

FM

Friday Magazine

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SEX: HOW MANY HAD IT,
HOW MANY THEY HAD
IT WITH...

79%

Have had sex at least once

21%

Have never had sex

54%

Two or more partners per year

46%

One or no sexual partners per year

SB-97

The Campus AIDS Survey

Britton Manasco
Contributor

UCSB students are engaging in risky sexual practices although they are well-informed about the ways in which the AIDS virus is transmitted, according to a recently-released campus survey.

"The most surprising result was that high-risk people simply aren't protecting themselves," said Senior Administration Analyst Scott Whiteley, who helped conduct the survey with sociology Professors Janice and John Baldwin. According to the researchers, although AIDS has caused students to worry more about sex, they are not changing their sexual behaviors significantly.

The survey results, according to Whiteley, were tabulated from the responses of 851 men and women to a questionnaire mailed to 1,426 randomly selected students last winter and spring quarters.

Of the 79 percent that reported having sexual intercourse at least once, 54 percent responded that they averaged two or more sexual partners per year. And although condoms have been reported to be the best protection against the AIDS virus, the results indicate that condom use is "unimpressive," Janice Baldwin said.

Of those that had engaged in sex in the last

three months, the survey indicated that only 13 percent regularly use condoms during sexual intercourse. The survey also found that the most sexually active students, those that had three or more sexual partners in the last three months were the least likely to use condoms.

"Students are not questioning their partners about AIDS risk-related information," Janice Baldwin said.

45 percent did not ask their partners about their previous sexual partners; 66 percent did not ask their partners if they had a sexually-transmitted disease and 86 percent asked their partners no questions regarding their use of intravenous drugs. "These are awkward, uncomfortable questions to ask sexual partners," Whiteley said. "But these are the questions that must be asked if the disease is to be avoided."

"Students are aware of the disease, but not aware that it applies to them," said Dr. John Baumann, director of Student Health Services at UCSB and chair of the campus AIDS Task Force committee. "They tend to see themselves as invincible and this attitude further increases their risk."

There have been 73 reported cases of AIDS in Santa Barbara County, that means approximately 2,000 people in the area have been exposed, according to Baumann.

"At this point, you should act like everyone is a potential threat," said Janice Baldwin. "For this reason, you should either abstain or, if you do have sexual relations, use condoms and spermicides."

AIDS AND UCSB

Ain't Talkin' 'Bout LOVE

When I received the press release announcing the results of the campus AIDS survey, I was astonished.

Then I was scared. I thought back to times when I engaged in risky sexual behavior. You know the story: I.V. party, the "scam," ending up at her apartment, waking up and not knowing her last name.

It's happened. And now I wish it hadn't.

I've thought about getting tested for the AIDS antibody, but then I've wondered if it's worth the trouble. Then I think of all the other people wondering like me if they carry the virus. I probably won't, because I've learned to cut risks. Being in a relationship for a few months doesn't hurt either.

Even so, I'm going to start using condoms just to get in the habit of using them. Hopefully, it will become second nature after

a while, where I'll put one on without really thinking about it or getting self-conscious.

I remember the first time I bought condoms. I was 17 and buying them for a friend who had just turned 18. I stood in line with five friends in a crowded Fry's super-store in Stockton, looking at the lights and giggling

a party, eh?" he said.

Subsequent forays into condom purchases got progressively easier, and I remember about a month and a half ago, when the Untouchables were playing and a "product fair" was held in Storke Plaza. I walked to the Trojan booth, where gold plastic cards were arranged in neat rows. I took one and picked it up.

"May I please have a box of Trojans?" the card said.

Now tell me. It's difficult enough to get the courage up

to buy condoms. But to wave a really lame gold card in front of the local pharmacist? What if he or she is myopic?

The point is, and there is a point to all this, that we as UCSB students have to start being honest. Condom use is a must. I didn't intend this to be a use-a-condom-or-you-will-die piece, but look at the facts. And look in your wallet or purse. Is there a condom there?

Editor's Note

Doug Arellanes Editor, Friday Magazine

nervously. A mother with two bratty children glared from ahead of us in line. My best friend Evan held the box with both hands so no one would notice what he had. We moved forward. The clerk took the box, turned it upside-down and on its side.

He leaned into the microphone and said in that grocery-store voice, "I NEED A PRICE CHECK ON TROJANS, RIBBED 24-PACK." He looked at the five of us and winked. "Having

Telling My Peers About Safer Sex Practices

Maria Meras
UCSB AIDS Task Force

I recently asked a class how they would feel if their date brought along condoms. Here are some of the answers I got:

"It would insult me. I would feel the guy thinks I'm easy." "I'd feel like I had led him on." "I'd be afraid of him." "I'd think he'd slept with so many women that he was trying to hide something." "I would feel too much pressure." "I wouldn't like it if she planned sex."

For the last six months, I have been an AIDS Peer Health Educator at Student Health Services. The program provides AIDS and safe sex education programs to residence halls, campus groups, and to members of the Greek community.

For the first time this year, I facilitated workshops on AIDS to all incoming freshmen who participated in Summer Orientation. Each group I have taught has been unique, but they tend to express a common theme when it comes to safe sex: They are afraid to talk with a partner about it. They just want it to happen safely and naturally.

As a recently released study of UCSB students revealed, the majority of sexually active students neither engage in safe sex nor discuss it with their partners. Through teaching I have learned that many of my peers want to protect themselves, but have neither the information or sexual self-confidence to have this type of conversation.

When I ask friends about safe sex this is the response I typically hear: "Safe sex isn't real sex." "I don't want to give up the romance and excitement." "If I talk about it my partner will be turned off and may even reject me." "I don't know how to bring it up, it's better left unsaid."

My friend Jackie expressed it this way.

"Sex just isn't the same. I'm afraid I might get something, but I'm also afraid of bringing up the subject. I am too embarrassed to talk about it."

Jackie is right. Sex just isn't the same anymore. The world is a different place where what you do in the bedroom can kill you.



The problem is most of us used to think we could tell who is safe just by looking and if someone looked safe we could avoid an uncomfortable conversation. Unfortunately, the AIDS virus does not discriminate by the type of car you drive, the clothing you wear or your sexual orientation.

Jackie also talked about her fear of communicating with a sexual partner. She didn't know when, where, or how to bring up the subject. Talking about her sexual concerns and feelings is something Jackie had never done and until now, never thought she would need to. She was unprepared for this type of conversation. As she said, "this isn't something my mother told me about when I went off to school."

Without communication there can be very little safe sex. Without engaging in safe sex,

you may be putting your life at risk. I tell my friends "if you don't feel comfortable talking about safe sex with a new partner, then you aren't ready to have sex."

So when do you talk to him or her? There is no perfect time to talk with your new partner, but there are some bad times. Right before

and right afterwards are definitely out. So is anytime you are under the influence of drugs or alcohol. Studies by the San Francisco AIDS Project show that people are three to five times more likely to have unsafe sex while under the influence of alcohol.

You want to have a conversation when both of you are somewhat relaxed and there isn't any pressure to perform. That's why a non-sexual situation works best. I suggest you talk with a partner as soon as you decide you are ready to be sexual with him or her. Don't assume your partner will be ready at the exact time you are (they rarely are) and give him or her time to respond."

In talking about safe sex I prefer an honest approach. I suggest talking about your concerns about health in general and how that applies

to your sexual health. Then ask your partner if he or she has concerns about their health. I have found that expressing concern about both your and your partner's health greatly relaxes the situation. Be willing to wait if you have questions and be prepared if the conversation ends on either a positive or negative note. It's normal to feel anxious. What's important is that you don't let your anxiety stop you from making decisions that can save your life.

My hope is that all of you will take the risk of talking with your sexual partners. I know it's a difficult risk, but one worth taking. In our classes, we suggest practicing with a friend or roommate before the "big talk." Talking to yourself in the mirror can also help. Five minutes of embarrassment may help you relax during sex. And it just might save your life.

Sarah Stettler
Contributor



Speeding down 101, I nervously attempt to gather my thoughts together. I've been delayed and am running late for my interview, which is making me even more apprehensive. The world of AIDS, of death, seems miles away from the Peter-Pan land of I.V., where no one grows old and no one ever dies.

I soon find myself at the corner of Haley and Santa Barbara, as directed, but I can't find the Gay and Lesbian Resource Center. A middle-aged auto-repairman whose lot I have just parked in approaches me, seeing the lost look on my face, and asks what I'm looking for, smiling broadly. I ask him if he knows where the Center is and show him the directions I have scrawled on a small piece of yellow paper.

He snortles and suggests I try across the street at a drug abuse center. I walk in the opposite direction and manage to find it on my own.

I take in a deep breath at the door and open it. I find myself in a small waiting room, standing face to face with a man wearing a white-striped shirt, casually unbuttoned at the neck, and black wire-rimmed glasses. We both stand there staring at each other for a moment before we stumble through our introductions. His name is Mark Grothke, and he has worked as Case Manager for the AIDS: Counseling and Assistance Program for a year and a quarter.

Grothke coordinates the volunteer program at AIDS:CAP. "A lot of my job isn't so much one-to-one counseling so much as it is connecting people up with resources, and touching base with people, and connecting them to the volunteers," he explains. "I've done some individual therapy to people but it's more social-working-type stuff."

Grothke leads me into his office. We sit down facing each other about three feet apart. I decide to begin at the beginning and ask him why he decided to work with AIDS patients.

"I was sort of in the right place at the right time. AIDS is a real concern (for me) because I'm gay, and it's a concern for the gay community. It seemed like it would be a real good learning experience."

"Yeah. It certainly changed my life. I feel like I really appreciate the fact that I'm alive. Living is really good. I don't think I appreciated that as much before. It's also helped me to get over some of my heterophobia because I have to work a lot with the straight community — doctors and nurses and networking and all that. I've also

"It's draining. young people life and d

FM In

Doug Arellanes
Editor, Friday Magazine



One of the more relevant classes on next quarter's rolls will be Sociology 146, the sociology of AIDS. Taught by sociologist Dr. Beth Schneider, a member of UCSB's AIDS task force, the course will examine the societal impacts the disease has already, as well as its effects in the future.

Schneider has a Ph.D from the University of Massachusetts, Amherst, and has taught at UCSB for seven years, working as assistant professor in the sociology department. We talked for about an hour

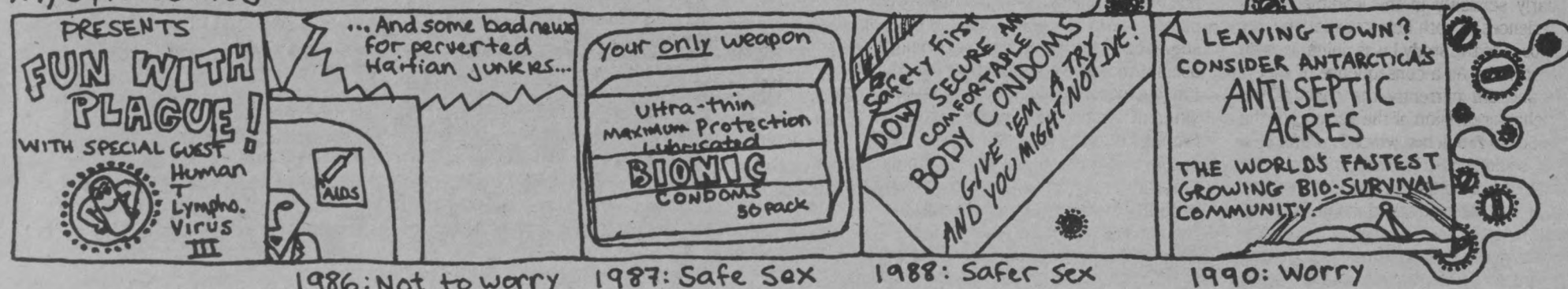
For More Information

Andy Winzelberg,
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961-3434

I.V. Med Clinic
968-3943

S.B. Gay and Lesbian
Resource Center
963-3636

MYSTIC COMICS



found a lot of support out there. A lot more than I had imagined was out there. That's been real helpful — I'm much more comfortable working with the straight community."

I sense from his long pauses and nervous laughter that Grothke doesn't feel completely comfortable talking to me. Perhaps he is sensing my nervousness. The subject makes me uncomfortable. I am not accustomed to talking about death.

I'm wondering what life is like for AIDS victims. How do they deal with the knowledge that they will die, usually in the prime of their lives? I ask Grothke what kinds of feelings and attitudes he has encountered in AIDS patients. His answer surprises me.

"There's a real strong tendency to focus on

hope except for an extension of life's lease. But with AIDS, the dying are young and death is all the more tragic. I ask Grothke if the death of the patients has become easier for him over time.

"I do get more used to it now. It's still not easy. There was a three-month period that we lost one a month, that was a lot. There wasn't a fourth — a fourth death."

He pauses.

"It's not as shocking. My denial isn't as great. The first couple of people — you kind of had that hope that these guys are going to be people that last, and make it and you kind of (come to) understand that most of them won't."

It seems to me as if the most difficult part of Grothke's job is getting to know people, to

going to die shortly. They're walking and talking but you can tell that the end is near."

When a person has cancer it is likely that he or she will die, but no one would blame the victim for his or her own disease. But AIDS has a stigma attached to it, since the majority of new cases are contracted through sex and intravenous drug use. This seems to predispose the AIDS victim to be rejected when he needs support most.

"Most of the families have been pretty good. One person I work with has a daughter and he hasn't told her. I feel like he should tell her — he plans to eventually."

"There's a couple of people who have lost their jobs. One person sued, and won a quite a bit of money in the suit. Somebody else was a mechanic and couldn't go back to work."

"There's a real strong tendency to focus on the positive.... I see a lot of people who try not to dwell on the negative aspects of the disease but live as much as they can now."

I think back to the auto mechanic who thought gays and lesbians should be lumped with drug abusers. "He wanted to go back to work but he wasn't able physically," Grothke said.

"I haven't seen rejection (by the church). I've seen a good amount of acceptance from people that I've dealt with. I see people being more interested in spirituality but not a lot of interest in organized religion."

care for them, and then to lose them to AIDS, over and over again. I ask Grothke if he tries to keep himself detached in order to protect himself. He replies, "I think when I first started the job I tried to keep myself distant from people because I knew that most of them were going to die, and that was a problem in my effectiveness in working with people because they could feel that distance. I feel like I've gotten to know people better

Counselor Mark Grothke Cares for Santa Barbara's AIDS Patients

the positive. A lot of times it's unspoken but I see a lot of people who try not to dwell on the negative aspects of the disease but live as much as they can now. A lot of people I work with will take trips, go to Hawaii, do everything that they can do and have always wanted to do. There's a good amount of that."

"I go to the county AIDS clinic every week to touch base with people, talk to their

"It's been emotionally draining. It's hard to see a young person come into your office and die."



doctors. Walking into the waiting room there is like walking into a party. People are talking, laughing, telling jokes — it's really a lot of fun. People get down, but there's really a strong focus on the positive. I don't know if people come in with a positive attitude — I think it's part of denial. It's 'This is really too big for me to deal with all at once, and so I'm going to deal with it a little bit at a time.'"

"I think it's almost worse for the families and for lovers. Those are the people that have to watch it all happen, and maybe feel more powerless."

Grothke sees death all the time. But death takes many forms, and the ugliest is when it stays for a long time. The most horrible thing I've ever seen is a nursing home. The people there are dying, but slowly. There is no hope for them. They will not leave alive. It seems like working with AIDS patients might be something like that, in that they have no real

now, I'm closer with people. I have different kinds of closeness with different people. There isn't an 'average person with AIDS'."

I wonder at how he can deal with so much dying and ask him if he has ever come to points where it started to overwhelm him. "For the past year and a quarter I've been overwhelmed most of the time. I was in therapy for ten months and that was real helpful. It's been emotionally draining. It's hard to see a young person come into your life and die. I've seen so many that I've come to the point that I can tell when someone is

Grothke has a background in therapy and will soon get his master's in counseling from Antioch. In our time people go through therapy to help them through life's crises. A diagnosis of AIDS seems like it would warrant counseling, and I question Grothke about this.

"Most of the patients aren't in counseling. They don't want individual therapy. They are, for the most part, relatively young men in the prime of their lives. They're used to being independent, used to taking care of themselves. There's a real desire not to

become dependent. There's a real desire to figure out how to care for themselves. People with AIDS tend to ask their doctors more questions and tend to be real assertive about, you know, 'What is this drug? What is it going to do? What are the side effects?' And towards working out their own plan of health care, which is really good."

"People tend to not want to change," Grothke continues. "Most people don't want to change their sexual behavior even if there's a risk of getting AIDS. Most people don't want to change their emotional-personality composition when they get diagnosed with AIDS. Elizabeth Kubler Ross says, 'To die with dignity is to die in character.' Some people just tend to be more themselves, I think. Most people don't really try to make radical changes in who they are and the way they interact."

Grothke is intense, contemplative. His pregnant pauses and intermittent half-forced laughter makes me wonder if AIDS has affected him in a more personal way. He lowers his voice.

"An ex-lover of my lover has ARC (AIDS-Related Complex), so we both took the antibody test and came back negative." He pauses, and lowers his voice even further. "I mean, that was kind of scary."

I'm relieved to hear that Grothke doesn't have AIDS. Not because of any paranoid fear of the disease itself, but because I've never talked to a young dying person about his or her own death before, and the prospect frightened me.

The prospect of UCSB students coming down with AIDS is even more frightening. Grothke's advice for us was adamant.

"I think condoms, for intercourse, are really the best thing, if they are used correctly. You have to know how to use them, and be careful, and not be drunk out of your mind when you're doing it — that helps too."

"There are now as many non-gay people with AIDS as there were total people with AIDS five years ago. Now there are 44,000 people with AIDS. If the non-gay population keeps doing what they've been doing all along there will be 45,000 non-gay people with AIDS in five years — and that doesn't have to happen. There has been some studies lately that suggest that heterosexual intercourse isn't as much a risk, but *what's true* is that it's not as much risk for the man. Women have to protect themselves."

"It's just not worth it. There's no reason. It's just that belief that people have. I've felt it. There was a year after I knew someone with AIDS and I knew that I was supposed to be having safe sex, and the people I were dating I wasn't having safe sex with. There weren't that many, but I wasn't. It's just so clear to me now that there's no reason to take that risk. There's no reason for anyone to think they're safe."

Interview: Sociology Professor Dr. Beth Schneider

Monday morning. During the interview, I began to realize how little is known about AIDS, and I thought about how little I know about the disease and its impact, even though I am supposed to be a "knowledgeable" person. After talking to Professor Schneider, I came away with the conviction that Soc. 146 should be on every student's schedule.

The course is not focused on prevention except to the extent that we're going to look at the social construction of prevention; how it got to be the way it is, why people resist it.

FM: I'd like to start off with some background. What led you to teach a course on AIDS?

Schneider: Since I've been here, some portion of my research has been on sexuality, particularly sexuality in the workplace, and the experiences of both heterosexual and, for the purposes of the study I was doing, lesbian women workers. As a consequence of that, I became and am currently the chair of the sexual behavior division of the Society for the Study of Social Problems, which is primarily a group of sociologists. In that position, I've been able to help organize and define some portion of the sociologist's agenda for AIDS research. At those meetings, typically sociologists get to hear what others are doing with regard to AIDS research and get ideas

for what it is they might do with regard to AIDS research in the future.

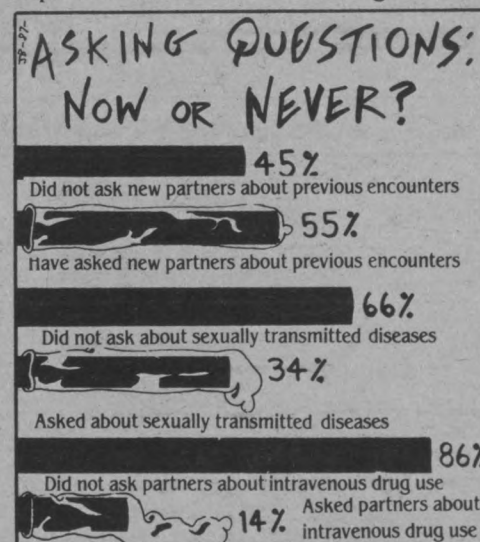
Sociologists and social scientists were relatively late getting into the research business around AIDS. The biological scientists were the first ones out there, and they themselves were slow getting out and taking the research they were doing seriously. So it's only recently that social scientists have been fully engaged in doing research on AIDS from a number of different viewpoints, some of which I'm going to try to take a look at in the class.

The very peculiarities of the disease, given who it has affected, have affected, from my point of view, all social response to it. This is why on one hand I'm not surprised that individual people, particularly college students, are likely to look around them and say, "What does this have to do with me?"

In other words, AIDS is not Legionnaire's Disease. We don't have white middle-class, middle-aged men being affected by this mysterious illness. We have two groups of people who have been marginalized, stigmatized (gay men and intravenous drug users). And, as a consequence, the education I'm hoping to do in the class is very, very different from the specific How-Do-You-Protect-Yourself kind of activity which is crucial in terms of prevention, but which doesn't go to the heart of the matter for me in terms of this class. The impulse to teach the class is really an impulse to say, 'Look. Perhaps you have no risk. But let's look at the way society deals with this particular

problem. We learn a lot about the society, and we learn specifically about a lot of the problems of the people who do in fact have AIDS.

My desire is to end up with 115 people who are educated not so much in terms of their own safety, though certainly that's part of the fall-out, but who are educated, compassionate and thoughtful about societal response to AIDS. What I'm looking towards



is the creation of a collection of people who will be sociologically wise and sophisticated, and, basically therefore, better citizens. Along the way, for me, we can talk about 'What is the meaning of condom use? Why condom use? What are the problems with condom use? What is the meaning of safe

sex? Where did we get such a funny term?

It's not just about safe sex. It's not just about condoms. It really is about identifying with the disease and partly making it yours. Because, if in some ways you don't see it as partly yours, even if you're so unlikely to be engaging in risky behavior, nevertheless, to the extent you can identify yourself with 'those people,' you are in a different framework than those who would say, 'no,

We do not know for the heterosexual population if anything has changed at all.

no. I have nothing to do with these people. These people live in the Castro (a predominantly gay district in San Francisco), these people live in Harlem."

The truth is that we have a different situation here than in New York, where there are large numbers of people with AIDS, in that we're still in a situation in which the vast majority of people with AIDS are men who've had sex with men. Most identify as bisexual or homosexual.

My educational effort is an attempt to go someplace other than the kind of preventative work that is needed. It's simply that the course is not focused on prevention except to the extent that we're going to look at the social construction of prevention; how

(See SCHNEIDER, p.4A)

SCHNEIDER

(Continued from p.3A)

it got to be the way it is, why people resist it. FM: As a sociologist, how are you seeing AIDS specifically affect UCSB's community? Schneider: Well, that's an interesting question. I'm not sure if I have the answer to that question. One of the ways that may in fact be true at this point is that there is a decreasing amount of support for the activities of gay and lesbian students. There's fear. Even if they are not practicing safer sex themselves, there's fear of contagion and contamination. People who do AIDS-education work find themselves in an awkward situation in which others take distance from them that they might not have taken before. Fear is coming towards others who seem to be identified with the issue, towards others who may be working with people with AIDS. A kind of distancing, a kind of fear of these people.

In terms of the campus, there are more people both on the research and teaching end who are interested in looking at AIDS, from any number of viewpoints, and doing research. My sense is, and perhaps you can tell me otherwise, that in spite of the fact that people may not be practicing safer sex, I believe that one of the consequences of AIDS is that it will make many people more self-conscious about their sexual behavior than they may have been in the past. Interestingly, there ought to be, but it seems there isn't much, concern about drug using on the campus in its relationship to AIDS. Partly because the California profile of drug using is not one that's high on intravenous drug taking.

FM: The survey said 14 percent of students who had been sexually active asked their partners if they had used intravenous drugs. How can you breach the topic in conversation? I mean, "so, used any intravenous drugs lately?" It's kind of difficult to do. Schneider: Oh, I agree with you. There is no question that what is being asked of people in terms of prevention is much more difficult than many people want to admit. What you're really asking people to do is to talk around sex, to negotiate around sex, to be

honest with their partners in ways for which there is virtually no precedent. And from a sociologist's point of view, this is very different than "Just Say No," or "Just Use a Condom," because even the use of a condom is predicated on an interaction in which a condom appears and somebody has to use it. The other person has to want it used as well. One of the things that's been the case with heterosexual behavior in the last two decades is that one, condom use has been minimal, and two, a lot of sexual practice is based on the premise that a woman is taking care of birth control. And yet, it's interesting to me.

What do we have out there? We really want

I believe that one of the consequences of AIDS is that it will make many people more self-conscious about their sexual behavior than they may have been in the past.

to know this at some point. Do we have a lot of college-age women walking around with condoms, just ready to say, 'Use the condom or there's no sex.' That's a very complicated negotiation for people to do. Much more complicated than people like to make out when they talk about prevention. That's also one of the reasons why it's so hard to talk about this to adolescents. Adolescents are obviously less practiced, and any kind of negotiation is going to be less wise, not so much about having sex, but of the interactional aspects of having sex. And AIDS has raised that. So you're right. There's no simple way to ask, "Have you used IV drugs? Where did you use them and who did you share the needle with?"

Likewise, there's no simple way for anybody to ask, "How many sexual partners have you had? Where are they and what do you know about them?" That's the kind of way people are quietly self-conscious. Many people who've learned some of this understand that they ought to be thinking about these things. That's the self-consciousness I'm talking about. Not necessarily that they know how to talk about it.

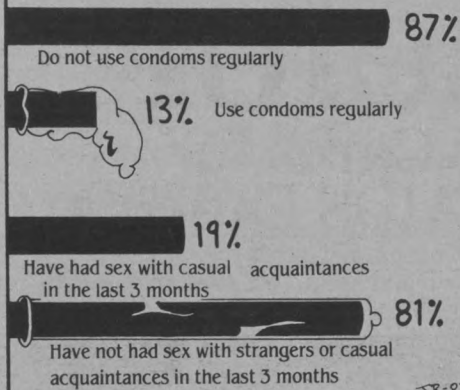
FM: With the interactional nature of sex being changed, how is this changing society? I've read a lot about AIDS having more of an impact than the first sexual revolution.

Schneider: I would claim that right now we don't know. If we just looked at the ways people talk about sex now and compare it to ten years ago, there's more talk about sex in the media, but the ideology has changed in many ways. There's much more caution, fewer partners, less play. That, if it's really true about people in the population, is a big change. We do not know for the heterosexual population if anything has changed at all. We know a lot about homosexual communities,

a movement away from what would have been and was in the seventies a tolerance for sexual diversity.

So the unfortunate coming together of AIDS on the one hand and a relatively conservative political environment would suggest that there ought to be some changes — ought to in the sense that those who have some power to affect the way people think about sex in their relationships — at this point we know more about the ideology being put forward and less about behavior that's really occurring. And the truth is that the only people we know anything about, in terms of changes of behavior, are homosexual men who have the good sense to understand that they are at risk and have acted accordingly.

CONDOM USE AND OTHER SEX FACTS



where sexual behavior has changed. Some of the practices have changed, some of the context has changed, where sex occurs. And the numbers of partners have changed at the aggregate level.

This doesn't mean people have stopped being sexual. I'm not convinced that there will be that kind of movement, that people will stop being sexual altogether. I'm not convinced that the heterosexual population has its wits about it to really take stock of the situation and what needs to be done. All of this has to be put into context. AIDS emerged in a pretty complicated, contradictory, but nevertheless conservative period of time. So that before there was AIDS to think about, there were already calls for a return to traditional family forms, to monogamous heterosexual marital partners, and there was

Artists! Writers! Poets!

Positions are available for next quarter's staff. While we can't pay you the wages of Rolling Stone, working for us does have benefits. Besides, who'd want to write for an evil, twisted yuppie rag like Rolling Stone anyway?

Bring samples of your work care of me, Doug Arellanes, in the Daily Nexus office. Evaluations will go on between now and January, but spots are open on a first-come, first-served basis.

Gotta go. Jann Wenner's on the phone and he wants a resume. Now.

HELL TO LIVE WITH
A GRAPHIC NOVEL BY GARRETT H. CHAZA

CHAPTER II: TO LIVE AND UNLIE IN I.V.

It's Halloween Eve, and all Hell is breaking loose. I'm the school demonologist, but my true love is real estate law. What can I say? It pays the bills.

Except now, Richie Michaelson, my best friend, came for a visit. The thing is, he's been dead for over a year. And he says he's come back from the grave because Isla Vista is the nexus of a great supernatural uprising, and it's my job to stop it.

I could deal with that. But then my girlfriend was swallowed up by a "Munsters" reject that salvaged acid, and Richie came back with an army of zombies. "His friends," he says, I realize that my only hope of bringing back reality lies in Dr. Melton's occult collection in the school library. And I have to break the barrier of demonic hordes in order to get to it.

Listen up, troops. It's the bottom of the ninth and the opposition has the ball. No more Mr. Nice Guy, right? More than just honor is on the line, MY BUTT is stuck out there, too!

ME? You mean that I've become the King of the Zombies too?

Whoops... alright...

Well, old buddy, I'd better help them out. You've got a lot of work to do. Break a leg, huh?

Yeah, thanks, Rich.

On Stork Tower, Kong still hasn't made it with Fay Wray, an infinite number of monkeys are in the Nexus office trying to meet a deadline on a half dozen word processors, and I'm running to the library.

Expectedly, the library was dark. Unexpectedly, I could hear grunting from the second floor, and the smell of cigar smoke was unbearably clear.

What would it be? Vampires? Ghosts? TV?

I hope I remembered to bring my card.

Hi. Look at me, kid! I smoke a dozen cigars a day, I'm forty pounds overweight, and I've been impotent for ten years. It'd kill me for sure.

What about ME?

It'd probably kill you for sure.

Fine. So how do I go about sharing a vision?

We'll do it the natural, traditional way.

Why should I trust you?

Because you don't know real demonology for shit. I've been reading, and the only way you're going to find out anything about the chaos outside is to share a vision with the source of the madness, whatever it is.

Do I know you?

Father Buford Bukowitz, I work at the University Religion Center part-time.

I'm gonna help you.

Hey... Are you just gonna stand there, boy? I've been waiting for you all night.

Hurry it up. We have work to do.

Next: Batter Up!