

CGHAF meeting /minutes March 22, 1987

In Attendance: L.P. P.D. P.C. M.M R.G. G.I. D.G.G.
F.N. K.H. D.A (minutes)

The purpose was to discuss the Goals of the Group "Where are we going?"

INDIVIDUAL GOALS

L.P.: "My goals have changed since the group's inception. Now I feel it should provide AIDS services to people who need it most, (AIDS, HIV infected, High risk people)" overall goal to get to people who should be targeted Gay men. Also keep good name in the Health services. Some minor focus on the campus population, & the external political community.

F.N. "I joined to get involved with a Gay-focused group." Personal coming out. Enjoyed the stuff with group; counseling is at times frustrating, but he leads that to his own "delusions of grandeur." His desire (until June since he'll be leaving) is to focus efforts to Gay men. He believes the HIV clinic will help.

P.D. He believes we should provide more services to the ill ^{more}, eating/sleeping with AIDS. Future insights for the group are for more to happen to stop/prevent the homophobes. Also get services/information to the young.

Provide new & different programs.
Continue dorm raps, sensitivity workshops,
Out reach to the gay community. Get the
overall community involved.
A Future goal: Link our work together
with other campus groups. Work with
the Gay groups to get more gay students
in for our services. AIDS groups should be
less separatist. Each should know their
speciality and do that best plus additional
things. ^{as we} ~~all~~ should evaluate "our best
role - figure what we can do - and
provide this to all others possible"

G.I. "My goal as I entered was to get
more information, my own health, also
I wanted a gay oriented group. I wanted
to come out more. Wanted education and
peer support." Now he's personally
involved with AIDS. He wants to do
more consciousness raising events about
AIDS. We should continue to advertise,
Do more direct service for P.W.A.s.
Although we can't say "CALL WHEN YOU
GET AIDS WE'LL HELP" he feels this
should be a group we reach.

D.A. "My goals were to be a part of a more
socially aware and forward group who
could, ~~is~~ was, providing campus-wide
AIDS / SAFER sex information in a
constructive format." I, being involved

training, Deans/administrator training. Overall goal now is to continue to educate and motivate the masses, because these are the backbone of our future outreach. I feel this will reach the HIV infected, those with AIDS, ARDS and those at high risk. Remaining separatists will alienate the campus not calm the stereotypical homophobe.

K.H. "My original goal was to be involved in a group which enabled me to come out" As AIDS has changed his goals have changed. He's not interested in activist approach. Also he does not feel we should become medical experts. Rely use MD's Continue to outreach to the general populations. Teach them what ~~AIDS~~ AIDS is. Help fight discrimination. Definitely get to the gay community more. But NOT exclusively. Do campus-wide events. HIV clinic is too limited. Energy of the group cannot only go toward this. Future - unsure. counseling has been good. He feels so far services are viewed as important & he wants to continue them,

T.G.G. Counseling is very important. Burnout & overlap of services is his concern. Very small but very talented group.

R.A. forums. "Endoctrinate the army to understand get involved themselves in this group or in others" Raise awareness in masses to get more power, more ally's Keep ambition vs. overambition in check.

RG. As a new student to C.U. he did not know the campus, but he knew he no longer wanted a politically oriented group. He wanted a more gay identified group - but AIDS related. He imagined group work, Counseling needs to, & should be, a place anyone can ask an embarrassing question, voice their fears. This needs to be a forum for anyone of any risk background. Also he wants to get educated - get the word out Floor raps were great and essential! He sees a blurry line between politics & services. Need to do more outreach to other groups. All communities everyone should be included. "Education is where it's at" HIV clinic is an idea not a reality. HIV persons are more educated than us. University should provide this. Groups as a whole: EDUCATION, MORE WORKSHOPS, FLOOR RAPS, ADVERTISE FOR COUNSELING, OUTREACH TO THE COMMUNITY AT LARGE.

Preston

P.C. His goal was ^{when} he returned to C.U. to work. He wanted to get involved in a Gay

do AIDS work rather than Gay Politics.

GROUP DISCUSSION

Issues:

- 1) HIV clinic: concern over our groups involvement vs. Health services. Will it work? Too much energy not enough need? Is it us or Health Services doing? Resolution: Mostly our concern 1/2-3/4 our work the rest Health Services. Feel it will be easier to see once it becomes a reality. (L.P. K.H. M.M. ~~Aud~~)
- 2) Why do Group Goals Now?: concern why is this necessary, What's the point, Why not wait until Sept when it's a new group? Resolution: Feels need to have a baseline to work from for new members, for future recruiting. Attrition occurs naturally - why fight it? Emotional turmoil with an anxiety ^{free} _{baseline} would be a good idea. (K.H G.I. P.D) ^{R.G.}
- 3) Overwork/Too Many Projects: concern over what outreach is too much if any at all. Laura claims to be the worst offender. She's in favor of working till we drop. Fear of those who don't give enough

Resolution: Try to get paid staff. We need to take care of ourselves more. We need to remember all of the excellent, outstanding projects we've done. Make the meetings more fun (bring food) Encourage everyone to give what they can and to put energy into projects they like

4) Get a Group Focus; Concern over lack of overall group goal. How will this help? Accountability of our actions or lack of actions? Need better management / supervision / leadership not a focus. Consensus is hard - often doesn't work

Resolution: Set a minimum work requirement for new members. (4 hrs a week) Utilize a better committee structure and require every member to be on at least one committee. Accountability should be to your committee head (when possible). Do exit interviews to know why a person left. Talk to each other honestly & openly. Bring issues into the open - not behind closed doors. Each project manager will do a goals, time table work requirements chart and actualize it.

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AVL