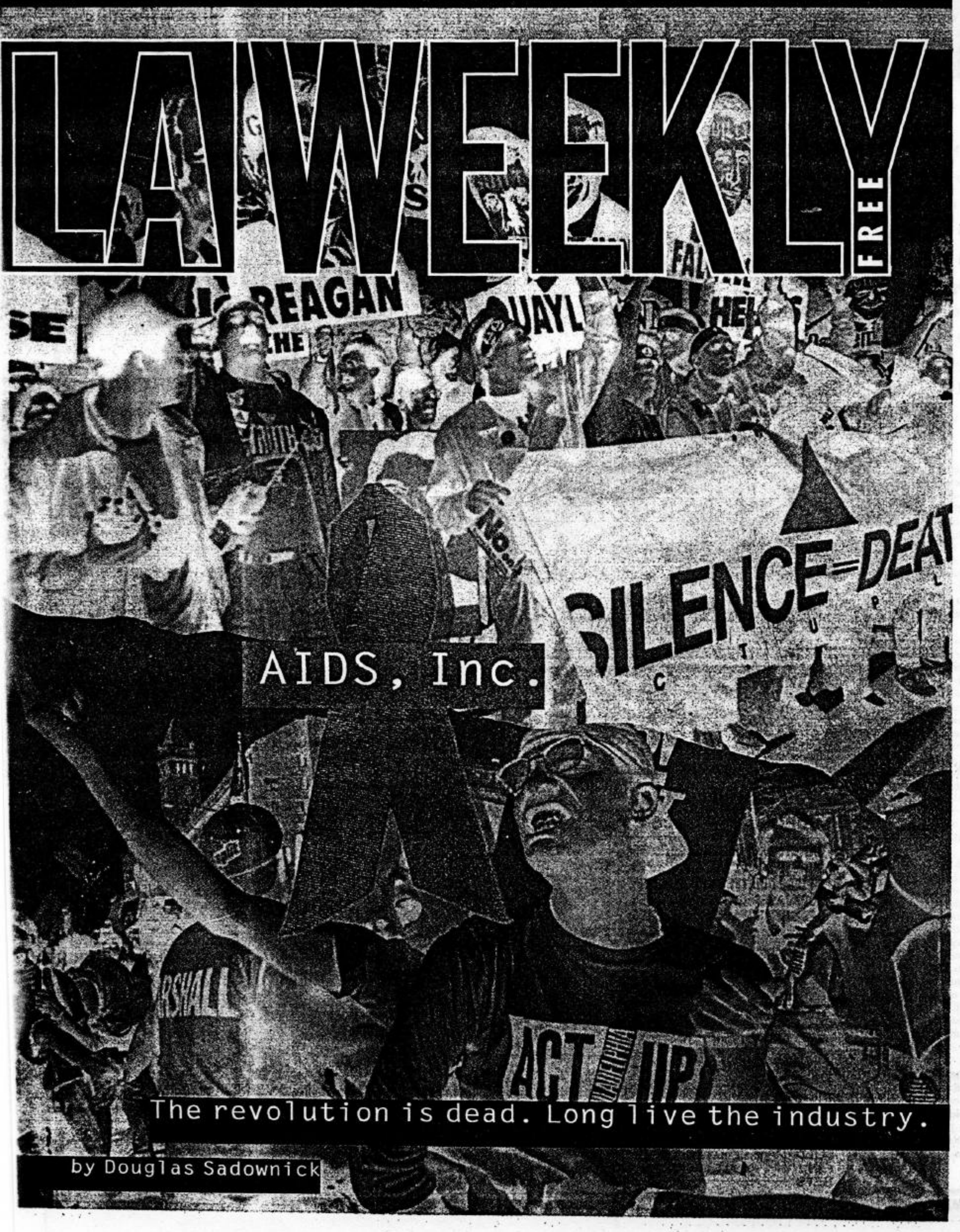
South Africa Year Zero (Waldman) / The Karen Carpenter Saga (Pincus)

LA WEEKLY FREE



AIDS, Inc.

The revolution is dead. Long live the industry.

by Douglas Sadownick

AIDS, Inc.

The revolution — and a whole lot of people — are dead. Yesterday's street activists run today's AIDS institutions. Where, with the disease raging unchecked, they've been reduced to managing death.

BY DOUGLAS SADOWNICK

"DON'T FUCK UP! FUCK SAFE!" proclaimed the stickers, with that vintage ACT UP panache. The March 30 demonstration had been called when an AIDS-awareness play was canceled by the Glendale School District. School officials complained that the play emphasized safer sex over abstinence — so instead, the students got nothing. That is, till ACT UP showed up. And while the turnout may have been light — about 30 or so members plus a few veterans who come by now and then to lend moral support — the "zap" rocked Glendale.

Leave it to ACT UP — and the subject of sex — to conjure a media circus.

Pete Jimenez and Jeff Schuerholz, who were the main organizers of the action, avidly handed out safer-sex brochures and 1,000 condoms. "We believe in giving teenagers as much information as possible and then providing them with the tools to make their own decisions," ACT UP member Kate Sorenson told the cameras.

The students couldn't have been happier. "We're having sex!" an innocent-looking Glendale girl said to several of the local TV news reporters. "And we're not getting the right information."

Not everyone was so taken with the action. There are AIDS professionals in L.A. County who question the effectiveness and even the purpose of direct action in the age of Clinton and a now-formidable federal AIDS purse. "ACT UP has reached the end of its agenda," says Connie Norman, once one of the most vocal members of ACT UP, who now works as the head of public policy at the AIDS Service Center, located in Pasadena. To her mind, as the epidemic shifts away from gay white men to the poor and to people of color, ACT UP's theatrical politics of indignation — which emerged from the assumption of moral entitlement within the gay middle class — has served its purpose.

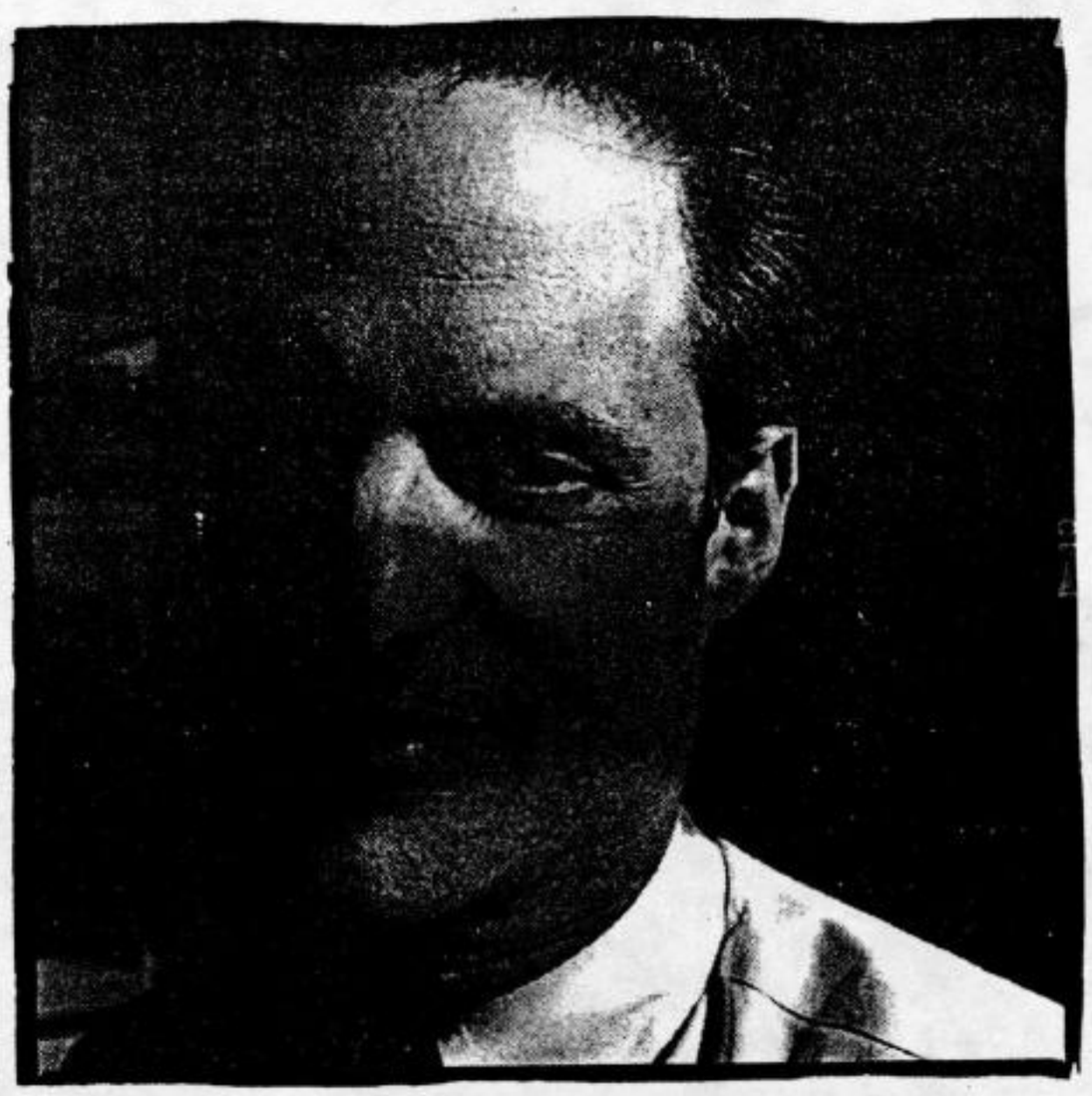
An entirely new AIDS landscape has developed in the '90s, which features a multibillion-dollar AIDS industry (running the gamut from pharmaceuticals and hospitals to magazines and conferences), the transformation of onetime street activists into public and private agency heads, the blurring of distinctions between obvious enemies and obvious friends — and an interminable amount of death and suffering. For many, the politics of confrontation have become passé. In the '90s, you shun ACT UP–like tactics in order to get yourself onto community boards and governmental panels — but you pursue ACT UP–like priorities once you're there. Or you try.

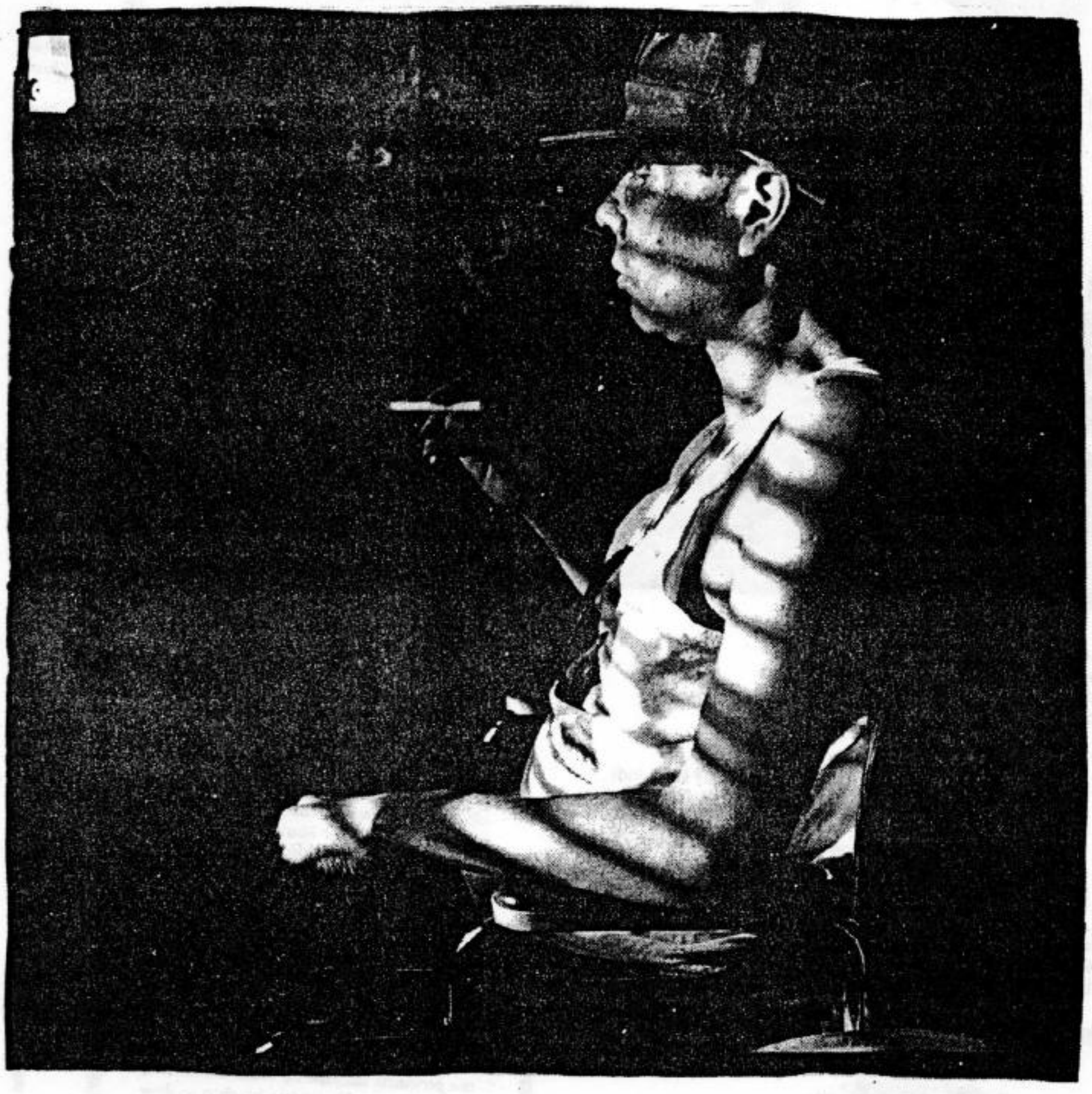
The action has left the streets. Despite the raucous demonstration at Glendale's Hoover High, ACT UP's impact has diminished over the last couple of years. Local membership has shrunk from nearly 400 during the 1992 riots that erupted with Pete Wilson's veto of a gay-rights bill, to a couple of dozen today.

To Judy Sisneros, a longtime member, ACT UP's decline can be traced, first, to the deaths of so many members (Mark Kostopoulos, Rick Turner, Richard Iosty, Larry Day, Sister X, Les Johnson, to name a few) and the deteriorating physical condition of others. The illusion of having a more receptive administration in Washington, she says, has deflected activist rage. (But the appointment of Kristine Gebbie to the new Office of AIDS has been a major disappointment to activists, who demanded and expected of Bill Clinton more than a PR agent for the president's policies.) And there's the natural history of radical movements. "They seem to last several years or so," says Sisneros, "and then mutate into something new or just plain fizzle out."

Nor is the end of direct action just a local phenomenon. ACT UP chapters all over the country are either splitting apart (as in San Francisco) or dissolving altogether (as in Washington, D.C.). Two years ago, the most influential members of ACT UP/New York split off to form a for-profit group called TAG (Treatment Action Group). TAG members now advise Anthony Fauci, director of the National Institute for Allergy and Infectious Diseases. ACT UP founder Larry Kramer, for one, rails against the remaking of the movement. "We've lost the war," he charges.

More is at stake here than the life cycles of social-change movements. AIDS isn't go-





(This page) The enduring disorder: Patient Rudy Quintero at AHF's Carl Bean Hospice

(Opposite, above) The old order: ACT UP demonstration at Glendale's Hoover High

(Opposite, below) The new order: One-time street militant, now AIDS Healthcare Foundation president, Michael Weinstein

Photographs by Slobodan Dimitrov

ing away; in fact, the harder activists work, the worse things seem to get. A total of 6,510 new cases were reported to the L.A. AIDS Program Office in 1993, marking a 117 percent jump from the previous year — bringing the total number of reported AIDS cases in L.A. to 23,630. (Part of the increase is due to a 1992 decision by the Centers for Disease Control to broaden the definition of the disease.) The total number of people reported to have AIDS in the United States has risen to 339,250, 60 percent of whom have died.

But while the disease rages, the movement has shifted course. In the 13th year of the epidemic, substantial federal AIDS money is finally available, increasingly controlled by the very activists who once pitted themselves against the government. Exhausted street veterans now find themselves on AIDS payrolls. Movement leaders like Connie Norman, Mary Lucey, Ferd Eggan, Nancy MacNeil, Roland Palencia, Michael Weinstein, Phill Wilson, Paul Daniels and Gunther Freehill, to name a few, struggle with their new hyphenate identity: activist-bureaucrat. The Bolsheviks of AIDS activism have become its commissars — a transformation with ample precedent in the history of social movements.

A once intransigent county Board of Supervisors has relinquished control of more than $100 million to the AIDS community. "Out of frustration with the fact that no one was doing the nuts-and-bolts work of making government deliver, we have become part of the government so that we could deliver services," says Ferd Eggan, who's gone from being an ACT UP member to L.A.'s AIDS coordinator under Richard Riordan. In the '80s, the conservative and widely hated Bob Frangenberg headed the county AIDS Program Office; in the '90s, the openly gay John Schunhoff sits on the county's HIV Planning Council, mediating among a number of fractious AIDS organizations. "It turns out that AIDS is not a fight between good guys and bad guys anymore," adds Eggan. "We have met the enemy, and he is us."

With his snazzy red silk tie and red Honda Accord with leather interior, Michael Weinstein is no ordinary AIDS-activist-cum-paper-pusher. On a day in April, he drives me from the modest Hollywood offices of the AIDS Healthcare Foundation to some of the six clinics or hospices AHF has opened around the county; two more are on the way. "Being a business has helped us," he says. "If we were all just about radical politics, we'd have no credibility. But we back up our rhetoric with some of the finest, most cost-effective AIDS-care services in the country. You can provide Cadillac care," Weinstein insists, "on a Hyundai budget."

Or is that a corporate look in a nonprofit agency? AHF's budget is now $15 million; it's rapidly gaining on AIDS Project Los Angeles (APLA), with its $20 million annual budget and its much-coveted Hollywood donor list, to become not just one of the largest AIDS groups but also the single largest community-based HIV-health-care provider in the nation. AHF now operates a clinic downtown, another at Hollywood Presbyterian Hospital, one in Sherman Oaks, and another, soon to open, on the Westside. In addition, AHF runs two hospices: the Chris Brownlie Hospice near Dodger Stadium and the Carl Bean AIDS Care Center in South-Central. A third hospice will open in West Hollywood next year. Unlike L.A.'s leading private provider of AIDS treatment, Pacific Oaks Medical Group, AHF turns no one away for inability to pay. ("We know how to get people on Medi-Cal real fast," Weinstein says.) As well, each AHF clinic has a direct relationship to a hospital, so that a sick person can be admitted immediately if a doctor sees the beginnings of an opportunistic infection.

Weinstein stands as an emblem of what the AIDS activist has become in the '90s: an empire builder of social services. Weinstein, who has a far-left pedigree, was an AIDS activist before there was an ACT UP. He saw, perhaps before anyone else did, that no possible end to AIDS could take place without a total revision of health-care delivery in the country. Treatments meant little without access. And access was impossible without power.

In L.A. County, health care for the indigent was the responsibility of the county Board of Supervisors, who, with the exception of Ed Edelman, were indifferent to the subhuman treatment that patients received. (Subhuman and costly — a 1989 California Department of Health study showed that L.A. spent twice as much on each AIDS patient as San Francisco, so inadequate were its early testing and monitoring.) In 1986, Supervisor Mike Antonovich, who rejected Weinstein's idea of providing AIDS-hospice care in L.A. County for the indigent, claimed that AIDS was not the responsibility of the county and added, "The only way to stop AIDS is if gays would turn straight."

Weinstein rallied a band of activists drawn from the Stop the AIDS Quarantine committee. Renaming their organization the AIDS Hospice Foundation, they went after Antonovich with press releases, inductions into the AIDS Hall of Shame, and a series of proposed reforms. Their coup de grace was a demonstration at Antonovich's Glendale home, during which ministers prayed for his soul. The media loved it. Antonovich relented, allocating $2 million for hospice care, with which AHF's Chris Brownlie Hospice and other hospices were built.

Overnight, Weinstein became a hero to the AIDS community, but he was roundly rejected by the Westside big-money gays for his impolite tactics. Weinstein was undeterred. In 1991, he went on a rampage against AIDS Project Los Angeles for its refusal to share the proceeds of its successful annual AIDS walk with other AIDS service organizations. Weinstein then created his own walk, the Eastside AIDS-thon. Unlike his gay counterparts on the Westside, he also built political alliances with a broad group of elected officials: Supervisor Ed Edelman, state Senator Diane Watson, state Senator Art Torres and Assemblyman Richard Polanco.

Weinstein's chief colleague in the creation of AHF was Chris Brownlie. When Brownlie languished several days on a hospital gurney at County/USC before being offered a bed, Weinstein dedicated himself to creating a network of AIDS care. "We are no longer going to allow our loved ones to die on the altar of county

bureaucracy," he vowed.

Weinstein turned himself into a lobbyist, a businessman, a number cruncher. He agitated for new laws to help with licensing, reimbursement and development; he mastered the highly complex reimbursement system (other agencies now ask him how to "work" Medi-Cal). He proved to government that *his* approach — which entailed early intervention and aggressive monitoring through all stages of HIV disease — was ultimately cheaper for the county, never mind more humane to the sufferers.

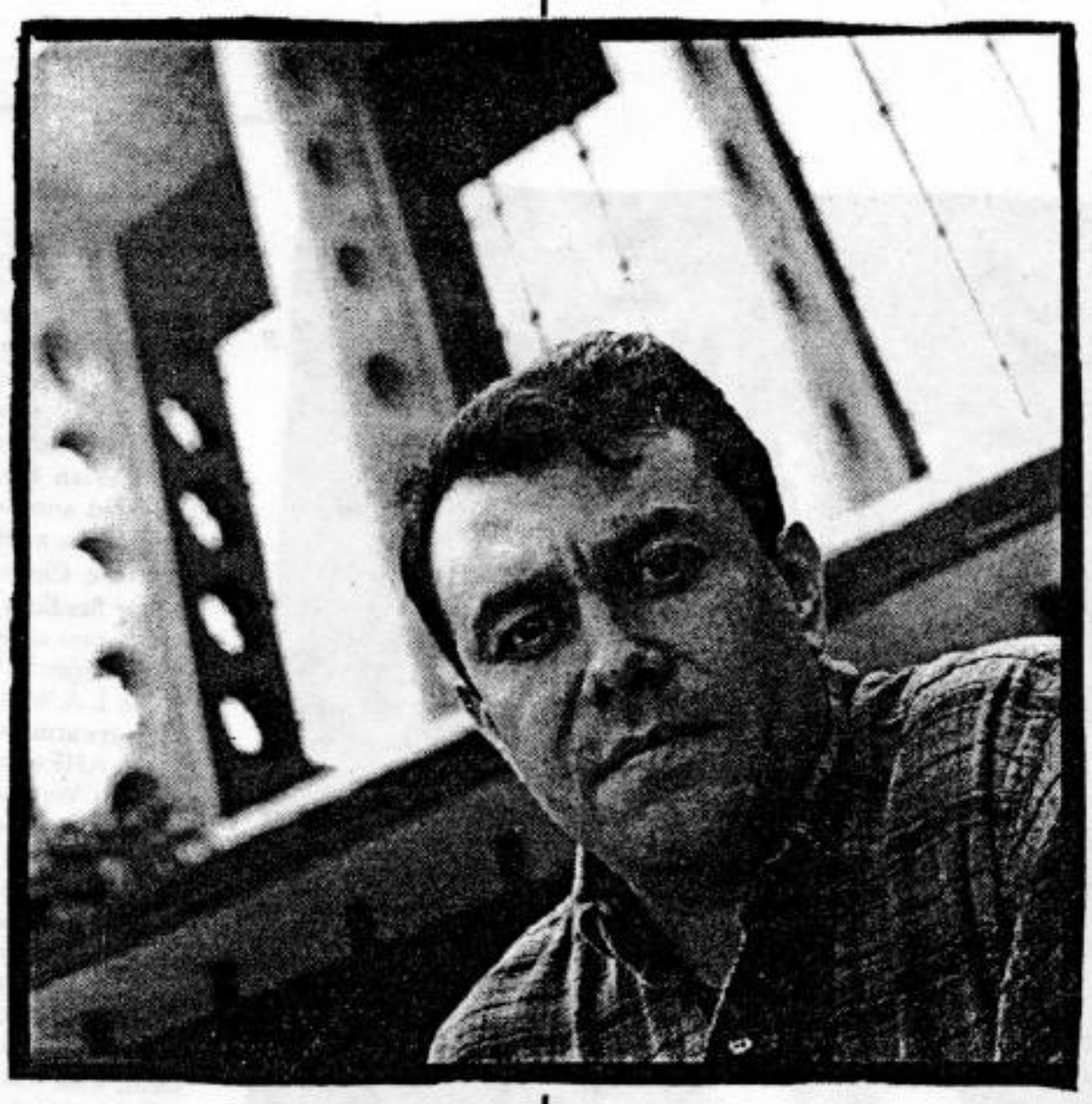
If there is any doubt that Weinstein's services are of a high quality, one just has to visit the Carl Bean AIDS Care Center in South-Central. The Wells-Halliday Mansion, with its Dutch Colonial exterior and arts-and-crafts interior with tiled fireplaces, was built in 1902. It's easy to see why this 25-bed residential hospice facility received an L.A. Conservancy award for renovation. A 40-foot-high, skylit atrium is surrounded by a glass-enclosed second floor that, for a moment, takes your mind off the 25 emaciated figures lying on beds in private rooms, waiting to die.

Weinstein, along with hospice director Leslie Burke, talks with Paul Berry, a feisty African-American resident who knows he's there to die but who is entertaining everyone around him with a line of chatter about women and his plans for a weekend jaunt to Vegas. "This is one of the nicest places I've ever lived," he says. Berry tosses in a few cuss words to show how frustrated he is by imminent death. "I ain't ready to fuckin' die yet," he says, looking at Weinstein. "But if I have to go soon, this is the right place to do it in." (Berry died in late April.)

Not everyone is so impressed with Weinstein. "Michael was an important person to the AIDS community during the time when it was necessary to crash through barriers of county," argues L.A. city AIDS coordinator Ferd Eggan. But, "Sometimes the people Michael crashes through in his attempt to deliver services are as dedicated as he is." Others accuse Weinstein of putting the growth of his agency before the needs of clients. ("Yes, he has built an empire," argues AIDS Service Center's Connie Norman. "And I defy anyone to tell me where PWAs are not better served because of AHF's existence.")

Weinstein dismisses charges of empire building. "To make hospice care cost-effective, it has to happen on a large scale," he says. Two years ago, AHF had legislation introduced in Sacramento that will allow for managed care for PWAs. A pilot managed-care project could be funded at each AHF clinic as early as this spring. (As a managed-care health provider, AHF will be paid a monthly sum by Medi-Cal to care for all its patients; expenses that go over this fee will be AHF's responsibility to cover.) Weinstein predicts that if the managed-care revolution takes place in the country soon, as he thinks it will, AHF will be positioned to triple in size. For an agency that has always been seen as the radical alternative to the establishment APLA and Pacific Oaks Medical Group AIDS conglomerate, the still somewhat radical AHF may soon face its own crisis of success.

In heavy traffic, it takes an hour to drive from the APLA offices in Hollywood to a house in a Latino section of South-Central. APLA staffer Manuel Negrete is using the time to tell me about the new rush of clients he's seeing: Latino families, most of them undocumented, many of them monolingual. Today, he's calling on just such a family: Mario and Linda (not their real names), ages 21 and 19 respectively, a married couple. Both are HIV-positive.



APLA's Manuel Negrete: "Latinos account for over 15 percent of AIDS cases [in the U.S., and] only make up 8.5 percent of the population."

(Opposite page) ACT UP's Judy Sisneros: Radical movements "last several years . . . and then mutate into something new or just plain fizzle out."

Ferd Eggan, formerly of ACT UP, now L.A. city AIDS coordinator: "We have met the enemy and he is us."

Negrete is a case manager at APLA, which means he orients new clients to the labyrinth of services available from private agencies as well as from the county and federal government. As one of five Spanish speakers among APLA's 20 or so case managers, Negrete brings a new, more client-driven perspective to L.A.'s largest AIDS agency. Negrete's growing voice within APLA — and the appointment of an African-American man as the new executive director — suggest that even APLA might be changing along with the epidemic. (Although last year, APLA stunned activists by using a $1 million donation from record mogul David Geffen as a down payment on a vast Vine Street studio for its new headquarters.)

Negrete, who is openly gay and HIV-positive, is the new front line in a changing epidemic. "One in every three persons in Los Angeles County diagnosed with AIDS in 1992 was Latino," Negrete says. "In other words, we saw 946 Latino cases out of a total of 3,230." He has other stats: Latino male AIDS cases increased by 95 percent in 1991. Latina AIDS cases increased by 168 percent. The largest ethnic group of children infected with HIV in L.A. County is Latino.

"According to national estimates from the Centers for Disease Control," Negrete adds, "Latinos account for over 15 percent of AIDS cases, [which is] striking when you consider that Latinos only make up 8.5 percent of the population in the U.S." Language barriers and a climate of denial around sex in the Latino community are certainly a factor here; so is the tardiness of established AIDS organizations to reach beyond the white gay ghetto, much less offer Spanish-language support groups or Spanish-speaking field organizers.

Negrete pulls up to a house in South-Central; it's nighttime, but the streets bustle with kids, barbecues, blasting TVs and old people sitting on chairs outside. At the front door, we ask for Mario and Linda and are told by some children (who act as if they're part of their extended family) that the couple live in their own house in the back.

Negrete and I are greeted at the door by the couple, who might fairly be described as frightened children themselves. Linda retreats to the background to prepare a dinner of cabbage and chicken while Mario speaks about his condition. He says in Spanish that he doesn't want his name used, but that he has decided to speak to the *periodiste* because he wants the world to know his story. He lifts up his shirt to show his Hickman, the intravenous tube that is connected directly to his heart and through which he injects AIDS medication. He has learned how to make the injections himself, but he has no idea which drugs he's taking. To anyone familiar with the paraphernalia around AIDS, the Hickman is a bad sign. It suggests that Mario's immune system is all but gone and that CMV retinitis, which causes blindness, has set in.

Mario found out he had AIDS during a hospitalization after his first opportunistic infection. His wife learned she was HIV-infected during her first pregnancy. Frightened and depressed, she was told by the women at the clinic to abort her baby lest it be born with AIDS. She took their recommendation. Linda now knows that was bad advice; many HIV-infected women give birth to healthy babies. Later that night, the newlyweds slept with the gas on. "God kept us alive," Mario says. "We so much wanted to be dead."

The discussion turns to how Mario thinks he might have gotten the disease — a difficult question, but one that must be asked. (No one completely understands the epidemiology of AIDS, but for one reason or another, it has not largely spread out

of high-risk communities; the data suggest that it's very rare for a man to contract the pathogens that cause AIDS from having unprotected sex with a woman.) Mario says he used to look at women on the street and then have sex with them. Negrete exchanges a look with me. If anyone is vulnerable, it's the women, especially those Latina women who are not socialized to ask their husbands to wear condoms.

Remarkably, there seems to be little blame between husband and wife here, just a joint sense of fear and, as Linda says, "sadness." She places her hand on her husband's, as if a touch could cast away a thousand doubts. Now she speaks. If it weren't for Negrete, who case-manages the couple like a mother hen, they wouldn't have known the truth about AIDS or the options open to them: that they won't necessarily die very soon; that the early testing that she received (thanks to Negrete) may prolong her life; that a myriad of services are actually available to them, including housing

terest on this council, which at times resembles a collection of rival Tammany Halls. The more powerful the Planning Council becomes, and the more financially flush the agencies in turn become, the more scheming and vindictive the various parties seem to one another.

Gone are the days when President Bush, County AIDS Program Office director Robert Frangenberg, Department of Health Services head Robert Gates and Supervisor Pete Schabarum sent a collective chill through fledgling AIDS service organizations. Now, the activists who had to come before the authorities *are* the authorities.

Who would have predicted such a revolution four years ago? When members of then-President Bush's National Commission on AIDS came to Los Angeles in January 1990 to hear testimony, they were appalled at the gulf between the county and local AIDS organizations. "There is a troubling breakdown of communication between government and private groups,"

help, SSI, clinic care and, for the first time in APLA history, a support group for Spanish-speaking women; that someone who speaks their language cares about them. "*Muchismo gracias*," Negrete says, bidding the couple goodbye. "This will help to challenge the idea that AIDS doesn't affect Latino families."

Negrete and I climb into his van to go back to APLA. Negrete puts the key in the ignition. He lays his head on the steering wheel and takes a moment out from his life as a social worker to cry.

"How unprofessional," he says, blowing his nose.

The L.A. County HIV Health Services Planning Council is in session at the Orthopaedic Hospital, and the scene is vicious. Sitting on the main dais are leaders from L.A.'s two dozen AIDS service organizations and county AIDS programs. Other community members sit in the audience, waiting for the fighting to end so they can present their reports to the council.

They will have to wait. Trust has long ago given way to charges of conflict of in-

said David E. Rogers, then vice chairman of the commission. He nailed the county for its intransigence: "Officials have left it up to private groups to provide services. Officials say they have no money. They should be screaming from the rooftops for money."

Later that year, though, for the first time in the history of the AIDS crisis, the federal government recognized how local municipalities around the country had failed to address the epidemic. The Ryan White Comprehensive AIDS Resource Emergency (CARE) Act of 1990 appropriated $87.6 million to the 16 cities hardest hit by AIDS. California then received $22 million, L.A. $8 million. Los Angeles now receives more than $25 million in CARE funds and more than that in state, local and county AIDS dollars.

The federal legislation also mandated that implementation of the CARE Act rest primarily with local planning councils — that is, councils made up of AIDS-community representatives — which would then be vested with broad federal authority to establish funding priorities. "Ryan White caused a fundamental change at the core of healthcare delivery," says Phill Wilson, who is the

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co-chair of the Los Angeles County HIV Planning Council.

The county Department of Health did put up a fight — but it lost. In part because L.A. County managed health care so poorly — what with six-month waits at the AIDS outpatient clinic — and in part because non-governmental AIDS service organizations managed it so well, the Board of Supervisors in 1992 went over the head of its own Health Department and gave the Planning Council the authority to make planning recommendations not just for Ryan White money, but for virtually *all* other AIDS money — state, county and federal — coming into L.A.

But taking power has brought problems of its own. As the council is currently structured, 10 members are appointed by the Board of Supervisors; others are community seats; others are appointed by the AIDS Regional Board. That is, the agencies most likely to receive AIDS dollars have representatives deciding where those dollars should go. Council members are not able to vote on appropriations to their own facilities — but the situation has created an ethos of "I'll vote for your program if you vote for mine." A number of Planning Council members operate their own consulting companies for AIDS agencies, many of which receive money from the council. But the council has not even conducted a genuine discussion of the conflicts of interest inherent in its structure.

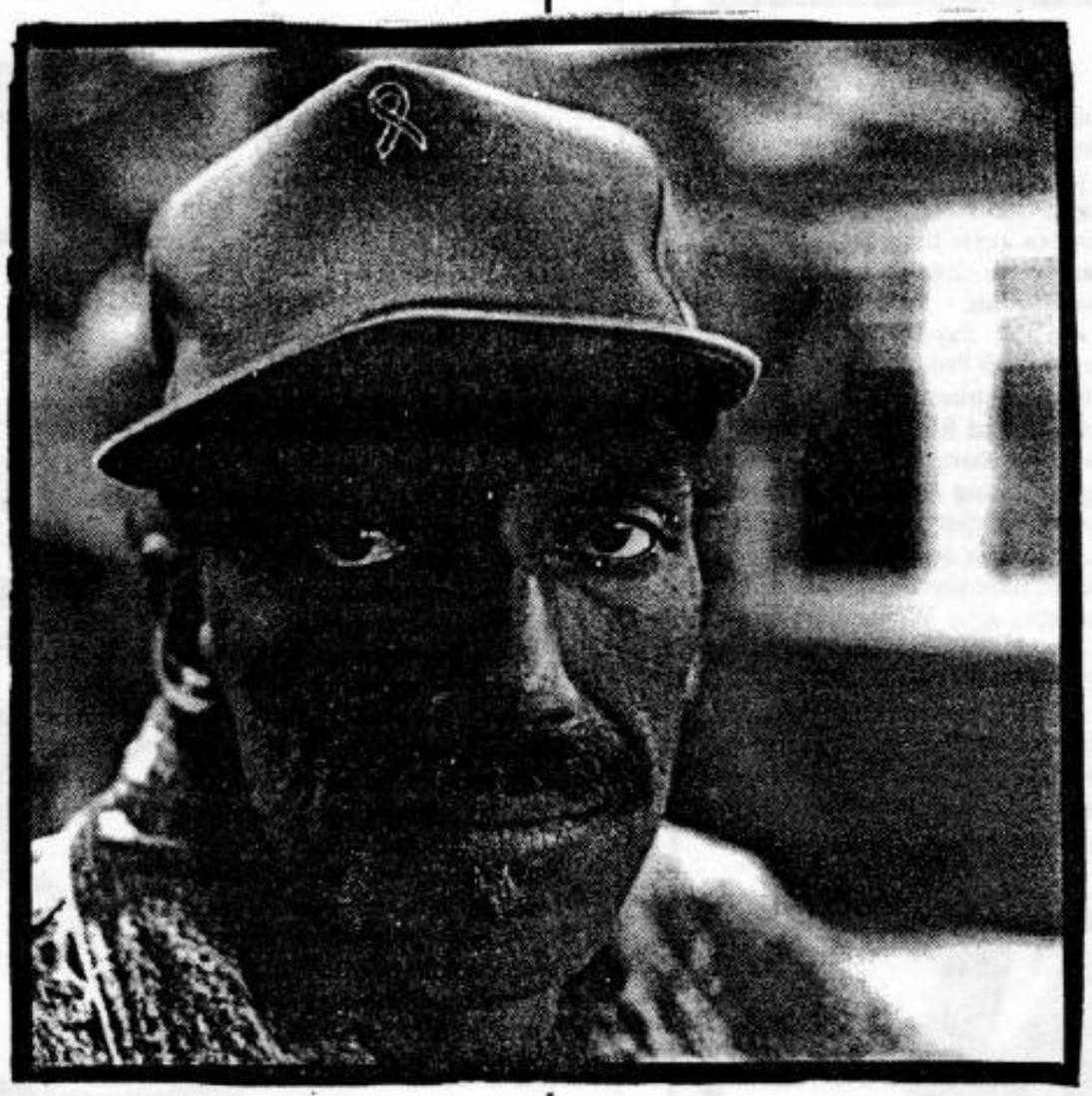
Likewise, the council has not developed a procedure by which to evaluate the performance of the agencies it funds. "There's no evaluation of cost-effectiveness, service-care-delivery effectiveness or our process," says council member Connie Norman of the AIDS Service Center, who criticizes some programs as bloated and duplicative.

Almost all of the agencies sitting on the Planning Council, says Gunther Freehill, a veteran ACT UP member who now advises the council and works for a government agency, show thousands of dollars in unspent funds. Moreover, he adds, there are only four people sitting on the council who have AIDS or HIV; it's the bureaucrats, not the clients, who have come to power.

If its meetings are any indication, the council hasn't developed an equitable way of disbursing funds once it moves beyond the routine appropriations. During one recent meeting, Weinstein raised the point that, like many other agencies, his own AHF had not spent all of its allotted money for the fiscal year. He wanted to put an unspent $250,000 in residential-service funds toward the building of a Westside hospice, which many people agree will fill an urgent need. "Fags need a place to die too," barked Connie Norman.

But not everyone agreed that money designated for emergency services ought to go into long-term development — or, as Ginny Foat, executive director of Caring for Babies With AIDS, put it, "bricks and mortar." In a series of letters, Weinstein and Foat accused each other of putting their personal distaste before the needs of clients. "You made it very clear at yesterday's meeting the PERSONAL nature of your dislike of me and therefore your willingness to punish AHF," Weinstein wrote. "It is exactly behavior like yours that is tainting the objectivity and fairness of the AIDS Planning Council Process."

Foat responded in kind: "My position on this issue has been consistent since you began your campaign to coerce and bully this issue through several months ago . . . There has always been and continues to be unmet needs in the housing of people with HIV. If you ever took the time to attend the housing meetings you would realize that there is a unified group trying to address these needs from the perspective of the client and not the agencies." Foat then got personal herself: "You have difficulty in dealing with anyone that has a different opinion . . . I don't know you personally, nor do I care to."



Paul Berry (now deceased) in the Carl Bean Hospice: "If I have to go soon, this is the right place to do it in."

Connie Norman, former ACT UP firebrand, now public-policy director at Pasadena's AIDS Service Center: "ACT UP has reached the end of its agenda."

After months of rancorous discussion, the council finally decided not to allow Weinstein to use his funds for the hospice. An outraged Weinstein then took his case to the very enemy the community had struggled so hard to wrest itself from: county government. In a March 10 letter to Robert Gates, the director of the Department of Health Services who had so often been the target of Weinstein's wrath, Weinstein wrote that there was a precedent for such a transfer of funds. (Weinstein argues that the Carl Bean AIDS Care Center would never have been funded by the county in the current rigid climate of regulations set up by the Los Angeles County HIV Planning Council.) "While the need for the Westside Hospice received overwhelming endorsement at the task force," he wrote, "agencies who were in conflict of interest on the issue were allowed to argue and vote against allocation of funds to AHF."

Weinstein's letter infuriated council members. "I fundamentally believe that people with HIV will be better served by the Planning Council process," contends council co-chair Wilson. "After all, Robert Gates was the director of Health Services when we were doing sit-ins at the County Hospital and picketing the Board of Supervisors. And we're going to him for a remedy?" In an April 5 letter to Weinstein, Gates recommended that the Planning Council reconsider their decision. But on April 12, Weinstein resigned from the council. "I do not believe that meeting that need [of people with AIDS or HIV] is best served by membership on the council," he wrote. Nonetheless, Weinstein sent AHF vice president and chief of operations Roland Palencia to take his place.

The resignation sent shock waves through the council that reached all the way to the federal government, which was left pondering the strengths and weaknesses of the structure that had evolved in Los Angeles. "We are dealing with a social experiment in L.A.," says Robert Soliz, chief of the Eastern and Western Services Branch in the Division of HIV Services at the Health Resources Services Administration (HRSA). "Few other cities that receive Ryan White money have as much broad authority over that money as does L.A.," says HRSA project officer Andy Kruzich. "And with the community as diverse and as geographically spread out, no wonder this authority is causing problems."

Some on the council argue that the problem is less a matter of structure and mandate, and more a question of Weinstein himself. "I would prefer Michael respect the process we have all created, as a fair and equitable force to deliver AIDS service care," argues Wilson. "There are rough edges," adds John Schunhoff, "but in general I think the process has worked incredibly well."

But activists from around the country see L.A.'s attempt to supplant the government as part of a no-win situation that will only make the government look good by comparison. "We in New York would never presume to let the government off the hook for being responsible for making allocations and recommendations," argues Ron Johnson, chair of the HIV Health and Human Services Planning Council of New York. According to Johnson, the New York council avoids conflicts of interest by making broad recommendations in five program categories (mental health, health care, social services, housing and substance

abuse), but not to specific agencies. Instead, the buck stops at New York City's Department of Health — not New York's Planning Council.

Weinstein argues for placing some intermediary decision-making agency between county and council — specifically, the L.A. County AIDS Program Office. But that process has backfired in other cities. According to HRSA's Soliz, one Houston, Texas, judge who'd been given just such powers restructured Houston's HIV Planning Council when he found it not working to his liking. Logjams in some cities between community-based groups and the government have jeopardized the cities' grants. Whatever the shortcomings of the local structure, L.A.'s record in securing competitive Ryan White grants continues to be impressive — more so, for instance, than New York's. Nationally, HRSA officials still view L.A. as one of the most promising, if explosive, experiments in community health care anywhere in the country.

There's frustration about the way the AIDS revolution failed itself. In the mid-'80s, some believed — and many almost believed — that if one could just shout loud enough, and inspire enough gay and lesbian fence-sitters to tie up some traffic, ACT UP could not only end AIDS, but jump-start a revolution in social empowerment. Locally, ACT UP *did* push L.A. County/USC to open an AIDS ward. Nationally, it screamed for faster release of drugs and for better treatment to women and people of color. There were die-ins, sit-ins, presidential figures burnt in effigy; conferences were interrupted and conferences were held. There were hundreds of arrests in Chicago, Houston, New York, San Francisco and L.A., during which activists screamed, "Help us, we're dying!" into the cameras while being dragged off by cops wearing rubber gloves.

Although the revolution in gay rage has moved away from ACT UP for a host of political reasons, perhaps no single force has silenced the streets more than Bill Clinton's election. Administrations before Clinton's inspired an almost biblical rage in the AIDS community. The Clinton White House strikes most activists as more ineffectual than immoral, which makes it a good deal harder to target.

But it's not just ACT UP that is vanishing; an entire moment of magic has gone. In the late '80s, an AIDS community arose nationally, especially in L.A., that boasted a spiritual avidness among its members, what with street rituals, frequent vigils, hunger fasts, articles of activist faith and sloganeering mantras. The era saw not just the birth of in-your-face movements like ACT UP and Queer Nation, but the flowering of the AIDS New Age. Nearly a thousand adherents flocked weekly to Louise Hay's and Marianne Williamson's lectures on spirituality. Northern Lights Alternative founder Sally Fisher started her AIDS Mastery Workshops in L.A. Many felt there was social, psychological and even a holy meaning in AIDS, and that if the communities at risk could but survive its first blow, a dawning consciousness would somehow provide light at the end of the tunnel that would not only explain the genocide but stop it.

Today, that belief has been supplanted by exhaustion, marginalization — and a taste of power. Gay men no longer flock to what some have called the "Wellness Queens," in part because these surrogate mother figures have left L.A. to pursue national careers, in part because no amount of meditation seemed to stave off eventual death.

"We have lost our ammunition," argues AHF's Weinstein, "which was an almost spiritual sense of the outcry voiced by the single person with AIDS. The voice of the PWA is gone now from the movement." With charismatic activists like Chris Brownlie, Michael Callen and Mark Kostopoulos raging on behalf of gay men with AIDS, the AIDS community had the sense that it was making history — writing the next chapter of gay liberation. Now, Brownlie, Callen and Kostopoulos are dead, and with their deaths, an era of militancy has come to an end.

"What would change everything," argues Mary Lucey, an HIV-infected lesbian activist, "is the mobilization of PWAs. If all of us just got up and left our jobs, they'd fucking listen again." It's hard to know, though, whether the sentiment is a genuine possibility or merely nostalgia for a magical moment. If it *is* nostalgia, it is certainly intensely held. "The voice of PWAs is like a laser beam," adds Weinstein. "It burns through everything."

What's burning through everything today is death. Beneath the transformation of the AIDS movement, finally, is the fact that all its subgroups — the agency heads on the Planning Council, the street zealots of ACT UP — now believe they're fighting a losing battle. The number of new AIDS cases more than doubled in 1993 — from 49,016 new cases in 1992 to 103,500 new cases last year.

And the problem is larger than the shifting demographics of the disease. The entire science of AIDS — its pathogenesis and its research methodology — is more suspect today than ever before. Recent studies call into question the efficacy of AZT and the AZT-like drugs now in the pipelines; scientists who have questioned HIV's role in causing AIDS are increasingly receiving belated credibility and exposure in the mainstream media. The very drugs that activists demanded be released expeditiously have been proved to be at best stopgap measures and at worst poison. "I have been unsure about the medication that claims to stop HIV in my own personal life, but I hope that inadequate medicine is better than none at all," says Ferd Eggan.

The grim irony is that the onetime street activists who have wrested control of the AIDS apparatus have at the same time had to alter their view of their mission. "We thought we were going to find a cure and that there'd be some finality to this tragedy," says AHF's Palencia. "But at this point, we are resigned to the fact that we are managing death. There are a whole number of institutions which have been created to do just that."

"I miss the old days of ACT UP," says Mary Lucey, who's brought the old ACT UP rage with her into the new age of the activist-bureaucrat. Lucey is now a member of the HIV Planning Council — a member who doesn't represent an agency but a client constituency. Lucey knows she's going to die; it's just a matter of time. "Ferd Eggan and I are taking reservations at AHF's Chris Brownlie," she says — a backhanded compliment to Weinstein. But she is not going quietly, and at Planning Council meetings, she screams that women are being underserved.

Yet, there is hope in her words — not about curing AIDS, but about the system that's emerging to deal with the disease. "For the first time in the history of healthcare delivery, people of disparate backgrounds are sitting down together to talk about their backgrounds and how they impact on health care," she says. "We might not like each other, but we're building a network of services. And when we're all dead and buried, you'll see a system of community care that will be a model for the country." LA