AIDS IN TUCSON—A PERSONAL MEMOIR

I left Australia in April, 1982 with little idea of the currents of news trickling through the world of gay people. However, a friend in Hobart had mentioned that I might want to be aware of an illness that was appearing among gay men in the USA. Watch out, he was telling me. I moved away to North America, where I would finally come to know gay social life, but never without the threat of AIDS. I was to survive in Arizona; whether through good luck or good management could be debated. On the other side of the Pacific, my friend experienced the worst of luck and became the first person diagnosed with AIDS in Australia; he did not survive long. Forty-three years later, my husband and I are living in Australia in retirement and the loss of my friend still resonates vividly through our life.

AIDS, as it evolved in Tucson, was to bring me a set of roles I could not have anticipated: a volunteer social worker trained to the extent necessary by qualified professionals, a legal advisor again trained in relevant matters by interested lawyers, a writer of work manuals, an interface between people with AIDS and the welfare system, and a public speaker on occasion. From time to time, I found myself in an intense friendship with a client. Was I out of my depth? Almost certainly, but my path was chosen for me by members of the gay community, and I needed to make of it what I could. There were mistakes as well as successes. How could I not do something, when my gay brothers were actively being discarded by society?

My involvement spanned the first six or so years of the crisis, when the work of the Tucson AIDS Project was mainly carried out by volunteers. All of this happened during my tenure-track years in the Geosciences Department at the University of Arizona. I was anxious about how work colleagues would react, should they find out.

As I begin to write, I am watching the Australian TV series *In Our Blood*, a fictionalized account of how the first years of the AIDS pandemic were handled in Australia. The situations are reminiscent of what took place in Tucson and lead me to feel strong emotions, even after forty years. Seeing the series has prompted me to write while I can still recall what happened. Back in the 1980s and for some time after, confidentiality precluded recording any of this material. Even now, I won't use any recognizable version of names for the clients, but I've decided to tell the stories.

Early days—how bad was it going to be?

AIDS began to filter slowly into Tucson within a year of my arrival. We (the gay community) knew of just a few men, some of them having moved back from the bigger American cities. I recall being introduced to one of them at Rita's Rendezvous, a gay bar. Immediately there was a decision to make, at a time when it wasn't clear how the disease was transmitted. Should I worry about standing close enough to the man to converse in the noisy milieu of the bar?

Instinct suggested that transmission would not occur by breathing aerosol, and social decency demanded an unflinching engagement with the man. I also had to reach some decisions about my personal behaviour; what I was hearing suggested a cautious approach to interpersonal relationships. It would be too bad if that displeased or disappointed others. Everyone faced such a decision. Some modified their behaviors while others simply lived in denial, and the gay population began to separate into groups more and less likely to survive.

In New York, Los Angeles and San Francisco, the number of infected men began to increase sharply. It was likely to be only a short time until Tucson followed a similar path. Vacation trips to the big cities were still commonplace. My friend QH told me how he regularly enjoyed a weekend in San Francisco: he would take the cheapest accommodation just in case he needed it, and would go out and "get himself into trouble." Real trouble eventually came his way. I would gladly have dated him, but to his credit he didn't seem to want to drag me into what seemed likely to happen to him. He eventually returned to his family home and died there.

It seemed clear to medical professionals that we would have a problem on our hands in Tucson. One of our doctors, Bob Henry, called a small exploratory meeting, just eight or so men, at the University Medical Center. I was invited. In my mind, the evening's discussion set the tone for the years to come. There were some who wanted to approach the situation by taking to the soapbox, and others who actually wanted to do something useful. Being one of the latter, I found the proceedings frustrating, a waste of time. I left after an hour or two, being accused of not having contributed much in any case as I walked out. Bob eventually got us over his and my frustration and decided that I might contribute something if asked to take on a very practical aspect of the newly-forming Tucson AIDS Project (TAP). I was to learn about entitlements (welfare for people unable to work because of disability) and be prepared to counsel our clients on how to survive financially after diagnosis.

In the first year of volunteering, I would examine the statistics for elsewhere in the country and try to predict where Tucson was heading. I assumed that our city would be an average sort of place relative to the rest of the country, so that predictions for the USA as a whole might apply to us. The implications were frightening. In two or three years we might have 1000 people with AIDS (PWAs). Given the limited volunteer pool available in the early years, it wasn't clear how TAP would manage. I don't know whether we reached the 1000 in the time frame I was considering, but we were certainly to have hundreds of clients that I did know about.

My duties

As a recent immigrant, I initially knew nothing of Arizona and Federal law on entitlements. The learning curve was steep. TAP arranged education sessions with representatives from the various agencies our clients would be approaching. The Federal Government began to treat an

AIDS diagnosis as a disability for people who could document that the illness prevented them from working, and accordingly, the Social Security Administration became involved. Disability income was available to those who had paid sufficiently into the Social Security system, and welfare for those who had not. The State Government, which distributes Federal medical welfare money through the Arizona Health Care Cost Containment System (AHCCCS, known colloquially as "ACCESS"), was unhelpful in one important regard. Those receiving Federal welfare income qualified automatically for AHCCCS, but those receiving Federal disability income were deemed to have exceeded the AHCCCS income threshold. Nothing was ever done to fix the problem.

In addition to entitlements, my responsibilities soon grew to include simple legal advice and legal referrals. On my first visit to a client, I would bring up the subject of making a will. Arizona law provided for handwritten wills or for more formal documents with witnesses, so a person didn't have to spend money in order to write a will. Given the terminal nature of an AIDS diagnosis in early days, many clients would become upset at the mention of a will. A potential response would be "Well, do you have one?" It was very useful to be able to answer "Yes". It was also useful to know how the law dealt with an estate for which there was no will. In addition, some clients faced illegal discrimination from employers and landlords, or in insurance. For these, we were able to make referrals to several lawyers who provided *pro bono* services.

As TAP became established, volunteers came and went. We wanted to ensure the continuing availability of expertise gained at the outset, so I wrote an entitlements manual. The sister of a deceased client very kindly translated it into Spanish.

At the outset, those of us who were most involved as TAP volunteers did a little of everything. Our first case manager, Cris Muñoz, would occasionally ask me if I had time to do something out of the ordinary. On two occasions I helped clients with tax returns. Once, I went to a meeting at a hotel near the airport and unexpectedly found myself on a stage giving the audience an account of how opportunistic infections developed. Another time, Cris asked me to go with him to a meeting of the Medical Board of Directors of AHCCCS in Phoenix. I couldn't see the point in going unless we introduced ourselves and talked about what TAP did. Cris was very nervous about that, but I did it anyway when recognized by the Board Chairperson. As I was speaking, I couldn't help noticing a man on the opposite side of the room ostentatiously pick up a newspaper to read and turn his back on me. On later reflection, I decided that he had dignified my impromptu speech as a kind of protest!

The routine

My principal role in the first couple of years was to be the first TAP visitor to people who had agreed to be TAP clients over the phone. At each visit, I would do my utmost to be a friendly presence, and would review the resources and options available to them. The pace of the work increased steadily over time. Eventually, I trained other volunteers to help me carry the load; I would send them out on visits, and review their notes and impressions over the phone. By the second year, I simply couldn't have made all of the visits myself. Eventually, a routine established itself. I would come home after work and listen to messages on my answering machine. There would usually be enough work driving out to visit the new clients to occupy one or two weekday evenings. There were evenings when I dreaded turning the answering machine on—how many would it be this time? One evening a week, after work, I would report back to Cris Muñoz in the TAP office. Cris was a most empathetic sounding board for my reactions to a stressful task. Most of our clients were congenial people, but some definitely were not angels and vented their anger on those of us trying to help.

Occasionally, I'd hear some feedback. What would an Australian know about entitlements in the USA? The lawyer to whom this was said assured the client that in fact I did know something. But there was positive feedback too, for instance from the client whose initial denial of benefits by the Social Security Administration I managed to resolve. His neighbour was a work colleague who helped bring the problem to my attention. I didn't understand the reason for denial, so called a contact at SSA, and the problem was sorted out within a day. The client was greatly relieved, and expressed his gratitude with a gift: a glass lamp. He and his partner had owned a lamp store on the Castro in San Francisco. The business was in a building that burned down, and after insurance adjustment had concluded, they were allowed to salvage usable items. Some tightly packed merchandise in the basement, including glass lamps, had survived intact. I keep the lamp as a treasured memento, almost 40 years later.

The referrals introduced me to the length and breadth of Tucson, in a geographic sense and with respect to socio-economic circumstances. Over the years, I made visits to beautiful Foothills apartments and Eastside houses, substandard apartments in the Barrios, a trailer park, simple houses in southern Tucson and everything in between. Our clients included prosperous professionals, unemployed people and an entitled young man living on family money; men who had moved back to Tucson to be close to family or just to be in a place where they could afford to live; Anglo and Hispanic, though I can't recall any Native Americans; people who had a difficult time acknowledging the AIDS was a real problem; personal friends at times, but the large majority of clients were people I hadn't met under other circumstances.

Politics 1. Government

Tucson in the 1980s had become a relatively welcoming place for gay people. In 1976, the community had been shocked by the brutal murder of Richard Heakin by four bullies outside a gay bar, and by the subsequent failure of the judiciary to hold the bullies accountable. The Tucson City Council reacted by adding sexual orientation to its anti-discrimination regulations, and by instructing the police to desist from victimizing gay people. The City Council's progressive policy carried over into its reaction to the AIDS crisis.

The State Government was not sympathetic towards funding medical costs associated with AIDS, especially once Evan Meecham became Governor in 1987. I recall (but cannot now confirm) a statement amounting to "Why should Arizona pay for the consequences of lifestyle choices of gay men?" Lifestyle choices that led to lung cancer and heart disease were apparently different. On one occasion I had a reason to call Meecham's Tucson office on behalf of TAP. When I identified my affiliation, the woman receptionist responded with a "Yes" in a tired tone that communicated clearly "You'll get nowhere with us." Nonetheless, AHCCCS continued to provide medical care for eligible PWAs.

At Federal level, matters were little better. Famously, the Reagan Administration buried its head in the sand, refusing to name the disease in public statements. Despite this, inability to work as a result of AIDS was accepted as a legitimate disability by the Social Security Administration early in the evolution of the pandemic.

Politics 2: AIDS response groups in Tucson.

Dr. Bob Henry was not the only physician who wished to establish a support group for PWAs. The Shanti Project, set up in competition by another medical professional, never developed to the scale of TAP. There was little interaction between the two organizations while I was volunteering for TAP. From my standpoint, it seemed a good idea to cooperate and share insights. I tried to establish some cooperation in relation to the welfare of a PWA who was a client of both projects, but my request was ignored.

The PWAs themselves formed a group, the People with AIDS Coalition of Tucson, known as PACT. I struggle with what to write down about PACT. Let's limit it to the afternoon when a man who had been one of my volunteer helpers, but had subsequently been diagnosed with AIDS, came as a representative of the group to visit me at home. His mission was to tell me that I was doing such a bad job that PACT was going to put several people of their own on to the task of entitlements counselling. I responded that that there was plenty of work to go around, and that I had no problem with sharing it. As far as I could tell, PACT didn't ever follow through on the threat. There was also an attempt to form a group for Hispanic PWAs. As happened with PACT, expressing anger at others trying to help seemed to be a principal activity of the group. Being as charitable as possible, I could not blame them for being angry, but the anger made it all the more difficult for those of us who were already overextended to provide the services we intended.

It was to take until 1997 to bring the TAP, Shanti and PACT together as the Southern Arizona AIDS Foundation, which still operates at the time of writing in 2025.

Politics 3: Board of Directors

I agreed to be nominated for the TAP Board of Directors at a time when there was a personnel crisis in the TAP office. Two essential employees were in conflict, with consequences for TAP's services to clients. The mindset that usually pertains to a non-profit board of directors is not natural to me. I didn't socialize in a way that gave me the right contacts; I wasn't wealthy and I wasn't trained in business practice. Nonetheless, I wanted to see if I could help with our personnel problem.

That proved elusive. I brought the issue up more than once. The Board, specifically members who were experienced in Human Resources matters, did genuinely try to negotiate with the employees. My final attempt to have the problem discussed led to the immediate declaration of an Executive Session. The more experienced Board members said they had tried without success to negotiate a resolution between the employees. That being the case, one of the employees would have to leave, an outcome entirely unsatisfactory to me, but I could see no way of changing it.

A problem similar to the founding of duelling AIDS response agencies arose within the Board of Directors early in my term. One Board member was a mental health professional who seemed to want to take control. He took it upon himself to propose that TAP should cease providing services to clients for six months while we organized our approach in a better way. I'm not sure where his criticism of how we were operating originated (possibly talking to some of the angrier PWAs?), but it was far out of touch with reality. Craig Snow, the Executive Director of TAP, rang me at work the afternoon before the Board meeting at which the proposal would be raised, asking me to oppose it. I was perfectly happy to express opposition. Whatever imperfections existed, I knew TAP was providing badly needed guidance to new clients. What would those clients and the numerous new clients we were expecting in the subsequent six months do? I spoke briefly and forcefully, and the Board voted to continue our services.

The largest task I completed for the Board was to lead an evaluation committee. We were to look at TAP's performance since inception. The committee included community members, notably two PWAs. They had very different attitudes. One angry PACT member was looking for reasons to criticize (he was another person who had once been a friend of mine), but the other was seeking to get something done in a cooperative fashion. Our meetings became tense affairs that I didn’t look forward to. Nevertheless, the report into all aspects of TAP’s services was completed on time.

Politics 4: Why the anger?

I’ve often wondered what was the ultimate cause of the anger expressed by clients, over and above the awful reality of having AIDS. Was it just because most of us TAP volunteers didn’t have AIDS? Was it because we couldn’t hand their entitlements to them “on a plate”?   It became clear to me very early that TAP had to advise each client how to proceed, rather than attempting to submit entitlements applications for them (which would probably have required us to have Power of Attorney).   It was clear that we would eventually be told some untruths relating to the kind of personal questions asked on application forms, and that our agency’s credibility would suffer. That credibility was vital, as with the client who had been wrongly denied benefits by the Social Security Administration. Mutual trust between me and my SSA contact led to a rapid resolution in the client’s favour.

Clients I knew

Legalities. I was so proud of SG when he told me about his health insurance. He had been a professional scientist, and had maintained his work-related insurance policy. He was also very organized; he paid his premiums ahead of time, and kept documentation. So, the day when a letter arrived from the insurance company to say that he was being dropped for non-payment of premiums, he was immediately able to produce a cancelled cheque. His insurance continued. What the company had tried to do, illegally of course, is known as a “administrative drop” to get rid of an expensive policyholder.

SG didn’t need a legal referral, but others did when landlords tried to force them to leave. Yet others needed wills drafted. I was sad that we couldn’t provide legal help in one case. XJ and BE, partners, had drawn up wills and left the sole copies in a folder marked “Wills” in their home filing cabinet. BE died, and XJ went to retrieve BE’s will. The “Wills” folder had vanished from the cabinet during the time some of BE’s family had been in the house. One of the family proceeded to claim BE’s property, leaving little or nothing for XJ. All that I could do was advise XJ to make sure that BE’s property was distributed as specified by Arizona law, not in this case to the person trying to take it. The moral: make sure there’s a safe copy of your will in a place where adversaries can’t locate it.

PL needed legal help of a different kind, because he had been caught with a room full of stolen goods. He was audacious enough to ask TAP for legal help. I did ask one of our *pro-bono* lawyers, who specified the financial deposit he would insist upon before taking the case.

The test. Some of the clients would test the composure of TAP visitors, particularly on the first visit.   AQ described how he hadn’t changed his bedding for six months, and showed me the bed in case I doubted him. He kept a large dog, and told me that he hadn't let the dog outside for weeks. Indeed, he hadn't, because there was dog excrement in piles all over the room between his living room and the bathroom. Unfortunately, I needed to use the bathroom, and wasn't nimble enough get there without stepping in one of the piles. AQ must have managed the walk to the bathroom better than I did. My report of his circumstances prompted a follow-up visit from professional TAP staff in short order. When they arrived, they discovered a clean apartment. Once he had shown me the mess, that was enough and he cleaned it up.

KW was also testing me, I think, when she told me that she was a prostitute and showed me her collection of ear-rings, picking out the ones made from IUDs.

WD and his partner tried a test that was the most difficult one I remember. After we'd gone through the usual entitlements matters, they took me to the back room where they were building a coffin for WD. They explained that it was too expensive, given their low income, to be buried in Tucson, but not in Utah. Therefore, the plan was for the partner to drive the body north immediately after WD died. What does one say in such a situation? I have no idea whether their plan was ever carried out.

The House on Goyette Avenue. TAP was at one stage allowed to use a house rent-free by its generous owner. We decided to use it to accommodate two clients, ME and KH, who would otherwise have been homeless. We thought they were capable enough to use the house responsibly and to get along with each other. Even so, we decided to check frequently. ME was a stocky, tough guy who had once made a living in practical activities, like building, landscaping and car maintenance. Cris Muñoz asked me to be his TAP buddy. KH was at the other end of the spectrum of gay types, a slight young man who was more at home in artistic ventures. Eventually, they reached the limit of mutual tolerance, fueled to a great extent by ME's behaviour when he managed to get some beer. He also managed to get a spray-can of insect repellent which he lit and used as a flame-thrower to terrorize KH. By that stage, I was getting regular late-night phone calls from KH describing the unsafe situation in the house. At first, we (Cris and I) suggested that he call the police. That produced no satisfactory results, so we decided to have the police mental health response unit remove ME. I was to go to the house that evening and sit with KH until ME had been taken away. It must have been a busy night for the police unit, because they failed to arrive. ME stayed in his room, eventually passing out. By midnight, we decided that KH would be safe until morning and I was able to leave after a thoroughly unpleasant, tense evening. As soon as we could, we terminated the living arrangement, and I terminated the buddy arrangement. It was a lesson in the difficulty of running a group home for an agency with no previous experience.

The ones I knew best. Finally, there were the clients I came to know as friends. The first was DC, whose middle-aged Hispanic brothers had a great deal of difficulty dealing with the reality of a gay brother. DC spoke very directly about all sorts of things, and particularly about gay life. He seemed to have a complicated relationship with the church. I spent several afternoons with him, and later on, when he was too ill to remain at home, some time at the nursing home where he was to die. He needed someone to touch him. I really wanted to be there when he was actively dying, and asked his TAP buddy to let me know if the time came when I wasn't there. For reasons, I don't understand, the buddy just couldn't get around to letting me know. I attended DC's funeral. That was something I didn't do for most clients because there were so many, but these were early days, and I had been fond of DC. The Catholic church in the southern part of Tucson was full of people, over one hundred family and friends who hadn't been able to put in much time with him while he was alive, but wanted to bid him farewell after he died. I was astonished when the priest addressed the congregation with something like these words: "I want you to know that DC died a saint. On his deathbed, he renounced being gay." This was to reassure everyone that the situation was under control, and presumably that any who didn't renounce being gay weren't saints. It was all I could do to keep from hitting the roof. I left as soon as the funeral was over. In the following weeks, DC's brothers asked me to come to his old apartment as they were cleaning it out. They gave me some of his books, and were clearly embarrassed by the gay ones. His sister was truly grateful for the role TAP had played, and asked if she could help. She kindly translated into Spanish the entitlements manual I had just written in English.

EH had been a train driver on long hauls in the western USA. He described the responsibilities of the job: how, before setting off from a triage station like the one in Tucson, he would have to inspect the order of the wagons. Empty wagons wrongly placed in relation to full ones would destabilize the train and put the whole at risk of derailment. He also related how he first encountered his friend B who drove semitrailers for a living. B was driving southward on Interstate 5 north of Redding, California, down the slope towards the Pit River bridge. EH was driving a train parallel to the highway. It appears they caught each other's eye and tacitly agreed to race—not too recklessly, I'm sure, in order to avoid damaging the bridges at the bottom of the slope. Some time later, they met by sheer accident and the story of the race came up in conversation. I liked EH, and spent some time with him. He asked for help with his income tax form, and that created some tension because he didn't like my opinion as to what should count as tax-deductible. I thought he was making a mistake. I didn't see him so much after that, but I heard eventually that he was gravely ill in hospital, so went to visit. He was emaciated and uncommunicative, so I left him to rest. In hindsight, with more experience of such matters, perhaps I should have stayed and sat next to him, or held his hand. It was the last time I saw him.

The most intense interaction with a client was with OR. Cris Muñoz had asked me to visit a man in northeast Tucson, warning me that the man seemed anxious about having a TAP representative knock at the door. OR was imagining the arrival of someone so flamboyant that the neighbours would remark upon it—this being part of his general denial of being gay and having AIDS. I watched his reaction closely as he opened the door part way. He was looking me over from top to toe, and in very short order decided that I was all right. I was invited in for the usual chat, but what ensued was like compressing a lifetime's friendship into three months. We would spend evenings talking, have meals together, listen to music. One evening we listened to my recording of Mussorgsky's Pictures at an Exhibition played on an orchestra of Chinese instruments. Much of the time he was feeling quite unwell, and occasionally asked if I would hold him. For a while, it seemed to help him feel better.

After some weeks, when living alone was becoming difficult for OR, his mother came to stay. She was a very slight figure compared to OR.   His physical state was deteriorating rapidly; in fact, he was spending much time at the Veterans Administration hospital, and only being allowed out for a break every so often. When it looked as though he was in his final days, he was sent home on the understanding that his mother would be there. She rang me one August Saturday to say that OR had tried to get out of bed the previous night, and that she had been unable to prevent him from falling. She asked if I would stay the following night, in case it happened again. By this stage, the illness was affecting his brain and OR had ceased speaking.

I set up a mattress on the bedroom floor and managed to sleep a little. Some time after 1 a.m., I woke and heard the sound of OR's breathing change to what I assumed was a death rattle. I roused his mother and we both sat with him for the next hour or two. This time, I knew to hold his hand. I felt very anxious until the moment I noticed his eyes fixed intently upon me.   Then a remarkable change occurred; the anxiety I had been feeling was replaced by a feeling of warmth and reassurance, and I knew he was communicating the positive feeling to me. Twenty minutes later he died. The flood of emotion I felt over the following 24 hours was unlike anything that had ever happened to me before. I felt, among other intense things, that I had lost fear of death. Cris Muñoz explained his understanding of deathbed communications at my next weekly check-in at the TAP office, and predicted that OR would be waiting to welcome me after my death. I must still have been showing the emotional upset when I went to Pennsylvania to visit friends a week or two later. They questioned me about what was going on.

We scattered OR's ashes at the top of the Santa Catalina Mountains. I kept in contact with his mother for a long while afterwards. She gave me his Alaska mug, which I still use frequently almost 40 years later. At one point, she showed me a photo of OR before he became ill, and I scarcely recognized him. She was telling me that the man he had once been – brash, wealthy, physically strong and showing it, in denial about his vulnerability among other things – was not the man I knew, possibly not a man with whom I would have traded much empathy.   The OR I had known had existed for at least three months, nevertheless, and there had been intense empathy. I was surprised to receive a letter some weeks later, stating that I had been named in OR's will. I went to the County Recorder's office to read the will. In view of our mutual love of music, OR had bequeathed his rather large collection of gramophone records to me. He hadn't left his finances in good shape, however, and a lawyer subsequently rang me to say that if I wanted the records, I would have to pay $600 for them. I decided that I was happy just knowing that OR had wanted me to have them.

There is a final incident to report from the weeks following his death and that of EH, which were within days of each other. On two occasions, I woke in the small hours with the intense feeling of a presence, cold and somewhat hostile, in the room. The first time, I reacted by wishing the presence away. The second time, I found myself assuring the presence that I had nothing against it, whereupon the feeling of hostility melted into a warmth and reassurance much like what I had felt on the night OR died. I couldn't say for certain who the presence was.

Families

I've already related my interaction with DC's family. Other Hispanic families had equally difficult times coming to terms with an AIDS diagnosis. One evening I was sent to the southern part of the city to visit a family in which the *abuela* had contracted AIDS from a blood transfusion. Her daughter was distraught over what I came to understand as purity concerns, in this instance the association of AIDS with homosexuality and illegal drugs. She rang the TAP office, and agreed to a visit provided the representative was a white (Anglo), straight Protestant. She was worried who in her community might find out. TAP was able to give her two out of three on her list of requirements, and we didn't discuss the deficiency. The visit was cordial, given my forbearance on hearing protestations that the grandmother had been infected the clean/acceptable way, and proved very useful for the family.

Another Hispanic client, PT, had me call at his apartment on a Saturday afternoon. I found his mother Mercedes with him. I'm naming her because her name says who she was: truly an honorable and noble Mexican mother. We had the usual discussion about entitlements. PT was tired and distressed and needed to go and rest. Mercedes wanted me to stay and talk. She explained that the AIDS diagnosis brought her a double shock, for she had not previously known that her son was gay. He had never spoken to her about his social life. Clearly, she loved her son every bit as much as she ever had. She left me her phone number and address in Nogales, Arizona. In those days, I would go shopping in Nogales, Sonora from time to time. I made a point of calling in twice to see how she was doing, after her son had died. She was happy to have the visits, and made sure, as hospitable Mexican mothers do, that her guest did not leave hungry!

Outrages

I mentioned purity concerns above. Impurity in this context is something that makes one feel dirty, regardless of rational considerations. AIDS was doubly impure in the minds of many people. Not only could it be transmitted sexually, but it was associated with *gay* sex. So, landlords would try to get rid of PWAs (or gay people in general), and the Governor of Arizona would deem what he called the lifestyle choices associated with AIDS unacceptable, while smoking and drinking and the diseases they led to were not. The Republican Federal Administration would not risk mentioning AIDS for fear of alienating conservative voters. A particularly outrageous instance of purity-associated fears occurred at the Bisbee office of AHCCCS. The staff convinced themselves that they could get infected by handling paperwork, and would compound the emotional suffering of people with AIDS by holding application forms by the corner, no doubt putting on a facial expression to match.

The worst outrage occurred in an ambulance in Tucson. One of TAP's clients told me the story, asking if a legal referral could be arranged. He had cut himself badly on broken glass at home, and had called an ambulance to take him to hospital. He must have informed the paramedics of his HIV status; he was bleeding and it would have been responsible to do so. On the other hand, responsible paramedics would have taken precautions no matter who was bleeding. On the way to the hospital, the paramedic riding in the back of the ambulance had the driver stop, and proceeded to beat and insult the young man. I believed the story and arranged the legal referral. Nothing could be done, however, because the young man had moved to Arizona in violation of probation in another state. He was advised not to make his presence obvious, and the matter had to be left unaddressed.

The gay community was capable of its own variety of outrage. In the early days of the crisis in Tucson, some of the medical professionals most concerned with AIDS organized a public information meeting to educate gay men. I looked around the audience and could identify nobody who looked younger than 40. To me, this was an outrage. How were we going to make any progress in controlling the spread of AIDS without the cooperation of the whole affected community?

Interaction with work

One evening in February 1987, I sat in my university office and called the local news reporter of KUAZ, the Tucson public radio station. I wanted to bring some attention to the discriminatory financial eligibility rules of AHCCCS. We recorded a short interview, and I immediately left for a field trip in Mexico. As I returned a week later, I wondered what reaction I would find at work, assuming the radio station had aired the interview. I had until then avoided coming out as gay within the Geosciences Department, and my role as a spokesman for TAP would be an implicit admission. Administrative staff members, not the professors, were the ones who said anything, and the reaction was positive.

There were other occasions when I appeared as a TAP representative in public. We would provide AIDS prevention information at fairs, and I recall staffing TAP's booth at least three times. At the Fourth Avenue Street Fair, a pompous, conservative graduate student came past and sneered at me, not too close of course. Another fair was on the campus mall, and we were handing out pamphlets and condoms. Nothing negative happened that time (at least, not to my face) but I did have to field a question from a naïve young lady who couldn't understand why some of the condoms were mint-flavored. Nonetheless, such appearances generated gossip among the Geosciences graduate students. My own students reported this back to me, and it was clearly time to be open with my faculty colleagues, before they heard some of the more fanciful tales. I was still on tenure track at the time, and the disclosure, whether from me or from the students, did not improve my chances of tenure.

Why I stopped

After about six years of volunteer work for TAP, I decided that it was time for a change. TAP had succeeded in gaining enough funding to pay professional case managers. Much of what I had been doing was no longer required of a volunteer. Besides, I sensed burnout approaching. The clientele had changed. Mostly, I had little problem relating to the gay men. Substance abusers were increasing in number among the clients, and they were a different matter altogether. I remember a visit to a young woman who allowed her dog to bite me (not too hard) and then proceeded to wheedle for money. I find manipulative behaviour difficult. Finally, AIDS came far too close to my personal life. An attempt at a relationship went sour after my partner was diagnosed with AIDS. He had not been honest with me about his HIV test status, and that was a serious betrayal , given all I had experienced as a TAP volunteer. Nonetheless, I wanted to be supportive. After the diagnosis, any control he had over addictive and manipulative behaviour dwindled away. I was the focus of anger, presumably because I didn't have AIDS. It counted for little that I was providing shelter he would have had a difficult time finding. His family eventually took him home, and I faced a new start in more ways than one. I decided I had had enough of AIDS and announced my retirement as a volunteer.