

The BESTD (Brady East STD) Clinic, Milwaukee's long-running gay health clinic, will turn 35 later this year. Over the years the clinic has had to respond to a variety of challenges from outbreaks of STDs in the city's gay male community, to HIV/AIDS and most recently the fairly sudden departure of longtime President Kevin Lynch.

*Quest* sat down recently with newly-elected Board President John George to talk about the transition and the new challenges the landmark clinic is facing. George is no stranger to BESTD. He has been volunteer for 10 years, came onto the board in 2002, was elected as vice-president in 2005. During those years George worked closely former President Kevin Lynch and assumed the role of acting President at the clinic after Lynch joined his partner who had relocated out of state due to career advancement.

**Quest:** How is the transition going?

**George:** My first challenge was the delegate the many functions that (Lynch) played at the clinic. Kevin is a great guy, but he did almost every function at the clinic. I called the Board of Directors together and delegated out to each member (some of Lynch's) duties. We had always joked that if Kevin had been hit by a bus, we'd be at a loss. He was a wealth of information and we had to disperse that. The board has been developing a clinic (operation) manual over the last year.

**Quest:** Has the economic recession brought challenges to the clinic?

**George:** Sure. The biggest challenge we have seen has been the shift to the overall need for health care. We are only open on Monday and Tuesday nights. Every Tuesday night we have doctors that examine, treat and provide clients with free medications. Free health care in America has become a huge issue. We spend the most money on giving out medications because they're quite expensive. We've seen a huge increase in need for our services. Yet a major part of our budget comes from client donations. We've seen a significant drop in client donations over the last year. Also, funding from the state (of Wisconsin) has decreased.

This has come at a time when we have been trying to expand our services. Historically on Monday nights we have only done HIV testing, while on Tuesdays we also have medical providers who are treating. In the last year we've tried to expand to (offering medical treatment) on the first and third Monday of every month as well.

**Quest:** Has job loss and subsequent loss of employer-provided health insurance impacted your numbers?

**George:** We usually only have two doctors and it's a walk-in clinic. We usually take the first 25-28 people, then we have to start turning people away. We've seen a definite increase and we've had to turn people away early in the night, referring them to a different clinic.

A goal for the board is to have doctors available on every Monday. Since everyone is a volunteer, we need to build up our pool of doctors, nurse practitioners and physician's assistants.

- that is huge!

The majority of the clientele we are men who are having sex with other men. That's where we started and that's still our core business. We do see some heterosexual men and women who are getting HIV testing, but we remain the most gay-friendly clinic in the city of Milwaukee.

We had about 15 Marquette students come on an AIDS retreat weekend. I spent about two hours with them answering their questions. One of the things that they wanted to talk about was the gay artwork we have on the walls. Some of the posters are pretty graphic, I guess, for people who don't usually encounter gay posters.

We don't discriminate and we don't turn anyone away, but we also don't hide the fact that this is an anchor in our community. As long as there is a need for a gay-friendly clinic we will always be here.

Most people are repeat customers. They come back because they know it's a safe place, a place where they won't be judged.

**Quest:** What percentage of your clientele have been from the minority communities in Milwaukee?

**George:** We just started running our end of the year statistics. We do see a fair amount of African-American men. We see Spanish-only speaking people. But as far the gay community we're mostly drawing from white males.

We have that whole African-American segment where you don't use the word gay - it's men having sex with other men. It's a cultural thing - if you ask if they're gay they'll say "no" but if you ask if they're having sex with other men, they'll say "yes."

We've also seen a real shift in the kind of casualness about sex. People coming in saying "Yeah, I've had sex with men, I've had sex with women." It's more the younger people - I'd say mid-20's. They have a much more casual attitude about defining themselves as gay, straight or bi.

**Quest:** What other changes and challenges are you seeing at the clinic?

**George:** One of the things that we're looking at is bringing in newer, younger generation people as volunteers. Many of our volunteers have been there 5 to 10 to even 20 years. It's great but we haven't brought in younger volunteers who have stayed longer than six months or a year. We'd like to find a new kind of energy a far as outreach to the next generation.

We'd like to expand our medical services as a said before and we'd like to do more outreaches. We do a large outreach at PrideFest but that tends to be kind of the only one we do. There was a point in our history were we did do outreaches at bars on the week-

## Feature: BESTD Clinic: New Challenges For Milwaukee's Gay Health Clinic

*Interview by Mike Fitzpatrick*



**Quest:** I'm assuming that when you get an HIV+ test result, you refer those folks over to ARCW, the 16th Street Clinic or other providers who can get them hooked up with programs that can help pay for long-term care and medication expenses.

**George:** If they are someone who has health insurance, we refer them to our medical director Andy Petroll - you've run an article about him before. If they don't have health insurance, we refer them to ARCW to get them involved with those programs.

**Quest:** Do you deal with other ailments beside the STDs that clients are presenting?

**George:** We're not an all-service provider. Our niche is HIV testing, and STD testing and treatment. We do refer to the City of Milwaukee health clinic when people have other ailments. There also some free clinics around the city. Our providers can refer people out but it's difficult to find low cost or no-cost health care anywhere.

**Quest:** And BESTD remains the clinic that is the most gay-accessible and gay-friendly, is that a fair statement?

**George:** Yes it is. And for the first time ever, the clinic is going to reach out to our community for some funding. Two things that make Brady Street unique are the people - those who come there and those who volunteer - and the location. BESTD is a discreet location on the East side of Milwaukee with parking

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ends, things like that. It's something we've drifted away from and other organizations have filled that niche. We need to re-look at that and possibly look for volunteers who would not necessarily want to be at the clinic on a Monday or Tuesday night but would be able to do some kind of weekend outreach at the MidTowne Spa, or bar events or softball games.

It is one of the reasons BESTD has become a sponsor of the NAGAAAFest (softball world series) coming later this year. We will be able to reach another group through that outreach.

We've also have seen a shift in probably the last five years of the role of the Internet and casual sex. In years past it was cruising places and parks, now it's online. It's made it easy for people to hook up with large numbers of people in a short duration of time. We all know the more people you have casual sex with, the more likely you will encounter HIV and STDs.

**Quest:** And there are very well constructed studies that suggest your risk of picking up an STD or HIV are 25-35% greater if you're picking up your partners solely from online chat rooms and social networking sites.

**George:** Yes, and more and more of our clientele are saying "yeah, that's part of my sexual practices. I hook up online."

**Quest:** Can you tell me more about the planned community donor outreach?

**George:** We have this great historic building that's about 120 years old. One of the things that comes with historic buildings is that they age. And although the building has been well maintained, there are things that need to be done. We need to repaint the building. We probably need a new roof. We just replaced one of our two furnaces. The other one is a good 15-16 years old. We've got a parking lot in need of repairs. All together we've identified more than \$50,000 in capital improvements that are going to be needed over the next couple of years.

One of the things that the board and I are doing is going after donations for capital improvement funds. The building helps make who we are and it needs attention. And it's expensive. We don't have a big budget. Everyone is a volunteer. We're fortunate enough to own the building so we don't have a mortgage. We're a nonprofit so we don't have to pay

property taxes. So we have a small budget as a result and looking at \$50,000 for repairs is huge. So for the first time in many years we're going to reach to the community to solicit donations for those capital improvements.

**Quest:** Are you going to do a specific capital drive?

**George:** We have identified a couple of specific organizations that we are going to solicit this year, following their grant cycles, for these big budget items: capital costs, marketing costs, medication costs. We're fortunate to have on our board two people who have development background and just added a new board member with grant-writing expertise.

**Quest:** If people would like to send a donation your way, where would they send it?

**George:** They can send it directly to the clinic. They can go our website - [www.bestd.org](http://www.bestd.org) - to get the mailing information. We had talked about doing a direct donation link like PayPal but we haven't done it yet. But they can see our building right on the site, that wonderful historic building that is pivotal in defining who we are.

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