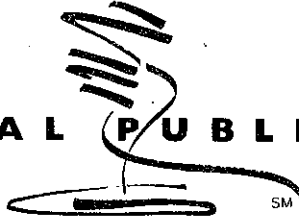


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"ALL THINGS CONSIDERED"

Tuesday, February 25, 1992, 8:00 PM
EDT

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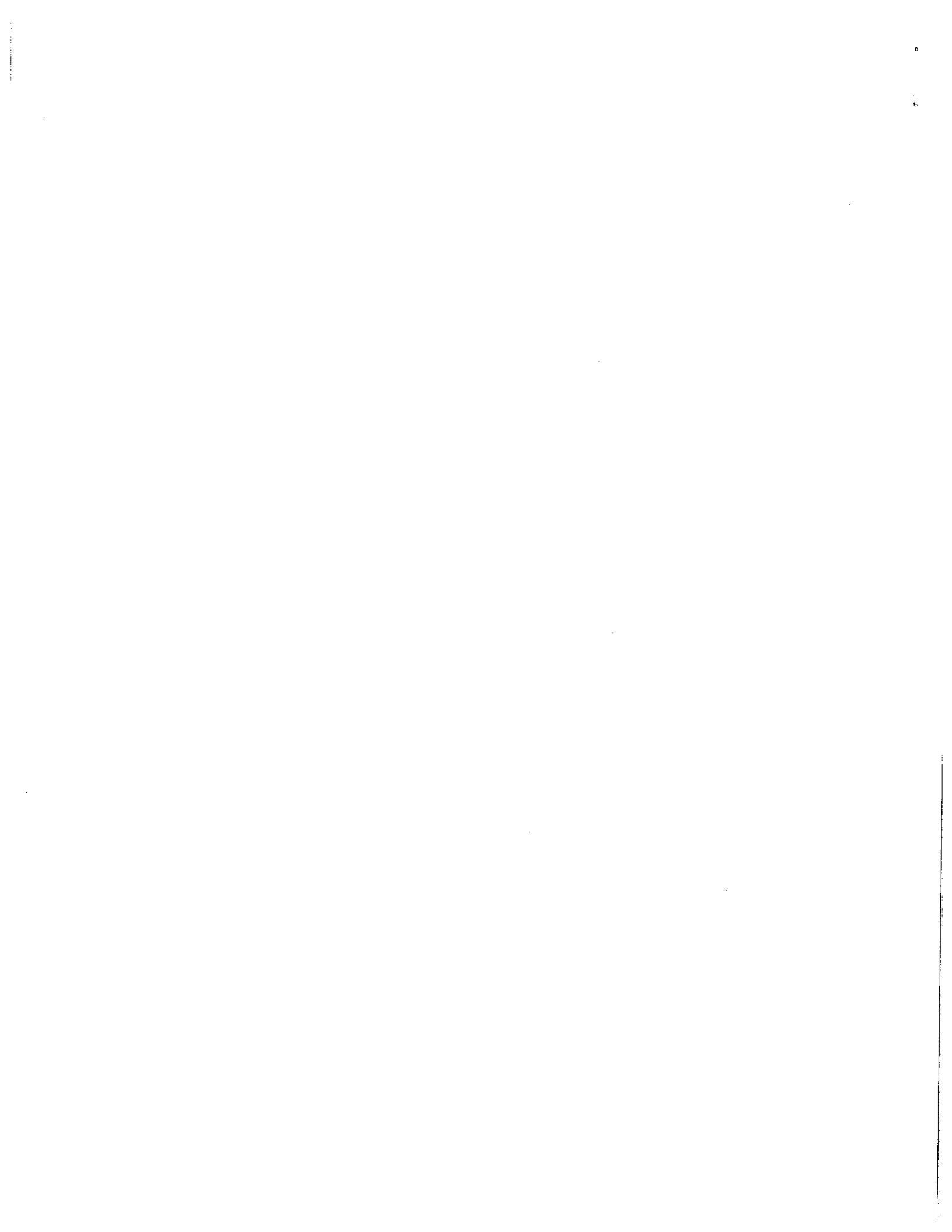
Washington, D.C.

EXECUTIVE PRODUCER:

Ellen Weiss

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Robert Gates (CIA Director): We think a few months to as much as a couple of years.

Congressman Stephen Solarz (New York): A few months to produce the fissile material?

Gates: To have a weapon.

Solarz: To have a weapon.

Gates: A--a range between a few months to a couple of years.

Garrels: In Vienna, a senior North Korean official has said his country expects to ratify a nuclear safeguards agreement in April, opening the way to international inspections by June. But even if North Korea allows inspections, Gates said there's concern the current inspection regime would be inadequate. He hopes North and South Korea can agree on a stiffer process which would include surprise inspections on demand. Gates said there's particular concern that if North Korea gets the bomb, they will try to export it.

Gates: For all of these reasons and the progress that we see them continuing to make in their program and their willingness to sell whatever they can manufacture, we have some skepticism as to where they're headed.

Garrels: At the Defense Department, Spokesman Pete Williams said that a reduction in US forces in East Asia had been postponed until the dangers and uncertainties in a North Korean nuclear program have been thoroughly addressed. I'm Anne Garrels in Washington.

Noah Adams, host:

Today we begin a series of reports on AIDS among Hispanic-Americans. Over the last decade, education has slowed the spread of AIDS in the population first hit by the disaster--white male homosexuals--but public health workers are finding that AIDS-prevention efforts have largely missed other population groups. Today Latinos in the US are nearly three times as likely as whites to contract the virus that causes AIDS.

Robert Siegel, host:

We start our series with a report on AIDS among Central American refugees who have fled to this country. Washington, DC, is home to the nation's second largest Central American refugee community. Right now the official number of AIDS cases among all Hispanics in Washington, DC, remains low; about 3 percent of all cases in the city. But many who work with the refugee community say that number will grow. NPR's Brenda Wilson reports.

Brenda Wilson reporting:

Mount Pleasant is the heart of Washington's Latino community. The Latinos have been pushed further east into the city's low-income areas. But this is where they come back to, even when they move away, to this

residential and commercial strip of scraggly unaspiring shops, the striving and the down-at-the-mouth bodegas, restaurants, a bakery, delis and too many liquor stores, if the upwardly mobile residents a few blocks west of the street are to be believed.

El Centro Wilson, a block away from Mount Pleasant, houses a medical clinic, Clinic del Pueblo, the People's Clinic. The Latino community now numbers between 65,000 and 85,000, half of whom are undocumented. The majority came from El Salvador fleeing a war, a war in which over 75,000 people lost their lives. Each Tuesday evening, scores of women, men and children sit and wait patiently for hours, until one of the clinic's volunteer doctors can see them. The services here are free, and no one asks what their immigration status is. Some travel in from the surrounding suburbs. Here Dr. Juan Ramagosa spends long hours in the evenings helping to care for the sick. Dr. Ramagosa is worried about these people. Life here is not easy for them.

Dr. Juan Ramagosa (Clinic del Pueblo): (Through Translator) The first thing is that our community here comes from the countryside where there is little or no education about health problems in general. And when people come here, they first come with the need of surviving--finding a job and making a life. But a life--any means to survive, you know, they forget the--the larger problems, other problems--you know, health, education and others.

Wilson: Dr. Ramagosa is worried that in fleeing one terror, Salvadoran refugees may not be aware of the danger that awaits them here. In the United States, the rate of HIV infection in the Hispanic community is increasing rapidly. But the epidemic is not yet apparent in Washington's Latino community. The majority of the Salvadorans now living in this city came to the US within the last 10 years. The virus itself has an incubation period of five to 10 years. So it could take until 1995 before the impact of the epidemic on this community is really known.

In the meantime, many in the community can't read or speak English, and little AIDS information is available in a manner that will convince them to protect themselves. And Juan Ramagosa says because the horrors of AIDS remain hidden until the last stages, the disease holds little fear for people who have seen their own family members gunned down--something Dr. Ramagosa knows firsthand.

Ramagosa: (Through Translator) It was a clinic for the poor sponsored by the Catholic Church. And it was in Salvador and a lot of people from the countryside, victims of the war, had come there and they lived there. There were like 2,000 people congregated there. So the army thought I was suspicious. And then one time, they show up without warning, not saying anything, and just started shooting at everything and everybody at the building, the church and the clinic. And I was standing in the door of the clinic and that's what I was--I was one of the first persons shot. I was wounded in my leg and head.

Wilson: His wife was killed. Dr. Ramagosa was imprisoned by the military and tortured before he was released. Washington, DC, and the United States is a new way of life for Salvadoran refugees, one of veiled

anonymity to avoid detection by officials, isolation from the larger community and social freedoms that may offer as many perils as they do opportunities. At one end of Mount Pleasant is Parc de Las Palomas, Pigeon Park. Here there is a mixture of faces, of men--Dominicans, Cubans, Hondurans--but mostly Salvadoran men. Beatrice Otaró has lived in this neighborhood for more than 20 years and has been a community activist most of that time. She runs the Child Development Center a block away. To understand why this community is at risk of a disease that is contracted through sex and intravenous drug use, Beatrice Otaró says that it is important to understand how the stress of adapting leads to family disintegration.

Beatrice Otaró (Child Development Center): You get here, the couple gets here and first has left children down there. It may be that one of them comes first to see if they can get it--get established. And generally moves in with another family member, maybe another couple. So let's say she comes first and leaves husband and two or three children down there. And this is typical. And she may come first and sort of get established and then he comes up.

Wilson: These are women Otaró knows from her years of working at the Child Development Center. 'They have an easier time of adjusting,' she says, 'because they can find work as a domestic or a housekeeper and sometimes extra work late evenings cleaning offices. For the men, the adjustment is more difficult.'

Otaró: She may be even making more money. That right there changes the dynamics of that relationship, the female-male roles, which are very well defined and very clear down there and they're not questioned. All of a sudden, here he feels like he has no place in that family life or has to depend on the woman. And that's a very difficult thing. And then he starts looking for a job. The economy here has gone down the drain. We have no construction jobs. It is very difficult to get a job and one may end up doing a job that, for whatever he may have been doing down there, is already menial compared to--to having had his own two cows or--and--and his own show is now washing dishes somewhere.

Wilson: The result is that the community is full of single men.

Otaró: What may very often happen in that situation is that family doesn't stay together very long. Either his level of frustration gets to a point where he becomes abusive or he is drinking too much or he is womanizing or whatever, and eventually there's a split. He gets thrown out, she takes off. Generally having an apartment by himself and being able to--to move on is--is absolutely out of the question. So it's an apartment with four, five, six, seven other men.

Wilson: You see them everywhere. They promenade or congregate in groups. They sit on stoops, they walk in pairs. About many of them there is a certain sense of being misplaced, homesick and lonely. For some, there is the trauma of a war. There is guilt from having fled the war and there are the dreams and memories of a thousand dead family and friends. Some drink and pass out and lie sleeping where they fall. These are men who are at risk of AIDS in this community, large numbers of unattached

men, many of whom frequent prostitutes, share partners and turn to each other for sex and comfort.

(Excerpt of men speaking on Spanish)

Wilson: Leno Martinez is a former priest from Mexico trained in community help. He is one of five or six outreach workers at Salud, an organization funded by the federal Centers for Disease Control, which has for four years tried to educate the Latino community in the Washington, DC, area about AIDS. Martinez spends his days on the streets, at the 7-11 near the Takoma Park Metro station, where men wait in hopes of finding a day of work, or, as on one brisk, cold, sunny day, he makes the rounds in Mount Pleasant and stops to talk to four men about AIDS.

(Excerpt of men speaking in Spanish)

Wilson: The men don't quite understand what he is saying when he tries to explain that AIDS is a disease that may be contracted from using needles to inject drugs. They think he is talking about the needles used by clinics and hospitals and reassure him that the next time they go to the clinic, they will take their own needles to protect themselves from AIDS. Since at this point, intravenous drug use is not a significant mode of transmission for the AIDS virus in this community, he moves on and stresses that most Latinos do not become infected from needles but by having unprotected sex. Martinez asks them if they know how to protect themselves.

(Excerpt from conversation with men)

Wilson: The men to whom Martinez is talking are in their early 30s and mid-40s. Most have been in this country about three years. Part of what they must guard against, he tells them, is becoming infected here and taking the virus back home to their families, either here or in El Salvador. For the women, Martinez has another message and he delivers it with the same ease and humor that he addresses the men.

(Excerpt of Martinez talking to women)

Leno Martinez: How would you react if you found a condom in your husband's pocket or in the glove compartment of his car? How would you feel about it?

Unidentified Woman: I've discussed that with my husband and I told him the minute I find out, that's it. I leave him.

Martinez: How about if it is just a casual contact? What--what would you do?

Woman: I don't know. I don't know what I would do.

Martinez: I know how you feel. I know that the first reaction you have would be one of indignation because he's being unfaithful to me. And I understand that, but you have to remember one thing. A condom can be your lifesaver, not only for him but also for you. Because I mean, if

he's using it, he's thinking about your protection. Yes or no?

Woman: Oh, yes. Unfaithful husbands.

Martinez: Is that what you think, that all of them are unfaithful?

Woman: Most of them are--90 percent of them are unfaithful.

Martinez: If they're going to be fooling around, what is better--that they use a condom or not?

Woman: A condom, of course.

Martinez: So let's say that if you find a condom in his pocket, what would you tell him?

Woman: I'd tell him to keep using it.

Martinez: Aha. You have changed your thinking, huh, already.

Woman: Well, it's never happened to me.

Wilson: There is a Latino bar in Mount Pleasant-Adams Morgan frequented primarily by Latino men. Some call it a gay bar. What it most resembles is a cantina. There are many restaurants like this in the neighborhood, crowded with men listening to guitar-strumming trios and sometimes singing. According to one AIDS worker in the DC Latino community, the line between homosexual and heterosexual is not always sharply drawn. Many Latino men are equally comfortable in relationships with men and women and do not see themselves as gay. And yet, says the same AIDS worker, before they ever recognize that they are infected, they could pass the disease on to their wives and children. Dr. Juan Ramagosa is working to identify those who may already be in trouble.

Ramagosa: (Through Translator) Everybody worry especially about the youth, and they come up here by themselves without parents. Naturally--especially at risk because many of them don't have the skills also to survive in the society so many of them just throw themselves to prostitution or--that's a very scary situation.

Wilson: He tells the story of three teen-age boys who came from El Salvador to Washington, DC, alone hoping to find friends and family from their region or village who had come here earlier but could not find anyone to help them.

Ramagosa: (Through Translator) They end up sleeping in the street last winter and suddenly--all of a sudden they disappear.

Wilson: He didn't see them for a while. When he did, he says, they seemed to have survived the worst. They told him they had been staying with a friend.

Ramagosa: (Through Translator) The one that I first met three years ago then came here to the clinic. He came here with a strong flu and

coughing. Then after talking to him for a while about how the disease is spread and how you get it and all that, you know, he admitted to me that he--after he left the street, he went to live with this other homosexual. You know, and he said that he was the man in the relationship. He didn't think he was doing anything--a homosexual act. He told me that the person he went to live with was HIV-positive and he didn't know about it, and that's how he got infected.

Wilson: Who was the other person?

Unidentified Man #1: Anglo.

Unidentified Man #2: Anglo.

Ramagosa: Mm-hmm.

Wilson: Who takes care of people when and if they do get sick?

Ramagosa: (Through Translator) There is no place where they can go or anybody that takes care of them. They end up in the street.

Wilson: Unless things change, there's every likelihood that the disease will become epidemic among the whole Latino community. Meanwhile, it is the gay men who are watching their friends become sick and die. Rafael moved here when he was 13 years old. The United States allowed him to discover who he is.

Rafael: I started getting curious. I--she sa--I asked my mom, 'What is that place?' and she said 'That's a gay bar. Don't you ever come near this place.' So like two weeks later, I went into the bar. I opened the door. I saw all these men into that place. I--I shocked. I swear, I shocked. I--that was the first time that I saw men kissing. That was the first time I saw so many people--so many men into one place.

(Excerpt of music)

Rafael: I was gay. I said--I realized, 'Gosh, I'm gay.' I'm not going to lie to myself, telling me I like women when I don't. So going to gay bars I was trying to find out more about myself and I did.

Wilson: His mother also found out and kicked him out of the house. For the next three years, he lived a gay life, part of the time in the Midwest with a young professional he'd met in a bar. But he became homesick and returned to Washington. His mother would not take him in. One of the counselors at Salud hired him and helped him find housing. He also suggested that Rafael be tested for HIV.

Rafael: Inside me, I was saying to myself, 'Oh, that's never going to happen to me. I'm too young.' So I went to get the test and my surprise was when the test became positive. Immediately my life changed. I mean, it was like open a lower door, going inside this room and closing the door and all the things you did in the--in the past, they're gone.

Wilson: That was more than a year ago. The young Guatamalan he met the

first time he ever went into a gay bar is now dead. So is the young Puerto Rican who helped him find housing and work. Rafael is in the early stages of infection and could remain healthy for many more years.

Rafael: Being HIV-positive at age 20 now--I'm only 20 years old, I see all my friends only--five friends of mine died last year. So it's like every mo--everybody that I met in this city, they're gone. I'm the only one left, and everybody was around my age. Knowing that I have this disease, I don't trust myself. I just--I--actually I'm just waiting until the disease develop and die.

Wilson: What I'm not understanding is you knew about HIV. I would assume that you knew the risk.

Rafael: OK. Yeah. I--I heard in the beginning about--in '88 I started listening about AIDS. But once again, it was an issue that I just didn't want to listen to it. I just--I wasn't interested in listening to it. I--I didn't care until it happened to me.

Wilson: That's the story of someone who knew the facts. How much harder must it be to educate those who don't believe that it can happen to them and have no one to teach them? I'm Brenda Wilson.

Adams: It's "All Things Considered."

(Credits given)
Robert Siegel, host:

The Supreme Court rules on prison beatings.

Noah Adams, host:

That story in this part of NPR's "All Things Considered."

Siegel: The US Supreme Court sides with prison inmates on the question of what constitutes cruel and unusual punishment.

Adams: Accusations against the US Border Patrol of abusing both illegal immigrants and American citizens.

Brian Wolfe: When I got out of the truck, I was not notified as--or said anything to, and immediately, I was beaten over the back from behind by the agent that was riding passenger in the patrol car.

Siegel: A survey finds older Americans are paying more for health care than ever.

Adams: And just when you thought the Winter Olympic Games were over, Harry Shearer provides coverage of one more event.

Siegel: First, this round-up of the news.
Corey Flintoff, newscaster:

From National Public Radio News in Washington, I'm Corey Flintoff. Bush

"MORNING EDITION"

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This is "Morning Edition." I'm Alex Chadwick. The AIDS epidemic poses a painful dilemma for some American churches--whether to refuse to participate in AIDS education efforts or to take part in programs that openly discuss homosexual behavior and drug abuse. Today as part of a special series on AIDS in the Latino community, we visit a group in Chicago called the Pastoral Care Network. They try to involve both traditional and progressive churches in AIDS prevention and care. NPR's Jo Miglino prepared this report.

Jo Miglino reporting:

Altagrazia Peres (Episcopal Minister): Now, how can you lower your chance to get AIDS?

Unidentified Girl #1: Condoms.

Peres: Condoms. OK. So condoms is a way.

Miglino: Standing in the auditorium of Community High School in west Chicago, Episcopal minister Altagrazia Peres gives Latino kids straight talk about AIDS and an urgent message about the dangers of gay sex, shooting drugs, and sleeping around.

Peres: A condom is a barrier, right? Who is it a barrier for?

Unidentified Girl #2: For a guy.

Peres: For a guy. What do guys do with--with--with condoms? Where do they put them? They put them in, 'Ooh.' That's what I get over here. Where do they put them?

Unidentified Boy #1: On the male sex organ.

Peres: On the male sex organ, also known as a penis. OK? And I want to say that because sometimes you ask a guy, 'Well, do you have safe sex?' And they pull out their wallet and they show you their condom, but the condom in the wallet is not going to keep you fr--from HIV, you know.

Reverend Jorge Morales (First Congregational Church): The thing I have to do with--and this is, of course, on a long-term basis--with some of those mothers is help them to reflect on their past.

Miglino: In his office at the First Congressional Church of Chicago, Reverend Jorge Morales sits at his desk staring at an open Bible. He's planning his Sunday sermon, a message to Latino women about the link between self-respect and the threat of AIDS.

Morales: Look, you're single. You've been abandoned by a man. You may have had experience where you've been abused physically or psychologically. What kind of a son are you rearing? What kinds of values are you teaching him? Are you--is this--is he--is--a young man sitting at the table and having his sister serve him and you serve him? Are you teaching him responsibilities? Do you want some young woman to go through the abuse, mistreatment, neglect by men that you've gone

through? I have to do it in my sermons for some of the young women. I mean, where is your sense of respect, of self-esteem? To what point will you assure yourself that whoever you might wind up with as a husband or a lover is someone who's going to respect you and treat you with dignity.

Miglino: It's cold and snowy out, but it's warm inside Chicago House, a group home for people with AIDS. At the kitchen table Baptist minister Juan Alegria sits talking with Jorge, a young Guatemalan who is very sick, very weak from his battle against the disease. Jorge speaks no English. He's holding a photograph, a picture of himself dressed as a woman. He's smiling in the picture, wearing a red dress and high heels with perfect hair and makeup.

Jorge hasn't worn women's clothes since he found out he was infected by the AIDS virus, yet there is still so much that is feminine about him--soft features, a delicate voice. Staring at the picture, sadness comes across his face. Without hesitation, Reverend Alegria reaches across the table and takes the young man's hand.

Jorge (AIDS Victim): (Through Translator) It's been really difficult for me to have to endure all of this. The doctor told me that there is a possibility that I will become paralyzed. I know this makes me feel really bad.

Miglino: Juan Alegria tries to comfort Jorge as his friend as well as his spiritual adviser. The Nicaraguan native is the face of a new kind of church ministering to Latinos with AIDS in Chicago. Alegria doesn't lecture Jorge about the consequences of his life as a transvestite. He doesn't talk of judgment, damnation or sin. Instead, he preaches what he calls a gospel of compassion, a philosophy that's a world away from the traditional concept of pastoral care--a short hospital visit by a minister, a quick prayer for a sick person.

Juan Alegria works to recruit other Latino ministers to Chicago's AIDS Pastoral Care Network. He says their mission is simple.

Reverend Juan Alegria (Pastoral Care Network): Caring so deeply about the issues and the problems of a person that you have to go out there and advocate on their behalf and also help them to access those services that are very much needed for themselves, for their families.

Miglino: The ministers that have become part of the AIDS Pastoral Care Network represent a wide range of denominations and a wide spectrum of theologies. Some are liberal with a long history of social activism and responsibility. Others are more traditional and conservative.

Father Pedro Rodriguez (Holy Cross Catholic Church): Now this church was built to have a lot of saints.

Miglino: Father Pedro Rodriguez is the pastor of Holy Cross Catholic Church. Built in 1913 by Lithuanian immigrants, today Father Rodriguez's congregation is Mexican--poor, many unemployed. Yet every Saturday and Sunday they fill this church for nine masses. The Catholic Church

condemns homosexuality and is staunchly opposed to the use of condoms even to guard against the spread of AIDS.

For his part in the Pastoral Care Network, Father Rodriguez gives spiritual support to members of his church touched by AIDS. But he says he will not disobey Rome.

Rodriguez: Rome doesn't like in the Catholic Church--and I agree with the Catholic Church in that--the practice of homosexuality and--just as we do not approve of adultery or in the--that is condemned by the Bible. But the fact that a person is born homosexual or lesbian, we don't judge that. We just tell them how to behave and then it's up to them and their conscience how they behave. We condemned the act, not the person. See the distinction.

Pedro Garcia (Former Catholic Priest): The official church has a very hypocritical attitude.

Miglino: Pedro Garcia was a Catholic priest ordained in Spain at the age of 24. He left the church because of its stand on homosexuality. Garcia is gay.

Garcia: On one side they say that they take care of people with AIDS. On the other side they say that they are in sin. It's very difficult to tell a person, 'You know what? I love you, but you are in sin.'

Miglino: That's a message Juan Alegria will not allow in Chicago's AIDS Pastoral Care Network. While he won't refuse the help of conservative ministers, he says he'll find other responsibilities for them besides counseling AIDS patients one on one. And in the meantime, he works to change their attitudes about people with AIDS. He says it begins with the sharing of one of his favorite poems.

Alegria: 'We must see until our eyes bleed. We must see until we empty ourselves through our eyes.' This kind of intense commitment to seeing where people are and who they are is the only qualifier for a ministry of compassion, which in Spanish is compasion. It's almost two words--compasion, which means with passion. And the passion that we need we get from being in a community with open eyes and open hearts.

Miglino: This is Jo Miglino reporting.

Chadwick: Spanish-speaking migrant workers are among those most isolated from the health care system. Tomorrow, a report on educating agricultural workers in Washington state about AIDS. It's 11 minutes before the hour. Alex Chadwick, host:

A daughter's "Unforgettable" musical tribute to her dad sweeps this year's Grammys, after headlines from Jean Cochran.

Jean Cochran, newscaster:

Good morning. Nebraska Senator Bob Kerrey is the winner of South Dakota's Democratic primary with 40 percent of the vote. The win gives

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States has not approved its share of a large funding increase for the IMF, in part, because of election-year politics. If the US doesn't come up with its \$12 billion contribution, IMF officials say it will be impossible to provide the aid Russia and the other former republics say they desperately need. Congress is balking and, while Secretary of State Baker has expressed support for the funding, the administration has yet to push very hard.

As important as these IMF funds are, the IMF Good Housekeeping seal of approval means more money and support from other institutions. It paves the way for membership in the World Bank, it makes it easier to renegotiate with other lenders and it encourages private investment. As one businessman said today, everyone who has tried and failed in the past in Russia will at least reconsider. Still up in the air, though, is a multibillion-dollar fund to stabilize the ruble and stem inflation. There's no agreement in the West about when the time would be right for this. When Russia attends the IMF meeting in April, it hopes to be able to say to the industrialized nations, 'We have met your standards and now is the time.' I'm Anne Garrels in Washington.
Robert Siegel, host:



The incidence of AIDS in Puerto Rico is startling. The Centers for Disease Control say if Puerto Rico were a country, its people would have the highest proportion of AIDS of any country in the Western Hemisphere, higher than Haiti, higher than Brazil, higher than the mainland US! AIDS began to spread across the island through large numbers of intravenous drug users, mostly men, sharing needles. But the mode of transmission changed. Men began spreading it to their wives and girlfriends through sex. The result is that Puerto Rican women now have the fastest rate of infection. As part of our series on AIDS in the Hispanic community, NPR's Maria Hinojosa went to Puerto Rico and prepared this report.

Maria Hinojosa reporting:

In a corner of a poor barrio in the small town of Arecibo, two hours away from the busy capital of San Juan, a family despairs over their son, Narbo Gonzales, who has, in a week, fallen terribly ill. He lies in an old wooden bed, a sweaty sheet draped over his limp body. Narbo is dying of AIDS, but nobody in this household, except for his 32-year-old wife Joanne, knows it. As Joanne holds Narbo's forehead with her palm, trying to control yet another one of his seizures, she closes her eyes and takes a long, deep breath. She thinks about the possibility that now she and her youngest son may be HIV-positive. Only later will she find out that it's true.

(Sound of ambulance siren)

Hinojosa: Two hours after Joanne has called the hospital, an ambulance finally arrives. It's basically an empty van with room enough for a stretcher. The ambulance has no medical equipment and Narbo, the patient, isn't even strapped in on the stretcher while the van navigates through the potholes. Joanne tells me, secretly, the drivers don't know Narbo has AIDS. If they did, she says, they would have never come to get him.

Once in the emergency room, Narbo is carted off to a gray corner room. They lay him down on another old stretcher on some hospital paper. The only cover he has is a dirty sheet he brought from home. Before any doctor sees him, a nurse hangs a red warning sign over his room that says 'contaminado'--contaminated. Joanne says Narbo, who gave up heroin four years ago, had lost some weight over the past few months. A week ago he fainted and she took him to the hospital. A doctor told him he had AIDS and sent him home with two aspirins.

Joanne Gonzales: (Through Translator) I used to tell him I would never forgive him if he got me infected, because I have three kids--one of his and two others--and who would take care of them? Meda, one of my kid's father, is in prison and I don't have anyone else. I have to stay alive to care for them.

Hinojosa: Unlike many other Puerto Rican women who don't know much about AIDS, Joanne remembers the first time she heard about the illness, years ago. Way back then, Joanne remembers thinking this strange disease might touch her life. Even so, she says, she never asked her husband to use a condom.

Gonzales: (Through Translator) No. With him, never. Never. I never wanted to use a condom. I mean, I didn't want him to feel bad. And I thought it was too late, anyway. I--I thought it wasn't worth it to protect myself.

Hinojosa: In many ways, the story of Joanne's family is indicative of how AIDS is being dealt with in Puerto Rico. First of all, many people are just not talking about AIDS. Like in Narbo's case, they're keeping it a secret from families and friends. Like Narbo, many don't get diagnosed or even treated until it is simply too late to save their lives. And then there's Joanne. She knows she might be sick but seems preoccupied only with taking care of everyone else: her children, her husband, another brother in the States who's also dying of AIDS. In the traditional selfless style of Puerto Rican motherhood, Joanne always comes last.

Gonzales: (Through Translator) I have to be sincere. If I test positive, all I wish is that I could live just a few more years to prepare my kids, just so that I can get them on track and--and then that's all. That's--that's all I ask of God. Please, God, just give me a little more time so I can help my kids first. Then after they're taken care of, well, I don't care--I don't care if I die. I--I ask for this.

Hinojosa: Narbo Gonzales died seven hours later in the same corner emergency room. He never got clean sheets, not even an IV. Joanne found out she and her son were both HIV-positive a few days later. She said she would get treatment for her son first; then, if she could afford it, for herself too. Social worker Sylvia Yeras has been working with female AIDS patients for several years in Puerto Rico. She says Puerto Rican women, in general, have little access to good health care and often disregard their own health needs. With AIDS, it isn't any different.

Sylvia Yeras: (Through Translator) These women still have to worry about

the same things as before: Where is my food, my kids' meal, their school, their clothes, water, electricity, rent? And the abuse of her husband. So she'll go and get treatment when she can, when the opportunity and the time arises. But if she has to pick up the kid from school at 3:00, well, then she just won't get her treatment.

Hinojosa: Yeras stresses that it is Puerto Rican women's submissiveness that has put them in such high risk in the first place. Women are taught and many believe that sex is an area where men have absolute control. Dr. Carmen Feliciano, a pediatrician at the San Juan AIDS Institute, says in a recent study, Puerto Rican women were asked if they should have sex whenever their partners wanted it, regardless of how they felt. Feliciano said close to half of the women said yes.

Dr. Carmen Feliciano (San Juan AIDS Institute): So they are submitted to the males. Puerto Rican males don't like condoms. It's--it's not that we don't advertise condoms. We can advertise them, but the other thing is we have to convince them to use the condoms. So if they don't want to use the condom and our females are not empowered, what will happen? So this is very important because we have a very vulnerable population in our females. And that's the word: vulnerable.

(Excerpt from Spanish public service announcement from US television)

Hinojosa: This commercial of a Latino woman talking about herself and her HIV-infected daughter runs as a public service announcement on Spanish-language channels in the United States. But you almost never see this kind of commercial on Puerto Rican television. And despite the alarming numbers of women infected with AIDS in Puerto Rico, 18 percent of the adult AIDS cases are women, compared to 10 percent of AIDS cases in the United States. There is not one islandwide office that is working specifically to do outreach education or treatment solely for women. The Puerto Rican government office on AIDS, established less than two years ago, says they spend about 30 percent of their budget on women for things such as free AIDS testing for pregnant mothers and partner notification. But the director of the central AIDS office, Dr. John Vruyan, says he finds it more effective if all AIDS cases are treated alike.

Dr. John Vruyan (Central AIDS Office): From the point of view of specific needs for women, we don't have that type of approach in Puerto Rico and it's--it's quite different from the States, whereas when AIDS became an important issue for women in the United States, we've been dealing with that since 1985 in Puerto Rico with women infected. It's not a woman issue. It's an issue of somebody who's infected, not transmitting the disease to somebody else.

Hinojosa: But many AIDS activists disagree and say the Puerto Rican government has closed its eyes to the specific problems and needs of women. US Surgeon General Antonia Novello, the first Puerto Rican woman to hold that position, says not only should there be special programs, outreach and treatment centers for women, but that in fact, women in Puerto Rico should be the focus of education if the epidemic is going to be controlled.

Antonia Novello (US Surgeon General): I truly believe that in America that speaks Spanish, the epidemic will be halted when the woman takes charge, when that message gets home, when the woman realizes that she only--not only has the responsibility of keeping herself free of disease, but the feeling that 'I will protect the child that will be born of this union,' until that is seen through the eyes of the woman, I believe that in Latin America or places where Spanish is spoken, or the culture is Latino, the epidemic will not be stopped--no disrespect to the responsible men, but truly, when the woman's health collapses, the family collapses as a whole.

(Excerpt from Spanish music)

Hinojosa: The words to to this top-40 salsa song blare out of car radios across San Juan. The song says, "Don't take off your clothes, let me do it for you, so you don't realize what is happening, as if my hands were like a thief in the night. And then we'll talk about love later."

AIDS activists say the double message Puerto Rican women are getting about their sexuality--'You must be sexual, but you cannot be aggressive'--coupled with the machista culture may be the biggest hurdles they have to overcome in reaching women at risk for AIDS. Social worker Sylvia Yeras worries that sexism is so inbred that the little AIDS education that does exist on the island may be completely ineffective.

Yeras: (Through Translator) Women don't have control of their own sexuality. We're told that a good wife and a good woman is always ready and willing to satisfy her partner's sexual needs. If prevention means to have some control over your body, over your sexuality, well, the majority of Puerto Rican women don't have that. So telling a woman to use a condom is like an empty phrase for them: first because sex is the man's world where he has the final say, and second, if you yourself don't feel you have control over your sexuality or your life, then how are you going to demand it from someone else?

Hinojosa: Sylvia Yeras runs a program for women in the housing projects of San Juan called Proyecto Encuentro. Today she takes me to one of her weekly discussion groups where at-risk women talk about AIDS, drugs, sex and men. She reminds me that even though some of these women are HIV-positive, only one admits it publicly.

(Excerpt from conversation in Spanish)

Hinojosa: One woman starts talking about how her previous boyfriend would beat her if she said she didn't want to have sex. So instead of fighting, she'd have sex against her will. The social worker then asks if they think their men might get angry if they were to ask them to use condoms. Most of the women say yes.

Unidentified Woman #1: (Through Translator) I saw a condom for the first time here in our discussion group. I had seen them before in the pharmacy, but never outside of the little packets. I--but I don't think I'm going to use them, I like it better without them. You know, naked.

Hinojosa: Do you think you're at risk?

Woman #1: (Through Translator) Well, I guess so, if he's unfaithful. I guess I could be at risk but I'm not going to use them anyway.

Hinojosa: Do a lot of your other women friends feel the same way?

Woman #1: (Through Translator) Mmm. The majority don't like to use condoms, not women or men.

Unidentified Woman #2: (Through Translator) Mira. I know a woman whose boyfriend was HIV-positive. And even she didn't want to use a condom. I guess we just love so much and give so much of ourselves and we will do anything. All she cared about was that he loved her.

Woman #1: (Through Translator) Anyway, come on. Can you imagine a marriage with a condom? Ay, how can that be? You don't have real intimacy then. There's always distrust. How can you feel free to love each other then if you're always thinking about using a condom to protect yourself?

Hinojosa: After the talk was over, some of the women were visibly upset and confused. Yeras, the social worker, said the issue of condoms is a painful one for these women because it goes to the heart of the issues of trust and love. But Yeras says these are the same issues women all over the world are confronting, not just women from Puerto Rico.

Yeras: (Through Translator) You have to remember that in this country we have so many social problems. So the possibility of having healthy pleasures is really limited. So if these women find pleasure or even a kind of escape through the affection and love they feel during sex, then it's really hard for them to let go of that. And if using a condom means you may lose that man and that pleasure, then their immediate needs outweigh the long-term risks.

Hinojosa: But there are signs of hope for women in Puerto Rico. While women are the most at risk, another group of younger women have taken up AIDS education as their political banner, and they're breaking every taboo to get their message out to young women just like themselves.

A group of young women at the University of Puerto Rico gathers outside a classroom. One opens up a blue plastic briefcase. Inside there are dozens of shiny condoms and a life-sized dildo, which one props up on a bench in preparation for her safe-sex peer group.

(Excerpt from woman's comments)

Hinojosa: The truth is, she says unashamedly, we young people like to mess around and have sex and we're going to keep doing it even if there is this virus called HIV. All we have to do is learn how to do it safely and have fun at the same time. AIDS activists applaud these rebellious teens who, with their safe sex lectures, are trying to redefine what Puerto Rican womanhood is all about. Imariles Gonzales is a political science student.

Imariles Gonzales: (Through Translator) Listen, I don't see myself as submissive, para nada--not at all. Perhaps what I do is actively participate. And with my boyfriend, for example, I talk about everything. I take initiative sexually and non-sexually. And maybe in that way I can work so that my partner and the people around me will understand that I enjoy; I don't want to be submissive.

Hinojosa: Another young woman in the peer group, 22-year-old Vanessa Gonzales, says their AIDS education program is about saving women from AIDS but it's also about saving women from the traditional role models to which they've been confined.

Vanessa Gonzales: I think we do have a very good self-esteem, but we don't let it out. And we have to start being ourselves and to decide what we want for ourselves by our own selves.

Hinojosa: AIDS has reduced that issue to what appears to be a simple question: whether or not you ask your partner to use a condom. And while it may be difficult to fathom, the future of Puerto Rican women's lives rests on how much they believe they have the right to ask that question. This is Maria Hinojosa reporting.

Noah Adams (Host): It's "All Things Considered."
Noah Adams, host:

The Supreme Court rules on sexual harassment.

Robert Siegel, host:

This is "All Things Considered" from National Public Radio.

Adams: A student who was harassed by a teacher can sue the school for damages. The case earlier had been thrown out of court in Georgia.

Siegel: Ireland's Supreme Court will allow a 14-year-old to leave the country for an abortion.

Adams: Also, Elvis Presley on a 29-cent stamp: One music critic says it's about time and what about the others?

Joe Nick Potaski: There're Fats Domino and James Brown and Little Richard, then secretaries of state that nobody remembers 30 years later. But Elvis is obviously the place to start, you know. We've had lots of presidents in this country, and we've honored them with stamps, but we've only had one King.

Siegel: Those stories in this half-hour of "All Things Considered" after this roundup of the news.

Corey Flintoff, newscaster:

From National Public Radio News in Washington, I'm Corey Flintoff.

The United Nations Security Council is expected to approve a 22,000-member peacekeeping force for Cambodia tomorrow. Meanwhile, there

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gives you a measure of the amount of pressure they're under from the army to delay as long as possible the return of President Aristide. The man chosen as the compromise prime minister, Rene Theodore, has been attacked several times by gunmen. His house has been shot at. His bodyguard has been killed in front of him; members of Parliament, particularly the pro-Aristide faction in Parliament, threatened, shot at, intimidated. So that gives you an idea of how limited is the power of the Haitian Parliament to pick up a baton, as it were, and take upon itself the--the process of negotiating the president's return.

Chadwick: How is the return supposed to work, Alan? Suppose the Parliament does a--approve this pact. What then?

Tomlinson: The new prime minister would then in Aristide's absence take over his executive powers. He--he's promised to work with Aristide on the telephone every--every couple of weeks. Aristide will be in Caracas, and this kind of interim government will be in Port-au-Prince, and he is to work to create conditions for Aristide's return. The OAS embargo would be immediately lifted, removing one of the main tools of pressure on the army, and it would be left to a threatened, intimidated Mr. Theodore and his Parliament to use over the next weeks, months, years, who knows--nothing but persuasion to try and press the army, which, of course, is the one institution very vehemently standing in the way of the restoration of full democracy.

Chadwick: Alan, the--the US ambassador to Haiti, Alvin Adams, returned to Port-au-Prince yesterday after being back in--in Washington for a month. What does that mean?

Tomlinson: I think that's a good sign. Alvin Adams has proved to be a very astute and effective politician during his time in Port-au-Prince. He worked very closely with President Aristide despite strong US reservations about the kind of president Aristide would make. He--he met with him regularly. I think he'll be able to meet very regularly with General Cedras, the--the armed forces chief, and with Theodore and help grease the wheels somewhat. I don't know that he'll be able to--to go much further than that, but I think it's a very positive sign. I think he's an important player in this, and his presence back in Port-au-Prince can only help.

Chadwick: NPR's Alan Tomlinson.

It's 21 minutes before the hour.

Alex Chadwick, host:

This is "Morning Edition." I'm Alex Chadwick. When it comes to fighting the AIDS epidemic, public health workers rely on local organizations to teach people to avoid the disease. But bringing AIDS education and treatment to transient populations like the hundreds of thousands of migrant farm workers traveling between Mexico and the United States has been very difficult. As part of our series on AIDS and Latinos, NPR's Isabel Alegria visits the Yakima Valley in Washington state, where Latinos fight conditions of poverty and isolation which they say is helping spread AIDS among farm workers.

Isabel Alegria reporting:

About 190,000 people live in Washington's Yakima Valley. They're mostly farm workers who labor in its vast fruit orchards and live in tiny towns bordering the freeway that crosses it. Here the largest city is Yakima. Tonight a blue van belonging to the Yakima Health Department meanders through the northeast side of town, stopping outside a local cantina.

Roberto Alveso and Becky Madas, both AIDS outreach workers, are paying a visit to a place called Lefty's. It's a popular spot, especially on weekends when it's packed mostly with Mexican farm workers.

Roberto locks the van and makes sure that he and Becky are carrying plenty of condoms and bleach kits. Inside the bar there are mostly young and middle-aged men. A few play pool. Others sit at the tables or stand around drinking. They eye Roberto and Becky, who is an attractive young Chicana with perfectly applied eye makeup and not a hair out of place. Becky goes one way, Roberto the other. In Spanish, they speak to the men seriously and frankly about AIDS. Both pass out condoms and bleach kits. Most of the men laugh. Others just listen, take condoms and return to their beers.

Suddenly someone at the bar speaks up.

(Spanish spoken)

Alegria: This man has gotten everyone's attention to announce that he admires Roberto and Becky for having the nerve to talk about AIDS. He says, 'These people are here to save our lives. If it were me and you guys didn't listen, I'd punch you out.'

Roberto says it's taken two years to open the way for this type of AIDS education in the Yakima Valley. At first he and others would go to the work camps and bars, and the men would just turn away. But Roberto kept at it because, he says, he saw the number of HIV-infected farm workers at the clinic where he works increase from two in 1990 to 14 this year. He says although studies have shown a low rate of HIV infection among farm workers, he think they're vulnerable to the epidemic. High rates of other sexually transmitted diseases, low condom use and unacknowledged sex between men are his greatest concerns. Roberto says if he and others don't go to them, farm workers might never learn how AIDS is transmitted.

Roberto Alveso (AIDS Outreach Worker): (Through Translator)
Unfortunately, in our community people wait until they're sick to go to the doctor. People don't seek medical attention, and it's because they're poor and they're out of work. Sometimes it's because they don't speak the language or because they're undocumented. This is what faces our people.

Alegria: According to the National Migrant Resource Center in Austin, Texas, the research about farm workers confirms what Roberto is saying. Last year one study showed that of more than 7,000 visits by farm workers to clinics, only 1.4 percent were for routine medical checkups. Earlier studies revealed other alarming facts--for example, that the rate of

deaths from the flu and pneumonia among farm workers is 20 percent above the national average.

So when farm workers get AIDS, say Latino health care advocates, if they get help at all, it's likely to be later than most other people infected with the virus.

Antonio, who came to the Yakima Valley four years ago to pick apples, has AIDS. He won't talk about how he got it. He says that's no longer important. We sit at the kitchen table in his apartment. It's fragrant with the smell of the cinnamon tea his wife, Estelle, is serving. Antonio, a short wiry man with small features and dark skin, seems resigned to his fate.

Antonio (AIDS Victim): (Through Translator) These days I hardly ever spend money on doctor bills, and the reason is I don't go. If something hurts, I just put up with it. But the other day I suddenly lost control of my arms and legs. My wife called an ambulance. I went to the hospital and left with three pills and a bill for \$200. What good did it do? Nothing. The crisis just passed.

Alegria: Antonio was diagnosed HIV-positive three years ago and is often sick. His wife, Estelle, is also HIV-positive but shows no symptoms of AIDS. Under a special program, the government pays for the AZT they take to fight the infection. The couple is in the US illegally, which prevents them from seeking other types of assistance. Antonio and Estelle have three children ages 12, 10, and eight. The children are not infected. They don't know about their parents' problem.

Antonio: (Through Translator) It's been a hard decision. I've weighed the pros and cons, and I know we'll have to tell them. Sooner or later we'll have to speak clearly with them, but we keep putting it off. I want them to enjoy their childhood a little longer. I don't want them to worry. If we tell them we're sick, we'll put such a burden on them.

Alegria: Antonio is too sick to work. The family barely gets by on Estelle's salary as a maid. They say returning to Mexico is out of the question. There they'd face worse poverty and rejection. Estelle, whose tight black curls frame her rosy cheeks, looks sad and says she hasn't told her family in Mexico about what they're going through.

Estelle (Antonio's Wife): (Through Translator) I'm afraid to. They'll just blame us, say he's a good-for-nothing or wonder if it was me who played around.

Alegria: Antonio and Estelle feel isolated and afraid of the future. They long to talk with other Latinos about the AIDS threat, but they say until Latinos become more tolerant, they'll leave it to others to sound the warning about AIDS.

Meanwhile, in a small town just a few miles away, Rosita Castillo, an AIDS outreach worker, is making calls. She visits farm workers regularly and hosts a radio show about AIDS on a Spanish station, KDNA. Today she'll visit about 10 apartments, talking mostly to families.

Rosita Castillo says with persistent education efforts over time attitudes about AIDS will change. But it's a difficult task because when the season ends many farm workers leave Yakima. Some go to Canada; others follow a migrant trail South through California's San Joaquin Valley to Ventura County and eventually to Mexico, where they rest up for the trip back. Castillo and other say they have a long way to go to do the kind of networking that will help reduce the chances of an AIDS epidemic among farm workers. They say there's no money, for instance, to track AIDS cases or extend education efforts into Mexico, where many migrants return to visit their families and where some go to die of AIDS, the disease they got in America. I'm Isabel Alegria reporting.

Chadwick: Tomorrow, going home with AIDS--migrant workers who contract the disease in the United States and then take it back to Mexico. It's 11 minutes before the hour.

Alex Chadwick, host:

Sound bites of worldly wisdom after headlines from Jean Cochran.

Jean Cochran, newscaster:

Good morning. President Bush and six Latin American leaders hold a final round of meetings today at their drug summit in San Antonio, Texas. The president has promised to intensify the war against drugs, but he turned down requests for more money. Middle East peace negotiations continue with the Palestinians and Israelis arguing over proposals for Palestinian autonomy in the occupied territories. And the president of Serbia today declared the Yugoslav civil war is over. And in a speech to Parliament, he also acknowledged for the first time that his republic had armed Serbian insurgence fighting in Croatia. Those are some of the top stories in the news.

Alex Chadwick, host:

One might expect wisdom from a priest, but hardly the sort of stuff that flowed from the pen of Baltasar Gracian, a 17th century Jesuit who wrote some enduring rules to live by. His volume of aphorisms titled "The Art of Worldly Wisdom" was worldly indeed. In it Gracian instructs readers on the finer points of manipulating others. His advice includes know how to say no; don't outshine your boss; and know when to be evasive. An editor at Doubleday Books thought Gracian's wisdom might find a wide audience today, particularly among business circles. Apparently it does well in political circles as well. The book is a best seller here in Washington. Christopher Maurer, a Spanish professor at Vanderbilt University in Nashville, translated the work. Mr. Maurer says this book is essentially about how to get what you want.

Christopher Maurer (Spanish Professor, Vanderbilt University): Here's a strategy for manipulating someone else. 'Find each person's handle, his weak point. The art of moving people's wills involves more skill than determination. You must note how to get inside of the other person. Each will has its own special object of delight. Everyone idolizes something: some want to be well thought of; others idolize profit; most people idolize pleasure. The trick is to identify which idol sets someone in motion. It's like having the key to someone's desires.'

"ALL THINGS CONSIDERED"

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agreeable to both sides. For his part, Chancellor Kohl said that the treaty is a major contribution to mutual understanding and further reconciliation between the two countries. The treaty contains provisions for security measures, scientific cooperation and environmental protection, and it promises German support for Czechoslovakia's full membership in the European Community. But Kohl also said that the treaty leaves some open questions, a statement that could fuel anxiety among critics of the treaty which does not address an issue of crucial importance to both Germans and Czechoslovaks--land claims by Sudeten Germans expelled from Czechoslovakia after World War II.

The Sudetenland in western Czechoslovakia borders with Germany, and about 2 1/2 million ethnic Germans were forced to abandon their property after World War II for their role in the 1938 Munich agreement, which Hitler used to invade Czechoslovakia. Since the collapse of communism two years ago in Czechoslovakia, Sudetenland Germans, who now live in German Bavaria, have been pressing to regain their property. But under the new Czechoslovak law on property restitution, anything confiscated before the 1948 Communist takeover cannot be given back to its former owners.

President Havel has also come under heavy criticism in Czechoslovakia for the treaty's failure to include a declaration that the Munich agreement is null and void. The agreement gave the Western powers the illusion they could appease Hitler by recognizing German sovereignty over the Sudetenland. But Hitler then used the agreement to invade all of Czechoslovakia. By not formally voiding the agreement, many critics complain that the border question between the two countries remains unresolved. Criticism of the treaty also reflects concern about Germany's growing economic presence here. Germany has already poured in about 80 percent of the nearly \$1 billion of foreign investment in Czechoslovakia in the last two years. Today Havel welcomed German investment, saying it is vital for Czechoslovakia's integration into democratic Europe. But if today's protest demonstration is any indication, the friendship treaty's ratification by the Czechoslovak Parliament may not be assured. In Prague, this is Sylvia Poggioli. Linda Wertheimer, host:



In many areas of the country poverty, lack of access to health care and education have contributed to the spread of AIDS. That's been especially true in many Latino communities where the language barrier and fear of deportation often make it harder to risk--to reach people at risk for AIDS infection. In Miami, the situation is quite different. Cuban Americans make up the majority of the Latino population, and many of them are well off. They have access to good doctors and hospitals and have a great deal of political power. Nevertheless, the AIDS rate among Miami Cubans is growing very rapidly. Reporters Raoul Ramirez and Cecilia Vaisman visited the city and found that cultural factors are contributing to the spread of AIDS there. Vaisman narrates their story.

Cecilia Vaisman reporting:

Beatrice Brito is leading visitors around the cheerful, well-lit living room of her spacious Kendall home in suburban southwest Miami. Every surface--walls, tables, a carved wooden chest--is covered with artwork,

sculptures, oil paintings, brightly painted plates.

Beatrice Brito: These are some of John's painting that I have them--in here.

Vaisman: In just a five-month period in 1990, Beatrice Brito lost her two sons to AIDS. The oldest, Will, was a jewelry artist. The youngest, John, was the painter.

Brito: And here we have the last one he made. I think he was going blind by that time. Both my children, artists, went blind right before they died. You see, that's the last Madonna he did, which I think is very beautiful, but as you can see, he couldn't see very well. See, around here, he just got a little messy. But that's the way it's going to stay.

Vaisman: The visitors are three casually dressed women in their 40s, 50s and 60s. Lauda Fuentes, Lilibeth Warner and Gruca Velasquez settle into cushioned couches and leather stools around a large glass-top coffee table. Beatrice Brito's sister, Betita, who lives next door, has joined them.

Betita: We were all strangers. And what this sickness has done, it has brought us together. Whoever has gone through this, whoever has seen the wasting of our beautiful youth cannot escape unscathed.

Vaisman: It's an evening of bittersweet memories for these women. Four mothers--five sons, lost to AIDS in 18 months: Will and John, artists; Phillip, a theater director; Waldo, a graphic artist; and Tony, a landscaper. The mothers remember and they worry that old prejudices and new fears are blinding Cuban American leaders and institutions to the threat of AIDS. They're angered by the toll the epidemic is taking--a price, they say, that will grow and grow unless Cubans somehow learn to talk frankly about sexual issues linked to AIDS.

Betita: The Cubans have that machismo built into them which is an insurmountable mountain, in a way. Maybe it's because we feel that once we're here, we have to be 'perfect,' quote-unquote. We've come over and we want to present a perfect image. I do not know.

Lauda Fuentes: Unfortunately, my son went so many years with his pain alone. He went to a priest when he realized that he was homosexual, and he didn't have access to us. My son, he never had the support of his father. This is why I keep--you know, I will do and I will go anywhere if I can save him from all the pain that I'm sure my son went through for so many years until he told me. He just--finally he told me.

Vaisman: The priest had advised Lauda's son to keep quiet about his homosexuality. He suggested, instead, that her son marry a lesbian and move on with his life. When these mothers come together, conversation inevitably leads to the church.

Lilibeth Warner: Well obviously a great majority of Cubans are Catholic, and obviously the Catholic Church likes to be very blind on this issue.

Brito: Si, Lilibeth, but on the other hand, the Cuban community defies the church on anything they want to defy. I think it goes beyond a matter of religion. Because we never had a priest--excuse me--not want to come here and--and pray. We were surrounded by priests in this house.

Betita: I think it's a matter of an--an embarrassment for them. It's ugly.

Warner: I--we also have had a wonderful priest. But I'm talking of leadership. There hasn't been the leadership to the flock of people to give them the strength which to fall on, not to turn their backs on the dying.

Gruca Velasquez: When our son died, we accepted it in the newspaper and we said he died of AIDS. And some people afterwards said: Why did you make such a big issue about saying that he died of AIDS? I mean, it would be a big betrayal to him, just saying he died of whatever, pneumonia, or--whatever we would have wanted to say. But I don't know how to tell you about the other Cuban people--why don't they feel the same way we--this little group in here feels like?

Vaisman: Twenty miles away, South Miami Beach is buzzing with the annual Art Deco Fest. A young man--we'll call him Lenny Fernandez--is winding his way past food stands, mimes and musicians. Lenny is headed for his tiny Ocean Drive apartment. He was born in Cuba. His father is now a successful Miami businessman. For Lenny, the idea of five Cuban mothers talking sympathetically about their gay sons with AIDS is unimaginable. Lenny, who is HIV-positive, says when he tried to talk about it with his mother, she hushed him. Now with his family, the topic is off-limits. He says he knows what talking about it could mean.

Lenny Fernandez: I'm sure I won't be drinking in the same glasses, that I will not be touching my nephews and stuff. And they will be miserable and not knowing anything about HIV. They'll immediately classify me as AIDS and, 'Don't touch him, he's sick.'

Vaisman: So Lenny will never risk talking to his family about AIDS. Even though his life as a gay man is separate from them the rest of the week, going home on Sundays means too much to him.

Fernandez: And if you're going to make everyone turn against you, which they will--my family will--then I don't want that. I want to go there and participate. And that's good because I need them. They are my family. So I go there and I pretend that I don't have anything. I do enjoy their company.

Vaisman: Lenny attends a support group at a South Miami Beach clinic, he says. And then he has his friends. Most of them are gay; almost all of them are also HIV-positive.

Fernando Caballero: Yeah, that's Bob.

Fernandez: And that's Fernando, obviously.

Vaisman: Fernando Caballero is a close friend who is also Cuban. He has full-blown AIDS. Two days ago, his lover, Bob, died of AIDS. Yesterday, Fernando was in the hospital himself. Now Lenny sits by his side. Fernando says he did tell his own family that he has AIDS. Their response did not make him feel that they cared about him.

Caballero: The first thing out of their mouths was, 'We can't tell anybody.' You know? To this day it's their biggest concern that anyone else in the family finds out. No one at all knows.

Vaisman: Since they can't depend on their families, Lenny and Fernando say they have to rely on their friends. They turn to an album of photos taken at Fernando and Bob's Valentine's Day party a few years ago. Most of the young men in the photos have died.

Caballero: Ruben.

Fernandez: Ruben?

Caballero: That's Mario. My friends are pretty much my family. We share--I guess we share information and social gatherings are mostly just discussing what new things are coming out--what new medication and treatments and things like that and--it's pretty all we ever talk about anymore is trying to survive.

Vaisman: Calle Ocho, 8th Street in southwest Miami, pulsates day and night with the vigorous Cuban life. One can live here an entire life without ever hearing English spoken. Here, in the heart of Little Havana, is Maximo Gomez Park, where older Cuban men wearing traditional shirts gather each day. They talk, play dominos, cards or chess and they ponder the latest news. Their voices, less politely than others might, express sentiments often voiced by fellow Cubans.

(Sounds of conversation)

Vaisman: The most heated issue, naturally, is Fidel Castro. A mention of AIDS elicits concern, but mostly talk of AIDS is tinged with disdain.

(Comments by Unidentified Man #1)

'AIDS,' this man says, 'has been given too much publicity. You can't give publicity to dirty things. They've shown queers marching up and down the street. That should never be allowed.'

Unidentified Man #2: (Through Translator) People sick with AIDS go around passing it along. It's like in Cuba, people with tuberculosis would find ways to mess up other people. It can be resolved by branding anybody who has it. Otherwise, by the year 2020, there will be 1 billion people with AIDS.

Vaisman: It's attitudes like these that frustrate health educators and compel many Cubans with AIDS to shut themselves off from their community. AIDS case workers say that they can only guess how many Latinos with AIDS may be living out their lives alone, scattered throughout Dade County's

sprawl.

(Comments by Yolanda)

Vaisman: Yolanda lives at the edge of Dade County's sprawl where suburban neighborhoods meet the Everglades. She is a 45-year-old middle class Cuban woman who has AIDS. Unlike Lenny and Fernando, she has no circle of empathetic friends. Being virtually alone, she says, is not her choice. But ever since she told her family in Miami she has AIDS, they've stopped calling.

Yolanda: (Through Translator) I'm always alone. Why should I go to my family's house? When I try to go to the bathroom, they look at me funny. If I take a glass they say, 'Here, take this plastic cup.' They think you can get it from sweat. The way that they act, you can see that it's better for me to stay away.

Vaisman: Yolanda's response has been to stay away from friends. She stopped cooking for guests because she fears cutting herself and somehow passing the virus on to someone else. In midafternoon, the curtains are drawn and the air conditioning hums in her spotless apartment. Yolanda, wearing a blue sweatshirt and blue jeans, sits on an arm chair. She has on no makeup. Folding her hands in her lap, she leans forward and speaks softly.

Yolanda: (Through Translator) I can't sleep at night. Sometimes I feel like I want to die. I think, since I'm going to die anyway from that, why wait? I feel so alone. I feel like throwing myself against the wall because I don't have anyone to talk to. You need people who will talk with you and give you guidance because this disease is constantly on your mind. I'm obsessed. I feel trapped.

Vaisman: Yolanda is not sure, she says, whether she got the virus from her former husband or from the only other man with whom she has had relations in the past decade. These days she cares for a male companion who is also HIV-positive. Yolanda feels isolated, even from other Latinos with AIDS.

Yolanda: (Through Translator) Latinos don't like to go to support groups with Americans. Latinos like to share with other Latinos, talk with other Latinos so they can understand each other better. I want to be able to explain what this illness feels like, the pain that I feel.

Vaisman: Yolanda has tried AIDS counseling groups, but in Dade County, there are few that provide services in Spanish. Yolanda believes that until Cubans begin to acknowledge that AIDS is in their community, the epidemic will continue to spread.

(Telephone rings)

Pedro Samora: Hello. Hi. How are you doing?

Vaisman: One young man who has focused more public attention on AIDS than anyone in the Cuban community is Pedro Samora. He found out he was

infected with the AIDS virus three years ago when he was 16. Since then, he's gotten busy.

Samora: (On telephone) I'm going to be in Washington. The s--ninth. Yeah. Uh-huh. All right. Perfect. Bye-bye.

This is a person who's doing a special on--on teen-agers and AIDS.

Vaisman: Since he found out he is HIV-positive, Pedro has plunged into the role of AIDS educator. He gives talks at schools, to church groups and on local radio and television.

Samora: I am basically one of the few teen-agers with AIDS that are willing to speak about it.

Vaisman: A former cross-country runner, Pedro moves and talks with intensity. He wears jeans and high-tops and slicks his neatly cut black hair. His expressive dark eyes, huge eyelashes and easy smiles charm his audiences. One local health official says Pedro's image is helping cut through the denial that envelops Cuban Miami. Pedro has become the consummate AIDS educator. He won't tell audiences whether he contracted AIDS from a woman or a man. That, he says, misses the point. What matters is that he was sexually promiscuous and failed to take precautions.

Pedro's father, Hector Samora, has just come by for a visit. Pedro hands him a copy of a front-page Wall Street Journal story about his AIDS work, which he's had translated into Spanish.

(Excerpt from conversation between Pedro and Hector)

Vaisman: Pedro says his first AIDS education success was his father. Now Pedro listens intently as his father talks. Hector is remembering the day his son told him he had just tested positive for the AIDS virus.

Hector Samora: (Through Translator) I thought I was dying. I would cry alone, because--of course, I thought, I've lost him. What he's doing now is giving us strength to go on. Now we live day by day.

Vaisman: In those early difficult days, Hector Samora says, his reaction was to turn inward, away from his friends in the Cuban community. He thought that many of them would be uneasy around him. He didn't want them to have to figure out how to act with him. But he says, after his son began speaking out about AIDS, one by one his friends came to him. Some asked him to speak to their children, and it finally dawned on him just how little Cuban parents know about AIDS and how uncomfortable they are discussing intimate subjects with their children. Hector says he realized that the parents' discomfort and denial are not lost on the children.

H. Samora: (Through Translator) They don't consult with their parents because they're afraid. Father has always told them, 'This is taboo, this is taboo, this is taboo.' So if they make a mistake because they fall in love, they simply go and do things in hiding without any protection and

with no experience. They get pregnant at 12 or 13 years old. They get AIDS at that age, and it goes on and on and on. If there is no education, we're going to have AIDS day after day. They should speak to their children. They should prepare them the same way they prepare their children to be a doctor, a lawyer, an architect. If they want their children to grow up to be a doctor or a lawyer or an architect, they must prepare them so they don't get sick.

Vaisman: Hector only wishes that he had known enough to teach his son to protect himself.

H. Samora: (Through Translator) I just didn't do enough. I didn't realize that there were other dangers out there. I was sure that he knew how to take care of himself. But I realized later, too late, that he was not.

Vaisman: Pedro gently interrupts. It's clear he doesn't want his father feeling this way.

(Pedro Samora speaks in Spanish)

Vaisman: 'It's not that my father could not talk to me about life,' he says. 'It's that much of what my father learned about sex, about being a man, he discovered on the streets in Cuba. Back then the risks were different. Today learning on the street could cost you your life.' With Raoul Ramirez, I'm Cecilia Vaisman.

Robert Siegel (Host): It's "All Things Considered."
Robert Siegel, host.

The head of United Way is quitting under fire.

Linda Wertheimer, host:

The story in this half-hour of "All Things Considered."

Siegel: The president of United Way of America, faced with criticism from the press and local organizations, steps down.

Wertheimer: What the Israelis proposed to the Palestinians at the Washington peace talks.

Siegel: At the UN, the United States pledges aid to slow global warming.

Wertheimer: And as New Orleans prepares for a Mardi Gras desegregated by ordinance, there will also be a black Mardi Gras--a tradition that goes back generations.

Larry Bannock (Chief, Golden Star Hunters): My aunt really was the one who got me started, and--when she took me around to see the Mardi Gras Indians. And ever since then--I think I would--I would die if I would miss carnival--my carnival.

Siegel: First, this news.

"MORNING EDITION"

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Edwards: The time is 21 minutes before the hour.

Bob Edwards, host:

This is "Morning Edition." I'm Bob Edwards. Mexicans have been crossing the border to find work in the United States for over a century, often leaving their families behind for long periods of time. They are diligent about returning home, ideally, every year, for several months, and they always bring things with them: pickup trucks, VCRs and dollars to spend. As part of our ongoing series on AIDS among Latinos, NPR's Katie Davis reports that Mexicans increasingly are returning home ill with either the AIDS virus or the disease.

Katie Davis reporting:

The afternoon light brightens the green cement walls of the inside patio of the home of Lourdes Duarte Magonja in the small town of Port-au-Port Michoacan (?). Lourdes sorts through a dozen snapshots kept in a worn envelope. 'This is my brother Geraldo, or Jerry,' she says. He lives in Glendale, California, and tends plants in a nursery. Thousands in this hilly farming state in central Mexico have the same kinds of pictures of fathers, sisters and husbands who have gone to work in the United States. Lourdes' husband worked for more than a decade in garment factories in California. She used to have pictures of him, but not anymore. Lourdes burned them three years ago, when her husband returned home and died of AIDS. She tested negative for the virus but said somehow she thought the photographs could infect her.

Lourdes Duarte Magonja (Husband Died of AIDS [Through Translator]): When I heard about the disease, I was--I don't know--desperate. I took everything: the photos, my wedding dress, records, all my mementos, and I burned them. Nothing was left.

Davis: Lourdes knew her husband from childhood dances and Sunday walks around the plaza in this town of 14,000. She says that he began to frequent gay parks and spend time with a male lover while working in the United States, and that is how he contracted AIDS. Lourdes separated from her husband years before his death, but still struggles to understand why he changed when he went to the United States.

Magonja (Through Translator): I never suspected anything. He didn't dress in any special way. I don't know. Maybe the atmosphere in the United States is very different from a small town in Mexico.

Davis: Mexican researchers say social mores are different in the United States. They argue that changes in sexual behavior of migrant men, while working in the US, may explain why AIDS has appeared in rural Mexico, an area considered at low risk for the infection. One study is finding that migrant men adopt different sexual practices while in the United States, such as anal and oral intercourse with men. Sociologist Dr. Mario Bronfmann of the Mexican Health Ministry has conducted field interviews with Mexican migrants.

Mario Broffman (Mexican Health Ministry [Through Translator]): The migrants who are working in the fields are away from their families for

as long as eight months and experience tremendous lack of companionship. I'd even say they are deprived. These men get their paycheck, and the only place they can cash it is in the cantina. So they go and drink, and what some people have said to me is, the difference between a straight Mexican and a gay Mexican is three beers. And then the chance to have sex with other men appears, maybe because there's an offer of homosexual sex or because there isn't any other offer.

Davis: ~~Mexican health officials are concerned enough to dispatch an AIDS specialist to the Mexican Consulate in Los Angeles to plan an education program for migrants. There are plans to do the same in San Antonio, San Francisco, Chicago, and perhaps New York. Dr. Jaime Sepulveda, the assistant minister of health, says hundreds of thousands of Mexicans cross the US border annually, especially into California and Texas, two states that have a high incidence of AIDS. This, Sepulveda says, could cause the problem to grow.~~

Jaime Sepulveda, MD (Mexican Assistant Minister of Health): In the places where they come from, incidence is extremely low, maybe non-existent. Remember, in Mexico, AIDS is essentially an urban problem. It's practically non-existent in the rural areas. But if you have large numbers of these young men going to work to the states of the union with the highest incidence of AIDS, then you have a problem--a potential problem.

Davis: In the state of Michoacan, which has a population of three and a half million people, there are 323 cases of HIV infection and full-blown AIDS. According to the state AIDS agency, a third of the cases are among men who have spent time in the United States. Officials also say that, due to underreporting, these numbers are most likely twice as great.

In the town of Zenapecuetal, known as a town of migrants, there are seven people that are HIV-positive or have AIDS. Six people here and in the surrounding area have died of AIDS. A nurse who tracks these cases estimates there could be as many as 100 people infected with the virus. Zenapecuetal is not a big town. There is one movie theater, one gas station and a hospital which is more like a clinic. A handwritten poster board lists health costs in the hospital. A doctor's visit is \$2; childbirth costs \$46.

The head of the rural hospital, Dr. Luis Filipe Gonzales, pulls the confidential infectious disease file out from under a chair in his office. It's bursting with green folders containing the leprosy, tuberculosis and AIDS cases. Dr. Gonzales says that travel to the United States is the main risk factor for the spread of AIDS in this town. So far, of the 13 cases, not one has been traced to IV drug abuse, prostitution or blood transfusion. State AIDS workers report that a few wives have insisted their husbands get tested for the virus when they return home from the United States, but that is most certainly a minority.

Two and a half years ago this 22-year-old woman, whom we'll call Lupe, was diagnosed as HIV-positive. She would only talk about the experience with the promise of anonymity. Lupe was infected by her husband, who had

sex with a homosexual that made frequent trips to the United States. Her husband died, and so did her infant son, five years ago. Doctors now believe AIDS was the cause. Many in town know that Lupe is HIV-positive, because a nurse at the hospital spread the word. Lupe says it was a scandal and her neighbors ostracized her openly, jeering as she walked up the rutted, unpaved hill to her family's home.

Lupe (HIV-Positive Woman [Through Translator]): Everyone asked me if it was true, what everybody was saying, that I had the disease, and I said, 'Yes, I have it. If you think I have it, then I do.'

Davis: Lupe says some days these questions reduced her to tears. She reacted by drinking heavily and sleeping around. The nurse who follows her case says Lupe had unprotected sex, perhaps on purpose, with at least four men in town.

Lupe hugs her young daughter. According to the local AIDS case worker, the daughter has tested positive for the virus. Lupe insists on telling this version: 'We don't know if she has the disease. We're waiting for the results.' Her mother and stepfather repeat the same story, but also ask anxiously if researchers have found a cure for AIDS. Lupe knows there is a medication she could take but doesn't know its name. AZT is not available at the local hospital, and besides, reasons Lupe, it would cost her over \$100 a month.

Lupe (Through Translator): I told my mother, 'There's no reason to buy it, because I don't feel bad. So why buy it?'

Davis: Lupe is not working now, because she's afraid local employers will insist on inspecting her personal health certificate before hiring her. Her health certificate says she is HIV-positive, and one ex-employer did ask to see it. Lately, she's been considering an invitation from a girlfriend to cross into the United States illegally to look to work. Lupe says it would nice to (Spanish spoken), 'get to know a new place and to be in a place where I'm not known.' This is Katie Davis.

Edwards: It's 11 minutes before the hour.

Bob Edwards, host:

Exploring the powerful influence of an ancient Chinese tradition. First, headlines from Jean Cochran.

Jean Cochran, newscaster:

Good morning. London police are investigating a bomb explosion at one of the city's busiest railway station at the height of morning rush hour. It caused about 20 casualties.

A House-passed tax proposal that gives a break to middle-income earners while raising taxes on the nation's wealthiest heads for the Senate next. President Bush has promised to veto the measure if it reaches his desk in its current form.

The chief UN weapons inspector, Rolf Ekeus, has given Baghdad until 2:00

"ALL THINGS CONSIDERED"

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management authority, which is known as the International Commission for the Conservation of Atlantic Tunas, has been acting more like the International Commitment to Catch All the Tuna--and ICCAT, as it's otherwise known, has not responded to its scientists' warnings and its scientists' recommendations.

Nielsen: Safina wrote the Swedish proposal to temporarily ban Atlantic bluefin tuna trade. The proposal is opposed by the United States, which is the world's major supplier. It is also opposed by Japan, which is the world's major consumer. Sally Kampen, a lawyer who represents the Japanese tuna industry, says CITES should butt out of the bluefin debate, which properly belongs to the Tuna Commission. She acknowledges that the bluefin is rare, but claims the population is rebounding.

Sally Kampen (Attorney, Japanese Tuna Industry): Some organizations are taking things out of context from ICCAT reports. They're not looking at the report as a whole. You know, fishery scienti--science can be quite complex, and it's difficult for, you know, laymen to understand. So it's very easy to manipulate these kind of things.

Nielsen: If the bluefin tuna ban passes, the Japanese are expected to ignore it, leaving open the world's largest market for this fish. The Japanese have ignored CITES bans many times in the past, which is one reason why many environmentalists view them as environmental outlaws. But Hirohiko Nishigawa, Japan's environmental envoy to the United States, says there's a reason why this year's meeting is being held in Kyoto.

Hirohiko Nishigawa (Japanese Environmental Envoy): I think situation in Japan is rapidly changing, and people are more and more aware of the importance of the environment, and now Japan would like to contribute to the world throughout the protection of the environment. And hosting the CITES meeting, which involves some controversial issues for Japan, is evidence of this change.

Nielsen: There are plenty of other proposals on the table at this year's meeting. One would put controls on the South American mahogany trade; another would limit trade in the gall bladders of black bears. Still, as this year's CITES meeting opens, it's the bluefin and ivory fights that are mostly likely to illustrate how well this treaty works and how far it can be stretched. When it does work, CITES has shown that economic and environmental pressures can be balanced on a global scale. In Kyoto next week, the question will be whether CITES can keep on working. In Washington, I'm John Nielsen.

Linda Wertheimer, host:

After Mexico City, Los Angeles is the second largest Hispanic city in North America. Most of the AIDS cases in the Latino population there are among gay or bisexual men, people who came to Los Angeles from south of the border looking for both personal and economic freedom. When they have to look for help in dealing with the AIDS virus, many Latinos find they are all but ignored by the white Anglo gays who have built the city's large AIDS service agencies. And gay Hispanic men are often shunned by traditional Latino leaders, who see homosexuality as an embarrassing and shameful sin. As part of our series on AIDS and

Hispanics, reporter Frank Browning tells the story of two Latino men who came to know one another through the AIDS epidemic in Los Angeles.

Frank Browning reporting:

Unidentified Disc Jockey: Alex, where are you calling from?

Alex: I'm calling from LA.

Disc Jockey: Well, very good. We are going to send you out the debut CD from Blur because you knew that it was Cee who put jellyfish in her bathtub.

(Radio conversation continues in background)

Johnny Mendez (Gay Latino): I remember getting on the freeway and turning on my favorite radio station at time, and--and I--just sort of getting all excited about coming to this new world I was yet to discover.

Browning: When Johnny Mendez came to California from El Paso in 1982, he was 22, and LA was the land of golden dreams. Fresh out of the University of Texas, where he'd studied film and TV production, Johnny wanted to make movies. He left his girl back home, moved in with relatives and aimed his car west to the tantalizing glitter of the Big Orange.

Mendez: And, of course, Santa Monica Boulevard--what did I know about Santa Monica Boulevard? Nothing.

Browning: Santa Monica Boulevard. Johnny had been there once before with his cousins, when he was 19, at a disco. In those days he was scouting for girls. A decade later we're driving down Santa Monica Boulevard, the main artery of West Hollywood, the first place in America where gays have carved out and incorporated their own city: the bars, the clubs, the discos and the boys, scores of them, young men in tight cutoffs, hanging on sidewalks, their thumbs stuck out for drivers who never stop cruising the night.

Mendez: I remember the first time, just driving--going west. I didn't know where I was going. I just noticed these barfronts that kind of looked as if it might be a gay bar which--in 1982 I didn't instantly know what a gay bar was. And you have this vision. Not only was I nervous about going to a gay bar, but I also thought, a--as a Latino person, 'I don't know if I can go into some of these bars.'

(Loud music playing in background)

Mendez: ...over here is Fairfax. And I remember at that corner--I remember that I saw this guy there on the corner. And--and he saw me and he, you know, put his thumb up, and I pulled over to the side so I give him a ride. Where did I give him a ride? I give him a ride to his home. And that's the first time that I actually went looking for another man.

(Loud music continues)

Browning: Johnny's dreams of becoming a Latino filmmaker continued--a video project here, a documentary job there. But after that first summer when he found Santa Monica Boulevard, his life changed forever. He was entering a new world as a gay Latino. The only troubling part was this disease that by 1984 had begun hitting some of his new gay comrades. It was troubling but still somehow distant.

Mendez: I--I used to think to myself, 'I'm Latino. It's not affecting me. It's--it's affecting that other group and I'm not having sex with them,' because I wasn't having sex with people in West Hollywood, you know, it was--you know, what do you call that? Major denial, right?

Browning: At what point did you start doing some kind of safe sex?

Mendez: I--(sighs)...

Browning: You were aware of it?

Mendez: Beginning of '86.

Browning: That year, 8,000 people had already died. Nineteen eighty-six was also the year he began doing AIDS outreach to other gay Latinos. He'd tried to volunteer at AIDS Project-Los Angeles, the large, mostly white West Hollywood agency. But they didn't seem much interested in Latinos then. So he started going out directly to the bars on Santa Monica Boulevard, places that were and are packed with young men. Many have come from Mexico, many others from the distant barrios and Latino suburbs of East LA, places where AIDS is never discussed, places that have never even seen the kind of AIDS prevention campaigns that have long been routine in the white gay world of West Hollywood. Just like Johnny, these men have seen AIDS as a distant problem, something the white gays give to each other.

On a Friday night we went to one of the biggest discos, called Circus, along with Mario Solismarich, a friend of Johnny's from AIDS Project-Los Angeles.

Mario Solismarich (AIDS Project-Los Angeles): In--in white gay bars throughout--throughout the county, you see free condoms, and you see information and you see a concerted outreach effort. And you see people putting ads in their publications. And you see fabulous posters where those men congregate that are eye-catching and that drive the point home. And you're not seeing that in Los Angeles County targeted to gay Latinos because it doesn't exist.

Browning: So you come here a lot--to Circus?

(Response by unidentified man)

Mendez (Translating): Yeah. Yeah. Every Friday.

Browning: Do you think there's much kind of contact--people talking about AIDS in the bars or anything?

(Comments by unidentified man)

Mendez (Translating): Mm-hmm. No, no--that--hardly anybody talks about AIDS. He thinks the whole world is afraid to talk about that.

Browning: How come?

(Comments by unidentified man)

Mendez (Translating): People are worried about--about AIDS.

Browning: Is there anything in this bar here that would let you know that AIDS even exists?

(Comments by unidentified man)

Mendez (Translating): No. They haven't noticed anything. No.

Solismarich: Unfortunately, due to--you know, the--our larger community's negligence, there's nothing out there tonight that's going to tell them, 'It's wonderful that you're expressive, and it's wonderful that--that you're going to have sex tonight, and there's a safe way to do it, and this is how'--because that's what they need to know. Then--then they need not to only hear it once. They need to hear it over and over and over and over again. And they need--they need to know that they're more at risk after their second drink than after their first one--and they're most at risk. They're at risk tonight.

(Sounds of music playing)

Steve Bennett (AIDS Project-Los Angeles): I don't think AIDS Project-Los Angeles should get involved in acting like we're a player in the Latino community.

Browning: For most of the last two years, Steve Bennett ran AIDS Project-Los Angeles which, with an annual budget of \$14 million, is the city's largest AIDS service organization.

Bennett: And if there are people--Latinos who have AIDS, then we need to transform, be sensitive, be accessible, be user-friendly to the Latino population. We need to do that. But to try to get involved in the Latino community and act like we're a-part of it when we're not is baloney.

Browning: Mostly, APLA is run by white gay men, and mostly it serves white gay men. Gay Latinos charge that as a result they and blacks, who have the least money, the worst health and the worst health insurance, have been ignored by the city's white gay establishment.

Johnny Mendez is now one of the handful of Latino AIDS case workers in Los Angeles. After one of his video projects cut him back to half time, Johnny joined an AIDS prevention campaign. Then, as his first lover grew gravely ill, he set film work aside completely and started working at All Saints AIDS Service Center in Pasadena, east of downtown.

Ramon is one of Johnny's clients. The difference between these two gay men is stark. Ramon--which is not his real name--is a Mexican who has lived without papers in the United States for 13 years. No one in his family knows he has AIDS or even that he is gay. Johnny has been openly gay with his family for several years. These questions of secrecy, denial and acknowledgement, especially within the family, come up constantly when gay Latinos hear talk about the AIDS epidemic. They also occupy much of the time Johnny spends with Ramon when he comes in for an appointment at All Saints. They speak in Spanish, and one of the topics is just how much Ramon's family really knows about his condition.

Mendez (Through Translator): Do--do they know that you're going to the hospital for treatment?

Ramon (Through Translator): Yes, but I tell them it's for cancer.

Mendez (Through Translator): And they haven't asked you where this cancer came from?

Ramon (Through Translator): No.

Mendez (Through Translator): Have they seen the spots that you have?

Ramon (Through Translator): Yes.

Mendez (Through Translator): What are they going to think?

Ramon (Through Translator): Well, um...

Mendez (Through Translator): Well, what?

Ramon (Through Translator): That I have AIDS.

Mendez (Through Translator): Why are they going to think that?

Ramon (Through Translator): Well, they know--they watch television. They've seen people with AIDS that have spots and they'll think the same of me.

Mendez (Through Translator): Well, maybe they're going to find out sometime.

Ramon (Through Translator): Well, well--unless I'm cured, yes.

Mendez: He lives in this make-believe world.

Browning: To Johnny, Ramon is like many Latinos. He still hasn't fully acknowledged what it means to have AIDS. He says Ramon lives in a world of denial about his sickness, about his family, about his prospects--all of which is tied up with an older denial about being gay.

Mendez: Even I did it in the beginning. You participate in--in this sexual world, in this gay world. And you say, 'OK, yeah. I'm having sex with other men but, you know, I'm not gay.' And I think he's been living

under that--you know, that make-believe world for such a long time--whether he likes it or not, whether he--he--he says over and over, 'I will never say what I have,' but I think that one day he'll have no choice and his family will find out and he'll have to answer.

Browning: There's a frail, hapless quality to Ramon. Once, you can see, he was a lively, almost pretty young man. Now he wears old, dark shirts and sweaters and shiny black plastic shoes. We sat talking across a picnic table in a park in Arcadia, one of the East LA communities that is rapidly filling with Latinos. He spoke about his earlier life in Zacatecas, Mexico, where as a boy he helped his father with the cows and the donkeys. There are 12 children in the family. The five youngest have all come north in search of their California dream. Ramon lived in a farm town in California's Yucca Valley, a place that reminded him of his home. Sometimes he'd go into Palm Springs to dance in the discos. Until he got sick, Ramon sent \$500 a month home to his parents.

Ramon: I--I make a house for my family, so now I cannot help because I no work. I cannot work. But before, yeah, I send money every month. I send money to my daddy.

Browning: Like his brothers and sisters, Ramon saw California as a chance to make a decent living. But it was more than that. It was also a place where he imagined he could love other men free of the threat of violence and the shame he was sure his family would suffer if he'd stayed in Mexico.

Ramon (Through Translator): Well, I thought that by coming here I would have more freedom to be my--myself, to do as I wished, without my family ever knowing what I'm all about or what kind of lifestyle I like taking. You know, I would like to commit suicide because I just cannot take living with my sister. I cannot be myself. I have to basically just go on with their own lifestyle and their own schedule of things. I--I just wish I had also my green card. It has not been issued to me because of my health problems. But if the paperwork ever comes through I would like to go somewhere else, to a different state where I can just, like, get lost and nobody will ever hear from me again.

Browning: Ramon has not worked for several months, living on Social Security checks Johnny has arranged for him. At times it seems as though he's simply watching impassively as the grim tale of his disappearing life slips through his lips. He does hold on to some hopes, of course. If only God will give him a green card, he says, maybe he'll get another job. Then he might get married, have children and get well. Last year, when he thought he might die, he went back to Mexico to see his family one last time. Then his health improved. Lately, he's been taking chemotherapy for the Kaposi's sarcoma lesions on his body. Mostly, however, he waits.

Ramon (Through Translator): Well, I'm doing what everybody with this disease is doing, which is waiting to die. I mean, unless there is any kind of medical breakthrough in regards to this disease and our sickness can be relieved somehow, all we're doing is just counting time and waiting to die.

Browning: This is Frank Browning reporting.

Robert Siegel (Host): It's "All Things Considered."

Linda Wertheimer, host:

How high is your good cholesterol?

Robert Siegel, host:

That story in this part of "All Things Considered."

Wertheimer: One number is not enough anymore. The government wants us to keep track of good and bad cholesterol.

Siegel: Iraq defies the United Nations order to destroy its missile manufacturing.

Wertheimer: China was ready for war with the US over Korea, according to Chairman Mao.

Siegel: Ferdinand Marcos' body will soon leave Hawaii. We'll visit a shrine of sorts where it rests now.

Joe Laso: All tourists from all over the world come and see--as I was sugges--suggesting to the manager of the Valley of the Temples that even if Marcos' body would go back to the Philippines that he should save this place so that the people will just come and see.

Wertheimer: First, the top stories in the news.
Corey Flintoff, newscaster:

From National Public Radio News in Washington, I'm Corey Flintoff.

The United Nations Security Council issued a statement today condemning Iraq for its refusal to comply with the conditions of the Gulf war cease-fire. The statement warned Iraq that it faces serious consequences if it continues to refuse to permit the destruction of the facilities used to manufacture its ballistics missiles. Iraq announced its refusal today in a letter to the UN, saying it will send a delegation to the UN sometime in March to explain its position. Iraq's acting UN ambassador told reporters that Iraq doesn't want to destroy its missile factories because some of the equipment can be converted to non-military commercial uses.

Corey Flintoff, newscaster:

The South African government plans to ban firearms and other weapons at political meetings. The decision follows an escalation of violence in townships in recent days. John Harrison filed this report for the BBC from Johannesburg.

John Harrison reporting:

The ban will be imposed under the Dangerous Weapons Act. It will cover traditional weapons like the spears and battle axes most frequently

"WEEKEND EDITION"
Saturday

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Saturday

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No other group in the United States--white, black or Hispanic--has been hit harder by AIDS than Puerto Ricans. The island of Puerto Rico has an AIDS rate that is three times the national average, and it has one of the highest per capita rates of HIV infection in the Americas. The Puerto Rican government says it is taking effective measures to fight AIDS but there are many people in the island who blame the magnitude of the current epidemic on government inaction during much of the last decade. AIDS activists believe the tragedy of AIDS in Puerto Rico is one of lost time and missed opportunities. NPR's Maria Martin visited the island and has this report.

Maria Martin reporting:

It's World AIDS Day in San Juan, and an animated group of AIDS activists is marking the occasion with a march around a poor neighborhood. In typical Puerto Rican fashion, they file behind drummers in the style of a traditional child's funeral called a baquinae.

Unidentified Puerto Rican Man: And you see congas and you see people clapping. To some degree we have--each and every one of us has lost somebody.

Martin: This may sound like a large gathering, but actually only about 50 people are here today, not nearly as many as one would expect in a place that's been hit as hard by AIDS as Puerto Rico. The marchers say the low turnout is representative of the entire problem here, that the awareness level regarding AIDS on this island is years behind other places. Social worker Alfredo Santiago says he holds the Puerto Rican government responsible.

Alfredo Santiago (Puerto Rican Social Worker): We have a government who say they don't need any other funds because they have sufficient resources. We're in hell. You have people that are dying that need medical help. What is this?

Martin: Santiago's anger is shared by many in Puerto Rico. They say the reason their island has the highest per capita rate of AIDS in the Americas is that for the first decade of the epidemic, the government in power largely ignored the growing health crisis. Dr. Joe Torro is the executive director of Fundacion SIDA, the oldest community-based AIDS organization on the island.

Joe Torro, MD (Executive Director): The position of the state in that time presented by voice of the secretary of the health department was that there was no problem in Puerto Rico, that there was--everything was under control. And it was amazing because we were working at the community and we were seeing a lot--a lot of cases with a lot of needs. But the state insisted for a long time that there was no problem.

Antonia Novello, MD (US Surgeon General): Could it be denial? Perhaps it was the lack of communication, or perhaps it was the feeling that the counting of the cases at the beginning were just maybe 1,000.

Martin: US Surgeon General Dr. Antonia Novello is the first Puerto Rican

and the only Hispanic woman to serve in this post. She says that in the early years of the epidemic, public health officials in Puerto Rico were not aware of the connection between the transmission of the disease and the astronomically high rate of intravenous drug use on the island. So time was lost by failing to target the population most at risk for AIDS.

Novello: Well, you have to remember one thing. Puerto Ricans are the only community in which the largest mode of infection is IV drug use. And in the rest of the Hispanic community, it is homosexual--sex men with men. So again, it was perhaps felt that the drug problem was not as intense as it was. And secondly, Puerto Rico has this invisible bridge with New York City in--where the transfer of Puerto Ricans from one place to the other happens to occur in a multitude of forms, ways and times by which, before we were even alerted that it was occurring in the population, it was really dispersed.

Martin: Others say politicians in Puerto Rico were slow to react to the AIDS crisis for fear of hurting the island's tourist industry. And some blame the rivalry between pro-commonwealth and pro-statehood political parties for further delaying a coordinated response to AIDS.

Like these churchgoers in the southern Puerto Rican city of Ponce, about three-quarters of the island's residents are Catholic. San Juan's Roman Catholic archbishop, Luis Sapunta Martinez, has been a vocal critic of any effort to use condoms as a means of preventing the spread of the disease. Some health professionals and AIDS activists say this is irresponsible in a culture where there are already strong taboos against condom use.

In Puerto Rico it's commonly believed that men use condoms only for sex with prostitutes, never with one's wife or girlfriend. So AIDS activists trying to get people to start using condoms were outraged when the archbishop stated that it was better to die of AIDS than to use a condom.

Father Raphael Suazo (Spokesperson, Archdiocese of San Juan): He was sorry to say that, because it was not his intention to say that it's better to die.

Martin: Father Raphael Suazo is a spokesperson for the archdiocese of San Juan. Though studies have shown that when used properly, condoms are effective protection, Father Suazo says the church in Puerto Rico opposes their use, mostly because condoms don't guarantee a zero risk from AIDS.

Suazo (Through Translator): I know that various groups have complained about the opposition on the part of the Catholic Church to the use of condoms. But I can tell you that the church has been one of the very first--one of the pioneers in helping people with AIDS in Puerto Rico. Yes, we have rejected the use of condoms because they are not absolutely safe. If any company would convince me or the church that the condom is absolutely safe, then there would be no problem. But that has not happened yet.

(Excerpt from Puerto Rican cable TV spot)

Martin: Even though Puerto Ricans get cable television and can shop at Radio Shacks and Burger Kings, they are in many ways isolated from the mainland due to distance, culture, language, political status and poverty. The average income in Puerto Rico is less than one-half of that in our poorest state, Mississippi. And while Puerto Ricans are US citizens, they don't receive the same federal benefits as Americans living in the 50 states. Puerto Rico's Medicaid recipients--that includes most AIDS patients--cannot see a private doctor or go to a private hospital. So the majority of people with AIDS in Puerto Rico have access to medical attention only through a severely strained public health care system. That system is becoming more burdened every day as a growing number of people, like Victor Luna of Santurce, are diagnosed with AIDS each month.

Victor Luna (AIDS Victim): It's not easy. I don't think that there--these is a lot of doctors prepared to work with patients with AIDS.

Martin: Thirty-four-year-old Luna is actually one of Puerto Rico's luckier AIDS patients. He's one of several hundred who began to receive the drug AZT from the government in the past year. Prior to that, AIDS patients on Medicaid had no access to AZT or other drugs used to fight the infection because, AIDS crisis or no AIDS crisis, the fixed amount of Medicaid funding the US Congress allows Puerto Rico annually is just not enough to pay for highly expensive drugs like AZT.

(Excerpt from consultation)

Luna consults with Dr. Jose Vargas at the Community Initiatives Clinic in San Juan. Dr. Vargas says even now, AIDS drugs are hard to get. Often the AIDS medicines he dispenses are brought in secretly by sympathetic AIDS activists from the mainland.

Jose Vargas, MD (Community Initiatives Clinic [Through Translator]): Right now only about 900 or so patients are receiving free AZT from the government clinics, that's out of 7,000 full-blown AIDS cases and possibly 60,000 who may be HIV-positive. So you can see, the numbers of those receiving AZT are much lower than those who need it.

Martin: In the 50 states, health-care professionals emphasize early diagnosis of AIDS. The sooner a patient is identified, the sooner life-prolonging treatment can begin. -But according to Dr. Vargas, this concept of living with AIDS is just out of the question for most of those who test HIV-positive in Puerto Rico.

Vargas (Through Translator): There is no possibility of sustaining health over any length of time here. While in the continental United States they speak of the possibility of some seven to 15 years between initial diagnosis of HIV and the first symptoms of the disease, here one begins to see a great deterioration in health just one year or less after the initial diagnosis.

John Droyan, MD (Central AIDS Agency): This is where we have a clinical as--assessments, the community-based organizations, office coordination.

Martin: The director of Puerto Rico's new Central AIDS Agency, Dr. John Droyan, proudly shows visitors around his \$30 million operation, set up just two years ago when the government finally consolidated all its AIDS efforts under one agency. Droyan, a Johns Hopkins-educated epidemiologist, says Puerto Rico has now caught up in the areas of AIDS treatment and prevention. What Puerto Rico needs to work on now, he says, is its reputation.

Droyan: I think any time you get a bad type of reputation, it takes a longer time to get rid of it than when you have a good reputation. And I think in Puerto Rico's case, the last year we've been able to clean up our act and change our image quite dramatically in the treatment part. And the prevention side, I think it's starting to show now. Like everything, you know, if you have a little problem, it takes longer to--to get rid of the--the image problem.

Martin: But clearly the problem in Puerto Rico goes beyond image.

In the town of Lucia, on the eastern part of the island, construction workers are adding a new wing to a small wooden house that serves as a hospice for about a dozen Puerto Ricans in the last stages of AIDS. Today, aside from the sound of saws and jackhammers, things are calm. But just a few months ago, the scene outside the hospice was one of confrontation as some people from the community vowed they would never let the hospice open.

Unidentified Hospice Worker: And they swore that they would kill any person with AIDS that would come here. They--they said they would shoot them or burn them alive. They--and they used to stay there all night, and they wouldn't let us sleep or anything.

Martin: Today, the hospice is one of a few community-based projects that have emerged in response to the AIDS crisis in Puerto Rico. Founder Marianna Salano says she wanted to start a home where people with AIDS could live out their last days with hope and dignity, people like her husband Jorge.

Jorge Salano (AIDS Victim [Through Translator]): I've been an AIDS patients for five years, and I know that we have to bring many people out of their ignorance. It's ignorance, for example, to stay in your room waiting to die. That has no dignity. Well, that's the case with many people in Puerto Rico because of the stigma. We have to break with the myths about the disease, that I'll catch it because I touch you or look at you or speak with you on the phone.

Martin: Jorge and Marianna smile ruefully, thinking of all the catching up Puerto Rico has to do. Marianna looks up and gazes over the grounds rising from the back of the small hospice. Someday, she says, she hopes to build a larger hospice over there. It'll be necessary because according to some projections, by the end of the 1990s as many as 200,000 Puerto Ricans, one of every 15 people on the island, may be infected with the AIDS virus. I'm Maria Martin reporting.

Simon: This is NPR's "Weekend Edition."

"ALL THINGS CONSIDERED"

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has demanded. Portugal, the colonial power in East Timor until Indonesia seized it, is a leader of the international drive for Timorese self-determination. The Indonesian foreign minister is impatient with calls for Timorese self-determination, claiming that only a small minority of the East Timorese oppose integration with Indonesia.

Alatas: We consider that in 1976 the overwhelming majority of the people of East Timor have decided their fate, and an overwhelming majority decided to opt for independence through integration. That situation stands even today. Is that a clear answer?

Clark: The US government, which has cultivated good relations with Indonesia for a quarter century, takes an equivocal position on this question of self-determination for the East Timorese. The State Department acknowledges that no valid act of self-determination has taken place, and yet the State Department accepts the annexation of East Timor by Indonesia. This is Ted Clark in Washington.

Lynn Neary, host:

Across the country AIDS activists are alarmed by a disturbing trend. The disease is spreading at some of the highest rates among Hispanic refugees, men and women who are poor, who don't speak the language and don't have access to health care. In Miami, some of the greatest numbers of HIV infection are found in the Cuban community among the large numbers of gay men who came to the United States in 1980 during the Mariel boatlift. As part of NPR's series on AIDS in the Hispanic community, Jo Miglino reports that while these gay men were seeking freedom in their new homeland, they unknowingly exposed themselves to an epidemic that is now silently killing them.

Jo Miglino reporting:

Saturday morning on a side street off Biscayne Boulevard in downtown Miami: Only small white letters on a window identify this storefront as the office of the League Against AIDS. Inside, more than a dozen Latino men have come for their weekly support group meeting. They're a mixture of young and old. Some wear expensive clothes and come from fancy homes; others live in shelters. They wear mismatched hand-me-downs and speak no English. These men are from Colombia and Argentina and Peru. They are a cross-section of Miami's Latino community brought together by a common bond, the AIDS virus. Today they also share loss. Last night one of their own, a young gay Marielito, died after a long fight against the illness. The majority of the men in this group are Cubans who came to the United States 12 years ago during the Mariel boatlift.

Manuel Lorian Vega, MD (League Against AIDS): Unfortunately, they came at a time when the epidemic was getting started and it was beginning to spread.

Miglino: Dr. Manuel Lorian Vega is the director of the League Against AIDS, the only service organization in Miami devoted to Latinos with AIDS.

Vega: During the first five years of the epidemic, let's say between '80

and '85, a lot of people got infected because they didn't have the appropriate information because they had not learned how to speak the language correctly yet. They were not tuned into the media which was disseminating the information, which was the white media. And they were listening to the Hispanic stations, and the Hispanic stations were not talking about AIDS because it wasn't a Hispanic problem in their frame of mind. That's when I came in, in 1986 and I saw that this is what was happening. I said to myself, 'Well, my goodness. You know, there's going to be a lot of dead people if somebody doesn't start doing something.'

Miglino: Dr. Vega says that if you were seeking a model for the spread of AIDS, you couldn't find a better place than Miami in the '80s or a better group of subjects than the gay men from Mariel. They were young, sexually active, free and on their own for the first time in their lives. In San Francisco, it's been estimated that close to 70 percent of the gay male population is infected with the AIDS virus. While there are no comparable statistics for Miami's gay Marielitos, health officials in Dade County suspect their rate of infection may be as bad or worse.

Raphael (HIV-Positive Marielito): My name is Raphael, and I came from Cuba in 1980. I came from Mariel and I've been HIV-positive for six years from 1985. I have to say thank God that I'm--I'm feeling still well, you know. I don't have any problems yet.

Miglino: Raphael asks that we not use his last name. The 28-year-old is strong, well-built, handsome, jet black hair, coal black eyes, a quick and easy smile. Raphael is sitting on a sofa in his tiny one-bedroom apartment. He shares it with his mother and brother. They live in a poor, mostly Latino section of south Miami. There's not much in the way of furniture in the apartment--the sofa, a small dinette, an old stereo, a TV set. And there's not much in the way of decoration. On a table there are family photographs.

Raphael: This is my mother in Cuba with my brother. He look--how poor, you know, how...

Miglino: This is in Havana?

Raphael: In Havana, exactly. You see Havana. This is me at a party with--with a real good friend.

Miglino: Oh! Where is this?

Raphael: Miami Beach. That was in 19--1985. How different I was. Now...

Miglino: When you look at this picture, what do you see?

Raphael: Happy. Yes. I was happy. Everything was different, another way. You know, everything was different. My life changed. And when life changed, everything changed.

Miglino: Devastating change came for Raphael soon after this photograph was taken. First, his best friend and lover died of AIDS; then he, too,

found out that he had become infected with HIV here in the United States. Raphael stares at the picture. His smile has faded. He turns away from the image with sadness. It's almost as if it were too painful for him to remember the time when he was so carefree, standing in the sun, laughing on Miami Beach.

Let me ask you a question. If you knew in 1980...

Raphael: Mm-hmm.

Miglino: ...that you were going to be sick today because you came here to the United States and had the kind of freedom that you had in terms of being a gay man, would you ever think that you should have stayed in Cuba?

Raphael: No way. No way.

Miglino: Would you trade those 11 years...

Raphael: No. No. No. No. No. No. No. No. No. No. No.

Miglino: You wouldn't trade the...

Raphael: No. No. No. I prefer to--to be sick here than to be in Cuba because in Cuba you're living in hell. You don't have to die to be in hell.

Miglino: But you'll have your whole life...

Raphael: So what? What life? What life? You don't have life in Cuba. Live like a--scared from everybody? You cannot trust no one--no--no way--no. I love this country so much. I love freedom so much.

Miglino: In Cuba, homosexuality is a crime against the state. Police routinely conduct sweeps of the streets, rounding up men with long hair. Writing poetry or attending the ballet would start whispers, cause rumors that could sink careers and wreck lives. In many countries, discrimination against gays is subtle. In Cuba, Raphael says there is no subtlety.

Raphael: For a lot of Hispanics or Latin family, to ba--to be gay is the most disgusting thing. You know, they can throw you out from the house. In Cuba, if you're gay it's like you are a criminal. Something like that. You know, it's very--very bad. It's not like in this country, you know.

Miglino: For Raphael and the thousands of other gay men who would come through Mariel, a chance for life in the United States was worth any risk, any hardship. Once here, they grabbed with both hands at the freedom they'd been denied in Cuba, the freedom to live openly as gay men. For the first time, they could hold hands on the beach and kiss in the sun. They could dance together, live openly together. Some even took to wearing high heels parading up and down the streets of Miami's Little Havana. South Florida was heaven for Raphael and the gay

Marielitos.

Raphael: I remember the first time I was going to a gay bar. You know, I was afraid. Outside before--to get inside the bar, I was looking if I see any cop or any police car or something, you know, because I was coming like with that kind of mentality in Cuba. You know, they--they--nobody can know that you're gay or anything. I said this to an old friend. He started laughing and he said to me, 'Raph, you're in America. You're not in Cuba no more.'

Miglino: But discrimination would still plague the Marielitos in Miami. Their behavior and their reputations were all too shocking for the Cuban-Americans who had come to South Florida in the 1960s and had established a tight-knit, prosperous community. These men and women were conservative and industrious. They worked hard to gain power in Miami, and they feared that all they'd accomplished was threatened by the gay refugees. And so they disowned the Marielitos.

Raphael: Yeah. When I came to this country, the Cuban community--they was treating us like we was garbage, and they start blaming on us that we start giving a bad reputation. To be a Marielito, for a lot of Cubans, is like to be garbage or, like a lot of people say, to be like a piece of trash.

Miglino: Cut off from the mainstream, the Marielitos formed their own community. Most worked hard. Like Raphael, they found jobs in Miami's restaurants and hotels. They got their green cards, then citizenship. But then came the mysterious sickness, one that tore at the fabric of these new lives. Meanwhile, Dr. Vega of the League Against AIDS was trying to bring word of the epidemic that was to come to Miami's Latino community, but his message was not well-received. He had to buy time on local radio stations to talk about the AIDS virus. But few chose to listen to his pleas. Even among the Marielitos, as many started to get sick there was an unwillingness to talk about the illness.

Raphael didn't know about AIDS until his lover became desperately ill. He nursed him and prayed for him and after he died, Raphael found out that he, too, carried the virus. The death of his lover and his own diagnosis sent Raphael into a deep, dark depression. He started drinking. He stopped working, quit school where he studied computers. All he could do was watch helplessly as friend after friend got sick and died.

But Raphael found strength in the family he had left behind in Cuba. Three years ago after working and saving, Raphael was able to bring his mother to live with him. In May he brought his older brother here as well. They all pool their wages to pay for rent and food.

(Excerpt from family conversation)

Miglino: Raphael's mother is 65 years old. She works six days a week cleaning house and doing laundry for minimum wage. Many Latino families turn out their sons when they find they're gay and sick. Raphael's mother says that was not possible for her.

(Raphael's mother comments)

Raphael: She said, 'We're--we're all human beings. He's my--my child. How can I throw him out?'

Miglino: So far Raphael has shown no symptoms of the disease. He works out at a gym, takes his medication, and sometimes on Sundays he rides with friends to the gay bars on Miami Beach. He says he's not sexually active, but he still likes to look at the handsome men who come to the bars to dance. Raphael says that it's important for him to share his feelings about his illness. He hopes that might help others. The only time that his anger and frustration shows is when he speaks about the unwillingness of Miami's Cuban community to talk about AIDS.

Raphael: The Latin community doesn't want to hear about AIDS, doesn't want to talk about AIDS, you know, because first, they don't want to use any condom--anything because they think that because they're macho mens they're not going to get sick or anything. The person who think that is--does--he's sort of stupid. He sort of ignorant. This is not like a flu--anything. This is a disease who kill people.

Miglino: Raphael knows better than to think he can beat the virus that is multiplying in his cells, slowly destroying his immune system. The course of AIDS is different for every person, but if doctors are asked to generalize, they'd say that someone like Raphael would be three years away from the infections that will signal the onset of full-blown AIDS. His life expectancy from that point would be just 18 months. Raphael says he will keep fighting and speaking out about AIDS, hoping the message will get through to others in Miami's Latino community. This is Jo Miglino reporting.

Lynn Neary, host:

Alex Trebek ("Jeopardy"): In a Stephen King novel, she avenges herself on classmates using telekinetic powers.

Unidentified Man #1: He was secretary of the Navy because he stuck by his guns.

Unidentified Man #2: Why don't we go back to my place? My folks aren't home.

(Excerpt from foreign television program)

Neary: Channel flipping has become one of America's new pastimes. No longer content with passively watching whatever is served up by the major networks, TV viewers are using remote control with a vengeance, manically grazing over the multitude of programs available on the cable channels.

(Excerpt from programs from several channels)

Neary: But just what does cable offer to the average TV viewer, and is it any better than the standard network fare? We've asked a self-confessed channel flipper here today to talk about these and other questions, critic Bob Mondello. Hello, Bob.

"WEEKEND EDITION"
Sunday

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Sunday

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The power of peer pressure is strikingly evident at Madelia's American Legion Hall, where Andy Lawrence and Jim Bird are having a late afternoon drink. Both men have lived in Madelia for over 50 years. When asked about the town's new Hispanic residents, Andy Lawrence at first says this.

Andy Lawrence (Madelia Resident): I don't think they're an asset to the town because every Monday and Tuesday I go up to the post office and mail, they're sending their checks back to Mexico and Texas. So, I mean, as far as financially-wise, they're not doing us any good. I--I'm sure they're an asset to the liquor store.

Biewen: But Lawrence's friend, Jim Bird, takes a more hospitable line.

Jim Bird (Madelia Resident): They take care of their own people, probably better than the people up here would. I mean, I--I can't condemn them for that. (I would not say they're no betterment to the town by any means.

Biewen: Andy Lawrence seemed surprised by his friend's response. But within a minute or two, Lawrence himself takes a complete turn.

Lawrence: They're an asset to the town--these people that--because I've had some live around me, and man, I'm telling you they're the best neighbors I've ever had.

Biewen: For National Public Radio, this is John Biewen in Madelia, Minnesota.

Lawrence: But there's nothing wrong with them. We--I'm behind them 100 percent. I'm glad we have them.

Liane Hansen, host:

According to the World Health Organization, one and half million adults worldwide have reached the late stage of HIV infection known as AIDS. About 15 percent live in the United States, and a disproportionate number of them are Hispanic. In the Bronx, Chicago, El Paso, Los Angeles and other cities, the battle to stop the spread of AIDS has been waged by people who were there in the early stages, with no funds and little fanfare. The powerful and the prominent have avoided the issue and remain silent. As NPR's Brenda Wilson reports, some say it's time to take the challenge to the top.

Brenda Wilson reporting:

In the Hispanic community, the expectation for leadership and improving the awareness of Latinos and generating support to fight the epidemic increasingly rests on the shoulders of its most prominent representative, the surgeon general of the United States, Antonia Novello.

Antonia Novello (Surgeon General of the United States): I'm trying to do op-eds, editorials, talks. I'm going to be everywhere because I believe the Hispanic community is waking up.

Wilson: Some have criticized her for not being more outspoken before her appointment in 1989. But she says she was involved in the issue, working on pediatric AIDS at the National Institutes of Child Health and Human Development. These days she accepts every opportunity to speak to her community about the epidemic, motivated by the realization that even though most Latinos have known someone with AIDS, that alone has not convinced them that they are at risk as well.

Novello: Most of the time, it's a little bit of fear, a little bit of ignorance and a little bit of not knowing the true risks about acquiring the disease. And it's a little bit of homophobia, and so when you deal with homophobia, it's easier to believe that the first 10 years of the epidemic was the norm. So it was them, not us.

Wilson: The key, she says, is information, and it has to come from a lot of sources--the media, soap operas, the schools and the community.

Novello: They have to get it from the people they believe in and they trust--and importantly from the religious groups and the community leaders, absolutely. Everybody really has a role to play and has to play it soon because every day 5,000 people get infected.

Wilson: How would you assess the--the role that the leadership has played?

Novello: It maybe has not been as good as it should for the rate and the incidence of the epidemic. But that, I believe, is the past.

Wilson: In the past, there was California's representative, Edward Roybal, the 75-year-old chairman of the Hispanic Congressional Caucus and an elder statesman of Hispanic politics. In 1982, at a time when others in Congress were not very interested in AIDS, he requested \$2 million in funding for AIDS research.

Congressman Edward Roybal (California): Well, I had a--an employee of mine that--that was gay who told me in the last minute that he had AIDS. I knew that he was gay at the time that I hired him. And he started to tell me about AIDS way before anybody else, I suppose, knew about it. And when the time came, I remembered what he had told me and became interested in AIDS as--as a whole, realizing that AIDS was something that could actually become an epidemic. So what actually prompted me was--was education of self.

Wilson: AIDS activists say that that small investment of \$2 million was significant at the time. It has grown to \$2 billion. The complaint sometimes heard about Roybal regarding AIDS is that he has not done much since then. But his critics will concede that when asked, he did move to get portions of the federal Centers for Disease Control's funding for prevention and education projects to be given directly to organizations in minority communities.

In the past, the money went through state health departments, which often overlooked minority communities even though they were the hardest hit by the epidemic. The fact that prominent Hispanic leaders have often been

reticent to speak out about AIDS--a reticence some have acknowledged--stems from a desire to protect the community from what the leaders see as the stigma of drug abuse and homosexuality. And even when they have been willing to speak out, they have--like Congressman Roybal--been chided by many in their community.

Roybal: There were people who would kid me about the fact that I was interested in the homosexuals' disease. Finally, we know--know the situation as it really is and more and more people that I know that at one time were--would kid me in a particular meeting, they don't kid me any longer because someone in their family has AIDS or someone in their own community has AIDS.

Wilson: People like Roybal and Novello, prominent, often-criticized and highly visible leaders, are only part of the picture of Hispanic leadership. There is a whole other group of leaders who have been busy all along. And Jane Delgado, the executive director of Cosmo, a national coalition of Hispanic health and human services organizations, says that what they have been able to do has been limited by a lack of money.

Jane Delgado (Executive Director, Cosmo): You know, Cosmo worked in--on HIV from 1984 until August of 1987. And for a national organization, the only money we had was \$75,000. So what we did is we took that money and we just spread it out and told everyone that HIV was going to be part of everything they did. I think one of the things--that there has been leadership, but without funding it's been very hard.

Wilson: But some like Mario Solas Marish, the co-chair of the Latino Lesbian and Gay Organization, have their doubts. Observing a group of national Hispanic organizations at a recent health consortium, he came up with a bleak assessment of what Hispanic leaders have been doing about AIDS.

Mario Solas Marish (Co-chair, Latino Lesbian and Gay Organization): None of them have responded as aggressively or forcefully as I would have liked them to.

Wilson: Mmm.

Marish: And it's frustrating. I mean, it's really, really frustrating. Yet I stop and think Jose Perez should--should be at this meeting today.

Wilson: But Jose Perez is dead. He died of AIDS. Many of the leaders who began working on the AIDS when the epidemic first hit the community are now dead. Perez was a gay activist recognized by many in the community for his advocacy on behalf of intravenous drug users and gays and his ability to prod leaders into addressing the needs of people with AIDS. The loss of people like Perez, people with many years of experience, has made the work of Solas Marish and Jane Delgado all the harder. In the past year, Delgado lost two of her closest friends to AIDS, including the vice president of Cosmo.

Delgado: And I was thinking of all the messages and the work we have to do still at a time when many of the early people who were involved with

AIDS have either died, gotten burnt out or have moved on to other areas.

Wilson: The vanguard of AIDS workers often served out of a special dedication to friends and the cause. By the late '80s, funding for AIDS prevention had increased, but competition for the money also intensified. Medical, health and community groups which had not previously been involved began to include AIDS work as a part of their mission. Jane Delgado questions whether they will be effective AIDS educators.

Delgado: They were people who had never really talked in their communities about sexuality, had never talked really about drug abuse, and they saw HIV as a way to grow and make money. And that's a reality that for many of us is very difficult to deal with because we felt that HIV--you had to be committed to do it for the long term because, in fact, one of the major problems I see is that their programs to educate communities--it's a one-year program. And the message is such a difficult one to give to people that that message has to be given over and over again.

Wilson: And there is still some disagreement over what that message should be. When you look at a map of AIDS around the country, in California, Florida, New Mexico, Texas, the vast majority of AIDS cases are gay and bisexual men. Yet, only a handful, perhaps as few as four Hispanic groups, focus on these men. Other Hispanic community leaders and health professionals say that is because most gay Latinos have not come to terms with their identity. The message must be directed instead at the family and carefully crafted to suit each locality.

There is one point on which everyone agrees, that AIDS is epidemic throughout the country, and so the larger part of the responsibility for educating and providing services belongs to the federal government. But opinions vary on how to make the government do more. Jane Delgado says it can be done by carefully working the system.

Delgado: You don't turn a tank around like you would a little Jaguar. And these agencies are much bigger than tankers. The purpose of a bureaucracy is not to change, to remain stable in the face of government changing. What advocacy groups do is they make those entities change.

Wilson: Mario Solas Marish is disappointed enough with this approach to think that perhaps his colleagues and health policy and AIDS community work have forgotten their own youthful activism.

Marish: What we're really missing in the larger Latino health agenda is youth, is, you know, is organizing in the colleges and in the streets and outside of the colleges and organizing those kids that couldn't get into college. That existed in the Chicano movement, you know, in the '60s and--and the early '70s. That--that energy was there. There hasn't been that next wave of militant activism that would push this agenda forward.

Wilson: However they choose to deal with AIDS, Hispanics say ultimately the answer must come from within. For that to happen, they say, Hispanics must be fully represented on the commissions and agencies that allocate resources. Today more than half of the cases of AIDS in the

United States are among minority people, yet longtime AIDS worker and former nurse Eunice Diaz is one of only three minority members of the 12-member National AIDS Commission.

Eunice Diaz (National AIDS Commission): Regardless of the finest efforts, it is still not the same kind of potential that it has when individuals meet together that are the leadership of these communities affected, that are people that firsthand know on a day-to-day basis that AIDS doesn't stand alone. AIDS stands today in a midst of an environment of poverty, of racism, of homophobia, of a lack of employment, educational advancement and opportunities for many of us. And within that milieu, here comes one more thing.

Wilson: I'm Brenda Wilson.

Hansen: This is NPR's "Weekend Edition."

(Credits given)

Hansen: I'm Liane Hansen.

Liane Hansen, host:

I'm Liane Hansen. Coming up on "Weekend Edition," Ken Rudin pulls no punches in a review of the polemic of the past week and a preview of this week's primaries. Also, Julian Crandall Hollick transports us back to the Indian village of Jitvapur, and a history of situation comedy: It began on the funny pages and continues on television, where everything old is new again. Don't go away.

From National Public Radio in Washington, this is "Weekend Edition." I'm Liane Hansen. Just sit right back and you'll hear a tale, a tale of Operation Desert Isle. Bob Heinz is convinced that a television show about seven stranded castaways is American folklore and deserves to be immortalized, so he's petitioned the governor of Hawaii to change the name of Maui to Gilligan's Island. Heinz is the captain of the Gilligan's Island Fan Club. Carolyn Tenaka, news secretary in the governor's office in Honolulu, says the odds of the club getting its wish are zero to below zero, about the same as the cast getting rescued from reruns. More situation comedy later this Sunday, March 1st. First, news. Bill Redlin, newscaster:

From National Public Radio News in Washington, I'm Bill Redlin. Two Yugoslav republics are voting today on referenda that will decide the future of what remains of the old federation. Pierre Vicary reports a high turnout in both Bosnia and Montenegro despite calls by some political leaders in each republic for voters to boycott the polls.

Pierre Vicary reporting:

Elections officials of both Sarajevo and Titograd claimed a high turnout in the state referenda, with more than 50 percent of voters reported to have already cast their ballots. Despite fears of violence, both polls have so far passed relatively peacefully with only minor incidents reported. Voters in the republic of Bosnia were expected to decide to