The Mayor of Market Street

San Francisco's Willie Brown talks a great AIDS line. What sets him apart? He's got the record to back it up.

January 1, 1999 Interview By Mario Cooper

Willie Brown doesn't flinch at the term *career politician.* Of his 28 years in the California state assembly before being elected San Francisco's first African-American mayor in December 1995, Brown, now 66, considers authoring his state's first bill to fund AIDS programs his proudest moment. This time last year, Brown, a liberal Democrat, hosted his Mayor's Summit on AIDS and HIV, a forum on how San Francisco could improve its delivery of services to people with HIV. Taking immediate action on 200 recommendations issued by 1,000 advocates, Brown created the post of city AIDS czar and pushed to fund the nation's most innovative AIDS programs, including Action Point shelters that provide necessities -- like showers and fridges for storage of HIV meds -- to homeless PWAs, re-entry programs for HIVers returning to work and a post-exposure-protection ad campaign on city buses. Before the Congressional Black Caucus met last September, *POZ* sent contributing editor Mario Cooper to find out what's next on the mayor's AIDS agenda. Cooper, who knows a thing or two about working the political, black and AIDS establishments -- he managed the 1992 Democratic National Convention, is a board member of the Harvard AIDS Institute and founder of the African-American forum Leading for Life -- spent the day with the sharp-dressing and sharper-shooting Brown. What he found confirms Brown's reputation as one of America's most intriguing politicos.

Mario Cooper: You were elected with high expectations from all parts of the San Francisco AIDS community of your ability to deal effectively with the epidemic. From what I hear, you've met those expectations. What do you see as the current priorities?

Willie Brown: AIDS is still the No. 1 health issue in the city and county of San Francisco, by far. It's also, frankly, the issue that, from a health perspective, we've dealt with best. But gaps still reveal themselves in ethnic communities. We have to do something about expanding the access routes for African Americans in particular. Their numbers are increasing dramatically, as compared to others. And the Latino side may be equally threatened. So we need to pay special, focused attention on prevention, early notification, education and information for these groups.

Of course, with the new treatments now helping people to live a lot longer and healthier, we're facing new problems in San Francisco, such as a change in the work force. We're also concerned that the housing issue, which is critical for the general population, is going to become even more so for people who are HIV positive. We still have to improve our anonymous data collection to

avoid the trend toward names reporting that's going on nationally. We have to make sure that the federal government doesn't win its medical-marijuana suit against us. And of course we've got to ensure needle-exchange programs, because on the African-American side, needle exchange is an important preventive tool.

Among leaders at the NAACP, the Congressional Black Caucus, the Urban League and the black churches, why do you think there's been such a reticence to put their arms around AIDS and take action?

Simply because the African-American community has the potential for being the most conservative community in America. African Americans really believe in the Constitution -- in the democratic model -- and they really adhere to it. But they also come from a foundation of religion and a belief in God. I'm not sure there's anything to say to them that moves them any faster than they are willing to be moved. They aren't going to be moved by the traditional arguments that have been made.

When I served as speaker [of the California state assembly], I had an aide, Brande Wall, who was an African-American gay activist in San Francisco and who ultimately died of AIDS. Brande pulled together a group of African-American gay activists who needed to meet because they were suffering, in the gay world, from racism and, in terms of AIDS, a disproportionate attention focused on white men. They were concerned about that, No. 1. And No. 2, they were concerned about this incredible wall that had been built around them by African Americans -- they were isolated, as if they were lepers. We needed to penetrate that wall. And we made an effort to do that. We had the Mayor's Summit on AIDS -- and almost no black ministers showed up. And even fewer black leaders. That confirmed our greatest fear: that our efforts were going to be met with great resistance, and that the prospect for success in the short run was almost nil.

On this issue nationally, we're still at ground zero. But here in this city, we have a group of black and gay activists who have now found a few religious leaders willing to chat with them. They have started this process of saying, "You ought to have dialogue in your church, in your services, in your civic projects, on this issue." And a few churches are actually doing that in the context of larger community organizations like the San Francisco Organizing Project, which is a loose federation of religious, labor, women's and other community groups. They certainly don't have gay and lesbian issues as a centerpiece of their advocacy. But when these issues do creep in, there are a few more African Americans who are not gay or lesbian and who are beginning to recognize this as a legitimate issue.

Henry Louis Gates, our leading African-American academic, recently said, "If this many black people were dying as a result of car accidents, we would shut down every highway."

That's right. There's no question. You'd have Jesse Jackson out front. You would have great speeches and writings about America's lack of commitment in this vein. At all the annual conventions -- the social workers', the Urban League's -- the leading speakers would be those who had mastered the numbers. But this just isn't on the radar screen. We just aren't there yet.

For many of us gay African Americans advocating about AIDS in our community, the gay white community has a hard time hearing "We need resources -- we don't need you to come in and do it for us."

I believe that we have a better sense of how to access the black community than any model that worked in the white community. You aren't going to find a bulk of blacks in gay bars. There are hundreds of gay bars in this city, and so you can distribute material through that network, but it's a rare bar in this city that has a lot of gay black men in it. That same network doesn't exist in the black community. So, you've got to invent the methods by which you communicate with African Americans. In the white world, there may be only one church in the whole city that's addressing gay issues. Whereas every black church needs to address the issue of AIDS and the transmission and treatment of same. There are two totally different models. We need to develop our own experts in our own community. The cultural differences in our community demand it.

You've been a supporter of several liberation movements. From that vantage point, what can you tell POZ readers about the need for leadership within the women's, black and gay communities?

Every single activist organization that exists today, every movement, can trace its roots back to the civil rights movement. Take a look at Patricia Ireland in the National Organization for Women -- she's occupying the same role that a black woman occupied on behalf of black folks 30 or 40 years ago in the quest for freedom. If you take a look at gay and lesbian activists, their techniques are right out of the civil rights movement. So, from a leadership perspective, were I giving advice to anybody attempting to orchestrate on behalf of immigrant rights or whatever, I'd tell you to read Martin Luther King's playbook. Go back and take a look at the early assaults on this discriminatory system, and within that history you will find the technique that can be employed instantly and effectively in your advocacy role.

What about your own leadership on needle exchange, on medical marijuana, on gay rights? Where did that come from, growing up in Mineola, Texas?

You know, I think it came from my mother and my grandmother. As a little kid, I didn't fully understand what they were talking about but, as I remember, they resented a reference being made to a church pianist as a sissy. These two women were adamant! And it wasn't somebody who they knew or who was ever a friend, as I recall. But they resented his being denigrated. They went to great lengths to protect that person's right to exist.

My grandmother was a great advocate for integration. We had some terrible white people in Mineola, hostile white people who did black people really bad. But my grandmother was a big pusher of forgiveness for these folks. She did not want to be looked at as an apologist in the black community for white conduct, but likewise wanted to make sure that we understood that reacting the same way your oppressors treated you oppressed you even more. So early on, my family history was one of advocacy for those who were abused -- friends or enemies.

What do you think about President Clinton's commission on race?

I speak all around the country on the absence of race as a focused agenda point in this nation. And one of the few things I credit Bill Clinton with attempting to do is getting race back on the agenda. Race ought to be the nation's No. 1 issue. Every day *The New York Times* ought to be writing a story about race. On television, the race question, if placed at all, is almost a throwaway story at the end of the news broadcast rather than up there near the lead. Almost any other subject matter is more important, when 40 years ago that was not the case. Let me tell you, racism is so pervasive in this nation that every day it goes unrecognized and unchallenged.

On the subject of medical marijuana and needle exchange, what do you say to Clinton and his drug czar, General Barry McCaffrey?

In San Francisco, we're fighting the federal government at every level on these policies -- including in court. We pioneered the needle-exchange program. We've given out millions of needles in the last two years. And it has had a dramatic impact on the reduced number of IV drug users becoming infected with HIV. I mean, there's no question. The studies, at the national level, show that it has a positive effect. McCaffrey and Clinton ought to be out there advocating for these programs.

The same goes for medicinal use of marijuana. We pioneered that, too. Voters in the state of California authorized it. And then to have the federal government decide to challenge it, as if it's some threat to the health and welfare of all Americans, let alone all Californians! I think it's a misuse of Justice Department resources to challenge that measure. What they really ought to be about is helping to establish protocols in the medical delivery system for other states to replicate what we've done.

Are their heads in the sand? McCaffrey said in a letter to health officials that he believes medical marijuana and needle exchange encourage use of drugs by young people.

McCaffrey is just totally, completely wrong, and President Clinton ought to have somebody in that slot who has a dramatically different perspective. There are more drug users today than there were yesterday. If McCaffrey's model worked, there wouldn't be. Usually, when you have a situation in which the evidence shows that your theory, your practices and your program are not paying dividends, you readjust. If a football team isn't winning, they change the coach or the players, or they bring in some free agents. Only in the antidrug business in this nation do we simply replicate the mistakes we made yesterday.

If you had here in San Francisco, say, Newt Gingrich, the speaker of the House, from Georgia, and Trent Lott, Senate majority leader, from Mississippi -- both right-wingers -- what would you want to impart to them about what the nation needs to do to help black kids, Latino kids, those who are in the inner city and the poor in the boondocks of their home states?

I would tell them that a free public education is the single most important thing that they could champion. And when I say a free public education, I'm talking about total forgiveness, under the appropriate conditions, of student loans. I'm talking about fully funded public schools at every

level. We don’t have that. And it ought to be mandated with federal money, not just state and local money. That is something Congress could realistically do. If I had the two of them here, I would be wagging on them in the worst way to get them committed to full funding of public education.

What is your message to your black colleagues about AIDS?

They should be in the forefront. AIDS has long been a serious health problem for African Americans, and it’s growing even more serious every day. If the stats are correct, in five years or so, more than half of all of the AIDS cases in this country will be in the black community. We could lose a whole generation of people -- we could be in a situation where we have people 12 or 13 years of age and people who are 60 to 75 and nobody in between. And that’s genocide.

What do you say to those African-American activists who have been out there on this issue, and now feel disconnected from the community they care so much for?

They can’t allow themselves to be disconnected. They’ve got to go back time and time again -- they’ve got to keep going back. They can’t let discouragement control their conduct. At some point, it’s going to become the order of the day in our community.

Did you ever think, when you studied for that first final in your first year of law school, that you’d be the mayor of the city of San Francisco?

No, I never did have that or any other mayorship in mind, frankly. I always had something else in mind.

Such as?

Initially, it was to be a professor. One time it was to be a designer of women’s clothing. I’ve got to tell you, I’d probably be much better off if I had proceeded on to becoming Willie Smith.

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