

A POLITICAL AGENDA

CAP seeks to advocate for the HIV community by throwing its hat into the public policy ring by Timothy Krause

Mention the word "advocate" and many gay men will think of the national magazine about queer culture. Thomas Bruner, however, sees an opportunity for Cascade AIDS Project to fulfill its mission by learning new ways to speak out on behalf of people affected by HIV.

Changes began at the nonprofit about a year ago when its board created a public policy committee chaired by Sam Adams, Mayor Vera Katz's openly gay chief of staff. It then hired Portland attorney Paul Cosgrove to join Bruner as registered lobbyists. CAP also began to share advocacy resources with Seattle-based Lifelong AIDS Alliance.

Building on this momentum, four forums were held last month in Portland and Vancouver, Wash.

The first two were "AIDS Advocacy 101" workshops presented in conjunction with Lifelong. A total of 29 people attended the sessions, which discussed what advocacy means, why it matters, how the political process works and ways to approach elected officials. The heart of the workshops' message was how grassroots constituents can influence government representatives.

"Hearing from organizations representing large numbers of people matters and hearing from lobbyists matters, but neither is a substitute for hearing from real people living with the issue every day," suggests Bruner, CAP executive director. "Those constituents can tell stories that are more compelling, more immediate and more local than a lobbyist can—and they can do it with more credibility."

Next, CAP played host to a breakfast work session for leaders of area HIV service providers. A total of 16 people participated, representing county and state health agencies, Partnership Project, Women's Intercommunity AIDS Resource, Our House of Portland, Project Quest, For Us Northwest, Outside In and HIV Day Center.

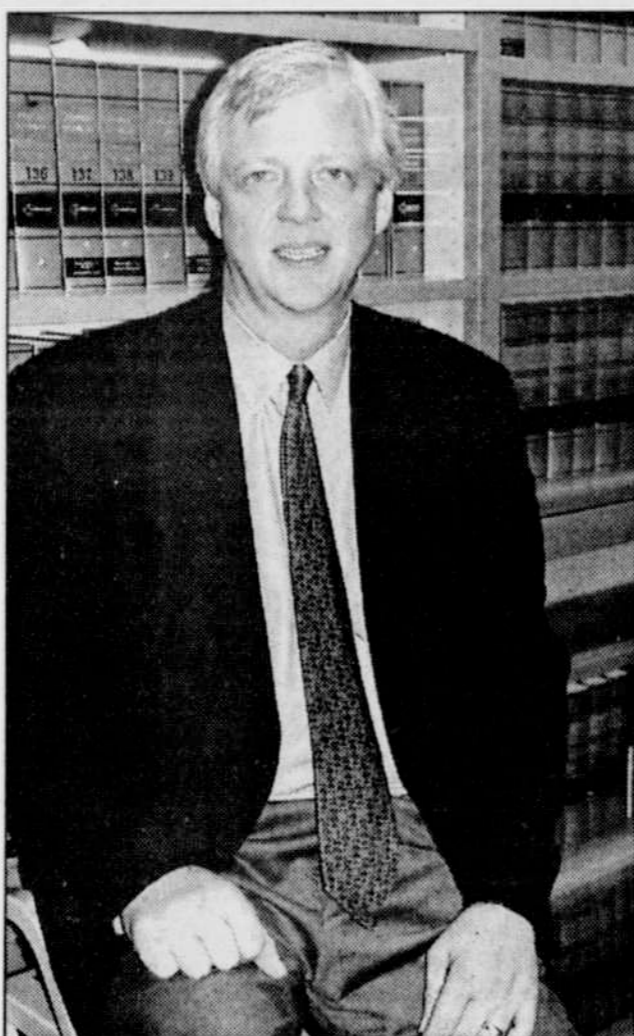
"The whole purpose was to explore how we, as an HIV provider community, could have a more powerful voice in public policy," Bruner notes, adding that this type of big-picture collaboration was unknown among organizations often more concerned with day-to-day existence. "There was a general consensus that this was important and of interest to other providers, not just CAP."

Much of the session was spent clarifying how nonprofits are permitted to lobby and looking at what other advocacy organizations are doing. Out of this emerged a tentative list of how collaboration might continue. Attendees explored the mechanics of working together, such as who would be willing to lobby, how an information network could be promoted and how issues could be prioritized.

"Part of what will ensure success is partnering with like-minded organizations. A chorus is much stronger than a solo artist in the legislative arena," Adams proposes.

The fourth event was a public policy reception. A total of 42 people attended the evening soiree, among them representatives from city and county commissioners' offices as well as state legislators. The gathering might have looked like a cocktail party, but Adams and Bruner agree the conversations were an important first step to familiarize politicians with CAP's new initiative.

From Washington to Salem to Portland,



Portland attorney Paul Cosgrove is helping with Cascade AIDS Project's public policy efforts

funding remains CAP's priority this year. But it anticipates significant challenges to federal appropriations, beginning with an administration that, with few exceptions, has flat-funded AIDS programs. Combined with increased defense expenditures and further tax cuts, Bruner foresees dramatic reductions in domestic spending.

"When you don't increase something, even by inflation, what you do is cut on a grassroots level the amount of stuff that's actually able to get done," he explains. "We have a less sympathetic administration, and we can't count on them to be our natural allies."

More aggressive agenda items, therefore, are likely to be put on hold. Instead of supporting needle exchanges or defending Oregon's assisted suicide law, for example, advocates instead must battle simply to maintain existing services.

Such is the case in Salem, too, where CAP's public policy work will focus on the well-being of the Oregon Health Plan. Many in the state's HIV community rely on the program as their sole access to expensive medications.

But Bruner doesn't think this connection has been made clear. "We're not right there in the middle of it, and we have to be," he says.

CAP will follow suit at other levels, too, where the organization will work with city and county governments to ensure HIV programs are "held harmless"—that is, neither reduced nor cut as local agencies face their own fiscal challenges.

"We need to work hard to ensure the programs that impact the issues of HIV and AIDS are preserved and enhanced," Adams says. "This is a life and safety issue, and we need to make sure that it's a high priority among political decision makers." □

For more information about the CASCADE AIDS PROJECT action alert network, contact Wambui Machua at 503-223-5907, ext. 216, or wmachua@cascadeaids.org.

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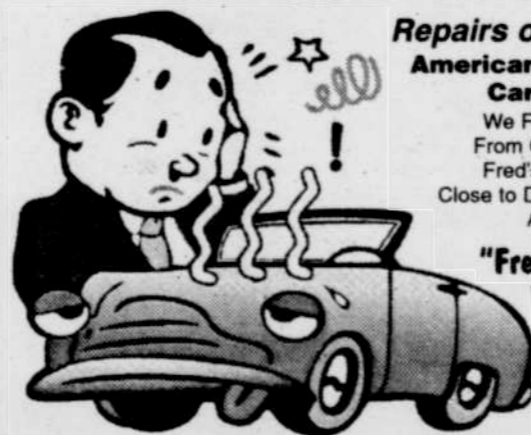
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