Multnomah County Commissioner Serena Cruz joins Cascade AIDS Project executive director Thomas Bruner for hula lessons during AIDSWalk 2001

I went down to 17 T-cells and just figured I would be dying very soon."

John lost his job after getting sick with pneumonia. He went on disability and felt he was "on the way out." But after connecting with a county HIV clinic and beginning a drug cocktail, his health rebounded.

"I hardly ever think about HIV. I just feel like a regular person, living my life with high hopes for the future," he says.

At the same time, John has joined a Web site devoted to connecting men interested in having anal sex without a condom, also known as barebacking. Although he often reveals his status, he doesn't say anything when encounters are anonymous.

"My thought is that everyone out there having sex has heard about HIV and the things you need to do to protect yourself from exposure," John comments. "Anyone running around having public sex is already into risky behavior."

Going to the source

Elizabeth Taylor, Earvin "Magic" Johnson and protease inhibitors are three milestones in the history of HIV, says Thomas Bruner, an AIDS advocate for more than a decade. The acclaimed actress increased awareness, and the basketball superstar brought it home to mainstream America. But it was a pharmaceutical breakthrough that everyone was banking on.

"There was nothing in the pipeline that had the potential to be as important as protease inhibitors," says Bruner, Cascade AIDS Project executive director. "The sense was that if this new class of extremely powerful drugs didn't produce dramatic results, we were fucked."

Combined with successful needle exchange programs and state health care, the results in Oregon were indeed dramatic. Numbers of newly reported HIV infections have fallen for the past several years. This shows up in the statistics indicating fewer gay men being reported as newly HIV-positive, Bruner says, especially compared to other demographics that have remained fairly level.

Besides effective outreach and education, he suggests one reason could be that combination therapy has resulted in such low viral loads that HIV-positive gay men are less infectious. "That's a sobering thought because then it's not about long-term behavior changes, not about efficacy of prevention models but more about better living through pharmacy," Bruner notes.

His larger concern in measuring changes, however, is to reinforce the distinction of looking at the behavioral rather than solely demographic identifiers.

"It is overwhelmingly about a guy getting fucked by another guy without a condom," Bruner says. "And, second, it's about dirty needles."

The distinction can be a contentious issue, especially when it comes to crucial federal funding for prevention and outreach work distributed by counties largely based on demographics rather than behavioral transmission groups.

Successful needle exchange programs have helped reduce HIV infections in Oregon

"It's drowning in political correctness," Bruner declares. "And the politics have gotten worse over the years. You're treating what people look like on the surface rather than the public health question of how did HIV infection get transmitted."

Getting organized

Garylee Grisham is both client and director of Esther's Pantry, which provides food and personal care items to financially challenged individuals living with AIDS.

When the nonprofit was created in 1985, it was supported primarily by fund raising through gay bars. In 1997, Esther's Pantry followed in the footsteps of other service providers toward a more organized structure when it secured federal funding. Such financing now accounts for almost three-fourths of its budget, illustrating the industry's evolution from grassroots compassion to accountable charity.

Its clientele has increased to more than 200 a month, including six or seven home deliveries. Like most service organizations, it struggles to balance the increased demand and a reduced level of resources. So, in conjunction with public funding, it now stipulates that new clients provide a physician's letter stating they are disabled because of AIDS—and not just HIV-positive.

Grisham estimates the number of Latino clients has increased about 20 percent since he's been there, while people other than gay men now comprise 25 percent of the clientele. As evidence of its changing demographics, Esther's Pantry now carries feminine products and recently translated forms into Spanish.

Following footsteps

Like its older sibling organizations, For Us Northwest didn't emerge until those who needed it could create it for themselves, executive director Sean Cox points out. The very existence of the 2-year-old nonprofit, which serves kids infected or affected by HIV, is itself an indication of a changing trend in managing the disease.

"It isn't like in the last three years hundreds of more kids have been infected or have a family member living with HIV," Cox says. Rather, the change is in the recognition of the impact on families and children.

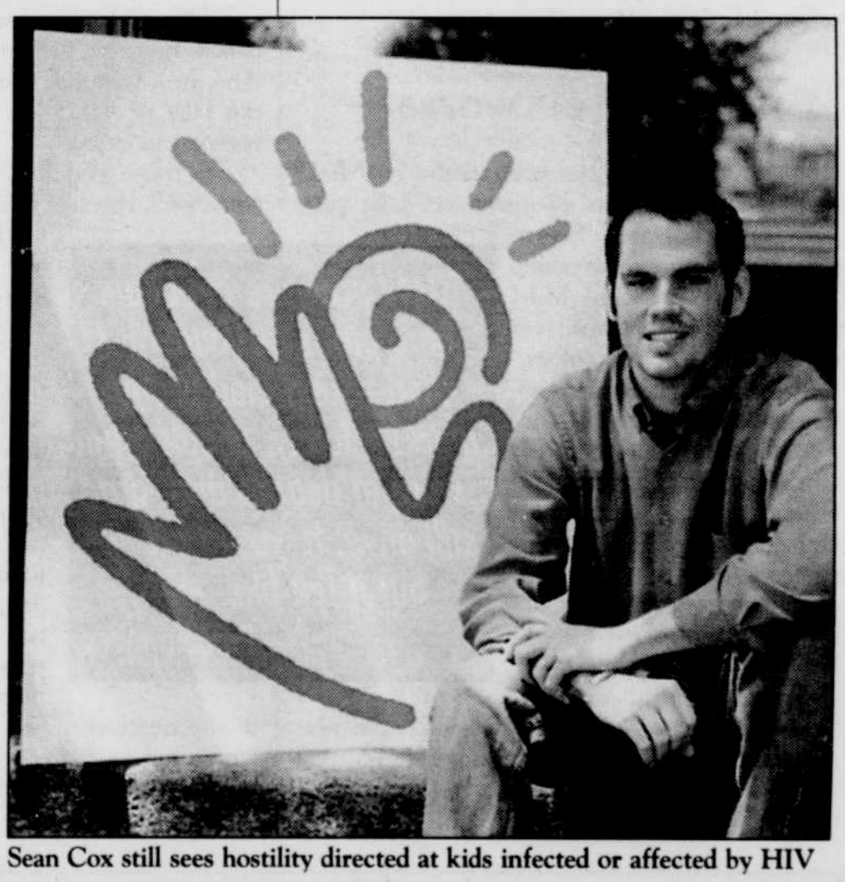
"The environment in our schools is so hostile to people infected with HIV," Cox says. "The stigma, the lack of understanding and the challenges are all still there. Of everybody I know who's HIV-positive, there's a very small minority who are open about their status. We give them a place where they don't have to have a secret."

Doing something different

When Kathryn Siebert joined Our House of Portland as a volunteer 10 years ago, she did a lot of sitting by bedsides comforting the dying. Although technically a residential care facility for people in an advanced stage of AIDS, the nonprofit was thought of as a hospice. To her, a death a week was normal, and people rarely moved out.

Residents used to be young, educated, white gay men who died quickly, often within two months. That doesn't happen much anymore, and today residents are increasingly women and people of color.

"Now, people come in where HIV/AIDS is not even their biggest problem," Siebert explains. "We've found ourselves dealing with addiction issues. We have a drug and alcohol counselor. We have an acupuncturist. That's all new in the last few years."



Sean Cox still sees hostility directed at kids infected or affected by HIV

Another new program is occupational therapy, first introduced three years ago.

"A lot of attention is paid to individual residents and what their needs and abilities are at the moment. That's a really different kind of orientation—to focus on someone's ability to do as much as possible, for someone to have as much meaning in their life as possible," Siebert says.

Sometimes, that means residents move out on their own. Where end-of-life issues once were all-consuming, staff today face complicated discharge planning that involves transitional housing, financing and employment. "There's more hope than there was," Siebert notes.

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