not officially registered clients.

⁴ Percent of the total 18,778 unduplicated people that CAP reached face-to-face with prevention education activities in fiscal year 2000 for which demographic data are available. CAP estimates another 11,000 people were reached in larger group settings but often on only one occasion and with a less intensive or targeted model.

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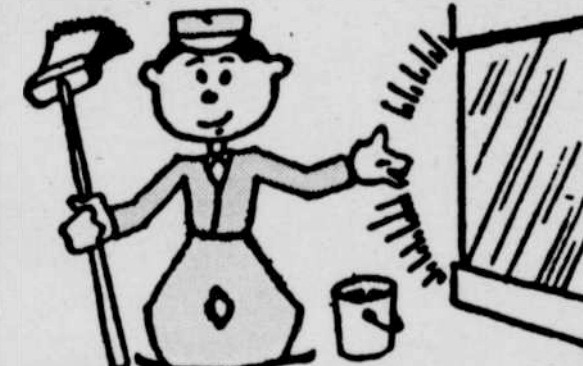
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