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Feature

Lifeline

Chase Brexton Celebrates 30 Years of Healthcare For Gay and Straight Alike

by Laura Laing



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It was a warm Friday evening in 1978. Scott MacLeod and about a half-dozen other young gay men whom he didn't know sat in a cramped basement room. "We all looked at each other and said, 'Who wants to go first?'" MacLeod remembers. "And I said, 'I'll go first.'" He went into a back room, where a phlebotomist drew blood and a nurse swabbed his genitals.

At that moment, MacLeod believes he became the very first patient of Baltimore's Gay Health Clinic for Venereal Diseases. After he left the tiny office, his samples were taken down to the Baltimore City Health Department for testing. Within a week, he would know whether he had syphilis, gonorrhea, or chlamydia.

Disco, beautiful boys, and a raging libido put 22-year-old MacLeod right in the middle of the gay men's sexual revolution. He visited the clubs, cruised the parks, and took in peep shows on the Block downtown. "Sex was liberating," he says. "That really is the most radically profound thing to share--intimacy. And if it's anonymous, it's even more profound."

The eventual consequences for the many gay men who took advantage of the freedoms of the '70s are abundantly clear now. But in 1978, AIDS didn't exist, at least not in the United States. With no idea that a mysterious disease would cause their worlds to crash in around them, a group of dedicated gay men and lesbians vowed to create a place for themselves in Baltimore. As they saw it, they needed a hotline, a newspaper, a bookstore, and a medical clinic. The Baltimore Gay Alliance--which, depending on who you talk to, was founded in the late '60s or mid-'70s--provided a springboard for Baltimore's first Gay Community Center, which founded a gay men's health clinic.

The night that MacLeod nervously raised his hand was the birthday of Chase Brexton Medical Services, which now boasts locations in Mount Vernon, Randallstown, Howard County, and the Eastern Shore, offering services ranging from dental care to addiction treatment. Unlike similar gay, lesbian, bisexual, and transgender-oriented clinics around the country, Chase Brexton has grown and stabilized in the face of the worst epidemic of modern times, a complex social service structure, and a broken medical system.

In the mid-'90s, at the grand opening of Chase Brexton's current home on Cathedral Street, then-board president Dr. Merle McCann reportedly called Chase Brexton "the best present that the gay community gave to the city of Baltimore." The center was queer space, but like many places in the GLBT community, everyone was welcome.

Today's Chase Brexton doesn't resemble its humble beginnings and focused mission, but it hasn't lost touch with them either.

It may seem strange that Chase Brexton was founded before the first report of a "gay cancer" hit the news in 1981. But in fact, sexually transmitted diseases were of concern in the gay community as far back as the '60s. In Chicago, volunteers began offering STD testing to gay men in 1966, and in '74, the city opened its first testing center devoted to gay men. That was also the year that such services were first available in Milwaukee. Whitman-Walker Clinic in Washington, D.C., opened its doors in 1972, and the Gay Men's Health Collective of the Berkeley Free Clinic was founded in California in 1976. Indeed, after the 1969 Stonewall riots in New York kicked off the burgeoning gay-rights movement, medical professionals were among the first to respond.

Along with this newfound support, gays and lesbians had more places to be out and proud. Once relegated to back rooms and dark corners, "superbars" began opening around the country. On July 7, 1972, a line of gay men snaked around Eager Street, waiting to get into Baltimore's first gay night club, the Hippo, a huge change from hole-in-the-wall Leon's and the Drinkery on nearby Park Avenue. That same month, Baltimore's Metropolitan Community Church held its first Sunday service at the YWCA on Franklin Street, offering for the first time in the city a place for gay and lesbian Christians to worship openly. In December 1976, after moving to several temporary locations, including St. John's United Methodist Church in Charles Village, the church settled into the basement of 2233 St. Paul St. Formerly a site for manufacturing artificial limbs, it eventually became the first site offering free STD testing for gay men in the city.

At the time, the Baltimore Gay Alliance was keen on creating a meeting place outside the bars. "When I came out, I went to the Hippo, but bars were not my scene," says Harvey Schwartz, one of the founders of the Gay Community Center of Baltimore (GCCB). He remembers seeing a sign for the Gay Alliance posted over a cigarette machine at the Hippo. The meeting was held at a rowhouse, and the main topic of discussion was entrapment by plainclothes police officers outside the Block's peep shows.

The GCCB was incorporated on March 28, 1977, and although it still had no building to call home, organizers continued holding ad hoc consciousness-raising groups that met weekly at a rowhouse at 928 N. Charles St., Schwartz remembers.

"They were invaluable to me," he says. "I thought, *There has to be more to gay life than just bars.*" The straight community had country clubs, business organizations, and neighborhood circles, he continues: "I thought that we needed to have a place."

Ultimately, that place was the basement of 2133 Maryland Ave., which rented for \$150 per month. "There was a lot of hand-wringing, because no one had \$150," Schwartz says. "But I just said, 'Let's do it.'"

The Gay Health Clinic was first held at Metropolitan Community Church's home at 23rd and St.

Paul streets. For about six months, volunteers poked and prodded the men who stopped by, testing for the hot venereal diseases of the day--syphilis, gonorrhea, and chlamydia. Then the clinic moved to the GCCB's Maryland Avenue location.

"We wanted an all-inclusive place with a health center," Schwartz says. The Gay Health Clinic offered STD testing and treatment. Open only a few days a week, and almost always in the evening, these services depended entirely upon volunteers.

"It was a needed service," Schwartz says. "There was no problem attracting customers." That, in part, was due to the GCCB's newsletter--a precursor to the center's *Gay Life* newspaper--and grass-roots efforts that produced a 4,000-person mailing list.

At the turn of the decade, everything changed, however. The GCCB found a permanent home at 241 W. Chase St., at the corner of Chase and Brexton.

And that's when the landscape for freewheeling, partying gay men changed forever. AIDS had arrived in the United States.

In 1977, a Danish surgeon practicing in Zaire died of *Pneumocystis jiroveci* pneumonia, a lung disease caused by a yeastlike fungus. Although *jiroveci* had been seen previously in premature or malnourished infants and the elderly, the surgeon was 47.

But it wasn't until reports of a "gay cancer" surfaced on the West and East coasts of the United States that the Centers for Disease Control and Prevention began to take notice. Cases of Kaposi's sarcoma--distinguished by raised purple blotches on the skin--cropped up in communities of sexually active and promiscuous gay men. *Jiroveci* was also reported.

By 1982, the syndrome had a name: Gay-Related Immunodeficiency Disorder, or GRID. The moniker stuck, even though cases were appearing among straight intravenous drug users as well. But no one knew exactly how the disease was transmitted, or how it could be prevented.

"I did the whole routine that everyone did--went to the Hippo, etc.," remembers Michael Stevens, who came out in Baltimore sometime around 1982. "Safe sex was not routine then."

As the disease and awareness of it spread, Stevens recalls, "we became terrified." Suddenly, already-stigmatized gay men were even lonelier. They became fearful of one another, as friends died quickly. "It wasn't only a death sentence," said Lynda Dee, AIDS Action Baltimore founder and former board president of Chase Brexton, in a 2006 interview with *Gay Life*, "but you got sick really, really quick."

The empowered and liberated men of the gay sexual revolution were suddenly stopped in their tracks. There wasn't even a test for this mysterious and destructive disease. They were afraid that the strides they had made would be for nothing. And most of all, they were afraid of dying.

But the community that these pioneers had formed--in the bars, at church, and at the GCCB and its infant medical center--was the foundation for a groundswell of support that was absent in many cities around the country. By good fortune and the concentrated efforts of pioneering men and women, Baltimore's gay community was relatively well-prepared to face AIDS head on--even if

there was virtually nothing it could do for its dying and fearful brothers.

In 1983, the medical center had moved to the third floor of the GCCB. By that time, GRID had a new name, too--Acquired Immune Deficiency Syndrome--as scientists understood more about the disease.

A year later, Dr. Robert Gallo of the Bethesda-based National Institute of Health and researchers at France's Pasteur Institute separately discovered the cause of AIDS--a virus that Gallo called the HTLV III (human t-cell leukemia virus). Soon after, the first blood test was approved by the Food and Drug Administration, and gay men had their earliest weapon for fighting the deadly disease: prevention.

Michael Stevens and his then-partner decided to get tested. "The clinic was the first place we thought of," he remembers. "The building was not impressive. It felt [like we were] relegated to a lesser space.

"It didn't feel shady," he's quick to add. "But this wasn't Hopkins, where you have the stamp of approval." The building was old with drab offices. "I do remember having a sense of doom when I was there in the waiting room," he says.

That was perhaps as much about his fears of test results as it was the surroundings. Even medical professionals and dedicated volunteers were disheartened by the AIDS work they did in the '80s. "When you gave HIV results, and I often did, you felt like you were an executioner or a Christ figure," says Gregory Wise, who served as the volunteer coordinator and then co-executive director of Chase Brexton later in the decade. At the time, a positive test result was a virtual death sentence, while a negative result was often akin to a miracle.

Before having their blood drawn, Stevens and his partner were given a prevention speech. "It was very much tied to counseling," he says. "You didn't get, 'No, yes, goodbye.'" They were shown how to put on a condom and told about the risk factors that were known at the time. And for this Stevens is eternally grateful. "I absolutely credit them for changing my behavior," he says.

After giving blood during that first visit, Stevens and his partner went into the excruciating two-week wait for their test results. "During that time, my ex and I didn't really talk about how we felt, but I found myself getting more and more apprehensive," he remembers. "You got a blemish or had a forgetful moment--*Do I have AIDS?*"

They were both HIV-. "It was like a rock was lifted off of me," Stevens says. But others were not so lucky, and at the time, the most that the volunteer medical clinic could do was offer a safe place where HIV men and women could get emotional support. But many activists wanted to offer more.

"In those days, people had no options" for treatment, Lynda Dee says in an interview with *City Paper*. "We said, 'Try this. Try that.' People were getting scammed. A lot of times they got sicker." There were creams that were intended to reduce the effects of Kaposi's sarcoma lesions, but they burned the skin. Capsules filled with pond scum were purported to boost the immune system.

Dee and others advocated for better research and better care. And they thought it would be best if both were done at the same place. "Like storefront research," she says. Sometime in the mid- to late '80s, she heard of a research grant being offered by the NIH, but Chase Brexton needed to be its own entity, separate from the Gay Community Center of Baltimore, in order to qualify.

The grant was only the tip of the iceberg, Gregory Wise says. "There were many of us who thought there were other grants and federal funds that we could procure, if we were a separate 501 (c)3," he says, referring to the IRS tax provision that defines certain types of nonprofit organizations.

Talk of separating from the center provoked conflict, what Schwartz describes as "a struggle of wills between very strong-minded people."

"The place was torn apart with strife," Dee remembers. "At one point, there were only four of us left on the board."

Chase Brexton separated from the GCCB in 1988 and moved to its own location on the second floor of the Medical Arts Building on Read Street. It was a tiny space with a waiting area, reception desk, and a dark, narrow hallway leading to three exam rooms and a phlebotomy room. Health Education Resource Organization (HERO), which had begun in 1983 as a local AIDS hotline and expanded to provide case management services and outreach to various at-risk groups in the city, occupied the eighth floor.

Ultimately, "the GCCB was like the good parent who allowed their child to grow up," Wise says. He served as the first co-executive director of the independent clinic in 1988 and oversaw the move and transition to independence.

Part of the reason for the split was the fractured status of the HIV-infected and at-risk community; IV drug users weren't comfortable going to the GCCB for testing and treatment. "I wouldn't say it was a big change" in patients after the move, Wise says. "But I did see an influx of IV drug users, and I didn't see the numbers of gay men going down."

The volunteer staff was what Wise remembers the most. "They really gave a damn and wanted to help people when others were ostracizing them," he says. Volunteer nurses and doctors flew back early from vacations so they didn't miss their shift at the clinic. One front-desk volunteer commuted nearly two hours to staff the phones and greet patients.

There was plenty for the volunteers to do. "It was definitely busy," says Franklin McNeil Jr., who got tested there after learning that his partner was HIV sometime in the late '80s. He went on to join Chase Brexton's board in 1993. "If you showed up at the door and you didn't have insurance and needed help, they took you--us," he says. "The lobby had lots of people in it. It wasn't quiet."

Chase Brexton welcomed a patient base that fell all across the socioeconomic spectrum. As a Marine officer, McNeil had available health care, but he needed a quick and confidential test. Others figured that they would get more compassionate care there. "There's never been a lot of individual docs here that treat HIV," Dee says of Baltimore. "It's always been the clinics."

Chase Brexton had found its niche--HIV testing and treatment for Baltimore's marginalized

populations.

The late '80s and early '90s were dark years in the AIDS epidemic. AZT had been approved by the FDA as treatment for the disease, though with crippling side effects: anemia, muscle pain and weakness, and an increased risk of bacterial and fungal infections. ACT UP had formed in Baltimore and elsewhere, loudly demanding better treatment and more funding. Gay men in Baltimore had seen entire circles of friends die, emaciated and covered in lesions. There was more funding and more research, but these were slow to trickle down to those already ravaged by the disease.

Still, 1990 marked the beginning of a period of stability at Chase Brexton that continues today. Looking for a new executive director, Dee sent out job announcements across the country to as many AIDS-related organizations as she could. The announcement landed on the desk of David Shippee, then director of the AIDS Treatment Program at Albany Medical Center in New York.

"Within a couple of weeks, I was down here talking to people," Shippee says. At the time, Chase Brexton had nine staff members and about 70 volunteers. It also had a \$600,000 budget, 85 percent of which came from grants, primarily federal dollars funneled through the city Health Department.

Shippee was ready to get his hands dirty and had skills and experience that Dee and other board members were looking for. "I was running an HIV clinic that had diverse funding, and I understood the reimbursement system" for patients with HIV, he says.

Hired as executive director in 1991, Shippee's approach was a radical change from the scrappy activists who had started and maintained the clinic. He has a quiet, corporate demeanor that reassured some board members and staff and worried others. He is also straight, with a wife and family.

Shippee felt that it was time for Chase Brexton to expand its services and, as a result, access larger federal and state funding streams. And that had some staff members concerned about the direction the clinic was taking. Would it continue to serve the gay community? Would it move away from its roots in Mount Vernon?

At the same time, it was painfully clear that AIDS was affecting families as well as individuals. Mothers brought their HIV sons to the clinic, and many of these women were living with their own health problems: psychological issues, hypertension, diabetes. "The light bulb went off," says Dr. David Haltiwanger, director of clinical programs and public policy at Chase Brexton. "There are other people having a difficult time finding competent, confidential, and culturally sensitive care."

And the GLBT community had needs outside HIV and AIDS, as well. Lesbians were facing their own health crisis--breast cancer--and addictions treatment became important within the community. "We felt we could do more than one thing. We could walk and chew gum at the same time," Haltiwanger says.

In October 1994, the center took another huge step toward growth; it purchased 1001 Cathedral St., a building it still owns and occupies. "This building has been a godsend for them," Stevens

says. "They've really improved their image."

As difficult as it was to make the decision to expand services and invest in infrastructure, it was also Chase Brexton's salvation. No one could have imagined what would happen next--that effective treatments would be available for a large portion of the AIDS-infected population, forever changing the landscape of AIDS treatment and even prevention. Medical centers that didn't expand services, such as Whitman-Walker in D.C., have had significant difficulty maintaining funding in this new era of the epidemic.

"I think if we'd just stayed an HIV clinic, we would have had a limited existence," Shippee says.

With more than a decade of grieving and despair under their belts, those with HIV and their caregivers were not psychologically equipped to deal with the hope that came with the introduction of "the cocktail," a combination of three drugs. Many patients had resigned themselves to death, only to get out of bed and return to a productive life. A miracle, for sure, but one that was difficult to come to terms with, especially since AZT and other treatments had given false hope.

"Can I turn around and let myself hope, let myself plan?" Haltiwanger, who joined the staff in 1994 as director of mental health, remembers hearing from his patients. "Do you let yourself believe or do you prepare to be let down again?"

Not only did these patients have to deal with a nearly complete reversal in their health, but they were also faced with repairing relationships broken by the disclosure of drug use, homosexuality, or simply their HIV status. And of course there was also the guilt and fresh grief. Not everyone lived long enough to get the cocktail.

Franklin McNeil's partner died in '94. "I wish he had made it until the cocktail had come around," he says. "But things happen for a reason."

When attorney David Hankey joined the board in 1996, he wanted a good financial and organizational picture of Chase Brexton. "I don't think they'd had anyone do due diligence before," he says. "Up until that point, the organization was so concerned with . . . not just patient care but with running things day to day--they didn't have a chance to step back and say, 'What about that?' And, of course, at the same time, we were seeing significant changes in AIDS."

With those changes came a better understanding of the holistic needs of Chase Brexton's patients. Initial meetings with case managers became the framework that held myriad of services together. These case managers help patients with every aspect of their lives that might affect their health.

In 1995, Chase Brexton opened an in-house pharmacy, so that patients could easily get prescriptions filled. Many patients have no insurance, and one staff member now handles the daunting task of helping them apply for free or low-cost medications through the pharmaceutical companies. The board applied for Federal Quality Medical Center status, and the center became the first historically GLBT medical center to earn that status in the country. "We were capturing federal dollars for medical care for those without insurance," Haltiwanger says.

Chase Brexton began expanding geographically as well. Market research showed an underserved

population in the Pikesville-Randallstown area of Baltimore County. In 1999, the center took over a private practice in Pikesville, which eventually moved to Randallstown in 2006.

In 2001, Dr. Eva Hersh was brought in to spearhead the center's efforts to become accredited by the Joint Commission, which accredits health-care organizations nationwide. Chase Brexton became the second GLBT health center in the country to earn the accreditation. In turn, the center is able to attract top medical professionals and is required to meet strict standards of care.

Growth has exploded in recent years, first with the purchase of 10 Eager St., in 2002, to house the center's new dental office and growing substance-abuse and mental-health programs. Three years later, Chase Brexton was approached by the Horizon Foundation to set up a satellite center in Columbia, which now serves 1,600 patients, many of whom are illegal immigrants who do not speak English. And in 2007, the Easton center was opened to serve HIV-infected patients on the Eastern Shore. The scope of that center has grown to include primary care as well as services for other chronic illnesses, like hepatitis and tuberculosis.

But with deep roots in activism, some in the GLBT community, as well as staff members and volunteers, have been wary of change. During this period of rapid growth, Hersh says, "There was a feeling that a sort of folksiness was going to be lost. I definitely didn't want it to become corporate, and I don't think it has."

"If you want to have a place that is reliable to the community and reliable to the staff, you do have to look at the bottom line," says Gina Weaver, who has been a social worker with the center since 1995. "There are definitely people in the organization who think like business and those who think like grassroots, and that balances out."

Despite the changes, no one at Chase Brexton denies the center's own roots. Its mission statement still specifically references the GLBT community, as well as HIV. "Are you going to come to the waiting room and feel like you're at the Hippo? No," Haltiwanger says. "What happens, though--if you're good and you are committed to not discriminating, you can't just serve the GLBT community."

Still, the queer community is a large force in the center's volunteer base, staff, and patients. About 30 percent of the patients are GLBT, and many of them are not seeking HIV testing and treatment. "My first HIV test at Chase Brexton connected me to my health care for the rest of my life," Michael Stevens says.

Hankey and his partner and two children depended on Chase Brexton for family care until they moved near Annapolis. In fact, it was Judy Davidoff, a family physician at the center, who had the first inkling that the couple's young son might have a genetic disorder. "She was the one really pushing us to keep testing, keep getting help," he says.

"I think more people than we realize come to Chase Brexton because of our identity with the GLBT community," Haltiwanger says, "not in spite of our GLBT community."

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