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THE KS/AIDS FOUNDATION OF HOUSTON, INC.

ITS HISTORY AND PROGRAMS
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by

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In late 1981, four people sat around in an office at the Texas Medical Center and reviewed a growing problem being reported from New York and California, then called "gay cancer." It was the week before Thanksgiving and when one of the four mentioned he had heard of a patient with Kaposi's Sarcoma who had died in Houston; the patient had been a young man from San Francisco. One month later, the first case of Kaposi's Sarcoma in an other-wise healthy young male was diagnosed in Houston. What was later to become known as AIDS (Acquired Immune Deficiency Syndrome) had come to Houston. During the following two months, several sparsely-attended community meetings were held to begin to educate the at-risk community (then gay males exclusively) and local physicians about the emerging epidemic.

In February of 1982, Michael Houston McAdory was diagnosed by a local physician as having Kaposi's Sarcoma. "Mac" was to become the central figure in the creation of a formal Houston-based group to deal with the growing health problem. Meanwhile, other groups were beginning to mobilize. Education became the first and main priority. The same four people who had forseen the problem in late 1981 began working on the development of epidemiological research projects, screening and treatment centers, and educational programs for the public, at-risk groups, and the health care workers. All projects proceeded extremely well except when it came time to fund the educational materials for the at-risk groups, the public agency involved (UT M. D. Anderson Hospital) considered it too controversial to produce educational materials pertaining to sexuality or homosexuality.

This was the birth of what would eventually become the KS/AIDS Foundation of Houston, Inc. The individuals from the Texas Medical Center joined with Michael Houston McAdory and other concerned individuals to form the Kaposi's Sarcoma Committee (KSC). Along with another local organization, Citizens for Human Equality (CHE), the first educational booklet and semi-prevention guide on the diseases associated with the epidemic was written and produced, Towards A Healthier Gay LifeStyle.

In June, 1982, the Kaposi's Sarcoma Committee (KSC) became a Texas corporation and began taking steps to become a non-profit, tax-exempt, community service organization. A Board of Trustees was elected, which included: Michael H. McAdory, President; Craig P. Rowland, Vice-President for Public Relations; Michael B. Wilson, Secretary; Didier Piot MD, Treasurer; Peter W. A. Mansell MD, Assistant Treasurer; and Board Members Bill

Bailey, Debra Danburg, David Short MD, and Andy Mills. Purposes, goals, By-Laws, and objectives were written and filed. The Articles of Incorporation have been amended to change the name of the organization to the KS/AIDS Foundation and to specifically add patient and social service programs to the charter since June of '82. The application for tax-exempt status has been approved since; the organization is classified as a 501(c)(3) agency. (It is not, by the way, by technical definitions, a "foundation," although is so named.) The purpose and goals of the foundation can be divided into three areas: EDUCATION, support of medical RESEARCH, and providing SOCIAL SERVICE and potentially patient care to persons diagnosed with AIDS or ARC (AIDS Related Complex, another term which can into being later).

Also in the summer of 1982, the First Annual Forum on AIDS would be held in Dallas, Texas. It was here that the new disease, now over one year old, would be given its soon to become famous (or infamous) name: ACQUIRED IMMUNE DEFICIENCY SYNDROME or AIDS.

Support of Medical Research

Early on, it became apparent that everyone was hoping medical science would provide a quick and easy answer to the AIDS dilemma. The cause would easily be found: a bad batch of drugs in New York, use of "poppers," having had too many sexually-transmitted diseases (STDs), King Tut's curse, or infection with an old virus like CMV, a new agent like delta hepatitis, or a as-yet undiscovered "Andromeda" strain. A cause was not quickly found although many scientists began to look. The public, particularly the gay community, supported fund-raisers billed for "RESEARCH" to find the cause and/or cure for AIDS. It was hoped that a "magic bullet" would be found to eliminate the cause, whatever the cause might be. The search continued for two years with little news.

At the First Annual Forum on AIDS held in Dallas in 1982, public health officials advised the gay community that it was not practical for them to tackle the job of raising the millions and millions and millions of dollars necessary to fund AIDS research. That was the job of government: federal, state, and local. What the gay community should do, we were told, would be to begin to establish lobbying projects to obtain federal, state, and local research money. This we did, but we also had to educate the masses of gay men why we were switching priorities from research to other areas.

In the first year, the Kaposi's Sarcoma Committee gave about \$10,000.00 directly to medical research projects. One study has resulted in the production of two articles submitted for journal publication, one on the epidemiology of AIDS (cause) and the other on its prevention. Taking the advice of the public health officials to heart, many similar organizations from around the country banded together to form the Federation of AIDS-Related Organizations (FARO) which now operates an office in Washington, DC, a hired lobbyist. The first year, the lobbyist was able to boost the federal allocations for AIDS research from \$12 million to \$96 million. We had contributed \$5,500.00 from KSC to FARO; it was obviously money well spent.

Since the original grants and the original FARO contribution, the KS/AIDS Foundation of Houston has not made any further direct financial contributions in the area of RESEARCH. AIDS has, by its very nature and seriousness, been an important public health problem ever since. Secretary Margaret Heckler from the Department of Health and Human Services has repeatedly referred to AIDS as "the number one health priority in the nation." The Centers for Disease Control calls it "the public health threat of the century."

AIDS was soon to become everyone's problem as the CDC estimated in April of 1985 that 1,000,000 Americans had been exposed to the virus thought to cause AIDS.

Medical advances were made in that the French and Americans both discovered a virus, named Lymphadenopathy-Associated Virus (LAV) and Human T-Cell Lymphotropic Virus, type 3 (HTLV-3) respectively. According to history, the French discovered their virus in September of 1983, the Americans in April of 1984. Therein was an enormous political controversy which detracted from the real issue for months. Research turned its attention to several priorities: (1) development of a culture technique and/or antibody test to the virus, (2) development of a vaccine to prevent disease, (3) immunorestorative drug therapy to repair an ailing immune system damaged by infection with HTLV-3, and (4) almost as an afterthought, the single most significant type of research that would be possible, searching for an anti-viral drug which would kill the virus and thus "cure" the progressive immune failure (which could be used in conjunction with immunorestorative drugs). Funding remained an issue for all researchers as the federal government played with budget cuts for AIDS projects during 1985. While the problem was growing exponentially, the proposed spending decreased from \$96 million to \$84 million as of mid-1985.

Meanwhile, the Foundation Grew and Evolved

The KS/AIDS Foundation of Houston quickly grew to one of the largest and most visible community-service organizations. At the end of its first fiscal year (May 31, 1983), it had raised \$29,816.25, all from private donations and fund-raisers. It spent that first year \$16,233.72, \$929.22 on operating expenses, \$5,360.00 on educational projects, \$9,244.50 on support of medical research, and \$700.00 on contributions to other gay organizations for AIDS-related activities, as described in detail in the FIRST ANNUAL REPORT AND FINANCIAL STATEMENT. A balance from the first year of \$13,582.53 was left. to carry over into the beginning of the next fiscal year, June 1, 1983 to May 31, 1984. During the history of the Foundation, it continued to find itself the target of complex attitudes directed at the problem of AIDS itself --- attitudes which became more widespread and oftentimes, more intense and confused. The community we were trying to educate and help continued to meet our existence with denial of the problem, aggression, paranoia, anger, and frustration. When the problem was distant, people tried not to think about it; as it drew closer, they demand reasons for inaction and more and more accountability from the Foundation. However, without a doubt, the Foundation had begun to prove its worth to the observing community it sought to serve.

During 1983 and 1984, the number of cases of AIDS grew exponentially in Houston. The reality was upon the community. Always a devastating medical problem, the disease became a complex social, psychological, moral, religious, and political issue as well, especially in Houston where it was used as a tool in political campaigns aimed at gays and gay rights.

The KS/AIDS Foundation of Houston continued to find itself in the midst of an emotionally-charged issue, generating an explosion of activity --- much of it needing direction and coordination to become truly productive. Thanks to a generous and understanding community, a growing team of dedicated volunteers, and a hard-working Board of Trustees, the Foundation continued to grow and evolve into a well-oiled machine with a great demand for volunteers and funds to accomplish the community's needs and expectations.

The Foundation became a national leader in the production of educational programs. It also found itself becoming more and more a social service and patient care organization - providing assistance to persons with AIDS. The number of people with AIDS requesting services grew from an average of one per week in 1983 to five per week in 1984. One full-time staff person was added to the office the second year.

The Board of Trustees of the Foundation was increased to thirteen individuals in April, 1983, including: Michael B. Wilson, President; Kent Speer, Vice-President for Public Relations; Ted Hewes, Vice-President for Volunteer Services; Leif Lippert, Vice-President for Fund-Raising; Sue Lovell, Secretary; Didier Piot MD, Treasurer; Peter W. A. Mansell MD, Assistant Treasurer. (An additional non-Board member served as Assistant Secretary.) Other members of the Board included Bill Bailey, J. H. Hollyfield, Debra Danburge, Michael H. McAdory (President Emeritus), Bill Scott, and M. Kent Sumrall.

In April, 1984, the Board of Trustees, was once again expanded, this time to eighteen: Michael B. Wilson, President; Bryan J. Guiot, Vice-President for Patient Services; M. Kent Sumrall, Vice-President for Community Affairs; James Robert Smith, Vice-President for Fund-Raising and Treasurer; Donald Skipwith, Secretary; Sue Lovell, Assistant Secretary; C. Ed. Jamail, Assistant Treasurer, and Board members Peter W. A. Mansell MD, Stuart P. Timm MD, Jim Beecher; Jim Finamore; Jim Goen; Ted Hewes; Leif Lippert; Michael H. McAdory (President Emeritus); Phil Murray; Bill Scott; and Rex Watson.

The purposes, goals, and objectives of the KS/AIDS Foundation of Houston as stated remained unchanged, although there was a definite effort in the EDUCATION area, a slackening of attention to support of medical RESEARCH, and an explosion of growth in the area of SOCIAL SERVICE. By 1984, the Foundation had produced over 100,000 educational brochures and been involved in over 200 talks and presentations on AIDS. The Foundation was beginning to develop a complex patient/social service program to provide a wide range of services to persons with AIDS; it began to plan for the increasing demand for a wide range of social service programs and proposed the establishment of an AIDS Residence and Extension Program, which would

care for both home-less indigent AIDS patients and those living at home but needing assistance and financial support. An innovative new method of providing cost-effective patient care utilizing the popular new home health care concept was on the drawing boards. Several grant applications to seek funding for these expanding programs were developed during 1984.

In order to continue to provide a quality level of services to the community, the Foundation continued to face its major problems: fund-raising and volunteer recruitment/training. It became apparent that the Foundation's fuel for energy was financial support and volunteer commitment. Without increasing amounts of both, the organization was fearful of coming to a standstill. That was the major problem facing the Foundation from 1984 to the present. At the beginning of its second fiscal year on June 1, 1983, the Foundation brought forward a balance of \$13,582.53. During the fiscal year from June 1, 1983, to May 31, 1984, took in \$51,058.04, again all from private donations and fund-raisers. The expenditures became more complex, and although not assigned to a project accounting system (the chart of accounts for such a purpose was developed for the following fiscal year), spent a total of \$46,535.72, leaving a balance from the second year to carry forward of \$18,104.85. There was \$4,522.32 net funds for the fiscal year to add to the previous \$13,582.53 to create the balance of \$18,104.85.

Of the \$46,535.72 of expenditures, \$10,968.63 (see following paragraph) was for operating expenses, \$20,237.75 was for educational projects, \$5,500. was for support of medical research, and \$4,299.99 was for contributions for services provided by other gay organizations which were AIDS related. A new category of patient or social services this year required an expenditure of \$4,903.35.

During this fiscal year, administrative costs or "operating expenses" were not assigned to a project accounting system (which would be developed the following year because of the new need). Thus, expenses such as the salary of the employee for the year (\$5,343.75), the purchase of capital equipment to set up a new office, associated insurance and legal fees, postage, and utilities were all lumped into "operating expenses" making these administrative costs appear inflated. One could easily assign the salary of the employee to education (25%), administration (25%), and patient/social services (50%) this year and quickly adjust the "operating expenses." However, this was not an established procedure until the following year. Income and expenditures for this year are described in detail in the SECOND ANNUAL REPORT AND FINANCIAL STATEMENT.

Education Programs

The first priority of the KS/AIDS Foundation from its inception was education. AIDS was a new disease and little was known about it. It was creating fear (called "AIDS-phobia") in the general public, in the at-risk populations, and in health care workers who were faced with providing care to the "modern-day lepers." Thus, the Foundation developed several educational programs to address each of these three basic target populations. The Foundation had to also develop training programs for its staff and growing numbers of volunteers who were faced

with what must be considered one of the most stressful volunteer tasks imaginable: frightened, horribly ill, discriminated against, indigent peers who were facing suffering and death. Burnout of volunteers was an immediate concern the Foundation had to address.

For the general public, the Foundation established a Hotline (713/524-AIDS) for people to obtain information about the disease, its symptoms, and referrals to medical and psychological assistance. The Foundation was the first in the state to develop such a referral list, which is now a function of the state health department. Also, we developed the nation's first "Hotline Training Packet" for those staff and volunteers answering telephone inquiries; we then trained other agencies, including Cancer Information Service, the Gay Switchboard of Houston, and Crisis Hotline about AIDS, as well as providing the packet to many similar AIDS agencies around the country. The Foundation also produced a 16-second Public Service Announcement (PSA), thanks to the help of CHANNEL 8/KUHT and distributed it to all electronic media in Houston. The Foundation maintains a Speakers Bureau to present talks on AIDS to any group who may request it.

For the health care workers, the Foundation in conjunction with medical institutions and public health departments and other community-service organizations has developed and presented countless talks, forums, seminars, and given workshops at several national conventions on AIDS. All together, the Foundation has been involved in the development and presentation of over 200 talks on AIDS. We have been invited to present the medical seminar and talks for the general public and at-risk populations all over the state of Texas. The response from the Foundation medical seminar had been more than overwhelming as participants evaluation forms state it was the best educational presentation they have ever attended. Many participants have written to us afterwards expressing how impressed they have been. As the reputation for these medical seminars has grown, the demand is beginning to outstrip the Foundation's staff/volunteer time and resources to provide these free medical seminars.

Without a doubt, the most significant educational program of the KS/AIDS Foundation of Houston has been its disease prevention program for the at-risk population of Houston. Beginning with production of the booklet, Towards A Healthier Gay LifeStyle in early 1982 --- the first educational materials advocating and promoting that gay males make certain changes in their lifestyle in response to AIDS, based upon one's own individual discipline and personal responsibility --- to today's sophisticated and complex "Play Safe" campaigns, the Foundation's disease prevention (aka risk-reduction, aka health promotion) campaigns will forever shine as one of its brightest achievements.

At the time that Towards A Healthier Gay LifeStyle was produced, AIDS was not even named. The disease was extremely controversial and far less significant in its scope and spread than today. Very little was known about the scientific and medical facts; the cause of AIDS was a matter of theory and speculation. Yet, the now-classic booklet was almost clairvoyant in its ahead-of-its-time recommendations. It was decided early on not to utilize fear in promoting a healthy response to AIDS, but logic and common sense. The booklet was met by those attending the First Annual Forum on AIDS in Dallas in 1982 with contempt. That gay men should make certain changes in their lifestyle in response to AIDS after two long decades of "sexual libera-

tion" during the sexual revolution of the 1960s and 1970s was, to say the least, an unpopular idea. (It is interesting to note the exact same reaction occurring today in the general, e.g. heterosexual population, as they begin to face the reality of AIDS). Gay leaders felt the booklet was a threat to the long-fought-for rights and privileges gained during this country's sexual revolution. The booklet stressed moderation in one's lifestyle, taking care of one's body, and more sexual discretion. It was attacked for being radicle and unscientific.

Approximately one year later, a handful of brochures advocating disease prevention appeared from various gay communities. After another year, every city and AIDS-related organization was producing similar risk-reduction brochures, now commonly called "safe sex" informational brochures. There must be fifty versions available now.

After Towards A Healthier Gay LifeStyle was produced, it was becoming more and more apparent to scientific researchers that AIDS was caused by some infectious agent which was, to anyone's best guess, sexually transmitted. At the same time, several epidemiological studies were showing similar results: certain sexual activities were highly correlated with the risk of contracting AIDS. The disease was behaving epidemiologically very much like hepatitis. Thus, with this new information and speculation, another step forward was taken in producing disease prevention educational brochures. At about the same time, a group in San Francisco, the Harvey Milk Democratic Club, and we in Houston, the KS/AIDS Foundation, produced a sexually-explicit brochure describing in detail what was "safe sex" regarding transmission of the suspected, as yet unidentified, infectious agent which caused AIDS. The San Francisco brochure was called "Can We Talk?" and the Houston brochure was entitled "AIDS Play Safe Information." Since, many such brochures have been produced around the world. Here was the beginning of effective educational programs to prevent the spread of AIDS in the at-risk group most affected, sexually-active gay males.

Quickly, we realized that providing bold, cute, informative brochures on "safe sex" would not convince the majority of gay males to make such radicle changes in their attitudes and behaviors overnight. Change would be slow; in the face of a major health crisis, was there anything to motivate those at-risk to accept "safe sex" as a disease prevention technique?

Herein lies the real beginning of the disease prevention program; herein lies the real challenge: to change attitudes and behaviors of large numbers of sexually-active gay males in the face of a fast-spreading epidemic in order to prevent disease, suffering, and death --- to stop the spread of AIDS.

The next step seemed obvious: to convince gay males to accept certain lifestyle changes and incorporate them into their attitudes and behaviors so as to avoid the "AIDS virus." While some were suggesting that people simply give up sex altogether, this did not seem too realistic nor practical as a real solution. It is no more plausible to suggest and expect gay men to stop having

sex in the face of the AIDS threat three years ago than it is to suggest and expect heterosexuals to do the same today when facing the same spectre. Besides, such advice is neither scientifically accurate nor psychologically healthy. Yet, while the general public still suffered under the protective illusion that "gay sex" caused AIDS and "straight sex" did not. Since society tries to teach that "gay sex" is bad and "straight sex" is good anyway, banning "gay sex" seemed to some the way to stop the spread of AIDS.

As is now apparent, the virus which causes AIDS cannot differentiate between a man or a woman, a heterosexual or a homosexual, an adult or a child. The principles of "safe sex" developed for the gay male population will remain essentially the same as they will now apply to the general population (heterosexuals and homosexuals included). The challenge facing us in 1985 is to overcome these misperceptions about the spread of AIDS and overcome the general population's strong denial of the AIDS problem as everyone's problem. Heterosexuals will not accept as readily, it appears, as did homosexuals, that certain changes in sexual behaviors are in order. Thus, an even greater challenge awaits us in the future.

But first, let us review what the gay male populations, that is the KS/AIDS Foundation, did with this enormous challenge when it faced them. As stated earlier, it was decided not to use fear as a motivating factor in producing attitude and behavior change. It was decided to use fun and fashion instead. Thus, in 1983-84, a campaign taking off on use of the animals in the AIDS Play Safe Information brochure was begun. A mascot, a large stuffed teddy bear named Albert was adopted. Animals have long been used in public relations work to create a feeling of family and life and human qualities, but at the same time, free of many human associations. Thus Albert, a strong, cute, fuzzy, "safe sex" mascot was dressed in different outfits from tuxedos to leather and taken to events to espouse the virtues of playing safe. Albert's image was used on party invitation holding a man protecting him. Albert did photo spreads in gay-oriented magazines with Mr. Body Beautiful winners. Albert's image would eventually be used in the transition to the third and current phase of promoting "safe sex." This fun phase created the idea in people's minds that "safe sex" was o.k. to try; it's not going to hurt you. The masses loved Albert as he paraded down the street in the 1984 Gay Pride Week Parade in Houston, dancing to the beat of Michael Jackson's hit song "Beat It." At this time, Albert is basically retired, nothing more than a fond memory. He lives at the McAdory Social Services Center with the homeless AIDS victims.

During 1984, Albert served to help us move from the era of fun to the era of making "safe sex" fashionable. Albert invited everyone to attend the largest fund-raising event to that time for AIDS --- the first annual Mr. Play Safe Play Mate Contest, held in October of 1984. The Play Safe Play Mates and the contest were part of a complex design created to make "safe sex" fashionable to the

gay men of Houston. The object was to make "safe sex" trendy and hot and acceptable to talk about and try in order to protect their health. In order to facilitate this, a series of activities ensued, including (1) development of a logo or symbol to stand for "safe sex," the purpose of which would become apparent shortly, (2) development of promotional items such as Play Safe t-shirts, a Play Safe hankie or bandana, and the 1985 Play Safe Play Mate Calendar, (3) identification of men to serve as role models in the community, including production of the Play Safe Play Mate Contest and Play Safe Play Mate Calendar for 1985, (4) development and production of monthly "safe sex" workshops co-sponsored by the KS/AIDS Foundation of Houston and the Montrose Counseling Center. Each of these activities requires additional explanation.

The logo selected to stand for "safe sex" was the checkered design and a checkered flag (used in racing to mean the track is safe). The checkered designs were incorporated into promotional items such as t-shirts (along with Albert and his friends), the hankie or bandana, the 1985 Play Safe Play Mate Calendar, and other items. Hankies have long been utilized to signify one's sexual interests; a white hankie with a checkered design joined the ranks to stand for "safe sex." Utilizing the hankie in one's back pocket, one could indicate he was interested in "safe sex" without having to bring it up back in the days when it was not as fashionable as now. The KS/AIDS Foundation of Houston produced a "Safe Sex" Promotion Kit for Gay-Oriented Businesses to encourage them to sponsor "safe sex" theme events at their business. One particularly enthusiastic bar painted the entire front of their building with the checkered designs which remain to this day. It indicates to the public they advocate "safe sex" and so do their patrons.

In October of 1984, the Play Safe Play Mate Contest was held at Houston's most popular gay disco. It was heavily promoted and turned out to be one of the most spectacular events in the history of Houston gay community (in a city known for its grand events). Thirteen contestants vied for the title of Mr. Play Safe 1985 --- men with muscles and of every type of ethnic group. Mr. Play Safe was used as the centerfold in the 1985 Play Safe Play Mate Calendar and the twelve runners-up represented each month of the year. Each provided a video of themselves espousing their belief in "safe sex" and staying healthy; on each page of the calendar, they provide advice about "safe sex." The calendar became a "safe sex" promotional tool, educational piece, and marketing device to raise money. With the appearance of the Play Safe Play Mates on the scene appearing at events, people suddenly began to really take notice of the concept of "safe sex" as something more than they read about or heard about.

And finally, in order to provide some technical expertise and guidance to the community, the "safe sex" workshops were developed. Held on the last Thursday of each month at the Montrose Counseling Center, these workshops incorporate lectures, group counseling techniques, and role plays to enable participants to actually utilize the techniques they had heard about comfortably. Each workshop

graduate is encouraged to him or herself become a role model for their friends, to hold a similar session in their home, and share the information so that more and more persons will come to appreciate the need for, techniques of, and application of using "safe sex" in their lives.

Each year a survey of the sexually-active gay male population of Houston is done. It is estimated that there is now a growing trend towards use of "safe sex." Perhaps a large majority of gay men are utilizing the techniques in their own lives. Certainly, it has been documented that the number of STDs in Houston's gay male population has seen a drastic decline. The City of Houston Health Department was reported a leveling off in the number of reported cases of AIDS in the gay male population of Houston during late 1984 and early 1985 while the number of cases of AIDS increases in the general population.

Future plans include continuation and expansion of the Play Safe campaigns to the general population, depending upon funding available. It is recognized that it is a critical time to begin such programs in the city of Houston.

Another educational program requiring a great deal of the attention of the KS/AIDS Foundation in late 1984 and early 1985 was regarding the availability of the new HTLV-3 Antibody Test for screening blood donors, thus protecting the nation's blood supply. Although the Foundation firmly supported use of the test to screen blood donors, proposed utilization of the test for diagnostic purposes and making it widely available was not supported by the Foundation. The federal government reprogrammed \$10.4 million away from other essential health programs for the establishment of "alternative test sites" so that gay men could get a HTLV-3 Antibody Test without having to go to a blood donation center. The Foundation had always produced educational materials informing those at-risk to refrain from donating blood and blood products. Now such a campaign had to be intensified; also the Foundation and practically every other AIDS-related group and civil rights organization, and many public health departments recognized the limitations of the test. It suffered from significant false-positive and false-negative results and did not diagnose AIDS nor pre-AIDS nor ARC nor indicate if the person was a carrier of AIDS, according to scientists. In fact, the FDA specifically labeled the test to indicate that it was not a diagnostic test for AIDS. Further, potential for discrimination against those who took the test began to mount, as the Texas state legislature discussed issuing identification cards and employers in health care, food handling, and service occupations wanted to give the test to their employees. People were concerned they would have life and health insurance policies cancelled or denied because of the test. Thus the Foundation began another massive educational campaign in 1985 to inform those at-risk to not donate blood or blood products and not to take the HTLV-3 Antibody Test except

as part of an approved research project. We await the results of the establishment of the "alternative test sites" and the results of the Foundation's educational campaign to deter at-risk persons from donating blood and taking the test. The money reprogrammed to provide this activity could have been better utilized in support of medical research, social services, and educational programs to prevent the spread of AIDS.

The Foundation sent three representatives to the Second Annual Forum on AIDS in 1983 in Denver, Colorado, and five representatives to the Third Annual Forum on AIDS in New York, NY. In New York, three Foundation representatives presented workshops on the prevention campaigns in Houston and the KS/AIDS Foundation of Houston was presented with one of two awards for "a job well done." The KS/AIDS Foundation of Houston took its "safe sex" campaign to the streets in 1984 by entering a float in the Gay Pride Week Parade. The float was donated by Critters, Zante Antiques, and Royal Limousines.

Social Service Programs

When the Kaposi's Sarcoma Committee was established in 1982, it did not consider itself to be a social service agency. As the need arose and the number of people with AIDS requiring assistance grew and grew, the Foundation accepted the challenge of providing unique and essential services in Houston. In 1985, the Social Service division of the Foundation has grown to be the largest and, along with education, one of the two top priorities.

The story began, perhaps when a homeless AIDS victim, recently diagnosed, was thrown out of his house by his family and rejected by his friends. He showed up on the doorstep of one of the Foundation Board members at 6:00pm one Friday evening. Another Board member was called to come over and the three talked. The AIDS victim had no place to sleep for the night. The Foundation had no mechanism to deal with the situation. We put him up for three nights in a nearby motel while we searched for a solution. Another patient called for help. He was too ill to work, couldn't pay his rent, and had no one to take care of him at home. Another called saying it would take five to six months get his first disability check from Social Security. Another called with no food. Another called and was suicidal. Another was being kicked out of his apartment because he had AIDS, another simply couldn't pay the rent because he had lost his job. We quickly discovered social service programs in the city of Houston, the county of Harris, and the state of Texas were inadequate for any disease; the problem was compounded by the diagnosis of AIDS or AIDS-Related-Complex (ARC).

The Foundation quickly sought volunteers to help with the situation. Social workers and social work students assisted the Foundation in finding the public assistance that was available, but that was not enough. The Foundation copied the "buddy" system of Gay Men's Health Crisis in New York and the counseling/assistance projects established by Shanti of San Francisco. Buddies and patient care teams were trained and assigned to people with AIDS. The number of clients grew. The need for housing became the major obstacle

in the provision of needed services. Keeping the homeless AIDS victim in a motel was not cost-effective. The Foundation began to ask its volunteers to house indigent AIDS patients in their homes. That did not work, as volunteers simply could not cope with caring for a desperately ill and oftentimes emotionally upset persons on a twenty-four hour a day basis. Patients needed attention and transportation to medical appointments. Patients got sick and needed a higher level of assistance. Volunteers burned out very quickly and returned the client to the Foundation to deal with and care for.

The Foundation called a community meeting inviting representatives of every level of government and every concerned organization and agency. At that meeting, criteria for assisting people with AIDS were first developed. Those criteria have now gone through three revisions to meet the changing needs of the community. Financial assistance grants for rent, food, and transportation to medical appointments and many other programs were initiated and criteria for giving assistance established. The Foundation became registered with the state of Texas as a social service agency. Most clients had a place to live and could survive with the "buddy" assigned to them, the financial grant assistance provided by the Foundation, and the public assistance available. However, there was a growing number of severely indigent patients who had no place to live. A proposal was developed and presented at a second community meeting. The attendees were handed a document entitled "AIDS RESIDENCE AND EXTENSION PROGRAM: A PROPOSAL FOR A PLAN OF ACTION." It called for the establishment of a place where homeless AIDS victims who could not care for themselves could live and be looked after. It called for counseling programs and food provided. It called for transportation. It called for a full-time manager with two assistants. It had a proposed operating budget for the first year of \$131,750.00.

It took many months of searching for funding and being turned down by public and private agencies and companies in Houston before a committee set about to raise the money for the program from the community. The need was there, the project was essential; the money was not there.

At the same time, it came to light that nursing homes in Houston were turning away AIDS patients. To this day, not a single nursing home within a thirteen county area surrounding Houston will accept an AIDS patient. Where were they to go? They began backing up in public and private hospitals at about three times the cost. The Foundation incorporated the concept of providing home health care to its proposed plans; that would require funding also. In the meantime, the Foundation continued making plans for establishing the

AIDS residence and extension program. A special committee of experts in providing health-related services was created and began to meet regularly to iron out the myriad of legal and political and practical aspects of such a proposal. Different avenues were explored: apartments, duplexes, houses, renting space in under-crowded health care facilities. Contacts were made with the Houston Apartment Association and talks continued with nursing home administrators. It became obvious that a facility would have to be found, purchased or leased, fixed up to city code, and maintained. The work continued; a location was found and fix-up began. Unique fund-raising projects were established to fund the center and it came closer to reality as the number of persons with AIDS grew.

On October 20, 1984, Michael Houston McAdory died of complications of AIDS. He had both Kaposi's sarcoma and Pneumocystis carinii pneumonia. On October 28, a memorial service was held and at 12:00noon the AIDS Residence Center was dedicated as The McAdory House by proclamation from the Mayor of Houston. On November 1, 1985, the McAdory House opened and has now been home to fifteen persons. Its extension programs have served over a hundred others living at home with buddies and financial grants. In May of 1985, the entire social service division of the Foundation, to reflect its growing role, renamed the AIDS Residence and Extension Program **The McAdory Social Service Center**. It is the only AIDS residence center in the country completely funded by private donations --- without any public assistance. It stands as a tribute to the founder of the KS/AIDS Foundation of Houston, Michael Houston McAdory, and to the community it serves. At the opening ceremony, Virginia Apuzzo, Executive Director of the National Gay Task Force, called it "a shining monument to the gay communities of the world." In late 1984, the KS/AIDS Foundation of Houston applied for United Way funding of its unique, essential, and cost-effective educational and social service programs. The application for \$149,066.00 in funding was denied because, according to sources within United Way, of political reasons.

The Foundation provides, or contributes to the provision of, a wide range of social service programs for people with AIDS and their significant others. To highlight a few, the Foundation provides (1) a team of patient advocates who do in-takes when a client calls requesting assistance. The patient advocate goes to the patient's home or hospital and takes the Foundation's Handbook of Social Service Programs, explains the programs, and evaluates the client's current and anticipated needs. The patient advocates attend the Social Services Committee Meeting and present each case for consideration. The Committee then make the determination of which services the Foundation can provide. The advocates make the recommendations to the client and advise him/her of the committees decisions. Oftentimes, a recommendation is made to provide (2) direct financial grants for rent and utilities, or to provide (3) assistance in obtaining the public assistance that is available, such as helping to obtain Social Security, Food Stamps, and money from the Texas

Department of Human Resources. One of the most significant assistance programs of the Foundation is (4) the assignment of a trained "buddy" to the person with AIDS; the buddy provides both practical and emotional support. A buddy may surely become the client's friend and spend time discussing the important issues he/she is facing on a day-to-day basis, including medical condition, psychosocial problems, and the possibility of facing death. The buddy also provides domestic assistance in the form of shopping, preparing meals, cleaning house, and doing the laundry when the client is too ill to do so. A buddy may turn out to be the best or only friend the AIDS patient has at a crucial time of his/her life. The buddy may help the person with further public assistance and insurance claims and the like. The Foundation has evolved through many phases to develop (5) Project Food: a food solicitation, collection, and distribution system whereby nutritious staples and fresh meats, bread, and dairy products are delivered to the client's home. A special Project Food team of buddies provides this service.

One need that quickly became obvious was getting to and from medical appointments for lengthy diagnostic tests and treatment protocols which left one weak or ill. Most volunteers/buddies are at work during the day when transportation needs arise and a sick patient cannot wait all day for a ride home. Therefore, (6) the Foundation entered into a contract with a local taxi cab company to provide taxi vouchers from home to doctor's office and home again, thus eliminating the transportation problem. The Foundation is billed monthly by the taxi cab company for sometimes hundreds of monthly trips. In conjunction with the Montrose Counseling Center, (7) private and group psychotherapy sessions for AIDS patients and their lovers/friends/families, and people with ARC are held weekly. The Montrose Counseling Center staff also provides a great deal of input into the development and support of the Foundation's educational and social service programs. The Foundation also provides (8) a list of referrals to lawyers and other forms of legal and financial assistance advice for clients.

Perhaps the grandest and most significant of all the Foundation's social service programs is the (9) McAdory Social Service Center (MSSC). The AIDS Residence Center or McAdory House plus all the extension programs described above combine to create the MSSC. At the MSSC, homeless AIDS patients, indigent patients, those in town for chemotherapy, or those requiring convalescent care can live with dignity. The McAdory Social Service Center stands a monument to the love and care provided by the community it serves. The McAdory House is the only AIDS residence center in the country not funded publicly. Also provided through the MSSC are (10) recreational and social programs so that people with AIDS can enjoy a higher quality of life as opposed to facing many hours of abandonment and loneliness.

In conjunction with its other educational program services and social services, the KS/AIDS Foundation of Houston has developed and presents a monthly two-day Volunteer Training Program. This intense program --- as much an experience as a training, as much a loving weekend as a learning weekend --- teaches new and old volunteers what the Foundation is all about, how to take care of people with AIDS from a practical and emotional standpoint. Graduates receive a diploma and a teddy bear and become part of the family of those who are joining the fight against AIDS. The program has trained over 200 volunteers for the Foundation plus many community health care and social workers, and people who just want to know more about AIDS. Without the Foundation's dedicated volunteers, the Foundation is nothing; volunteers are assigned to one of about a dozen different committees depending upon their expertise and interest. The volunteers are the Foundation and are honored once each year at the Foundation's annual Volunteer Awards Event.

"Helping . . . Caring . . . Meeting the Challenge." is the title of the Foundation's latest fund-raising/volunteer-recruitment brochure. These words have become the slogan of the KS/AIDS Foundation of Houston as it enters its fourth year of community service.

And the Foundation Continues to Grow and Evolve

In April of 1985, the Foundation expanded its Board to the maximum allowed by the By-Laws to accomodate the large number of interested and qualified nominees. The Board also elected three additional Officers who were not Board members, making the total number of Board members and Officers twenty-three. Michael B. Wilson was re-elected to a third term as President (non-Board member Officer); James F. Beecher was elected Vice-President for Resource Planning; Patrick di Battista became the new Vice-President for Community Affairs. A home-health-care nurse, Carol Wright, was chosen as Vice-President for Social Services (non-Board member Officer); Donald L. Skipwith was re-elected as Secretary (non-Board member Officer); Sue Lovell remained the Assistant Secretary. Jim Bob Smith was re-elected to the position of Treasurer; Carol de Armas joined the Board as the Assistant Treasurer. Additional members of the Board of Trustees included Tom Audette (Director of the Montrose Clinic), lawyer John Paul Barnish, Frank Campisi representing the Diana Foundation, and community activist Bruce Felgar. Also elected to the Board for the first time were Mark D. Firner; Frank Greenberg MD, President of the National Lesbian/Gay Health Foundation; Jack Jackson, EPAH member; Norris G. Lang, professor of anthropology at the University of Houston; John O'Donnell MD, psychiatrist; and Paul M. Rodenkirch, person with AIDS. Re-elected to another term on the Board were Leif Lippert, gay-oriented businessman; Peter W. A. Mansell MD, nationally-recognized AIDS researcher; William (Bill) A. Scott (Clinical Director of the Montrose Counseling Center); M. Kent Sumrall, public relations expert; and Stuart P. Timm MD, private practice physician.

The staff grew to two full-time people and one part-time person. Gary Beauregard was the Foundation's Administrative Director; Nate Sebastian was the Foundation's Administrative Director (Social Services); and Mark Patton served as the part-time Administrative Assistant. The Foundation also hired a Certified Public Accountant, Karen Normand, to audit the books and provide financial reports based upon the new Charts of Accounts she would devise for the Foundation's new project accounting system.

The following committees were established: under the Vice-President for Community Affairs; (1) the Community Affairs Committee; (2) the Scientific Review Committee; (3) the Education Committee; and (4) the Play Safe Promotion Committee. Finally, under this division was (5) the Special Events Committee. Under the Vice-President for Social Services; (6) the Social Services Committee; (7) the AIDS Residence Center Committee, (8) the Mental Health Needs Committee; and (9) the People With AIDS (PWA) Committee. Under the Vice-President for Resource Planning are (10) Human Resources Committee and (11) Fund-Raising Committee. Under the Treasurer is (12) Financial Review Committee; and under the Secretary is the (13) Nominations and Elections Committee. To alleviate complaints in the community that the same people have been running the organization, a new position under each of the Officers was created in 1985. It was also hoped that by sharing the burden of responsibilities, the Officers would be able to avoid chronic organizational burn-out from too much work. Under the Vice-President for Community Affairs is a volunteer position for the Director of Community Affairs; under the Vice-President for Social Services, a volunteer Director of Social Services; under the Vice-President for Resource Planning, a volunteer Director of Resource Planning; and under the Treasurer and Secretary, a volunteer Director of Administrative Services. Thus far, no one has stepped forward to accept any of these positions to alleviate their complaints of lack of input and a self-perpetuating Board which does not allow newcomers to participate.

On May 31, 1985, the KS/AIDS Foundation of Houston completed its third fiscal year. Armed with its new Chart of Accounts and project accounting system, the THIRD ANNUAL REPORT AND FINANCIAL STATEMENT is hereby prepared and presented to the community which we serve, with much appreciation for their loyal and continued support in the fight against what Secretary of Health and Human Services Margaret Heckler calls "the number one health priority in the nation" and Dr. James Curran of the Centers for Disease Control refers to as "the public health threat of the century:" Acquired Immune Deficiency Syndrome --- AIDS.

Financial Statement 1985
June 01, 1984 - May 31, 1985

It should be pointed out that a series of several very successful fund-raising events at the very end of the fiscal year suddenly inflated the KS/AIDS Foundation's cash reserve to its highest point in history. These events included: (1) a phone solicitation campaign netting \$,000.00, (2) a \$100.00/person benefit show at Risky Business cabaret, bring in \$ 000.00; (3) a joint fund-raiser benefiting the Foundation and the Montrose Counseling Center called May Day! May Day!, (the largest single fund-raiser for AIDS to date), bringing in \$,000.00 for the Foundation and \$,000.00 for AIDS-related counseling projects at the Montrose Counseling Center, and (4) Encore Weekend (Memorial Weekend 1985), including a dozen events concluding with the Encore Party at Numbers and the Mr. Southwest Drummer Contest at Rich's, netting a total of \$,000.00 for the Foundation. The sudden influx of \$,000.00 plus the other \$,000.00 raised during fiscal 1984-85 brought the total income for the Foundation to \$,000.00. During most of fiscal 1984-85, the Foundation was basically broke --- operating from month to month, especially during the "dry" political season of late 1984 and early 1985 when the Foundation promised to hold no fund-raising events to those trying to raise money fight opponents of the so-called "gay rights ordinance." It is anticipated that the last half of 1985 will be similarly "dry" as Houston enters another tough political season in which the Mayor is up for re-elction against another former Mayor, thus eliminating much of the Foundation's fund-raising powers.