

# The Heart of the Gay Community: How a Small STD Clinic in Milwaukee Played a Large Role in Wisconsin AIDS Prevention

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## ***Abstract***

The history of Acquired Immune Deficiency Syndrome/Human Immunodeficiency Virus (AIDS/HIV) activism is becoming a topic of intense research. However, much of the published history focuses on nationwide groups or AIDS hotspots in New York City and California. This paper focuses on the Brady East STD Clinic (BEST), a small group in Milwaukee, and the role it played in AIDS/HIV prevention during the AIDS epidemic, a time period roughly defined as 1981–1997. Although BEST had existed since 1974 with one identity or another, it was truly born at the same time as the AIDS crisis became newsworthy. BEST’s involvement in AIDS/HIV prevention is examined through two facets: its involvement in the creation of important AIDS/HIV groups in Milwaukee, such as the Milwaukee AIDS project, and the work done by leaders at BEST through the years.

## ***Introduction***

Over the past two decades, the average U.S. citizen’s concern about Acquired Immune Deficiency Syndrome (AIDS) has dwindled. This can be attributed to the creation of medicines that have prolonged the life of HIV/AIDS patients; before those medicines were created, Human Immunodeficiency Virus (HIV) and AIDS were considered death sentences. As HIV/AIDS fades from the conscience of Americans, historians are turning their attention to the time period when AIDS treatment and prevention were urgent public concerns. This period of time extends roughly from 1981 through 1997. In his book and documentary, *How to Survive a Plague*, journalist David France focused on the overarching themes of this period: patient activism, governmental neglect, and the personal nature of the fight against HIV/AIDS. However, France aimed most of his attention on New York City with smaller portions of his work mentioning HIV/AIDS’s impact on San Francisco and Los Angeles.

By March 1989, 88,096 people in the United States had contracted AIDS, with 433 cases in Wisconsin.<sup>1</sup> By numbers alone, Wisconsin was not a location on the forefront of AIDS prevention. However, to ignore what Wisconsin did to try to prevent the spread of HIV/AIDS would be a mistake. It is important to attempt to find out how organizations in cities other than New York City, San Francisco, and Los Angeles tried to help during the AIDS crisis. One such organization pressed into action on AIDS prevention in Wisconsin was the Brady East STD Clinic (BEST) in Milwaukee. Of the 433 AIDS cases in Wisconsin in 1989, 11 percent were discovered at BEST;<sup>2</sup> ultimately, BEST became the most effective clinic in the state for diagnosing HIV/AIDS. BEST had an oversized role in the crisis because until the late 1980s its clientele was largely homosexual men and, at that point in time, HIV/AIDS largely affected homosexual men. Even in 1988, when BEST's yearly number of patients treated was much larger than earlier in the decade due to its HIV testing, 47 percent of its patients were homosexual men.<sup>3</sup> BEST's practices as a clinic, as well as its role in the fight against AIDS, would lead to it being called a "model for the rest of the country" by Eldon Murray, one of the founders of Milwaukee's Gay People's Union.<sup>4</sup> This high regard for BEST demonstrates that there is a lesson to be learned about how small organizations helped address the AIDS crisis across the United States.

### ***BEST Before AIDS***

While BEST may not be as famous as other HIV/AIDS organizations, simply because AIDS in Wisconsin in the 1980s and early 1990s was not as widespread as in California or New York, it deserves to be recognized as an exemplar of community AIDS activism during the epidemic. BEST was in contact with activists from New York in the early 1980s in hopes of finding out how to slow the spread of AIDS. It used increasingly large grants to start the Milwaukee Aids Project (MAP), which eventually came under the control of the Aids Resource Center of Wisconsin (ARCW). BEST created a women's health clinic that tested for AIDS at a time when women were forgotten by AIDS activists and pharmaceutical companies. Though the Brady East STD Clinic is a small and often unheard-of clinic, it played a major role in the fight against the spread of AIDS in Wisconsin by cultivating good relationships with the state and city government, as well as being highly regarded by the community most affected by AIDS in the 1980s.

The Brady East STD Clinic had a difficult path leading up to the AIDS epidemic. In 1974, eight years before AIDS first came to the attention of BEST, the Gay People's Union (GPU) of Milwaukee started the Gay People's Union Examination Center for Venereal Disease (ECVD).<sup>5</sup> One of the main reasons the GPU started the clinic was a sense of fear in the gay community<sup>6</sup> about going to other medical centers in the city. Various groups, including the Gerald Earl Meyers Fund, the Council on Religion and the Homosexual, and the City of Milwaukee's Health Department, supported the GPU's efforts to launch the examination center. John K. Gruhlke, a public health educator with Milwaukee's Division of Health Education, wrote to the GPU that "the need for such special interest satellite examination stations," such as one serving the gay community, "is very great and should significantly contribute to an increase [in] awareness of the magnitude of the problem and a reduction in the number of diagnosed cases of venereal disease among the Gay Population."<sup>7</sup>

By 1977, the GPU ECVD had become the GPU Venereal Disease Clinic and was able to test and treat patients for diseases.<sup>8</sup> In 1980, the clinic changed names to comply with a federal ruling in which clinics could no longer use the term “venereal disease”; it became the GPU Sexually Transmitted Disease Clinic. However, this name change lasted for only a year before the clinic separated from the GPU. Even more troublesome for the clinic than the constant name changes was eviction from its building when the landlords discovered the nature of the work being done in the clinic.<sup>9</sup> Unfortunately, the gay community of Milwaukee was no stranger to discrimination. Raids of “gay baths” (a term used to refer to clubs where gay men sought sexual partners) by police were common throughout the late 1970s and early 1980s.<sup>10</sup> When this turbulent period for the clinic was finally over in July 1982, the Brady East STD Clinic (BEST) established itself as a separate entity, ready to care for the gay community of Milwaukee.

BEST already had a history of working hard for the gay community of Milwaukee by the time AIDS became newsworthy. One of the most important undertakings by BEST in its early days was to seek advice and counsel from renowned gay clinics. Mark Behar, a member of the BEST Board of Directors and a luminary of BEST in the late 1970s and early 1980s, wrote an impassioned letter to Chuck Kiley of the Minneapolis Gay Community Service Center (GCSC). In the letter, Behar thanked Kiley for his tour of the Minneapolis GCSC and expressed his thoughts about how he hoped BEST could follow the standard the GCSC had set.<sup>11</sup> Behar’s most important contact, however, was Dale Shaskey, the administrator at the Howard Brown Memorial Clinic in Chicago. By 1977, the Brown Clinic was renowned in the Midwest for the service and discretion it provided to patients. Shaskey’s explanation of the risks of being a publicly funded versus a privately funded clinic was important. Publicly funded clinics were responsible for sharing information with government officials, whereas privately funded clinics were not. Because of their mistrust of Chicago politicians, the Brown Clinic remained privately funded.<sup>12</sup> BEST, on the other hand, was funded through donations from clients as well as grants from the City of Milwaukee and the state of Wisconsin. BEST would go on to have a strong working relationship with the city and the state.

### ***The Early Days of AIDS***

The AIDS epidemic first started receiving minimal news coverage in 1981, and the Brady East STD Clinic was not far behind in addressing the issue. In July 1981, an article ran in the *New York Times* about a rare disease called Kaposi’s sarcoma, a type of cancer that only affected roughly one in three million people. The *Times* referenced it as a “gay cancer,” which at the time led David France, author of *How to Survive a Plague*, to assume that the *Times* was not-so-subtly attacking the gay community.<sup>13</sup> At the time of the article, few knew what was on the horizon for homosexual men across the world. Within months, it became clear that some sort of disease was affecting homosexual men in New York City and San Francisco. As homosexual men started dying in New York from what was beginning to be called Gay Related Immune Deficiency (GRID), people began seeking answers. In January 1982, Gay Men’s Health Crisis (GMHC), the first non-profit activist organization formed to fight the AIDS epidemic, was founded under the leadership of Larry Kramer and Lawrence Mass,

early activists in the fight against AIDS. Kramer was fueled by his fear of catching the disease, and Mass's lover had already fallen ill with it.<sup>14</sup>

Milwaukee's location and size meant the percentage of the gay community affected by AIDS would always pale in comparison to New York City, but BEST kept itself and Milwaukee's gay community informed about the disease from the beginning. In June 1982, less than a year after the initial *Times* article, Sue Dietz spoke at the BEST board meeting about Kaposi's sarcoma and how there would soon be extensive media coverage about "gay diseases."<sup>15</sup> It is clear that BEST was adamant about making sure they could serve the gay community of Milwaukee with knowledge about this new disease, as evidenced by Board of Directors member Mark Behar traveling to the National Coalition of Gay Sexually Transmitted Diseases conference in Dallas that August. There, Behar met with fellow gay activists from all over the country, including Lawrence Mass from GMHC. Behar learned valuable information that he could take back to BEST and recognized the important role organizations such as GMHC and BEST would play in the looming AIDS epidemic. Behar realized that the coming together of gay activists would be "a model of health care involvement and decision making on the part of a community never before seen in the U.S. by any group."<sup>16</sup>

The Brady East STD Clinic moved quickly in late 1982 to prepare for the inevitability of Wisconsin's first case of AIDS, and the first patient was diagnosed in February 1983.<sup>17</sup> Two people were indispensable to BEST during this period, and they pressed hard to make BEST vital in the fight against AIDS. The first of these was Mark Behar. He attempted to convince BEST's Board of Directors to create a committee at BEST that would alert the community about AIDS. Although they rejected Behar's idea, the Board of Directors passed a motion to have BEST's established Education Committee fill the role of Behar's proposed AIDS Committee.<sup>18</sup> Behar's other big move in the fall of 1982 was to reach out to Larry Falk in Boston. Falk was collecting blood from homosexual men all over the country to try to find biological markers for AIDS.<sup>19</sup> BEST met Falk's request for blood samples and, in exchange, Behar was put in contact with an acquaintance of Jim Curran, "the CDC's point-man for the new disease."<sup>20</sup> Behar's hard work and ability to network meant that BEST could make a real difference in spreading information and conducting valuable research. Behar was a charismatic and clearly respected voice in the gay community. This is evidenced by his appointment to Governor Anthony Earl's Council on Lesbian and Gay Issues.<sup>21</sup>

The fight against the spread of AIDS was carried out by both activists and doctors. If Mark Behar was the most important AIDS activist at BEST, Roger Gremminger was its most important doctor. BEST might not have been able to get through its 1981–1982 troubles if it were not for Gremminger. After being evicted from a building they had occupied since 1974, BEST's founders had trouble locating a new building to host their clinic. Gremminger, who had been the medical director at BEST since 1979, came to the rescue by purchasing a building at 1240 E. Brady Street and contracting with the clinic. The clinic still resides at this location after purchasing the building from Gremminger in 1989.<sup>22</sup> Some of Gremminger's work in 1982 and 1983 included applying for state grants.<sup>23</sup> Gremminger was also considered a valuable contact for members of the Wisconsin State Assembly. Members of Representative David Prosser Jr.'s office contacted Gremminger when the latest information about AIDS was needed.<sup>24</sup> Gremminger and BEST were held in high regard by state politicians in Madison.

BEST and its volunteers demonstrated early in the AIDS crisis that they had the resources and people dedicated to doing whatever it took to prevent the spread of AIDS. One of the earliest AIDS crisis issues was the use of blood for transfusions from donors who did not know they had AIDS. Author David France estimated that by early 1982 tens of thousands of people had been given infected blood during transfusions.<sup>25</sup> Various organizations across the country believed the blood supply needed protection. Lawrence Mass and the AIDS Network from New York City advised that all donated blood be tested for diseases such as Hepatitis B and AIDS. The AIDS Network, as well as activist groups in San Francisco and Boston, encouraged self-screening and questionnaires to help identify at-risk donors.<sup>26</sup> Gremminger and BEST made sure contaminated blood did not appear in Wisconsin.<sup>27</sup> Gremminger was in constant contact with the Blood Center of Southeast Wisconsin as well as with the Medical College of Wisconsin. The importance of the work Gremminger and the Blood Center did together cannot be overstated. To understand the significance of their efforts, one only has to look at the case of Ryan White, a thirteen-year-old boy from Indiana who contracted HIV from a blood transfusion. White was ostracized and removed from his school because of his community's fear of AIDS. Life for White and his family became a living hell. Store cashiers refused to touch their hands and, worse yet, their home was vandalized.<sup>28</sup> Gremminger made it his mission to prevent this from happening in Wisconsin.

Indeed, one of Gremminger's most important achievements was educating the public about HIV/AIDS as best he could. While Behar had originally proposed a committee on AIDS, it was Gremminger who possessed the organizational skill necessary to create a plan for its creation. Gremminger called his committee the BEST Task Force on AIDS; its goal was to network, educate, research, and survey the AIDS crisis.<sup>29</sup> The BEST Board of Directors approved the task force in February 1983.<sup>30</sup> Gremminger disseminated information about AIDS and AIDS prevention through various means. He spoke at the Medical College of Wisconsin in November 1983.<sup>31</sup> He reached out to newspapers such as Chicago's *Gay Life*, a paper with high readership in Milwaukee. Gremminger hoped information he provided to *Gay Life* would reach the gay community of Milwaukee.<sup>32</sup> In the summer of 1983, he took part in a panel TV show titled "A Calm Look at the AIDS Crisis," sponsored by the Milwaukee Public Library and aired in Milwaukee.<sup>33</sup> Gremminger also was interviewed by magazines, such as the *Cream City Special Edition*, where he gave advice and updates on the probability of people in Milwaukee having AIDS.<sup>34</sup>

Gremminger's and BEST's crowning achievement in the first few years of the AIDS epidemic was coordinating the Great Lakes Lesbian/Gay Health Conference (GLL/GHC). Starting in the summer of 1983, BEST looked toward creating a large event where AIDS workshops could disseminate information. Mark Behar and Douglas Johnson worked with Gremminger on the plan. Douglas Johnson had been with the clinic since 1977 and would go on to play a large role during the 1980s. The conference occurred February 17–19, 1984. According to the BEST Board of Directors, the event was a smashing success.<sup>35</sup> The event was co-sponsored by BEST, the Howard Brown Memorial Clinic in Chicago, and the Cream City Association Foundation (CCF) in Milwaukee. The purpose of the GLL/GHC was for BEST and Howard Brown to spread information to other health clinics about AIDS and how they could help their communities.<sup>36</sup>

Helping coordinate GLL/GHC won BEST many admirers. BEST's efforts to educate the public about HIV/AIDS were appreciated by other AIDS activists throughout the Midwest. Nancy Clark from the Free Medical Clinic in Iowa City was one of several people who wrote BEST requesting assistance. "We are interested in receiving more of your publication entitled 'AIDS,'" Clark wrote BEST. "We feel it is valuable educational and preventative material for our clients."<sup>37</sup> The publication was a pamphlet that described what knowledge there was of AIDS at the time and gave tips on how to reduce one's risk of contracting the disease.<sup>38</sup>

As many of the activists, doctors, and scientists across the country who fought AIDS became physically and mentally burned out, so too did Roger Gremminger. It was not uncommon for people involved in the fight against AIDS to become too exhausted to continue. In the case of some medical workers, exhaustion pushed them to limit how many AIDS patients they dealt with on a regular basis.<sup>39</sup> From the latter half of 1982 through the first half of 1984, Gremminger did everything possible to fight the spread of AIDS. At this time he was also the medical director at BEST, serving on its Board of Directors, and trying to study for his Board Certifying Examination in Emergency Medicine.<sup>40</sup> To better understand how hard Gremminger worked, consider his description of his activities in the 1983 end-of-year *BEST Medical Directors Report*:

In November the Wisconsin Medical Journal devoted the entire issue to the problem of AIDS and I had published within it a feature article "Taking a Sexual History." In addition I joined the Milwaukee Infectious Disease Society, attended several of the monthly meetings, and did a presentation for that group. In June, August, and November I attended meetings of the National AIDS Prospective Epidemiological Network (NAPEN) and volunteered to help serve as regional coordinator for the Great Lakes area. I appeared on three 1/2-hour TV programs on AIDS (Channels 6, 10, and 12). I gave several other talks throughout the year to the Milwaukee Blood Center, the Network in Waukesha, WGLN in Steven's Point, St. Mary's Hospital of Racine, employees of St. Joseph's Hospital of Milwaukee, and finally to the entire community at a workshop on the Milwaukee Council on Drug Abuse upon December 3rd.<sup>41</sup>

***Expanding Power: The Rise of Dietz and Clite, and the Creation of the Milwaukee AIDS Project***

Though Gremminger and Behar continued to be on the BEST Board of Directors through 1985, the two figures would no longer loom large at BEST. Sue Dietz and Nova Clite became the two lead figures in 1984. Dietz had been a volunteer at the clinic for seven years, and by 1984, she was serving as the president of the Board of Directors.<sup>42</sup> She and Clite were the people most responsible for the creation of the Milwaukee AIDS Project (MAP), which would become BEST's grandest achievement. MAP's formation was triggered by a \$2,000 grant sponsored by CCF, a philanthropic organization aimed at helping nonprofit groups in Milwaukee's gay community. CCF was looking to fund an organization in Milwaukee committed to spreading AIDS awareness and it reached out to BEST and Dietz particularly because CCF considered

BEST “the only health-care organization in the area set up by and for the health needs of gay people.”<sup>43</sup> Around the same time that Dietz received this letter, she had an experience familiar to many who spent their lives fighting the AIDS epidemic: learning that a friend had been diagnosed with AIDS. Dietz combined her desire to help her friend with the resolve to make use of CCF funding to initiate the Milwaukee AIDS Project.<sup>44</sup>

MAP grew large and impactful due to the dedication of Dietz, Clite, and BEST volunteers and employees. Once contacted by CCF in early 1984, BEST decided the optimal way to utilize funds would be through a “media blitz” about AIDS.<sup>45</sup> Over the course of 1984, the Milwaukee AIDS Project Committee was developed at BEST. By the end of the year, the plan was to have MAP act as a wing of BEST.<sup>46</sup> At around the same time, MAP came up with six groups it wanted to target to raise AIDS awareness: racial minorities, business groups, professional groups, political groups, youth organizations, and religious organizations.<sup>47</sup>

BEST successfully pursued various grants to help get MAP off the ground because it had cultivated good relations with important people in the City of Milwaukee. Nova Clite, Mark Behar, and Douglas Johnson presented a proposal to Milwaukee Alderman Paul Henningson with the hope that he would use his seat on the Milwaukee Common Council’s Finance Committee to promote the proposal.<sup>48</sup> Knowing how passionate Behar, Clite, and Johnson were at advocating for AIDS awareness, it is no surprise that they were awarded a \$15,000 City of Milwaukee grant in early 1985.<sup>49</sup>

BEST wanted to do more than just reach out to other groups in Milwaukee; it wanted to develop a prevention program and an AIDS Technical Advisory Council, which would be comprised of people from the community, the blood centers, and the city health department.<sup>50</sup> Both increased grant funding, and the intense rate of AIDS expansion in Wisconsin played a part in BEST’s expanding goals. In September 1984, only 12 cases had been diagnosed in the state. Less than six months later, the number had doubled to 24 cases.<sup>51</sup> The group BEST turned to for additional support of MAP was the U.S. Council of Mayors. BEST asked various organizations to write letters of support to the Council in hopes of securing a grant. Based on the variety and number of letters sent, there was no doubt that BEST was an essential part of the community. As Nova Clite once said, the clinic was indeed the “heart of the gay community.”<sup>52</sup> Letters of support came from Jeff Davis, the state of Wisconsin epidemiologist; the Gay Community at UW–Milwaukee; the Business Association of Milwaukee; St. Benedict the Moor; Paul Henningsen, the Fourth District alderman of Milwaukee; the Gay Peoples Union; the National Organization for Women’s Wisconsin chapter; the Mount Sinai Medical Center; Constantin Panagis, the City of Milwaukee’s commissioner of health; and Governor Earl’s Council on Lesbian and Gay Issues. This overwhelming support was enough for the Council of Mayors. In April 1985, the Council awarded BEST a grant of \$18,730 for the Milwaukee AIDS Project.<sup>53</sup> Combined with the grants from CCF and the City of Milwaukee, MAP launched with \$35,530.

The Milwaukee AIDS Project had grown so fast that it could no longer remain under the watch of BEST. Therefore, a new organization was created to oversee it. In late 1985, the AIDS Resource Center of Wisconsin (ARCW) was formed. The goal of ARCW was to “establish itself as the major clearinghouse and informational resource for all nongovernmental AIDS programs in Milwaukee.”<sup>54</sup> While this move did take

responsibility of MAP away from BEST, it did not take away BEST's achievement in creating MAP. BEST would continue to play a huge role in the AIDS crisis. However, that year BEST suffered the loss of two of its most important people, Nova Clite and Sue Dietz. The pair decided to leave BEST so they could continue working with MAP and focus on AIDS prevention.

***Turbulent Times: The Late 1980s and the Rise of Nationwide HIV/AIDS Politics***

The period of 1985–1987 saw BEST dealing with nationwide HIV/AIDS concerns. One of these issues, which started in 1985, surrounded HTLV-3/LAV (HIV) testing. In 1985, a blood test became available to see if a patient had been infected with HIV, the infectious virus that, if contracted, eventually would lead to AIDS. However, there were various issues with the test. The most concerning of these issues was a high percentage of false negatives. A false negative meant people who had AIDS or HIV were not testing positive for HIV.<sup>55</sup> One of the major concerns at BEST was that there was no protocol in place for explaining to patients that they were HIV positive. BEST decided that they would administer the test as long as certain standards were followed: that patients needed to be educated about what HIV positive meant compared to AIDS, that the people administering HIV tests were trained with the most recent information on the virus, that written materials on HIV be provided for patients, that confidentiality be maintained, and that HIV testing be done at separate times from the normal clinic times.<sup>56</sup> It is clear from the standards that BEST wanted to test people and make sure they were treated humanely.

The creation of the Women's Alternative Clinic (WAC) was one of BEST's biggest achievements during the latter half of the 1980s. At this time women played a small role in the AIDS crisis. Women were nearly completely excluded from AIDS drug trials until Michael Callen started the Community Research Institute (CRI).<sup>57</sup> The CRI was a loose grouping of underground clinics in NYC that was not sanctioned by any governmental body.<sup>58</sup> Even though accepting women into drug trials could produce nothing but benefits, BEST did not follow the same path as CRI because it didn't want to jeopardize its good relationship with the city and the state. BEST was more concerned with collecting information on AIDS than advancing drug trials. WAC was open once a week for women to receive various tests, including HIV tests. BEST prided itself on WAC offering "health care services to women provided by women."<sup>59</sup> Although WAC never had as many patients as the regular HIV clinics at BEST did, its operation demonstrated BEST's commitment to reach out to every segment of the population affected by AIDS.

Douglas Johnson, who had been with BEST since 1977, became the next important leader and steered the clinic through one of its most challenging endeavors. With the departure of Behar, Clite, and Dietz, and with Gremminger taking on an even more limited role, it was up to Johnson to lead the clinic during the last half of the 1980s. One of Johnson's biggest accomplishments was giving a heartfelt speech at a Wisconsin Assembly Committee on Health public hearing. Johnson gave this speech in 1987, a year that saw the rise of one of the biggest antagonists in AIDS prevention history. Jesse Helms, an ultra-conservative Republican senator from North Carolina, introduced legislation in 1987 to prevent government funding for any organization that dealt with homosexuality or premarital sex. Both MAP and BEST were worried

they would lose funding because they both advised practicing safe sex, which many in the conservative movement viewed as synonymous with premarital sex.<sup>60</sup> While various organizations such as ACT-UP, a direct-action oriented AIDS group, vigorously protested Helms, BEST did not.<sup>61</sup> The main reason BEST did not protest was because at its heart, it was an STD clinic. Secondly, BEST had an excellent relationship with state and local government and did not want to put itself in jeopardy of becoming a target. However, Johnson gave an impassioned speech that year about legislation affecting HIV/AIDS patients, as well as organizations that served them. Johnson spoke out against mandatory HIV testing for homosexuals or employees; he spoke in favor of guaranteeing that HIV-positive people would not be discriminated against. The most effective of Johnson's pleas, however, was his reflection on his time fighting AIDS:

As director of the HIV alternate test site at the Brady East STD Clinic, as a former chairperson with the Milwaukee AIDS project, and having seen friends and brothers diagnosed and die from AIDS, I have come to know this disease quite well; its ravages, its pain, and its suffering that it inflicts on others. But just as the disease can inflict pain and suffering onto others, certain measures, regulations, and proposals, thought to help stop AIDS, can also have the potential to inflict pain and suffering. The question then we have to ask ourselves is what price are we willing to pay to stop the further progression of this disease?<sup>62</sup>

What was known as the Helms Amendment passed 96–2 in the U.S. Senate and created a dark cloud over the AIDS crisis in the late 1980s and early 1990s.<sup>63</sup> Fortunately, both BEST and MAP were spared from any serious fallout from the Helms Amendment.

Once more accurate HIV testing became commonplace in 1986, BEST saw an increase in patients and had to devise different means of reaching patients.<sup>64</sup> With HIV testing now being more reliable, BEST's HIV clinics started to get booked up far ahead of time.<sup>65</sup> The accuracy of new HIV tests had two profound impacts on BEST. First, more clients, many of whom were heterosexual, visited the HIV clinics. Secondly, since the clinics were filled so fast with heterosexual patients, BEST looked for new ways to reach homosexual patients. In 1988, BEST received a \$40,000 grant from the state of Wisconsin to provide "On Site Testing" for HIV.<sup>66</sup> Wisconsin and BEST identified various gay bars in Milwaukee as sites for mobile testing clinics. BEST displayed how much it cared about the gay community in Milwaukee by setting up mobile clinics; if the patients could not come to the clinic, the clinic would go to them.

Although the 1980s witnessed BEST becoming an important player in the fight against HIV/AIDS in Milwaukee and statewide, many of the same issues that befell famous AIDS activists in other cities impacted BEST volunteers. One of the major factors that affected BEST during the decade was the revolving door of leadership. However, this was not at all rare for organizations during the AIDS crisis. Just as Gremminger burned out after his non-stop crusade, so did other prominent AIDS activists. One such person was Michael Callen, a man best known for a 40-page pamphlet on safe sex that he coauthored in the early days of the crisis. He also started the Community Research Institute, which broke down barriers preventing minorities and women from being included in AIDS drug testing. By the end of the 1980s, Callen

had watched dozens of friends die and could no longer participate in the fight.<sup>67</sup> Then there was Mark Behar. His ability as an activist was unmatched at BEST in the 1980s, but along with his charisma and ability to motivate people, he sometimes rubbed people the wrong way—as did Larry Kramer. Kramer was instrumental in starting two important organizations during the 1980s: Gay Men’s Health Crisis and ACT-UP. People within both organizations grew tired of him though, and he focused on other pursuits.<sup>68</sup> Sue Dietz and Nova Clite left BEST to steer MAP. Peter Staley, arguably the most famous grassroots activist during the AIDS crisis and a founding member of ACT-UP, helped a segment of the organization known as T + D leave and become a separate organization called the Treatment Action Group. T + D had been the actual research wing of ACT-UP, and Staley believed research and treatment had become more important than direct action.<sup>69</sup>

***Stability and Leadership: The 1990s and Beyond Under Walker and Uecker***

The stability in leadership that BEST lacked during the 1980s finally arrived in the 1990s with Ross Walker and Erv Uecker. The men, in a relationship since 1956, began volunteering at BEST in the late 1980s.<sup>70</sup> By the early 1990s, Walker had become president of the Board of Directors and Uecker was voted in as the secretary. Together, these two provided the stability that was missing from BEST in the 1980s. Walker, in particular, carried with him a distinct air of professionalism. In a letter to Milwaukee Mayor Norquist, Walker was not afraid to condemn ACT-UP, even though they were on the same side of the AIDS battle. Walker, referencing a protest recently staged by ACT-UP and MAP, said “the recent ‘demonstration’ by ACT-UP at your office and in City Hall and the hostile attitude of MAP toward the Health Department seem, at least to me, to be unwarranted and over-reactive.”<sup>71</sup> With the more cautious Walker and Uecker at the helm, BEST cemented its legacy as an organization capable of working with the City of Milwaukee on the fight against AIDS.

During the 1990s, BEST continued to operate as an STD clinic, but its activism took different directions. In 1993, the Milwaukee Indian Health Centers coordinated a project that would “assess the HIV prevention needs to Milwaukee County residents.”<sup>72</sup> The project was a large undertaking in which various segments of Milwaukee’s population would be targeted. Statistics gathered in the project would help determine where exactly AIDS prevention was lacking. Since the early days of the epidemic, AIDS had often been seen as a homosexual disease that mainly affected white men. In his book *Victory Deferred*, John-Manuel Andriote argues the media’s portrayal of AIDS as “a white homosexual disease” imperiled minorities who remained “at great risk for years to come because of a lack of information about the disease.”<sup>73</sup> Once minority populations composed the largest segments suffering from AIDS in the 1990s, it became clear that a new approach to outreach was needed in Milwaukee. BEST’s role in the project was smaller than in previous projects. It is clear, however, that BEST was an important member of the project due to its experience with collecting health information from the community.

During the 1990s, BEST became so well known in Milwaukee that it printed monthly newsletters answering people’s questions about AIDS. In 1993, BEST entered into a contract with Milwaukee Area Television Access to host a three-hour call-in show on Thursday nights during which people had their questions about HIV/AIDS answered on the air. Seemingly nothing was off limits as they “discussed

all aspects of HIV from the need for testing, the types of testing, transmission, and safer sex practices.”<sup>74</sup> A year after the weekly television show had started airing, BEST began publishing special editions of its quarterly newsletter, *BestD Answers Health Questions*, featuring Bob Ambeland and Dr. Kelly Balliet, the hosts of the television program. Both the television show and the special newsletters serve to demonstrate that by the mid-1990s, BEST had evolved into a full-scale HIV clinic and testing center. Most importantly, the gay community fully relied on BEST for information and updates about HIV/AIDS.

### **Conclusion**

Has the AIDS crisis ever truly ended? There is still no cure for the disease. However, an argument could be made that the AIDS crisis ended in 1996 when the drug Crixivan<sup>®</sup> was found to suppress HIV for a long period of time. The drug was “responsible for a 50 percent reduction in deaths” from HIV during a study.<sup>75</sup> The end of the AIDS crises didn’t mean the end of BEST’s activism. It continued on with various projects, including partnering with ARCW on a new program called “OUTreach.” The program was similar to the mobile HIV testing program BEST started in the late 1980s, but encompassed a wider array of information and tests.<sup>76</sup>

The Brady East STD Clinic looms large in the story of HIV/AIDS research and activism in the state of Wisconsin. Before groups like ACT-UP were formed, BEST had been active in the fight against AIDS. It was present at important events such as the Denver conference in 1983, and it had contacted people such as Larry Kramer and Lawrence Mass of GMHC. At the heart of BEST were the activists and doctors who made up its core. Mark Behar’s charisma drew people to him and allowed BEST to keep making contact with people all over the country. Roger Gremminger’s extraordinary efforts deserve further scrutiny. With the workload he took upon himself between 1982 and 1984, he was clearly an important researcher and doctor in the early years of the AIDS epidemic. Nova Clite and Sue Dietz were the brains behind the creation of the Milwaukee AIDS Project, which led to the Aids Resource Center of Wisconsin, a group still very active today. Who can count the possible lives saved by a project so impactful? Finally, Ross Walker and Erv Uecker steered BEST into a more reserved role, but one that helped BEST solidify its place as an essential part of the gay community during the AIDS crisis.

### **Notes**

1. *Wisconsin Aids Update*, April 1989, box 5, Brady East STD Clinic Records, University of Wisconsin–Milwaukee Libraries, Archives Department, Milwaukee, WI (hereafter known as “BCR”).
2. Ibid.
3. BEST Directors Report–1988, box 3, January 1989, BCR.
4. Bill Meunier, “BESTD Clinic 25 Years Young . . .,” *WI Light*, 8–14 December 1999, 7–8.
5. Gay Peoples Union Venereal Disease Clinic Director’s Report–1977, box 1, 1977, BCR.
6. Throughout this paper I have used both the descriptors “homosexual” and “gay.” There are various reasons for this. This paper focuses on almost 20 years, a period in which the vogue terminology for members of the LGBT

community was changing. Added to this is in what capacity these people are being referenced. When talking about their own community, the people in this paper usually used the term “gay.” However, scientists and doctors tended to reference individuals as “homosexual,” probably to emphasize more of a biological difference than a cultural difference. Therefore in this paper I have attempted to use “gay” when writing in general about the community, about specific people, or when it was clear from the texts and research that “gay” was the term being used. I tried to reserve “homosexual” for medical and scientific writing.

7. John K. Gruhlke to Alyn W. Hess, 20 September 1974, box 6, BCR.
8. GPU VDC Director’s Report–1977, box 1, 1977, BCR.
9. History of the Brady East Sexually Transmitted Disease Clinic Inc., 1982, box 4, BCR.
10. “Gay Group Considers Suit on Police Raids,” *Milwaukee Sentinel*, 18 July 1978, 5; Medical Director’s Report–1983, box 1, 16 January 1983, BCR.
11. Mark Behar to Chuck Kiley, 15 November 1977, box 5, BCR.
12. Dale M. Shaskey to Mark Behar, 29 December 1977, box 5, BCR.
13. David France, *How to Survive a Plague: The Inside Story of How Citizens and Science Tamed AIDS*, (New York: Alfred A. Knopf, 2016) 13–16.
14. *Ibid.*, 31–32.
15. Farwell Street Clinic Board of Directors Meeting Minutes, 14 June 1982, box 1, BCR.
16. Mark Behar’s Conference Notes, August 1982, box 1, BCR.
17. Joe Manning and Susan Trebach, “First Case of AIDS Reported in State,” *Milwaukee Sentinel*, 17 February 1983, box 1, BCR.
18. Board of Directors Meeting Minutes, 16 September 1982, box 1, BCR.
19. Larry Falk to Mark Behar, 5 October 1982, box 1, BCR.
20. France, *How to Survive a Plague*, 38.
21. “Governor Names Gay, Lesbian Council,” *Kenosha News*, 1 April 1983, 2.
22. History of BEST, 1982, box 4, BCR; Roger Gremminger to Deborah Reed, 12 June 1989, box 5, BCR.
23. Grant Application, 1 December 1982, box 1, BCR.
24. Roger Gremminger to Steve Frederick, 16 August 1983, box 1, BCR.
25. France, *How to Survive a Plague*, 59–60.
26. John-Manuel Andriote, *Victory Deferred: How AIDS Changed Gay Life in America*, (Chicago: The University of Chicago Press, 1999) 62–63.
27. Medical Director’s Report–1983, 17 December 1983, box 1, BCR.
28. France, *How to Survive a Plague*, 199–200.
29. BEST Medical Director’s Report, 1982, box 1, BCR.
30. Board of Directors Meeting Minutes, 23 February 1983, box 1, BCR.
31. “AIDS to be Discussed,” *Milwaukee Journal*, 6 November 1983, 7.
32. Roger Gremminger to Karlis Streips, 26 October 1982, box 1, BCR.
33. “TV Show to Take a Look at AIDS,” *Milwaukee Journal*, n.d., 9.
34. “A Cream City Special Edition Interview with Roger Gremminger and Mark Behar,” *Cream City Special Edition*, May 1983, 7.
35. Board of Director’s Meeting Minutes, 25 April 1984, box 2, BCR.

36. Great Lakes Lesbian/Gay Health Conference Brochure, February 1984, box 5, BCR.
37. Nancy Clark to Brady East STD Clinic, 13 June 1983, box 1, BCR.
38. AIDS Pamphlet, Spring 1983, box 6, BCR.
39. Andriote, *Victory Deferred*, 350–51.
40. Roger Gremminger to BEST Board of Directors, 25 July 1984, box 2, BCR.
41. Medical Director's Report–1983, 17 December 1983, box 1, BCR. Of note: at a NAPEN conference in Denver that Gremminger and Behar attended, the National Association of People with AIDS was formed, and the “Denver Principles” were created. This was arguably the start of the patient advocacy movement and would become a mainstay of the fight against AIDS.
42. Mark Behar to Jay Garland Memorial Scholarship Fund Search Committee, 26 December 1977, box 1, BCR.
43. Don F. Schwamb to Sue Dietz, 22 January 1984, box 2, BCR.
44. Dick Jones, “Living with AIDS,” *Milwaukee Journal*, 19 October 1986, 238–39.
45. Finance Committee Minutes, 28 March 1984, box 6, BCR. CCF's original request had been for more informational publishing about AIDS. Nova Clite, chair of BEST's Finance Committee, believed that BEST's own literature about AIDS was already enough and that the money should be spent on preventative means. Clite believed that there was such denial about AIDS in the gay community that optionally picking up a pamphlet did little. Nova Clite was not alone in her beliefs; author David France wrote about Gaetan Dugas (famously mislabeled patient-0 of the AIDS epidemic) who, until his dying days, complained that there was no proven link between sex and the spread of AIDS.
46. Milwaukee AIDS Project Committee Charter, Undated, box 6, BCR.
47. AIDS: A Proposal to Reach High-Risk Populations with Health Information, October 1984, box 6, BCR.
48. Nova Clite to BEST Board of Directors, 10 October 1984, box 6, BCR.
49. Douglas Johnson to Unknown, 22 January, box 6, BCR.
50. Ibid.
51. BEST News, September–October 1984, box 6, BCR; BEST Board of Directors Special AIDS Meeting Minutes, 7 January 1985, box 2, BCR.
52. Asha Sharma, “Clinic for Gays Celebrates 10 Years of Service,” *Milwaukee Journal*, 35.
53. Nova Clite to J. Thomas Cochrane, 10 April 1985, box 6, BCR.
54. AIDS Resource Center of Wisconsin Flyer, 13 December 1985, box 2, BCR.
55. France, *How to Survive a Plague*, 185.
56. BEST Medical Committee Meeting Minutes, 4 April 1985, box 2, BCR.
57. France, *How to Survive a Plague*, 397.
58. Ibid., 288–89.
59. BEST Fundraiser Brochure, 7 April 1997, box 4, BCR.
60. *Milwaukee Sentinel*, 23 November 1987.
61. France, *How to Survive a Plague*, 319–20.
62. Douglas Johnson Speech to Assembly Committee on Health–Public Hearings, 1987, box 5, BCR.
63. Edward Koch, “Senator Helms's Callousness toward AIDS Victims,” *New York Times*, 7 November 1987, 27.

64. France, *How to Survive a Plague*, 214–15.
65. BEST Board of Directors Meeting Minutes, 15 April 1987, box 2, BCR.
66. Contract between BEST and state of Wisconsin, 15 December 1988, box 3, BCR.
67. France, *How to Survive a Plague*, 397–98.
68. *Ibid.*, 83–84.
69. *Ibid.*, 448–49.
70. Margo Huston, “Gay Activists Encouraging Community Center,” *Milwaukee Journal-Sentinel*, 3 March 1996, sec. 3B.
71. Ross B. Walker to John Norquist, 20 July 1993, box 3, BCR.
72. Bill Erwin and Paul Nannis to BEST, August 1993, box 7, BCR.
73. Andriote, *Victory Deferred*, 66–67.
74. BestD Clinic News Newsletter, vol. 2, no. 2, 1993, box 7, BCR.
75. France, *How to Survive a Plague*, 505–07.
76. Memorandum of Understanding between BEST and ARCW, 18 January 1996, box 7, BCR.

### ***Bibliography***

“AIDS to be Discussed.” *Milwaukee Journal*, November 6, 1983.

Andriote, John-Manuel. *Victory Deferred: How AIDS Changed Gay Life in America*. Chicago: University of Chicago Press, 1999.

Brady East STD Clinic Records. UWM Mss 240. University of Wisconsin–Milwaukee Libraries, Archives Department.

“A Cream City Special Edition Interview with Roger Gremminger and Mark Behar.” *Cream City Special Edition*, May 1983.

France, David. *How to Survive a Plague: The Inside Story of How Citizens and Science Tamed AIDS*. New York: Alfred A. Knopf, 2016.

“Gay Group Considers Suit on Police Raids.” *Milwaukee Sentinel*, July 18, 1978.

“Governor Names Gay, Lesbian Council.” *Kenosha News*, April 1, 1983.

Huston, Margo. “Gay Activists Encouraging Community Center.” *Milwaukee Journal-Sentinel*, March 3, 1996.

Jones, Dick. “Living with AIDS.” *Milwaukee Journal*, October 19, 1986.

Koch, Edward. “Senator Helms’s Callousness toward AIDS Victims.” *New York Times*, November 7, 1987.

Manning, Joe, and Susan Trebach. “First Case of AIDS Reported in State.” *Milwaukee Sentinel*, February 17, 1983.

Meunier, Bill. "BESTD Clinic 25 Years Young . . ." *WI Light*, December 8–14, 1999.

Sharma, Asha. "Clinic for Gays Celebrates 10 Years of Service." *Milwaukee Journal*, 1984.

"TV Show to Take a Look at AIDS." *Milwaukee Journal*, 1983.