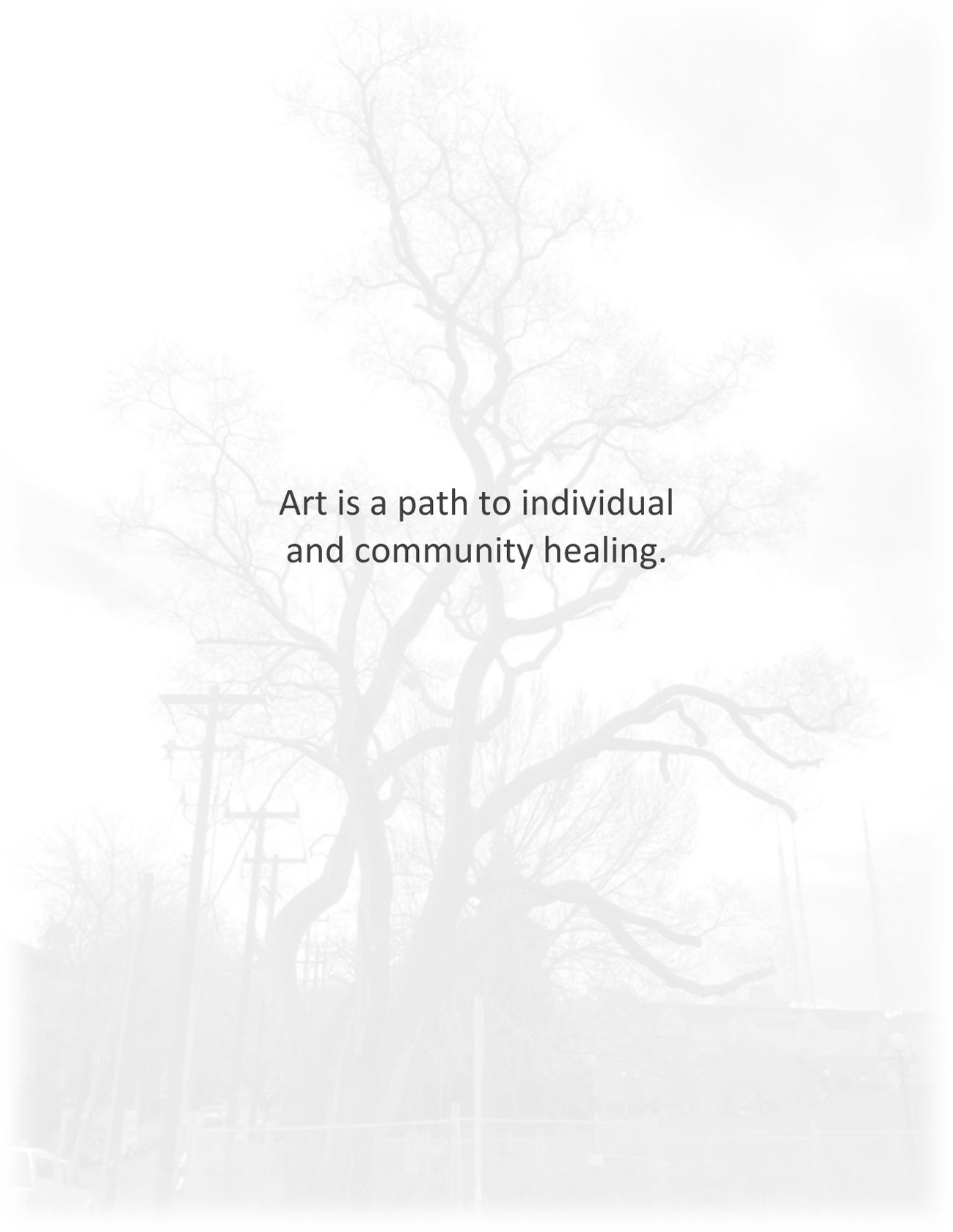


The AMP:
AIDS Memorial Pathway
Master Art Plan
Seattle, Washington

HEALING IN REMEMBERING



Prepared by
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January, 2019



Art is a path to individual
and community healing.

Executive Summary

The AMP: AIDS Memorial Pathway

The AMP: AIDS Memorial Pathway is community-driven and collaboratively-funded, and its goals are: to use public art to create a physical place for remembrance and reflection, to utilize technology to share stories about the epidemic and the diverse community responses to the crisis, and to provide a call to action to end HIV/AIDS, stigma, and discrimination.

The AMP Master Art Plan

The AMP Master Art Plan is founded on consultations with communities affected by HIV/AIDS, and conversations in public open houses and community engagements. Efforts were made to not only connect with individuals and organizations concerning HIV/AIDS history and efforts in the past, but also with groups currently dealing with HIV/AIDS, especially people of color, transgender individuals, and other under-represented communities.

The art plan is also the result of continual dialog with stakeholder-agencies and organizations: Sound Transit, Seattle Parks Department, Seattle Department of Transportation (SDOT), Seattle Public Utilities (SPU), Office of Arts & Culture, Berger Partnership, Schemata Workshop, and Gerding Edlen, the developer of the Transit Oriented Development (TOD). Their input has provided understanding of their concerns and helped set up pertinent parameters for the sites and designated art zones.

These consultations and conversations shaped the visions and guiding principles for The AMP Master Art Plan.

Visions of the Master Art Plan

- **Provide an overarching conceptual backdrop**: To frame and embody the communal experience of the AIDS epidemic
- **Create a road map**: To position a series of multi-sensory and experiential public art projects created by professional artists and designers to tell the community stories and responses to the AIDS crisis
- **Build common ground**: To provide opportunities for understanding between the general public and communities affected by HIV/AIDS

Guiding Principles

- Create Places For Remembrance And Reflection
- Convey A Sense Of Place—History + Memories + Community Values
- Tell The Stories Of HIV/AIDS In Seattle/King County
- Provide A Call To Action: Advocacy, Support & Education
- Support Racial Equity, Inclusivity, and Universal Accessibility
- Ensure the Continuation of The AMP Project

The Layout of The AMP

The AMP is divided into three major segments with each segment focused on different emotional and symbolic aspects of the pathway:

1. Remembrance and Reflection
2. Celebrating Creativity and Life
3. Honoring Community Courage and Resilience

The AMP's Public Art Programs

The AMP's public art programs consist of:

- Permanent Public Art Program
- Temporary Public Art Program
- Arts Residency Program
- The A/XR & Technologies Component

For artists/teams responding to the Requests For Qualification (RFQ's) for the different projects of The AMP's Public Art Programs, the Art Plan includes a group of essays that convey background histories, personal experiences and a sense of place regarding The AMP and HIV/AIDS in Seattle and King County. It also recommends concepts and inspirations for the memorial pathway, and includes pertinent information of the designated art zones and the physical sites.

For each of the designated art zones, the art plan will provide:

- Site description
- Intended function of the site
- Intersection with the concepts and goals of The AMP
- Suitable public art media/materials
- Opportunities, amenities, and limitations

Finally, the Master Art Plan provides recommendations for eligibility and the selection process for the various permanent and temporary public art projects, notes on future maintenance concerns, and strategies for reaching out to communities affected by HIV/AIDS and helping connect them to The AMP.



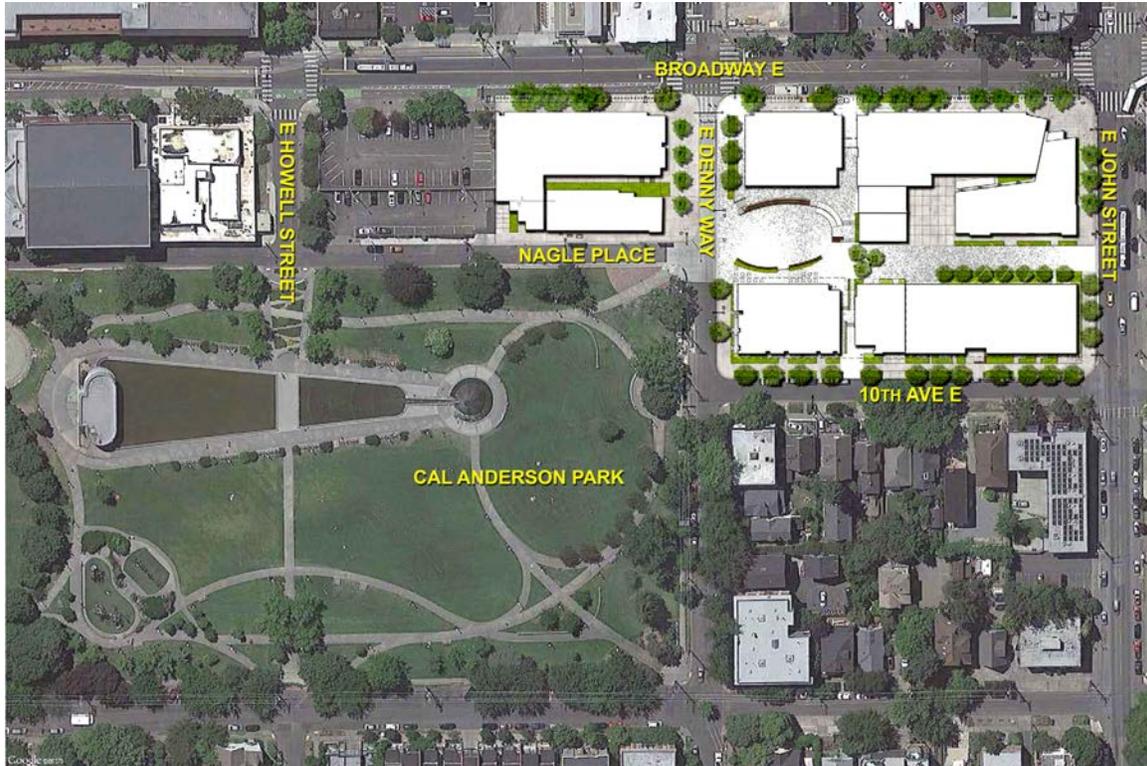
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About The AMP



Source: Gerding Edlen, Capitol Hill Housing, Hewitt, Schemata Workshop and Berger Partnership

The AMP: AIDS Memorial Pathway was initiated by a passionate group of volunteers and community leaders, including people living with HIV, people of color, and members of the LGBTQ+ community. With support from Seattle City Council, Seattle Parks Department, Sound Transit and Gerding Edlen, developer of the Capitol Hill Transit Oriented Development (TOD), The AMP secured its physical locations at the Transit Oriented Development (TOD) and the northern edge of Cal Anderson Park along E. Denny Way.

The AMP, community-driven and collaboratively-funded, will use public art to create a physical place for remembrance and reflection, utilize technology to share stories about the epidemic and the diverse community responses to the crisis, and provide a call to action to end HIV/AIDS, stigma, and discrimination.

The AMP will offer visitors opportunities for meaningful participation in the ongoing fight to end HIV/AIDS and discrimination that can arise in a community during a crisis. It will be a reminder of our collective need to be active, remain

vigilant, and stand ready to fight scapegoating and discrimination however and whenever they may arise.

To learn more about the project's history, site selection, and current status, please consult [About The AMP](#) on the web. For more details about the TOD on Capitol Hill, please review Capitol Hill TOD developer Gerding Edlen's original [Design Proposal](#) to the Seattle Design Review Commission.

About The AMP link:

<https://theamporg.files.wordpress.com/2018/07/about-the-amp.pdf>

Design Proposal Link:

<https://theamporg.files.wordpress.com/2018/04/design-proposal-packet-for-3021140-3021177-3021179-3021149.pdf>



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Agency and Community Goals to Honor LGBTQ+ History

The presence of The AMP: AIDS Memorial Pathway on Capitol Hill will reinforce Capitol Hill as an LGBTQ+ destination. It will strengthen efforts from the community, Sound Transit, and the City of Seattle to honor and recognize



LGBTQ+ history on Capitol Hill, and be a center of LGBTQ+ culture and the arts.

Artists selected to create public artwork for The AMP, particularly those selected for The AMP Temporary Public Art Program, are encouraged to delve into the history of LGBTQ+ and HIV/AIDS on Capitol Hill and King County as part of their

research. Furthermore, the AMP Arts Residency Program will continue to provide programming that will connect The AMP with the LGBTQ+ and the Capitol Hill communities after its completion.

The City of Seattle and Sound Transit have made numerous references in three key documents, the Urban Design Framework (UDF), the Coordinated Development Plan of Sound Transit and the Development Agreement between Sound Transit and the City of Seattle, that support the aspiration to honor and reflect the LGBTQ+ history at the Capitol Hill TOD site. Below is a summary of those key documents:

1. [*The Urban Design Framework \(UDF\)*](#)

In planning for the Sound Transit Light Rail Site on Broadway on Capitol Hill, the Urban Design Framework was created through a series of workshops, meetings and conversations. It presents the community's vision for the sites surrounding the future Broadway light rail station.



On Page 4 of the document, one of the Guiding Principles is :
"Pursue the inclusion in the redevelopment of a community cultural facility that represents the history and evolving culture of the Capitol Hill neighborhood, including its prominent role as a center for LGBTQ+ culture and the arts. "

And on Page 30, under "Desired Uses":
"Locate a LGBTQ+ community center here that provides services as well as generates additional business by becoming a LGBTQ+ destination."
<http://www.seattle.gov/documents/departments/opcd/ongoinginitiatives/capitolhillstationsitesplanning/urbananddesignframeworkforthecapitolhilllightrailstationsites.pdf>

2. [The Coordinated Development Plan of Sound Transit](#) also makes numerous references to the goals of the UDF. Including:

On Page 8:
"The plaza will be a unifying link between Broadway and 10th Avenue East, given the east-west pedestrian pass-throughs. The plaza is also expected to provide a strong visual connection to Cal Anderson Park, as suggested in the Urban Design Framework."
<http://www.seattle.gov/documents/departments/opcd/ongoinginitiatives/capitolhillstationsitesplanning/soundtransitcoordinateddevelopmentplan.pdf>

3. [The Development Agreement between Sound Transit and the City of Seattle.](#)

On Page 2 of the Development Agreement:
"Sound Transit developed the Coordinated Development Plan, in response to the Urban Design Framework and its adopted policies for disposition of surplus real property."

And on Page 4 at paragraph 1.5:
"The City and developers of the Sites should consult the UDF and CDP for guidance in interpreting this Agreement."
<http://www.seattle.gov/dpd/blog/capitol-hill-light-rail-station-sites-development-agreement.pdf>

On a practical note, The AMP's public art and way-finding artwork in the Transit Oriented Development (TOD) and Cal Anderson Park will also help connecting 10th Ave and Broadway through the TOD plaza and to Cal Anderson Park.

Sense of Place Essays:

1. *History of HIV/AIDS in King County, Washington*--Dr. R W Wood
2. *Queer Mentoring: An Overlooked Aspect of HIV/AIDS History*--Tim Burak
3. *Shouting For Sue*--Mary Jones
4. *My Introduction to HIV/AIDS*--Mary Diggs-Hobson
5. *A Veteran Of A War Less Remembered*--Anthony Radovich
6. *Survival Steps*--Julene T. Weaver
7. *Reflections on AAPI Queer Community and HIV/AIDS in the 90's*--Michael Byun
8. *Capitol Hill: At The Intersection Of Deaf And Gay*--Rob Roth
9. *Chicken Soup Brigade And A Continuum Of Care*--Carol Sterling
10. *I've Seen Your Eyes: A Remembrance of AIDS in the Seattle Men's Chorus*
--Dennis Coleman

Also, for a more detailed history of HIV/AIDS in Seattle and King County, please refer to the website of the Seattle-King County Health Department exhibition: "[Responding to AIDS](#): The Seattle-King County Department of Public Health 1982-1996".

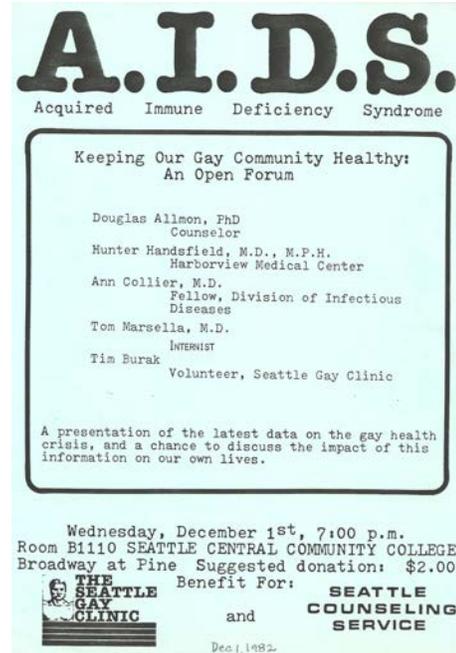
Link to "Responding to AIDS": <https://respondingtoaidsexhibit.org/>



Conceptual Statement:

Healing In Remembering

Art is a path to individual and community understanding and healing. The art created for The AMP: AIDS Memorial Pathway will facilitate remembrance and retelling the stories of the AIDS epidemic. The stories of the communities impacted by HIV/AIDS are not only about suffering, loss and struggle for survival, but also about courage, about the creative use of rage, and about resilience and strength in solidarity. Experiencing the art along The AMP will evoke memories that commemorate, honor and celebrate individuals and communities. It will nurture a holistic assessment of the past and pave the way for a better future of understanding and compassion.



Source: King County Archives

The HIV/AIDS crisis has been going on for almost 40 years. In King County, there are an estimated 9,000+ persons living with HIV infection and over 5,000 cumulative AIDS deaths since 1981. There is more than one story for every death connected to AIDS and every person living with HIV.

The stories of HIV/AIDS are about the adults and children who died, about caregivers and people who have lost their loved ones, and about kids left orphaned. The stories include those who survived, who became disabled, and who are living with HIV now. Their death, suffering, loss, and struggle need to be remembered and retold.



Source: King County Archives

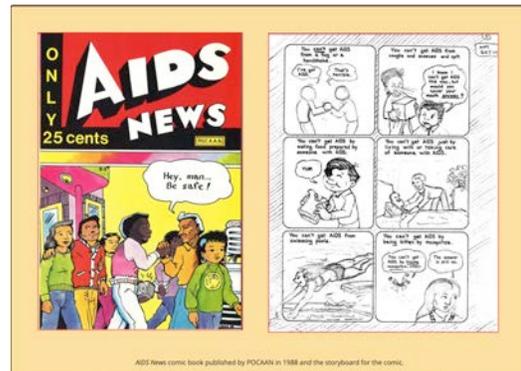
There are also stories about ordinary people called to do extraordinary things under dire circumstances, and about individuals who learned to self-empower and mentor each other to become agents of change. Armed only with their

wits and creativity, they learned to organize, to care for the sick and the dying, and to protest against apathy and prejudice toward LGBTQ+ individuals and people with HIV/AIDS. There are stories about how arts communities suffered tremendous loss during the crisis years of the AIDS epidemic. These creative individuals contributed to the richness of the cultural life in Seattle and King County. Their creativity, their lives, and their work need to be remembered and celebrated.

The larger story is about how a mosaic of disenfranchised groups came together with their compassion and a willingness to collaborate, to combat disease, stigma, apathy, and fear. Previously primed by their united efforts against the discriminatory Initiative 13*, and despite their differences, the LGBTQ+ communities of Seattle and King County worked proactively and collaboratively with scientists, researchers, and private and public health organizations to tackle the HIV/AIDS epidemic. These alliances and community organizations blossomed at the beginning of the crisis and their efforts continue today. The cumulative efforts, courage, and resilience of these communities needs to be remembered and honored.

The essence of these stories forms the basis for the three segments of The AMP:

1. *Remembrance and Reflection*
2. *Celebrating Creativity and Life*
3. *Honoring Community Courage and Resilience*



The artists selected for The AMP are charged with creating artwork that will give visitors a range of multi-sensory experiences and remind them of the human stories of the AIDS crisis.

* Initiative 13 was sponsored by Save Our Moral Ethics (SOME) and by Seattle Police Officers Dennis Falk and David Estes. It would have repealed city ordinances protecting employment and housing rights for gays and lesbians and also dissolved the City of Seattle's Office of Women's Rights. On November 7, 1978, Seattle voters rejected Initiative 13 decisively, by a nearly two to one margin. Opposition was led by a coalition of LGBTQ+ activist groups: Women Against Thirteen, the Seattle Committee Against Thirteen, the Citizens to Retain Fair Employment (CRFE), despite disagreements over political messages and tactics. -- Seattle voters reject Initiative 13 and uphold gay and lesbian rights on November 7, 1978. WWW.HistoryLink.org

Inspirations for The AMP

1. *The Chinese Scholar Tree at the NW corner of Cal Anderson Park*

- Witness to our time: Past, present, & future
- Persistence and grace against adversities
- Physically connecting the parts of The AMP



2. *Aurora Borealis (Northern Lights)*

- Illuminates our communal mourning
- Embodies the ephemeral, changing, and shifting nature of grief
- Evokes aspiration for a spiritual path

3. *The Emerald City and the Yellow Brick Road*

- Seattle is the Emerald City
- Friends of Dorothy is a cultural symbol for the LGBTQ+ communities
- The Yellow Brick Road is a universal symbol for one's journey in search of community, friendship and belonging



Approach and Methodology in Crafting The Master Art Plan

Consultations

- Identify the communities most affected by the HIV/AIDS Crisis
- Consult with members of The AMP's Community Action Group (CAG)
- Reach out to individuals and organizations suggested by CAG
- Conduct public open houses and community engagements to collect input from different communities.

Research

- Research individual sites designated for art zones
- Explore the suitable focuses and possible media/materials for each site
- Consult with representatives from stakeholder-agencies--Seattle Parks Department, SDOT, Office of Arts & Culture, architects for the Transit Oriented Development (TOD), landscape architect for the TOD.
- Determine how the functions of the physical space (TOD and Cal Anderson Park art zones) intersect with The AMP's goals and concepts
- Find the most natural way to arrange the layout of the Pathway.

Overarching Concept

Explore ideas, themes, symbols that connect all the pieces of The AMP. The overarching concept is resulted from:

- Observation and experience with the physical space of The AMP
- Conversations with stakeholders and communities

Racial Equity and Accessibility

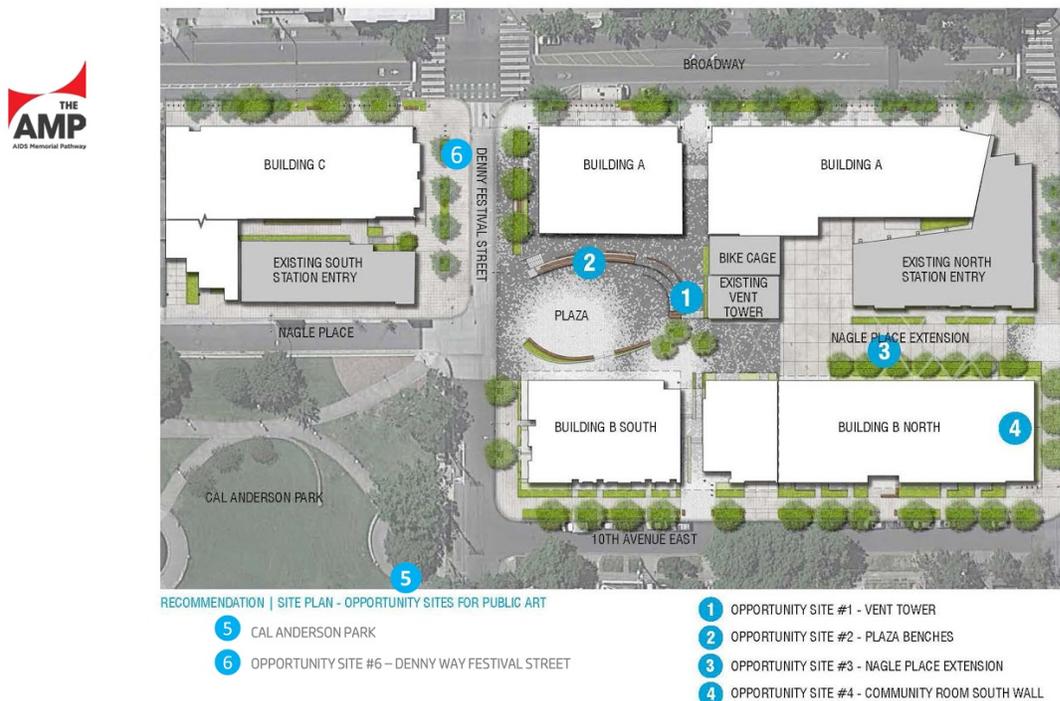
Consult with individuals representing different communities of color and under-represented groups including disability communities.

Research Augmented/Mixed Reality (A/XR) & Technologies

- Interview A/XR consultants, practicing artists in A/XR technologies field
- Consult museum exhibition and education departments from Seattle Art Museum, Wing Luke Asian Museum and MOHAI to learn their past experience of using A/XR for indoor and outdoor exhibitions.

General Layout and Locations of The AMP

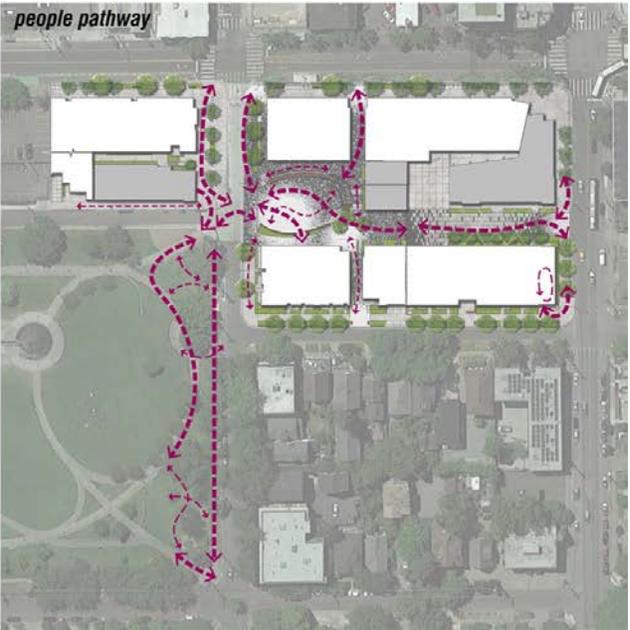
The AMP consists of two separate physical locations and a digital & technologies component. The physical locations are the Transit Oriented Development (TOD) above the Capitol Hill Transit Station and the northern edge of Cal Anderson Park along E. Denny Way. The two locations are connected by the Denny Festival Street.



Public Art Zones

Six public art zones have been identified:

- Art Zone #1 Centerpiece Artwork (Vent Tower) (TOD)
- Art Zone #2 Plaza/Benches Project (TOD)
- Art Zone #3 Way-Finding Artworks/Nagel Place Extension (TOD + Cal Anderson Park)
- Art Zone #4 Community Room Installation (TOD)
- Art Zone #5 Cal Anderson Park Project
- Art Zone #6 Denny Festival Street Art Elements



Source: Berger Partnership
RENDERINGS



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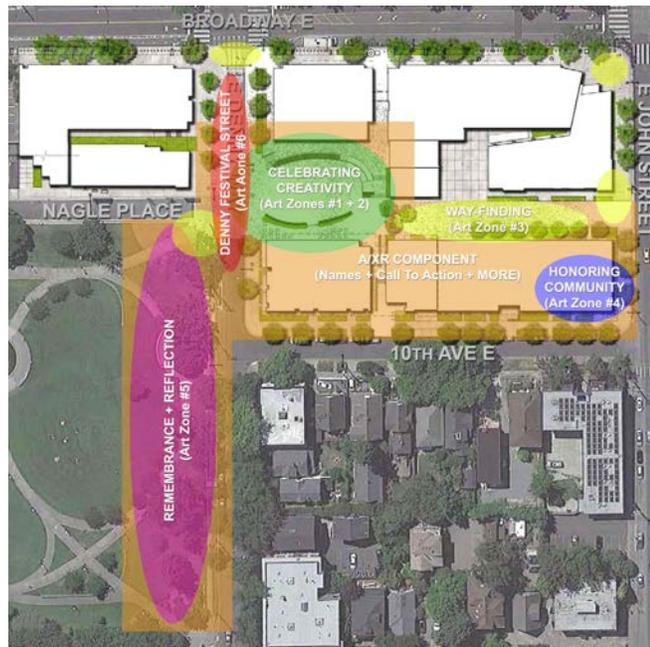
Universal Access

The AMP fully supports universal accessibility. Both portions of The AMP (in the TOD and Cal Anderson Park) are ADA accessible. Artworks created for The AMP are to be experienced by all, including people with sensory and mobility challenges. Artists selected for The AMP (including artist/consultant selected for the Augmented/Mixed Reality & Technologies Component) must start their creative process with this knowledge in mind, not to think of them as obstacles, but as opportunities to expand their creative oeuvre. For more examples of approach to universal access, please read Section 13-1_A Call For Universal Access Through Inclusive Design by Mark Adreon, and on the web: <http://universaldesign.ie/what-is-universal-design/the-7-principles/the-7-principles.html>.

Racial Equity

Engaging with communities of color to tell a more complete story about how our communities responded to HIV/AIDS, is a core priority for The AMP. Through the InReach Initiative, The AMP has been engaging with African-American and other communities of color to provide an opportunity to share their HIV/AIDS stories and histories. Some of the stories recorded by Rosette Royale, Story Gathering Consultant, are available on The AMP's website. Artists interested in applying for The AMP's different projects can review these stories at [The AMP-our stories](#).

The AMP stories link:
<https://theamp.org/welcome/our-stories/>



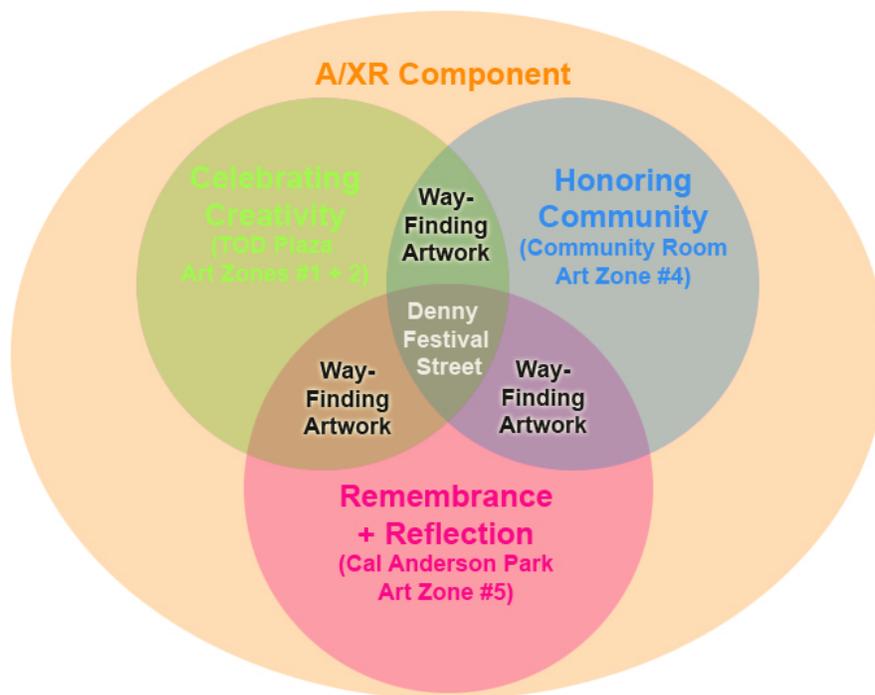
Experiencing The AMP

The goal of the art plan is to engage visitors with a series of multi-sensory art projects over the whole pathway; permanent artworks and installations that can evoke a range of emotion connected to the HIV/AIDS experience. The location of each art zone comes with its unique set of physical attributes and intended functions, pedestrian traffic and general use patterns, amenities and limitations. The art plan matches the different emotional and symbolic aspects of The AMP with

those physical elements of the site, resulting in a layout that feels natural and unforced.

The AMP is divided into three major segments with each segment focused on different emotional and symbolic aspects of the pathway:

1. Remembrance & Reflection (Cal Anderson Park--Art Zone #5)
2. Celebrating Creativity & Life (TOD Plaza--Art Zones #1 and #2)
3. Honoring Community Courage and Resilience (Community Room--Art Zone #4)



The three segments are linked by the Way-Finding Artworks (Art Zone #3) and the Denny Festival Street (Art Zone #6). Additionally, the overall AMP is covered by the A/XR and Technologies Component, which has the ability to deliver aspects of The AMP that are not addressed by the physical artworks.

For each of the designated art zones, the art plan will provide:

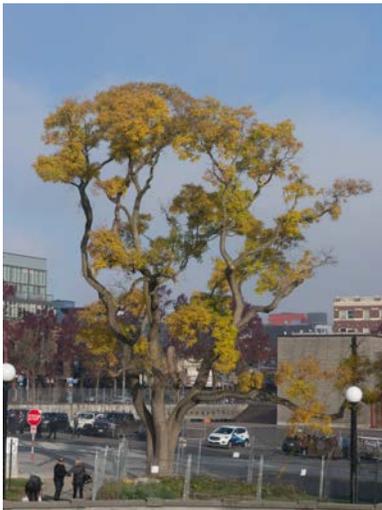
- Site description
- Intended function of the site
- Intersection with the concepts and goals of The AMP
- Suitable public art media/materials
- Opportunities, amenities and limitations

Remembrance & Reflection Segment

Cal Anderson Park Project (Art Zone #5)

Site description:

Before it became Cal Anderson Park, the area was a combined reservoir and park designed by the Olmsted Brothers, known as Lincoln Reservoir Park. On April 10, 2003, the entire area was designated Cal Anderson Park, named after Washington State's first openly gay state legislator. Anderson died in 1995 of AIDS. From 2003–2005, the park was redesigned with the reservoir rebuilt as a covered basin. In 2009, Cal Anderson Park was named one of 12 best city parks in the U.S. by Forbes.com. Across from the northwest



corner of Cal Anderson Park (at the corner of East Denny Way and Nagle Place) is now an entrance to the underground Capitol Hill Station of Sound Transit's Link Light Rail. There is at least one tree from Olmsted's original design still standing at the northwest corner of the park--the Chinese Scholar Tree that is more than a century old, bearing witness to our times.

Intersection with the concepts and goals of The AMP:

Working with Berger Partnership (the landscape architect firm that redesigned Cal Anderson Park and the current designer of the TOD), the Community Action Group of The AMP obtained permission from Seattle Parks Department to place art elements along the Northern edge of Cal Anderson Park, approximately 30'-50' into the park to create a space for public contemplation, reflection, and remembrance of those who are affected by HIV/AIDS. Since the beginning of the AIDS crisis, there have been efforts to hold



Property of Museum of History & Industry, Seattle

gatherings every year on Capitol Hill to commemorate those who died of AIDS and individuals living with HIV. This will be the first time Seattleites are able to have a permanent public place to remember those who are impacted by HIV/AIDS. The art installation will also explore on the themes of "Healing in Remembering" and "Holding On & Letting Go".



Suitable public art media/materials:

The art installation for this site can be, but not limited to, sculpture, land art, light and sound art, in combination with benches, shelters, and landscaping.

Opportunities, amenities and limitations:

The artist/team selected must work with Seattle Parks Department and Berger Partnership to create a work that harmonizes with the existing design and amenities of the rest of the park.

Examples:





PANCOM, Light Rose Garden



Dennis Oppenheim, Device To Root Out Evil



Beckman-Kaseman, The National 9/11 Pentagon Memorial



Chris Burden, Urban Light



Janet Echelman, As If It Were Already There

Celebrating Creativity & Life Segment

Centerpiece Artwork (Art Zone #1)

Site description:

The site is located at the north end of the TOD plaza, situated near the southern wall of the transit station's vent shaft tower. The tower wall is approximately 40' high and 30' wide.

Intended function of the site:

The prominent vent tower is the most visible structure on the TOD plaza. The tower serves as a backdrop to a central community space, and also has the very important function of providing ventilation for the light rail station below the plaza. The landscape plan is in design, but it is anticipated that there will be planters and stairs to accommodate the grade change in the plaza adjacent to the vent tower wall. The new plaza will be flanked by the vent tower and several new multi-story residential buildings that are under construction.



Intersection with the concepts and goals of The AMP:

AIDS claimed lives in all communities, though the heaviest casualties were among gay and bisexual men. A whole generation of gay and bisexual men died during the early part of the AIDS crisis. This represents a missing physical and cultural link for younger generations of LGBTQ+ communities who are often not aware of this history. The size and prominence of the vent tower make it a key feature in the plaza, although no wall treatment approach has been worked out with Sound Transit yet. The vent tower can symbolize this towering "presence of absence" -- the lives and achievements of these individuals that need to be

acknowledged and celebrated here as a way to illuminate and fill the gap of their absence.

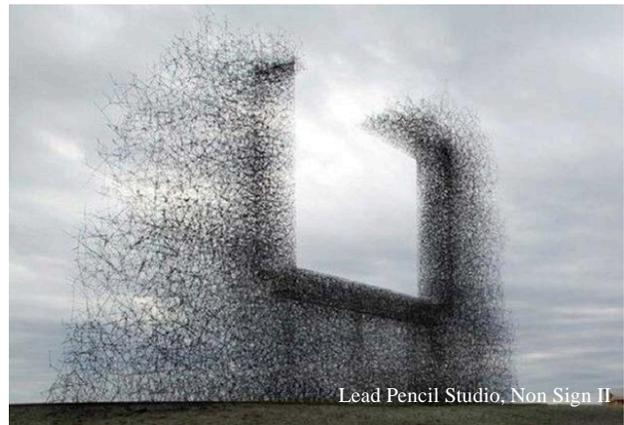
Suitable public art media/materials:

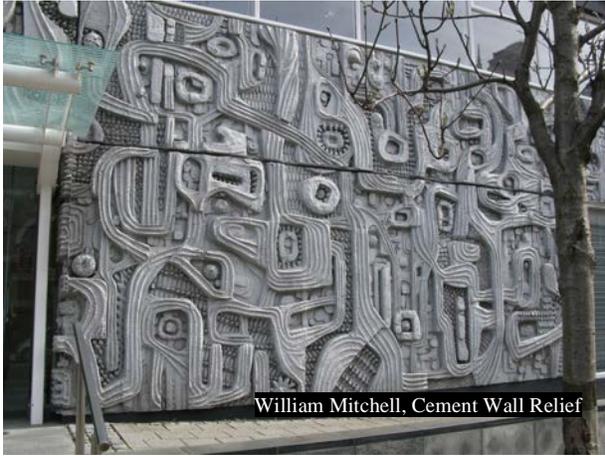
The site is suitable for but not limited to: Light installation, video/media arts, projection, digital billboard, mural, bas-relief, and sculpture.

Opportunities, amenities and limitations:

Sound Transit must access the vent shaft wall periodically for visual inspection and maintenance. Additionally, Sound Transit policy requires an internal review to grant permission for short or long term use on existing facilities. Given these constraints, the vent shaft wall may not be used as an attachment structure or canvas but will serve as a backdrop for the artwork. The artwork may be a two- or three-dimension piece placed at a location to be coordinated with Sound Transit, but at a minimum three and a half feet in front of the vent shaft wall on a separate structure that will be either the actual artwork itself or a surface designed to support a 2-D or 3-D artwork. The selected artist will work with the plaza's design team to design and install this support structure in coordination with The AMP, the Office of Arts and Culture and Sound Transit. Electric outlets can be made available by the TOD developer, Gerding Edlen, as part of their construction on site if it is identified early in the proposal process. Also, any light-based installation or media-based artwork must also have a daytime presence that speaks to The AMP goals and ideas for the location.

Examples:

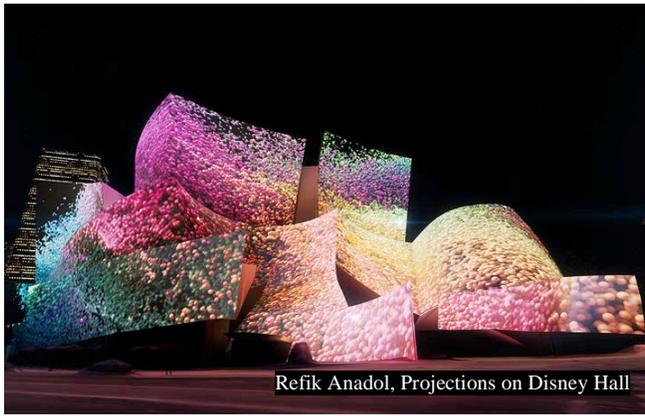




William Mitchell, Cement Wall Relief



Keith Haring, Philadelphia Mural



Refik Anadol, Projections on Disney Hall



Larry Kirkland, East 2 West Source Point



Peeta (Manuel De Rita), 3-D Mural



Sandra Erbacher, Digital Billboard, Madison, Wisconsin

Celebrating Creativity & Life Segment

Plaza/Benches Project (Art Zone #2)

Site description:

The plaza is the central part of the Transit Oriented Development (TOD), and also the heart of the TOD residents' activities. The step-seating /benches around the plaza are available for collaboration to incorporate art and design elements. The plaza floor paving is another area that is available for art application. Sculptures are not ruled out, but will have to be located at suitable places so as not to impede plaza activities.



Intended function of the site:

A lot of civic activities of the TOD will be centered in the plaza: Farmers market, movie nights, outdoor concerts, craft fairs, music and dance performance, etc. Plaza benches are for the residents to lounge and relax or connect with each other, observing/enjoying activities in and around the TOD site.

Intersection with the concepts and goals of The AMP:

Capitol Hill is a densely populated, residential district in Seattle, Washington. It is one of the city's most prominent nightlife and entertainment districts and is the center of the city's LGBTQ+ and counterculture communities. The city's [Urban Design Framework \(UDF\)](#) for Capitol Hill's Light Rail Station Sites calls for the "redevelopment of a community cultural facility that represents the history and evolving culture of the Capitol Hill neighborhood, including its prominent



Source: King County Archives

role as a center for LGBTQ+ culture and the arts.” If Capitol Hill had a public square back in the 70's or 80's, one might find artists, actors, singers, writers, poets, and musicians congregating and sometimes performing in front of an impromptu audience, providing vibrant city life to residents. The AIDS crisis



Seattle Men's Chorus, For A Look Or A Touch, 2011

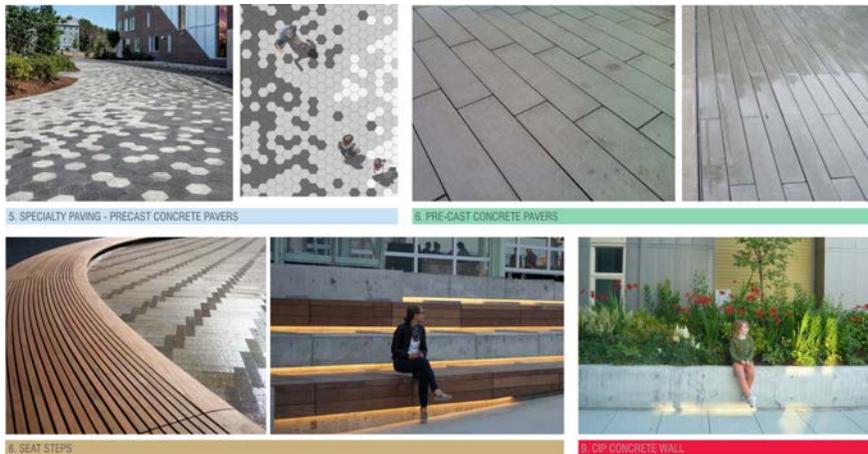
disproportionately affected the creative and performing art fields. A large number of artists, designers, musicians, theater artists and performers were lost to the disease.

The site presents an opportunity to celebrate their creativity, their work, and the way they enriched Seattle's civic life. Another area for celebration is the creative strategies that the LGBTQ+ communities used to combat disease, apathy, ignorance and fear. Groups like the Chicken Soup Brigade worked creatively to care for the sick and dying, and ACT UP was known for its innovative protests against the indifference of our government and pharmaceutical companies. These organizations were created by people who lived, worked, and operated businesses in this area, and this site should also reflect this history of the neighborhood.



Suitable public art media/materials:

Seating/bench and lighting design, pavers replacement, imbedded art elements, bench wall engraving/sandblasting, sculptures, glass, ceramic, and sound/audio art.

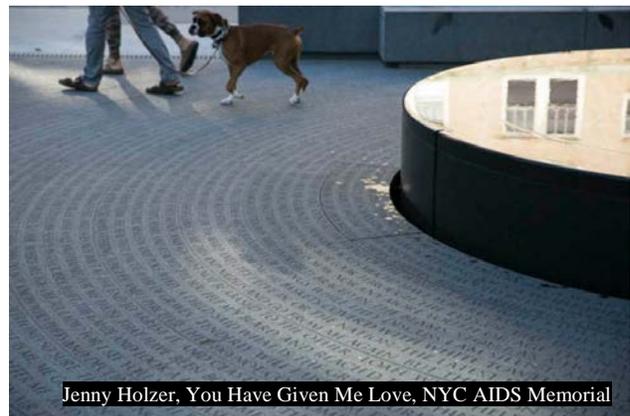


Source: Gerding Edlen, Capitol Hill Housing, Hewitt, Schemata Workshop and Berger Partnership

Opportunities, amenities and limitations:

On certain days of the week, the plaza will be used for a farmers market, with vendors' tents and vehicles occupying the plaza floor. The art and design work should not create a hindrance for set up of the market in the plaza.

Examples:



Honoring Community Courage & Resilience Segment

Community Room Installation (Art Zone #4)

Site description:

The Community Room is located on the ground floor in Building B North, with a bank of windows facing John Street, so that the entire community room is visible to the street. The back wall space as well as the ceiling/lighting are available for art treatment.



Intended function of the site:

Capitol Hill and surrounding areas include a concentration of LGBTQ+ communities, and those communities are now being rapidly displaced due to urban gentrification on Capitol Hill. Building B North is developed by Capitol Hill Housing as 100% affordable housing, other buildings of the TOD have around 20% affordable housing. The community room is designed for community gatherings and meetings.



Intersection with the concepts and goals of The AMP:

The artwork for the Community Room will honor the grass root organizations that combat AIDS, then and now, and support individuals and communities currently affected by HIV/AIDS. The Community Room Installation should be work that can connect with different communities, or developed with collaboration from the communities. Possible community collaborators include organizations that



Source: King County Archives

support people living with HIV and communities of color that are affected by the continuing HIV/AIDS crisis.



Suitable public art media/materials:

Mural, wall installation, video and sound installation on wall space, and hanging ceiling/lighting installation.

Opportunities, amenities and limitations:

The Artist/team selected for this project must work closely with Capitol Hill Housing and Schemata Workshop to develop the project. The artwork for the Community Room should not impede the primary functions of the room for meeting and gathering. The wall installation also has to perform some sound dampening function for the community room.

Examples:



Connective Segment

Way-Finding Artworks/Nagel Place Extension (Art Zone #3)

Site description:

Originally designated as a Nagel Place Extension project, Art Zone #3 has been expanded into the Way-Finding Artworks that connect the Nagel Place Extension with the plaza and the Cal Anderson Park art zones.



Intended function of the site:

Nagel Place Extension is the passageway between Building B North and the Transit entrance borders on John Street and Broadway. The passageway is the only access for truck and vehicular delivery to the businesses in Building A.

Intersection with the concepts and goals of The AMP:

The way-finding artworks will help visitors navigate from the transit entrances/exits, through the art zones in the plaza, to the Cal Anderson Park art zone. They allow visitors to encounter the different experiences provided by the art pieces along The AMP, create attractive sightlines, and connect all art zones without using formal text signage. The Way-Finding Artworks should also work in tandem with the Denny Festival Street Art Elements (Art Zone #6). For connective ideas please refer to Section 04-2_ Inspirations for The AMP.

Suitable public art media/materials:

Suggested art media are, but not limited to, elevated or suspended art/sculpture/installation (by post or cable), paver replacement, engraved or imbedded art, light art, and sculptural towers--metal, ceramic, or glass.

Opportunities, amenities and limitations:

Other areas of the TOD plaza, Cal Anderson Park and transit station entrances/exits right-of-way are available for multiple way-finding artworks. There are already planned catenary LED light strands across the passageway between Building A and B North. Any built structure along Nagel Place Extension cannot impede the function of the passageway. Certain areas of the



plaza have been designated as bio-retention areas. Building footings or pedestals in those areas would take away from the bio-retention space and adversely affect the minimum required footage. The artworks should not impede the planned activities in the plaza like the farmers market or a movie-night.

Examples:



Teresita Fernandez, Nothing Personal



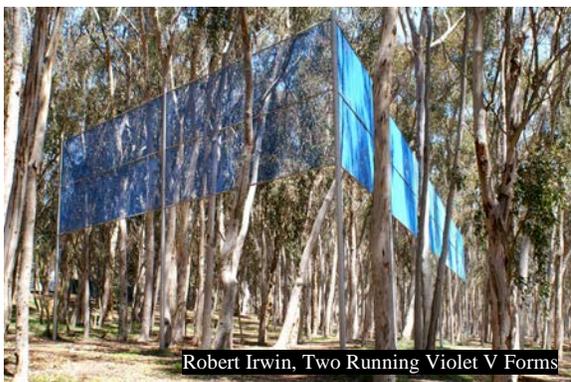
Dan Corson, Nepenthes Paiselyi



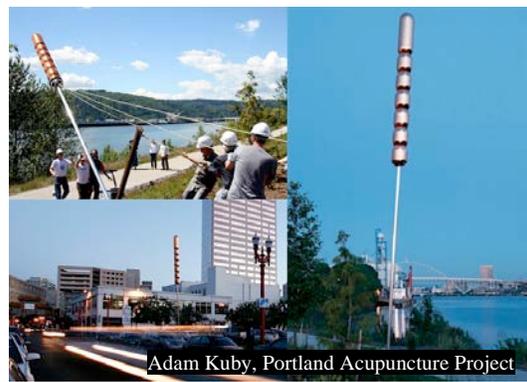
Crystal Shenk and Shelby Davis, These All Happened More Or Less



Edyta Stepien, 150 Media Stream Video Towers



Robert Irwin, Two Running Violet V Forms



Adam Kuby, Portland Acupuncture Project

Connective Segment

Denny Festival Street Art Elements (Art Zone #6)

Site description:

In conjunction with the development at the TOD, the Capitol Hill Sound Transit station, and the planning of The AMP, SDOT has designated E. Denny Way from East of Broadway to 10th Ave E to be developed as a festival street, to allow street closure for activities related to the TOD, such as the Saturday Farmers Market, etc.



Intended function of the site:

SDOT is interested in collaborating with The AMP to incorporate art elements that can facilitate traffic and enhance pedestrian safety.

Intersection with the concepts and goals of The AMP:

The Denny Festival Street is located at the junction between the two parts of the AMP, linking the TOD art zones with the Cal Anderson Park portion. The art treatment for the festival street should work in tandem with the Way-Finding Artworks (Art Zone #3) to help pedestrians and visitors navigate to the different segments of The AMP. For connective ideas please refer to Section 04-2_ Inspirations for The AMP.

Suitable public art media/materials:

Opportunity for creative crosswalks at both Nagle and Denny Street. The street is paved with concrete, with low-elevation curbs. Colorful crosswalks done in thermoplastic (lasts 3-5 years) or MMA (longer-lasting) color pavers are possible. Designed sandblast pattern on concrete, concrete stamping, coloring, washed aggregate are all suitable. Other possibilities include, but are not limited to, imbedded brick patterns, embedded art elements on sidewalk or roadway, and gateway art elements on sidewalk.

Opportunities, amenities, and limitations:

Traffic and pedestrian safety come first. Any proposed art elements are subject to SDOT standard and approval. Please note that any art introduced into the right-of-way will not be approved if it mimics the signs and/or colors of signal operations (red, yellow, green). Be aware that cuts will happen for maintenance and utility work in the roadway, replaced pavement might interrupt art elements. City permits will be required for any work done on the festival street. Any lighting introduced would be maintained by Seattle City Light and they will only repair/replace with city standard lighting

Agency resources:

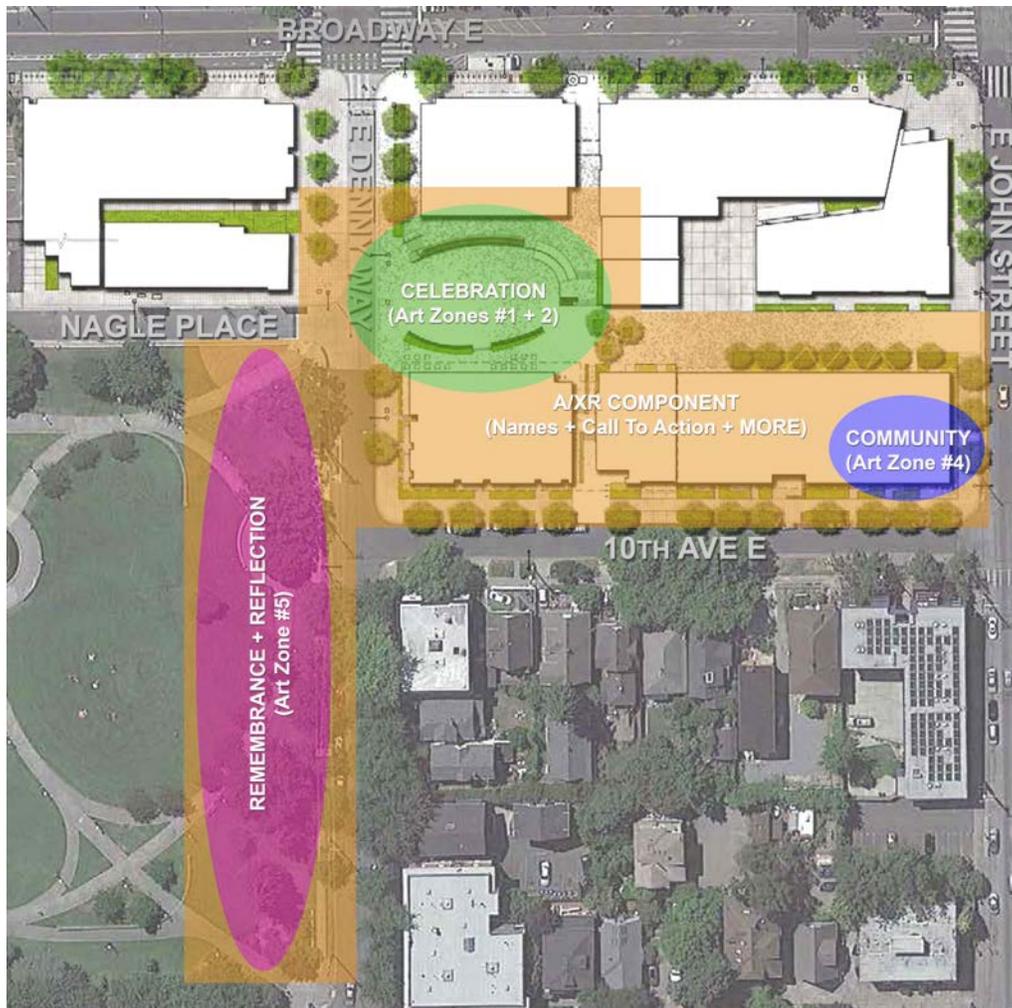
- Ben Hansen (benhamin.hansen@seattle.gov 206-684-5304), Maintenance Division at SDOT, can approve pavement/ground plane options
- See [Right-of-Way Restoration Rules](#) (ROWRR) for reference
- Howard Wu oversees [Community Crosswalks](#) program for SDOT
- Dusty Rasmussen of SDOT (dusty.rasmussen@seattle.gov or 206-684-5171) can advise on lighting

Examples:



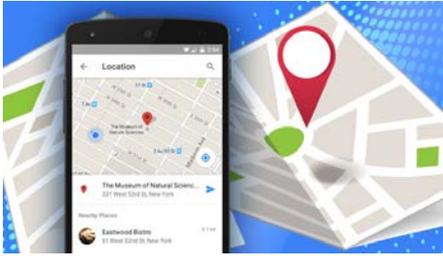
The Augmented/Mixed Reality (A/XR) & Technologies Component

The Augmented/Mixed Reality (A/XR) & Technologies Component is the digital-based portion of The AMP. The A/XR & Technologies Component will complement the physical artwork created for the AMP located in the Transit-Oriented Development (TOD) and Cal Anderson Park. The artist/consultant team selected for the A/XR & Technologies Component will have the opportunity to work collaboratively with the other artists to complement their work.



Primary Functions:

The A/XR & Technologies Component "cloud" will cover all the Art Zones, allowing visitors to access via smart phones and tablets or onsite computers. It



will provide the information not presented in the physical portions of The AMP, such as: names of individuals who died of AIDS, the AIDS Timeline for Seattle and King County, portals to community stories and experiences, links to existing archives (e.g. Health

Department Archive, University of Washington, HistoryLink), AIDS/HIV-related service providers, educational and prevention information, as well as advocacy and support info for marginalized communities affected by HIV/AIDS. The presentation of content should be artistic, imaginative, user-friendly, and accessible to persons with disabilities.



Suitable Media/Materials:

A/XR app for smart phone and tablet, geo-location and GPS app, embedded chip, QR Code, touch-activated devices and simple dial-up for audio information are some of the suggested media. The A/XR & Technologies Component must



be presented with a range of hi- and lo-tech media that doesn't always require using the smart phone to access information. The software platform and app used for the A/XR & Technologies Component must be upgradable and adaptable to future technology and not become easily obsolete.

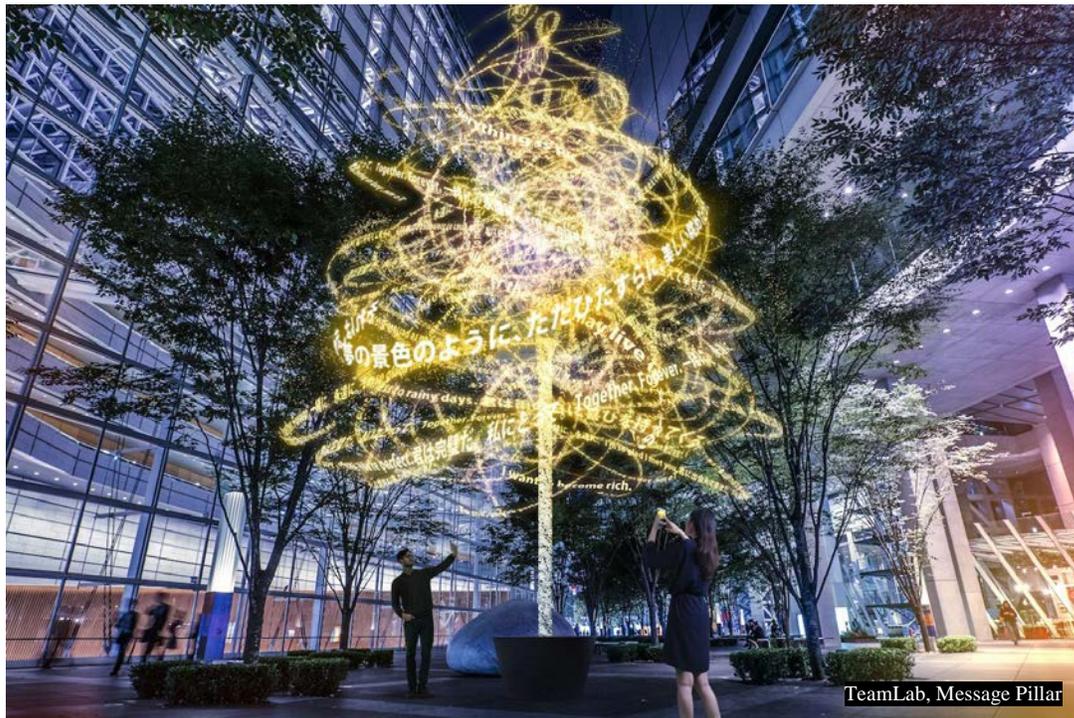
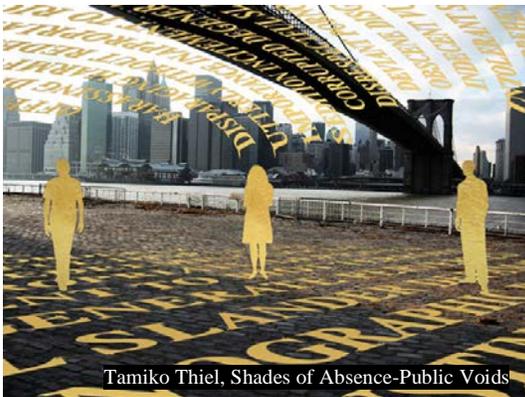
Questions for artist/team and consultant applying for the A/XR & Technologies Component:

1. A/XR is mostly used in exhibition and indoor space, how can A/XR work in an outdoor environment?
2. How does the A/XR & Technologies Component fit into the physical and conceptual layout of The AMP across the two separated locations?
3. What are some ideas or examples of how the A/XR & Technologies Component might incorporate the overarching concept and inspirations for the AMP?
4. What is the mechanism to connect with viewers to let them know about the A/XR & Technologies Component?



5. What are the strategies for combining the use of other hi- and lo-technologies?
6. Most people crave tactility and touch-activated devices, how might that manifest in the overall A/XR & Technologies Component design?
7. How might a disabled person access and experience the A/XR & Technologies component?
8. How might the A/XR & Technologies Component complement the other physical artworks created for The AMP? What are the opportunities for collaborations?

Examples:



Temporary Public Art Projects and Arts Residencies Programs

1. The goal of the Temporary Public Art program is to engage communities around the Transit-Oriented Development (TOD) and Cal Anderson Park area during the construction period. It will bring community together around issues unique to queer art, history, and the impact of HIV/AIDS.
2. The Arts Residency Program will provide programming for the first two years of the finished AIDS Memorial Pathway. The program will bring in artists from all areas of the arts to engage with the new residents of the TOD, the communities around the TOD and Cal Anderson Park, as well as the visitors to the The AMP: AIDS Memorial Pathway.



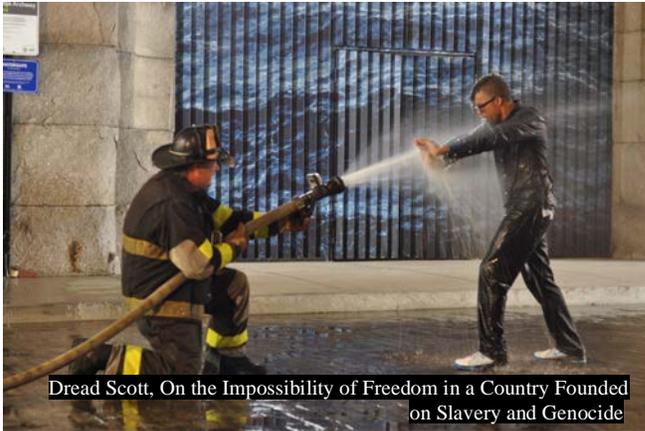
Main Purpose:

Artists selected for both programs will create works and present research inspired by Queer history on Capitol Hill or topics related to LGBTQ+ communities, and HIV/AIDS history. These projects will honor the impact of AIDS/HIV, using the forum of the space around the TOD currently under construction at the Capitol Hill Link Light Rail station and Cal Anderson Park.



The Temporary Public Art Projects will provide opportunities for artists who have an interest in exploring the presentation of their work in public settings, an interest in community-building, and a connection to HIV/AIDS and/or the LGBTQ+ community. The goal is to have

four temporary projects installed in late May/early June 2019 (before Seattle Pride) and to remain up for 6 months to 1 year. Another four projects will be installed in the same timeframe in 2020.



The Arts Residencies will bring in artists from all areas of the arts. The residencies will provide more sustained conversation and engagement, and also opportunities for the artists to share their research and insight on the legacy of HIV/AIDS and the continual impacts on present and future generations. Residency can be in the form of day-residency in

Cal Anderson Park, the TOD plaza area, or the community room; or on-site residency if temporary apartments or store-fronts are available in the TOD, or facilities in Cal Anderson Park. The nature and needs of the residency are dependent on the individual artist's proposal, and pending negotiation with and approval by Capitol Hill Housing, management of the TOD, SDOT, Parks and Sound Transit.

Both the Temporary Public Art and Arts Residency Programs will be administered through the Office of Arts & Culture.

Locations:

During Construction/Temporary Public Art Projects: The fences around the TOD construction site bordering on Broadway and 10th Ave E, public right-of-way at the three light rail station entrances/exits, Cal Anderson Park (Art Zone #5).

Post Construction/Arts Residences: All Art Zones are available.





Suitable public art media/materials:

Because of the transient nature of temporary public art, the project does not need to adhere strictly to permanent public art guidelines in terms of traditional public art materials and art forms. The artists selected for the temporary projects can explore art forms not

normally considered "fine art" such as handwork, literary art, music, socially-engaged practice, textiles, performance, dance, puppetry, culinary art, horticulture, and so forth.

Individual Arts Residents can choose their own way to present their research, including but not limiting to: Public lecture, reading, performance, exhibition and embedded materials in the A/XR & Technology Component of The AMP.

Eligibility:

Seattle and King County residents. Priority will be given to emerging artists, artists from historically under-represented communities and communities of color interested in Queer history on Capitol Hill or topics related to LGBTQ+ communities, or HIV/AIDS history.



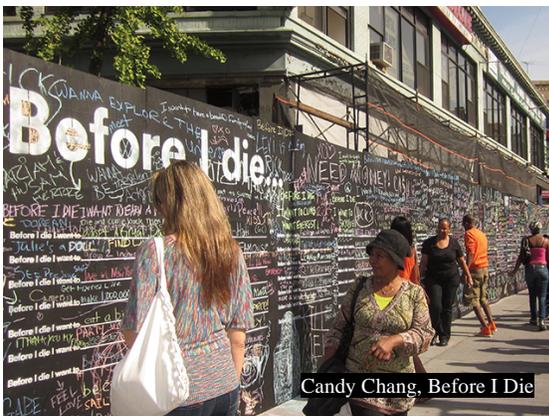
Temporary work artists will be selected through the AMP Public Art Boot Camp process that will also provide training to artists ready to translate their exhibition experience to the public realm. Because breaking into the field of public art is difficult, the boot camp will teach skills needed to succeed in public art, including examples of public art, budgets, contracts, fabrication, and more. Through a proposal process, a select number of artists who attend the boot camp will be commissioned to create temporary projects around the TOD construction site, Capitol Hill Sound Transit station entrances/exits, and Cal Anderson Park.

Arts residents will be selected in a separate RFQ process, and will be provided with several 3 to 6 months day- or on-site residencies.

Opportunities, amenities and limitations:

Artists selected for the temporary public art and arts residencies programs will work closely with the stakeholders for the sites to develop their projects: Sound Transit, Parks Department, SDOT, The AMP and GED which is the developer of the TOD.

More Examples:



Budget & Prioritization

Budget for The AMP Public Art, A/XR Component, Temp. Art and Arts Residencies

Cal Anderson Park Project (Art Zone #5).....	400,000
Centerpiece Artwork (Art Zone #1).....	300,000
Plaza/Benches Project (Art Zone #2).....	100,000
Way-Finding Artworks (Art Zone #3).....	100,000
Denny Festival Street Art Elements (Art Zone #6).....	35,000
Community Room Installation (Art Zone #4).....	85,000
Augmented/Mix Reality & Tech Component.....	275,000
Temp. Public Art Projects + Arts Residencies.....	100,000
Artist Call for Entry.....	40,000
<u>Contingency.....</u>	<u>200,000</u>
ART Total:.....	1,635,000

Prioritization:

Art Zone/ Priority Based On Available Funding	Art Zone #1 Vent Tower	Art Zone #2 Plaza/ Benches	Art Zone #3 Way- Finding	Art Zone #4 Comm- unity Room	Art Zone #5 Cal Anderson Park	Art Zone #6 Denny Festival Street	A/X R & Tech Compo- nent	Temp. Public Art + Arts Residen- cies
1 project					✓		★	★
2 Projects				✓	✓		★	★
3 Projects			✓	✓	✓		★	★
3 Projects	✓			✓	✓		★	★
4 Projects	✓		✓	✓	✓		★	★
4 Projects		✓	✓	✓	✓		★	★
5 Projects	✓	✓	✓	✓	✓		★	★
6 Projects	✓	✓	✓	✓	✓	✓	★	★

Other Budget Suggestions:

- It may be more efficient to combine Art Zone #3 (Way-Finding) with Art Zone #6 (Denny Festival Street) since they are both functioning as connecting segments to help visitors navigate The AMP.
- There is no budget item for Continual Community Engagement --see Section 11. Consider supporting this with an additional budget item or with funding reserved for community engagement to pay for art materials, hiring artists/workshop leaders, and refreshments for participants.

Continual Public and Community Engagements

Public and community engagements are important tools to encourage public buy-in of The AMP, and to keep the communities affected by HIV/AIDS involved in the process. They provide opportunities for individuals to understand The AMP's goals and promote participations. The success of The AMP depends on the public's sense of ownership of the projects, as well as their continual participation in telling the stories of HIV/AIDS before, during, and after construction of The AMP.



Engage Community Through Art Workshops

Art can provide a different way to communicate. Often people prefer making things than just answering a questionnaire or volunteering an opinion. Losing a loved one or watching someone suffer are traumatic experiences that are difficult to verbalize. These kinds of engagement can encourage participants to share feelings and ideas in non-verbal forms, and channel their emotions into making art. Participants often share ideas and stories with each other while they are working together on the same art project. In a way, these gathering can further build community by creating common ground among participants. This kind of engagement can also prepare communities to participate in art projects or collaborate with the artists selected for The AMP, as well as add to the stories collection.

Suggested Topics For Art Workshops:

1. What Absence Feels Like
2. Holding On and Letting Go
3. Honoring & Healing in Remembering

How, Who and Where

Included in this art plan are a couple of ready-to-go community art workshop projects (see Section 13-2) that can be used to engage community. These art





workshops can be coordinated and led by two or three trained volunteers or hired artists in one or two settings. Alternatively, artists selected for the temporary public art or arts residency programs can be encouraged to work and collaborate with interested communities to create their artwork. It is important that the artists/volunteers reach out to the interested communities to plan the workshop

together, and to determine the most appropriate location to conduct the engagement, as well as where to exhibit and store artwork produced in these workshops.

Funding:

There is no budget item for Continual Community Engagement yet. The AMP could support this with an additional budget item or from funding ear-marked for community engagement to pay for art materials, hiring artists/workshop coordinators, and refreshments for participants.

Coordinated Art Exhibitions & Installations

The artwork produced through community art workshops can be curated by workshop coordinators into art exhibitions. There is also interest in coordinated city-wide art exhibitions by different galleries and museums on HIV/AIDS related topics in anticipating the opening of The AMP.



Recommendations:

1. *How to use this art plan:*

- Provide information and template for RFQ or RFP for the various projects
- Provide essential information for artists responding to RFQ or RFP, and to prepare for an interview or make a proposal if they are short-listed

2. *Selection Process, RFQ and RFP*

- Form selection committee; convene to determine selection process, criteria and parameters
- RFQ process: Committee short-lists a small group of artists/teams, 3-5; select artist/team after individual interviews. This is a less costly process-- only need to consider the expense of transportation, lodging and per diem for the artists/teams, more money left for the art. Recommended for smaller budget projects.
- RFP process: Committee short-lists a group of artists/teams, 3-5; select from proposal presentations. Expenses include payment for the artists/teams orientation, proposals/models, transportation, lodging and per diem for the artists/teams. Recommended for larger budget projects.

3. *Eligibility:*

The purpose of having different kinds of eligibility is to strike a balance between national/international, regional and local perspectives, and to promote diversity in representation and participation, and community-focused work.

- National/International (including regional and local) Artists: Cal Anderson Park Project, Centerpiece Artwork
- Regional and NW (including local) Artists--Way-Finding Artworks, the A/XR Component, Plaza/Benches Project
- Local Emerging and Community-Based Artists--Community Room Installation, Temporary Public Art and Arts Residencies

4. *Community Collaboration and Mentorship Opportunities*

- Some projects are collaborative in nature, consider establishing a mechanism for the selected artists to connect with specific communities
- Consider creating a mentorship program for local emerging artists, and artists from marginalized and POC communities as an opportunity to build community capacity and support.

5. *Universal Access Workshop*

If logistically feasible, it would be beneficial for artists selected for The AMP to attend a universal access workshop before they begin their process of making proposals for the projects.

6. *Maintenance & Management:*

Designate responsibility for the artwork maintenance after completion at both the TOD sites and Cal Anderson Park site, which includes cleaning, repairs, graffiti removal, service, maintenance and site programming; and management and programming for The AMP:

- Art Zone #1 to #4--Office of Arts & Culture
- Art Zone #5--either Seattle Parks Department or Office of Arts & Culture
- Art Zone #6--SDOT
- A/XR Component, service and updating --The AMP or designated future entity
- Temporary Public Art Project and Arts Residencies--Office of Arts & Culture
- Stories repository, information, updating/uploading--The AMP or designated future entity
- Programming for The AMP sites--Capitol Hill Housing and the AMP or designated future entity

7. Set goals to create or support the entity that will eventually own, manage and maintain The AMP in perpetuity. Determine the mechanism of this transition.

8. Build momentum by coordinating with Seattle arts communities to create HIV/AIDS related art exhibitions and performance events in galleries, libraries and museums, to coincide with The AMP's grand opening.

A Call For Universal Access Through Inclusive Design--Creating Art For All

Mark Adreon

Art is a universal experience that brings value to all who experience it. Imagine leaving large numbers of people out of the experience--it would be like saying to those people that art has no value to them. Designing art and art installations that provide access for all is not only inclusive; it provides the opportunity for artist to add more facets to their work and can actually expand the creative process by considering all our sensory inputs instead of purely visual.

I have been blind for about 25 years and was previously fully sighted. As a sighted person, I fully enjoyed art, art expressions and art challenges. It was part of my visual world and provided me with a rich visual library; now that I am blind. As a blind person, for me to experience art, I need to rely on a sighted person to describe a piece to me. This means I am getting someone else's interpretation of the art, their ability to use adjectives and express what they are seeing. It is very hard for most to just describe a piece and not to inject their own interpretation, or worse yet--miss the subtlety of the artist work.

People are not often allowed to touch the art. Even outdoor sculpture gardens are designed in a way that make them inaccessible to touch. When I had the opportunity (and permission) to touch and physically explore a sculpture piece for example, I get to discover for myself the curves, rough edges, sharp lines, sensual flow, sadness in a face or excitement in the eyes or mouth. I can begin to interpret the piece and discover the meaning on my own. This allows me to experience the art, rather than hear about an experience from someone else.

There are any number of ideas or techniques that can enhance and expand the expressions of public art. Making art that can be touched is a good first start. This doesn't mean that the entire installation needs to be touchable. It does mean that parts of the installation representing the whole would make it accessible. Creating a touchable scale model would make a large or complicated piece understandable to someone who is blind.

When I consulted with the Chihuly glass gallery, in Tacoma, WA; there were a number of art installations that were large and roped off. Some were permanent

and others were temporary. We discussed creating the scale models and in some cases relief works that provided a tactile guide to the installation. We also discussed the basic audio tour of the museum as a way to provide detail and background information etc. But this would not be the same as full tactile experience for visual art works.

In any case, to create art that has the integrity of the visual experience, some of the same principles need to be in place. If something catches a viewer's eye, then something should catch the touch of a tactile viewer. Tactility is not just about touching (sculptures, or a bust, or the face of your mother), it is also a way to express feelings, meanings or thoughts.

I worked with the University of Washington graduate program for art to create an art competition for the graduate students. It was focused on wall art that was created from a tactile place first and then visual. I offered a workshop for students to explore the idea of creating from a tactile place first. I started by asking and discussing how a visual person would experience the art. We spent time aligning the visual experience with a tactile one. I urged them to consider it a new art form that required all their creative senses and skills to produce. The tactile experience should be part of the creative process and not added after the art piece has been designed as a retro-fit.

We then provided a gallery experience for the public. The art experience was titled "touching art." The gallery was open to the public and received media attention. We provided sleep-shades and encourage patrons to the show to experience the art blind-folded first; then go back through the exhibit for a visual experience. Interestingly, the biggest challenge for this exhibit that attracted a record number of patrons, was the challenge of touching the art. They indicated that all their lives, they were taught "not to touch the art."

Art for all is not just a nice idea to include people that are currently being excluded from the art experience. It is an opportunity for artist to expand their techniques, ideas, expressions, identities and most important: explore a new form of integrated art form that can excite and speak to new audiences.

Community Engagement Art Workshop Sample Projects

Suggested Topics For Art Workshops:

1. What Absence Feels Like
2. Holding On and Letting Go
3. Honoring & Healing in Remembering

Community Engagements Tools 1--The Yellow Brick Project

Objective:

Create yellow brick boxes that function as container of our emotions and feelings for the loved ones we want to remember. Finding objects or images to symbolize these feelings and emotions, and fill these boxes with them. Use the filled translucent yellow brick size boxes as a conduit to tell stories of our loved ones.



Workshop:

- Create translucent yellow brick box using thick cotton vellum, or yellow plastic material.
- Help participants to find object or image that remind them of their loved ones--they could be about their senses--touch, texture, smell, shape, weight, color; or symbols that represent their relationship with their loved one.
- Translate these feelings into objects and symbols, and fill the box with these material.
- Use the boxes as conduit to allow participants to tell stories about their loved one.
- The boxes can be used to create temporary installations, at the place of the communities or in an exhibition. They can also combine their effort with other communities' brick into a larger piece.



Example: If your friend who died of AIDS complications was a avid rose grower, you could fill the box with rose petals to remind yourself of your friend, both in smell and in symbol.

Community Engagements Tools 2--Stars and Constellations Project

Objective:

Create Stars and Constellations map by affixing plastic gemstones on black cloths. Since ancient times, humans have looked to the night sky for inspiration, to give meanings to unknowable things and unexplained events. We name stars and constellations to tell stories and myths of ourselves. The stars and constellations project can embody our loves and friendships, our common goals, and our lives.



Workshop:

- Think of each of us and our families and friends as stars in a constellation.
- What represents your relationship to your friends and family?
- How does everyone else in that constellation relate to each other?
- Using the idea of stars and constellations to represent the kind of tribe you belong to.
- Use symbol and common imagery to represent that relation, and translate that into designing a new constellation map by attaching gemstones on black cloths.



Example: If you and a group of friends love to dance, you could use the symbol of the dancing shoe as the basis design of your constellation. Each gemstone/star can represent an individual in your group.

List of Sense of Place Essays:

1. *History of HIV/AIDS in King County, Washington*--Dr. R W Wood
2. *Queer Mentoring: An Overlooked Aspect of HIV/AIDS History*--Tim Burak
3. *Shouting For Sue*--Mary Jones
4. *My Introduction to HIV/AIDS*--Mary Diggs-Hobson
5. *A Veteran Of A War Less Remembered*--Anthony Radovich
6. *Survival Steps*--Julene T. Weaver
7. *Reflections on AAPI Queer Community and HIV/AIDS in the 90's*--Michael Byun
8. *Capitol Hill: At The Intersection Of Deaf And Gay*--Rob Roth
9. *Chicken Soup Brigade And A Continuum Of Care*--Carol Sterling
10. *I've Seen Your Eyes: A Remembrance of AIDS in the Seattle Men's Chorus*
--Dennis Coleman

Also, for a more detailed history of HIV/AIDS in Seattle and King County, please refer to the website of the Seattle-King County Health Department exhibition: "[Responding to AIDS](#): The Seattle-King County Department of Public Health 1982-1996".

Link to "Responding to AIDS": <https://respondingtoaidsexhibit.org/>

History of HIV/AIDS in King County, Washington

Dr. R W Wood

In 1981, the US Centers for Disease Control and Prevention (CDC) reported several persons with serious medical conditions previously seen only in persons with profound immune system loss. These initial cases all occurred in men who had sex with men (MSM). About the same time, the local Public Health – Seattle & King County (PHSKC) STD clinic, directed by Dr. Hunter Handsfield — and similar clinics in places like New York and San Francisco, the new Seattle Gay Clinic, and the offices of clinicians to MSM — began seeing unexplained signs & symptoms (e.g., lymph node swelling, fever, and weight loss) thought to be early signs of the condition reported by CDC. In Seattle, the first two cases of what came to be called AIDS (for acquired immunodeficiency syndrome) occurred in 1982, one diagnosed in Hawaii, then referred to me, on whom I consulted with Dr. King Holmes, and the other by doctors at Group Health Cooperative Hospital, who consulted with Hunter. Both were MSM whose initial manifestation was *Pneumocystis pneumonia*, documenting profound immunodeficiency. My case's pneumonia resolved, but he had developed another live-threatening infection by the time he arrived in Seattle, and he died 6 months later. *Pneumocystis*, while treatable, killed about 1 in 10 despite treatment, and was usually followed (and sometimes preceded) by other 'opportunistic' infections (or a cancer called Kaposi's Sarcoma, KS, later linked with another new viral infection). Persons with AIDS died usually within 1-2 years

These were awful diseases, deadly, stigmatizing, frightening, and often conspicuous, because these young men were clearly very ill, often with extreme weight loss, and sometimes KS spots on their faces. Many were shunned; some were fired or denied jobs or housing. Many parents, ashamed of their children's same-sex attractions, had rejected them leaving many cases of AIDS alone. Long-term gay relationships were hard to maintain and gay marriage was only a distant dream.

Initially the cause of the loss of immunity causing AIDS was unknown. Theories cited substance use, the cumulative effect of other infections, such as STDs, something "toxic" about too much sex or certain sexual practices (e.g., anal sex), and even God's wrath. But from the start, the epidemiology of AIDS — who had it, their behavioral characteristics, and how it spread from person to person — suggested an infection. A new retrovirus, named HIV (human immunodeficiency virus), was identified in '84 and tests for its presence followed in '85. CDC quickly clarified means of transmission and high-risk groups. In addition to MSM (a new acronym at the time, meant to include the many non-'gay' identified homosexually active men), these included injection drug users (IDU) and blood product recipients (including hemophiliacs early on) before HIV could be screened from the blood, and the sex partners of all these persons. When

women with HIV got pregnant, a quarter of their infants acquired HIV. Almost all cases were acquired sexually (by anal or vaginal intercourse), by direct exposure to blood, or in babies born to infected mothers.

Local Public Health (PHSKC) responded early, anticipating the AIDS epidemic, which increased steadily each year from '82 (2 cases) until '93 (611 cases). It first provided HIV services at the PHSKC STD Control Program. In 1983, with fewer than 10 cases in the county, City and County governments allocated \$40,000 for an AIDS Hotline, clinical assessment for the at-risk individuals, and AIDS surveillance. The same year, PHSKC formed a local AIDS Advisory Committee (AAC), which lobbied and helped obtain resources for a new AIDS Control Program and helped acquire a large CDC demonstration grant in 1985 ('Be A Star'), which enabled hiring voluntary HIV counseling and testing (VCT) and other staff, providing data on local MSM behavior and infections over time, and promoting VCT. Hunter recruited me and I became the new program's medical director in 2/86.

In 1985 under Dr. King Holmes' leadership, with King County and community support, an AIDS Clinic was established at Harborview; then moved to a building on Madison Avenue, taking the name "Madison Clinic"; then moved back into larger quarters at Harborview, to provide care. Now, Madison Clinic oversees care for more than 2,000 of the region's 8,000 or so persons with HIV. Seattle community clinics, e.g., Pike Market & Country Doctor, also long provided substantial care.

In 1986 PHSKC obtained one the first four Robert Wood Johnson Foundation (RWJ) grants in the country, funding AIDS care services, including case management, meals, housing, primary care, and attendant care. A federal grant for care services from HRSA (Health Services and Resources Administration) followed. A 1987 NIDA grant enabled expansion of HIV prevention and VCT targeting IDU. Our first PHSKC prevention strategy was to get as many at risk persons tested and aware of their status, but given great community concerns about VCT, a Governor's Advisory Council (formed in 1987) recommended that WA allow anonymous testing and not require reporting of HIV infection to government. That Council also produced a comprehensive AIDS Report, which led to statewide AIDS Omnibus legislation ('88), a model used by many other states. State leadership also provided generous resources for AIDS care and prevention, envied by most states.

The affected communities also responded quickly and effectively, developing new not-for-profit organizations including the Chicken Soup Brigade ('83) for food and other help to the sick and dying, the NW AIDS Foundation ('83) to provide case management, prevention services, and lobbying, the Seattle AIDS Support Group ('86), Seattle's own ACT-UP ('89), and a later spin-off group called 'AIDS Watch' ~'91). In the spring of 1989 ACT-UP members, based on advice from an initiator of a program in Tacoma started in 1988, began exchanging dirty for sterile drug equipment for IDU, while

PHSKC began distributing bottles of bleach to clean injection equipment. ACT/UP got the Health Dept. to take on this program. Bailey-Boushay House, opened in 1992, the country's first in-patient hospice for persons with AIDS and the country's first Adult Daycare Program for PWAs.

Global researchers, including a large local Center at UW and FHCRC directed by Dr. King Holmes, worked rapidly to study HIV, its behaviors, possible treatments and vaccines, and to train more investigators. Wonderfully, in '96 it was reported that combinations of anti-retroviral drugs (ART) could stop HIV from replicating. Once HIV was halted, the immune system generally recovered – not a cure, but life saving for many. The advent of effective ART for AIDS & HIV was adopted quickly by the medical community, immediately reducing deaths from AIDS and further promoting the value and need for at-risk persons to test. CDC discovered that awareness of HIV+ status was the best risk reduction motivator for HIV+s, and researchers found that undetectable virus eliminated transmission risk. Several years after Britain sent important news about AIDS & HIV to all its citizens, the US Gov't did the same. In '06, CDC recommended that all US adults (now at least 13) be tested. At-risk folks (MSM, IDU, exposed) are now asked to test 2-4 times yearly. WA helped by the federal government subsidized VCT for the at-risk and ART for those with AIDS and reduced immunity. By the end of the first decade of the new millennium ART was advised for everyone with HIV.

Anticipating a National Research Council prediction ('93) that HIV would spread to the socially dis-advantaged: the poor, homeless, and people of color, POCAAN (People of Color Against AIDS) was established ('87); Entre Hermanos ('93) followed. Since HIV incidence and prevalence rates varied among groups, CDC and HRSA began requiring community involvement in prioritization of care and prevention programs. In response, our (already formed) AAC, RWJ, HRSA, and Omnibus advisory groups merged to form the HIV/AIDS Planning Council, which provided advocate education and some heated debates. Currently, HIV rates are highest in foreign-born Blacks, next highest in US-born Blacks, then Hispanics, then Whites, and lowest in most Asian groups.

A goal to end AIDS is being promoted by the strategy of getting at least 90% of all people with HIV aware of their infection, 90% of HIV+s enrolled in care, and 90% of those in care with undetectable virus. King County reached this goal in 2017, earlier than any other region of similar size. A second goal is to promote Pre-Exposure Prophylaxis (PrEP) and make it accessible to all persons at high risk of acquiring HIV. Studies show that taking this single pill daily will prevent 90% of new infections.

Queer Mentoring: An Overlooked Aspect of HIV/AIDS History

Tim Burak

Often when we think of the history of HIV/AIDS activism, images of street demonstrations, die-ins, and political rallies immediately come to mind. Those activities were important and crucial strategies. However, there was another through-line of activism that was less visible and, arguably, just as vital to the ongoing struggle. I'm referring to what I'd like to call queer mentoring

It involved the spontaneous, generous and sometimes surprising ways that queer people, and our allies, pitched in and taught each other to do things we never thought we'd be called upon to do. Up through the nineteen seventies, we often were relegated to a place where we, as marginalized people, were thought of as useless and incapable of anything but the most frivolous behaviors. Suddenly, out of necessity, in the early eighties, we pitched in and learned (and taught our friends) a wide variety of skills that were needed to deal with an emerging epidemic.

We figured out how to testify at city and county council hearings. We learned how to throw fundraisers, and track revenues and expenses. We learned how to write articles of incorporation to found nonprofit organizations. Long before we had the internet or social media, we established telephone trees to notify people about events. We taught each other to design handbills, newsletters and fliers, and we found photocopy shops willing to give us discounts. We taught each other to sew quilts. We learned how to prepare and deliver nutritious meals to shut-ins. We found ways to get prescriptions filled for friends. We learned to read medical journals, so that we could question why research efforts were moving so slowly. We learned to navigate the labyrinths of insurance policies and Medicaid rules, before we had case managers to guide us. And on and on.

Not all of us were cut out to man the barricades, as it were, and so the less visible aspects of AIDS activism, and some of the people who worked behind the scenes, never got much recognition. I think of:

- The guy who got busted having sex in Volunteer Park and returned later as an early AIDS educator, having learned how to pass out condoms in the bushes.

- The Bon Marche salesclerk (who did the best Diana Ross impression I've ever seen) who used his trans-charm and peacemaking skills to help reconcile two rival AIDS support groups.
- The fellow who waited tables at night, lifeguarded at the YMCA by day, volunteered at the Seattle Gay Clinic on weekends, learned to become one of the first HIV test counselors in the state, and later become a respected public health administrator.
- The woman who escaped a life of street sex work, found an accepting group of peers at POCAAN, and learned to teach volunteers about Bleach and Teach syringe-cleaning techniques, before needle exchanges were up and running.
- The gruff-talking ex-marine, wounded in Viet Nam, who learned to gently comfort dying buddies at their bedsides.
- The young hardware store cashier who used the shock of her own diagnosis as impetus to seek out others in her situation, and to make people aware that women (and lesbians) could get AIDS, too, even when some questioned her status.
- The guy who worked the evening shift at Different Drummer Books on Broadway, who hosted an impromptu "salon" in the store each Thursday night when a stack of New York Native papers would arrive. We'd take turns reading to each other the latest news about this GRID thing, then we'd clip articles to post in the gay clinic waiting room on Saturday.
- The army veteran who taught her lesbian sisters to organize blood drives, when gay men were barred from donating.

This is just a handful of examples. I'm not sure how the AIDS Memorial Pathway project might be able to convey stories like these, or the flavor and fervor of the communal mentoring effort. I hope these people's stories won't be overshadowed by images or references to more conventional and visible forms of AIDS activism. These were ordinary people who perhaps didn't have degrees, who weren't political firebrands or community insiders. But they could learn, and they could teach. They were not driven by a need for public attention or personal or professional gain, but were drawn to the struggle by what Whitman called "the dear love of comrades." Still, they persisted, and their work lives on in some of the organizations and services that benefit us today. Let's make sure to give them their due.

October, 2018

Shouting For Sue

Mary Jones

"We believe Sue is HIV positive"

The line seemed to go dead; the silence was deafening. I couldn't speak. In that instant my world dropped out from under me. Panic engulfed me as I struggled for words that wouldn't come. I don't remember hanging up. I wanted to cry, I wanted to run. But most of all, I wanted to scream.

Sue was only 12 months old.

There are no words to describe how I got through the next three days waiting for the test results. It was 2003. Today they'd be back within minutes.

Sue did not have HIV.

In the weeks following, this kept coming to mind. How could this "thing" called HIV, have touched my world? I thought it only happened to others, continents away, not in my small town, in a sweet innocent little baby. The more I thought about it, the more I had to know. I set out to educate myself.

I was a firm believer that in taking adorable, sweet, infants into my home, my life, I was in for the long haul. First and foremost, whatever it took to keep them safe, whatever it took to make their lives better. My babies had no voice, I did. If I had to shout, I was prepared to do that too.

I wanted babies born addicted to drugs, and whose mother's HIV status was unknown, to be tested for the virus.

Well, I shouted for 15 years. I had seven bills introduced in the legislature fighting for change. Two passed early on, but not the way I wanted, so I persevered.

I wondered how many times I'd have to start over, how many defeats before I'd see the results I was hoping for. Sometimes it felt like I was taking on the world.

During those 15 years, I made countless trips to the legislature, testified in committee hearings, and continually confronted State officials. I believed then, as I do now, that even babies have rights, most important of all, the right to live.

My fight over those 15 years was long and hard, a constant rollercoaster ride of emotions culminating with a smile, a handshake and the Governor's signature. After a span of nearly 6,000 days in the making, and hoping for the eventual outcome, on March 21st, 2018, Governor Inslee signed SB 6580 into law.

Henceforth, HIV testing would require the same consent requirements as any other medical test.

I'm proud to say, I shed many tears getting to this point, but in every tear, I found the courage I needed.

My Introduction to HIV/AIDS

Mary Diggs-Hobson

When I think about my introduction to HIV, it began when I was going through the clinical pastoral education training at Virginia Mason. My first internship as a volunteer chaplain was at Bailey-Boushay House in 1992. I was one of the first, if not the first, African-American chaplains at Bailey-Boushay. I was there with a team of chaplains, each representing different faiths.

I only remember ministering to men, most of whom were white. Prior to that and even during that time, I only heard about HIV/AIDS in the media, and it made you think it was all happening somewhere else, it was only affecting white gay men, and gradually, we got to see it was broader and deeper than that. So when I got to Bailey-Boushay, I personally saw how devastating the disease was, and as I ministered to individuals on a given day, I realized that some would not be there when I returned the next day. This made "live each day as though it was your last" a painful reality for so many. I would sit and listen to various people's stories. My intent was to honor their lives and be in the moment with them, to just listen and allow them to lead me to where they were willing to go. One gentleman would talk about his family and how they were afraid to come visit, they had just cut him off. Another young man in his early 20s who was raised Catholic knew he was going to die and wanted to be baptized. I went around trying to find a Catholic priest or chaplain, and he said, "No, I want you to do it." I said, "I'm not Catholic," and he said, "Do you know how to baptize?" I said, "Yes," and he said, "Okay." So we talked about the unconditional love of Jesus and his total acceptance of a willing heart, and I baptized him. His mother was there and his sister, and he was so happy, and then he said, "I can die now." It was an awesome, sad and anxious experience for me. So there were all these stories, and I was immersed in learning about HIV/AIDS through the lives of people who were dying from the disease, hearing and seeing it from their perspectives. They were great teachers.

Resistance

HIV/AIDS stigma in the Black church, among pastors and the larger community, was intensely visible as demonstrated by churches' absence in providing compassion, support, and comfort. This was the case in most communities of color. The lack of knowledge about HIV/AIDS resulted in fear, and fear opened

the door to stigma. And that's how African American Reach and Teach Health Ministry (AARTH) was born. My son, Reginald Diggs, and Dr. Maurice Moses and I saw the need for education, particularly for the black faith community. The church is the cornerstone, the place where people have historically gone to seek refuge, care and support. However, for people living with HIV, dying of AIDS, they could neither go to the church, nor would the church come to them.

As we worked to educate, we were not well received. Some said, "We're not interested," "This doesn't affect us," "They're in their condition because of their sin." All these cultural and religious beliefs kept so many people from sharing the love of God, which was freely given to them. Jesus didn't withhold his love from the multitudes that were fed, nor did he deny healing for the leper or forgiveness for the many who believed in Him. God does not discriminate: Man does.

Education begins with being open to listen; transformation begins with being open to change: I believe everything happens for a reason and its season. Everything we do in life is interconnected to our past, present and future. I say this because, a few years after my experience at Bailey, my son Reginald was diagnosed with chronic kidney disease, a genetic chronic disorder through his father. He was on the list for a kidney transplant, and as he was going through the pre-transplant assessment, he was found to be HIV-positive.

My experience at Bailey-Boushay was my education. It was also my preparation for what would come a few years later as my own son was diagnosed positive. I was so grateful to God for the Bailey experience. I say it was an education because before that experience at Bailey-Boushay, my understanding about HIV was based on what I had been taught or learned within my social-cultural environments, particularly my training as a minister. That training caused me to judge others even to the point of discriminating against people and issues I knew little about. So yes, I thank God for the experience of being able to sit face-to-face with people dying of AIDS, to listen to their stories, to hold their hands, to cry with them and to minister to them. It was an education and transformation that helped prepare me to embrace my son. I needed to go through that.

Love Is Greater

I remember the day my son Reginald, who was also an ordained minister, came to the house, saying he had something he wanted to tell me, he wanted me to

sit down. He was so nervous. He was almost in tears. I didn't know what was wrong. He told me that he was HIV-positive, and when he said that, it was like time stood still. The first thing I remember doing was reaching out and hugging him, holding him as tight as I could. We both stood in the living room and cried for a while. He told me it had been several months since he had been diagnosed. When I asked why he took so long to tell me, he said he thought I wouldn't love him anymore. That brought another wave of tears because the thought of not loving my child never entered my mind. We talked about how we were going to share it with his wife, children and the rest of the family. It's said that crises have a way of bringing people together. I say love and compassion bring people together, because crises come and go but love is constant.

Another tragedy came when he was removed from the kidney transplant list because hospitals weren't doing transplants for people living with HIV, even though doctors considered him to be a healthy HIV patient with an undetectable viral load. He was too early for the era of kidney transplants for HIV patients and too early for the science of "Undetectable = Untransmittable." He began having congestive heart failure that became chronic because of the kidney disease, even while on dialysis, which weakened his body due its tremendous wear and tear. On March 20, 2007, he died in our home but not before doing what he was so good at doing: taking care of other people. He came to our home to sit with his grandmother who was recovering from a stroke and before I left for work, he insisted that I needed an extra big hug and kiss, which he so graciously gave to me. It was my last hug from those long arms and last kiss that he would plant on my forehead, like he always did.

A Legacy Is the Result of a Life Well Lived

My son left a great, great legacy in the lives of people. People leave legacies in buildings and artefacts and other stuff that eventually deteriorates. But the greatest legacy anyone can ever leave is their imprint in the life of another person who passes it on to somebody else. And that's what Reginald did, as he began speaking about HIV, sharing his story and touching people. At 6'9", we called him a gentle giant, God's walking cane. That's who he was. AARTH would not be here today if it weren't for him. As his mother, I want to make sure that what he started carries on to help educate people and change lives. To help reduce and eliminate, if possible, the stigma attached to HIV/AIDS and people that are living with HIV.

Veteran Of A War Less Remembered

Anthony Radovich

Although I believe I contracted the virus during the early 1980s, I first tested positive when the test became available in 1987. My body went from a source for pleasure to a diseased pariah in a few short years. AIDS was my generation's holocaust, we became lonely and scared; death was our constant companion.

Growing up in Tacoma, Washington I was a young queer kid who loved to travel to Seattle on weekends. On the streets of Seattle, I found community. Becoming a teenage sex worker to escape the restraints of growing up in a home that did not support my identity, I found my way out.

Now nearly 60 years old, a long term survivor of AIDS, my community is still vital. Through my personal experience and struggle with substance use disorder, homelessness, mental health issues such as PTSD due to living with AIDS and its many losses, I have been bent but not broken. I've transformed my life through resilience, perseverance, and the loving care of professionals. The community I found and helped create, have kept me sane and healthy as possible. Although I had to go through chemotherapy for Kaposi's Sarcoma, the purple lesions so prevalent on folks during the years when people were dying in droves, I've endured. But I continue to live with neuropathy and suffer the loss of feeling in both my legs. This is a common side effect of antiretroviral therapy (ART).

One truth I feel important to share is how anxiety producing it is when my medications stop working and I have to move on to a new regimen, it is a fearful time because I do not have many options left. I have become resistant to whole classes of medications. For now, my viral load is undetectable, which means it is unlikely I will transmit the virus to another person. To experience touch and intimacy again without fear is transformative. For this I am grateful.

From the support through long term recovery from mentors, friends, a host of queer, trans, and people of color, they have guided and challenged me to leverage my influence and unearned advantages to lift others up. I welcome this challenge from my sisters and brothers who stand next to me. I stand an activist who is conscientious of my power as a cis gay white male, and I take on the task seriously asking myself how I can be more politically and culturally aware. I continually search for an avenue to redirect my anger and rage at a system built

for dying gay white men. These structures must change to better serve the epidemic and its current demographics. Resources must be redirected to the communities hardest hit and address health disparities. We can no longer ignore the intersectionality of racism and poverty and structural violence. It is unconscionable to me that communities of color continue to struggle. Access to health care is a big issue especially with those who are undocumented in our community. No one should have to work harder to receive access to health care. The reality is that they do. My goals are to continue to point out that struggle and use my voice for accountability to those in power. That is my rent as a citizen in my community.

Survival Steps

Julene T. Weaver

When I learned I was HIV positive in 1989 it was a death sentence, highly stigmatized, and there was the threat of criminalization. David France in *How To Survive A Plague*, wrote that in 1989, "There was now one AIDS death in America every 12 minutes."

I am a Pre-HAART HIV Long-Term Survivors (HLTS). Pre-HAART and Post-HAART HIV-infection constitute distinct cohorts with different medical, mental and social health needs. By 2020 70% of the 1.6 million individuals living with HIV/AIDS in the US will be over 50 years old. I easily fit into this demographic, when I got my diagnosis I was 37 years old, now I am 66. AIDS is still stigmatized and at risk of criminalization. I worked 21 years in AIDS services, it was my second career, I am also a poet and a psychotherapist. It was nearly 30 years before I publicly was out about living with AIDS, when my last book of poetry was published. I'm white, cis gendered, identify as bisexual and I have a long term cis male partner. He is African American and I am grateful he made the decision to stay with me after I received my HIV result.

When I got my result, I was steeped in Wise Woman Oral Tradition of Healing from my study of Herbal medicine. The first step in their Six Steps of Healing is the Zero Step, or the "do nothing" step. This means, listen inward to what you feel; become aware how you are reacting. The diagnosis filled me with anger and fear. Anger toward myself for getting into this position, fear for my future and how I would live should the disease incapacitate me. I also feared I'd be alone, for I did not know if my partner would stay with me.

For me, this diagnosis was an adrenalin rush constantly going through my body. It catapulted me into a driven state to push myself forward. The horizon of mortality is a strong motivator. But for some it can cause a reverse spiral downward into depression. I am a success story, but many long-term survivors did not do as well.

There were four cornerstones I realized early as part of my Zero Step process: The people I had to tell: my partner, my sister, and gradually close friends. I knew early I needed to find other positive women. This search led to a group and we formed the Babes Network, a peer support group that survives today as an affiliation with the YWCA. Coming out as having HIV is a process with a steep

learning curve. One must be emotionally prepared and educated to share this news. The process of sharing my status was slow and deliberate, it is my personal medical history, so my partner and I negotiated who to tell. Eventually that gets tiring and complicated. Even though I worked in an ASO I was careful and maintained my privacy. I had a desire to learn all I could about HIV/AIDS. While working towards my Masters in counseling at LIOS, I secured a job working at the Northwest AIDS Foundation, which later became Lifelong AIDS Alliance. I worked there 18 years as a case manager, adherence counselor, and a liaison at the Pike Market Medical Clinic. Later I worked at the Northwest AIDS Education and Training Center, for three years.

To help me cope with the overwhelming amount of deaths, I started an ongoing personal Hope Journal; pasting in articles I found about alternative healing, remedies to improve symptoms, news of medications, and the work of artists who were dealing with HIV in a creative way. And I wrote, because I am a poet and a writer (in my undergraduate program I studied with Audre Lorde). My first collection of poetry, a chapbook titled "Case Walking: An AIDS Case Manager Wails Her Blues," was published in 2007. It documented my work on the front lines. Writing is healing. Louise DeSalvo, PhD, in her book, *Writing as a Way of Healing: How Telling Our Stories Transforms Our Lives*, documents a psychological study by James Pennebaker, which show that writing heals trauma. I also wrote the original Health Corner Column for the Babes Newsletter.

My fourth major goal was to find a doctor who listened to me and was willing to work with my restrictions, I refused to take AZT because it killed people. Also, given my interest in alternative or complementary medicine, I needed a doctor open to my experimentation. I used St. John's Wort, and was in studies for Compound Q, high dilution growth hormones, and other non-Western protocols. I used information from Buyer's Clubs, which used to be in all the major cities, they are now all closed. After my T cells dropped below 200 in 1999 I agreed to go on the PCP prophylaxis, Bactrim. When my T cells were near fifty, I had my first OI, Shingles on my head and over my eye. This was in 2002, finally I started the cocktail. Within my first year on medications I developed resistance to a whole class of medications, the NNRTIs. Then, I developed the side effect lipodystrophy (fat redistribution) from Kaletra. I was lucky, an alternative I used reversed the fat redistribution it caused. Now I take four pills a day, an unusual high number of pills by today's standards, to suppress the virus. I'm stable with an undetectable viral load, healthy and pressing on.

Reflections on AAPI Queer Community and HIV/AIDS in the 90's Michael Byun

In the mid-90s, I did my work-study at the Chicken Soup Brigade's (CSB) thrift store on Harvard Street. AIDS was still visible and real for everyone. I had just come out as gay during my second year at the U. Working at CSB was in a way for me to connect to the community and to be part of the movement in some small way. I didn't last too long at the thrift store because I was young, immature and didn't have a good work ethic (I was fired after taking a long break to get a haircut, which was looking back, very stupid of me). But lucky for me, Stebbo Hill, a manager at CSB gave me a second chance and placed me in another department – Volunteers and Training – where I hunkered down and became serious and found a renewed sense of purpose. My story is representative of the community at the time: we are all in this together, and we must continue to invest in hope. We would sooner or later survive this terrible epidemic.

During graduate school in the late 90's, I worked with the International Community Health Services (ICHS). Lorrie Alfonsi was the director of community programs and I worked for her in ICHS's basement office on Maynard Street. ICHS shared that office with Justine Leyson, Paul Chen and Norma Timbang who were running a small but important HIV/AIDS organization focused on Asian American and Pacific Islander (AAPI) - Asian Pacific AIDS Council (APAC). For AAPIs who were living with HIV/AIDS, it was tough. The public health data that was informing policy and responsible for how life-saving services were allocated did not accurately convey the AAPI health disparities. There were clients who were limited in English proficiency didn't know where to go for services and support. Immigrant AAPIs who faced cultural stigma of being gay or bisexual and were "in the closet" had little or no options and nowhere to turn to. For a number of them, it was only during the late stages of AIDS did they have access to care and treatment. Justine, Paul and Norma had a tough time: they needed to advocate with mainstream HIV/AIDS service providers on the need of AAPIs living with HIV/AIDS while at the same time educate the AAPI community about homophobia and HIV/AIDS stigma.

By 1999, University of California, San Francisco's Center for AIDS Prevention Studies' researcher Kyung-hee Choi began a community-based intervention project targeting API (Asian Pacific Islander) MSM (Men who have sex with men)

population in Seattle. The study looked at peer-to-peer strategies, social marketing, and other approaches to address HIV/AIDS prevention by building and strengthening social norms, attitudes and behaviors. The project was called YAMS (Young Asian Men's Study) and was located in a basement office in the ID on Maynard Ave. While the project was research centered, I personally believe it helped to support building leadership among API community members. Chongsuk Han, former editor of the International Examiner was a manager of the YAMS project. His PhD and his academic book benefited from his time at YAMS. Aleska Manila was just at the beginning of her visibility and presence in the community. I think being around other API queer folks meant strong social support. Bobbie Yanoupeth who is one of the co-owners of Bahtoh was a participant as young high school student. These are just a few API queer folks who benefited and built community during this very uncertain time in the HIV/AIDS epidemic.

Capitol Hill: At The Intersection Of Deaf And Gay

Rob Roth

When I moved to Seattle on January 1, 1980, I stayed with a friend on Capitol Hill. I soon discovered that Capitol Hill was not only the center of the gay and lesbian community in Seattle, with gay-owned bars, bookstores and restaurants, it was also the center of the Deaf community in Seattle. I and many other Deaf persons called Capitol Hill home; it was especially so for those of us who were both Deaf and gay.

Prior to the Americans with Disabilities Act (ADA) and the Internet age, Seattle Central (then Community) College had a vocational program where Deaf persons learned how to be a printer or janitor, or take community college classes to receive an AA degree. SCCC also had the Interpreter Training Program, teaching basic to advanced classes in American Sign Language and interpreting skills. The ITP was nationally known for providing specialized training in interpreting for Deaf-Blind persons; indeed Capitol Hill is still home to the DeafBlind Service Center. Seattle University allowed dormitory spaces to be used by Deaf SCCC students that came from outside Seattle and around the world. Seattle University also provided space for a small community-centered social services organization that provided the first interpreter referral and telephone/teletype (TTY) relay services in the area with three staff members; this agency later grew and is now part of the Hearing, Speech & Deaf Center, still on Capitol Hill.

Within walking distance was Re-Bar, the local watering hole where Deaf gays would meet each other and the occasional hearing person who took the time to learn fingerspelling. Wildrose was where Deaf lesbians socialized. (Not too far away was the Eastlake Zoo bar where Deaf persons, straight and gay, would go once a month on Saturdays.)

The Deaf LGBT community suffered heavy losses due to AIDS. In those early days, with grant funds, Dan Mansfield, a Deaf-Blind person, spearheaded efforts to educate our community with information on prevention against the AIDS virus using culturally appropriate brochures and workshops in ASL. Dan would explain that AIDS was not transmitted by touch, and that a positive test result was the opposite of the meaning of "positive" in ASL. We became advocates for

language access to doctors, hospitals and hospices, and volunteers to those diagnosed and dying, and later to those living with HIV.

Like the LGBT community today, the Deaf community is spread all over Seattle and King County. Rising home prices and apartment rentals were an initial cause, but general acceptance of diverse communities and languages have made it easier to live anywhere we want. Despite this, Capitol Hill, especially for Deaf LGBT people, is still the center of our universe.

Chicken Soup Brigade and a Continuum of Care

Carol Sterling

I started working at Chicken Soup Brigade in 1987. I was the first staff member of an organization that was built by the Seattle Gay Men's Clinic. It had been a project for many years, and in those days the clinic was actually called the Seattle Clinic for Venereal Health because it wasn't legal to have the word "gay" in the title of a business, in those days.

So these magnificent men and one woman, Anne McCaffray, said "what are all these guys sick with?" and at that time it tended to be hepatitis or other diseases like that. And people were just sick. And they said, "you know, the best thing to do is bring someone some chicken soup." And that's how it began.

And then when the AIDS crisis started to develop in town, and we really didn't know what it was; it was called GRID, it was called just about anything, until we finally got to the term of "AIDS". It was some time in there but once we got ahold of it, it got ahold of us, we started to do what we could to mitigate the impact on peoples' lives.

We decided very early on that we wanted to be in alliance and allegiance with other organizations and not try to tackle the thing by ourselves. So, we developed a 'continuum of care' model in Seattle, which I believe was the thing that kept us all sane.

Our little part of the puzzle was to make sure people did get chicken soup, to make sure that they got their houses cleaned, to make sure that they got to the important medical care that they needed. And the most amazing thing about it, is that it was all done by volunteers.

Oh my gosh, it makes me cry. Volunteers! I'm a person of faith, and I believe that the people who came to clean houses, to drive people, to pack food, to solicit food, to work with gay Bingo, to go to 'Care to Dance' -- those people are filled with grace; And I got to be a part of it.

But I was always a 'street fighter'. And the thing that made the most sense to me was that we had to do something, and a lot of people felt that way. So, a bunch

of crazy dykes and I started a little program called "Blood Sisters, Seattle", and what we did was we went to the blood bank and gave donations of blood because at that point yet another 'smash' in the face was gay men weren't allowed to donate blood, and of course they've always been participants. So, we thought 'okay' we'll do it. We went to the Seattle Blood Bank and donated over 150 units of blood...which they promptly threw out. But at least we did it. And I do miss sassy Dykes, I gotta tell you that. But that's how it started for me.

And through the course of working in Pride events and political events, I developed a little skill at organization. I can't do anything, but I can find someone who does know how to do it. So when they offered me the position at CSB, I thought that was a perfect combination: I didn't have to wear a suit, but I could still do the work.

It was a war. It was a war. You never knew which flank was going to be attacked, whether it was a political process, or whether it was funding. Just trying to find the bucks to keep the doors open sometimes was pretty tricky. But again, the benefit of that, of being part of a continuum, is that we took care of one another. I mean, we worked with everybody.

I think people are harder to find these days. And I think that people still experience great stigma in different communities. I think in the gay community it's very different, we've been contending with this for so long. I really worry about injection drug users, I really worry about elderly people, I always worry about women. And I think we have to continue keeping it in the forefront of people's minds that this is a preventable disease, it's a manageable disease, but it's also a preventable disease. It's important to me and everyone I love.

I've Seen Your Eyes: A Remembrance of AIDS in the Seattle Men's Chorus

Dennis Coleman, Artistic Director Emeritus of the Seattle Men's Chorus and Seattle Women's Chorus

I was hired in 1981 by the one-year-old Seattle Men's Chorus, a small but ambitious group of 50 gay guys who were out to celebrate their pride through choral music. It was a thrilling time to be a gay man in a city like Seattle and our future was bright.

It wasn't long, though, until we began to hear rumors of some sort of gay disease. Dr. McNair Smith, a leader in the Chorus, worried us with reports of unexplained illnesses and deaths of gay men, especially in larger cities. But we hadn't experienced anything like it until one of our youngest members, Kevin Johnston, a vibrant, blond-haired 18-year old, was in rehearsal one week and dead the next. All we were told was that it was pneumonia.

Then others began to die.

By the time I retired 35 years later, more than 500 men had given hours of their time for rehearsals, concerts and tours in the Seattle Men's Chorus. They sang out of pride and with great brotherhood. But they were also singing for their lives: since 1981, more than 150 of those men have died of AIDS.

I recently pulled together eight friends who remember those early days in the Chorus when AIDS was a constant dark shadow. The mid-'80s through the late '90s were the worst. It seemed like we were singing at a funeral every week or two for a member who had been struck down by the epidemic.

Kevin Gallagher, the long-time ASL Interpreter for the Seattle Men's Chorus and Seattle Women's Chorus, recalled moving to Seattle in the fall of 1981. "Already my friends back home in New York City were dying, unexpectedly, unexplainably and very quickly," he said. "The move to Seattle was unrelated; I came for work, but Seattle became a time-delayed safe place. I credit that move with my being alive today."

SMC bass Bob Cook worked at the NW AIDS Foundation at the time. "Men would come in and look pretty good at first," he said. "But after eight or nine months they began to fail. It was often a one-and-a-half to two-year process from when I met someone to when they died."

SMC tenor Matthew Haggerty tested positive in 1986 when the disease was then called HTLV3. "I was just 24 and fear and confusion about this killer of young gay men was rampant across our county and the world," he said. "It was a dark and confusing time when people were actually shunned when they needed warmth and human touch the most."

For many of those people, the chorus became a warm refuge and safe space to celebrate, mourn and find support. We had to deal with plenty of discrimination from others, though. Everyone in the group remembered the flight to New York City in 1983 for the first national gathering of gay choruses. We numbered around 60 on the flight and were having a great time until the stewardesses refused to serve us without plastic gloves on.

SMC tenor Rodger Fowler recalls the guys who were unable to list their names in the concert programs for fear of losing a job. And the parents who never knew that their sons had died of AIDS.

Memorial services for our own members were especially hard. "Dennis and I had an agreement that we would never look each other in eyes while singing at a funeral or we'd both lose it," Rodger said. As the conductor, I had to steel myself to remain in control of my emotions and not cry, or I knew that many others would follow.

SMC baritone John Jenkins felt guilt. "I was a nurse and when AZT first became available, we were giving what we later found to be toxic doses," he said. "The drug regimens were so destructive at that time. Consequently, we all felt guilt in later years when the drug's damage became clear." But none of us knew. We were all fumbling together in the dark, doing our best to keep our friends and lovers alive and memorializing them in death through words, tears and a growing number of panels on the AIDS Memorial Quilt.

SMC bass Paul Nelson recalled the rehearsals for "Hidden Legacies," an emotional choral work about the AIDS crisis. "It allowed the singers to confront their very real fear and grief by expressing it in song," he said. "Many of the guys in SMC felt pressured with 'How did I get lucky?' feelings in the midst of our many afflicted peers."

Eventually, though, singing at so many services carried a heavy emotional toll. "I can't do this memorial service. I'm just numb," John remembered feeling at the time. "I joined SMC in 1988 and the chorus became a strategy for me to manage my own grief. At least we had fellowship. We were all going through this together," he said. "But I remember reaching the point where I just couldn't sing at another funeral."

Even after leaving the chorus, Rodger recalled the flood of emotions that would return whenever he attended concerts. "After I stopped singing, I found it increasingly hard to

go to SMC concerts and read the list of those who had died in the concert program," he said. "By the time the concert would start, I was a mess."

Through our mourning, though, we also gained strength. Former SMC marketing director Paul Bauer reflected that the AIDS crisis forced an entire generation to learn to handle grief. "You learned in your thirties how to deal with death. But we also learned how to organize," he said. "The community was forced to grow up into responsible adulthood. It gave us a mission."

There were other rays of light. The gay men's community was surrounded by loving lesbians and straight-but-not-narrow friends who stepped up and supported us in our time of need. Matthew remembers the "kind, loving people reaching out to those of us who were sick, more concerned with helping their fellow man than their own welfare despite the unknowns."

SMC baritone Joel Davis recalled the origins of another Chorus project that helped us take care of one another. "What began as an external effort, launched in the mid-'80s as the SMC AIDS Project, evolved in the early-'90s to an internal focus, the SMC Family AIDS Project," he said. "For those of us who hadn't died (yet), we obligated ourselves to care for our own, an effort that continues to this day."

The AIDS epidemic also caused an explosion of artistic expression. New choral music was commissioned, visual art created, dance works choreographed, and collaborations between arts organizations launched – so many in response to HIV and AIDS.

The crisis still isn't over. And it still hurts. It hurts to remember the more than 150 men who left us far too soon. The words of Scott Warrender's "Eulogy," written for the Chorus during those dark early years and sung at so many memorials of so many members who had such bright futures ahead of them, still resonate with me today:

I've seen your eyes
They always looked onward
Toward a time, a season
Known to none but you.
The dream you envisioned was to look forever.
And in remembrance of you,
I will look onward.
Your dream will live as I look
Onward
Always, always, always
Onward.

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