Mobilization Against A.I.D.S.

Strategy and Founding Conference March 29-31, 1985
San Francisco, California

Conference Agenda

Friday March 29th at 240 Golden Gate Ave. - (one block from Civic Center)
5 to 7:30 "United Against A.I.D.S." Cocktail Party to benefit the
A.I.D.S. Action Council (FARO) and Mobilization Against A.I.D.S.
Featured is an excerpt from the critically acclaimed "A.I.D.S.
Show"
AIDS Lobbyist in Washington, Gary MacDonald, will be present.
Admission is $10 ($5 low income).
7:30 to 9:30 "Opening Session of the Strategy Conference on the Poli¬
tics of A.I.D.S." This session is free to the public. Speakers include:
John Lorenzini, Chair People With A.I.D.S., S.F. (opens)
Dr. Neil Schramm, M.D., Chair L.A. City Task Force on AIDS
and one of the nation's leading authorities on AIDS
Pat Norman, Coordinator, Lesbian/Gay Health Services, S.F.
Public Health Dept., community activist and feminist.
Gary MacDonald, Director of AIDS Action Council and the
lobbyist on AIDS on the Federal level.

Saturday March 30th - 2174 Market St. (Swedish-American Hall near 15th St.)
Registration for the rest of the conference is $5 for Mobilization
members, $15 for non-members. Any P.W.A. or P.W.A.R.C. may register
for $1.00. Anyone registered for the Conference may speak, both in
the workshops and in the plenary sessions. Only Mobilization members
may vote. Mobilization annual membership is $25 regular, $12.50 low
income, $100 Angel. (*P.W.A. and P.W.A.R.C. may substitute $5 and $1
respectively).
8:30 a.m. - coffee.
9:00 a.m. to 10:30 Workshops, 1st section.
The purpose of the workshops is to provide a framework for in-
formed discussion, consensus-building and decision-making and to
produce a presentation to convey what has been accomplished to
the Conference at large. Each workshop is structured so as to
quickly bring the group up to date on relevant facts and recent
events, and to provide some overview of expertise and perspective
on the issues. Some workshops will begin with presentations
by an expert or expert panel. Others will rely primarily on
"discussion papers" prepared by Mobilization's interim Research
and Documentation Committee. Whether experts are involved or
not, all participants are asked to join in a workshop of informa-
tion-sharing and developing recommendations for action.

Each workshop should produce a 10-minute presentation by one
or more of its members, for the afternoon Plenary Session. The
presentation should briefly outline the situation, the issues,
what the group makes of it and what you recommend. Recommenda-
tions should be based on majority vote and should be limited to
"what the Nation should do about A.I.D.S.", i.e. the Education
Workshop might recommend that the Federal govt should allocate
$30 million for a national, community-based "AIDS Prevention"
educational campaign. One of the workshops will deal with Mobi-
lization's strategy for moving the Nation to adopt the Conference's recommendations. All conferees will be able to join in this discussion when the Strategy Workshop reports to the Plenary Session.

Politics of AIDS Research and Medicine. Panel: Dr. Neil Schramm, Chair L.A. Task Force on A.I.D.S.; Dr. Robert Cathcart, leading advocate of Vitamin C treatment; and others to be confirmed.

AIDS Education Techniques & Strategies. Panel: Dr. Robert Bolan, Chair S.F. AIDS Foundation and Dr. Maggi Rubenstein, Sexologist and Bisexual activist.

Different Cities, Different Needs. Panel: Paul Popham, Chair, Gay Men's Health Crisis, NYC; Bill Meisenheimer, Director, AIDS Project, L.A.; Kate Gusman, Director Sacramento AIDS Project; Dr. Keith Vhrel, San Diego AIDS Task Force; Jim Ferels, Director, S.F. AIDS Foundation; David Burgess, Santa Clara AIDS Project.

Civil Rights Threats and Realities Around A.I.D.S. John Wahl.

Political Strategies. Presenting recommendations, Paul Boneberg, Mobilization; Chris Bowman, C.R.I.R.

10:30 to 10:45 coffee.

10:45 - 12:15 Workshops, 2nd section:

Patient Services. Jim Foster, S.F. Health Commissioner; Paul Popham, Gay Men's Health Crisis, NYC; Tristano Palermo, S.F. AIDS Foundation; Jeremy Landau, Pacific Center AIDS Director; others to be confirmed.

Best Case - Worst Case: Scenario on AIDS. Dr. Maggi Rubenstein, John Wahl, Mobilization Committee.

Political Strategies. Tom Lloyd, Mobilization Committee.

12:15 - 2 p.m. Lunch (Caucus space available).
2 p.m. - 5:30. Plenary Session, addressing the question "What should be America's Response to the AIDS Epidemic?" Reports from workshops. Action on workshops' recommendations.
Opening speakers: Dr. Maggi Rubenstein, Bisexual Activist.
Paul Popham, Chair & founder, Gay Men's Health Crisis, NY

5:30 - 7 Dinner (Caucus space available).
Opening speaker - Family and Friends of Lesbian, Gay and Bisexual Men.

Sunday, March 31st, 2174 Market St.
10 a.m. Workshop on Structure.

12 noon to 3 p.m. Plenary Session on Structure, By-Laws and unfinished business.
2 p.m. Speaker: Nancy Roth, Director, Gay Rights National Lobby.
3 p.m. Committee meetings as desired.

Updated 3/28/85 at 7:38 p.m.
Mobilization
 contacts and
 groups on a
 regular basis

 DHHS
 AMA

 CMA

 and other
 organizations
 as it seems fit,
Mobilization

647A Castro Street
San Francisco, CA 94114
(415) 552-4287

PRESS RELEASE

FOR IMMEDIATE RELEASE

March 27, 1985

MOBILIZATION AGAINST AIDS will hold its first General Conference, this weekend, in San Francisco. MOBILIZATION was founded approximately three months ago, to bring pressure on the Government and the medical establishment to act more effectively to prevent and cure AIDS. MOBILIZATION is the only organization whose main purpose is to make the Government act more responsibly in the struggle against AIDS, and to protect people who have AIDS, or who are at risk of contracting AIDS, from bigots who use the AIDS epidemic as a justification for persecuting Gay, Bisexual, and Lesbian people.

The Conference will include workshops on the medical and scientific problems, the dangers to Civil Rights, the need for education (which the Federal Government is doing nothing about), and strategy for dealing with the Government. Many MOBILIZATION members, and supporters, believe that the time has come for measures like the civil disobedience of the Anti-Vietnam-War movement, since the Reagan Administration has cut AIDS research funding 23% in 1984, and plans further cuts in 1985, and since that Administration will spend no money for education, which can really prevent this fatal disease.

The Conference begins with an address by Neil Schramm, M.D., Director of the Los Angeles Mayor's AIDS Task Force, and a talk by (MORE)
John Lorenzini, President, People With AIDS. These talks will be given on Friday night at 7:30 P.M. at 240 Golden Gate Avenue. On Saturday morning, beginning at 9:00 A.M. at the Swedish-American Hall (2174 Market Street), there will be workshops and panel discussions. Dr. Robert Bolan, Chair, S.F. AIDS Foundation and Dr. Maggi Rubenstein will lead a discussion on AIDS education. John Wahl, Attorney, will lead a discussion of challenges and dangers to Civil Rights caused by the AIDS epidemic.

Chris Bowman, aide to Senator Milton Marks, and Gary MacDonald, Director of the AIDS Action Council (Washington, D.C.) will lead a discussion of AIDS Legislation and Funding. Other discussion leaders include Jim Foster, S.F. Health Commissioner and Paul Popham, Gay Men's Health Crisis of New York City.

Dr. Maggi Rubenstein and Attorney John Wahl will present a view of the best possible future, and the worst possible future, and lead discussion on the implications of both.

The entire Conference will choose strategic methods of attacking the fatal inaction of the Reagan Administration, and the vicious attacks of bigots and hate-mongers against Gay, Bisexual, and Lesbian people, using the AIDS justification. Strategy will be discussed Saturday afternoon, March 30, 1985, and the Conference will choose a permanent structure for a permanent organization, on Sunday afternoon, March 31, 1985.

* * *

Press, TV, and Radio representatives will be permitted at most Conference activities, but should register for Press Badges, at the Saturday morning session, at the Registration Table.

-30-

CALLBACK: PAUL BONEBERG, Coordinator 552-4287
JOHN WAHL, Press Spokesman 863-8555
Mobilization Against A.I.D.S. - First 90 Days

Mobilization's history, in chronological form, is outlined below. The actions listed are the result of the combined efforts of hundreds of volunteers. The interim Steering Committee has consisted of Treasurer - Jeff Jones; Recording Secretary, Burt Gerrits; Corresponding Secretary, Ben Gardiner; Fund Raising Chair, Dean Goodman; Co-Chairs of Research and Documentation Committee, Don Gorman, Tom Lloyd, Richard Rector and Dr. Maggi Rubenstein; Outreach Committee Co-Chairs, Rev. James Sandmire and Hank Wilson; Media Chair, John Wahl; Direct Action Chair, John Lorenzini; and members at large, Ralph Payne, Howard Wallace and Dan Turner. In Los Angeles, Morris Kight has served as interim organizer. Paul Boneberg has served as paid staff (coordinator).

Prelude - Oct. 5 Nov. 1984 - Discussions begin among a few Lesbian/Gay/Bisexual activists on the need for a new organization to escalate the political pressure on the government to respond to the A.I.D.S. epidemic.

Dec. 21, 1984 - 1st meeting of small group of Activists. All make commitment to creation of new organization named "Mobilization." Jeff Jones to be Treasurer; Paul Boneberg - staff.


Plans first Action - A demand from S.F. elected representatives (federal, state, city) for an accounting on the gov't's response to A.I.D.S.

Jan. 1-6, 1985 - 1st Street Work: gathering over 2,000 signatures on petitions demanding gov't hearings on A.I.D.S.

Jan. 7 - 50 people, accompanied by the media, present petitions and letters to all elected representatives in S.F. Responses include Senator Cranston calls for hearings in Senate, Rep. Burton supports hearing in the House of Representatives, Senator Marks, Assemblyman Agnos and Speaker Brown outline their actions to date on AIDS as does Congresswoman Boxer. S.F. Board of Supervisors scheduled hearings on the city's response to A.I.D.S.

Jan. 11 - First Mobilization Against A.I.D.S. buttons created.


Jan. 18 - Picket Health and Human Services office in S.F. demanding release of funds already appropriated in response to A.I.D.S.

Jan. 25 - 1st Town Hall Meeting with the presentation of the response to petitions and a medical overview by Dennis McShane, M.D., Pres. of B.A.P.H.R. Over 90 people attend.

Jan. 28 - Mobilization lobbying convinces Civil Service Commission to delay funding of "sex spies" in bathhouses.

Jan. 30 - 2nd Town Hall Meeting. President of Board of Supervisors Molinari promising not to support "bathhouse snoops." Neil Schramm, M.D., Chair A.I.D.S. Task Force of L.A., gives complete review on the national picture of the epidemic and the gov't's response. Over 130 people attend.

"Founding Members Cocktail Party" - over $1,000 raised.

Feb. 2 - S.F. Health Commission cancels its request for private investigation in gay bathhouses after extensive lobbying and testimony by Mobilization. Mobilization members go to Sacramento to monitor first hearings HTLV III antibody test legislation.

Feb. 6 - General Membership Meeting.

Feb. 9 - "Don't Take the HTLV III Antibody Test" campaign begins. Poster and brochure campaign reported on CNN national news.

Feb. 11 - Members travel to San Jose to promote Mobilization among
Activists there.

Feb. 11-12 - State Legislation on HTLV III testing improved by extensive Mobilization lobbying and testimony at hearings. Specifically, testing at alternate sites will be completely anonymous.

Feb. 14 - Picket of Congressional Budget Committee protesting the absence of AIDS funding from the committee's agenda. "Call Congress for hearings on AIDS" campaign expanded to San Jose with the flyers of an important political event.

Feb. 15 - Senator Cranston's chief assistant on A.I.D.S. meets with Mobilization during her visit from Washington, D.C.

Feb. 16 - Responding to questions from Mobilization members at a public meeting, Congresswoman Boxer calls for congressional hearings on A.I.D.S.

Feb. 16-20 Mobilization Coordinator in L.A. meeting with Activists.

Feb. 21 - Further lobbying in Sacramento on the HTLV III antibody test legislation.

Feb. 22 - Board of Supervisors holds hearing on AIDS. Calls for congressional hearings following Mobilization testimony.

Mar. 2 - HTLV-III Antibody test released nationwide. Mobilization press conference at Holocaust Memorial urging Gay and Bisexual men not to take this test. We call for civil rights legislation to protect those tested. Our conference is reported extensively by local and national press including ABC, NBC, CBS and the Wall Street Journal.

Mar. 8 - Over $600 raised for Mobilization office at "We Need an Office" cocktail party.

Mar. 10 - High Tech Gays becomes first South Bay group to sponsor Mobilization.

Mar. 11 - Concerned Republicans for Individual Rights becomes first Republican group to sponsor Mobilization.

Mar. 12-28 - Massive outreach for Founding Conference includes thousands of letters mailed both to groups and individuals, hundreds of follow-up phone calls, extensive flyering and posting throughout the S.F. Bay Area, and another 4-day outreach visit to Southern California by Outreach Committee Co-Chair, Rev. Jim Sandmire.

Next Event - April 15 - "April Harvest" Benefit show at "Theatre on the Square."

Recommendations for the Future

The interim Steering Committee believes that a few broad actions logically follow the work done to date. We respectfully submit the following suggestions to the membership conference:

Tactics - Interim Steering Committee recommends that the Conference
1. launch a national petition drive appealing to Reagan, Dole and O'Neill to develop an adequate response, from govt., to the A.I.D.S. epidemic;
2. launch a national chain-letter on A.I.D.S. directed toward the President on A.I.D.S.;
3. organize massive community action (i.e. visits, rallies and marches) nationwide around A.I.D.S. in late May 1985;
4. that a national conference on A.I.D.S. be hosted by Mobilization later this year;
5. that a high visibility action focused on Washington DC also occur in 1985.

Structure - Interim Steering Committee recommends to the membership
that the following structure be adopted for the next year:

1. The name of the organization shall be "Mobilization Against A.I.D.S.". This name is intended to direct the organization but not in any way to limit the scope of its actions.

2. This shall be a membership organization with annual dues.

3. Final authority in all matters shall rest in the general membership.

4. The general membership shall meet at least once a year.

5. There shall be a Steering Committee to direct the on-going actions of the organization. It shall consist of the following members:
   A) elected by the full general membership: Treasurer, Recording Secretary, a Coordinator of Direct Actions, and the Newsletter Editor. Further, ten Steering Committee members-at-large shall be elected by the general membership with at-large members being limited to members residing outside San Francisco;
   B) two Committee Co-Chairs to be elected by their Committee members from the following Committees: Outreach, Fundraising, and Research and Documentation;
   C) the following persons to be appointed by the Steering Committee: Media Coordinator, Membership Coordinator, Archivist, and, if desired, a corresponding Secretary;
   D) each regional chapter recognized by the Steering Committee shall have two (2) voting representatives;
   E) the Steering Committee shall from among these members elect two (2) co-chairs of the Steering Committee;
   F) P.W.A. and P.W.A.R.C. Caucus shall elect two (2) voting representatives to the Steering Committee;

6. The Steering Committee shall meet no less than once each 90 days.

7. The Steering Committee shall be instructed to poll the membership on important issues, the decision being rendered by a plurality vote.

8. The Steering Committee is instructed to immediately open a National Office in San Francisco.
A CALL TO A CALIFORNIA CONFERENCE
FOR MOBILIZATION AGAINST A.I.D.S.
March 29, 30, & 31
Swedish American Hall
2174 Market Street
San Francisco, California 94112

Dear Friends and Activists

We invite and need your organization to join us in the political struggle to secure an adequate response to the A.I.D.S. epidemic. Now is the time to bring massive political pressure on both the government and the medical establishment to create a genuine national emergency Mobilization Against A.I.D.S. The organizing by concerned citizens to make this happen has received a powerful new thrust with the creation of a promising new of a promising new organization — MOBILIZATION AGAINST A.I.D.S.

Mobilization formed its first group in San Francisco. Others are being organized or discussed in other cities in California and in other parts of the nation. The founders of these groups have a vision that MOBILIZATION AGAINST A.I.D.S. should become a national grassroots political movement of those concerned citizens (gay, bisexual, and straight) who are willing to fight for an adequate response from government and medical authorities.

The Interim Steering Committee of San Francisco Mobilization was appointed for 90 days pending a statewide meeting which would formalize a statewide CALIFORNIA MOBILIZATION AGAINST A.I.D.S. That meeting has been called for Friday, Saturday and Sunday, March 29, 30, and 31 in San Francisco, California at the Swedish American Hall, 2174 Market Street. We invite representatives of your organization to join us in developing the information and in making the decision about structure and strategy that will assure the effectiveness of this organization.

To cover the costs of the conference and to provide a fund for the "start up" expenses of a state and national campaign, we are asking each organization to become a "sponsor" by paying a fee of $100.00. This entitles your organization to send four voting representatives to the conference with as many observers as you wish. If you prefer, your organization may become a "supporter" of the conference by paying a fee of $50.00 which entitles your organization to two voting representatives.

The conference will include major speakers and workshops providing up to date medical, government and political information. It will culminate in an organizational and strategy meeting.

The magnitude of the A.I.D.S. epidemic is enormous. There are now 8,000 cases in the U.S. with the total number doubling every ten months. The Journal of the Americal Medical Association projects 40,000 People with A.I.D.S. in the next two years. The University of California Task Force on A.I.D.S. stated this month "We are clearly in the midst of a major medical catastrophe."
The response to A.I.D.S. by government has been woefully inadequate. Behind a shield of words the government has followed a "too-litt-to-late" educational program despite the assertion by A.I.D.S. researchers that A.I.D.S. is a preventable disease. 
- 1/3 of the Federal Government-approved A.I.D.S. research projects were not funded. 
- There is no national "A.I.D.S. prevention" educational program despite the assertion by A.I.D.S. researchers that A.I.D.S. is a preventable disease. 
- Patient services for People with A.I.D.S. is grossly inadequate in most of the nation. 
- In California many researchers cannot apply for state money for research because all A.I.D.S. research is restricted to University of California Faculty. Even prestigious institutions such as Stanford are ineligible for funds. 
- It was two years after the detection of A.I.D.S. before the government spent any money in response.

In short, we do not have, by any standard, an emergency response to what the Secretary of Health and Human Services has called "the number one health problem in America."

The political situation, however, gets worse. The Reagan Administration is trying to cut funds for medical research by 1/4 of the funds already appropriated. They want more cuts in future years. Meanwhile, anti-gay bigots use A.I.D.S. as a political weapon to attack equal rights for our people.

As the war against A.I.D.S. grows more grave, it is time for us to expand our efforts to gain an adequate response to this epidemic. It is time to enhance the outgoing political efforts around A.I.D.S. with massive involvement actions such as marches, rallies, pickets, vigils, petitions, boycotts, etc. These were the methods used to end the war in Vietnam, to lead the civil rights movement, and to launch Lesbian and Gay Liberation. These are the political tactics we must utilize again. We will obtain the necessary action by government and the medical establishment when we have involved tens of thousands, hundreds of thousands, even millions of people in demanding a national mobilization against A.I.D.S. It may take us years to do this. Unfortunately it appears we will be in a war against A.I.D.S. for a long time.

In San Francisco and Los Angeles, we have already taken some actions as befits a mass action group. We have demanded an accounting from government and called for Congressional investigations into the inadequate response to A.I.D.S. We have picketed the Department of Health and Human Services to protest the "red tape" which is delaying research and education. We have invited leading medical authorities to give their view on the future of the epidemic. Further actions are planned. As these efforts expand, we need the help of a broad spectrum of organizations and individuals. We believe this statewide conference will provide the framework for such support. We hope your representatives will join us.

FOR THE INTERIM STEERING COMMITTEE--PAUL BONEBERG, COODINATOR

( ) YES, OUR ORGANIZATION WILL BE REPRESENTED AT THE CALIFORNIA CONFERENCE FOR MOBILIZATION AGAINST A.I.D.S. IN SAN FRANCISCO, CALIFORNIA ON MARCH 29, 30 & 31, 1985.

Please list us as a
( ) SPONSOR, $100.00 ENTITLES ORGANIZATION TO 4 VOTING REPRESENTATIVES.
( ) SUPPORTER, $50.00 ENTITLES ORGANIZATION TO 2 VOTING REPRESENTATIVES.

NAME OF ORGANIZATION ________________________________________ PHONE: (____)
ADDRESS ________________________________________ CITY ________ STATE ________ ZIP ________

NAMES OF VOTING REPRESENTATIVES ________________________________
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Civil Rights Threats and Realities Around A.I.D.S. John Wahl.

Political Strategies. Presenting recommendations, Paul Boneberg, Mobilization; Chris Bowman, C.R.I.R.

10:30 to 10:45 coffee.

10:45 - 12:15 Workshops, 2nd section:
- Patient Services. Jim Foster, S.F. Health Commissioner;
  Paul Popham, Gay Men's Health Crisis, NYC; Tristano Palermo, S.F. AIDS Foundation; Jeremy Landau, Pacific Center AIDS Director; others to be confirmed.

Best Case - Worst Case: Scenario on AIDS. Dr. Maggi Rubenstein, John Wahl, Mobilization Committee.

Political Strategies. Tom Lloyd, Mobilization Committee.

12:15 - 2 p.m. Lunch (Caucus space available).

2 p.m. - 5:30. Plenary Session, addressing the question "What should be America's Response to the AIDS Epidemic?" Reports from workshops. Action on workshops' recommendations.

Opening speakers: Dr. Maggi Rubenstein, Bisexual Activist.

Paul Popham, Chair & founder, Gay Men's Health Crisis, NY

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Updated 3/28/85 at 7:38 p.m.
CONFERENCE PLAN

As you know, the issues around AIDS confront us with high levels of diversity, complexity, uncertainty, political polarity, and emotional intensity. Given these conditions and the purpose of this Conference—i.e., to move us rapidly to position of consensus and action—the Mobilization Interim Steering Committee proposes a relatively structured and integrated agenda designed to accomplish the following:

1. Provide concise updating and information sharing;
2. Engage all participants in both active discussion and decision making and divide some of the proceedings into concurrent workshops;
3. Integrate the output of these workshops by way of reports and discussion in the plenary group; and
4. Sequentially order the main tasks (issue illumination; information sharing; positions on a National Battle Plan; Mobilization Strategy; and Mobilization Structure) so that each builds on what has been accomplished in prior sessions.

Opening Speeches (Friday)
(Overview, Information, Update)

"Early" Workshops (Saturday a.m.)
Politics & Research  Education
Different Cities  Civil Rights
Mobilization Strategy

"Late" Workshops (Saturday a.m.)
Legislation & Funding
Patient Services  Best Case, Worst Case
Mobilization Strategy

Workshop Reports to Plenary Session (Saturday p.m.)
Consensus Recommendation: National Battle Plan

Mobilization Strategy: Saturday evening

Mobilization Structure: Saturday evening/Sunday
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![Diagram of Conference Plan]

- **OPENING SPEECHES** (Friday)
  - Overview, Information, Update

- **"Early" WORKSHOPS** (Saturday a.m.)
  - Politics & Research
  - Education
  - Different Cities
  - Civil Rights
  - Mobilization Strategy

- **"Late" WORKSHOPS** (Saturday a.m.)
  - Legislation & Funding
  - Patient Services
  - Best Case, Worst Case
  - Mobilization Strategy

- **WORKSHOP REPORTS to PLENARY SESSION** (Saturday p.m.)
  - Consensus Recommendation: National Battle Plan

- **MOBILIZATION STRATEGY:** Saturday evening

- **MOBILIZATION STRUCTURE:** Saturday evening/Sunday
Proposed Conference Rules

1. The Conference shall be run by Roberts Rules of Order.
2. Any registered person may attend all meetings and speak.
3. Only Mobilization members or representatives of sponsoring groups may vote.
4. Each workshop shall report for no more than ten (10) minutes with ten (10) additional minutes for questions and brief discussion.
5. In the workshops, minority positions of 20% or more shall be entitled to address the main body for up to 50% of the time allocated for all minority reports combined. The group holding minority positions shall select its own spokespeople to make those reports.
6. The general body shall hear each workshop's report and after each report vote on the recommendations from each workshop. Those recommendations which receive in excess of 80% shall pass but those which do not shall be reconsidered after all the workshops (except Strategy) have reported. After all workshops have reported (except Strategy) a simple majority may pass any motion.
7. After all actions on the other workshops is concluded, the political strategy workshops shall report. Strategy workshops shall have fifteen (15) minutes to report to the general body, with discussion to follow.
WORKSHOPS: SUGGESTED TIME ALLOCATIONS

START: Opening Statements, Panels, and/or Discussion Papers
10-20 minutes

MIDDLE: Wide-ranging Discussion
40-60 minutes

Share facts, views
Air differences
Identify and define key issues, points of consensus

FINISH: Bring us a Message!
20-30 minutes

Summarize highlights of your session to share with the entire group
Make recommendations: Mobilization's demands for the national war on AIDS
Prepare "bullet points" for visual presentation

WORKSHOPS: REPORTS TO THE GENERAL BODY

Bring us a Message
Current Situation (Flash overview)

Your Analysis

Your Recommendations
(For the National War on AIDS)

Use Visuals (If they help!)

Strict Time Limit: 10 minutes
WORKSHOPS:  SUGGESTED TIME ALLOCATIONS

START:  Opening Statements, Panels, and/or Discussion Papers
10-20 minutes

MIDDLE:  Wide-ranging Discussion
40-60 minutes

- Share facts, views
- Air differences
- Identify and define key issues, points of consensus

FINISH:  Bring us a Message!
20-30 minutes

- Summarize highlights of your session to share with the entire group
- Make recommendations: Mobilization's demands for the national war on AIDS
- Prepare "bullet points" for visual presentation

WORKSHOPS:  REPORTS TO THE GENERAL BODY

Bring us a Message
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Use Visuals (If they help!)

Strict Time Limit: 10 minutes
WORKSHOP ON MEDICAL RESEARCH AND TREATMENT

Discussion Questions

1. Is the lack of AIDS research funding, as asserted in the attached commentary, primarily a problem of the past (as implied by the Department of Health and Human Services), or does it remain a critical issue today?

2. What is your appraisal of the distribution of federal AIDS research funding? (The attached table shows by research goal past and projected HHS funding for AIDS research.)

3. What is your appraisal of the distribution of federal funding by type and regional location of research center? Do the concerns reflected in the attached comments appear plausible or possibly just "Pacific paranoia" vis-a-vis the East Coast "establishment"?

4. What do you make of the "French connection" (or absence thereof)?

5. How accessible is our federal medical research funding process to "alternative" research approaches (e.g., Vitamin C therapy)? Do you see this as a big issue, a modest issue, or a non-issue as concerns the eventual solution of the AIDS problem?

6. To what extent, in your view, does homophobia affect the AIDS research funding and coordination process?

7. Alleged competition, information withholding, and politics among AIDS scientists is, presumably, endemic to medical science (or any science?) in general. Does the urgency of the AIDS crisis warrant making an issue of such "science road blocks"? If so, what can be done about it and what priority do you attach to the problem?
Prepared, as an input to discussion, by the interim Research and Documentation Committee of Mobilization.

WORKSHOP ON MEDICAL RESEARCH AND TREATMENT

Discussion Paper

We are clearly in the midst of a major medical catastrophe, the potential impact of which is now only beginning to be realized and the eventual magnitude of which could be absolutely enormous. ... That there will be any early vaccine to prevent the spread of AIDS or a drug to cure the infection seems highly improbable at the present time ...

-- The University of California Task Force on AIDS, January 1985

More than 400,000 Americans have now been exposed to the AIDS virus, and the disease could strike as many as 40,000 victims in the next two years ...

We are dealing with a real, enormous, new human tragedy ...

(AIDS will cost at least $500 million to treat during 1985 and the cost will rise far higher in coming years)

(Congress should consider creating) a national catastrophic fund for AIDS-related diseases, modeled on the way Medical now finances the cost of treating potentially fatal kidney diseases.

-- AIDS Study Group, New York's Downstate Medical Center, February 1985

The (American Nursing Association) Board noted that funding levels for AIDS research have been inadequate, with funding requests delayed; appropriations have been vetoed by the current administration; and available funds have been sought by other important disease control programs in a time of constricting federal budgets.

-- American Nurse, Nov/Dec 1984

A scathing report from the Office of Technology Assessment ... blasted the Department of Health and Human Services for failing to provide enough federal funds and staff to combat the epidemic. The failure (says OTA) "reflects decisions made at higher levels of government."

-- San Francisco Chronicle, February 21, 1985

Throughout 1981 and 1982, blood samples sat for weeks, untested, in laboratory refrigerators at the Centers for Disease Control (CDC) in Atlanta--the CDC lacked the funds to hire enough technicians. The Reagan administration maintained that federal health agencies should be able to meet the growing AIDS threat without extra funds, simply by shifting funds from other projects. The CDC finally pirated funds and personnel from other areas to mount the semblance of an appropriate response to the spreading disease.
Meanwhile the National Institutes of Health was also off to a slow start. If a major biomedical research effort is to be launched, this is where it begins. But the NIH waited a full two years after the disease broke out before funding the first AIDS research proposals. The fact that most AIDS patients were homosexuals and intravenous drug users "led to a little bit of complacency toward the disease," concedes Dr. Anthony Fauci, a leading AIDS researcher and now director of one of the NIH's eleven institutes.

These delays were disastrous. In April 1983, Dr. Donald Francis of the CDC wrote to a colleague: "Inadequate funding has seriously restricted our work and ... deepened the invasion of this disease into the American population."

"The AIDS story is the purest illustration of how this administration deals with health concerns," says Stanley Matek, past president of the American Public Health Association. "They tend to see health in the same way that John Calvin saw wealth: It's your own responsibility and you should damn well take care of yourself. The epidemic, however, has tested the limits of that philosophy."

"Just walk through the halls of Health and Human Services," says Nancy Amidei, former director of the Food Research and Action Center. "It is very quiet, there's nothing going on. Marguerite Hecksler sits over there in her own little world. They don't draft legislative proposals, they don't analyze who's going to be hurt or helped by administration actions. They just take orders from the budget cutters at OMB (the Office of Management and Budget) and the White House.


... it is (the) intrinsic difficulty (and complexity of AIDS), not lack of resources, that now governs the rate at which we progress toward practically applicable control measures.

-- Letter from the Special Assistant to the Director of the National Institutes of Health, Department of Health and Human Services, in response to an inquiry from Mobilization (March 11, 1985)

Yes, in my opinion, there are people who have (new scientific) information-- who, until they are sure it is being published (in a prestigious medical journal), will not share that information."

-- Dr. Neil Schram, President of the American Association of Physicians for Human Rights, in response to a question raised at a Mobilization Town Hall meeting, February 1985

In some instances (Public Health Service) guidance might have led to better coordination (of research on AIDS)—e.g. PHS might have directed the National Cancer Institute to share virus cultures with CDC (Center for Disease Control).

... Two factors which may have impeded the generation and dissemination of information are matters of more generalizable policy concerns. First, in the context of a public health emergency such as AIDS, the federal grants application and approval process for extramural research works too slowly. Second, although pri-
vate industry is involved in similar research and development activities, federal regulations concerning commercial development of drugs, biologics, and devices mean that much of the information generated is not available to other researchers.

-- Office of Technology Assessment
    Review of the Public Health Services
    Response to AIDS, February 1985

The French discovery (of LAV) was by and large ignored in the United States. Dr. Luc Montagnier (the head of the French group) said: "If our American colleagues had paid more attention to what we had done, they would have gained months." Montagnier further claimed that Gallo's group had failed to provide him with specimens to compare with the French virus.

Dr. Jay Levy (of U.C.S.F., one of the three leading labs working on the AIDS virus) believes that the "East Coast (medical research) establishment" discriminates against California AIDS researchers: "We work awfully hard out here and we're not given the recognition we deserve. They just don't want the competition. They think it's bad enough they have to contend with the French!

In January 1985, the administration announced that it was taking advantage of a bureaucratic loophole to slash federal support for biomedical research far below the level approved by Congress. In February, Reagan submitted an AIDS budget for $10 million less than was spent the previous year."

-- "At Risk," Mother Jones, April 1985

Communities affected by this (AIDS) syndrome have led the way in public education and lobbying for increased funding allocations. Much of the research odyssey of AIDS has been plagued by competition among the groups for limited resources, non-sharing of research materials, a duplication of effort, and lack of a central overview and coordination. Calls for a coordinated research effort among the CDC, NIH, and FDA were answered by an internally constituted interagency task force. Events surrounding and subsequent to the announcement of the LAV/HTLV-III data, point out the ineffectiveness of this task force. The competition for primacy in discovering the cause and cure for AIDS should not be allowed to eclipse the urgency for immediate dissemination of research data. The importance of the interdependence of the scientific community cannot be underestimated. The lack of a fully concerted and cooperative effort heretofore (recently underscored editorially in the New York Times of April 26, 1984) subverts ... the ultimate efficacy of those efforts....

Given the apparent ineffectiveness of the present method of coordination of these research efforts, we mandate: (a) the immediate formation of a workshop consisting of the involved agencies, at risk communities, and the administration convened by the Assistant Secretary for Health, to develop a review board to oversee the effective development and employment of collaborative research efforts in AIDS; and (b) that the above board should be charged with the ongoing review of all present and proposed research projects in AIDS in light of the current findings.

-- American Association of Physicians for Human Rights, April 27, 1984
As you know, the issues around AIDS confront us with high levels of diversity, complexity, uncertainty, political polarity, and emotional intensity. Given these conditions and the purpose of this Conference—i.e., to move us rapidly to position of consensus and action—the Mobilization Interim Steering Committee proposes a relatively structured and integrated agenda designed to accomplish the following:

1. Provide concise updating and information sharing;
2. Engage all participants in both active discussion and decision making and divide some of the proceedings into concurrent workshops;
3. Integrate the output of these workshops by way of reports and discussion in the plenary group; and
4. Sequentially order the main tasks (issue illumination; information sharing; positions on a National Battle Plan; Mobilization Strategy; and Mobilization Structure) so that each builds on what has been accomplished in prior sessions.
PUBLIC HEALTH SERVICE SPENDING ON AIDS: PAST AND PROJECTED

**ACQUIRED IMMUNE DEFICIENCY SYNDROME**

|----------------------|-------------|-------------|-------------|---------------|---------------|

**Public Health Service:**

**National Institutes of Health:**

- **National Cancer Institute**...
  - 1982: $2,400,000
  - 1983: $9,790,000
  - 1984: $16,627,000
  - 1985: $24,851,000
  - 1986: $23,851,000

- **National Heart, Lung, and Blood Institute**...
  - 1982: 5,000
  - 1983: 1,202,000
  - 1984: 4,871,000
  - 1985: 10,153,000
  - 1986: 11,200,000

- **National Institute of Dental Research**...
  - 1982: 25,000
  - 1983: 25,000
  - 1984: 81,000
  - 1985: 54,000
  - 1986: 37,000

- **National Institute of Neurological and Communicative Disorders and Stroke**...
  - 1982: 31,000
  - 1983: 684,000
  - 1984: 1,510,000
  - 1985: 1,150,000
  - 1986: 1,100,000

- **National Institute of Allergy and Infectious Diseases**...
  - 1982: 297,000
  - 1983: 9,223,000
  - 1984: 19,616,000
  - 1985: 23,262,000
  - 1986: 22,337,000

- **National Eye Institute**...
  - 1982: 33,000
  - 1983: 45,000
  - 1984: 60,000
  - 1985: 60,000
  - 1986: 60,000

- **Division of Research Resources**...
  - 1982: 646,000
  - 1983: 699,000
  - 1984: 1,356,000
  - 1985: 1,731,000
  - 1986: 1,731,000

**Total, NIH**...
- 1982: $3,355,000
- 1983: $21,650,000
- 1984: $44,121,000
- 1985: $61,261,000
- 1986: $60,316,000

**Food and Drug Administration**...
- 1982: 150,000
- 1983: 350,000
- 1984: 798,000
- 1985: 8,825,000
- 1986: 3,725,000

**Centers for Disease Control**...
- 1982: 2,050,000
- 1983: 6,202,000
- 1984: 13,750,000
- 1985: 23,200,000
- 1986: 18,720,000

**Alcohol, Drug Abuse, and Mental Health Administration**...
- 1982: 2,250,000
- 1983: 464,000
- 1984: 2,791,000
- 1985: 2,812,000
- 1986: 2,823,000

**Total, PHS**...
- 1982: $5,555,000
- 1983: $28,684,000
- 1984: $61,460,000
- 1985: $96,098,000
- 1986: $85,584,000
Prepared, as an input to discussion, by the interim Research and Documentation Committee of Mobilization.

WORKSHOP ON PATIENT SERVICES

Discussion Questions

1. What seem to be the biggest weaknesses in patient services for persons with AIDS today?

2. What vehicles for transferring patient service expertise from cities like San Francisco to other areas might be created?

3. To what extent is homophobia or AIDS paranoia obstructing the delivery of effective patient services?

4. What new coordinating inter-agency measures may be needed in the future?
Prepared, as an input to discussion, by the interim Research and Documentation Committee of Mobilization.

WORKSHOP ON PATIENT SERVICES

Discussion Paper

The Mobilization interim Research and Documentation Committee, in its own recommendations for patient services (attached) has highlighted the sharp disparities among local patient services and likely future capacities.

The inadequacies of patient services in New York City (where the caseload of AIDS patients is three times that of San Francisco) have recently become painfully obvious. ... San Francisco's (superior) patient services system exists partly owing to a large gay population and a large number of responsive and politically active gay people who have helped to create it. It should not be taken for granted that it came about by itself and concerted effort in maintaining this system and developing such systems elsewhere is desperately needed.

Other sources document the reasons for these disparities:

The clearly stated emphasis of the PHS (Public Health Service) AIDS effort is to deal with the biomedical issues, i.e., identifying the etiologic agent, developing a vaccine, and developing a treatment. There is no money --repeat no money--going to deal with unusual health care costs, etc., associated with AIDS. Only the existing programs (Medicaid, etc.) are available. We have argued--and will continue to argue--that given the localized impact of AIDS (N.Y., S.F., L.A., etc.), there should be some version of "impact" aid going to those cities most severely affected.


... there is continuing discrimination in health care experienced by members of the lesbian/gay population.

... All people who have AIDS have the right to equitable and humanistic health care ... including quality treatment; nursing and social support services; non-discriminatory use of current isolation procedures; full explanations of research procedures, treatments, and risks involved; informed choice of treatment/research modalities; confidentiality of the medical record; and respect for privacy and significant relationships.

-- Adopted by the American Nursing Associates Board of Directors, November 1984 (no such action as yet by the AMA)
... providing and assisting in paying for clinical and supportive services is already a significant problem in those areas of the country with relatively large numbers of AIDS patients. This situation will worsen as the number of AIDS patients increases and if new treatments prolong life but do not restore health. To date, the federal response has focused on the biomedical aspects of AIDS, so the primary responsibility for AIDS-related activities has rested with PHS (Public Health Service). The potential contribution of PHS agencies to the provision and financing of service needs is severely limited by the nature of their responsibilities. Thus, if the federal government is to respond to the service needs of AIDS patients, federal activities will have to expand beyond those attributable to PHS and at a minimum involve other organizational units within DHHS (Department of Health and Human Services), such as the Health Care Financing Administration.

Throughout the AIDS epidemic a wide variety of complex issues and reactions has arisen, not all of which have been based on sound reasoning. The lay population looks to the medical profession to be the unbiased voice of reason when fears or hysteria arise re health issues, and indeed this is a medical responsibility.

Also, as much as we support increased federal funding for AIDS research and provision of services, we are concerned that funding be spent wisely and conscionably and therefore, also believe that responsibility rests in a number of areas. Various actions could be taken within the medical/scientific community to enhance strategy in the war against AIDS.

1. A sense of cooperation must be fostered among AIDS researchers with coordination of research projects which allows for validation of results without unnecessary duplication of similar studies.

2. A code of ethics re peer review of research proposals should be set down so that the greater percentage of funds are allocated for "priority" research (with high validity potential) where such research results benefit the greater majority of those at risk or affected with AIDS.

3. The aim of AIDS research should be the development of treatment, prevention or cure for this disease. Publication of results, whether positive or negative is important.

4. There should be a strict accountability for allocation of funds from all health agencies as well as individual researcher accountability. Grant applications tend to approximate projected expenses but is there an accounting of money spent after the project is completed? NIH Special Assistant to the Director R. S. Gordon makes a distinction between records of obligations and appropriations and apparently accountability of appropriations is not available. This should be changed.

5. It is a California Medical Association ("CMA") and American Medical Association ("AMA") responsibility to maintain a strong stance re government support in combatting this illness. Recently the CMA met and did pass a number of resolutions in alignment with Mobilization's positions. They also passed a resolution which commits them to lobbying AMA support for increased funding, etc. when that board meets in June. A combined strategy to lobby AMA support for increased commitment from the federal government in combatting this illness on the part of the CMA and Mobilization could be developed at this
6. Regarding traditional versus nontraditional medical practices, conflict could be lessened and mutual support increased if both sides would simply validate the results of their studies/therapies using the scientific method with careful documentation of interventions and results over extended periods. In this way, those treatments proven effective in either mode will be made available, to the benefit of the patient.

7. It is also a responsibility and obligation of the medical community, specifically practitioners caring for patients with AIDS and patients with AIDS-related condition, to remain informed re the state of the art in diagnostic procedures, management and treatment. Standardization of such is imperative to delivery quality care to persons with AIDS and persons with AIDS-related condition.

8. More research needs to be directed towards prophylaxis and prevention of this illness. We all look forward to vaccine development, but what research is being done re prophylactic treatment for persons who are screened HTLV-III positive? Such prophylactic treatment does exist for persons with a positive TB test who do not necessarily have active TB. Is it also possible to develop for persons with a positive antibody test to prevent manifestation of full-blown AIDS?

Also, with an epidemic illness with no known cure, education and prevention should be our first line of defense. The present illness-oriented model of health care generally available in this country is not wholly effective and emphasis must shift to "wellness maintenance" in order to justly serve health care consumers in this country.
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conference. The AMA is an important lobbying power in Washington.

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Prepared, as an input to discussion, by the interim Research and Documentation Committee of Mobilization.

STRATEGY FOR MOBILIZATION WORKSHOP

Discussion Questions

1. What are our reactions to, amendments to, the starting assumptions outlined in the discussion paper?

2. What are the major groups with a present or prospective interest in--or reaction to--the AIDS crisis? What opportunity or threat does each represent? What are their motives, "hot buttons," etc. How can they be mobilized (or immobilized)?

3. What lessons can be drawn from the history of American political change concerning the likely course of public response to the AIDS crisis?

4. Which of Mobilization's goals may pose some mutual conflicts?

5. What can we say to date about the individual profile of (a) paid members and (b) active volunteers in Mobilization? What changes can we see so far and expect in the future?

6. What priority should Mobilization place on "mobilizing" other cities?

7. Should Mobilization be one organization speaking with one voice or a conglomeration of relatively autonomous groups?

8. How should Mobilization allocate its manpower and money in the next few weeks? The next few months? The next year?
STRATEGY FOR MOBILIZATION

DISCUSSION PAPER

As the war against A.I.D.S. grows more grave it is time for us to expand our efforts to gain an adequate response to this epidemic. We in the Mobilization Committee believe it is time to enhance the ongoing political efforts around A.I.D.S. with massive involvement actions such as marches, rallies, pickets, vigils, petitions, boycotts, etc. These were the methods used to end the war in Vietnam, to lead the civil rights movement, and to launch Lesbian and Gay Liberation. These are the political tactics we must utilize again. We believe that a proper response to this epidemic will not come from the goodwill of the government and the medical establishment. It will not come in response to the efforts of a few thousand Lesbian/Gay activists. We will obtain the necessary action by government and the medical establishment when we have involved tens of thousands, hundreds of thousands, even millions of people in demanding a national mobilization against A.I.D.S. It may take us years to do this. Unfortunately it appears we will be in a war against A.I.D.S. for a long time.

-- Paul Boneberg, Coordinator, Mobilization fundraising letter for the Interim Steering Committee

Mobilization's strategy must provide a coherent and goal-oriented basis for how we direct and structure our efforts over the months and years ahead.

Given that Mobilization has limited resources—very limited in the short term—how shall we prioritize our efforts?

A. Legislation for funding—immediate action?

What balance between pushing for education versus research? (Might the struggle for effective education compromise our legislative ability to win research funds?)

B. Broadening our immediate base of support—especially paid membership?

• National effort?
• State wide?
• Personal networking?
• What targeting selection and identification criteria?

C. Broadening our wider base of political support?

1. Mass actions?
2. Intensive educational and organizing efforts aimed at groups likely to be supportive?

3. What groups?
   a. Gay, Bisexual, and Lesbian Community?
   b. Families and Friends of Gays, Bisexuals, and other persons at risk?
   c. Families of PWAs and ARCs?
   d. Health providers?
   e. Libertarian organizations?
   f. Insurance companies?
   g. Media?
   h. ?
   i. ?

Major sources of obstruction, persecution, or reprisal: relative importance; timing; motivation; how to counter?

- Moral Majority, et al.?
- Real budget squeeze?
- Budget process; bureaucratic delays?
- Science, medical profession politics?

What empirical questions need to be answered?

1. Behavior change to date, by locale and by individual characteristics?
2. Behavior-change motivation, resistance, process?
3. Knowledge of and attitudes toward AIDS and groups at risk over time, by different segments of the populace?
4. As above, for members of Congress, state legislatures, etc.?
5. Attitudes of groups at risk toward politics and political mobilization: apathy? ignorance? fear?

What parallels can be drawn from major political change in recent U.S. history: e.g., abolition, women's sufferance; civil rights; termination of the war in Vietnam. What lessons can we draw regarding: stages and timing of evolution; characterization of individual and group positions; strategies for Mobilization?

How can Mobilization best mobilize individuals to give money and time?

How important is individual involvement and local mass action—in many cities, regions—to Mobilization's strategy? Does local action require local organization? What priority should Mobilization assign to local organizing throughout the country?
Prepared, as an input to discussion, by the interim Research and Documentation Committee of Mobilization.

WORKSHOP ON EDUCATION

AIDS EDUCATION TECHNIQUES AND STRATEGIES

Discussion Leaders: Robert Bolan, M.D. and Maggi Rubenstein, Ph.D.

A sex-positive approach to behavioral change, with sexologists and medical educators working together to help people understand and implement safer sex practices and communication while still valuing our sexuality and our lifestyles.

In addition to educating the general population of Gays, Bisexuals, Lesbians, and Heterosexuals, we must also teach educators who may be uncomfortable with sex in general, and/or other-than-traditional lifestyles in particular. We must teach them the social values of a sex-positive approach to behavioral change.

We plan to discuss the use of presentation, group-discussion, visual-aids, and personal sharing, as education tools to empower and enable people to be sensibly sexual, for ourselves and our partners. In all of this we will strive to avoid causing anyone to consider his or her lifestyle in a negative light.

These are questions which we might consider:

1. What is the difference between medical professionals and sexologists, and how can we assist each other?

2. What kind of preparation do educators need before educating the public?

3. How important is the sex-positive attitude about sex in general, and about Gay/Bisexual/Lesbian lifestyles in particular, in the minds of educators?

4. What educational methods are most effective?
BEST CASE - WORST CASE: FACILITATORS' WORKSHOP OUTLINE

I. Introduction

John: What we're here for
Maggi: Lays out format and starts introductions of group-participants

John: Outlines his vision of best case
Maggi: Outlines her vision of best case

Maggi: Outlines her vision of worst case
John: Outlines his vision of best case

(TOTAL TIME ESTIMATED FOR INTRODUCTION: 30 MINUTES)

II. General feedback

Maggi calls for feedback: group can respond as they feel and think they need to (not limited to any specific questions or response-areas) - possible role-playing

(TOTAL TIME ESTIMATED FOR GENERAL FEEDBACK: 30 MINUTES)

III. Questions for specific response(s) and possible motions for actions

John reads questions from workshop description, and group discusses, possibly comes to conclusions, possibly makes motions for general conference action(s), and possibly a minority (20% or more) decides to draft and present a minority report

(TOTAL TIME ESTIMATED FOR SPECIFIC RESPONSES: 30 MINUTES)

(Note: Both facilitators will contribute to all sections. John will take minutes of any specific conclusions or motions for actions, by the group.)
AGENDA

Intro
John — what were here for
Maggi — lays out context
+ starts audience intros.

John — outlines best case
Maggi —

Maggi — outlines worst case
John —

Maggi — calls for feedback — thoroughly

John — read questions
ask for motions

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BEST CASE . . . OR WORST CASE . . . WHAT ARE THE BEST AND WORST POSSIBILITIES FOR OUR LIVES IN THE FUTURE, AS A RESULT OF THE AIDS EPIDEMIC?

Facilitators: Dr. Maggi Rubenstein and Attorney John Wahl

We plan to outline two possible scenarios for the future: The best future, and the worst future, that might conceivably come to pass. We will discuss both our worst fears, and our greatest hopes. This will provide an opportunity to get beyond terror and paralysis, into action. How should we respond to a future that tends either towards the best case, or the worst case?

Many factors will determine what the actual future, for Gays, Bisexuals, and Lesbians, will be, in the AIDS era. These factors have to do with all of the discussion-groups, or workshops, at this Conference (plus a number of other subject areas). Medical-research progress, education-effectiveness, legislative and funding efforts, media presentations, grass-roots communications and demands, and challenges to personal civil rights, are some of the most important of these factors.

Certain questions immediately arise, concerning our potential response(s) to the best . . . and the worst, case:

1. If the future holds the worst scenario, what steps need we take to defend ourselves, and what are the possibilities against which we might have to defend?

2. If we must struggle against whatever forces are involved in the realization of the worst possible scenario, how can we support and empower each other as we confront these forces?

3. If the future holds the best scenario, what lessons can we learn from the crisis we have come through?
AIDS EDUCATION TECHNIQUES AND STRATEGIES

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4. What educational methods are most effective?
Prepared, as an input to discussion, by the interim Research and Documentation Committee of Mobilization.

WORKSHOP ON DIFFERENT CITIES, DIFFERENT NEEDS

Discussion Questions

1. What is a useful way of classifying different locales?

2. What differences are evident in levels of awareness of the AIDS threat?

3. What differences are evident in behaviour change among groups at risk?

4. What differences are evident in political climate (gay and straight) around AIDS?

5. What differences are evident in AIDS-related organizations?

6. What differences are evident in medical and social service institutions?
Prepared, as an input to discussion, by the interim Research and Documentation Committee of Mobilization.

WORKSHOP ON "BEST CASE, WORST CASE," SCENARIOS

BEST CASE ... OR WORST CASE ... WHAT ARE THE BEST AND WORST POSSIBILITIES FOR OUR LIVES IN THE FUTURE, AS A RESULT OF THE AIDS EPIDEMIC?

Facilitators: Dr. Maggi Rubenstein and Attorney John Wahl

We plan to outline two possible scenarios for the future: the best future, and the worst future, that might conceivably come to pass. We will discuss both our worst fears, and our greatest hopes. This will provide an opportunity to get beyond terror and paralysis, into action. How should we respond to a future that tends either towards the best case, or the worst case?

Many factors will determine what the actual future, for Gays, Bisexuals, and Lesbians, will be, in the AIDS era. These factors have to do with all of the discussion groups, or workshops, at this Conference (plus a number of other subject areas). Medical-research progress, education-effectiveness, legislative and funding efforts, media presentations, grassroots communications and demands, and challenges to personal civil rights, are some of the most important of these factors.

Certain questions immediately arise, concerning our potential response(s) to the best ... and the worst, case:

1. If the future holds the worst scenario, what steps need we take to defend ourselves, and what are the possibilities against which we might have to defend?

2. If we must struggle against whatever forces are involved in the realization of the worst possible scenario, how can we support and empower each other as we confront these forces?

3. If the future holds the best scenario, what lessons can we learn from the crisis we have come through?
Prepared, as an input to discussion, by the interim Research and Documentation Committee of Mobilization.

WORKSHOP ON LEGISLATION AND FUNDING

Discussion Questions

1. What are the main obstacles in the federal legislative process?

2. What should be the relative roles of federal and state legislation and funding?

3. What are key legislative timing points in the months ahead?

4. How well informed on the AIDS crisis do legislators appear to be today?

5. What are the relative roles of OMB, OTA, HHS, etc., in shaping Administration action?
Prepared, as an input to discussion, by the interim Research and Documentation Committee of Mobilization.

WORKSHOP ON EDUCATION

AIDS EDUCATION TECHNIQUES AND STRATEGIES

Discussion Leaders: Robert Bolan, M.D. and Maggi Rubenstein, Ph.D.

A sex-positive approach to behavioral change, with sexologists and medical educators working together to help people understand and implement safer sex practices and communication while still valuing our sexuality and our lifestyles.

In addition to educating the general population of Gays, Bisexuals, Lesbians, and Heterosexuals, we must also teach educators who may be uncomfortable with sex in general, and/or other-than-traditional lifestyles in particular. We must teach them the social values of a sex-positive approach to behavioral change.

We plan to discuss the use of presentation, group-discussion, visual-aids, and personal sharing, as education tools to empower and enable people to be sensibly sexual, for ourselves and our partners. In all of this we will strive to avoid causing anyone to consider his or her lifestyle in a negative light.

These are questions which we might consider:

1. What is the difference between medical professionals and sexologists, and how can we assist each other?

2. What kind of preparation do educators need before educating the public?

3. How important is the sex-positive attitude about sex in general, and about Gay/Bisexual/Lesbian lifestyles in particular, in the minds of educators?

4. What educational methods are most effective?
CIVIL RIGHTS:

CHALLENGES AND DANGERS TO CIVIL RIGHTS RESULTING FROM THE

AIDS EPIDEMIC

It has become clear that the AIDS epidemic presents actual and potential challenges and dangers to Civil Rights. The very fact that people generally fear a virulent disease, causes many people to fear people with AIDS, and people with ARC (AIDS-Related-Conditions), and people who are in groups at risk for contracting AIDS. This fear can, and has, caused discrimination in housing and employment. And beyond the immediate fear, it appears that certain individuals and groups generally on the far right of the political spectrum---are attempting to use AIDS as a tool to isolate Gay, Bisexual, and Lesbian people, and systematically deny many kinds of employment to these groups. There is also the possibility of throwback legislation to make same-sex sexual activity criminal. One far-right sociologist has advocated (before the Houston City Council) his own final solution (or possibly semi-final solution) to the AIDS epidemic: Internment of Gay and Bisexual men.

In view of these factors, these questions need discussion:

1. What are the threats to Civil Rights of Gay, Bisexual, and Lesbian people? What is probable? What is possible?

2. What are the threats to Civil Rights of people with AIDS and/or ARC? What is probable? What is possible?

3. What should our response be, to each of the probable and possible threats we have identified? What should be the response of the Gay/Lesbian/Bisexual community? And what should be the response of MOBILIZATION?

4. Since it has been established, in the courts, that the internment of Japanese-Americans, by the Federal Government (during World War II) was unlawful, should we resist any attempt to intern us? If so, how should we resist?

Discussion Leader: Attorney John Wahl
JOHN
WAHL
WE CONFERENCE PARTICIPANTS PERSONALLY COMMIT OURSELVES TO SELF-EDUCATION CONCERNING AIDS, AND RECOGNIZE THE NEED TO EMPOWER OURSELVES AND OUR COMMUNITY IN DEFENSE OF OUR CIVIL LIBERTIES.

THEREFORE WE COMMIT OURSELVES TO EDUCATE OUR CO-WORKERS, FRIENDS, NEIGHBORS AND RELATIVES TO DISPEL BASELESS FEARS OF CASUAL CONTAGION AND TO DISCOURAGE DISCRIMINATION AGAINST PEOPLE WITH AIDS AND ARC'S $ HIGH RISK POPULATIONS.

TO EFFECTIVELY ACHIEVE THIS GOAL, WE PERSONALLY COMMIT OURSELVES, AS WELL TO REACH OUT & TOUCH EACH OTHER, Symbolically AND LITERALLY, TO REINFORCE OUR SENSE OF SELF-WORTH AND VALUE, AND TO STRENGTHEN OUR RESOLVE TO PROTECT OUR RIGHT TO LIVE IN FREEDOM &

Resolution Passed unanimously by the "Best Case Worst Case" workshop Submitted to the Plenary Meeting.
spread into the heterosexual population.

Can AIDS be Prevented

There is no cure for AIDS and no vaccine to prevent it. Researchers guess it will take five or more years before a vaccine is developed.

In 1978 and 1979 there were twelve reported cases of AIDS, although it wasn't known as AIDS at the time. Of the twelve, eight were AIDS, while two were gay or bisexual men and ten of them were from New York or California. However, it wasn't until late 1982 that AIDS was scientifically identified as a disease. That's when official funding began for research of this disease that was mysteriously killing mostly gay men. If those who were getting the disease had not been gay, the government and researchers would have made a much greater effort to uncover the causes of this almost 100% lethal disease.

In 1982 researchers in France and the U.S. independently found the virus which is believed to cause AIDS. Since then, there has been little cooperation between researchers who are competing for research funding and fame. At an "educate the media" AIDS forum in New York City in February, 1985, the French researcher Robert Gallo, cancelled his appearance because his French research competitor was in the same room!

The only recent medical advance is the AIDS virus antibody test for screening blood. This test was developed to protect the recipients of blood transfusions. However, this test is being promoted by the government and media as a major breakthrough in the fight against AIDS. In fact, this test only shows whether the person has been exposed to the AIDS virus. And as many as 30% of those screened can show negative results. Still in fact they have the AIDS virus. Only 5-10% of those with the AIDS antibody will probably get AIDS. In San Francisco, about 39% of gay men have been exposed to AIDS. This test does nothing to prove if or we are AIDS and does nothing to tell who will actually get AIDS.

The program that is reporting the most success in treating AIDS is a small private research project in Virginia, where AIDS was arrested in 35 out of 19 gay men over a one year period. The researchers developed a program to increase the positive endorphins that strengthen the immune system, including intravenous vitamin supplementation, biofeedback, counseling and group support for the patients and their lovers, friends and families. Since 40% of people with AIDS die after one year, and over the year of this study only one man died, this project is very important. Yet the government through strike action, workers, including lesbian and gay workers, could win demands that gay people alone could never win. It was only through mass mobilization of workers that unions were first won and that civil rights for black people were advanced. It will only be through militant working class action that lesbians and gay men will win our demands.

In San Francisco we need to build militant leadership to kick out the sell-out bureaucrats. In all the unions including the leaders of the Hotel and Restaurant workers union Local 2 they totally sold out the recent hotel and restaurant strike. The members of Local 2, including many lesbian and gay members badly need a militant leadership to fight not only for a better contract but also defense of their civil rights and against all forms of discrimination. The members of AFSCME and SEIU, service unions and with health unions and government workers and gay members, must replace their current sell-out leaders. These mis-leaders have been forced to pass lesbian/gay anti-discrimination resolutions, but have refused to fund comparable lesbian/gay anti-discrimination language in union contracts. By building real mass mobilizations to combat our common enemies, we can build the necessary links between the lesbian-gay movements and the workers' movement. Only the power of the workers' movement can win the research funding, the health care, the social support and the education needed to end the AIDS crisis. The same system that is fostering the anti-gay AIDS crisis is attacking all workers and the oppressed. The Klan, the "Moral Majority," the capitalists and their government are attacking us all.

We must broaden the fight against AIDS to include a fight against our common enemies. There is no other way to win. We must also relentlessly educate the workers about lesbian and gay men's struggles and the need to abandon the prejudices of capitalist society.

To win our demands we need a workers' party that clearly represents the overwhelming majority of the population, the workers and the oppressed. Through such a party, the lesbian/gay struggle could become a struggle for political power, a fight for a workers' government. A workers' government would be based on democratically elected workers' councils on which lesbian and gay men would be represented. A workers' government would expropriate wealth and wealth from the bosses and establish control of production. It would expand technology and culture in a planned way and develop economical, ecological, high quality production. This along with total social equality of lesbians and gay men and a massive education campaign that teaches the truth
about lesbian and gay history, sexuality and struggle, would make possible the replacement of the family with less oppressive, more collective ways for people to live and raise children. Only then will the oppression of lesbians, gay men, workers, all women and minorities be ended.

Thousands of gay men have died from AIDS since 1979. Research funding, health care and social support has been criminally inadequate. In addition to the constant fear of death, gay men are facing increased anti-gay attacks against them at work and in the streets. Lesbians are also suffering from the wave of anti-lesbian/gay bigotry that fuels the AIDS panic. Yet the white, upper middle class gay male "leaders" have not mobilized lesbians and gay men to fight these anti-gay attacks, or to fight for more research funding and support for people with AIDS. Outside of California, New York and Miami, many parts of the country have little information about AIDS. It's urgent for gay men and lesbian activists to find the most effective ways to stop the deaths of gay men and all people with AIDS and to stop the anti-lesbian/gay hate campaign.

AIDS -- Acquired Immune Deficiency Syndrome -- is a virus which attacks peoples' resistance to disease. Eventually they develop lethal secondary infections, mainly pneumocystis pneumonia and/or the skin cancer Kaposi's sarcoma. Since the first cases appeared in 1978 in the U.S., 4,230 people have died out of 8,797 reported cases. It usually takes 18 to 36 months for infected people to show symptoms of the disease. One year after showing symptoms, 40% of people with AIDS die, and after four years almost 100% are dead. In the U.S. an estimated 400,000 people have already been exposed to the AIDS virus, and of them 5-10% are expected to get AIDS. That means that 16,000 people are expected to get AIDS by 1986 and 40,000 by 1987.

Scientists believe that AIDS is transmitted through blood and semen. In Africa a form of AIDS has existed for years in the heterosexual population. Somehow, it got transmitted to Haiti, Europe and the U.S. and first appeared among gay men, intravenous drug users, Haitian immigrants and hemophiliacs. Currently 73% of people with AIDS are gay or bisexual men. The second largest group of people with AIDS are intravenous drug users, who make up 17% of the cases. Haitians make up about 3% of known cases. Those who contract AIDS through blood transfusions number about 1%. A few babies born to women with AIDS have the disease. Currently 7% of reported cases are women. No cases of lesbians with AIDS have been reported. However, straight and bisexual women as well as all women who use intravenous drugs are at risk. AIDS is not a "gay" disease. In New York City, where the largest number of cases have been reported, 35% of people with AIDS are not gay or bisexual men. Most of those 35% are intravenous drug users. AIDS is expected to continue to

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AIDS: ATTACK THE DISEASE, NOT GAY MEN AND LESBIANS

March 29, 1985

Revolutionary Workers League

Labor Donated
those with AIDS who are fired or unable to work and inadequate social services for people with AIDS or their lovers, friends and families. New York City also has no gay rights ordinance legally protecting lesbians and gay men from discrimination. In San Francisco, the organized efforts of the gay community produced more complete care, including specialized AIDS outpatient clinics and inpatient wards, as well as hospice support for those in terminal stages of the disease. This is due to the large size of the lesbian and gay communities in San Francisco relative to the rest of the population. The Democrats and even the Republicans have been forced to respond in some way to lesbian and gay community pressure. However, San Francisco is also the only city that has used the AIDS crisis as a pretext to get the courts to require surveillance of gay bathhouses. Customers' and employees' identification of the medical community has also been totally inadequate. Initially hospital workers were given no protection and no health and safety guidelines. Some health workers succumbed to the misinformation and rumors surrounding AIDS and refused to treat AIDS patients. Yet as of this date there are no known cases of health workers or professionals having contracted AIDS from on-the-job contact and treatment of AIDS patients.

AIDS Panic Increases Attacks against Lesbians and Gay Men

Last fall, San Francisco Mayor Diane Feinstein used the AIDS crisis as an excuse to close gay bookstores, bathhouses and clubs. Falsely claiming that closing gay bathhouses would stop the spread of AIDS, Feinstein got the Public Health director to get a court order closing fourteen gay bathhouses, bookstores and clubs as "public nuisances." When 500 angry gay men demonstrated against the anti-gay harassment on October 10, 1984, Judge Wonder ordered the bathhouses re-opened, but required monitor checks on patrons every two minutes, no doors on private rooms and bright lights. The Health Department appealed for even stronger anti-gay measures; currently Judge Wonder has given the Public Health director the power to determine what is "safe sex." For the bathhouses this anti-gay harassment has meant that only two of the fourteen gay bathhouses have reopened under the intolerable surveillance conditions.

AIDS can't be stopped by closing gay bathhouses. Until a cure or vaccine is discovered, protecting people about how to have safe sex, wherever they have sex, is the only effective way to slow the spread of AIDS. The government's attack on gay bathhouses is a thinly disguised attack on gay sexuality and gay men's civil rights.

The AIDS panic is part of a larger anti-gay program being promoted by the government and the right wing. In San Francisco in 1984, 122 anti-gay discrimination cases, mostly work-related, were reported to the Human Rights Commission, a 41% increase over 1983. Communism United Against Violence (CUAV) received 218 reports of violence against lesbians and gay men from January to September 1984, a 15% increase over the same period in 1983. These reported figures reflect only a small portion of the anti-lesbian/gay discrimination and arrests that actually occurred. The police and the government have renewed their efforts to spy on gay organizations. In addition to the San Francisco gay bathhouse attacks, city governments have forced gay bookstores and bathhouses to close in Philadelphia and Boston. In February 1985 a gay Christian meeting hall and a gay bathhouse were burned in Boston. Anti-discrimination laws for lesbians and gay men were defeated in New York City, Minneapolis, Houston and Baltimore.

The gay community's "leaders" have done very little in response to these anti-gay attacks. After Reagan's re-election last November the Democratic party cancelled its commitment to seat representatives from minority groups, including lesbians and gays, on party committees. In San Francisco some of the gay Democratic clubs actually endorsed or excused the closure of the gay bathhouses last fall. Harry Britt, the gay Democratic politician on the Board of Supervisors also supported the bathhouse closures. The leadership of the anti-gay closure group, Committee to Preserve Our Sexual and Civil Liberties, refused to organize a demonstration in November protesting the court's bathhouse surveillance decision. The Committee would rather "let the lawyers take care of it."

A new group in San Francisco, the Mobilization Against AIDS, also opposes organizing demonstrations by the gay community. With no militant leadership organizing a broad based campaign against these anti-gay attacks, many gay men who want to act end up individually helping AIDS patients and organizing educational campaigns. Lesbians and straight women are not mobilized at all, beyond women health care workers, who have given direct care, and a few health care activists who have tried to draw the links between government policy on gay men's health and the longer battle for decent health care for all women, including lesbians.

The government's anti-gay response to the AIDS crisis is only a part of the overall government attack on the hard won rights of women, workers, blacks and other minorities. These include the abortion
These tactics have won us nothing. What we really need can only be won through a militant fight in the streets.

We must demand an end to discrimination against lesbians and gays. This will be done in part by organizing defense guards from the gay community and unions to defend ourselves against gay bashing, rape and abortion clinic bombings. We must demand worker/gay community control of AIDS antibody blood testing so that the government can't gain access to clients' names. We must demand massive increases in government funding for AIDS research and full government support for people with AIDS. We must demand an end to medical discrimination. We need equal access to all medical services. Furthermore, we must nationalize the entire health care industry without compensating the wealthy owners. Under worker, patient and community control we can have free, quality health care for everyone.

We must demand government funded lesbian and gay community centers in every community to provide social alternatives to the bars and bathhouses. We must also demand a massive education campaign to educate the public about lesbian and gay history, sexuality, and the real struggle against oppression.

Lesbians and gay men separate from the working class can't win these demands. We need the power of the oppressed linked with the working class.

The AIDS Antibody Screening Test - A Smokescreen

Instead of massively funding treatment and research projects the government is using the AIDS antibody blood screening test as a smokescreen for its totally inadequate and anti-gay response to the AIDS crisis.

Lists of peoples' sexual orientation will be compiled from the blood screening test and will be kept in permanent files. Government police and insurance groups as well as researchers will all have access to this information, endangering the privacy and civil rights of gay and bisexual men. This information could be used either to force them from their jobs or prevent them from getting jobs, to cancel their health insurance, to deny them housing and to subject them to harassment and attacks.

In late 1982 the government virtually ignored the increasing number of deaths of gay men from this mysterious disease. Meanwhile, the media brought attention to the issue by condemning gay men for bringing the disease on themselves. Anti-gay religious bigots, like Jerry Falwell called AIDS the "gay plague," God's punishment for committing "unnatural acts." Whipped up by this anti-gay campaign, straight rights groups refused service from gay waiters, jurors demanded that a gay man with AIDS be dismissed from the jury, police in San Francisco were issued masks and gloves to "protect" themselves from the gay men they were arresting. TV technicians refused to film gay men with AIDS being interviewed in the studio. Gay activists struggled to publicize the truth that AIDS is not spread through casual contact and is not caused by gay sex. AIDS is a virus that anyone can get.

Finally, pressure from the gay community forced the Reagan administration to provide some funding for AIDS research. Even then the funding was too little, very late, and quickly targeted for budget cuts. Reagan is currently proposing a $10 million cut from the already inadequate $95 million AIDS research budget for 1985. The Reagan administration is demanding that the National Institute of Health take money away from other underfunded health care programs to get more funds for AIDS research.

There is a continued lack of support for people with AIDS remains terribly inadequate. In most areas of the country, there are virtually no specialized medical or social services for people with AIDS. The government "handled" an AIDS patient by buying him a one way ticket to San Francisco. New York, with over 3,000 AIDS cases, the highest number in the country, has no outpatient AIDS clinics. There are no specialized AIDS hospital wards, totally inadequate financial support for
Welcome to all our visitors and a special welcome to those attending the statewide Mobilization Against AIDS Conference. 

About Today's Service. We begin today's service with the blessing of palms as a sign of the sovereignty of Christ in our lives. At the end of the service a palm frond will be given to each of you. The processional hymn "All Glory, Laud, and Honor" and the sermon hymn, "Ride on, In Majesty" are great old hymns of the Church that rejoice in Christ's triumphal entry into Jerusalem. As our worship reviews the Easter week, we soon leave the rejoicing and begin to consider seriously the meaning of the sacrifice of our Savior upon the Cross as we read the Passion. The Pastor's Sermon returns to the theme of Christ's entry into Jerusalem as he considers the place of the Church and each Christian in the world. In this sermon he concludes our Lenten consideration of how we are God's hands in this world. We sing for the last time our Lenten adaptation of the Black Spiritual, "You've Got The Whole World In Your Hands." After we join together in the Holy Eucharist, we close the service with a traditional Israeli folk song about the Coming of David's heir to be sovereign of all—("The King of Glory Comes."

This Wednesday is Nursing Home Week! Come play Bingo. We are going to do something that the residents love—play bingo. Come with your donated prizes such as candy bars, soft cookies, jewlery, cologne, knick nacks and the like. A good time will be had by all. Pine Towers corner of Pine & Divisadero—6:00PM

The A.I.D.S. Interfaith Network (of which our Church is a member) in cooperation with the Episcopal Diocese of California and Grace Cathedral behains a series of healing services Monday night at Grace Cathedral at 6:30 p.m.

These Healing services are offered as a witness of God's healing hand to meet the physical, spiritual, psychological and emotional needs of persons with A.I.D.S., their family, lovers and friends. Please join us.

Last Week: $1,100.00
Budget $1,150.00
Ride On, Ride On in Majesty

John 12:12-15
Henry H. Milman, 1791-1868

Unison

1. Ride on, ride on in majesty! Hark! all the tribes hosanna cry; O Saviour meek, pursue thy
tribes hosanna cry; O Sav-i-or meek, pur-sue thy
pomp ride on to die; O Christ, thy triumphs now be-
pomp ride on to die; O Christ, thy triumphs now be-
squadrons of the sky Look down with sad and won-dering
squadrons of the sky Look down with sad and won-dering
road With palms and scat-tered gar-ments strowed.
road With palms and scat-tered gar-ments strowed.
gin O'er cap-tive death and con-quered sin.
gin O'er cap-tive death and con-quered sin.
eyes To see th'approaching sac-ri-fice.
eyes To see th'approaching sac-ri-fice.
pain, Then take, O God, thy power, and reign. A-men.
pain, Then take, O God, thy power, and reign. A-men.

The KING'S MAJESTY

Graham George, 1912.

TODAY: 9:00 a.m. Membership Class
9:30 a.m. "Not Quite Ready For Prime Time Singers"
Rehearsal

10:30 a.m. WORSHIP SERVICES and the HOLY EUCHARIST
The Pastor is Preacher and Celebrant

2:00 p.m. Final General Session of Statewide Mobilization Against A.I.D.S. Conference,
240 Golden Gate Ave.

7:30 p.m. EVENING WORSHIP and HEALING SERVICE
Farwell Service for the Rev. Ron Pannell
Rev. Pannell preaching

MONDAY 6:30 p.m. Ecumenical A.I.D.S. Healing Service
Grace Cathedral (see announcement inside)

TUESDAY 7:30 p.m. Midweek Worship, Bible Study and Holy Week Eucharist. Rev. Pierce leading Worship

WEDNESDAY: 6:00 p.m. SENIORS MINISTRY to Pine Towers Nursing Home, Pine and Divisadero. BINGO NIGHT!

GOOD FRIDAY: 7:30 p.m. JOINT GOOD FRIDAY SERVICE with San Francisco M.C.C., 150 Eureka St. Meditations and Music on the Seven Last Words of Christ.

HOLY SATURDAY: 11:00 p.m. EASTER VIGIL, The Festival of Lights and The First Eucharist of Easter. 1748 Clay Street

EASTER SUNDAY MORNING: EASTER SUNRISE SERVICE sponsored by the San Francisco Council of Churches (of which we are a member). MOUNT DAVIDSON

EASTER SUNDAY:
9:00 a.m. Membership Class
9:30 a.m. Choir Rehearsal
10:30 a.m. FESTIVAL EASTER WORSHIP and HOLY EUCHARIST
The Pastor is Preacher. The Eucharist is Concelebrated.
Reception of new members

7:30 p.m. Easter Worship and Healing Service
The Pastor Preaching
Deacon: Let us pray together.
People: Almighty God, we have done wrong and do not deserve to be called Your children. We have turned from Your way, and been taken in by our own desires. We have not loved our neighbors as You have commanded. Have mercy on us and forgive us for the sake of Your Child, our Savior, Jesus Christ. AMEN.

THE ASSURANCE OF PARDON AND RECONCILIATION

MUSIC FOR WORSHIP - - - - - The Not Quite Ready For Prime Time Singers

"Though The Mountains May Fall"
by Dan Schutte, S.J.
(note: The Congregation joins in the Antiphon below.)

Though the mountains may fall and the hills turn to dust;
Yet, the love of the Lord will stand;
As a shelter for all who will call on God's name!
Sing the praise and the glory of God!

THE PRAYER FOR ILLUMINATION - (In Unison)

O God, You sent Your Son, our Redeemer, to be born of a woman and to die for us on a cross. By Your Holy Spirit, illumine our lives with Your Word; so, as the scripture is read and proclaimed this day, we may be reconciled and won wholly to Your will. Through Jesus Christ our Lord! AMEN!

THE FIRST LESSON - - - - - Isaiah 50: 4 - 9

THE SECOND LESSON - - - - - Philippians 2: 5 - 11

* THE GRADUAL HYMN - "You've Got the Whole World!"

Refrain: YOU'VE GOT THE WHOLE WORLD, IN YOUR HANDS;
YOU'VE GOT THE WHOLE WORLD, IN YOUR HANDS;
YOU'VE GOT THE WHOLE WORLD, IN YOUR HANDS;
YOU'VE GOT THE WHOLE WORLD, IN YOUR HANDS!

1st Verse: YOU'VE GOT THE TINY LITTLE BABY IN YOUR HANDS.
2nd Verse: YOU'VE GOT THE WIND AND THE RAIN IN YOUR HANDS.
3rd Verse: YOU'VE GOT ME AND MY BROTHER IN YOUR HANDS;
YOU'VE GOT ME AND MY SISTER IN YOUR HANDS;
YOU'VE GOT ME AND MY FRIENDS IN YOUR HANDS;
YOU'VE GOT THE WHOLE WORLD IN YOUR HANDS!

(continued on the following page...........)
THE MYSTERY OF FAITH

CHRIST HAS DIED;
CHRIST IS RISEN!
CHRIST WILL COME.
CHRIST WILL COME, AGAIN!

THE DISTRIBUTION OF COMMUNION

JESUS, LAMB OF GOD, HAVE MERCY ON US.
JESUS, BEARER OF OUR SINS, HAVE MERCY ON US.
JESUS, REDEEMER OF THE WORLD;
GIVE US YOUR PEACE.

A PERIOD OF SILENCE FOR REFLECTION

* HYMN OF COMMITMENT — "The King of Glory Comes"
by William F. Jabusch
Refrain: The King of glory comes, the nation rejoices.
1st Verse: Who is the King of glory; how shall we know him?
   He is Emmanuel, the promised of ages.
2nd Verse: In all of Galilee, in city or village,
   He goes among His people curing their illness.
3rd Verse: Sing then of David's Son, our Savior and Brother
   In all of Galilee, was never another.
4th Verse: He gave His life for us, the pledge of salvation
   He took upon Himself the sins of the nation.
5th Verse: He conquered sin and death; he truly has risen!
   And, He will share with us, His heavenly vision!
Refrain: (Repeated after each verse.)

* THE BENEDICTION

Please, be seated for a moment of silence, until being sent forth in love with the blessing:

GO IN PEACE!

LEN TEN SEASON

P ALM/PASSION SUNDAY
March 31, 1985

GOLDEN GATE METROPOLITAN COMMUNITY CHURCH
1748 Clay Street
San Francisco, California 94109 474-4848
Reverend James E. Sandmire, Pastor
Reverend Robert E. Pierce, Assistant Pastor
Reverend Ronald Pannell, Clergy-in-residence
Sheila Rosecrans & Carl Bivens, Clergy Interns

* The People Stand

GOD'S WORLD! YOUR HANDS!

PRELUDE AND MEDITATION

WELCOME AND ANNOUNCEMENTS

* THE BLESSING OF PALMS
Pastor: Christ be with you.
People: And also with you!
Pastor: Let us give thanks to God.
People: It is right to give thanks and praise!

* THE PRAYER OF BLESSING

* THE PROCLAMATION OF CHRIST'S ENTRANCE INTO JERUSALEM!
Matthew 21: 1-11
Pastor: Blessed is the One Who comes in the name of Jahweh!
People: Hosanna in the highest!

THE SERVICE OF THE WORD

* THE PROCESSIONAL HYMN "All Glory, Laud, and Honor"
(Insert)

THE PRAYER OF CONFESSION
Deacon: The proof of God's amazing love is this:
While we were sinners, Christ died for us.
Because we have faith in Christ, we dare with confidence to approach God. Let us ask God to forgive us. First, in silence....
Meet Jly w bit Comm
Picket Bnt Cons. w Media Event

Press Bls

Send Tel. to Clarence Higgins Trust, London

Present to Zaire Consul
MOTION TO FIGHT THE ANTI-GAY AIDS PANIC
Submitted by the Revolutionary Workers League
March 30, 1985

WHEREAS:

The AIDS crisis is not just a medical problem but a political challenge to stop the escalating homophobic attacks;

The US government has cut funds for AIDS research and is stepping up its campaign of repression and discrimination against lesbians and gay men;

The medical establishment is blaming gay men for the spread of AIDS, and is more interested in making money on blood tests and winning science awards and fame than in finding a cure for AIDS;

The Democratic Party dissolved its gay caucus and now is trying to copy the gay-hating Republicans;

The AIDS panic is part of a more widespread attack on gay men, lesbians, women, black people, and all minorities. In the face of an economic crisis, the bosses and their government are trying to divide workers along sexual orientation, sex, and race lines so they can continue to bolster their profits and fund US interventions around the world;

In response to these anti-gay attacks, most gay community leaders and organizations are tied to the losing strategy of lobbying the Democrats and of trying to soften the repressive rulings that closed the bathhouses;

The gay Democratic clubs refuse to organize independent militant action against the anti-gay AIDS panic because they are tied to the homophobic Democratic Party and the local political establishment;

THEREFORE BE IT RESOLVED THAT:

We must organize a broad campaign against the AIDS panic and homophobic attacks, including:

1. A national demonstration, held in Washington, DC, and at the same time in San Francisco, against the AIDS panic, organized around the following demands:
   - Stop the anti-gay AIDS panic
   - Attack the disease, not gay people
   - Government out of the bathhouses
   - Full legal and social equality for lesbians, gay men, and all women; pass the ERA, and pass a lesbian/gay ERA
   - Build lesbian and gay community/worker defense groups to defend against gay bashing, abortion clinic bombings, rape and assault
   - Full and unlimited government funding for AIDS research and treatment of people with AIDS, administered and controlled by workers, the lesbian and gay communities, and people with AIDS
   - Worker/lesbian/gay community control of AIDS antibody blood testing to protect client confidentiality
   - Free, quality, worker/community/client controlled health care for all; end discrimination in health care
   - Government funded, worker/lesbian/gay community controlled centers in every community to provide social alternatives to the bars and bathhouses
   - No to the Democrats and Republicans! Build a party of workers and all the oppressed.

2. Organize a contingent to the Jobs, Peace and Justice April 20 demonstration on the basis of the above demands.

3. Build a June Lesbian/Gay Freedom Day Parade contingent around the above demands.

4. Call on our unions to oppose the anti-gay AIDS panic by contributing money and sending contingents to the above demonstrations; and to bargain for union contracts that include full protection against discrimination on the basis of sexual orientation, and for AIDS education under worker/lesbian/gay community control in all workplaces.
GAYS HAVE BEEN GAINING TOO MUCH POLITICALLY DESPITE OUR ASSASINATIONS, SO WE'VE DEVELOPED THIS VIRUS WHICH BREAKS DOWN THE BODY'S IMMUNITY SYSTEM.

WE'VE INFECTED THE MAJOR CITIES WHERE GAY'S CONGREGATE.

THE SELF-RIGHTEOUS RELIGIOUS FUNDAMENTALISTS WILL SAY THAT IT IS PUNISHMENT FROM GOD.

IT WILL RUIN MANY GAY BUSINESSES NOT TO MENTION THE LIVES OF THOSE FAGGOTS!

BUT WHAT WILL HAPPEN WHEN OUR VIRUS SPREADS TO OTHER SEGMENTS OF SOCIETY?

WHO CARES? THE GAY'S WILL GET THE BLAME FOR IT!

AND WE'LL MAKE MILLIONS "TRYING" TO FIND A CURE FOR IT!

DEPT. OF GERM WARFARE RESEARCH

HUGH JARDON 83
Senoras:

I have the privilege to present to you a report of AIDS in PR and some observations, most of this will be impressionistic, and forget the grammar and spelling but being an ARC case I do not have energy to make it beautiful.

As of Jan., 1985 there were a reported 119 AIDS cases in PR and an additional 85 under study. Of the first category there were 107 men and 12 women (89% men and about 11% women). Of the second category 75 men and 10 women. However the number of cases is growing fast and there are about 15 more now. Most of the cases are in S. Juan and Carolina (part of the metro S. Juan area) but there are also some cases in isolated places. Of the 119 cases 67 have died. I am enclosing a sheet of information (in Spanish) for perusal, if anyone is interested. What is salient is that AIDS cases are growing very rapidly in PR.

What's being done? The center of AIDS is called the "Centro Latin-Americano de ETS" (Sexually transmitted diseases). It is located in a building in the Rio Piedras (San Juan) Medical Center, a sprawling hospital complex. The AIDS clinic is really an afterthought there, since the clinic's function has been for standard VD cases. It is way understaffed, not even having a permanent doctor. They have two doctors lent from the VA, who see patients only twice a week (Wed. & Fri. 10-12 a.m.). But they have a staff of six that do educational programs, which I'll discuss later. The first time I went I had to wait from 9 a.m. to 4 p.m. to see a doctor, who was a generalist, so I could be screened for seeing one of the "infectologists" the week after. All he did was look over my record from S.F. general. They wanted to take blood, but I declined.

I came back the next week making a three-hour trip from my home, and saw the Doctora immunologist. She looked over my record from S.F. general and repeated what I already know. She wanted to take blood too, but would not send the results to me nor my doctor. I told her that it's a waste of time. She said that at least they have central records so if I get sick, they'll know the case. When people come there with PCP or something like that they send to the emergency room.

AIDS cases are distributed in various hospitals depending on what coverage one has. Their treatment for Pneumocystis is liquid Bactarium, I forget its name. And if someone is allergic to it they ask for something else to be sent down from the U.S. I originally went to the center because they told me they're doing experimentation. It seems that the extent was Saramin which they discontinued and now they are about to start an interleukin II experimentation. This seems to me very backward.

On the educational front they seem to do better. They have put AIDS literature in the Discotecas in S. Juan and recently in the same type places out on the island. They conducted an AIDS-VD clinic in a notorious bar up in the mountains, and put up posters. They also make crisis trips, for instance in Arecibo (N. Coast small city) there was a suspected AIDS case and the people even wanted to burn down the school where it supposedly was. So the head of the clinic went out to calm down things.

In general the clinic is way understaffed, they had a doctor but he quit. It is largely financed by federal monies. The people are nice to deal with but it seems that they are just not on the medical front coming to terms with the disease. But where are they????

Thank you.
Theodore Creedman
We must inform the public
that AIDS is not a gay
disease; it is a human
disease, and everyone
is potentially vulnerable.
And the gay MOB must
the enrollment of all geo-
in our efforts.
MOB will do a lot when
power to achieve the goal of life
for all AIDS victims and their loved ones.
Mob will resist misuse of the judicial, power executive, leg, or judicial power and we will move into any political contest or controversy to insure our liberties. We will also resist bigotry and violent attacks on our people. We will oppose media mischaracterization of our people and sensationalization of our people.
THE COMMITTEE TO PRESERVE OUR SEXUAL AND CIVIL LIBERTIES

HISTORY AND ACTIONS

The Committee to Preserve Our Sexual and Civil Liberties was formed in San Francisco in mid-October of 1984 to oppose the closure of gay bathhouses and private sex establishments by then Public Health Director Mervyn Silverman, who felt that the bathhouses contributed to the AIDS crisis. Many in the community felt that the bathhouses were being used as a scapegoat, and that efforts instead should be directed toward education, both inside and outside the bathhouses, about safe sex and toward research for a cure and preventative. Further, many saw the bathhouse closure as the first step toward much stronger actions against gays, lesbians, and bisexuals, actions that would take away many of the civil liberties that had been won over the long years of struggle. Indeed, some of the actions that the members of the Committee had feared have already come to pass, like proposals of quarantine and reimposition of sodomy laws. Because of the great dangers of the AIDS crisis to our civil liberties as well as our health, the Committee has expanded its focus from the bathhouse question to all concerns about sexual and civil liberties.

ACTIONS:

October 12--City Hall is picketed on the day of the court hearing for a temporary restraining order against the bathhouses.
October 15--Many attend the hearing that continues in Judge Mullins' court.
Judge Mullins orders the bathhouses closed until a full hearing takes place.
October 19--Over one hundred of the community gather at the Valencia Rose to consider the implications of the bathhouse closure and what can be done.
October 29--The Committee to Preserve Our Sexual and Civil Liberties holds its first public event to gain support for the bathhouses as almost one thousand people gather in Harvey Milk Plaza to hear prominent community leaders speak out against bathhouse closure.
November 5--The Committee sends a letter and representatives to the San Francisco Board of Supervisors to ask them to turn down the appropriation requested by the Health Department for bathhouse spies.
November 12--The Committee continues to lobby the Board of Supervisors to vote against funding bathhouse spies.
November 12--The Committee to Preserve Our Sexual and Civil Liberties is endorsed by The Alice B. Toklas Lesbian/Gay Democratic Club. Other endorsements come from the Stonewall Gay Democratic Club, Bi-Pol, and Libertarians for Gay and Lesbian Concerns.
November 14--The Committee holds a demonstration outside City Hall to protest the court hearing being held to determine if a preliminary injunction should be issued against the bathhouses. The shouts of the demonstrators were reportedly heard even inside the courtroom itself.
November 19--Concerned Republicans for Individual Rights endorses the Committee.
November 23--The Committee sends a letter to City Attorney George Agnost protesting the unprofessional, inflammatory, and homophobic language of City attorney Phil Ward in hearings on the bathhouse case.
November 27--The Committee has one of the largest contingents in the Harvey Milk-George Moscone Candlelight March. The Committee’s contingent holds signs upholding the principles of Harvey Milk, who always felt that our sexual activity should not be the government’s business, and who also spoke often of the importance of defending those aspects of our gay culture that the straight world found most difficult to identify with as well as those that were easily defended.
November 28--The Committee holds a press conference and impromptu demonstration at Harvey Milk Plaza to protest Judge Wonder’s order that requires bathhouses to monitor sexual conduct and to express relief that at least the judge saw the right of bathhouses to operate.
December 1--The Committee pickets Mayor Dianne Feinstein at her arrival at the airport from China, to protest her constant condemnation of gay sexuality and her actions in prodding Dr. Silverman to close the bathhouses.

December 5--Rich Gorin, a member of the Committee, speaks in support of the bathhouses on KPFA’s “Fruit Punch” program.

December 7--The Committee votes to join the Community Partnership in order to make sure that safe sex is promoted in a sex positive way and to represent our views on preventing AIDS by education and not repression.

December 12--After KCBS Newsradio runs an editorial on the bathhouse question that includes much misinformation, Dr. Maggi Rubenstein, Vice-Chair of the Committee, reads an editorial reply on KCBS-AM.

December 20--The Committee pickets at the clarification hearing at City Hall. City attorney Phil Ward continues to use homophobic language in prosecuting the suit against the bathhouses. The Committee sends a letter to Mayor Feinstein to protest her statement that promiscuity kills. Again the Committee urges that the real message needs to be that safe sex is the way to avoid disease, not false moral issues like the anonymity of and number of contacts.

December 21--The Committee sends a delegation to see City Attorney George Agnost to protest the City’s suit and the homophobic way it is being prosecuted.

December 24--The Committee holds a demonstration in front of the Public Health Department in order to protest the stringent regulations being imposed on the bathhouses. To dramatize the situation, the Committee leaves Dr. Silverman with a present of a box of condoms, to show that his regulations foreclose many kinds of safe sex in the bathhouses as well as confuse the educational message in the community.

January 4, 1985--The Committee votes to send a letter to the Houston City Council condemning their giving consideration to testimony urging the quarantine of gays.

January 28--Upon hearing that the City Public Health Department is again attempting to hire private detectives to spy on bathhouses, the Committee, led by spokesperson John Wahl, joins with other organizations to oppose this contract before the city Civil Service Commission. Thanks to these efforts, the Commission votes to postpone action on the request.

January 29--The Committee sends representatives to the new City Health Commission to protest the request for a bathhouse spy contract and to ask for open public hearings on the social, medical, and practical ramifications of prohibiting and regulating private consensual sexual activity. The Committee points out that other city task forces on this question have decided not to close or regulate bathhouses.

February 3--The Committee supports Supervisor Richard Hongisto’s legislation to eliminate police permit requirements for adult theaters and bookstores.

February 5--The Committee returns to the Health Commission to ask for an answer to its request. The Health Commission moves to have the Health Director withdraw the request for a bathhouse spy contract.

February 19--Committee representatives speak before the Health Committee of the Board of Supervisors to warn of the problems inherent in the blood test for the AIDS antibody.

February 21--The Committee urges the Health Committee of the Board of Supervisors to make sure that actions against AIDS use a sex-positive approach and not be a means of repression. Members of the Committee also meet with aides of the Supervisors to ask that hearings be held on the bathhouse issue.

February 22--The Committee sends a letter to the FDA to urge expedited approval of all drugs being used worldwide against AIDS. The Committee also votes to condemn the actions of the police department against Marilyn Chambers and Warren Hinkle.

March 4--Randy Stallings, Chair of the Committee, as a guest on the Jim Eason show on KGO-AM talk radio, responds to the misinformation in Guy Wright’s anti-bathhouse column in the Examiner, previously read on the air by Jim Eason. He also points out the real dangers inherent in taking repressive actions because of AIDS, and notes that the important thing is safe sex for everyone, and not when and where.

Compiled by Tim Brace, Issues Chair, March 5, 1985.
The recent action by the British government in issuing regulations allowing the quarantining of persons with AIDS shows how truly vigilant we need to be. Many of us on the Committee always felt that the bathhouses were only the beginning and that we dared not remain silent for fear of ever more repressive actions. Now we continually see frightening actions by governments here and abroad, actions that are not warranted by the medical evidence, actions that are purely based on homophobia and erotophobia. Our Committee has long realized that these government actions are symptoms of society's deep fear of sex and we intend to continue our campaign for a sex positive attitude.

Meanwhile, on the bathhouse front, the Committee has been moderately successful. Some people have indicated that it was in part due to our activity that the judge in the case refused to order the bathhouses closed unconditionally. In addition, it was in large part due to members of our Committee that the San Francisco Health Commission ordered the Department of Public Health to withdraw its request for a bathhouse surveillance contract for a private detective agency that would have sent spies into the bathhouses to report on private sexual conduct occurring there.

The Committee has been endorsed by almost every major gay, lesbian, or bisexual organization in the community, including the Alice B. Toklas Lesbian/Gay Democratic Club, Bi-Pol, the Stonewall Gay Democratic Club, Concerned Republicans for Individual Rights, Libertarians for Gay and Lesbian Concerns, and the Lesbian/Gay Labor Alliance. Through the hard work of our membership, we have been able to get our point of view across in the media. Dr. Maggi Rubenstein, Vice-Chair, and John Wahl, Media Chair, are especially to be commended for their yeoman work in speaking to the media and to public officials.

The Committee sent a delegation to the office of City Attorney George Agnost to impress upon him that many in the community were distressed at the homophobia shown in the bathhouse case and the way it was being conducted. The Committee is also continuing to pressure the San Francisco Health Commission to consider how ill-advised the bathhouse case is for health and civil liberties. Recently a man was beaten badly in Buena Vista Park, where many have gone as an alternative to the bathhouses. Other men have been harassed and arrested in the Folsom Street area by police. Some may think that AIDS can be prevented by closing bathhouses, but it is clear that the closure of bathhouses and sex clubs has already been very harmful to at least a few gay men. We have repeatedly emphasized that the way to prevent AIDS is by educational efforts in the bathhouses themselves and by keeping these businesses open so that condoms and sanitary facilities will be easily available.

Most recently, Randy Stallings, our Chair, was a guest on the Jim Eason talk radio show to answer some of the points raised by Mr. Eason and callers on a previous program that dealt with the bathhouse question. Other of our representatives, such as Rich Gorin and Maggi Rubenstein, have spoken on other radio stations on behalf of the Committee.

The Committee also actively supported Supervisor Richard Hongisto's successful effort to pass legislation to eliminate police permit requirements for adult bookstores and theaters. The Committee hopes to continue its involvement in other issues that deal with sexual and civil liberties. Our next meeting is April 5, at the Institute for the Advanced Study of Human Sexuality, 1523 Franklin St. (at Bush), 7:30 P.M., with erotic film star Richard Locke's talk, "In the Heat of Passion do it Sensibly."

THE COMMITTEE TO PRESERVE OUR SEXUAL AND CIVIL LIBERTIES
759 Guerrero Street, San Francisco, CA 94110. Telephone: (415) 621-7561.
HEAR ABOUT CREATIVE SAFE SEX FROM EROTIC FILM STAR RICHARD LOCKE "IN THE HEAT OF PASSION, DO IT SENSIBLY"

FRIDAY APRIL 5 AT 7:30 P.M. AT THE GENERAL MEETING OF THE COMMITTEE TO PRESERVE OUR SEXUAL AND CIVIL LIBERTIES

LOCATION: THE INSTITUTE FOR THE ADVANCED STUDY OF HUMAN SEXUALITY
Address: 1523 Franklin Street (at Bush), S.F. INFO: 621-7561
ALL ARE WELCOME
HEAR ABOUT CREATIVE SAFE SEX FROM EROTIC FILM STAR

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