CONTENTS

FEATURES

5 Life lessons
Author Timothy Critzer shares tribal wisdom about living with HIV/AIDS. Ron Mackovich reports.

11 Soul brothers
Kerry O. Burns transforms real-life experiences to a stage show titled Markings of the Soul. Bob Findle reports.

SECTION ON LEGAL ISSUES

13 Fugitive felons
HALSA's Leslie Kline-Capelle provides an enlightening report on an important benefits issue.

17 Will power
Do you think that you don’t need a will? Think again, advises HALSA's Melissa A. Fox.

RETROSPECTIVE

21 Positive Living, 1992-2002
Let’s review our back pages, as we close the vaults on this publication.

ESSAY

38 ‘Bruce’
Raymond Burroughs reflects on a traumatic loss.

TREATMENT FILE

42 Walker between two worlds
Steven Solberg of the POWER Program shares insight on a ‘two-spirited’ friend, and offers resources in the American Indian community.

ALSO THIS MONTH

36 Heroes in the Struggle
47 Benefits
48 Nutrition & HIV
Sometimes, it pays to daydream in class. One day last February, Timothy Critzer, a successful accounting professional living with HIV, did just that. The reverie changed his life and, he hopes, the lives of others recently diagnosed with HIV.

“I was sitting in an herbology class, drinking kava tea, listening to my instructor kind of drone on,” Critzer recounts.

“She was reading the handout she gave us, so I was kind of tuning out. And I just had this thought pop into my head that I needed to write a book, a book to help people who are newly diagnosed with HIV. I started brainstorming right there and in 15 minutes I’d basically written the table of contents.”

Critzer worked fast because he knew exactly what he was going to create; the kind of book he wished had been available four years earlier when he was got his HIV diagnosis.
Critzer decided to do it himself, rather than seek a big-name publisher. That search could have taken years, and he didn’t want to wait. In addition, Critzer’s accounting acumen helped him conclude the financial and editorial arrangements of a traditional contract with a publisher wasn’t for him. He self-published, and managed to get Amazon.com, Barnes & Noble and other booksellers to offer his paperback.

“With this kind of book it was so important to get it into the hands of people with HIV that I thought it was important for me to maintain control because it’s such a personal story and it’s told in such a personal, informal way.”

“I’m not a writer anyway,” he says, “I’m actually a teacher-healer-counselor type and this was a project that was channeled through me, and this is the form in which it came.”

A MATTER OF FAITH

Critzer’s experience as an HIV survivor taught him to have faith in himself and his own decisions.

After taking medications his doctors prescribed for three years, he stopped. At the same time, he adopted new eating and sleeping habits and began to meditate. “I changed everything in my life,” he recalls. The changes in his life helped him move to a higher level of health during the past year.

“What I want to illustrate to people is, ‘you are in control.’ ”

A man in control of his health, his work and his destiny, Timothy Critzer hopes to lead other HIV-positive people down the same path.  

Author Timothy Critzer

As a writer, he’s not big on research or empirical data. Instead, the book offers what he calls “tribal knowledge”: wisdom which, while common, hasn’t been written down.

“When someone’s in crisis, you don’t want to be throwing a lot of numbers and figures at them. The goal is to reach out to them on a human, emotional level. I never wanted to dictate behavior or point people in one direction or another. I wanted to lay out options for them and let them take the path that seemed most fitting for their life.”

HIV took Critzer, an Ohio native who came to California by way of Chicago, followed by Seattle, off the path of a successful accounting career and onto the steep, narrow road of entrepreneurship.

He left his accounting career, and set up his own company called “Be Healthy For Life.” Job one: promotion, publication and distribution of his book.
ending to an older brother who was dying of AIDS in the mid-1980s, Kerry O. Burns never imagined he would one day stand in a theater and tell audiences about his experiences.

In “Markings of the Soul,” which was staged recently at Los Angeles’ Celebration Theatre, that is exactly what Burns did.

“Markings of the Soul” is a true account of what happened in Atlanta, where Timothy lived, between the two of us,” said Burns, who lives with his wife Donna in Los Angeles. “It tells of our struggles against this plague and society’s prejudices that made the struggle even more difficult. In the end, we never expected to go through the hell we did, nor did we expect the love that we found we were capable of.”

Since then, “Markings of the Soul,” a monologue with music and slide projections of Timothy’s art, has toured and been seen in more than 40 states.

AS CLOSE AS BROTHERS CAN BE

Raised in a blue-collar household in New Jersey, Timothy and Kerry were encouraged by their father, a bricklayer, to play football and to be “real men.”

“Timothy and I were close as brothers can be,” Burns says. “That is, until Timothy came out to the family. That caused a lot of strife, ending with our father throwing him out of the house. A result of that event was that my relationship with Timothy changed and became one of hatred and contempt.”

During the years that followed, the brothers eventually healed the rift between them, ending with Burns going to Atlanta to be Timothy’s caretaker.

The one-man play began as a journal Burns started after returning to New York City in an attempt to come to terms with his life and the death of his brother.

“I started to look back on the journals I had kept in Atlanta,” Burns says. “I read and read. Then I began to write and write. I wrote a personal account of my stay in Atlanta and filed it away, convinced I had laid my demons to rest.”

AN OPPORTUNITY TO REFLECT

But the demons were not so easily sent packing. Burns found himself returning to the computer to record a personal account of his relationship with his brother going back to their childhood.

“I was very candid and blunt with myself,” Burns says. “I wanted honesty and integrity, not maudlin sentiment.

“When I finished the piece, I thought it was too personal to share with anyone else,” he says. He put it away.

Eventually he used part of the piece as a monologue in an acting class. Impressed by the excerpt, a theater director asked to see the play in its entirety. That led to an off-Broadway engagement in 1993.

STILL RELEVANT

Burns addressed how play about AIDS written in 1993 is received nearly 10 years later, in a time of lower mortality rates and less fear about HIV.

“We have gone so far in this fight, but we still have far to go,” he says. “I spend time on the road touring the show and see how a lot of organizations are drying up because of shrinking funding and the volunteers are burning out. But I also meet people who are still dedicated and doing all they can.”

Burns tells about a group of nurses he met in Delaware. “They started with the first case in their state and are still doing the work. I also see a lot of young people getting involved.”

“Markings of the Soul,” Burns says, can help keep awareness alive, even if it is on a small scale. Future plans include a performance in Senegal, Africa at an AIDS conference.

“No matter where I go in this country people tell me about their experiences. These people have not become complacent. I strongly believe in the theater as a powerful way of making a difference. If I can reach even one or two of these people, then I am doing something.”

Kerry O. Burns
AIDS-service providers in Los Angeles report an increase in the number of clients whose Supplemental Security Income (SSI) benefits suddenly have been cut off. In many of these situations, the reason why the SSI has stopped is that the benefits recipient has an outstanding felony warrant or has violated parole or probation.

By LESLIE KLINE-CAPELLE

BUSTED!
Fugitive felons and the long arm of the Social Security Administration
**Suspension of Benefits**

In 1996, Congress made a number of changes to the Social Security laws. One of these changes was adding a provision that SSI will be suspended for any month after August 1996 if the recipient is “fleeing to avoid prosecution, or custody, or confinement after conviction for a crime” which is considered a felony (or, in New Jersey, a “high misdemeanor”).

Whether the act is considered a felony or a “high misdemeanor” depends on the laws of the state where the crime occurred – it does not depend on the laws of the state of California simply because the recipient now lives here. In California and in many other states, it should be noted, a failure to appear in court on a misdemeanor can cause the charge to become a felony. This means that if you were cited for a misdemeanor and you never went to court on the charge, that may have been converted to a felony – and that may mean you have an outstanding felony warrant!

Part of these 1996 changes to the SSI laws included congressional authorization for the Social Security Administration (SSA) to set up a computer matching program to find those SSI recipients who have the outstanding felony warrants. The internal Social Security regulations, to implement this new policy, were not finalized until 2000. This is why, some six years after the laws were changed, SSI benefits “suddenly” may stop for certain recipients.

**When do the benefits stop?**

SSI benefits will stop as of the first of the month in which a warrant, court order or decision, or order or decision by an appropriate agency (e.g., parole board) is issued which finds that the individual is fleeing (or fled) to avoid prosecution, or custody or confinement after conviction, for a crime . . . or is violating (or violated) a condition of his/her probation or parole” or SSI benefits also will stop as of the first of the month “during which the individual fled to avoid such prosecution, custody or conviction, or violated a condition of probation or parole,” whichever is earlier.

Because the law was changed as of Aug. 22, 1996, the recipient may be considered ineligible for SSI only as of August 1996. If, for example, there is an outstanding 1990 warrant for an SSI recipient, that individual is considered ineligible only as of August 1996, not as of the 1990 issue date of the warrant. Note that other Social Security advocates have reported seeing paperwork where SSA demands repayment of benefits prior to 1996. Notices like these can be challenged as part of the appeal (and so far, SSA backs down on the issue of the date).

The Division Chief of the Los Angeles Public Defender’s Office reports that they are getting calls every week from SSI recipients with warrants which are 10-12 years old, whose SSI benefits only now have been terminated. The worst case which they have seen: a 91 year old SSI recipient, whose outstanding warrant was 30 years old. The typical case: an SSI recipient, who is 40-50 years old, who has a bench warrant over 8 years old.

If the recipient takes the necessary legal steps to resolve the violation or “fix” the warrant, and SSA receives written confirmation of this, then the SSI benefits will resume as of the first day of the month following receipt of that written notice.

**‘Fixing’ an outstanding warrant**

Outstanding warrants concern felonies, so we are talking about criminal cases. The probation violation or the parole violation may involve only a misdemeanor. Unfortunately, some recipients may have to travel to another state – the state which issued the warrant or the violation notice – in order to obtain legal advice from a Public Defender on the best way to “fix” the warrant or violation. (HALSA cannot provide any legal advice on any criminal legal issue.)

Since the fleeing felon laws apply to those individuals who receive SSI, these laws are applied to men and women who are low-income – they had to be low-income in order to qualify for the SSI benefits. Since these recipients are low-income, it is almost a certainty that they will not have the money to hire a criminal defense attorney to investigate their case and to represent them. These recipients may have to rely on the Public Defender's Office in the state where the warrant or violation exists. (Read the sidebar on Page 15 for specific Public Defender telephone information.)

Afraid to turn yourself in? That is totally understandable, but if you believe that there is an outstanding warrant against you, or a parole or probation violation, you are urged to contact the Public Defenders’ Office in the state where the warrant or violation was issued, to find out whether you will have to turn yourself in, before you can begin to vacate the warrant or violation.

If an outstanding warrant, or violation results in incarceration for over 12 months, the recipient’s SSI will terminate. Upon release from custody, the recipient will have to file a new SSI application.

**What if I do nothing?**

Social Security Administration regulations permit sharing information with law enforcement – therefore, a recipient of SSI can be tracked through their Social Security number to the address where the SSI notices are mailed.

If the outstanding warrant or violation is for a particularly serious offense, the FBI may come knocking at the door (and, yes, this has happened). Even if no one
shows up at the door, as long as the warrant or the violation remains outstanding, the recipient will be unable to receive SSI.

**Will I lose Medi-Cal and SSDI, too?**

If you are living in California and you receive SSI, then you also receive Medi-Cal. Under California law, Medi-Cal cannot terminate your coverage just because the SSI stops. Medi-Cal must send you a re-determination notice and must re-evaluate your case before your Medi-Cal can stop.

Congress wants to extend this Fleeing Felon rule to SSDI (Social Security Disability Insurance) benefits. Right now, however, this law does not apply to SSDI. If you were approved for SSI/SSDI “concurrent” benefits, your SSI benefits will terminate, but your SSDI benefits will continue.

In California, Fleeing Felon rules have been enacted which will apply to anyone receiving Veterans Administration benefits, and which already apply to anyone receiving Temporary Assistance to Needy Families (TANF), and Food Stamps.

**If I “fix” the warrant, will I live happily ever after?**

Resolving the warrant or violation may not be end of the puzzle.

The law does not require simply that the SSI recipient’s benefits stop until the warrant or violation is resolved. The law actually provides that the SSI recipient is not eligible to receive benefits for any month during which s/he is considered to have been fleeing prosecution.

Once the recipient resolves the warrant or violation, the recipient becomes eligible to receive SSI for future months. If, for example, the recipient receives the SSI suspension notice in June 2001 for a probation violation in February 1997, that is a period of four years and four months when the recipient was not eligible to receive SSI.

This means that the recipient’s SSI benefits will have been overpaid. In this example, the overpayment may be as much as $40,000. SSA will want to collect this overpayment. If the warrant or violation is resolved and the recipient begins to receive SSI again, there will be a monthly deduction in order to repay this overpayment. To find out how much may be deducted, you should call the APLA Benefits Department at (213) 201-1472.

There is a specific formula which SSA uses, but a recipient can negotiate a lower payment amount, in some cases.

If you want SSA to waive, cancel or reduce the overpayment, you have 65 calendar days from the date stamp on your Notice of Overpayment to file a written appeal (a Request for Reconsideration). If you do not file in time, you will have to prove you had a good reason to file late. If you want to receive SSI checks while you are appealing the termination of benefits or the overpayment (or both), you must file your Request for Reconsideration within 10 calendar days.

**How does Social Security find out?**

SSA becomes aware of outstanding warrants and probation/parole violations by the states which issued them. SSA then informs the FBI. This gives the FBI a chance to pick up the SSI recipient before he or she may realize that there is a problem!

SSA is not allowed to terminate SSI benefits unless there is corroborating information of the outstanding warrant or violation, which the state’s law enforcement agency must provide. This corroboration may be provided in a variety of forms, including:

- A copy of a court order or decision, or other court document
- A copy of an arrest warrant or order
- A copy of a court decision, parole board decision, or other agency decision which determined that the recipient vio-

**What to do if your SSI is terminated**

- If you get an SSI termination notice, immediately call AIDS Project Los Angeles’ Benefits Department at (213) 201-1472, AIDS Service Center at (626) 441-8495 or the HALSA Intake at (213) 201-1640. You may have fewer than 10 calendar days to protect your SSI benefits.

- If no copy of the warrant or probation/parole violation was attached to your SSI termination notice, file a Request for Reconsideration at your local Social Security Administration office, and request “Aid Paid Pending.” This Request for Reconsideration must ask for a “formal conference” and request that the Social Security Administration subpoena the criminal “charging complaint,” the warrant, and any other underlying documents—to give copies of all of these documents to you.

- If the clerk tells you that you have “no case,” “no defense,” or “no right to get Aid Paid Pending,” ask to speak to the supervisor, write down everyone’s full name and write down what you are told.

- If your SSI termination notice describes a Los Angeles County warrant, call (213) 893-0547 to speak with Bruce Schweiger for help to vacate the warrant.

- If your SSI termination notice describes a California warrant, call (213) 974-2811 to get the number for the Public Defender’s Office Head Deputy in the county where the warrant was issued, so that you can get help in vacating the warrant.

- If your SSI termination notice describes a warrant in an out-of-state county, call the Public Defender’s Office in that county, ask to speak with the Head Deputy, and ask for assistance in vacating the warrant.

- Keep all SSI documents together, and save the envelopes!
DATED A CONDITION OF PROBATION OR PAROLE.
A COPY OF THE DOCUMENT WILL BE KEPT IN THE RECIPIENT’S SSA FILE.

CALL FOR ADVICE
Among the clients who have called HALSA so far, none have had a copy of the arrest warrant or probation/parole violation attached to the SSI termination notice which they have brought to the HALSA office. Therefore, HALSA advises anyone who receives such an SSI termination notice without a copy of the arrest warrant or probation/parole violation immediately to call HALSA, AIDS Project Los Angeles’ Public Benefits Department or AIDS Service Center.

There are specific Social Security rules about receiving “third party” information concerning a recipient, and verifying the accuracy of that information with the recipient before SSA is permitted to take action, which may affect the recipient’s benefits. These “third party” information rules do not apply to these law enforcement agency or court documents, concerning the fleeing felon rules. This means that SSA has been taking action to suspend a recipient’s SSI benefits based on the information received from the law enforcement agency without first verifying that information with the recipient. SSA, however, has an internal regulation which requires the agency to examine the legal document(s) before the termination of the benefits notice is prepared or sent. SSA has not been following this internal regulation, in these “fleeing felon” cases – this is a due process violation.

DOESN’T SOMEONE HAVE TO TELL ME WHAT IS GOING ON?
In virtually any Social Security Administration action which may affect a recipient’s benefits, there must be written notice to the recipient which explains the action and outlines how the recipient can appeal the action.

For these fleeing felon situations, if the recipient has just applied for SSI, the Social Security Administration will send a Notice of Disapproved Claim, (SSA-L8030-U2) and there will be a caption entitled “Why We Can’t Pay You.” If the recipient already has been receiving SSI benefits, the Social Security Administration will send a Notice of Planned Action (SSA-L8155-U2) and there will be a caption entitled “Why Your Payments Changed.”

Cases have been documented of people who have traffic or other misdemeanor warrants receiving SSI termination notices
This Notice of Planned Action will show that the recipient’s benefits have changed to $0.00 per month. This Notice of Planned Action also will indicate that SSA may contact the recipient later regarding those SSI benefits which already have been paid – this means that there will be a later written notice about an SSI overpayment.

SO WHAT DO I DO?
As recommended here, if you believe there is an outstanding warrant or probation or parole violation for a felony and you have not been contacted already by SSA, you immediately should call the Public Defender’s Office in the state where that warrant or violation notice would have been, or will be issued.

If you have received a Notice of Planned Action from SSA, you will have to file a written appeal within 10 calendar days of the date stamped on this notice, in order to continue receiving SSI (Aid Paid Pending) while you appeal the suspension. Call APLA’s Benefits Department, AIDS Service Center or HALSA for assistance in completing and filing these appeal forms.

Even if you argue poor health and other hardships as a defense, please note that a recipient who cannot afford to travel to the state which issued the warrant or violation notice may not have valid grounds to win an appeal of the SSI suspension. If you are too sick to travel to the state which issued the warrant or violation notice, you should explain this to the Public Defenders’ Office when you call.

Social Security Administration clerks have been known to tell recipients that they cannot receive Aid Paid Pending in such cases because they have “no” defense. Clerks have no authority to make such an assessment about your appeal. Rudeness by SSA staff and mis-information actually can be an additional defense, in some cases. (Read the sidebar for tips on how to handle such mis-information.)

At present, the SSI recipients who may have a valid defense to the suspension of benefits would have written documentation to prove that the parole or probation violation already has been resolved. Some SSI recipients with common names (John Mitchell, Jose Ramirez, Mary Smith) may receive termination notices for another SSI recipient with the same name. These “mistaken identity” cases must be appealed immediately. These SSI recipients should have no overpayment and no termination of benefits whatsoever.

There are documented cases of people who have traffic or other misdemeanor warrants receiving SSI termination notices. If the warrant is for a felony, then the SSI recipient cannot have his or her SSI benefits terminated.

There was one documented case of someone who cleared the warrant on July 5, 2002, but on August 20, 2002, the Social Security Administration office on Wilshire Boulevard issued a termination of benefits notice.

There even has been a documented case where SSA tried to terminate the recipient’s SSDI benefits, in addition to the SSI benefits.

See Page 51
Many people believe that if testamentary documents are prepared, death must be imminent.

This is simply not true. Testamentary documents are essential for everyone, no matter our financial or health status. They work together to provide for the protection of family, friends and loved ones, which would otherwise be absent at a very difficult time. Because illness, incompetency and death can occur unexpectedly, preparing for these possibilities is important.

Four types of testamentary documents—wills, financial Powers of Attorney, Advanced Health Care Directives and Hospital Visitation Authorizations—are provided at no cost to clients by the HIV/AIDS Legal Services Alliance, Inc. (HALSA).
WILL

A will is a legal document, drafted and executed in accordance with state law, which becomes irrevocable at your death.

When clients arrive in my office, many ask, “Do I really need a will? I don’t have any money and I don’t own anything!” My response is always the same: a will can provide for much more than just the distribution of property.

Wills are not only for the wealthy. Even if you think you own nothing, most of us have some personal effects that we have collected. Without a formalized will, these items will be given to your next-of-kin, regardless of who you want to have them.

Next-of-kin includes only those related by blood, such as children, parents, siblings, grandparents and aunts and uncles. At this time, California does not recognize common law or same-sex marriages. Your property, therefore, will be distributed to family members, rather than a partner or friend. It is important to choose your beneficiaries — those people you want to inherit under your will — while you are alert, aware and have the capacity to do so.

A will also allows you to name an executor, or the person you appoint who must follow the instructions contained in your will. Your executor is responsible for paying any and all debts and taxes from your estate, managing your property during probate (if any), and for distributing your property to the rightful recipients. Any U.S. resident who is over 18 and legally competent can be named as an executor. The executor can also be a beneficiary under the will.

A will allows you to provide for your final arrangements, funeral instructions and other wishes you may have regarding your death. This may include your preferences regarding cremation or burial, your wishes regarding the disposition of your remains, and who will be in charge of your funeral or memorial service.

Further, a will allows you to nominate the guardian you wish to care for your children after your death. If the deceased parent named is capable of caring for the children, and if the child’s other parent is unavailable or not fit to care for them, the deceased parent’s preference is likely to be respected.

Finally, a will is essential in order to make your wishes known to those you love. You can control what happens to your property and remains after you die. This can only make life easier on your loved ones.

FINANCIAL POWER OF ATTORNEY

A Financial Power of Attorney allows you to choose an individual (your “agent”) who has the authority to take care of your finances, such as paying bills from your bank account or cashing a Social Security or disability check, in the event that you are alive, but unable to make those decisions for yourself. This power can be granted at either the time the document is executed — a general POA — or when a licensed medical doctor declares that you are incapacitated — a springing POA.

To prevent problems, you should take the financial power of attorney to your bank and any other institution or person with whom your agent is likely to have to deal. If any institution says they would not honor the POA as drafted, you should simply sign the institution’s own form. You should also ask the bank to keep a copy of the POA with your bank records.

ADVANCED HEALTH CARE DIRECTIVES

An Advanced Health Care Directive (AHCD) is the best way to ensure that your health care wishes are carried out. It allows you to designate an individual (your “agent”) who is designated to make healthcare decisions on your behalf, if you are unable to do so.

AHCDs are particularly important for people who have chronic illnesses or disabilities, or who are at risk for developing serious health problems in the future. They can also be used to make end-of-life decisions, such as whether to undergo life-sustaining treatment and what types of medical interventions should be used.

AHCDs are legally binding documents, and they are recognized by all hospitals, clinics, and other medical facilities. They should be kept in a safe place, such as a doctor’s office or a hospital, and copies should be given to your family members and your doctor. In addition, you should periodically review and update your AHCD to reflect any changes in your health or wishes.
way to make sure that your health care wishes are known and considered, if for any reason you are unable to speak for yourself. The AHCD has replaced the Durable POA for Health Care, or DPAHC, as the legally recognized document for appointing a health care agent in California. The AHCD allows you to choose an individual (your agent) to make all of your health care decisions for you, in the event that you are unable to make those decisions for yourself. You are able to provide as much instruction as you wish to assist this individual in making decisions on your behalf. Most important, you should discuss all of your wishes regarding your health care with your agent.

The AHCD is also now the legally recognized format for a living will in California and has replaced the Natural Death Act Declaration. It indicates your wishes to a physician regarding life-sustaining treatment, if you are diagnosed with an incurable and irreversible condition.

All valid DPAHCs and Natural Death Act Declarations continue to be valid. Therefore, if your existing DPAHC has not expired, you do not have to complete a new AHCD. On the other hand, a DPAHC executed before 1992 has expired and should be replaced with a new AHCD. Because the new AHCD allows you more opportunity to express your health care wishes, you may decide to complete the new form, even if you previously completed a DPAHC and/or Natural Death Act Declaration in the past. You should at least review your existing DPAHC or Natural Death Act Declaration to make sure it has not expired and that it still accurately reflects your wishes.

Before you meet with your primary care physician to make your AHCD part of your medical records may become crucial in emergency situations, as hospitals may immediately consult your medical record or primary care physician.

Authorization allows you to specify, in advance, any individuals not related by blood or marriage whom you would always want to be admitted to visit you in a hospital, if you were no longer able to communicate those wishes.

It is important to note that hospitals do not always recognize same-sex couples as “family” because of inadequate staff training or other policy deficiencies. A Hospital Visitation Authorization, or a Domestic Partnership Agreement in California, is evidence of your wishes and your relationship and should be respected.

Resources

Trust and Estates Section of the State Bar of California
www.calbar.org/epsection/publications

HIV/AIDS Legal Services Alliance
3550 Wilshire Blvd., Suite 750, Los Angeles 90010
(213) 201-1640

L.A. Gay & Lesbian Center
1625 N. Schrader Blvd., Los Angeles 90028
(323) 860-7350, www.laglc.org

LAMBDA Legal Defense and Education Fund
Western Regional Office
6030 Wilshire Blvd., Los Angeles 90036-3617
(323) 937-2728, www.lambdalegal.org

review your existing DPAHC or Natural Death Act Declaration to make sure it has not expired and that it still accurately reflects your wishes.

Additionally, you may name any individuals who you would never wish to be admitted to visit you in a hospital. This document essentially offers protection to partners and friends who might otherwise be barred from visiting you in a hospital. Without a specific statement, blood relatives would ordinarily get first priority.

Funded by the County of Los Angeles, Department of Health Services, Office of AIDS Programs and Policy

Melissa A. Fox, Esquire is a Testamentary Staff Attorney in the HIV/AIDS Legal Services Alliance. Individuals may contact HALSA by calling (213) 201-1640.
On the occasion of publication of the final issue of POSITIVE LIVING, we present a somewhat random selection of highlights from our back pages.

Our debut edition from January 1992

Excerpts selected by Jennifer Ludlow, Tracy Sigrist and Paul Serchia
A mission to educate

As an art student at Otis-Parsons and California Institute of the Arts, Mark Niblock-Smith was content with creating abstract sculptural forms: “beautiful objects which hung on the wall,” as he describes them. Then came the HIV diagnosis.

“I had to rethink what things in life were important to me,” he said. “Since 1987, I’ve been consistently making work about HIV, and other critical social and political problems we face: homelessness, military expenditures, the eroding of the environment.”

But HIV has been at the center of his work.

“There are a lot of different ways to educate the public about HIV,” Nibblock-Smith said. “We’ve been covering a lot of bases, and we’ve been doing a good job. But I want a subtle way of bringing people in through the back door instead of hitting them over the head when they come in the front door. I think my work asks people to reach inside themselves, and find similarities between themselves and people who are infected with HIV….”

One project, which Niblock-Smith plans to install at a shopping mall, would be comprised of “very short stories about people living productive lives with HIV.” The stories would be a printed poster, displayed on a stand, “just big enough so that anyone who walks by… can be pulled into the story.”

“It’s my strong desire to make art, to communicate … that there are a lot of people who are HIV-infected of living with HIV who are productive, involved in positive things,” said the artist, who has been on disability for two years.

“There is always the strong feeling of uncertainty in my life. But you can’t get too caught up in thinking about the uncertainty. So I … try to get as much accomplished as I can, in the time that I have.

“And I plan to be around a long time.”

*Agitprop sparks awareness,* by Frank Carothers March 1992

The diva activist

Meet Connie Norman, charismatic and outspoken. And a self-described “AIDS diva.”

“I’m just a person with a voice,” says Norman, 42, who learned that she was HIV-positive in 1987. “And it’s not my voice that’s important, it’s the education which created that voice that’s important. Unfortunately, a lot of that education is still being ignored,” she said…

Norman says what got her involved as an HIV activist “was my love of self and my love of others, and realizing that was a valuable contribution I could make.

“Being a transsexual, I had to work so hard to overcome obstacles to loving myself; that in the process of falling in love with myself I fell in love with everyone. I began to realize that genuine love of people is a needed commodity. If you genuinely love people, you’re needed.” …

A typical week for Norman now is “phone calls, faxes, meetings, letters and follow up, follow up, follow up.” While the public Connie Norman spreads the word of education and commitment, Norman spends as much time as possible with her husband, and finds time for a grandmother she’s very close to and five long-haired cats….

What should others do to get involved?

“Write that first letter! Make that first phone call! Educate yourself. Don’t let your fears make you uneducated … whether you do or don’t disclose your status, you put to rest the myths of AIDS for yourself.” …

“When you’re HIV-positive, the biggest difference you make is in your own life. Embrace this virus like your life depended on it. It does.”

How to feel good

…74. Talk to someone about how you fell living with the virus. 75. Tell someone you love that doesn’t know your status that you are living with HIV/AIDS. 76. Then tell someone else (it gets easier). 77. Stand up for your beliefs. 78. Watch informative programs about HIV/AIDS. 79. Hug a friend. 80. Cry – let the damn burst. 81. Ask for help any time you need it (know you are supported). 82. Light a candle in the dark and just be with your thoughts. 83. Don’t worry. 84. Eat lots of good food. 85. Sleep in when you feel like it (it’s OK). 86. Be a shoulder to lean on. 87. Know you exist because you have something to give. 88. Forgive. 89. Go ahead, eat your dessert before your meal. 90.
Make a tent out of sheets and spend the night there. Wear sunglasses at night and pretend you’re a movie star. Find a space in your house and put all your favorite little things there and smile every time you look at them. Fantasize – you always win in your fantasies. Go to a gallery opening. Paint a painting about how you are feeling. Get a sketch pad and some crayons. Always be curious (like a cat). Give of yourself. Keep active!!!! From “100 things to help you feel good.” by Joe Monroe, June 1993

Yes, there’s a health crisis, Senator Dole

Copy of a letter to Sen. Robert Dole (R-Kan.)

I recently noted on an ad from AIDS Project Los Angeles that you have publicly stated that there is no health crisis in America....

For once in your life, Sen. Dole, get your head out of the Kansas cornfields and, as we say here in California, get a life! The fact is, that years of right-wing conservative Reaganomics are the reason that I and millions of other hard-working Americans are now suffering in the country and all you can say is “there is no healthcare crisis in America.”

I’ve been so repulsed by you and your flag-waving hypocritical Republican friends that if I could afford the airfare, I’d pay a personal visit to your office and regurgitate all over your desk to show you how much you make me sick. Perhaps someone in your family or close circle of friends will be devastated by a catastrophic illness such as cancer or AIDS so maybe you, yes you, will get the message once and for all that there is indeed a healthcare crisis in this country.

From “Get a life, Bob Dole,” by Steven Erik Prowler, April 1994

The PAWS cause

“A primal bond, which comes from the guts, exists between animals and their owners,” said Nadia Sutton, the executive director of PAWS. “It is a terrible thing when, because of illness or financial problems, someone takes away the thing you love so intensely: your pet. If you break someone’s heart by taking away their pet, the will to live often goes away. It has even been written in the Journal of Medicine that people with aging problems or illness live longer if they have pets.

“Taking care of pets gives sick people a way of empowering themselves. It gives a sick person something and someone to be responsible for. When someone has Kaposi’s Sarcoma, his pets summed up his thoughts on his life and his group, “Art is very important in this community. We may not be a model – yet. But we’re making a statement, and we’re part of history.

“When this AIDS thing disappears from the face of the earth, they’re going to have all this art to reflect on. They’re going to say, “Wow! These guys said it!” From “Monroe’s artwork gives him purpose,” by Ed Sewall, January 1995

Art with a purpose

To build community awareness about HIV, the SP21 Art Coalition began to offer performance art last spring.

“The schools are excited about this project,” said Steve Monroe.

“We aren’t going to come out and do a testimonial like others have been doing, because kids are bored with that. We want to bring a presentation that slaps them across the face, that says, ‘Wake up!’”

Monroe

“Rocky” and Nadia Sutton show mutual affection, while Joel Kimmel watches, photographed by Thyrone Millaud
don’t reject him. They don’t know or care about lesions. The person with AIDS can be comforted by thinking ‘no matter what I look like, my dog loves me.’

“I remember someone saying about his pet ‘If I can’t keep my baby, I have no reason to live.’”

From “L.A. pet advocates helping people with AIDS” by Barry Cherin, January 1995

Morality & public health

Finally, in the matter of sex and health, we need to recognize that religious morality often conflicts alarmingly with such governmental concerns as public health and civil rights. A 19th-century French doctor, Charles Diday, for example, believed that his government had an obligation to enforce moral purity.

As Claude Autel notes in his History of Syphilis, Diday proposed a sort of Prop. 187 crusade against VD, urging that: “Schools, the judiciary, the civil service, in fact all state institutions and services, should be closed to anyone who could not produce a “proof of freedom from syphilis.” “I would,” he said, “like to see all sorts of restrictions of this type place on those with venereal disease; without the special certificates of health no one would be allowed to contract marriage, buy their way into an office, inherit and estate, take a case to court, deposit savings, vote in elections, receive public relief from poverty, obtain a passport or a hunting permit, etc.” Gingrich and the religious right might support such a ban, but the havoc it would wreak on American civil freedoms would be unimaginable: Imagine the effects of such a ban on everyone who has HIV, for example.

All this is not to say the Dr. Foster isn’t entitled to his own beliefs, that he shouldn’t be interested in treating Americans as “entire” human beings, or even that religion may not be for him, as it was for Dr. Koop, as asset in the tortures of the confirmation process, and should he make it through, as surgeon general. But Salvation? Let’s leave that to the churches, Mr. Gingrich, and let the surgeon general look after our health.

From “WARNING: The Republican Congress has determined that speaking your mind may be hazardous to your health,” by Peter L. Allen, April 1995

Ten for ten!

A week after the L.A. Marathon on March 5, Aaron Alvarado limped down the stairs of his Glassel Park home, his thighs and calves stiff with pain. The 36-year-old recalled the source of his pain and pride.

“At the 11th mile –Hollywood and Western– I just sat there for about 20 minutes,” said Alvarado. “I had really given up at that point. All the others around me were first-time runners, all waiting for a shuttle bus back to the starting line. The wind and the rain were so cold, I felt certain that I would get sick if I stayed there any longer. So I decided to keep going.”

Alvarado trudged along to Hancock Park, his favorite part of the 26.2 mile course, where he asked a woman if he could walk with her.

“I felt I needed somebody to talk with me, and the next thing I knew, we were at the 24th or 25th mile,” said Alvarado. “I was walking ahead of here then and when I looked back, she said, ‘Keep going! Don’t worry about me –I’ll be fine.’ My legs just carried me to the finish line. And there’s my medal.

From “Aaron Alvarado, athlete with HIV, stays on track with running passion,” by Ed Sewall, May 1995

The crystal cycle

Playing on crystal was hot. Surrounded by exciting, hard bodies, I pushed my safer-sex boundaries to uncomfortable areas. I escaped into a world where my sexual pleasure was all that mattered, challenging my desire to keep the sex safer. On crystal, the anxiety of HIV was easy to forget.

And I lost weight. I enjoyed the smiles I got when I was out cruising, but the cycle of crystal use played havoc on my metabolism and immune system. So, great, I was thinner, but I was still unhappy.

As I dabbled more with crystal, I became lonely. Some might say I even became bitter. I isolated myself, never thinking I could ever feel good about who I was. It is amazing how easy it is to be lonely, bitter and angry –and, boy, was I angry.

I was angry at right-winged extremists who said my sexual behavior made me unfit to serve in the military. I was angry at my community because
I was not rich enough or have a developed enough body to be a part of the “A” list. Most of all, I was angry at myself because I believed that these myths were true.

On crystal, it was hard to control my sexual appetite, and living on a hotel manager’s salary was never going to make me rich enough to be part of the “A” list. And my own lack of discipline made the body-builder image impossible to attain. These triggers played havoc on my self-esteem, but recognizing them put me on the road to recovery.

Changing the pattern of behavior that made me feel bad continues to be difficult. No matter how abusive these patterns of behavior are, they made me feel safe. I felt comfortable in the cocoon of a crystal high, challenging my safer-sex limits. But I am glad that I can recognize these triggers so I no longer engage in hurtful conduct.

From “Discovering the pride within,” by Howard Jacobs, June 1995

I never thought I would see my 43rd birthday, yet three months ago I reached 51 – yikes for sure! And to top it all off, I look healthy. This must be the Hollywood syndrome of looking like my 25-year-old 8 x 10 glossy photo as so many aged celebrities use in their obituaries. Not me. My looks are an illusion, a grateful one but still an illusion and not even David Copperfield can make my AIDS disappear. Damn it. I live with it, hate it (most times) and I continue to make peace with the ugliness that slowly ravages my body like far too many of my brothers and sisters in this bizarre screenplay of life.

I am often asked, “What do you do? You look wonderful.” My answer is: “Everything.” And I laugh as often and as hard as I am moved, even when I am deluged by the tears of my sadness over our world-shared madness of AIDS.

So, I am off into 1996 with hope and prayers for our world. OK! 1997, everyone?

From “Yes, I’m still here,” by Ron Dennis, February 1996

A global perspective

If you are infected with HIV and live in the US, you have a chance at receiving some of these life-saving therapies. This isn’t to say that you should count your blessings and be thankful, but at least you can have some hope. Nine out of 10 cases of HIV infection occur in under-developed countries. Most of these people will never even be able to take drugs such as AZT or ddI because they cannot afford them.

A woman from Zambia, who has AIDS, told the delegates [at the International Conference on AIDS]...
that her monthly income is about $50. She lives alone and supports her two young sons. She cannot even imagine being able to get AZT and other drugs, but continues in her efforts to educate people in her country about HIV/AIDS. She prays that her children will be able to reach adulthood and live a better life than she has.

There always seems to be happy endings in the movies. In real life, we can only hope. We can only hope that many of the pharmaceutical companies will lower the prices of their drugs to a truly affordable level for people here in the US and, especially, for people in countries where all they have is hope.

From “Too much hope for?” by Ernie Rodriguez, August 1996

Blind man’s insight
Blindness has opened up a spiritual plane of sensitivity to Micael Tapia (photo on previous page) that much of the gay subculture might choose to ignore.

“I no longer size people up on the merits of their appearance,” said Tapia. “I judge people by what they are like rather than by what they look like. Fat or unattractive doesn’t matter to me. I am attracted to a person’s spirit. A friend recently told me that someone I’d been talking to was not physically attractive. Unfortunately, my friend is enslaved by that objectification. I am free of it.”

From “Micael Tapia gets a second wind,” by Barry Chenin, September 1996

Celebrate the season of miracles
We are in the season of miracles, hope and commitment. On Nov. 10, the New York Times Magazine featured a most remarkable article on its cover: “Where AIDS Ends.” It is a concept we have all worked for and prayed for, and visualized it in our own personal ways, but here it is in print as a defined, socially recognized idea.

Clearly, a magazine headline is not scientific or medical proof, but “When AIDS Ends” is a marker of an idea whose time has come for all the world to see.

From “Celebrate the season of miracles,” by Rebecca Solomon, December 1996

Hoping helps
How I managed to survive all this turmoil and drastic change from living to dying and living again, I only attribute to power much greater than anything I have ever known. Yes, I am speaking of God. A God of my understanding that provided solace to my situation, no matter what, and an abiding sense of that I will be all right and that I am being cared for, even if this path leads to my death. I have hope and the inner knowledge that I am taken care of. I don’t mean to say that all the emotions of this thing called AIDS has been erased from me. I do mean to say that when I avail myself to this God of my understanding, that I have a sense of hope and possibilities and of living this life, whatever time I

Another AIDS ride
I think comparing AIDS to a roller coaster ride is an accurate description. How many times have I crawled up to the top of that rail, just to fall without knowledge of where the bottom lies? Then jolted to the left or right causing inertia that keeps me a little dizzier than I would like. I think, what the hell do I do with all these uncontrollable jerks and drops?

Well, I hang on tight, for on thing. It’s not like I can just get off the ride and go home. It looks like I am on this
ride for life, however long that may be. After many years of this roller coaster with all the new medications and changes in lifestyle, I thought I had climbed to a smooth piece of rail—a level I hoped that I might sustain for awhile. But after a quick decision by a landlord and an unexpected move, I am holding on for my life, at this moment diving to some designated spot as of yet unknown to me.

Everyone says this drop in the ride is where you let go of the safety bar and raise your hands in the air and scream. Well, they have the screaming part right, but if I let go of the safety bar I just may land in the hospital like I did the last time I moved.

From “As rides go, AIDS is a real white-knuckler,” by Joe Monroe, August 1997

What’s the alternative?

“When clients comment to me about their diarrhea or that ddl doesn’t taste good, I just say to them ‘What is the alternative?’ My decision is that I am willing to put up with it now. Right now I take saquanivir, ddl, Norvir, Zerit and Viramune and it is a pain. But I think people need to look at the bigger issue in life, which is the desire to fully participate. What is it you want out of life and what are your priorities?

“I think there are certain things about living with AIDS that you just have to accept. For me the benefits far out-weigh not being around here anymore.”

From “Tony Zimbardi: Living life at full throttle,” by Ed Sewall, October 1997

Gregg Gour: Pedaling with pride

“The biggest mistake people make is letting the disease control their body,” says Gregg Gour. “It’s necessary to stay active and vital. Working and being a part of the community makes one motivated. You can’t let the disease be the end-all of your life.”

“If you think negatively, you will become sick. If a medication doesn’t work, you can’t say, ‘I give up.’ You have to say ‘what do I do now?’”

From “Practicing Pedal Power,” by Barry Cherin, July 1998

Happy endings can wait

As Bob Bowers’ opportunistic infections came and went, Shawn sought emotional support.

“The disease has always been like a third person in our relationship,” she says. “Sometimes it’s there and preva-
lent and sometimes we’re able to forget it. But, we never know.

“I wanted a support group but the only one I could find for negative caregivers was all gay. They didn’t seem to [be bothered by] a straight woman attending their group sessions and neither did I.

“In the end, there was really no difference, had it been straight or gay. It was intense and emotional. It was about accepting and dealing. It was about carrying the load for two people in a relationship. Nothing can prepare your psyche for dealing with a sick partner. And, the longer you’ve loved the sick partner, the harder it is to think about losing them.”

From “They’re in no hurry for that happy ending” by Barry Cherin, April 1999

Q: Would you agree there’s also more of a sense of hope than there was in patient populations 10 years ago?

A. Very much so, and actually it makes our job so much easier but it’s such a pleasure to be able to say to someone, not just newly diagnosed as positive, but someone definitely who’s newly seroconverting or has just recently been infected, “I am able today to tell you that with our current medications, you may go on to have no damage to your immune system and, although you may still be infectious for the rest of your life, live your life.” That’s an amazing thing.

“I’d have been skeptical if somebody had told me five years ago that we’d be saying that to people, when you think what the message was then, when somebody came in newly HIV-positive, it was, “How many T-cells do you have?” And cranking down at 50 to 100 a year, you would just extrapolate that to the time they have about 50, and then add on another six months to a year, and that was it. We don’t do that anymore. That paradigm is gone.

From “The other end of the stethoscope: an interview with Mark Katz, M.D.,” by Glenn Gaylord, June 1999

Q. How do you separate yourself from HIV? As far as your identity?

A. I don’t. I do and I don’t. HIV? I’m married to it. It’s right there all the time. Whenever I’m in a conversation or somebody new meets me everybody asks what I do. So what am I gonna say? “I’m an HIV and AIDS educator.” “Oh wow! Really? You know, that’s a great job! You’re going out there educating people – what made you want to do that?” “Well, I’m HIV-positive.”

From “A Bunny’s Life,” by Susan Forrest, November 1999 (photo opposite page)

Q: Are you at risk?

A: Not anymore. I’ve been HIV-positive all my adult life.

From “Are you at risk?”

Q. How do you separate yourself from HIV? As far as your identity?

A. I don’t. I do and I don’t. HIV? I’m married to it. It’s right there all the time. Whenever I’m in a conversation or somebody new meets me everybody asks what I do. So what am I gonna say? “I’m an HIV and AIDS educator.” “Oh wow! Really? You know, that’s a great job! You’re going out there educating people – what made you want to do that?” “Well, I’m HIV-positive.”

From “A Bunny’s Life,” by Susan Forrest, November 1999 (photo opposite page)

Eric Brun-Sanglard, interior designer, lost his eyesight in 1995. Photographed by Paul Antico

Through the mind’s eye

“I believe the mind has an amazing power over the body,” Eric Brun-Sanglard said, “and as long as we believe in hope, we can do a lot of good for the shell that is our body and help it fight back against the disease. But if we instead bring in negative energy then we help the virus to destroy ourselves.”


Men’s spas join the anti-AIDS network

The Hollywood Spa doesn’t even call itself a bathhouse anymore. It’s a “24 Hour Entertainment Center.”

Rosa Klein and Mike Kephart sit in the spa’s busy office, a room customers almost never see. There is no erotic artwork here, no pornographic videos playing. The lights are bright, the desks are piled with paperwork, and computers keep track of inventory. This is one of the busiest men’s spas in L.A. County, and it’s changing the business of bathhouses.

“We’re hoping it doesn’t deter people from coming in and having a good time,” says Klein, “but at the same time, they have to think about realities.”

Spots like the Hollywood Spa are a center for sexually active men. That makes them a perfect place to track rates of sexually transmitted diseases, including HIV/AIDS.

When the Centers for Disease Control and Prevention came up with grant dollars to do just that, L.A. County’s HIV Epidemiology program picked the Hollywood Spa and Midtowne Spa as sites for testing.

“We’re not here to preach,” says Kephart, “we’re here to provide.” A good portion of our customers won’t go out to be tested, but they’re here.
It’s going to be a private thing. It's set up so it’s not intrusive into the club itself."
From “Bye-bye ‘Bathhouse?’” by Ron Mackovich, April 2000

**Durban milestone**

There is no end in sight to the AIDS pandemic. But, by working together, we have the power to reverse its tide. Science will one day triumph over AIDS, just as it did over smallpox. Curbing the spread of HIV will be the first step. Until then, reason, solidarity, political will and courage must be our partners.
From the Durban Declaration, August 2000

**Irene Borger’s calling**

Indeed, someone researching the history of Writers Workshop would stumble on references to the program as the “smallest” or “tiniest” program at AIDS Project Los Angeles. But there is nothing “small” or “tiny” about the impact of the Writers Workshop, the millions of words the program has spawned, or the almost mystical origin of the workshop in 1990.

“During a week of silence, it came to me to start the workshop,” recalls Irene Borger, interviewed recently at APLA with her two successors. “I was called. I heard it in my head.”

It was 1989, and Borger was participating in a Buddhist retreat. The AIDS epidemic was raging throughout the United States, hitting the arts community deeply and the gay community the hardest.

Like many people, Borger was experiencing the epidemic on a personal level, having lost her yoga teacher in the early years of the crisis. Borger says that she spent the first five minutes of each morning scanning the obituaries published in The New York Times.

Readers often needed to read in between the lines to detect an AIDS-associated obituary in those years, but the human cost of AIDS was undeniable.

In the environment of silence, the voice in Borger’s head asked, “Why not start a writing workshop for people living with AIDS?” And her reply was “Well, why not?”

**Women’s power**

Q: Do you feel that there is a movement to get more women living with HIV involved but that there is limited support offered to them to keep them involved?

A: Yes. I think that women are very powerful. It’s just that they use [power] in a different way, within their own families and not with society as a whole. My thinking is that if you bring women together and make time to educate them, learning, empowering and activism, because that’s what they need. [Women] don’t have that kind of force because we get together and see each other as competition so we don’t have that sense of community and force but if somebody is there to focus that and get something done, look at what we can do. Together women are powerful. We just need some guidance.
From “It’s all about empowerment: a visit with AIDS activist Nancy Shearer,” by Fiona Kyck, December 2000 (photo following page)

**Looking forward**

“What does the future hold? My hope for the HIV University is to help the African-American community as well as other people of color recognize the importance of treatment education and advocacy. We really don’t have the

![Photo of Irene Borger, Dan Nussbaum and John Fritzlen, photographed by Ann Murdy](image-url)
luxury of waiting around for scientists to find a cure for HIV or a vaccine that works. People are dying because they lack the knowledge and tools to change the outcome. It doesn’t have to be this way.

We’re hurting

I don’t want to read “HIV Negative – UB2” in another online profile, particularly when the profile also says “partying and bare-backing OK.” I know I will soon be seeing the people behind those profiles on my side of the HIV fence. Like my age, the amount of pills I swallow and the years since my AIDS diagnosis, the infection rates keep growing.

With all of our advances, I cannot count how often I have seen issues divide and hurt our community. The manner in which we treat each other has not kept up with the pace of science.
From “Rejection – It’s All The Rage,” by Howard Jacobs, February 2001

Advocacy behind bars

When asked about what it is like to go into jails and prisons as an advocate, Glenn Gaylord, Correct HELP’s Director of Education (photo opposite page), was calm and precise.

“Most people would think it would be scary to go into jails and prisons,” Gaylord said. “But it is a fairly subdued atmosphere. While I’m always looking out for my personal safety and have been briefed in how to do that, inmates recognize I’m there to provide a service and are appreciative.”

Gaylord noted that the rate of AIDS in jails and prisons is six times greater than that of the general population.

“Most inmates get out and if HIV-positive [they] can pose a health threat to society,” said Gaylord. “If medical services are not delivered properly while incarcerated, inmates stand a chance of transmitting resistant virus to others. There are huge public health implications, and our education programs discourage them from spreading the virus by encouraging inmates to care for their own health as well as the health of others.”
From “You have the right to remain safe,” by John Sallot, February-March 2002

War on medicine

For years, the L.A. Cannabis Resource Center in West Hollywood maintained a low profile. With no sign on their building, the center’s staff quietly went about its business, handing out marijuana to terminally and chronically ill clients.

Now, the center is shut. And it’s no longer quiet.

“Shame on George Bush for the Los Angeles Cannabis Resource Center’s D.E.A.th,” screams a bus-sized banner hanging on the building’s Santa Monica Boulevard.

On Oct. 25, the center was raided and shut down by agents of the Drug Enforcement Administration. Computers, marijuana plants, grow lights and records were all seized.

“Thirty agents came in here to steal everything and throw people out in the street,” says the Center’s President Scott Imler, who calls the D.E.A. raid an “invasion” and claims that is was set up with help from local authorities.
From “Sorry ... the club is closed,” by Ron Mackovich, December 2001-January 2002

A senseless loss

What I know is that Feb. 1, 2002, my best friend of 10 years, a brilliant composer, musician, singer, actor and
teacher, a 41-year-old gay man originally from the Midwest who had long struggled with self esteem, sexual identity, internalized homophobia and the death of a lover from AIDS and the HIV infection of other loved ones, who had finally conquered 20 years of addiction to alcohol only to replace alcohol with crystal and ecstasy, whose underlying mental health issues came roaring to the surface with the use of these drugs, who became convinced that key close friends, family and lovers were plotting against him, who came to perceive conspiracies within conspiracies on a personal, local, national and global level, who crashed his car in a high-speed frenzied attempt to inform authorities that "crystal meth is being put in cigarettes", was charged with DUI, locked in a psych unit and fired from his teaching position, who faced the possibility of jail time, who lost all self-esteem, all hope and all perspective, whose once-formidable intellect tried in vain to reconcile logic with paranoia, who braved three weeks in a drug treatment program before sustaining one last attack of paranoid psychosis, during which he effectively eluded the treatment facility staff and hung himself by the neck with his own belt until dead. Who is now a memory and a small urn of ashes. By his own account he had used crystal fewer than 10 times.

As I've tried to make sense of my friend's passing, one thing has become crystal clear. At the risk of appearing un-hip, or naive, or one of the boring types—or even of alienating some people— I am compelled to send this message.

This drug is evil. It destroys peoples' lives, and often destroys their minds. It works on a brain neurotransmitter level, and its effects can take months or longer to begin to dissipate, if they dissipate at all. Underlying mental health issues are brought to the surface in the most malignant ways, and prolonged use can bring on psychosis and paranoia where none previously existed. You lose your friends, your housing, your erection, your teeth, your health, your grip on reality and often your life.

If you survive, the road back is slow and painful. If you're not so lucky, you end up like my friend.

From "The new epidemic," by Buddy Akin, June-July 2002

What will it take?

Today, Judith Dillard is a treatment advocate for Women Alive, but at an earlier time, she was homeless and fighting to survive.

While Dillard is leading a more stable life today, she hasn't completely buried the past. Drawing form her experiences, she lobbies elected officials on HIV/AIDS issues, most recently as a participant in the California AIDS Lobby Day and AIDSWatch in Washington, D.C.

Dillard particularly wants more money focused in the area of HIV prevention, housing and substance abuse. At first, she said, she was intimidated about speaking out about her life's experiences.

“If it takes me getting up there and saying I did survival sex when I was homeless even when I knew I was HIV-positive; I would have sex for money without a condom, because all I was thinking about was surviving,” she said. “If it takes all of my life experiences to get them to open their eyes to see that need to put more money out specifically to certain areas I will do that. Maybe my life wasn’t in vain. Even though I did all these things maybe it was for a purpose. This is the purpose, to show people that specific things have to happen, and other things can’t keep happening if we are going to prevent the spread of disease.

“There are still women out there doing the same thing I was doing. We need to reach these women. That’s my priority.”

From “Grassrooters” by Jennifer Ludlow, August-September 2001
I never thought that I would be around to see Positive Living end. I have always had a personal stake in this publication; in 1988, I left a job at a daily newspaper in a community far removed from the AIDS epicenter to accept a position at AIDS Project Los Angeles. After a few years of AIDS do-goodery, in the fall of 1991, I got an HIV diagnosis of my very own.

Few people have the privilege of getting a disease and then creating a magazine about the affliction. But I got a crack at it. And while Positive Living may have had some dodgy moments—anyone remember our cover story on the guy who sang the wonders of the Kombucha mushroom?—there were also occasional high points.

And 11 years is not a bad run. (Let’s see if that magazine for folks with attention deficit disorder lasts even half as long.)

If I excelled at anything in this post as editor, that would be my uncanny knack for hiring. Publication coordinators Suren Seropian, Holly Harootunian, Kylie Schwerdtfeger, Tracy Sigrist and Michael Storc all served memorable stints on this publication’s masthead, and I thank each of them for their talents, humor and deep capacity for tolerating me. (An unrepentant Luddite, I surrendered my X-acto blades and hot wax dispenser only as the new millennium dawned.) I also was blessed with a large corps of APLA volunteers too numerous to cite here by name, and APLA co-workers whose contribution was lasting and meaningful.

I don’t have anyway of knowing how many of you readers have been with us from the beginning in 1992. Our subscription list was constantly churning. On any given day in the early ’90s, I received returned magazines in envelopes stamped “Deceased,” and over the years I have fielded hundreds of calls from spouses and family members and landlords, asking to have a particular individual’s name removed from our mailing list. By far, that was the saddest part of serving as editor of Positive Living, even sadder than turning off its light.

I thank all of you for spending time with Positive Living. I hope that you found that your time in these pages was worth your while.

Thank you for reading

By Paul Serchia

Brand-new publications from AIDS Project Los Angeles for members of the HIV community, gay and bisexual men and APLA clients will be introduced soon. For details, please visit www.apla.org in early 2003

Paul Serchia is the editor of POSITIVE LIVING. He can be reached by calling (213) 201-1362 or by e-mail at pserchia@apla.org
A reception to mark the opening of a photographic tribute to nine African-Americans who have made significant contributions to the fight against HIV/AIDS will be hosted by the African American AIDS Policy and Training Institute on Sunday, Dec. 1.

The exhibit, called “Heroes in the Struggle,” will tour throughout the United States following the Los Angeles opening. For more information, visit www.blackAIDS.org or call (323) 353-3610.
HEROES
In the Struggle

Photo by KWAKU ALSTON

Paris Barclay
On an overcast Christmas morning, I made a frantic call from the Cedars-Sinai emergency room to my friend Jerry.

I asked him to be with me as I thought we might be losing Bruce. Jerry arrived shortly and within minutes a doctor was coming toward us. I looked at his face and it was at that moment my instincts told me what I dared not to believe. In that moment I knew my life would be changed forever.

Our journey began on Dec. 21, during a short stay in Las Vegas. In the afternoon Bruce complained of slight indigestion and had to rest. Later that evening he went to the room where I found him in obvious distress. I phoned 911, the paramedics arrived, administered oxygen and told us his heart was all right. He was better and certain the hospital wasn't necessary. The next evening was a repeat of the night before. Saturday early morning we were on a flight back to Los Angeles. Slightly improved Saturday and Sunday, he rested and agreed to going to the emergency room on Christmas morning.

After arriving at the E.R., I nervously filled out forms with Bruce beside me. Together we walked to the nurses’ station, where he was seated. The nurse began to monitor his vitals, asking him to hold his arm still as she was having trouble getting a reading. “I’m feeling dizzy,” he said, and then lurched forward.

Within seconds, the small room was alive with activity around Bruce, his face turned in my direction. As he was rushed into the E.R., I returned to a room sat down and prayed for someone to tell me that he’s OK. A nurse appeared and said they were trying to resuscitate him. I felt panic set in, her words resonating, momentarily trying to make some sense of what had just happened.

I lost all perception of time when suddenly a doctor was approaching, his arm extended, his voice hushed but clear. “We tried hard but we lost Bruce,” he said. Slowly I was led to Bruce's room, where he looked as if he was sleeping. I leaned forward, kissed his forehead, and clutched his hand, not wanting to ever let go. I would leave the room and find myself returning many times over only to face the inevitable. Finally in a state of confusion, I walked away.

Bruce died of cardiovascular disease. He was 54 years old.

Bruce was special. His legacies were his wonderful qualities and beautiful soul, his subtle sense of humor, his shyness and loving ways in which he gave of himself to others in friendship and loyalty. His innate ability to please others was a part of his genuine goodness and his wonderful infectious laugh would light up the darkest of rooms. Bruce’s natural charm made all times joyous. He also had an endearing quality that could make you feel protective of him.

For me, thinking of Bruce is an ongoing daily process. For many of us, we awake and our initial thought is the awareness of our love being gone. His presence brought a peace of mind to me.

As I drove away from the hospital, I glanced at the passenger side where, just an hour earlier, Bruce had been sitting. I arrived home and shortly our close friends came to give comfort and support. There wasn’t anything any of us could say or do; we were all in shock. Later, I sat alone staring at the Christmas tree with the lights still glowing, gifts beneath unopened. I told myself that I would never think of the Christmas holiday morning the same ever again. I thought of all longtime close friends who were deceased. Now my partner, my only family, was also gone.

The following weeks blended into each other. Mornings I would awake knowing that day would be much like all others, feelings of emptiness and sadness would be my daily companions. My having to take care of all necessary business took up the void; having done that, I had no idea of where to go or what to do.

A friend invited me out for dinner on New Year’s Eve. I appreciated the gesture, not wanting to go, but I accepted. I felt isolated and alone with singles and couples celebrating. It had only been a week. How could anyone know what I felt inside? I wondered what was I doing there. After dinner I drove home and walked into an empty house.

I didn’t like where depression was taking me. I felt I was courting disaster and made a
hasty decision to contact my doctor and asked for help. That evening I was admitted to the hospital for a period of time for medical supervision. After my release, I joined my first bereavement group. I attended a second group that was a social gathering. Those attending the first encounter for the most part had been there for at least a year or more. This wasn’t working for me. I felt frustration. I thought it would be far better for me to search out a licensed therapist for one-on-one interaction, to help my dealing with trauma. Through a referral, I’ve been fortunate in contacting a wonderful therapist whom I can trust and who has helped me find my way through understanding and healing. He’s been my emotional anchor.

I have always believed there are no coincidences in our lives but a bigger plan at work with everything proceeding, as it should, in its prescribed time and purpose. The learning process enables us to develop and call upon the tools to cope with those unexpected feelings of aloneness, the pain of losing and memories which invoke sadness. It can also be a time of spiritual awakening. Trauma is a painful emotional experience, a shock producing a lasting psychic effect. There are those times when the image of the experiences will be overwhelming as the mind finds it difficult to grasp the loss, bringing the ache of intense missing. The ultimate goal is in reaching some semblance of peace of mind. It has been my experience to call upon your inner strength and personal belief system. Ask your loved one for guidance and subtle signs that validate your being heard and their being with you.

Talk about your feelings to those you may feel comfortable with and who will listen. Speak to and include your deceased loved ones as a continued part of your life. Embrace their memory. Remember tears are the soul’s way of healing and cleansing so you can continue your mission. Don’t try to hide your grief, push it aside or wish it away. It will take its own course. The resilient human
spirit is remarkable.
Learning to develop an open mind and being aware are essential in strengthening your own spiritual anchor. The bonds that we create are not severed because our loved ones have left us. Allowing yourself to believe can get you through a very dark night. It’s reassuring to know that no matter how devastated you may be, that within your own timeframe, with professional help and support from friends, you will be all right. Having gone through that dark tunnel there will be that ray of light you will have changed and be better for the journey. You never get over the loss, but you do get through the process.
Closure is a word that never applies. Your memories will honor and keep alive the one you loved and will always be a part of your reality and in healing. My friend Alicia wrote to me that love is consciousness; the more you love Bruce, he is aware of your love and loves you in return.

Bruce is with me stronger in presence than ever before. For the first time in a very long while, I am confronting each new day with a glimmer of optimism and facing it with more gentleness, finding it a source of optimism and facing it with each new day with a glimmer of hope for an non-event day. Writing a daily journal can be great help. A chronicle your feelings and thoughts can be cathartic in gaining a perspective in assessing your progress and giving yourself the confidence to know it’s OK when you stumble. You are able to regain your footing once again and move forward.

I’ve come to understand that expecting the unexpected is the norm. You begin with a new day that you hope may hold promise and suddenly without warning, a wave of emotion sweeps over, emotions that lie just below the surface waiting to take hold. This too will ease with time and help.

When Bruce died, I received a loving note from my friend Ann. “Hold onto your fond memories of Bruce and believe we are forever sharing contributions so much so that you don’t even notice.”

“Talk to him.
Consider what Bruce is doing for you.
He knows you want to know he’s all right and perhaps to know what messages he is sending you. Consider him talking to you through the path of understanding.
“I strongly suspect that he is very proud of you.
“Do everything in a positive way and feel the presence of his company.”

Like the flag symbolizing the loss in our country, I have found sending a balloon into the skies with a note attached can help to commemorate important days, and even just for an non-event day. Writing to the one you love with a special word or prayer can both soothe and inspire you. The fates are carrying your message in the wind, and you know, for they are always around, they will be sure to get it!

I watch rays of sunlight come through the window, rainbow colors disbursement in the room reminding me of that I’ll never get back. One special person comes in your lifetime that validates who you are. I will always love, remember and miss him and know that my life is enriched for his being with me for those many years.

We are all family and are equally diminished by the loss of one person each time they leave our planet. Our lives are like butterflies going back to their cocoons, only to join us again some day, a chrysalis, more beautiful than ever.

It has been 17 months since Bruce died. When asked, “How are you?” I can reply with honesty, “I’m all right” and smile. It’s an ongoing emotional and spiritual awakening. After all, it’s about recovery.

For Bruce, for gay and lesbians and all who suffered a loss on September 11, 2001. My love and thanks to Alicia.

Recommended reading: “How to go on Living when Someone You Love Dies,” Theresa A. Rondo, Ph.D
A walker between two worlds
Traditionally each American Indian tribe has their own name for varied-gendered people within their particular culture. "Two-Spirit" is the preferred generic term adopted by an inter-tribal contemporary movement amongst gay, lesbian, bisexual, and transgender American Indians. Gender variation traditionally had less to do with sexual orientation for many American Indian tribes and more to do with a certain quality of spirit. "Two-Spirit" reflects a distinction in spiritual terms. Such persons were often considered as "walks between worlds people" - possessing healing powers and a capacity to experience multiple realms of ordinary and spiritual reality.

Between 1998 and 2001, I worked as an art interventionist for the Men’s Art Program at the Prevention Division of the Van Ness Recovery House. This program uses art as a harm-reduction strategy for active substance-using gay and bisexual men. Three times a year, the program publishes The Good, the Bad and the Twacked: A ‘Zine from the Guys of the Boulevard. It was here that I met a contemporary two-spirited person whom I will call Johnny Changingwolf.

Johnny was part Navajo, part Apache and HIV-positive. According to traditional Navajo culture, Johnny would be considered as nadleeh. Within a contemporary context nadleeh would be similar to the English term homosexual, gay, lesbian, or transgender.

Navajo translation, however, indicates “one’s ability to change” and would traditionally have referred to an individual who can comfortably walk the path of both male and female – blending the two genders rather than expressing just one. On his Apache side, he would perhaps be considered as nde-isdan (man-woman).

Johnny “walked between worlds.” Neither old nor young, he possessed a sweet androgynous spirit.

Johnny traveled between the culture of his Southwestern reservation and the street culture of Los Angeles. He transported between the realms of the spirit and ordinary reality as well, even reporting dialogues with the birds. It would be easy to attribute such a statement to drug use or relegate it to one of psychology’s pathological categories - but why? Sitting Bull, the great Hunkpapa Sioux warrior/holy man who was killed in 1890, toward the end of the American Indian Wars, also reported communicating with our feathered and four-legged creatures, as did Christianity’s St. Francis of Assisi.

Johnny and a Yaqui Indian pal named Jackson lived out of a camouflaged tent they’d pitched in the Hollywood Hills. Descending to the streets of the city during the day they’d hustle for their daily bread and access social services such as the Men’s Art Program at the Prevention Division of the Van Ness Recovery House.

Ethnic cleansing and forced acculturation have had a devastating effect on the health and well being of contemporary American Indians. Racism, poverty, ill health, STDs, family violence, alcoholism, drug abuse and suicide have disproportionately impacted American Indian/Alaskan Native (AI/AN) populations.

A study of suicide rates conducted by the Indian Health Service from 1989 to 1991 found the suicide rate among Native Americans ages 15 to 24 was almost three times the national average. According to the Indian Health Service, alcohol-related mortality rates among Native Americans are the highest for all U.S. populations. According to the Department of Health Services Office of AIDS Programs and Policy, AI/ANs comprised less than 1 percent (.07 percent) of all HIV tests given in Los Angeles in 1998, yet the seropositive rate for AI/ANs (3.9 percent) was highest among all the racial and ethnic groups.

In this article, Steven Solberg of AIDS Project Los Angeles’ POWER Program writes about his experience with one member of Los Angeles’ AI/AN community.
The initial incentive to come to the program may have been to fill their empty stomachs with a home-cooked meal, but the non-judgmental atmosphere, community support respite from the pressures of survival on the streets and the opportunity to communicate their daily thoughts and experiences in art kept them coming back.

Art can be an amazing tool for building self-esteem and a powerful medium for HIV prevention, harm reduction, education and intervention. Johnny attended the groups at the Prevention Division of the Van Ness Recovery House often. His way of working was incredibly focused and deliberate. He was a marvelous artist and his work frequently found its way into the zine Twacked. Johnny's artwork sometimes fused Christian imagery with feathers, medicine wheels, eagles, snakes and other power animals as well as illustrations of his life on the streets. He often embellished the images with traditional Southwest Indian design elements.

Given that the Men's Art Program at the Prevention Division of the Van Ness Recovery House is based on the philosophy of harm reduction, increased condom use, safer sex and other behavior change among participants can be slow and incremental. But many participants made significant behavior changes. And we had our share of major victories such as clients entering residential drug treatment and getting off the streets.

Johnny was definitely one of our victories. Over time he stopped drinking alcohol, using drugs and doing sex work. Johnny also decided that he would abstain from sex altogether. The program promoted enjoyable safe sex. Abstinence was Johnny's decision.

He was never able to navigate the health care system for his HIV, though. He just couldn't seem to deal with the bureaucracy. In the one instance when he managed to get that far, he was unable to adhere to HIV medications.

The last time I saw Johnny was on the corner of Santa Monica Boulevard and Fairfax Avenue. He did not look well and he told me in his gentle lilting voice that he was on his way back to visit his relatives in Arizona. I had a feeling that I would not see him again.

Later that month, I attended an ancient Shoshone/Paiute ceremonial dance of renewal and healing I participate in at least once a year. There I placed a photo of Johnny under the central tree we dance around for honoring the ancestors. At each circling around the tree I thanked the Creator for bringing Johnny into my life. And at each circling of the tree felt the release of his Spirit.

As we danced, I'm pretty sure that was Johnny I saw laughing and dancing blissfully in the clouds, looking down on us below.
**Resources**

**HIV Education & Prevention**

United American Indian Involvement Center  
Seven Generations Child and Family Counseling Services  
Kohl Miner, HIV Prevention Program Manager  
1125 W. 6th St.  
Los Angeles 90017  
(213) 202-3970

**Indian Centers**

Southern California Indian Center, Inc., Indian Child & Family Services  
3440 Wilshire Blvd., No. 904  
Los Angeles 90010  
(213) 387-5772, (213) 387-1243

**Youth**

American Indian Club House  
Youth ages 6-16  
1614 W. Temple St., Suite 300  
Los Angeles 90026

**Alcoholism Rehabilitation**

American Indian Changing Spirits  
Residential Alcohol Treatment Center  
2001 River Ave.  
Long Beach 90806  
(562) 599-6866

Robert Sundance Family Wellness Center  
1614 W. Temple St.  
Los Angeles 90026  
(213) 353-9429

**Museums & Cultural Centers**

Southwest Museum  
234 Museum Drive  
Los Angeles 90041-0558  
(213) 221-2164

**Selected Readings**

*Two-Spirit People: Native American Gender Identity, Sexuality, and Spirituality*  
Sue-Ellen Jacobs, Wesley Thomas and Sabine Lang, editors  
University of Illinois Press

*The Spirit and the Flesh: Sexual Diversity In American Indian Culture*  
Walter L. Williams  
Beacon Press

**Websites**

National Native American AIDS Prevention Center  
www.nnaapc.org

American Indian Health Services  
HIV/AIDS Needs Survey for L.A.’s American Indian Community  
http://members.tripod.com/~AIHC1998/survey2.html

www.androphile.org/preview/Culture/NativeAmerica/amerindian.htm

Office of Justice Programs-American Indian & Alaska Native Affairs  
www.ojp.usdoj.gov/americannative/links.htm

www.whitebison.org
If you are on Social Security (also known as SSDI) or Supplemental Security Income (SSI) and are working or considering going to work, learning how to manage your benefits and earned income are instrumental to the longevity of your disability claim. The Benefits Planning, Assistance and Outreach (BPAO) program, funded through the Social Security Administration (SSA) to AIDS Project Los Angeles, was developed to aid you, the recipient (SSI) and/or beneficiary (SSDI), by making you aware of the many work incentives that exist.

**A positive impact**

After two years counseling consumers on the Social Security work rules, I have seen lasting and positive effects on those who live, receive and depend on disability incomes. Over the last year, APLA’s Benefits Program has seen more than 400 consumers who depend on their SSA income for the most basic necessities of life. Consequently, the loss of these federal benefits is a major concern for beneficiaries and recipients of Social Security and SSI.

Overcoming the fear of losing one’s SSA benefits is a necessary step in helping those who are feeling better and living longer to increase and supplement their monthly incomes. Many of you have shared with me the many success stories of how you have managed to wade through the difficult SSA rules regarding work and want to share how some of these may influence the future of the disability community who are returning to work.

**Reduction or elimination of overpayments**

Over the last couple of years, we have seen more than 100 cases of Social Security overpayments.

Of these overpayments, we have successfully resolved 25 percent to the consumer’s satisfaction. I have encountered many cases where a beneficiary did everything in their power to report their earnings diligently and in a timely manner but it still resulted in an overpayment. We are happy to say that many SSA offices cooperate more with a BPAO counselor because they know that their recipients are being properly educated and informed on how work impacts their cash benefits.

Furthermore, where reporting was not successfully accomplished, we can help train on accurate reporting and bookkeeping strategies that will prevent or reduce the incidence of overpayments in the future.

**Transition to part-time employment**

For those who receive SSDI, knowing the rules for the Trial Work Period (TWP) can be very challenging.

I have helped beneficiaries who are not yet ready to begin full-time employment to manage both their cash benefit and work earnings. A good way to do this is to slowly transition back to employment on a limited basis, teaching the necessary skills that will enable consumers to know the SSA rules.

Through our Work Services program, we have successfully placed close to 15 percent of our beneficiaries in part-time employment. While at least 50 percent are still looking for employment, we are seeing a trend of beneficiaries slowly transitioning back into the work force.

**Medi-Cal and health insurance**

Medi-Cal (known as Medicaid outside California) is one of the lifelines that sustains your health. It is also a major factor in deciding whether you feel it is in your best interest to engage in work activity.

Knowing the rules on how wages affect Medi-Cal is instrumental because Medi-Cal is what covers prescription drug costs for those living with AIDS and HIV (in addition to the California AIDS Drug Assistance Program commonly known as ADAP). In some cases we can help you calculate your Medi-Cal Share of Cost (if there is one) when you returns to work.

Medi-Cal accounts for close to 60 percent of our recipients’ health insurance. Explaining the rules for how Medi-Cal is affected by wages is one of our main responsibilities.

Other federal health plans, like Medicare, are also covered and we have seen the relieved expressions on many people’s faces when they find out that after successfully transitioning to full-time employment they can extend their Medicare for up to eight years.

**Peace of mind**

The direct goals of the BPAO program have been to help you successfully transition back to employment, manage your health benefits and for those who need training or cross-training, to find ways of financing your education.
Nutrition help is just a click away
Living with HIV presents many challenges every day. Maintaining a high quality of life while dealing with side effects of HIV medications, depression and other life-altering events that occurred after your diagnosis, can be difficult.

HIV can change your nutrition habits. HIV can be the cause of malnutrition, too. Dealing with diarrhea, fatigue, lack of appetite, choosing nutritious foods and other issues that affect your nutritional well being can be confusing and frustrating. The goal is to optimize your nutrition status and overall health.

Dietitians at your service

APLA’s registered dietitians Marcy and Janelle want to help you with your food and nutrition-related concerns.

APLA’s dietitians offer consultation at the Necessities of Life Program food pantry sites throughout Los Angeles County. Check the APLA community calendar for the current schedule.

As much as APLA dietitians would like to always be available when you have your burning question, we are often not able to be there fast enough. It is important to have access to information and quick and useful answers can mean improved health and feeling better sooner.

Directions to the guts of the matter

Helpful nutrition information is now directly available to you at www.apla.org all the time.

Go to your home computer, a friend’s or one at the public library. Find the APLA homepage at www.apla.org, click on Education, and get to the HIV Nutrition page by clicking HIV & Nutrition, listed at the left. There are a number of useful items posted on that page for you to read. The heart of this material can be found at HIV Nutrition Resources and Links, which includes numerous topics and internet sites.

APLA’s HIV Nutrition Education Program offers a series of nutrition classes.

These free classes are held at the David Geffen Center, 611 S. Kingsley Drive, and APLA West, 639 N. Fairfax Ave., and are open to APLA clients and non-clients.

Topics and descriptions for the classes are:
• Nutrition Overview: Participants learn which foods are necessary for good health, and learn about food and water safety.
• Lean Body Mass Class with BIA Test: Participants assess body composition and monitor changes
• Managing High Cholesterol and Triglycerides: Participants learn how to lower lipid levels with food and lifestyle changes.

For information, see the APLA calendar, visit www.apla.org or call an APLA dietitian at (213) 201-1611 or (213) 201-1556.

Click HIV Nutrition Resources and Links and see “Comprehensive Nutrition Links Sorted by Keyword and Title.” This is a spreadsheet of nutrition articles and fact sheets in both English and Spanish, drawn from many websites.

APLA Nutrition Fact Sheets

If you want to start with a smaller selection of topics, click on the Nutrition Fact Sheets link to access APLA Nutrition Fact Sheets, covering ranging from controlling diarrhea to writing your congressional representative. Some other topics you will find are:

Bone health
Diarrhea
Emergency food and water
Tips on fatigue
Food and water safety
How to find a dietitian
Lactose intolerance
Let’s talk turkey (safe storage and cooking tips)
Nausea

Need more help?

Once you get the hang of it, accessing this material on line is fairly easy and rewarding. (If you have not been on the Internet before, ask a friend to guide you the first time.) Explore and learn. See how quickly you can find the answers to your nutrition questions.

If you would like to attend one of the nutrition classes, call us at one of the numbers listed below or contact us by e-mail. Send an e-mail to us by clicking on the Community Education Forums link found on the Education page. Find the class you want to attend and click on email and then click on Nutrition Programs. The e-mail will have one of our names on it. In the body of the e-mail, please give us your name and phone number and the name, date and time of class you want to attend.

If you call, please give us the same information. Reservations are required for the classes.

If you cannot locate an answer to your nutrition concern or wish to discuss what you have read, don’t hesitate to call an APLA dietitian.
More than 25,000 participants raise nearly $2.6 million at AIDS Walk Los Angeles

An enthusiastic crowd of more than 25,000 walkers raised nearly $2.6 million at AIDS Walk Los Angeles, on Sunday, Oct. 20.

Speakers at the ceremonies preceding the Walk included HIV-positive world-class athlete and Olympic medalist Rudy Galindo, who said he once believed that his HIV diagnosis was "a death sentence."

"I am happy be able to stand in front of this beautiful crowd today — filled with life — and to tell you I have since changed my tune," Galindo said. "It has not been a death sentence for me. Now, I am receiving treatment that's allowing me to live a better life and I'm looking forward to the future. This change is because of the love and support I have received from the community—from thousands of compassionate people like you."

AIDS Walk Los Angeles benefits AIDS Project Los Angeles and 25 other AIDS service organizations across Los Angeles County.

From Page 47

BPAO

Walkers assemble in West Hollywood for AIDS Walk Los Angeles on Oct. 20. Rudy Galindo, left, rallied participants in the ceremonies prior to the Walk. Other personalities taking part in the event included Eric McCormack, Rita Moreno, John Spencer, Ming-Na, Rudy Galindo, Melissa Joan Hart, Eva Tamargo Lemus, and other cast members from "Passions" and "Port Charles," and Danny Bonaduce and Dorian Gregory, hosts of "The Other Half."

José Burgos is a Work Services Specialist in AIDS Project Los Angeles' Benefits and Work Services Program. He can be reached by calling (213) 201-1471 or by e-mail at jburgos@apla.org

As certified Social Security BPAO counselors, my colleagues and I have seen a growing number of beneficiaries reduce or eliminate their overpayments, start businesses and return to work with greater success.

In my experience, direct contact with the Social Security Administration can discourage so many from supplementing their monthly income or from transitioning to complete independence from a limited lifestyle on disability income. However, the greater goal of the BPAO program has been to help create a safety net where you are going to have the peace of mind, the tools and the advocates to safeguard your benefits.

As we move into year three, the new Ticket to Work will empower even more consumers to work without the immediate loss of their benefits. As the Ticket to Work rolls out in 2003, the BPAO stands ready to help consumers plan, to assist them, and to help provide the outreach to the disabled community as a whole on myriad of rules and regulations to help them make the most informed decisions they can.
Fugitive felons

From Page 16

All of this means that if your suspension of benefits involves a warrant, you may have a valid defense if the warrant is not for a felony, if you left the state for family, health or other legitimate reasons, or if the SSA file does not contain a copy of the warrant which actually describes you as “fleeing” or “in flight.” Such recipients should call APLA’s Benefits Department at (213) 201-1472, AIDS Service Center at (626) 441-8495, or the HALSA intake line at (213) 201-1640 for assistance.

This law is not justice!

If all of this sounds grossly unfair to you, you should be aware that a number of attorneys agree with you. Some of them are bringing legal challenges on behalf of their clients who are assessed overpayments as the result of eligibility under the fleeing felon rules. To date, over 45,000 SSI recipients across the country have had their benefits terminated, as a result of this law.

One woman in Northern California has appealed the termination of her SSI benefits—and actually won her Administrative Law Judge hearing! The Social Security Administration Regional Office immediately appealed her victory to the Appeals Council. The irony is that where the Appeals Council normally takes 18-24 months to rule on an appeal to their office, in this woman’s case, they reversed the Administrative Law Judge’s decision in less than five weeks! This is the first case which will be appealed to the U.S. District Court. That federal court lawsuit is pending.

The final warning

If you file an appeal of your SSI termination, you request Aid Paid Pending, you receive Aid Paid Pending, and you lose all of your appeals, your overpayment still will have to be repaid – and it will have increased for every dollar of Aid Paid Pending which you receive. If you return to work, your income tax refund (and even your paychecks) probably will be garnished, to repay the overpayment.

Jenny Kaufmann of the National Senior Citizens Law Center provided research assistance for this article.

The information in this material is for the sole purpose of providing general information and must not be construed as legal advice. It is not legal counsel; and, the dissemination of the information does not create an attorney-client relationship. While every effort has been made to ensure that the information given is current, the law does change and information given above may become dated. Consequently, you should seek legal counsel for advice specific to your situation before acting.

Funded by the County of Los Angeles, Department of Health Services, Office of AIDS Programs and Policy

Leslie Kline-Capelle is the Public Benefits Staff Attorney at the HIV & AIDS Legal Services Alliance. HALSA can be reached by calling (213) 201–1640.