

Mobilization Against AIDS

NATIONAL OFFICE: 335 NOE STREET SAN FRANCISCO, CA 94114 phone:415/431-4660

May 18, 1985

TO: Delegates, American Medical Association

RE: AIDS Resolutions

Mobilization Against AIDS recognizes the immense resources available to the American Medical Association, including a lobbying apparatus which is the richest and most influential in the nation, and we encourage your ardent support.

Recently you received a letter which requested your support in implementing resolutions to increase AIDS funding, patient services, general and preventive education and political lobbying. The following issues have been identified and proposals put forth by our organization. We respectfully submit for your consideration and further development the following agenda items:

- o That a sense of cooperation must be fostered among AIDS researchers with coordination of research projects which allows for the validation of results without unnecessary duplication of similar studies.
- o That it is the responsibility of the AMA as well as each state medical association to maintain a strong stance regarding government support in combating this disease.
- o That there be strict accountability concerning the allocation of funds from all agencies, as well as for individual researchers.
- o That an AIDS journal be published to accommodate increased publication of AIDS research, including negative results obtained from certain studies, as presently greater than 50 percent of such materials are unpublished owing to limited space in current journals and publications.
- o That an independent overseeing organization of experts be formed to monitor research being funded and to determine what further research needs to be done. Furthermore, that this overseeing organization of experts include people with AIDS.
- o That the AMA in conjunction with state medical societies and the proposed independent overseeing organization, establish a code of ethics regarding peer review of research proposals to ensure that the greater percentage of funds are allocated for "priority" research (with high validity potential, i.e., that the aim of AIDS research be the development of treatment, prevention, and cure for this disease) where such research results benefit the majority of those at greatest risk, or those affected by AIDS or ARCs.

- o That conflict between traditional and non-traditional medical practices would be lessened and mutual support increased if the AMA would urge practitioners in each mode to simply validate the results of their studies/therapies 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. Your active support of this concept would expedite the development of successful comprehensive therapeutic regimes for people with AIDS and people with ARCs.
- o That it is a responsibility and obligation of the medical community, specifically practitioners caring for patients with AIDS and patients with ARCs, to remain informed regarding the state of the art in diagnostic procedures, including management and treatment, as standardization is necessary to deliver quality care to persons with this disease.
- o That the AMA shall support the need for increased federal funding for alternative treatments over and above funding for traditional modes of therapy, which show promise in providing symptomatic treatment of, or cure for, PWAs and PWARCs.
- o That the AMA shall support the need for federal funding of AIDS research for the development of preventive measures to inhibit transmission, and chemical prophylactic treatment for people exhibiting an AIDS related complex, to decrease the possibility of manifesting full-blown AIDS.
- o Mobilization Against AIDS supports the American Medical Association's current position in opposition to directed blood donations, as set forth in Resolution #39 of June, 1984.

Due to the profound effect of AIDS, a wide variety of patient services are necessary to provide for the needs of PWAs and PWARCs. There is a need for services which minister to the physical, emotional, social, psychological and spiritual needs of these people. The responsibility for providing such services rests not only at all levels of government but also with private organizations. Mobilization Against AIDS therefore urges the AMA to support such resolutions as the following:

- o The development of a plan for enacting a model system of patient care, utilizing a coordinated approach of existing local health agencies in conjunction with local community liaisons and organizations, to provide for the needs of PWAs and PWARCs, wherever necessary.
- o As hospitals are often the first point of contact for a person with AIDS, it is every hospital's responsibility to educate staff and patients in the many aspects of Acquired Immunodeficiency Syndrome and to provide for the specialized needs of those affected with AIDS/ARCs. It is a further responsibility to provide patients with a comprehensive list of

community resources to assist them in coping with this difficult obstacle. Support from the American Medical Association, the American Nurses Association, as well as medical and nursing associations at the state level, is imperative to assure successful delivery of this extensive level of quality care.

- o The funding for the development of a system to evaluate the effectiveness of service systems available for PWAs and PWARCs, with input from the recipients of the system's services and the service providers, who are the best judge of the effectiveness of this system of care.

We urge you to carefully consider these issues brought before you, as they have been identified by a large body of people working in tandem with a number of AIDS related organizations, as well as from PWAs and PWARCs.

We respect the leadership role of health care providers in our society, and trust that besides being a dependable "voice of reason" in times of adversity, that you will also do everything in your power to assist in the realization of such solutions to the many problems presented by AIDS and ARCs, as outlined above.

Mobilization Against AIDS welcomes your input regarding these issues and any suggestions you might offer to assist in diminishing the obstacles that have developed as a result of this extremely complex disease syndrome. As our committee is also responsible for the development and maintenance of an extensive archive of AIDS related literature, any material you have concerning research findings, treatment therapies/protocols, management strategies or patient service resources in your region would be greatly appreciated.

Mobilization is committed to winning the war against Acquired Immunodeficiency Syndrome, a war which seems to have battles waging on a hundred fronts. We actively seek the allied support of the American Medical Association in combating the "number one health crisis in America" and believe that by working together, we can overcome this enormous challenge confronting the health care profession.

Sincerely,



Donald J. Gorman, R.N.
Chairperson
Research & Documentation Committee
Mobilization Against AIDS

Sincerely,



Thomas James Mullin
Co-Chairperson
Research & Documentation Committee
Mobilization Against AIDS

_____ I AM INTERESTED IN BEING INFORMED ABOUT THE WORK OF MOBILIZATION
AGAINST AIDS

_____ I AM INTERESTED IN CONTRIBUTING _____ DOLLARS TO SUPPORT THE
WORK OF MOBILIZATION AGAINST AIDS

_____ I AM INTERESTED IN BECOMING A MEMBER OF MOBILIZATION AGAINST AIDS:

_____ \$25/YR

_____ \$12/YR

_____ \$5/YR (FOR PWA OR PWARC)

_____ \$1/YR (FOR PWA OR PWARC, LOW INCOME)

MOBILIZATION AGAINST AIDS
335 NOE STREET
SAN FRANCISCO, CA 94114

RDC Issues & Statistics Update
May 15, 1985

The New York Native (April, 1985)

It has been reported that at least 25% of New York City prostitutes have been exposed to AIDS.

American Medical News (April 12, 1985)

Replying to a question regarding American female prostitutes being AIDS carriers, Dr. Curran of the Center for Disease Control (CDC) said that prostitutes had not been a general source of sexually transmitted diseases in the United States.

(This basically represents a lack of understanding of the problem on Dr. Curran's part, who also happens to be in a position of responsibility for managing this health crisis. This same Dr. Curran has been unwilling to admit the need for studies of non-oxynol-9 as an antiviral agent for stopping transmission of this disease, nor when approached by Dr. Bruce Voeller would he consider support for the development of a lubricant with non-oxynol-9, rather than a spermicidal gel. Gay men are trying to prevent transmission of the disease (contraception being a heterosexual interest), and lubricant is necessary to reduce trauma to mucosal membranes. It is obvious in this case, as in so many situations previously, that the CDC and administrative health centers are reluctant to promote any education, safe sex programs, or proposals that would look as though they are supporting "alternative" life styles. This "holier than thou" moralistic attitude is the foundation for the calculated neglect contributing to ever-increasing numbers of deaths which I would call nothing less than genocide.

The Federal Government has a responsibility to provide information which is available to halt the spread of this preventable disease--refer to the NGTF Testimony on Fiscal Year 1986, by Jeffrey Levi. It is not acceptable that money allocated for education is being misappropriated to set up alternative site blood testing centers.

There is a great need for culturally sensitive educational efforts for specific risk groups as well as supportive services that address and provide for the specific needs of these different peoples:

MAJOR RISK GROUPS

Gay men	Partners of IV drug users
Persons of color	or bisexual persons
IV drug users	Heterosexuals
Bisexuals	Hemophiliacs
Recipients of Contaminated transfusions	Children of mothers with AIDS

These people have many variances in life style, behavior, and understanding. The challenge to positively impact these groups is immense: a challenge and responsibility that the Federal Government has failed to address.)

FUNDS

There are test studies being done on a variety of antiviral drugs that are being hampered by a lack of funds. In order to do a number of these studies it is most efficacious that the virus be cultured in order to guarantee valid results. Culture of the virus costs about \$1,000. Dr. Jay Levi at UCSF is engaged in this work, but owing to limited funds and cramped facilities, this work is slowed.

Persons with AIDS or ARCs participating in these studies are also subjected to double blind studies, where half the participants are receiving a placebo. (The ethics of this is a subject of current interest in medical circles, where those persons participating are in life-threatening conditions. While this may be necessary to a point, there is agreement among researchers that as soon as positive results of test drugs are obtained, control subjects could also be started on the medication.) This process could be accelerated by greater numbers of participants and researchers involved in these studies, more funds for culture of virus preliminary to the study, and greater numbers of persons recording the results of medical interventions.

This country is quite capable of doing this. They are also capable of doing studies on all currently known antiviral agents to the

HTLV-III virus:

Suramin, - available by request from CDC (Parasitic Disease Service) 704-329-3670
Ribavirin, *Isoprinosine - 25 studies worldwide - recently made available by the D.A.*
HPA-23 (antimony tungstate) - BEING TESTED IN PARIS
PFA (phosphonoformate). - SWEDISH DRUG - INHIBITS HTLVIII - BEING TESTED IN MASSACHUSETTS

Currently ~~only~~ Suranim is being tested in this country, with a trial test of Ribavirin just begun in New York. It is an embarrassment and a disgrace that in this country PWAs and PWARCs must go to Mexico or Paris for treatment owing to unavailability of those medications in this country, or because of studies that are inadequately funded, resulting in delays of verification of these medications' usefulness. The ability for PWAs or PWARCs to travel such distances is, of course, restricted by available resources (\$\$\$) which are often minimal, and physical stamina which is often depleted.

Provisions for patient services are often inadequate. San Francisco is a model system presently--possibly because they have devoted more money and resources to managing the problem than any other city. San Francisco has spent more for education in this city than the Federal Government has allotted in five years for the entire country.

RANDOM FIGURES

New York City: 25% of NYC's prostitutes have been exposed to the AIDS virus.

San Francisco: 1100 cases of AIDS as of April 1985. 450 deaths, 70 patients presently in hospital beds. In 2-1/2 years there will be 6000 living AIDS patients, 4500 deaths, and 720 patients in hospital beds.

Presently 500,000 to 1,000,000 people are infected with the AIDS virus; 5 to 20 percent will probably develop the disease.

The estimated cost of health care for the average AIDS patient is \$114,000 for the illness's duration, totaling \$1,256,300,000 for the first 9,000 cases of AIDS.

The estimated indirect cost of AIDS in terms of lost income and lost productivity is \$4,382,200,000 for the first 9000 cases.

There are 10,000 cases of AIDS in this country as of May 1, 1985.

" " 10,400 as of May 23 1985
There are over 100 babies born to mothers with AIDS.

The Los Angeles City/County AIDS Task Force

Co-Chairmen

TOM BRADLEY, Mayor

EDMUND D. EDELMAN, L.A. County Supervisor, 3rd Dist.

313 N. FIGUEROA STREET • ROOM 924

LOS ANGELES, CA 90012

(213) 974-7701

DRAFT - DO NOT RELEASE

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Malcolm Boyd
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Martin D. Finn, M.D.
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Irene G. Gibson, M.S., M.P.H.
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Gar Trayner
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Kenneth Williams, M.D.

It is currently estimated by the CDC that at least 300,000 Americans have already been infected by LAV/HTLV III. Based on very limited data it is further estimated that 10% of those infected will develop AIDS. It is also clear, based on a San Francisco study (where in 1978 only one in 200 gay men had been infected), that almost all those infections have occurred since 1978. It is therefore very apparent that the rate of spread of this virus has been alarmingly high among already identified high-risk groups.

Recognizing that both Dr. Curran of the CDC and Dr. Gallo of the NCI believe that 300,000 Americans infected is a conservative estimate, it is clear that if the present rate of spread continues, over 1,000,000 Americans will be infected within the next 2 years. This spread is likely to be greatest in low incidence cities especially. Further, if the CDC estimate is correct then over 100,000 Americans will develop AIDS, based on those infected through 1986 alone.

Several things are clear:

1. There is no immediate treatment or vaccine in sight. The only method of control of this fatal disease is prevention.
2. We are at the point where unless major intervention occurs immediately, the increase will continue to be phenomenal. The number of people with AIDS will then increase in the years after infection.
3. If this scenario is correct then
 - a. We will have a Public Health Emergency.
 - b. The cost of medical care alone will be \$10 billion for those projected 100,000. This does not include disability, social security and loss of productivity costs.
 - c. Our ability to provide medical care, eg: ICU beds, respirators, etc, will be overwhelmed by this patient load. This will severely impact our ability to care for acutely ill patients - AIDS and non-AIDS patients alike.
4. The education of high risk individuals has been left to the affected communities. There has been no direct

and only minimal indirect funds from the Federal Government to Community based organizations for their prevention and educational programs.

5. The number of heterosexually and vertically (mother to child) transmitted cases will also rise dramatically.
6. Failure to recognize that this major health crisis is continuing and failure of the Federal Government to provide direct assistance for major efforts at prevention will sustain the above scenario.
7. Individuals at high risk for Hepatitis B such as health care professionals and dentists who have had low or no known incidence of AIDS until now are likely to be seriously affected in the future.

There are several things that must be done now:

1. Congress must mandate the Public Health Service to institute education and prevention programs. These programs should be done with state and local Public Health officials and representatives of the affected communities. The programs must be instituted as rapidly as possible. They can not await a major assessment effort, although assessment should be part of the programs.
2. Prevention strategies should separately address heterosexual and homosexual, parenteral and vertical transmission. What is critical is that efforts begin in cities before there are large numbers of AIDS patients there. This requires efforts by Health Departments in all cities. Once there are large numbers of cases a significant percentage of at-risk individuals have been infected. It is those infections that must be prevented.
3. Voluntary studies of anonymous gay men, preferably in non-STD clinic settings, must be done immediately in small and large cities around the country. Those cities with large numbers of AIDS patients and those with few, must be studied to determine what percent have been infected with LAV/HTLV III. This is to establish baseline data and to estimate the extent of the problem at this time.
4. Anonymous serologic studies of individuals at high risk for Hepatitis B but low or no incidence of AIDS - eg: non-high risk dentists, day care children, etc, are needed.
5. The PHS must better educate health care workers (including embalmers and dental personnel) of the need to take precautions against exposure to blood and other body fluids from all individuals.
6. In order for prevention programs to be effective, certain key questions must be answered as soon as possible.
 - a. Is HTLV III transmissible by intimate kissing?

- b. Does repeated infection with LAV/HTLV III increase the risk of developing AIDS? This is especially important for two sexual partners (gay or non-gay) both of whom are seropositive. (If they are seropositive for two different strains the studies might indicate if there is immunity in this infection.)
 - c. Are condoms and chemical prophylactics both safe and effective in preventing spread of LAV/HTLV III?
7. The medical community (in and out of the PHS) and the public must be made aware that in the time it will take to develop a vaccine many more people will be infected with LAV/HTLV III. In the absence of a specific treatment a vaccine will be too late for all those individuals.

The AIDS crisis is just beginning.

John W.

404 - 329 - 3588

Howard W. Ory, MD

Deputy Director of Research

CDC - Atlanta

404 - 329 - 2562

Office of
Compilation of VD
Statistics (a) CDC

404 - 329 - 3661 - General Inf. CDC

4:00 2/1/85

Steven Salny
441-3481

~~4:44 Deorge Monahan~~

~~Hardenman~~

~~474-8408~~

4:50 ~~County Council~~
~~American Legion~~

~~Inelendrey is attending~~
~~7:00 meeting tonight.~~

~~Tress~~
5:10 Falls - Do you have an
authorization?

2. She will be gone Mon. & Tues.
3. What was answer on Hoffman?
Lubeoarm, yes or No.

~~5:45 Jim Kennedy 624471~~

Health Cmsr 1/29/85

(Wardigal)

"because as much is unknown
as is known"

"not all positive tests indicate,
indeed, ... the virus"

MOBILIZATION, in all of its
actions, is dedicated to non-violence.
Just as we ~~oppose~~ ~~condemn~~ ~~the~~ ~~political~~ ~~use~~ ~~of~~ ~~the~~ ~~AIDS~~ ~~crisis~~ ~~to~~ ~~justify~~ ~~violence~~ ~~directed~~ ~~against~~ ~~gay, lesbian, and bisexual people~~ ~~we~~ ~~want~~ ~~to~~ ~~avoid~~ ~~violence~~ ~~of~~ ~~any~~ ~~kind~~ ~~in~~ ~~our~~ ~~society~~.

SCHRAM 1/30/85

①

10% people - HTLV III-AIDS

$$40 \times 8000 = 320,000$$

40,000 new cases

8,000

$$48,000 \times 40 = 1.96 = 196,000$$

by end '86

DHH - Margaret Heckler

↓
Asst Sec Health (Vacant)

NCI

NCAID

CDC

↓
"If gay man
changes his ways,
he won't get AIDS"

↓
Educ for
Gay Comm.
must come
through CDC

↓
Surveillance

TO DATE, FED GOV HAS PROVIDED
0 \$ for Gay Comm's educ effort
(\$150M approp for Council of Mayors,
but not yet in use.)

SCHRAM

1/30/85

(2)

Dr Fagg & Dr Brandt told Congress they didn't need \$ for AIDS.

There are groups opposing Cong. funding of AIDS war.

NO CIV RIGHTS ARE GUAR IF HEALTH EMERG - said his informant in P.H.S

Tendency around country is to "write off" Gay Comm.

CDC putting another 250-300M Dollars into Cf Mayors next year AND THAT'S IT

Greater risk of transmission from asymptomatic infected person ~~and~~ than person with AIDS

2/5/85

1. Don't get tested
2. Don't give blood
3. Continue to use safe sex
4. React to Reagan's cutbacks
5. Have CA Leg. adopt anon

CRAWSTON CALLS
FOR HRNGS

MOB LEADS
LOBBYING FOR
CONF

(BATHHOUSE SPIES)
AIDS # - NOV

AVAILABLE

Transcript of Lifetime Medical Cable TV
Specialty Update.

Dr Gregory Mason MD

Phillip Hopewell MD.

State of the Art diagnostic
procedure re Pneumocystis Carinii Pneumonia

Mobilization Presents -

Tape of Lecture to Morrell

College School of Nursing

- Overview of AIDS for Health care
Workers.

- Steve Dale - Video Series

4 parts ready

8- being filmed

Not ready: Transcript of
audio
tapes Marcus Conant

audio Jay Levi

audio - Paul Volberding

May 18, 1985

To: Members of the press
From: Mobilization Against AIDS
Re: Medical lobby effort and press support

Since December of 1984 Mobilization Against AIDS has been committed to political action designed to secure an adequate response by this country to the AIDS epidemic. We have been active in lobbying for increased funding of AIDS research and provisions for patient services at all levels of government. We have also lobbied for legislation designed to protect the civil rights of those at highest risk for the disease in respect to HTLV-3 antibody testing, blood screening, research, and the issue of confidentiality.

At our founding conference held March 29-31, 1985, our organization adopted resolutions which addressed a multitude of issues surrounding this grave health crisis.

We are currently engaged in a concerted lobby effort of the American Medical Association (AMA) which is meeting for its annual session, June 16-20, 1985, in Chicago. This effort has focused on education of this body specifically concerning medical/scientific issues, and issues relating to patient services; as we feel it is in these areas that the AMA is most capable of effectively furthering our goals.

Both the California Medical Association (CMA) and the AMA have entertained proposals, and adopted some resolutions supporting issues relevant to the AIDS epidemic.

In our current effort to the AMA, we are primarily concerned with support for increased funding for research regarding treatment, prevention, and cure of this disease. We support increased funding in areas committed to providing quality care and patient services for persons with AIDS (PWAs) and AIDS-related conditions (PWARCs). We are also adamant in our pursuit to create a nationwide, federally funded education program dedicated to preventing the spread of this "preventable" disease.

We are seeking the support of the AMA to exert considerable influence in Washington, and for its position of responsibility to educate other members of its association, regarding these issues.

It is our hope that this effort is newsworthy. We believe that strategic press coverage of the AMA conference, as well as interviewing members of the House of Delegates to the AMA, will positively effect the enactment of these resolutions; and by focusing media attention on those with the greatest influence, will encourage the implementation of specific actions.

Enclosed are copies of two letters sent to the AMA (362 delegates) in order to provide you with background material regarding these recent efforts of our organization.

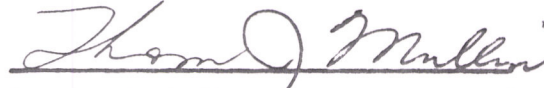
For further information please contact Paul Boneberg (coordinator of Mobilization Against AIDS), Don Gorman, or Thom Mullin, at the address or phone number on this letterhead. *MEDIA SPOKES PERSONS JOHN WAHL (415) 863-8555 and DR MAGGIO RUBENSTEIN (415) 584-0172 ARE ALSO WELL INFORMED IN THIS MATTER. REGARD.*
Thank you for your attention in this matter.

Sincerely,



Donald J. Gorman, chairperson
Research & Documentation
Mobilization Against AIDS

Sincerely,



Thomas J. Mullin, co-chairperson
Research & Documentation
Mobilization Against AIDS

Enc. 2
DJG:efc

Mobilization Against AIDS

NATIONAL OFFICE: 335 NOE STREET SAN FRANCISCO, CA 94114 phone: 415/431-4660

1st lobby - sent

TO: DELEGATES, AMERICAN MEDICAL ASSOCIATION

RE: SUPPORT OF AIDS ISSUES

MOBILIZATION AGAINST AIDS, A NATIONAL ORGANIZATION FORMED TO ENCOURAGE ADEQUATE AND APPROPRIATE GOVERNMENTAL RESPONSE TO THE AIDS EPIDEMIC, URGES DELEGATES OF THE AMERICAN MEDICAL ASSOCIATION TO INTRODUCE, SUPPORT, AND IMPLEMENT RESOLUTIONS ADDRESSING THE FOLLOWING ISSUES:

1. Dramatically increased federal funding for AIDS research with no accompanying cuts in other areas of health research;
2. Establishing a nationwide education campaign to slow the spread of this preventable disease;
3. That the AMA conduct a nationwide survey of physicians in order to establish a directory of health care providers who express an interest and willingness to provide care and treatment for persons with AIDS and persons with AIDS-Related Conditions;
4. State support of medical insurance premiums for persons with AIDS and persons with AIDS-Related Conditions who lose their health insurance due to illness-related unemployment;
5. Informing members of Congress, State legislators, the media, and the general public of the high social and economic consequences of downplaying this epidemic, without fueling AIDS hysteria or placing blame for AIDS on patients or persons/groups at risk.

AS MEMBERS OF THE ESTEEMED AMERICAN MEDICAL ASSOCIATION, YOU HAVE THE OPPORTUNITY TO SAVE HUMAN LIVES BY LOBBYING HEALTH ORGANIZATIONS AND PROVIDERS TO DELIVER PATIENT SERVICES IN A COMPASSIONATE AND PROFESSIONAL MANNER. YOUR COLLEAGUES IN THE CALIFORNIA MEDICAL ASSOCIATION AND THE AMERICAN NURSES ASSOCIATION HAVE RECENTLY TAKEN SIMILAR POSITIONS IN SUPPORT OF INCREASED FUNDING, PUBLIC EDUCATION, AND PATIENT SERVICES FOR PERSONS WITH AIDS AND PERSONS WITH AIDS-RELATED CONDITIONS. CERTAINLY IT IS IN THE BEST INTERESTS OF THE AMERICAN MEDICAL ASSOCIATION TO ENCOURAGE, WHENEVER POSSIBLE, TANGIBLE STEPS (SUCH AS THE ABOVE) TO RETARD THE SPREAD OF THIS FORMIDABLE DISEASE AND TO EASE THE ENORMOUS SUFFERING IT CAUSES.

Sincerely,



Donald J. Gorman
Chairperson
Research & Documentation Committee
Mobilization Against AIDS

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Thomas James Mullin
Co-Chairperson
Research & Documentation Committee
Mobilization Against AIDS

*2nd letter to AMA
1st draft.*

TO: Delegates, American Medical Association

RE: AIDS Resolutions

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2. That it is the responsibility of the AMA as well as each state medical association to maintain a strong stance regarding government support in combating this disease.
3. There should be a strict accountability for allocation of funds from all agencies as well as individual researcher accountability;
4. That an AIDS journal be published which would accommodate increased publication of AIDS research, including negative results obtained from certain studies in that presently greater than 50% of such materials are unpublished owing to limited space in current journals and publications.
5. That an independent overseeing organization of experts be formed to oversee research being funded and to determine what further research needs to be done. Also, that this overseeing organization of experts include Persons with AIDS;
6. Mobilization Against AIDS recommends to the CMA, the AMA, and the board proposed above that there be a code of ethics regarding peer review of research proposals to ensure that the greater percentage of funds are allocated for "priority" research (with high validity potential, i.e., that the aim of AIDS research be the development of treatment, prevention and cure for this disease) where such research results benefit the majority of those at greatest risk or those affected with AIDS or ARCs.

7. Regarding traditional versus non-traditional medical practices, conflict could be lessened and mutual support increased if practitioners in each mode would simply validate the results of their studies/therapies 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.

AMA support for this concept would expedite this development of successful comprehensive therapeutic regimes for PWAs and PWARCs.

8. That it is a responsibility and obligation of the medical community, specifically practitioners caring for patients with AIDS and patients with AIDS related conditions, to remain informed regarding the state of the art in diagnostic procedures, management and treatment, standardization of such in imperative in order to deliver quality care to persons with this disease .
9. Be it resolved that the AMA shall support increased funding for alternative treatments over and above funding for traditional modes of therapy, which show promise in providing symptomatic treatment of/or cure for PWAs and PWARCs.
10. Be it resolved that the AMA shall support the need for federal funding of AIDS research for the development of preventive measures to inhibit transmission, and prophylactic* treatment for persons exhibiting an AIDS related complex, to decreased the possibility of manifesting full-blown AIDS.

~~11. We urge the AMA to oppose~~ *WE SUPPORT THE AMAs CURRENT POSITION/IN OPPOSITION TO*
~~directed blood donations.~~

Due to the profound effect of AIDS, a wide variety of patient services are necessary to provide for the needs of PWAs and PWARCs. There is a need for patient services to minister to the physical , emotional, social, psychological and spiritual needs of PWAs and PWARCs. It is obvious that the burden for provision of such services rests at all levels of government as well as all levels of society. Mobilization Against AIDS therefore urges the AMA to support such resolutions as the following:

1. That a plan be developed for enacting a model system of patient care utilizing a coordinated approach of existing local health agencies in conjunction with local community liaisons/organizations to provide for the needs of PWAs and PWARCs, wherever necessary.
2. As hospitals are often the first point of contact for a person with AIDS, it is each hospital's responsibility to educate in the many aspects of the illness and in providing for the specialized needs of those affected with AIDS. Also, to provide PWAs with a comprehensive list of community resources to assist them in coping with this difficult obstacle. Support from the American Medical

Delegates, American Medical Association
May , 1985
Page 3

Association, the American Nurses Association, as well as medical and nursing associations at the state level, is imperative to assure successful delivery of this extensive level of quality care.

3. We support funding to develop a system to evaluate the effectiveness of service systems available for PWAS and PWARCs and this input should come most specifically from the recipients of the system's services and the service providers, who are the best judge of the effectiveness of the system.

We urge you to carefully consider these issues brought before you as they have been identified by a large body of people working in tandem with a number of AIDS related organizations, as well as from PWAs and PWARCs.

We respect the leadership role of health care providers in our society, and trust that besides being a dependable "voice of reason" in times of adversity, that you will also do everything in you power to assist in the realization of such solutions to the many problems of AIDS, as outlines above.

We also would welcome your input regarding these issues and any suggestions you might offer to assist in diminishing any of the obstacles which have developed as a result of this extremely complex disease syndrome. As our committee is also responsible for maintenance and development of an extensive archive on AIDS related literature, any material concerning research findings, treatment therapies/protocols, management strategies and patient service resources in you region would be greatly appreciated.

Mobilization is committed to winning the war against AIDS, a war which seems to have battles waging on a hundred fronts. We actively seek the allied support of the AMA in combating what Margeret Heckler, Director of DHSS, has called "the number one health crisis in America.

Sincerely,

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Donald J. Gorman, R.N.
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Mobilization Against AIDS

Thomas James Mullin
Co-Chairperson
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Mobilization Against AIDS

I AM INTERESTED IN BEING INFORMED ABOUT THE WORK OF MOBILIZATION AGAINST AIDS

I AM INTERESTED IN CONTRIBUTING _____ DOLLARS TO THE SUPPORT OF MOBILIZATION AGAINST AIDS

Delegates, American Medical Association

May , 1985

Page 4

____ I AM INTERESTED IN BECOMING A MEMBER OF MOBILIZATION AGAINST AIDS;

\$25/YR _____

\$12/YR _____

\$ 5/YR _____ (FOR PWA or PWARC)

\$ 1/YR _____ (FOR PWA OR PWARC, LOW

INCOME)

Name _____

Address _____
