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THE SPREAD OF HIV/AIDS IN AFRICAN AMERICAN COMMUNITIES OF PHILADELPHIA: CULTURALLY SPECIFIC PERSPECTIVES ON HIV/AIDS PREVENTION, EDUCATION AND COUNSELING STRATEGIES

BY:

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Summary

Medical research and statistics indicate that the HIV/AIDS disease continues to disproportionately affect low-income, African American communities within the United States. In response to this discrepancy, public health workers have attempted to develop new strategies and approaches that address and incorporate certain cultural and social factors that contribute to high-risk behaviors among African Americans. Thus, there exists a necessity of theories, empirical data, models and methodologies developed from an adequate understanding of the complicated factors contributing to high-risk behavior. However, few studies have concentrated on the specific cultural and social forces that shape and motivate the behavior of colored communities located within the poorest urban areas.

The purpose of this study was to utilize ethnographic fieldwork in order to gain insight into the social and cultural factors contributing to the high incidence of HIV/AIDS infection of African Americans within a low-income neighborhood of Philadelphia, Pennsylvania and to evaluate the effectiveness of the incorporation of these factors into HIV/AIDS prevention and education techniques. In order to accomplish my research goals, I observed and volunteered at a local, grassroots AIDS organization known as BEBASHI (Blacks Educating Blacks on Social Health Issues). I interviewed the leaders of the organization, including the Director of the program, and observed the nature of the employees’ interactions with each other as well as with the members of their target populations. Through this, I have gained insight into some of the cultural factors BEBASHI utilizes in the development and implementation of its prevention, education
and counseling services.

I have concluded that BEBASHI employs HIV/AIDS preventive, education and counseling techniques cater specifically towards the physical, mental and financial needs of poor, African American communities within Philadelphia. Most of these needs stem from what the Director of the program calls ‘the culture of poverty’ as well as African Americans’ marginalized position in society. The methodologies and theories utilized by BEBASHI have proven to be successful primarily because the organization has been established and maintained by educated and empathetic African Americans individuals. From my observations and interactions with the organization and its target audience, I have found that the leaders of BEBASHI are able to relate to, educate and motivate members of the community in important and influential ways as a result of a complex understanding of the cultural and social factors related to high risk behaviors.
“To discuss AIDS in black communities is to discuss a multiplicity of identities, definitions of membership, locations of power, and strategies for the political, social and economic survival of the community, because all these factors interact with a disease that divides and threatens ever-growing segments of these populations.” -Cathy Cohen, “The Boundaries of Blackness”

“Despite its impact on the African American community, AIDS is not typically perceived among African Americans as an issue requiring the same level of intervention and concern as other public health issues, such as violence and drug abuse.” -Robert E. Fullilove, Ph.D

“AIDS is the most deadly sexually transmitted disease known to humanity.”
- National Commission on AIDS

“We have come full circle. Wondering again—how could our country forsake us. Again we take to the streets of Philadelphia and Chicago—the new civil rights battleground is health care... Again we feel the storm is rising. The calming words and empty phrases and gestures from our country’s leaders will not keep us silent and orderly—they are but the trappings of democracy without the substance. We will mold a global village to our liking. We will take to the streets. We will meet will meet anywhere with anyone and speak our mind for all to hear. We will travel the info highway because we dare to be young, naive, fearless once again. And much more street-smart this time around...AIDS is a test of who we are as a people. And the whole world is watching.
- Kiyoshi Kuromiya, “The Streets of Chicago”

Introduction

On June 5, 1981 the Centers for Disease Control (CDC) published the first official notification of a disease later termed Acquired Immunodeficiency Syndrome (AIDS) in the Morbidity and Mortality Weekly Report (MMWR). The report noted an occurrence of pneumocystis carinii pneumonia (PCP) within five patients. Of particular significance was the fact that all five individuals were young, previously-healthy homosexual males. Emphasizing the common sexual identity of the patients, the report insinuated that certain behaviors related to the ‘homosexual lifestyle’ could be the underlying cause of the disease. The report states, “The fact that those patients were all homosexual suggests an
association between some aspect of a homosexual lifestyle or disease acquired through sexual contact and pneumocystis pneumonia in this population” (CDC MMWR 5 June 1981).

Serving as the ‘authoritative voice’ and the central institution that provides information and instruction on health issues and emerging medical crises, the Center for Disease Control had a powerful and lasting effect on the public’s understanding and perception of the AIDS epidemic. CDC’s initial framing of the disease had led to the widespread assumption that AIDS was primarily and exclusively the concern of homosexual, white men. The consequences of this widely-accepted presupposition became evident in the exclusion of certain population sectors with a high incidence of newly-diagnosed AIDS cases (such as intravenous drug users and communities of color) from research, prevention/education strategies and general access and input into policy decisions (Cohen: 138-139).

As the number of reported AIDS cases rapidly increased and the manifestation of the disease began to occur in other population sectors, it became apparent that the epidemiological trend of AIDS transmission within the United States had changed considerably. However, despite startling evidence suggesting the disproportionate spread of AIDS into specific communities, CDC remained rigid in its hypothesis about the causes and associations of the disease (Cohen 136). CDC’s inability and/or unwillingness to revise its initial assumptions while faced with new evidence about AIDS resulted in the dissemination of distorted or incomplete information to populations at high risk of infection, specifically communities of color. The recognizable disparity in AIDS
knowledge between whites and non-whites inevitably influenced ideas about transmission routes, perceived risk, and readiness to alter high-risk behaviors. For instance, while 79 percent of whites indicated awareness of AIDS in 1983, only 63 percent of nonwhites indicated comparable awareness (Singer, Rogers and Cochran 1987). Even among those members of high-risk population groups who recognized and understood the threat AIDS posed for themselves and their communities, misleading and inadequate information resulted in inaccurate knowledge of the AIDS disease and the continuance of high-risk behaviors.

A Problem I Cannot Ignore

While research, prevention and education programs, literature, images and media representation of the AIDS epidemic continued to center around the white community, the disease increasingly rooted itself in communities of color within the United States. In fact, the Harvard AIDS Institute (1996) reports that the latest U.S. data suggest that more African American and Latinos are now infected with HIV than all other racial and ethnic groups combined (4). Thus, after initially ignoring the prevalence of AIDS in communities of color, the public and institutional structures could no longer dismiss the astounding reports coming from the CDC, state and local health departments of the uncontrolled spread of AIDS in African American and Latino populations. It was within this context that CDC and other local organizations began to design and implement prevention and education strategies that targeted communities of color. The byproduct of these efforts was the development of culturally-specific, community-based prevention
and education programs designed to facilitate communication between institutional structures and the individual members of target population groups in order to reduce the risk of AIDS transmission through 'unhealthy' or 'high risk' behaviors.¹

Utilizing this concept of culturally-specific, community-based education and preventive strategies as the lens through which I focus my analysis, I wish to explore the role of culture as it shapes and influences perceptions of AIDS within certain African American communities that are situated in low-income neighborhoods of urban Philadelphia. I intend to conduct my analysis with the underlying assumption that culture serves as a code for behavior and, therefore, cultural factors must be taken into account when addressing the issue of behavioral risk reduction. Thus, I also wish to explore the usefulness and effectiveness of the implementation of such culturally specific preventive strategies in changing behavior and perceptions of AIDS.

Statistics alone cannot account for my interest in the differential impact of AIDS on communities of color and the public health's response to this high incidence. In part, my specific concentration on certain members of African American communities within the city of Philadelphia was prompted by what I believe to be an overall gap in adequate health care for minorities dealing with AIDS, specifically those residing in poor urban areas. I feel that the disproportionate impact of AIDS on communities of color should be considered within a broader context: there continues to be an overall health gap between African Americans and white Americans in general, reflecting differential access to

¹ I put the terms 'unhealthy' and 'high risk' in quotations because they were formulated by public health institutions in order to describe those behaviors that consistently lead to STD infections. Hence. They are terms/categories that occur mainly within an institutional context. Many or most of the behaviors termed as 'high risk' are not necessarily recognized by nor meaningful to members of target populations.
health care services. As a result of this limited access to dominant institutions such as health services, minority communities often come to rely on indigenous sources to provide necessary resources that are otherwise unobtainable. These grassroots organizations often develop strategies to address the needs of the community and to challenge the institutional structures that continually deny them the necessary means for a healthy lifestyle. According to Cathy Cohen, “Many of these strategies focus on developing alternative resources, different ideological frameworks, and oppositional institutions and organizations; because of the excluded or outsider status of minority communities, the development and functioning of these alternative structures are usually grounded in the indigenous or communal relationships of marginal groups” (48). I intend to utilize the development of a community-based, culturally-specific AIDS prevention and education organization that caters towards the needs of African Americans within the city of Philadelphia as a case-study of the existence and maintenance of such an ‘alternative, indigenous structure’. I chose the site of Philadelphia not only because I am a native resident of the city but also because the prevalence of AIDS within the city is extremely high.

**AIDS and HIV**

The human immunodeficiency virus (HIV) is the virus that causes AIDS. There are two types of HIV that cause AIDS-related illnesses in human beings: HIV 1 and HIV 2. HIV 1 is the most common cause of AIDS around the world. It takes 8-10 years for AIDS to manifest after the individual has been infected with HIV. The virus cannot survive outside of living tissue. Inside of the body, HIV attacks and destroys the lymph
cell which is responsible for protecting the body against infection. Once HIV has weakened the body by destroying its defense mechanisms, opportunistic diseases can quickly and easily attack. When the lymph cell count is at dangerously low levels, opportunistic disease may become fatal to the AIDS victim.

**AIDS as a Socio-cultural Phenomenon**

Although HIV is recognized as the biological cause of the AIDS disease, it is important to acknowledge AIDS as a socio-cultural phenomenon. The AIDS ‘epidemic’ is influenced to a large extent by the unique cultural factors and social norms of different human groups. According to Ralph DiClemente and Gina M. Wingood in their article entitled *Prevention of Human Immunodeficiency Virus Among African American Adolescents* (1997):

> "It is noteworthy to underscore that HIV disease is as much a psychosocial and cultural phenomenon as it is a biological phenomenon. While HIV is the etiologic virus associated with AIDS and, while it is a necessary factor in disease pathogenesis, it is not sufficient to drive the epidemic. HIV causes disease but behavior, more specifically lack of appropriate behavior, propels the epidemic and precisely because HIV disease links sexuality with disease, it is inextricably a psychosocial and cultural phenomenon" (62).

Consequently, in short of a biological breakthrough, the only way to hamper the spread of the AIDS disease is through behavioral change. HIV-associated risk behavior is not random, uncontrollable or inevitable but rather is the culmination of complex social and interpersonal interaction (DiClemente & Wingood 1997:62) In other words, provided that HIV can only be biologically spread through a limited number of avenues

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1 I put epidemic in quotes because the meaning of such a term has not been discussed. Moreover, there is general dissent over whether it is appropriate to compare the outbreak of the AIDS disease to former epidemics like the Bubonic Plague.
and has a strong behavioral component, an acknowledgement and understanding of the complex of social interactions within a specific population group allows for the modification of high-risk behaviors.

The Mandate for Effective HIV Counseling

Public health programs and campaigns to reduce the spread of HIV universally attempt to directly or indirectly influence the behaviors responsible for transmission of HIV from one individual to another. HIV programs differ greatly in how they attempt to modify risk behavior, some enjoying more success than others. Moreover, specific approaches towards the issue of behavioral risk reduction have changed significantly over the past decade.

The initial days of the HIV/AIDS ‘epidemic’ were, as stated in the introduction paragraph, filled with the myth that the disease was a ‘gay disease’. Yet, within a short time, these beliefs were replaced with the reality of the threat of AIDS for all human populations. Despite this recognition of a shift in the epidemiological trend of the disease, HIV/AIDS education inappropriately continued to focus on individuals and groups that initially exhibited a high number of reported AIDS cases (‘gay white men’) rather than adequately addressing the needs of special population groups with a high incidence of new AIDS cases (i.e./ communities of color). Moreover, discourses on HIV/AIDS tended to be concentrated within academic and institutional spheres. I want to argue that, in order for HIV/AIDS prevention and education programs to be successful, (1) they must demonstrate an understanding of the various factors contributing to high-risk behaviors, (2) they must have sufficient knowledge of the dynamics involved in
changing human behavior (i.e. cultural barriers preventing effective education and ways to remedy these handicaps) and, lastly, (3) programs must venture outside of institutional arenas and conduct interventions within varied contexts to address a broad range of audiences.

**AIDS Within Special Population Groups**

Though gay white males continue to represent the largest population of individuals with AIDS, the impact of AIDS is particularly severe among intravenous drug users and communities of color. More than one-third of new AIDS cases are reported among African Americans; nearly one-fifth are among Latinos (Curran 1997:1). As of December, 1986, about 7,800 blacks (24% of total) and 4,800 Latinos (14% of total) have been reported with AIDS nationally (OSHA Standard Interpretation and Compliance Letters 1987).

There also exists a growing awareness of the threat HIV poses for adolescents (DiClemente 1993). While the number of reported cases of AIDS among adolescents remains relatively small in comparison to older age groups, epidemiological data suggests that HIV related risk behaviors among adolescents may serve to increase the probability of infection (DiClemente 1990). African American adolescents in particular have been disproportionately represented among new AIDS cases; they are five times more likely to be diagnosed with AIDS than their white peers (DiClemente 1993).

**Culturally Specific HIV/AIDS Prevention Programs for Communities of Color**

There is no question that African Americans bear the greatest burden of the AIDS epidemic, yet they are the group that has benefited the least from the initial existence of
prevention and education programs. This disparity is largely due to miscommunication and ignorance of cultural factors that influence high-risk behavior. Historically, most HIV prevention programs for African Americans and Latinos have been developed without sufficient empirical information about strategies that would be most effective in modifying high-risk behaviors within these population groups (DiClemente and Wingood 1993:62-63). Implicit in the statistics gathered on the number of new AIDS cases in the United States, behavior change interventions for communities of color have not enjoyed adequate and stable results. This becomes a serious dilemma because it suggests a lack of adequate health care for a specific sector of the human population. According to Cochran and Mays (1993), this unfortunate lack of success may be attributed to the use of broad-based concepts and generalized theoretical models of behavior change not directly applicable to African Americans and Latinos. For example, few studies have concentrated on the specific cultural forces that shape and motivate the behavior of colored communities located within the poorest urban areas. Consequently, there exists a necessity of theories, empirical data, models and methodologies developed from ethnographic fieldwork and research on low-income, African American and Latino communities within urban areas (incorporating the ‘experience near’ or ‘indigenous meaning’ into preventive programs).

**HIV Interventions at the Community Level**

Responding to the HIV ‘epidemic’ has required that public health workers develop new strategies and approaches that focus on a personal level of communication and target specific population groups in most need of HIV/AIDS preventive programs. Thus, an
expansion of preventive programs into the community is necessary because it places
knowledge into the context of individuals’ daily lives (Curran 1997:1). Community-
based intervention programs may be directed at specific individuals (i.e. in depth
counseling to at-risk individuals) or it may be directed toward whole communities. These
communities are often defined by rather specific physical or geographic boundaries,
cultural/ethnic similarities or a combination of these factors. Community-level
approaches typically combine the use of mass and/or small media with interpersonal
contacts by staff or volunteers and emphasize the necessity of behavioral change of
comment on the focus of community prevention programs on behavior:

"...The increasing focus on ‘community’ in health promotion is due, at least
in part, to a growing recognition that behavior is greatly influenced by the
environment in which people live. Proponents of community approaches to
behavioral change recognize that local values, norms and behavior patterns
have a significant effect in shaping an individual’s attitudes and behaviors
(45).”

Provided that such preventive techniques are successful in changing behavior, a context
for the diffusion and reinforcement of preventive knowledge and health-promoting
behavior must exist. Peer interaction within the community, especially in regards to
adolescents, is an effective way to disseminate information and reinforce healthy
behaviors. For example, peer-based interventions can offer social support for the
performance of healthy behaviors, such as condom use, and for the avoidance of health
damaging behaviors such as drug use. Nevertheless, community-level interventions
typically reflect an understanding and appreciation of the culture of the specific
population group that is being addressed. This recognition of culture as a main
component in high-risk behavior is fundamental to the success of HIV prevention efforts. An exploration of cultural values may help to explain and, therefore, alleviate individual, family and community predisposition to engage in risk activities.

Addressing African American Communities in Philadelphia - BEBASHI

As of December 1999, there were 12,775 reported cases of AIDS in Philadelphia (Department of Health). Over half these AIDS cases in Philadelphia have occurred in the minority population. As of April 1987, 47.8% of the total reported cases were in African Americans (OSHA Report: 1987).

The obvious need to address these specific communities within the city of Philadelphia has led to the formation of a community-based, culturally-specific HIV/AIDS educational program called BEBASHI (Blacks Educating Blacks About Social Health Issues). At the time of its inception in 1985, there were no HIV/AIDS educational programs or services that specifically targeted communities of color despite the high incidence of reported AIDS cases within these communities. Understanding that certain behaviors of individuals were the cause of the transmission of HIV, other sexually transmitted diseases and unplanned pregnancies, Rashidah Lorraine Hassan developed and implemented a major community outreach education and service campaign from the basement of her home in North Philadelphia.

BEBASHI's original educational efforts focused on street outreach to areas of the community most in need of education but least likely to receive it. Although BEBASHI
continues to conduct street outreach, the organization has currently focused on developing structured programs that cater towards individual needs. In 1988, BEBASHI was awarded a five year grant from the Centers for Disease Control to assist in implementing similar HIV/AIDS prevention and education programs for African American and Latino communities within the surrounding states of Delaware, Maryland, New Jersey, and Virginia as well as upstate Pennsylvania. In 1990, BEBASHI expanded its services to the community by offering HIV antibody testing and counseling as well as case management services for people living with AIDS. This is important because, historically, HIV/AIDS prevention programs focused most of their efforts on human groups that were HIV negative. Growing extremely rapidly, BEBASHI has now become nationally and even internationally recognized as one of the pioneering minority AIDS groups in America.

I feel that BEBASHI serves as a model for the continued development of culturally specific education services for communities of color. BEBASHI provides individual empowerment to promote behavioral change by bringing knowledge directly into the hands of those individuals at high-risk of infection (as Foucault had theorized, knowledge is power) and works from an experience-near, indigenous approach.

It is obvious that the mere reception of knowledge is not enough to stop the spread of AIDS. Cultural barriers that prevent behavioral change, such as mistrust and poverty, must be addressed and overcome. This can be accomplished through an understanding of the network of social interactions within each population group. BEBASHI was established and maintained primarily by African American individuals. Thus, as
members of the population group themselves, the leaders of BEBASHI are able to relate to, educate and motivate fellow members of the community in important and influential ways.

**Methodology- Ethnographic Observation**

The unfortunate reality is that every member of the human population is at risk of HIV infection. However, the cultural and social values and norms that influence the epidemiological trend of HIV/AIDS are specific to individual human groups. As I have previously stated, in order to ensure universal commitment towards HIV/AIDS prevention, education and counseling, the culture of every society must be understood and addressed. Thus, ethnographic research on social interactions and group norms becomes vital to developing effective strategies for preventing the spread of AIDS.

According to Spindler and Spindler (1997), “The object of ethnographic research by anthropologists is to discover the cultural knowledge that people hold in their minds, how it is employed in social interaction and the consequences of its employment” (71). With this objective as the central focus, my aim is to use ethnographic research in order to: (1) gain insight into African American individuals’ perspectives of HIV/AIDS within Philadelphia; (2) determine how cultural factors relate to high risk behaviors; (3) evaluate the extent to which the ‘alternative’ resources of BEBASHI take into account these cultural factors and finally; (4) discover the consequences of the social interaction between BEBASHI and the individual members of African American communities within Philadelphia’s low-income neighborhoods. In order to achieve my research goals,
I intend to utilize ethnographic observation of the social interactions among BEBASHI staff members as well as the interaction between the staff and the individual members of target communities. The object of my participation within the BEBASHI organization is to directly observe meaningful social interactions, attempting to be present when interaction takes place and to change that interaction as little as possible. Therefore, I will accompany and observe BEBASHI staff members and volunteers as they conduct their community street outreach program, noting the format of the education and prevention material and the nature of the interaction between community members and staff. I also intend to spend significant time at the BEBASHI headquarters in order to observe the process through which the organization develops and provides effective resources and prevention, education and counseling strategies.

**Contexts-Space and Time: Validity of Ethnographic Research**

The object of ethnographic research is to derive indigenous meaning from local events and social processes. Thus, most well received ethnographic studies have been formulated over significant periods of time, allowing for observations of local events and social processes as they develop and change over time. Furthermore, assuming that indigenous meanings are contingent or based on social interactions and events within a specific local context, ethnographic observation requires attention to both the temporal context of events and social processes as well as the physical and social spaces within which they occur.

In order to avoid the formation of broad-based or stereotypical concepts/theories, in-
depth observation and analysis becomes indispensable. As a result, I plan to conduct my research at least once a week over a period of about five months. During this time, I will attempt to gain enough data in order to make appropriate and insightful conclusions.

**Making Contact**

I initially became familiar with the BEBASHI organization while attending a series of dialogues hosted by the University of Pennsylvania's Nursing Education department. The focus of the discourse was the effects of AIDS on communities of color and a number of guest speakers were featured, one of which was a University of Pennsylvania graduate and the Executive Director of BEBASHI. After hearing a brief introduction of the organization and its purpose, it immediately became evident that the BEBASHI organization would serve as an ideal case study for my research. After discussing my research goals with the Director, Gary Bell, I was granted the opportunity to become a volunteer for the organization and to accompany staff members into the target communities as they conduct their street outreach programs.

**Location and Meaning: Around the Corner from Center City and the Hood**

The present location of BEBASHI is very meaningful because of its relationship to a series of significant events that had occurred in the early years of BEBASHI's inception. I feel that these events provide insight into some of the goals of BEBASHI as an effective community organization and the failure/success to achieve these goals. I learned about these through numerous articles features in the Philadelphia Inquirer (these articles were given to me by Gary Bell) as well as from personal accounts of individuals that were
involved in the occurrences. The events are as follows:

In 1988, founder Rashidah Hassan concluded that the BEBASHI organization had outgrown its basement location in North Philly as well as its donated space in West Philly and chose to move to an expensive office space within the downtown area of Center City Philadelphia. Although the rent was a steep $8,612 per month, Hassan felt it was very important to be at the center of what she called ‘civic power’ (almost all of the main government buildings, tourist attractions and successful businesses are in this area). “Why is it that minority groups can’t be downtown?” she asked a city newspaper reporter in 1993. She continues her argument, stating, “I still think we had to be at the crossroads of the city. Otherwise we would be just a North Philadelphia or West Philadelphia AIDS group.” Moreover, a former BEBASHI administrator commented that the office space was also part of a conscious effort to provide “a clean, safe place for educators to come in after doing their work in the community.” Expecting several federal grants and hiring additional staff members, Hassan continued to look for additional space in other wealthy, up-scale areas of Philadelphia. However, in 1993, severe financial problems related to the expensive moves and mismanagement forced the organization to file for Chapter 11 bankruptcy, leaving it more than $1.5 million in debt.

Amid this financial controversy, Hassan resigned as Executive Director in 1994. Gary Bell, MSW, LSW was hired in 1996 under a reorganization plan constructed to address BEBASHI’s management and financial problems. During this time, the BEBASHI main office and facilities center, once again, changed its location to 1217 Spring Garden Street, an area on the outskirts of Center City.

I questioned Gary Bell about the significance of this move and what factors it took into account, considering it was part of the efforts of a reorganization plan. He explained to me that the current location of BEBASHI on Spring Garden Street is meaningful because it is directly around the corner from an area that Philadelphians characterize as the ‘hood’ and is a neighborhood similar to the North Philadelphia home of its founder, Hassan. The ‘hood’ is a low-income neighborhood with a significant African American

\[1\] This was the term used by the Director of BEBASHI in order to describe the neighborhood.
population and a high incidence of HIV infection.

Gary also noted that the location of the BEBASHI office is easily accessible from Center City and is only 5 city blocks away from a main highway that runs directly through Philadelphia. Thus the location is in close proximity to what Hassan termed as ‘civic power’ and also accounts for the fact that some clients would have to drive to the office.

Several main stops for the Philadelphia bus, trolley and subway system are located within close proximity to the office. In fact, I always utilized public transportation to travel from my home in West Philadelphia to the BEBASHI main office and found the ride to be safe, convenient and very inexpensive (only $1.60 for one-way). More importantly, I discovered that the BEBASHI staff members often travel to their various street outreach locations by bus or trolley and that BEBASHI provided tokens free of cost to all employees and volunteers; many of the community members also utilize public transportation because of its accessibility and low-cost. The availability of the public transportation system within these neighborhoods and the low cost are important because many of the members of the target communities have no capital resources for vehicles and otherwise would not be able to travel through the city. Thus the strategic location of the BEBASHI main office simultaneously enables BEBASHI top remain in close physical and social proximity to its target populations, various transportation routes as well as the metropolitan center where most of the city’s political and economic power is located.
BEBASHI- Familiar Spaces

The physical layout of the BEBASHI office space consists of the first floor of a renovated ‘row home’. Almost identical in appearance to the two adjoining buildings, its only distinguishing characteristic is a single glass door, across which is written in prominent red letters ‘BEBASHI’. The lettering is clearly visible from the busy city street and most clients are able to easily locate the building. The office’s location within a space that resembles a house provides for a recognizable, meaningful and familiar place for its clients.

The interior of the BEBASHI office is very cleanly, orderly, spacious and comfortable, providing for a welcoming and organized environment for staff members and client interactions. The front room or waiting room, where the secretary’s desk is located for security and management purposes, leads to all of the other rooms within the building. A basket of fruits or pretzels regularly sits on top of the secretary’s desk. Clients are invited to sit in the worn but comfortable couches, eat and rest while they wait for assistance. I have often observed the ‘regular’ clients request a cup of coffee, tea or some tissues.

On the wall in the far corner of the room hangs an oversized, black, white and red poster with the words “Protect Our Future, We’ve Come Too Far to Die of HIV/AIDS” written across the top and an enlarged photo of an African American woman holding a child in her arms. Directly below the poster is a large, decorated fish tank. Although

1 Row homes are a distinctive architectural feature of most, if not all, Philadelphia neighborhoods. They can be described as a continuous block of 2-3 story townhouses. Interestingly, as a result of this block formation, row homes may serve as barriers or boundaries between two neighborhoods or sections of the city.
there are no fish in the tank, the functioning filter and running water provide for a soothing sound. At most times of the day, the sound of blues, rap, gospel or R&B music or talk radio can also be heard from behind the secretary’s desk.

Along the wall in a rack and piled on an end table next to the chairs and sofa are numerous and varied reading materials such as prevention education pamphlets. Although some popular magazines and newspapers are available, such as Cosmopolitan, Newsweek and the Philadelphia Inquirer, most of the reading materials address AIDS issues and target a specific audience using culturally-specific images and script. For example, about ten or so copies of the Philadelphia Gay News (with a picture of two men holding hands on the front page) are offered free of charge. Opposite to the magazine rack, about five or six plaques are prominently displayed on the wall. These plaques were given to BEBASHI in recognition for their various efforts within Philadelphia communities. For example, the largest plaque was a reward from the Juvenile Resource Center of Philadelphia commemorating BEBASHI’s prevention and education efforts. Another plaque was given to BEBASHI from the Public Health Service in honor of their outstanding community efforts.

Across the hall is a large, open conference room with several folding tables and chairs, two blackboards and a television set and VCR. Children’s colorful drawings of hearts, rainbows, houses and animals decorate the bare, white walls. The conference room is used for support group meetings, prevention and education seminars and large counseling sessions.

Adjacent to the large conference room is the testing room. This small space has the
appearance of an examination room of a hospital or doctor’s office. A red canister with biohazard signs decorating it façade sits next to a long counter with neatly arranged medical supplies such as needles, Band-AIDS and alcohol. A single chair is placed in the corner of the room across from which is a white refrigerator containing numerous blood samples of clients.

Further down the hall, at the intersection of the two corridors is a large, open space where the cubicles of all the staff members are arranged. Each cubicle is extremely spacious and is equipped with a phone (in fact, almost every room on the floor has a phone that is connected to a console located in the waiting room), a large desk, swiveling chair, a computer, printer and fax machine. Memos, letters, pictures of family members, cards, and children’s drawings decorate the corkboards attached to the walls of each cubicle. Staff members are constantly ‘visiting’, borrowing from and working within each other’s cubicles.

Around the corner is a large storage space known as the BEBASHI Food Cupboard that is utilized as part of a low-cost food package program for people living with HIV and their families. Wooden shelves run along each wall and a large refrigerator is located in the corner. On the shelves are items such as bags of beans, baby food, as well as canned soup and vegetables. Gary hopes to also utilize this space for the storage of personal items such as deodorant, underwear, soap, razors, diapers, etc.

Along the opposite corridor are the restroom facilities and the private counseling room. The counseling room is the only room on the first floor without a phone; I was informed that this was the result of numerous accounts of theft (clients are often left
alone in this room). Two wooden chairs are the only items within this small space. I felt this room to be very intimidating and unwelcoming, perhaps this is due to its short-term, private and serious usage.

**BEBASHI Staff- Getting Personal**

Although BEBASHI is a non-profit organization, all of the staff members, with the exception of volunteers, are paid employees and are under labor contracts. The majority of the staff members are African American college graduates (e.g. the Executive Director and his female assistant are both Ivy League Graduates) and all are required to have a high school diploma. The education of the staff members is significant considering BEBASHI’s past financial and management problems. Perhaps these problems paralleled the fact that most traditional grassroots organizations closest to the poor and minority communities often do not have the expertise in business administration and management as well as trained social and public health workers.

About 25 individuals work for BEBASHI, among which only 5 are male. Almost all members of the staff are African American, with the exception of three Caucasian male employees. Although the turnover rate of employees at BEBASHI has been relatively high in the past (and has contributed to management and financial problems), many of the current staff members have been affiliated with the organization for a significant time period and have formed personal relationships with each other. I have observed these personal relationships while working with the BEBASHI staff members and feel that they
serve as a vital element to BEBASHI’s successful and efficient management.

Each staff member is assigned different tasks and titles but often will share or exchange duties. For example, many of the staff members are able to perform the duties of the secretary such as answering the phone, greeting clients and taking messages. However, many of the prevention, education and counseling duties require specific training and can be fulfilled by qualified individuals only. For example, volunteers are not able to administer HIV tests or conduct community outreach programs unless they undergo a specific training process. Thus, staff members who have similar qualifications and training experience are able to understand, share and/or exchange duties, creating a cooperative and helpful atmosphere to work within. Moreover, the staff members consistently ‘watch each other’s backs’ during work, if a problem arises or if assistance is needed. For example, throughout the working day, employees shout out (sometimes quite loudly) from their individual cubicles asking for or offering help. I observed one instance in which a female employee was frantically running around the office, loudly repeating, “Who saw the envelope I was holding, I don’t know where it went?” Two employees helped her search the premises and quickly found the envelope on top of the printer. Another instance occurred as the employees were preparing to leave the office at the end of the day. I could hear a shout coming from the storage room asking, “Can anyone help out with carrying boxes of food tomorrow morning before work?” Again, several employees offered their help, shouting statements such as, “Yeh, I’ll be here.” Staff members not only share responsibilities, but they also willingly share and/or
exchange items such as office supplies and food. This circle of exchange not only enables staff members to effectively and efficiently carry out their duties, but it also provides for a form of bonding and personal interaction. Staff members will often visit each other’s desks to show pictures, sell homemade items (one female staff member makes beautiful African dolls) or tell a funny story or joke. Thus, staff members who do not actively participate in the network of exchanges are often excluded from social circles as well. For example, while I was helping one of the female staff members with paperwork, I noticed a memo posted to the cubicle wall reading “DO NOT under any circumstances borrow or take any supplies from this desk. If you choose to disrespect this request I will have to publicly humiliate and disrespect you in return.” I was surprised to see this message posted inside of the cubicle because the employee to which it belonged has a very close and friendly relationship with her coworkers and has always demonstrated a readiness to help and share. Assuming the memo was meant as a joke, I commented that the message was funny. The employee stated, “Girl, I didn’t write that, it ain’t mine. It was the guy who worked here before me, he got another job. I left it up because we all make fun of it. People asks if it’s mine. Man, they know better than that, anyone can use my stuff. I don’t care at all.” It is evident that sharing and reciprocity are important factors in maintaining a personal relationship and effective working atmosphere for BEBASHI employees.

Evident in the BEBASHI staff’s practices of ‘shouting out’ for assistance, the social atmosphere of the BEBASHI office is, at most times, very relaxed and informal.
Moreover, I observed that many personal conversations centered around topics and issues that are not usually addressed in a ‘typical’ workplace environment. Sex and sexual issues, for instance, are brought into conversations quite naturally and leisurely. In contrast, conversations about sexual issues are usually taboo in other working contexts (especially those with incidences of sexual harassment cases). The following scene demonstrates the uniqueness and personal nature of BEBASHI employees’ conversations:

It was Friday afternoon and many of the BEBASHI staff members were preparing gift bags for the upcoming 15th Anniversary benefit celebration. Although 500 gift bags had to be prepared by a certain time, the staff members maintained a comfortable, relaxed pace. One of the male employees entered the scene, complaining that he felt like ‘shit’. Another female employee responded by commenting that he ‘looked like shit’ as well. This playful exchange led to a session of ‘trash or shit talkin’ (common in African American culture) where individuals insult each other in an almost ritual manner. All of the employees present participated and sounds of intense, contagious laughter filled the room. Much of the ‘trash talkin’ centered around personal topics such as sex or sexual issues. For example, the female employee who had initiated the ‘trash talkin’ laughingly taunted the only male employee present, “You so stupid, you use a lambskin condom and wonder why it break.” The male responded with a reference to the size of his penis, “I know why it break, I’m just too damn big!” The conversation then shifted to a discussion about one of the female employee’s sexual relationship with her boyfriend. One of the staff members teased her, “Yeah, I know why you don’t hang out no more, you too busy gettin’ busy with yo’ man.” However, this relaxed, comfortable mood soon became a little tense as the employees suddenly became aware of my presence. The male staff member said to me, “We shouldn’t be talking like this in front of you, I’m sorry, you probably think we crazy.” This comment revealed my status as an outsider to the group.

I feel that this personal level of conversation emerges from intimate bonds and cultural similarities between the employees. These relationships are important to the organization’s effectiveness because the familiar and comfortable manner in which
BEBASHI employees socialize and discuss sex and sexual issues within the workplace enables BEBASHI to effectively communicate and educate target audiences on the streets with ease, comfort and familiarity.

**Target Populations: Human Groups ‘at risk’**

Before outlining BEBASHI’s ‘target populations’, I want to stipulate that no actual group of people is inherently more at risk for AIDS infection than any other group of people. Rather, it is the actual behavior of people that increases the risk of infection, not their status or membership in a particular population sector. For example, homosexual men are at no greater risk for HIV than are heterosexuals nor does sex between two men spread the disease. Instead, the actual behavior of unprotected sex (heterosexual or homosexual) may lead to an incidence of HIV/AIDS infection. Along the same lines, IV drug users are at no more risk for HIV than any other individual nor does the use of injected drugs alone lead to an increase in AIDS; the use of contaminated needles does. Thus, the concept of a ‘target population’ refers more specifically to the practice of appropriately addressing ‘at risk’ behaviors of individual people belonging to a certain human group.

From its inception, BEBASHI sought to communicate with and assist marginalized individuals or, to use Gary’s terminology, those individuals ‘at the bottom of the barrel’. These include incarcerated individuals, the homeless, the battered and the unemployed; however, BEBASHI most intensely focuses their efforts on four main ‘target populations’: ‘African American men who have sex with men’, ‘African American
women, ‘adolescents’ and ‘substance abusers’. These ‘target populations’ are identified by BEBASHI as those human groups most in need of AIDS education, prevention, and counseling efforts but least likely to receive or benefit from traditional HIV/AIDS programs and organizations. For example, even among adolescents and young adults, BEBASHI recognizes that some populations are more likely than others to be ignored by traditional prevention and education efforts. These include gay and lesbian youth, incarcerated youth, and school dropouts. Gary claims that, in order to successfully address these ‘target populations’, “BEBASHI must meet them at their level”. He continues, “This means addressing the underlying, concrete issues before dealing with issues related to AIDS and concepts such as ‘high risk behaviors’. You can’t just put a Band-AID on the problem and hope it goes away. It’s like addressing the homeless problem by continuing to build homeless shelters instead of building homes.” Gary uses the example of incarcerated individuals who are released from prison without clothes, jobs or housing in order to demonstrate the necessity of services other than prevention and education. He states, “Sometimes prisoners are released with just the underwear they are wearing. We need to provide them with the necessities before we can expect them to make any progress in addressing the AIDS issue.” Thus, it becomes a matter of prioritization, dealing with the most demanding or potentially threatening issues first. Gary points out, however, that this practice often leads to conflicts between clients and staff because views differ on what issues are more important. Gary told me the story of a young, pregnant, HIV-positive woman recently released from prison. Without a house, food, clothing or access to prenatal care, BEBASHI immediately focused their efforts on
finding the woman a job, a cheap place to stay and medical care. However, the woman’s first priority had been to straighten out her remaining legal problems. She repeatedly stressed that she ‘didn’t want to spend one more god damn day in jail’. Her insistence on addressing the legal issues first had interfered with her chances of getting a job and receiving medical treatment because she refused to work or see a doctor until her legal problems were addressed.

I have realized in talking with BEBASHI staff members and other health workers that prevention education alone will not successfully change behavior. Many of the individuals within target populations cannot be easily convinced of the need to change or modify their behaviors, especially when such behaviors secure an immediate need (e.g. trading sex for food and temporary shelter). Thus, BEBASHI offers services that cater towards the physical, emotional, mental, financial and legal problems of their ‘target populations’.

**HIV Counseling and Testing**

Gary has stressed that one of the most important factors in HIV prevention is the identification and assessment of the disease within infected individuals. However, many testing services are often costly and administered in inaccessible locations such as private health institutions. Thus, BEBASHI provides free, anonymous or confidential HIV antibody testing within the BEBASHI office as well as 10 locations throughout low-income neighborhoods in Philadelphia. These community sites are actually partnerships with community organizations, schools, substance abuse rehabilitation programs and churches. In collaborating with other prominent community entities, BEBASHI is able to
effectively reach a broader range of audiences through different cultural mediums.

BEBASHI requires that a pre and post-test counseling session occurs with every HIV test. The staff member asks for the client's personal information and medical background and attempts to make suggestions in order to convince the individual to change unhealthy behaviors. If the staff member determines that further counseling is needed, clients are given information about more intense, personal and informative counseling sessions and are sometimes put into contact with a case manager.

**Prevention Case Manager**

As mentioned above, BEBASHI offers short term, intensive, one-on-one 'risk reduction' counseling to individuals at high risk of contracting or infecting others with HIV. This service includes assistance with the development of individual risk reduction plans that address the physical, mental and emotional needs of clients and seek to modify the 'high-risk' behaviors that stem from these needs. Gary gave me the example of a female client who repeatedly had unprotected sex with her HIV-infected boyfriend. After coming to BEBASHI repeatedly for testing services, the female client was put into contact with a case manager. The case manager determined that the woman's boyfriend was abusive towards her and refused to wear a condom when she asked. The case manager suggested possible ways the woman could convince her boyfriend of the need to wear a condom and attempted to persuade her to avoid any abusive situations. However, as the female client returned for another HIV test and expressed a desperate concern about her domestic situation, the case manager suggested an even more intense and individual service called 'Care Case Management' in order to address the possibility of
underlying emotional and/or mental problems of the woman.

**Care Case Management**

BEBASHI provides personalized and professional social work services to over 440 persons living with HIV/AIDS. Masters and Bachelors degree level social workers conduct a thorough psychosocial assessment, develop brief individualized counseling strategies and link clients to many available community resources and services. These services include housing, medical and home health care as well as nutritional services. For example, Gary notes that many of the clients are not used to performing daily regiments and thus fail to take medications or eat proper meals. BEBASHI addresses this issue by providing personalized and comprehensive guidelines for each client.

**Innovative Initiatives-Gary Bell Works From his Educational and Cultural Background**

After accepting the position of Executive Director, Gary has not only worked to enhance the existing programs of Prevention Education, Case Management, HIV Counseling and Testing, but he has also implemented several innovative programs: Transition to Hope, Project New Covenant, TREAD and a radio program. Transition Hope is a discharge planning program for HIV-positive, incarcerated individuals in state correctional facilities. Project New Covenant is a partnership with Black Clergy of Philadelphia and Vicinity and Bristol Meyers Squibb Immunology to educate Black Churches about HIV/AIDS through the development of special programs, workshops and pastoral counseling. TREAD (Treatment, Risk Reduction, Education, Advocacy and
Discharge Planning Project) is a peer counseling and treatment initiative that targets HIV-positive, incarcerated individuals in state and county prisons. Finally, BEBASHI has a monthly talk show on the Philadelphia radio station 1480 AM that discusses sexual health issues in the African American community. Mr. Bell is the host of the show.

Presentations

BEBASHI has developed several workshop presentations that provide to the community culturally sensitive and accurate information about sexual health issues and other taboo topics. Each presentation is designed to physically and mentally engage the participants through interactive activities. Gary provided me with several examples of such presentations and described their education goals. ‘AIDS 101’ focuses on basic information about HIV/AIDS. Central topics include safe sex practices, HIV/AIDS transmission, testing and legal issues. Another presentation entitled ‘Rape’ works to dispel common cultural myths and provide accurate statistical information on the occurrences of rape. The presentation also examines practical suggestions on what to do during and after a rape, and how to help participants understand and define a healthy relationship and how it is an important part of sexual health. This attempt is accomplished through a series of activities that explore individual beliefs and attitudes on dating, intimate relationships and communication with their partner. The last presentation I want to briefly mention is entitled “Communication” and reviews how important communication is to having a healthy life and relationship. The presentation stresses, however, that communication is often difficult to achieve. Thus, discussions include effective ways to talk with friends, family and loved ones about sexuality.
Prevention Education in Place

BEBASHI succeeds in providing culturally sensitive education to its ‘target populations’ by recognizing the necessity for direct, face-to-face communication and interaction. Thus, BEBASHI staff members conduct ‘street outreach’ or ‘community intervention’ programs designed to facilitate physical communication with individuals on a rather intimate level. By designating specific public and private spaces that are typically frequented by certain human groups, BEBASHI staff members are able to personally communicate with at-risk individuals in areas that are familiar, comfortable and accessible. Interestingly, within this social context, BEBASHI staff members are often viewed by their target audience members as peers rather than educators or authority figures. This is an important occurrence because it can lead to the development of trust as well as an opportunity for personal and intimate communication, elements that become indispensable to successful prevention and education initiatives.

Reaching Adolescents

BEBASHI strives to communicate with adolescents by actively seeking their regular street ‘hang-outs’ as well as visiting public and charter schools, recreation centers and after-school programs. In fact, may school officials who recognize the need to address the AIDS issue often request BEBASHI’s education services. For example, a young male BEBASHI employee informed me about his regular visits to a local middle school and the importance of AIDS education for the students. He states, “I know these kids are having sex because they tell me. I’ll be having these little boys coming up to me after my
presentation and asking me if they can get AIDS from having a girl suck on their ‘manhood’. Crazy, right? They actually use the word ‘manhood’, like these kids are even close to becoming men.” He continues, “Next week I am distributing condoms to these kids.” Knowing that condom distribution to students within Middle and High schools has been a controversy within the Philadelphia public school system, I questioned the employee about the school official’s reactions to this service. He stipulated that many school officials recognize the need for condoms and realistic sexual education because so many students are having sex.

**Addressing African American Women**

BEBASHI targets African American women through many different mediums. Some of the community street outreach programs are conducted within hotels and houses frequented by prostitutes. Other programs are in collaboration with local women’s health services and women’s community centers. For example, BEBASHI works with Temple University to provide an OBGYN clinic that offers testing, counseling and case management services to pregnant women. Many of the education and prevention efforts also address underlying issues such as abuse and rape and offer psychological counseling to emotionally and physically abused women.

**Men Who Have Sex With Men: Comfort in Public Places**

In the past, BEBASHI sought to communicate with African American gay men by visiting clubs, bars and restaurants. However, BEBASHI encountered a barrier as they realized these men were frequently very uncomfortable and apprehensive about admitting and discussing in public their sexual preferences and behaviors, especially with perfect
strangers in a social setting. Thus, BEBASHI plans to organize a series of group meetings that will be held within the actual homes of the men. This provides for a familiar, private and comfortable setting for the discussion of personal issues.

**Substance Abusers**

BEBASHI seeks contact with substance abusers by conducting street outreach programs in rehabilitation centers, ‘detox’ facilities and homeless shelters. Moreover, BEBASHI often visits ‘shooting galleries’ and abandoned buildings in order to reach the large population of IV drug users within low-income neighborhoods. I feel that one of the most important and successful street outreach programs that target substance abusers is a community needle exchange program termed ‘Prevention Point’. (I will discuss this program in greater detail in another section of this paper).

**Media and Advertising - Familiar Images and Words**

In addition to conducting community street outreach programs, BEBASHI attempts to directly communicate valuable knowledge to its target audiences through the development of culturally sensitive advertisements and written literature. In the past, publications and other visual aids reflected the incredible state of denial and ignorance of public health officials as well as the general public regarding the state of AIDS within African American communities. The images and written literature utilized in prevention education materials and advertisements were focused on the white community and its culture. For example, pictures of only white males appeared on the covers of education pamphlets and the slogans and other written materials featured only the standard, mainstream, formal dialect of English.
BEBASHI’s advertisements and education materials such as prevention pamphlets and flyers specifically address African American audiences by utilizing familiar cultural images as well as African American Vernacular English (AAVE). For example, one education pamphlet that I had come across in the waiting room magazine rack targets African American gay men by featuring on the cover four young, attractive black men with their arms around each other. The statement ‘U ‘bout it’ appears across the bottom of the front page; this message continues on the inside pages, reading, ‘U ‘bout having sex with other men? U ‘bout having safer sex? U ‘bout getting help when you need it?’” This text is superimposed over the image of a red condom. I was informed by Gary that the phrase ‘U ‘bout it’ is frequently used by African American gay males to refer to the desire to have sex.

Many of the prevention messages also focus on the idea of solidarity and the importance of family within African American communities by utilizing pronouns such as ‘we’, ‘us’ and ‘our’ and kinship terms such as ‘momma’ or ‘sister’. For example, the poster on the wall in the BEBASHI office uses the slogan “We’ve come too far to die of AIDS.” This message not only suggests an implicit unity among African American women but serves as a call for action and empowerment through its references to social, political and financial mobility (Come too far). Similarly, a poster in the rear of the office reads, “Can you imagine having to tell yo’ momma that you’ve got HIV? Protect yourself.” This statement is significant because of its use of ‘yo’ instead of ‘your’ and ‘momma’. This message appeals to the importance of the family within African American culture and the strong bonds between African Americans and family members,
especially mother figures.

Although the content of advertising and education materials is important, the availability and location of these entities becomes equally important. BEBASHI focuses on the need to visually remind its target populations of the resources and services available to them. Thus, the strategic placement of advertisements within the spaces frequented by target population members allows for further communication of its prevention and education messages. For example, on my subway ride home from a street outreach program held in North Philadelphia, I observed the same poster that hangs on the wall of the BEBASHI waiting room prominently displayed on the concrete walls of the subway station. This not only suggests the importance of the subway system to African American community members but also reveals BEBASHI’s knowledge and application of this cultural fact. Gary gave me another example of BEBASHI’s utilization of cultural knowledge in advertising by informing me of his latest advertising idea. Gary began his explanation by asking me, “Do you know what a Stop ‘N Go is?” As I answered in the negative, he continued to explain that a Stop ‘N Go is a local beer and liquor store that consistently targets African American males by advertising with posters that feature a specific type of woman. Since this imagery appeals specifically to a certain population of African Americans, Gary intends to develop an AIDS poster that similarly uses this imagery in order to target male substance abusers.

**Race Matters**

Although BEBASHI’s services target specific human groups within African American
communities, the organization does not refuse service to any individual in need of it. Gary informed me that, in order to receive federal funding, BEBASHI is not able to discriminate. He continued, “But we wouldn’t discriminate anyway. We try to help everybody. In fact, I would say that BEBASHI’s main goal is to lend courage to people who need it most. I don’t care if a person is white, yellow or purple, we’ll help them if they need it.” I also learned that BEBASHI does not hire their employees on the basis of ethnicity; this is evident from the three Caucasian employees. This point had also been demonstrated to me after I had expressed some apprehension about volunteering because of my ethnicity. Gary said to me, “Volunteers don’t grow on trees, we can use all the help we can get.”

**BEBASHI in the Streets: Prevention Point- A site of Controversy and Public Interest**

Prevention Point is a comprehensive harm reduction program providing needle exchange, street outreach, basic medical care, referral services and a drop-in center. Prevention Point is one of the only successful needle exchange programs on the east coast and is very well-known throughout the country. The program utilizes a harm reduction approach to AIDS by distributing clean needles, medical supplies (bleach, purified water, antibacterial cream, cotton balls, alcohol swabs and Band-Aids), as well as written information, food and condoms. Medical services such as flu shots and wound cleansing are also available during the program.

Prevention Point is funded by the government and has been the site of much political and social controversy. In fact, the city government has frequently ceased providing
funds for the program amid this political contention and public debate. Individuals opposed to the programs argue that distributing needles to drug addicts is only condoning drug use by making it safer and easier. Advocates of the program utilize a harm reduction theory to prove that such arguments reveal a lack of social understanding and only serve to increase physical harm to individuals and help spread the AIDS disease. The validity of this argument is evident in the following account of a BEBASHI employee and former drug addict as he described the desperation of many IV drug users:

Many of the neighborhood drug abusers will share needles among 15 to 20 people over the time span of about two weeks. One heroin addict commented that injecting himself with one of the shared needles was as painful as tapping into a vein with a dull nail.

Realizing the extent to which a drug addiction can shape and influence behavior, Prevention Point stresses as its main goal the eradication of the immediate causes of high risk behavior, such as contaminated needle usage, instead of addressing the actual drug problem (even though many of the participants in the programs are encouraged in a non-judgmental, non-pressuring manner to enter rehab programs). I feel that this program has been extremely successful in changing high-risk behavior and is very important to the health of the IV drug users.

Prevention Point is offered at various locations within low-income neighborhoods; I volunteered at the 11th and Somerset location- the center of one of the poorest sections of Philadelphia. I always traveled to Prevention Point with a male BEBASHI employee via public transportation. Upon entering the site of the program, a long line of people became visible from the bus stop, even though we arrived an hour and a half prior to the
beginning of the program. A BEBASHI employee informed me that people usually begin to congregate in the vacant lot about one hour to two hours before the program starts. He also commented on the dedication of both the participants and the program coordinators, stating, "Yeh, these people be out in the rain, snow and sleet. They never miss it." I feel this is meaningful because it suggests the importance of the program to the participants as well as the concern of the participants about their health.

The program is held within a vacant, overgrown lot littered with discarded tires, furniture and broken beer bottles. Several abandoned, burnt-out, dilapidated buildings border the area as well as numerous occupied houses (though these houses are in similar condition to the adjacent, condemned buildings). Two heated or air-conditioned campers, one for testing purposes and the other for medical attention, are always parked along the street and several folding chairs are set up within the space of the lot. Two huge red canisters are placed on the ground in front of the participants and are utilized to safely encase and transport used and/or contaminated needles. The participants knew the routine: provide your identification number, the number of needles being exchanged, and the number of people using the needles; bundle the needles with a rubber band and place them in the used syringe canister; pick up medical supplies and condoms, brochures and maybe stop in the campers for testing or medical attention.

Although the participating staff members at Prevention Point change frequently, there are several ‘regular’ staff members. These individuals include a retired policeman, four or five medical students from Temple University, three former substance abusers (an
African American female in her late 30's, a Caucasian female in her late 50's and a
Caucasian male of the same age), three young, Caucasian female volunteers in their early
20's (one of which was doing her undergraduate senior thesis on the program) and a male
BEBASHI employee that offers free HIV antibody testing and counseling services.

Before arriving at Prevention Point, I was given some general information about the
program as well as its participants in order to prepare me for the experience. A
BEBASHI employee accurately commented that during his participation in the program,
he had seen people from ‘all walks of life’, meaning there were many kinds of people in
need of and addressed by this program. For example, while observing the appearance of
the participants, I was surprised to see many of the individuals very nicely-dressed,
sometimes in designer clothing and leather jackets. On the other hand, many of the
individuals were also clad in very outdated, dirty, ripped and worn clothing. Although
the majority of the participants were African American males over the age of 40, I noted
that the age of the participants as well as their gender and ethnicity were remarkably
varied. For example, I was emotionally moved when I saw standing within the line of
participants a girl that closely resembled one of my good friends; she looked very
nervous and out of place. The female African American recovered substance abuser,
perhaps empathetic to the girl’s experience, immediately approached the girl, introducing
herself and welcoming her to the program. I could hear the staff member asking the
young girl relatively personal questions such as ‘How long have you been using?’ and
‘Are you a member of a house (prostitution house)?’ After this brief evaluation, the staff
member gave the girl an invitation to a Thanksgiving dinner and stated that she was
‘always available’ if the girl needed assistance.

**Personal Relationships and Terms of Address**

I have already stressed the importance of cultural similarities and personal relationships in the implementation of effective prevention and education strategies. Familiarity and comfort become important factors in establishing trust and communication between public health workers and their target audiences. I have observed at prevention point the existence of these personal bonds and communication between staff members and clients. This personal relationship was particularly visible between the substance abusers and the only female African American staff member (a former substance abuser herself). In fact, I feel that many of the participants viewed this woman as a mother figure and related to her in an intimate and affectionate manner.

The way in which staff members and participants address and greet each other reflects distinctive features of social relations at Prevention Point. For example, many of the participants hugged or slapped the hand of the ‘regular staff members’ who they knew personally but ignored the female volunteers who were newcomers to the scene. Moreover, I found that kinship terms such as ‘Mom’, ‘Sister’, ‘Sis’, ‘Brother’, and ‘Pop’ were utilized by the African American female staff member in reference to many of the ‘regular’ participants; the use of other intimate and affectionate terms of address such as ‘Baby’, ‘Buddy’, ‘Child’, and ‘Girlfriend’ also indicated a close personal relationship between the African American woman and the substance abusers. This staff member also knew the first, and sometimes the last, names of most of the ‘regular participants’ and
they, in turn, often called her name out during the program. Although the participants often acknowledged and spoke to other staff members at Prevention Point, I feel that the African American woman maintained the most significant and effective role at Prevention Point. This fact is also evident in her authority and respect at the site as well. The participants obey her instructions and follow her commands without question.

Another important and influential aspect of Prevention Point is its existence as a social event and community meeting place. Since many of the participants in the program are socially and politically marginalized individuals, Prevention Point provides an opportunity for community interactions and discussions. This aspect of Prevention Point is important to the participants because it serves as a place where they are socially accepted; moreover, it also allows the substance abusers to feel that they are not alone nor ignored. The statements of Carol, an African American crack and heroine addict in her late 40’s, demonstrate the importance of this community meeting place. Carol approaches me and asks me the question, “Do you know who I am?” In response to my negative answer, she replies, “How come you don’t know me- you probably new. If you ain’t been working over the past two years, you is new. I’m a common item around here, everybody know Carol. I don’t mean to brag but it’s nice to feel known and liked, you know what I’m sayin’?” It is obvious that Prevention Point is important to the participants not only physically but mentally and emotionally as well.

**Perspectives on Aids at Prevention Point**

My task at Prevention Point was to distribute condoms and educate the participants
about the correct and safe way to utilize condoms in order to prevent pregnancy and sexually transmitted diseases. For example, I had to warn the participants that the flavored condoms break easily and should only be used for oral sex. While carrying out my task, numerous comments were made to me, suggesting an awareness of the risks and consequences of certain sexual behaviors. One woman refused the free condoms, stipulating, “I don’t mess around no more, it’s just too dangerous”. This statement not only suggests an awareness of the dangers of unprotected sex with numerous individuals (‘messin’ around”) but also indicates a change in behavior (with the use of the words ‘no more’). I observed another similar incident suggesting a change in behavior as an African American teenager commented to her little daughter, “If I used one of these (referring to the condoms) you wouldn’t be here”. Both of these incidents reflect the success and importance of BEBASHI’s prevention and education efforts.

Conclusion

I have argued that in order for HIV/AIDS prevention education and counseling programs to successfully modify high risk behaviors they must (1) understand the various cultural factors that contribute to high risk behaviors, (2) have sufficient knowledge of the dynamics involved in changing behavior and (3) venture outside of institutional spheres and conduct interventions within varied contexts in order to address a broader range of audiences. The trailblazing efforts of BEBASHI have enjoyed great success in modifying unhealthy behaviors of their target audiences precisely because the organization’s main goals and purposes exactly resemble the three necessary entities that I have outlined above. The educated staff of BEBASHI has succeeded in developing and
implementing plausible and effective strategies for behavior change based on theories and methodologies. I will briefly review the ways in which BEBASHI has achieved some of these goals.

**Addressing Underlying Issues**

BEBASHI actively recognizes that many members of their target populations have underlying, concrete and demanding issues that contribute to unhealthy, risky behaviors. Many of these issues stem from what Gary has termed the ‘culture of poverty’. For instance, many members of the target populations do not have readily available access to capital, technology and important resources such as medical supplies and health care. Thus, individuals often feel helpless, frustrated, desperate and defeated because they cannot financially provide for themselves a healthy lifestyle. For example, I observed at Prevention Point a woman frantically running around with a basket of stolen snacks (she had already eaten all the food without sugar and couldn’t eat the snacks because she had diabetes and her teeth were rotted). She began pleading with several staff members to buy her items, hugging them and pulling on their jackets. She cried, “You gotta buy these from me, I’m hungry and I need money, unless you want me to sell my body to men. Is that what you want?” The desperation of this woman demonstrates that the continuance of unhealthy behavior is the result of limited options and resources. BEBASHI addresses this issue by offering free services and thus, a source for individual empowerment. With access to essential resources such as food, medical supplies and personal hygiene items, individuals feel they can take an active part in maintaining physical health.
Apart from financial problems and needs, many members of BEBASHI’s target populations have severe emotional and mental problems as well. Often the issues are a result of physical or mental trauma such as rape and domestic violence and lead to unhealthy behaviors. For example, if a woman’s self-esteem had been affected because of an occurrence of rape, this individual most likely will express a lack of concern over her health. BEBASHI offers several workshops and intensive, individualized counseling and case management services that evaluate, assess and address the mental and emotional health of its clients.

The Dynamics Involved in Behavior Change

Based on complex notions of the factors that serve as barriers for effective intervention strategies, BEBASHI utilizes culturally sensitive methods to eradicate stigmas associated with the AIDS disease and stereotypes of those human groups with a high incidence of infection. The intimacy that exists among the members of the BEBASHI staff as well as the personal relationships between employees and their clients serve as important entities for establishing trust. Trust is an indispensable factor in changing behavior; without it, communication of knowledge becomes impossible. For example, in the past, and possibly in the present, many members of African American communities believed AIDS to be a disease the government released in order to eradicate certain human groups. Thus, mistrust of intervention programs paralleled these beliefs because the programs were often initiated by institutional structures associated with the government. Recognizing that many of the staff are members of African American communities themselves, individuals from the target populations often feel they can relate and
communicate with the employees in meaningful and productive ways.

Peer support is also an important factor in establishing trust and facilitating communication. BEBASHI’s peer support groups allow for meaningful discourses about AIDS issues between individuals with similar ideologies, needs and lifestyles. Moreover, BEBASHI’s intervention programs actually form small, identifiable communities. This phenomenon is evident at Prevention Point as the abandoned lot metamorphasizes into a community gathering place.

Empathy is another important factor involved in BEBASHI’s intervention strategies. Many of the employees at BEBASHI have homes in the very neighborhoods of their target populations and, thus, can understand the financial stresses of low-income neighborhoods. Another example of the staff’s ability to empathize with their clients is evident at Prevention Point- some of the staff were former substance abusers.

Another obstacle that many intervention programs have encountered are the stereotypical notions associated with the AIDS disease and the infected individuals. BEBASHI seeks to erase these stigmas by conducting several presentations such as ‘AIDS 101’, ‘Communication’ and ‘Relationships’. Moreover, BEBASHI seeks to avoid the sexual taboos that prevent adequate communication of the risk of certain sexual behaviors. This is significant in the BEBASHI staff’s easy and unrestricted conversations about sex and sexual issues.

There are many moral stigmas associated with HIV/AIDS and the human groups with a high incidence of infection. For instance, AIDS is often believed to be a disease that
affects those individuals that the public terms ‘bad people’, such as IV drug users and prostitutes. As a result of these ideologies, powerful and influential African American figures such as clergymen are often reluctant to actively participate in intervention programs. BEBASHI’s new initiative, Project Covenant, is in collaboration with influential, African American church members and officials.

**Venturing Outside**

BEBASHI’s complex understanding of the cultures of their target populations allow for them to conduct community outreach programs within the social spaces of these groups. This is important because it brings knowledge directly into the communities in most need of it. BEBASHI conducts street outreach programs in very avoided and ignored places such as shooting galleries and neighborhoods with high crime rates. It also conducts outreach in smaller institutions such as local public schools and community hospitals.

The media and advertising strategies of BEBASHI also suggest a cultural understanding of the target populations. For instance, the written words and images of the advertisements are very familiar and appealing to African Americans. The use of African American vernacular and pictures of black people serve to target specifically African American communities. Moreover, the placement of advertisements in strategic locations, such as subway stations, also allows for the dissemination of information to target populations.

In conclusion, I want to suggest that BEBASHI serves the needs of both science and
society. BEBASHI is not only concerned with isolated behaviors that can be manipulated by intervention strategies but also seeks an understanding of all the factors contributing in some way to high risk behavior. BEBASHI is also interested in developing theory (e.g. the Harm Reduction Theory utilized in the implementation of Prevention Point and the distribution of condoms in Middle and High schools stipulates that the benefits of an action should outweigh the costs) and method that can be applied to intervention strategies and serve as a guide for other community organizations with similar purposes and goals. For example, BEBASHI’s five year grant from the CDC has allowed BEBASHI to apply these theories and methodologies while aiding in the implementation of similar programs in surrounding areas such as New Jersey and Delaware. BEBASHI’s intervention strategies for changing behavior are based on a complex understanding of the culture of their target populations as well as educated notions of the processes involved in changing behavior. These notions are based on a commitment to democratic ideology, especially within the context of public health care.
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