

ACT-UP/KC
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Denny + John
JOHN S. JAMES
AIDS TREATMENT NEWS
BOX 411256
SAN FRANCISCO, CA
94141

ACT UP/SF
COMMITTEES AND WORKING GROUPS

COORDINATING COMMITTEE

Wednesdays, 7:30 p.m.
Muddy Waters on Valencia near 16th St.

FUNDRAISING

Contact: Kevin 281-0945

LOCAL ISSUES

Contact: Rob 550-8599
Joshua 863-5540

IMMIGRATION & NATURALIZATION (INS) WORKING GROUP

Contact: Nancy 821-6805
Our goal is to have abolished all United States immigration and travel restrictions based on HIV status. Working on: VIII Int'l Conference on AIDS, European Economic Community sanctions against the U.S.; Angel Island action for spring '92; and much more.

MERCHANDISING COMMITTEE

Contact: Paul 431-3859

NEEDLE EXCHANGE WORKING GROUP

Contact Irwin 764-2092
Promotes legal access to needles as a means of reducing HIV infection among injection drug users. Monitors state and local developments and provides support to illegal needle exchange programs in the Bay Area.

PISD (PEOPLE WITH IMMUNE SYSTEM DISORDERS)

Contact: Joanie 648-6654

PRISON ISSUES WORKING GROUP

Contact: Ellen 921-4347
Supporting the work of prisoners with HIV infection in California prisons. Investigating the TB outbreak at San Quentin. Building for a demonstration in May at the California Department of Corrections.

SAFER SEX ADS WORKING GROUP

Contact: Bill 928-1869
Working to get People Magazine to run a San Francisco AIDS Foundation ad for safer sex.

E1992?
SPEAKERS BUREAU

Contact: Bill 928-1869

TREASURER:

Contact: Jean Jacques 673-2328

TREATMENT ISSUES

Contact: Jason 252-8034

Promoting the knowledge and testing of natural and traditional therapies for HIV/AIDS. Works for increased access for marginalized groups to clinical trials and state of the art treatments. Organizing the natural and traditional therapy component of the VIII Int'l Conference on AIDS.

UNIVERSAL HEALTH CARE WORKING GROUP

Contact: Rebecca 861-8437

Involved in issues around access to healthcare on the local, state, and federal levels. Pushing for comprehensive and fair universal healthcare.

WOMEN'S CAUCUS

Contact: Rebecca 861-8437

ACT UP/SAN FRANCISCO ANSWERING MACHINE:

563-0724

ACT UP/SAN FRANCISCO FAX

431-1456

ACT UP/SAN FRANCISCO ADDRESS:

P. O. Box 14844, San Francisco, CA 94114



SAN FRANCISCO

Act up

ACT UP-Gruppen in Deutschland

(Stand: 11.12.90)

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

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THE SHERIDAN GROUP

Government and Public Relations

House of Representatives HIV Task Force

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Barbara Boxer (CA)	202-225-5161
Henry Waxman (CA)	202-225-4952
Nancy Pelosi (CA)	202-225-4965
Barney Frank (MA)	202-225-5931
Beverly Byron (MD)	202-225-2721
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Joseph Kennedy (MA)	202-225-5111
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-- CONFIDENTIAL --

(DRAFT BY VITO RUSSO - ACT UP MEDIA)
COMMITTEE + PWA.

The issues contained herein, pertaining to the AIDS epidemic, are those which we believe merit discussion at our proposed meeting with editorial staff and reporters for the New York Times. We think they deserve urgent consideration at the earliest possible date.

(see page
3)

1) The FDA Story

a) The very fact that there is controversy about whether the FDA is approving drugs "fast enough" is unprecedented. The FDA story may be the most important story in the entire epidemic right now and it is not being investigated fully or properly. The argument that normal FDA rules (such as they are) do not apply in the case of AIDS and that placebo trials do not make any sense in the case of AIDS is an argument virtually unknown in the New York Times. AIDS is a widespread disease which causes death in up to 85% of cases and is unlike any other disease seen in young people in this country. The demand to speed up drug trials and approval cannot therefore be compared to the issues raised around Thalidomide since Thalidomide was not a drug being taken in a life and death situation. Therefore, there is no precedent in this area and that is a story in itself.

b) The way in which this drive against the FDA is being conducted and perceived affects the way a story is reported and the quality and veracity of that story once it gets into print. For example when the Times does a story on how not enough people are signing up for AZT trials it is necessary to have a working

knowledge of what's happening in the community in order to understand what that story really means. Except in rare cases where the advantage is clear, no enlightened PWA is willing to be in a placebo study. When Burroughs Wellcome decided, last October, to make AZT available to virtually anyone who is HIV positive, it was a major policy decision which affected the whole picture. As a result, more people are being voluntarily tested because, unlike three years ago when there was no course of action open to HIV positives, now there's something they can do. Therefore, less people have agreed to be in trials because the drug is readily available to them. Furthermore, the existing trials are filled with unsophisticated PWA'S who believe AZT is the only thing available to them. Sophisticated PWA'S, by and large, are already on a variety of substances such as AL721, Imuthiol, Naltrexone and Aeresol Pentamidine which would disqualify them for such trials anyway. In addition, such people can be on both AZT and any number of those substances outside of trials so why should they consider placebo studies? Although these are the factors, the story isn't reported that way. Why are 90% of the current drug trials offered by the ATEU's and the NIH itself trials on AZT, a drug which has already been approved, while up to 60 new drugs await testing? There is obviously a complex and potentially fascinating story - touched upon only lightly by the Washington Post last September - of the process by which AZT was approved so quickly. What were the roles, financial and medical of the FDA, Burroughs Wellcome and the government in obtaining approval so quickly for a drug about which there are still toxicity and

efficacy questions? How good were the original trials upon which approval was based? Why hasn't this story been the subject of an exhaustive investigation?

c) In direct response to pressure put on them by AIDS activists, The FDA announced new treatment regulations six months ago which would allegedly move new drugs more quickly through the pipeline. Since that time, not one single drug has been released to any patient with any disease. The FDA is getting off scott free by saying that they're moving faster when they're simply not.

2) The Grass Roots Movement Story

The grass roots movement in AIDS treatment emerges partially as a result of the FDA situation described above. There are several aspects of the grass roots AIDS movement which have not been covered including the story that there is an extensive, sophisticated and effective underground which disseminates important information about treatment and drug issues. This network consists of doctors, research scientists and people with AIDS who not only share information about the availability of new treatments but often facilitate access to those treatments. This is news simply because it is happening. The existence of a grass roots movement has significantly altered the lives of PWA'S in the past three years, making them capable of more informed decisions based on increased knowledge and may have affected the potential survival time of thousands of people.

a) The very fact that large numbers of PWA'S have taken treatment into their own hands on this scale is unprecedented in medical history even if we consider the actions of cancer patients. It is not generally understood that the existence of a grass roots information network has, in effect, created two separate classes of PWA in the United States. One is the knowledgeable, sophisticated PWA in New York, San Francisco or Los Angeles. This PWA has virtually no use for the mainstream media simply because it takes local newspapers up to six months to print information which is common knowledge in the underground by the time it reaches print. Therefore the information which does reach print misleads the general population because it is incomplete and is useless to those who are better informed. While it should be acknowledged that the Times coverage has improved quantitatively in recent months, much of the reporting is simply old news. The information pipeline with which the Times does not seem to be in touch includes other PWA'S, doctors, research scientists and valuable treatment publications. These publications, some of which have been available by subscription and computer base for well over a year are Treatment Issues published by GMHC and edited by Dr. Barry Gingell, AIDS Treatment News, edited by John James in San Francisco and The Project Inform Newsletter, also out of San Francisco. These publications include state of the art information about promising new drugs and treatments against AIDS and are indispensable reading for any reporter covering the AIDS epidemic. Some of the treatments covered in these publications have not been fully explored in the mainstream press in spite of the fact that they are widely

considered life saving and in routine use by many people. A good example is the use of Aeresol Pentamadine as a prophylaxis for pneumocystis.

Two brief stories will illustrate this point perfectly. Ryan White is the young man with AIDS in Indiana who made headlines when his parents fought to keep him in school. Recently, Michael Callan, founder of the PWA Coalition in New York, called to find out how he was getting along and discovered that he'd had pneumocystis. Ryan White did not know that Aeresol Pentamadine existed. Even more recently, Dr. Nathaniel Pier related the story of a young man in a small town who went blind in one eye and was told by an opthamologist who diagnosed him as having CMV retinitis that there was nothing to do about it. In fact, within a few hours of getting Dr. Pier on the phone in New York, the young man was in an appropriate hospital in Miami getting DHPG therapy. This man should have known that in fact there was something to do besides going blind.

The other class of PWA is a bewildered, often terrified person whose doctor happens to be ill informed about AIDS, whose resources are severely limited and who must rely on treatment by the book. This PWA is adversely affected by the limited information in the mainstream press and tends to be sicker more often and have a shorter survival time. The isolation of these PWA'S from both the grass roots information movement and from access to doctors who are in the forefront of AIDS treatment is a story in itself.

b) The issue of the continued casual use of misleading phraseology is a crucial one. The Times continually refers to AZT as "the only known" drug in use against AIDS when, in fact, this should read "the only approved" drug.

The damaging consequences of using simplistic language instead of attempting to clarify complex issues properly can be seen in a recent episode of "Cagney And Lacey" in which Christine Cagney is the victim of 'acquaintance rape.' Less than twenty four hours after the rape, during a gynecological examination, Cagney is told by her doctor that "the tests results for VD and AIDS will be back in a day or two." It should be common knowledge by now that we do not look for antibodies for the HIV virus a day after an incident which might have caused infection because it may take up to six months for them to develop. Yet the media has effectively convinced the public that there is such a thing as an instant "AIDS test" and that misinformation is reinforced in the electronic media.

Finally, in this area, the use of the phrases "inevitably fatal," "invariably fatal," and "always fatal" has become kneejerk. We know this is not true simply from the number of people currently surviving for many years. The use of such phraseology is one of the reasons we find ourselves reading and hearing about people committing suicide when they test antibody positive. According to even the most conservative sources, AIDS should not be considered "uniformly" fatal.

3) The Drug and Treatment Story

In discussing drugs and treatments it is crucial to keep in mind that the issue here is the journalistic value of the story, not whether the substances in question actually have any value against AIDS. We are not here to test drugs, we are here to assure better coverage of the current drug and treatment picture.

a) On what other national story of great importance has the New York Times relied almost exclusively on official press releases and sources from government and established medical channels? The Times has covered drugs which have FDA approval (essentially AZT) to the virtual exclusion of all other drugs. It is as if, because the other drugs don't have official approval, no PWA'S are taking them. Columnist Tom Wicker has pointed out in several pieces that often the mainstream press coverage of a national issue emanates exclusively from official sources because reporters are not in touch with what is happening on the street and miss the crucial elements of the total picture. This is certainly happening in the case of AIDS. The NIH is studying AZT almost exclusively. 85% of their patients are on AZT trials. The entire issue that thousands of people are presently on substances which do not have FDA approval is ignored by the Times as well as the story of how those people procure such substances.

b) There's a long list of drugs which the NIH is not testing at all while a lot of people are actually on such drugs right now. There is virtually no evidence either that these drugs are toxic or that they have no effectiveness. Just the fact that there are so many people on these drugs is cause for a least a

small pilot study to prove or disprove claims being made about these drugs. Some of the drugs we are talking about include:

- 1) Naltrexone
- 2) Imuthiol/Antabuse
- 3) AL721
- 4) Lentinan
- 5) Aeresol Pentamidine

c) The fact that PWA'S have been traveling to Mexico to buy Ribavirin for more than four years while we have yet to see the reliable data from one completed study on the drug is a story in itself. Ribavirin is not a new drug. Why have trials taken so long?

d) Nobody believes that the treatment angle is the hard news story until they hear the arguments. The Presidential Commission is a perfect example of this. After they had heard the arguments made by AIDS activists and doctors, they came to the conclusion that drugs and treatment should be the number one priority of this nation in fighting AIDS. This was made clear in the press conference held in Washington by Admiral Watkins. Only the Los Angeles Times covered the story properly. Admiral Watkins announced that his priorities, in order of urgency, are drug treatments, transmissibility, education / prevention and testing. The L.A. Times led with the drug treatment angle, quoting Watkins as saying that it is unconscionable that there are 44 drugs out there (and if one believes Dr. Frank Young, there are 100 drugs) which are not being tested or being tested too slowly. Watkins cited a member of the committee which advises the Presidential

Commission who has AIDS and couldn't get his hands on Ampligen. The Times chose to lead with an angle which had been covered a number of times previously - that of transmissibility. Please see copies of both Ed Sikov and Geoffrey Stokes' columns in the New York Native and The Village Voice on how the Times covered this particular story. It is worth noting here that from the point of view of a PWA, the media in general and the Times in particular seem to imply that the hard news stories are prevention, education and the need for a vaccine. The general consensus seems to be that if one is already infected, the situation is hopeless. The Times must stop buying into the 'doom and gloom' outlook on AIDS and begin to deal with the reality of survivors who are living with AIDS by making informed decisions in the area of treatment. This is a hard news angle on this epidemic.

e) The drug treatment angle is well illustrated by taking the example of AL721 and pointing to three great daily newspaper stories connected with the substance which have never been properly investigated or reported.

1) Dr. Gallo wrote the first story on AL721 in the New England Journal of Medicine more than two years ago, based on the work of Dr. Shinitsky in Israel. In spite of the fact that thousands of PWA'S have been on this substance for that period of time, there has been no comprehensive reporting on it.

2) The business angle. Praxis Pharmaceuticals and several other companies have long held the option of marketing AL721 as a health food because it is an entirely natural product

made from egg lecethin. Why didn't they do so when they saw this market and what have they been doing since? What is the economic future for this substance?

3) The grass roots angle. Within months, buyers groups sprang up in a half dozen cities including London and have been doing business in AL721 at breakneck speed. Official trials on the substance were only instituted a short time ago. Meanwhile the product is readily available and presently constitutes a million dollar business.

4) The Pricing Story

The question of the pricing of AZT by Burroughs Welcome has not been sufficiently investigated or reported. The facts are weak, unsubstantiated and there is no hard follow-up.

Why has no reporter questioned why the price of Pentamidine, a drug now in use by thousands of PWA'S to prevent pneumocystis, has been increased fourfold by Lyphomed, Inc. in the last few months?

Why is it that a non-experimental drug called Naltrexone, available by prescription and in use by many PWA'S, costs \$10.80 for a one month supply at the only two Manhattan pharmacies at which it is available and \$4.29 at local pharmacies in Queens?

5) The Community Research Initiative

The CRI is a totally unprecedented and unique program which will change the face of medical research in this country.

It is a project which has obtained State and Federal approval to design and conduct clinical drug trials, providing a wider opportunity for promising drugs to become more quickly available. It is a project which was instituted by PWA'S in cooperation with local doctors. The Times failed to attend CRI's initial press conference and has not covered this hard news story as the significant event that it is.

6) The Orphan Drug Act Story

The Orphan Drug Act was originally intended for the speedy testing and potential release of experimental drugs to groups of people affected by various diseases by contracting a drug company to develop certain drugs. A drug company holds a seven year contract to develop a drug and if they choose to sit on that drug, no other company may take it on. In the case of AIDS, a unique epidemic, this has been disastrous. It effectively stifles competition in a free marketplace and slows down the entire process. Drug companies employ high powered lobbyists to secure these seven year contracts. Henry Waxman of California is presently leading a Congressional move to redirect and redesign The Orphan Drug Act for these reasons. This is a good story.

7) The Presidential Campaign Angle

Why is the issue of AIDS almost never raised intelligently with all of the Presidential candidates? Recent reports have indicated that there has been a sharp rise in HIV infection in the states of Iowa and New Hampshire and in spite of this news, AIDS was not made a major issue for campaign

questions. Why aren't reporters pinning down the Presidential candidates on AIDS the way they do on foreign policy and the Mid East crisis? The candidates are not being questioned properly and they are not being challenged to be specific about what they will do about AIDS if elected. Why are the candidates and their staffs as well as the reporters asking the questions so abysmally misinformed about the issues surrounding AIDS? Why is it left for AIDS activists to raise the proper questions about AIDS in minor skirmishes along the campaign trail? When is the story of the AIDS epidemic going to change from a sensational sex and drug abuse story into the serious and complex medical story it really is?

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Finally, it must be said that in the area of drugs and treatment, there is precious little investigative reporting of any kind going on. There does not seem to be the kind of commitment, urgency and plain fascination with the AIDS epidemic on the part of eager and interested reporters which would make it the multi-layered story it really is at this moment in history. It is difficult to believe that any single reporter knows as much about which drugs are currently being considered as any single PWA in New York City. This is astonishing. Because there is a serious bias in the medical literature as to what is being reported and because there is virtually no ongoing investigative work being done, more often than not the Times misses the real story or doesn't get the full picture on the story it publishes. There exists a separate and complex world of AIDS action -

politically, socially and medically - which is not reflected in the reporting of the Times. Between the sometimes very effective human interest pieces by Jane Gross and the medical pieces by Lawrence K. Altman (who seems to have been on leave lately), there is a gaping hole in the Times' coverage where there should exist the socio/political aspects of this epidemic which impact on treatment. It is crucial to the truthful and responsible reporting of this epidemic that reporters acquaint themselves with the myriad issues and actions ongoing in the AIDS community in this country and with the literature available to any ordinary PWA which contains information never offered in the pages of the newspaper of record.

ROUND #2

ZAP! ZAP! ZAP!

INTERNATIONAL ZAP-- 1/15/92

(Exercise your right to call before and after 1/7/92.)

*Act up! Fight back! Silence=Death! Action=Life! Act now!
Let your objections be heard! Write and call:*

PRIMARY TARGETS

*Dr. Gail R. Wilensky
Administrator*

*Health Care Financing Administration
Room 314G*

*Hubert Humphrey Building
200 Independence Avenue SW
Washington, D.C. 20201*

202/245-6726 or 202/245-7063 or 202/245-8502

*Barbara Roberts, Governor of Oregon, 503/378-3111, 254 State
Capitol, Salem, OR, 97310;*

*John Kitzhaber, President, Oregon Senate, 503/378-8173, S-203
State Capitol, Salem, OR, 97310.*

SECONDARY TARGETS

*Jean Thorne, Director, Office of Medical Assistance Programs (OMAP),
503/378-2263;*

*Lucy Lord-Lippincott, Waiver Manager, Prioritized Health Care System,
503/378-5581;*

*Paige Sipes-Metzler, Executive Director, Oregon Health Services Commission,
503/378-6575;*

*(Jean Thorne, Lucy Lord-Lippincott, and Paige Sipes-Metzler are all at OMAP,
203 Public Service Bldg., Salem, OR, 97310.)*

EVERYONE SAY: "STOP THE OREGON DEATH PLAN! We find no comfort in the request by the state of Oregon to steal medically necessary services from the very ill and the very poor in order to provide minimal health care services to the less ill and the less poor. We find this proposal to be illogical, unjust, inhumane, and flagrantly hostile. We demand that the state of Oregon give due respect to the aged, the blind, the disabled, foster care children, and children who are wards of the state. Decency demands the withdrawal of the waivers request for implementation of the Oregon Medicaid Demonstration Project. In the absence of such action, we urge the Health Care Financing Administration and/or Congress to correct this injustice by denying the waivers request."

(OVER)

DEMONSTRATION!

1/14/92

6:30 P.M.

BONNEVILLE AUDITORIUM

911 NE 11TH AVENUE

PORTLAND, OR

THIS IS AN OPEN TOWN MEETING!

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"OPTIMAL HEALTH CARE ACCESS FOR ALL!"

"STOP HEALTH CARE RATIONING!"

"STOP THE OREGON DEATH PLAN!"

For more info on Health Care Town Meetings

see Oregon Fair Share flyer attached.

For more info on the demonstration contact

VANGUARD...(503) 245-6799.

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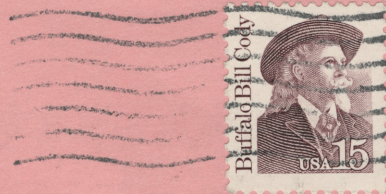
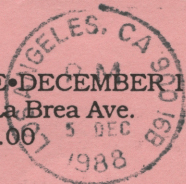
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TROUPERS HALL 1625 N. LA BREA AVE • HOLLYWOOD
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Financial AIDS

AFTON MAN CLAIMS HE'S HELPING OTHERS WHILE HELPING HIMSELF

BY RANDALL OSBORNE

When he came up with a way for HIV-negative people to make their "safe" status known to everyone they meet, Eric Janssen figured he had also found a way to make a few bucks.

So far, Janssen — a builder-developer in Afton and churchgoing father of three sons — is making mostly enemies among the advocates for those with AIDS.

For \$29.95, Janssen provides a kit that the buyer takes to a doctor who tests blood. The doctor mails a negative test result to Janssen, who confirms it by phone. Then, Janssen issues the tested person a laminated card with the date, name and the person's photo, plus a sticker that says "HIV negative" for the person's driver's license.

"He's found a way to make money off this crisis," says Dayna Deck, director of legal services for the St. Louis Effort for AIDS. "It's sad."

With nine partners, Janssen founded the Partnership for AIDS-Free America (PFAA) to increase awareness of the virus and control its spread, he says.

"We hope to make a profit," says

Janssen. "It's not all out of the goodness of my heart. I'm going to take a salary. I've got to survive, and I've got children to put through school. But it's not all just for dollars."

Dentists and doctors may buy framed wall certificates declaring they are HIV-negative for \$75.95. Window stickers for restaurants with HIV-negative employees are available for \$10.95. Individuals may even buy lapel pins for \$10.95. Advertising was slated to start just before Christmas.



Eric Janssen

hopes to go worldwide. Where will the money go, besides his salary?

"What I'd love to say is that we're going to do something like the Ronald McDonald House, but I can't say we're even going to be here in six months," says Janssen.

Some hope he won't be.

Although only six of about 75 phone calls were unfavorable in the first week since Janssen's hit the

Associated Press news wires, the local ACT-UP chapter — like Deck — is not happy.

"They were pretty radical," says Janssen. "One thing they were hung up on is that we're a for-profit organization." He says he did not want to make PFAA a not-for-profit group because supporters might try to exert influence. "You tend to get controls put on you by those donating money," says Janssen.

Help from volunteers had been impressive, he says. In Pensacola, Fla.,

"I've got to survive, and I've got children to put through school. But it's not all just for dollars."

— Eric Janssen

a person who sent for the test later paid for an ad about PFAA's program in the local newspaper with his own money. "I couldn't believe it," says Janssen. "I was absolutely shocked."

So is Deck. "Somebody could test negative today, and then continue to engage in risk-taking behaviors and be positive in two weeks," she says. Janssen concedes as much. He says people must be recertified six months from the date of the first test, and tested annually thereafter. Those in a high-risk group should be tested every six months.

Deck says the HIV-negative identification card will encourage dangerous habits. "It means, 'You can have sex with me and you don't have to

wear a condom.' Why else would anyone want a sticker?" Janssen says he doesn't believe a negative test will discourage condom use.

If HIV-negative cards and stickers become common, won't that lead to discrimination against those in high-risk groups such as gays who happen to be uncertified by PFAA? "They've already got a major problem that we are trying to solve for them," says Janssen. "We've got people saying, 'I won't shake hands with one.' We are trying to educate people."

Or, as Janssen's information packet confusingly and ungrammatically says: "Are we, as the most advanced species on this earth waiting until this Virus destroys hundreds of thousands of families before we realize

everyone must participate in the fight against this Virus, not just specific groups, if there is going to be any chance of controlling this epidemic?"

Janssen has sent sample certification kits to U.S. senators, congressmen and the president, as well as to all the major network news programs, Madonna and Elizabeth Taylor. Deck says she has been doing some mailing, too. She is complaining to the state attorney general, although everything looks legal.

To be put out of business would please him greatly, says Janssen. "We're looking to be here when a cure or vaccine is developed." Deck is urging people to send their money to AIDS support groups rather than PFAA.

"This just plays on people's fears," she says. "If we've gotten to the point where you've got a sticker on your driver's license, we're in a lot of trouble."

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Certification Card and I.D. Sticker Application **\$29.95**
 Certification Card (Renewal) **\$19.95**
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 Auto Sticker **\$10.95**

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Partners for AIDS-Free America
 2020 Pennsylvania Avenue, NW
 Suite 700
 Washington, D.C. 20006
 1-800-HIV-NEG

Qty TOTAL

TOTAL	



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Address _____

City _____ State _____

Zip _____ Phone () _____



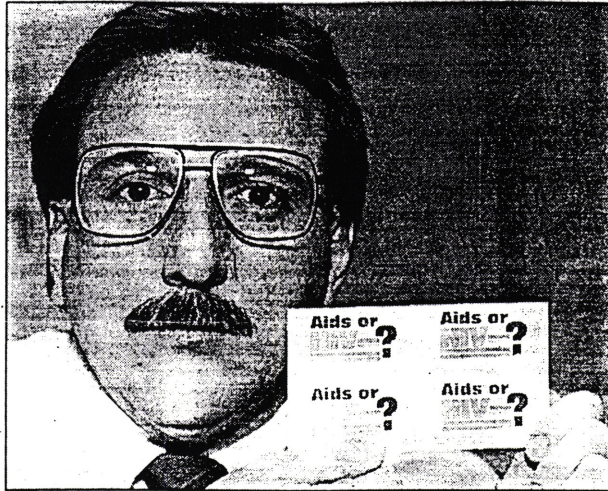
Acct. # _____

Expiration Date: _____

Print Name on Card: _____

Signature on Card: _____

AIDS PROFITEER



*"I don't want to be treated like I'm positive,
I want to be treated like a human being."*

**Eric Janssen, Founder
Partners for AIDS-Free America**

Janssen would like you to believe that carrying an HIV Negative card will help control the spread of HIV.

NOT! The truth is that Janssen is selling a license for unsafe sex, insuring the continued spread of fear, ignorance, and HIV.

Janssen would like you to believe that PAFA's office is located at 2020 Pennsylvania Ave., NW, Suite 700, Washington, DC 20006.

NOT! This AIDS Profiteer is counting his money at 8524 Titchfield Ct, St. Louis, MO 63123.

NO MORE BUSINESS AS USUAL, MR. JANSSEN!

**ACT-UP/STL CALLS FOR A PHONE ZAP OF PAFA ON
JANUARY 22, 1992**

**1-800-448-6666 (Customer Service)
1-800-HIV-NEGT (448-6348) (Order desk)**

**Call Janssen and tell him what you think about his
AIDS Profiteering!**

SHAME! SHAME! SHAME! SHAME! SHAME!

ACT-UP/KC

-NEWS RELEASE-

RELEASE DATE: 3-5-89

KANSAS CITY, MO: About thirty members and friends of ACT-UP/KC converged on March 2nd at Telecheck Mid America headquarters in Overland Park, Kansas.

Protestors demonstrated at the facility to let Telecheck Pres. Dale Flaxbeard and the public know that his decision to fire employee Mark Sweetland because of his AIDS diagnosis is unethical and immoral.

The state of Kansas has ordered Telecheck to reinstate Mark to his job and give him his back pay. Telecheck has refused to do this and intends to gain court approval to discriminate against people with AIDS. It was Telecheck's decision to refuse to abide by the state's order that prompted ACT-UP to take the issue to the streets.

Marchers arrived at noon, by bus, carrying signs proclaiming Telecheck guilty of bigotry and demanding justice for Mark Sweetland.

It was rumored that all work stopped at Telecheck during the demonstration and chants of 'shame, shame, shame' and 'fight AIDS, not people with AIDS' were clearly heard inside Telecheck's offices.

ACT-UP member Jim Hull said in a prepared statement that "AIDS is a disease similar to any other catastrophic illness. I doubt if Mark would have been fired if he had contracted cancer, heart disease, or diabetes. All of these illnesses are just as deadly as AIDS. Telecheck's decision to fire Mark because he had AIDS is based on the unrealistic fear of this disease and the widely held belief that this is a Gay disease and Gay people don't deserve protection in the workplace."

During the demonstration, marchers spontaneously performed a die-in at which time ACT-UP member Jon Barnett read a short speech condemning society for its ignorance of this disease and lack of compassion for the people affected by it. Barnett further stated, "AIDS has been used to fuel the fires of homophobia, leading to even more harassment and gay-bashing. Yet, in response to hatred and tragedy, Gay men and Lesbians have led the way in confronting the crisis with intelligence and compassion. In the face of bigotry and AIDS, we set an example of love and healing for all people."

The demonstration lasted about an hour and as marchers were boarding the bus to leave, many were visibly moved by the sight of the forty or so chalk silhouettes in front of Telecheck. Several commented they felt what they did was important and gave them a feeling of power by the actions they had taken that day.

****NEXT PUBLIC MEETING:** Saturday March 11th 3:00pm at the Westport Library 118 Westport Rd. in KCMO

For more information about ACT-UP/KC or to give your input please write Box #10085 KCMO 64111 or phone (816)-753-5930.

21

**YEARS AFTER STONEWALL, THE POLICE ARE STILL
BEATING US UP AND GETTING AWAY WITH IT.**

On July 14th, (Bastille day), Montreal, Quebec police broke up a private party of 400 lesbians and gay men hitting them with clubs and pushing them to the ground, they arrested eight, two at gunpoint. They gave the party-goers no reason for their order to disburse other than, **"You should be home in bed at this hour."** The following afternoon, the lesbian and gay community held a demonstration outside of the police station. While three representatives of the community attempted to speak to the captain in charge, police officers removed their name tags, put on latex gloves, and brutally arrested 21 women and 27 men for "refusing to circulate." One protester had to be hospitalized for a crushed testicle after the police repeatedly hit him in the groin with a baton.

On July 21st, 500 people marched through Montreal demanding that the government respond to this violation of their civil rights. On July 29th, 2000 people marched and staged a street party demanding justice.

AND THE CANADIAN GOVERNMENT HAS DONE NOTHING!

There will be a

RALLY

to support the Queer community of Montreal and to

**LET THE CANADIAN GOVERNMENT KNOW THAT THEY
CAN'T TREAT OUR SISTERS AND BROTHERS LIKE THIS.**

**Friday, September 28th at noon
in front of The Canadian Consulate
50 Fremont St., San Francisco**
one block south of Market between the
Embarcadero and Montgomery BART stations

For more information phone 415/985-7141

**Sponsored by QUEER NATION and QUEER PLANET,
the international focus group of QUEER NATION**

An Invitation
for
Women with HIV Disease

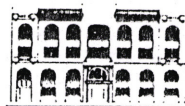
We request your company
at an open Support Group
for women with HIV disease

Date.....Wednesday

Time.....6:30 to 8:30 p.m.

Place.....The Women's Building
3543-18th Street
(between Guerrero & Valencia)

For further information
call Carlin (415) 921-3680
Supervised childcare provided



How much would you give to get Jesse Helms out of the Senate?

Senator Helms (the famous art censor) leads the charge against women's right to choose, AIDS education, the environment and every progressive issue. The US Senate's most effective enemy of the Bill of Rights, he is running for re-election for a fourth six-year term of office.

Helms' Opponent is Harvey Gantt:

Born in public housing.

Sat-in at a lunch counter in 1960.

First Black student to graduate (with Honors) from Clemson University in 1963.

Three term councilman and Mayor of Charlotte, North Carolina.

Pro-choice • Pro-civil rights • Pro-freedom of expression.

And, he's not Jesse Helms!

According to the latest poll, Gantt is leading by a slim margin.

But Helms raised \$15 million in 1984 from his extremist friends and the tobacco industry.

Even George Bush said that this is the most important political contest this November. It's up to you. Gantt needs YOUR support to fight his way into the Senate, where he can defend the environment and our liberties from attack by the Right.

How much is your freedom worth?

**Defend it now by phoning
NOW with
your VISA or Mastercard
1 800 476 7182**

5am - 9pm Pacific time

Political contributions are not tax-deductible. For contributions greater than \$200, please note employer and occupation.

**Or mail your check or charge
contribution to: Harvey Gantt for
Senate Campaign Committee**

700 East Stonewall Street #500
Charlotte NC 28202

MCO VISA ☐ # _____

Expiration date: _____

Name: _____

Address: _____

Signature: _____



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outrageous
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"Fairy Tales, Faerie Tails"

A TROUPE OF RADICAL FAIRIES
CELEBRATING LESBIAN AND GAY
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FRIDAY, SEPT. 21

8³⁰ pm \$7 suggested donation
less if you don't have it
more if you can afford it

MISSION (CAPP)
NEIGHBORHOOD CENTER
362 CAPP ST.



Demands for Gubernatorial Candidates

Summary: Make HIV Prevention/Education/Funding a primary issue of the Gubernatorial campaign.

Policies

- No Mandatory HIV Testing - Don't criminalize HIV.

Education Programs

- Setup a State wide program to Evaluate the effectiveness of AIDS Treatment and Prevention Services.
- Provide a culturally sensitive, multilingual AIDS education and prevention program starting at the 5th grade level.
- Create an accessible, street/community based outreach and AIDS prevention education program for the youth. This could/should include funding for Youth drop in Centers.

Prisons

- Provide a quality AIDS Prevention/Education/Treatment program in the State Prisons
- Stop the segregation of people with HIV in the state prisons.

Health Care and Drug Treatment Programs

- Promote accessible community based Health Care for everyone.
- Demands that the FDB to make available experimental HIV treatments.
- Create and Fund AIDS Prevention/Education/Treatment programs for Intravenous Drug Users. This should include legalizing Needle Exchange programs, and increased funding for youth "Drug Prevention" programs.

Funding/Budget

- Eliminate the Red tape involved with getting funding from the State Department of AIDS, and streamline the Grant Process.
- Veto any funding cuts for existing Health Care Services, and increase the Health Care Budget. Don't pirate other services or Programs to fund AIDS.
- Don't balance the Budget on the backs of the poor, make corporations and the wealthy pay their fair share.

The Lesbians and Bisexuals in Action
(L.A.B.I.A.) of QUEER NATION
presents

A

GIRLS NIGHT OUT

All queers invited
to join us for a most
rollicking evening as we
boldly go where no queers
have gone before... as we go for



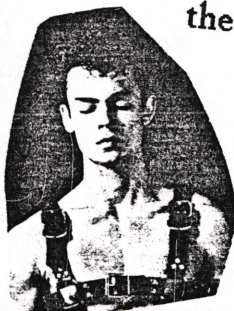
a "WALK ON THE STRAIGHT SIDE"

to the BAJA CANTINA 9:00 p.m.

Friday, September 21, 1990

3152 Filmore @ Greenwich

(meet 8:00pm @ Church & Market to take
the 22 Filmore Muni)



QUEER NATION
meets every Wednesday
at the ♀'s Building
3542 18th St.

7:30 PM 995-4721

PROMOTE

**DYKE
VISIBILITY**

QUEER NATION

We believe that the AIDS crisis calls for a broad movement actively engaged in ending the epidemic. We recognize that AIDS has had a devastating impact on the lesbian and gay community. We further recognize that the AIDS crisis disproportionately affects men and women of color. Any strategies to fight the crisis must incorporate these understandings.

Therefore, we join together to demand:

1. **Massive funding to end the AIDS epidemic**, made available from local, state and federal governments for research, care, education, anonymous testing programs and any and all treatments.
2. **A federally-funded education program** which is comprehensive and sex positive, and which promotes safer sex, addiction recovery and IV hygiene.
3. **Centrally coordinated research** for AIDS treatments, cures and vaccines.
4. **A free, nationalized health care system** guaranteeing equal access, regardless of ability to pay.
5. **Public accountability**, especially to affected communities, regarding any AIDS-related research, funding and programs, to be controlled by the communities affected by AIDS.
6. **A worldwide, culturally-sensitive funding program** focused on ending the AIDS epidemic. The program would be initiated and financed by

the United States, in cooperation with international health organizations. The U.S. would encourage the financial participation of other developed nations, with implementation controlled by the recipient nations.

We further join together to oppose:

1. **Quarantine or mandatory testing for HIV exposure**, or any coercive, involuntary or routine measures instituted against any population or individual anywhere.
2. **Discriminatory measures instituted by public or private organizations against any groups or individuals with AIDS or ARC, or who test positive for HIV exposure**. We also oppose any measures against any groups or individuals suspected of HIV-positive status or targeted for discrimination, such as: people of color; gay men; women; bisexuals; IV-drug users; prostitutes; prisoners; mental health patients; hemophiliacs; undocumented workers and immigrants; children and youth or others.
3. **All laws that contribute to the spread of AIDS or discrimination** by invading our right to privacy, such as laws against sodomy and prostitution.
4. **Spending cuts in any social service or health programs** in order to create or increase funding to fight AIDS. Funding must be taken primarily from the military budget.
5. **The use of inflammatory, isolating language** which promotes medical misinformation, fear and discrimination, such as "AIDS virus", "AIDS test", "AIDS carrier", "AIDS blood", or "AIDS victim".

AAP, Aug 27 '87

CHALLENGE AIDS NOW!



LOOK

TO

THE
**AIDS
HEALTH
PROJECT**
A HEALTH PROMOTIONAL EFFORT

• All services are free of charge

FOR

AIDS PREVENTION

GROUPS IN STRESS MANAGEMENT, SAFE SEX, DEPRESSION PREVENTION
AND OTHER WAYS TO IMPROVE YOUR HEALTH

FOR INFORMATION AND SERVICES CONTACT:

626-6637

ALL SERVICES FREE!

For immediate release
May 17, 1990

Contact: Jean McGuire (202) 293-2886
Steve Smith (202) 628-4160
Bill Flanagan (212) 719-0033

LEADING ORGANIZATIONS CALL FOR

MAJOR CHANGES IN AIDS RESEARCH PRIORITIES

Citing growing problems and gaps in Federal programs for AIDS research, an ad-hoc coalition of more than 45 AIDS and health organizations today urged the government to re-examine its AIDS research priorities, and called for major changes in the way AIDS research is conducted in the United States.

The groups -- representing a wide spectrum of health care and service providers, public policy experts and people with HIV/AIDS -- reached an unprecedented consensus on AIDS research priorities, and called on the National Institutes of Health (NIH) to adopt the changes outlined in the enclosed document. The NIH includes the National Institute of Allergy and Infectious Diseases (NIAID), which is responsible for developing new AIDS treatments.

"This consensus statement provides a step-by-step outline for improving the country's efforts to combat AIDS," said Jean McGuire, Executive Director of the AIDS Action Council. "This document represents an historic step. If these changes are adopted by the NIH, I think we could cut years off the time it will take to successfully manage HIV disease."

The document, titled HIV/AIDS Biomedical Research Priorities: Recommendations to the National Institutes of Health, addresses problems in current research priorities, and calls for important changes in the national AIDS research agenda.

Specifically, the document calls for increased NIH funding of extramural (non-governmental) biomedical research proposals that have received peer-review approval. In calling for this increase, groups signing the document recognized the close relationship between research on AIDS and other diseases -- such as cancer -- through the study of molecular biology, virology and other biomedical fields.

The document also calls on the White House, the Secretary of Health and Human Services, the Assistant Secretary of Health and the Director of the NIH to "spearhead an effort to coordinate and facilitate HIV/AIDS research activities" to encourage the sharing of information, equipment and expertise among all AIDS researchers.

--more--

"One of the most serious obstacles in AIDS research has been a lack of coordination, particularly in the NIH," said Steve Smith, Legislative Director of the Human Rights Campaign Fund. "Coordination of efforts and sharing of data are crucial. Without them, we never know which crucial areas of work are being overlooked."

Finally, the document outlines a 13-point "research program", aimed at improving AIDS research in the United States. Included in the program is a call for expanded clinical trials for people currently underrepresented in trials, such as women, children, IV drug users and people of color.

"People of color have long been overlooked in Federal AIDS programs. It is time that all people with HIV infection were given full access to treatments and clinical trials currently available to the public," said Ronald Johnson, Executive Director of the Minority Task Force on AIDS. "The HIV/AIDS epidemic is rapidly moving into minority communities, and researchers must take this into account when setting priorities."

Other recommendations in the research program include:

- 1) More testing of drugs to treat the opportunistic infections and diseases that actually kill people with AIDS.
- 2) Creation of a national HIV/AIDS database.
- 3) Clinical trials with less stringent entry criteria and more flexible design.
- 4) A national Parallel Track drug distribution system.
- 5) Full disclosure of all consulting or equity relationships between investigators and pharmaceutical companies.

A complete text of the document is attached.

###

HIV/AIDS BIOMEDICAL RESEARCH PRIORITIES

RECOMMENDATIONS TO THE NATIONAL INSTITUTES OF HEALTH

May 17, 1990

Endorsed by:

**AID Atlanta
AIDS Action Committee of Massachusetts
AIDS Action Council
AIDS Coalition To Unleash Power (ACT UP)/New York
AIDS Foundation of Chicago
AIDS National Interfaith Network
AIDS Project Los Angeles (APLA)
American Academy of Pediatrics
American Anthropological Association's Task Force on AIDS
American Association for Counseling and Development
American Association for Marriage and Family Therapy
American Federation of State, County and Municipal Employees
American Foundation for AIDS Research (AmFAR)
American Red Cross
Association of Schools of Public Health
Center for Women's Policy Studies
Child Welfare League of America
Chronic Fatigue Syndrome Information Institute Inc.
Citizen's Commission on AIDS
Coalition for Compassion/Los Angeles
Community Research Initiative (CRI)/New York
Consortium of Social Science Associations
Dallas Gay Alliance/AIDS Resource Center
Federation of Parents and Friends of Lesbians and Gays
Gay Men's Health Crisis (GMHC)/New York
Human Rights Campaign Fund (HRCF)
International Association of Fire Fighters
Lambda Legal Defense & Education Fund
Minority Task Force on AIDS/New York
Mobilization Against AIDS/San Francisco**

(Endorsements, continued)

National AIDS Network (NAN)
National Assembly of State Arts Agencies
National Association of Community Health Centers Inc.
National Association of People With AIDS (NAPWA)
National Association of Protection and Advocacy Systems
National Association of Social Workers
National Association of State Alcohol and Drug Abuse Directors
National Gay & Lesbian Task Force (NGLTF)
National Hemophilia Foundation
National Minority AIDS Council (NMAC)
National Network of Runaway and Youth Services
Pediatric AIDS Foundation
People With AIDS (PWA) Health Group/New York
Planned Parenthood Federation of America
Project Inform/San Francisco
San Francisco AIDS Foundation
Synagogue Council of America
Women and AIDS Resource Network (WARN)/New York

The HIV/AIDS epidemic is imposing increasing human and economic costs throughout the country. We believe that in order to effectively confront this crisis, we need to intensify our research efforts in the following three areas:

(1) Prevention: psycho-social research on how to encourage risk reducing behavior modification, and biomedical research aimed at the development of treatments and/or vaccines to prevent HIV transmission;

(2) Treatments: biomedical research to develop more effective treatments for HIV infection and its associated opportunistic diseases; and

(3) Health Care: research into HIV-related health care costs, financing, delivery, organization, effectiveness, including research into the appropriateness and accessibility of available HIV-related care.

We strongly believe that all three areas of HIV/AIDS research must be strengthened. The following consensus statement, endorsed by the above organizations, focuses on the second of these three research areas. We expect to shortly issue a second statement addressing prevention and health care research efforts.

RESEARCH FUNDING

1. All basic biomedical research is closely interrelated and interdependent. Over the past eight years, many advances in HIV/AIDS research resulted from advances in molecular biology and virology made through cancer research. All fundamental biomedical research should receive a higher level of support.

o We urge that 40-50% of the extramural biomedical research proposals, that have been approved for funding through peer review, be fully funded, as was the case in the early 1970's. Only 24% of such approved projects are now funded.

o We particularly urge increased funding for the following three areas:

-The National Institute of Allergy and Infectious Diseases' (NIAID) Community Programs for Clinical Research on AIDS (CPCRA). NIAID's AIDS Clinical Trials Group (ACTG)(based in academic research centers) is overwhelmed by the number of new drugs and treatment modalities ready for evaluation in humans. The rapid expansion of CPCRA, beyond what is currently being considered, can relieve much of this burden, as can a more rational allocation of clinical research responsibilities among the ACTG, the CPCRA, and industry sponsored clinical trials.

-NIAID's National Cooperative Drug Discovery Groups for Opportunistic Infections (NCDDG-OI), and the programs of the Opportunistic Infections and Oncology Committees of the ACTG. There is an urgent need to improve our ability to prevent and treat the opportunistic diseases that are killing people with AIDS.

-NIH salary levels and training grants. Salary levels for NIH scientists should be increased to compete with those offered by industry. Training grants specific for HIV-related areas need to be more widely available so that young researchers, including a substantially increased number of minority investigators,

will enter the field of biomedical research in larger numbers.

LEADERSHIP AND COORDINATION

2. For successful implementation, our recommendations require the coordination and cooperation of all the various parties, both private and public, that are involved in HIV/AIDS research, including the academic, industrial, and NIH scientists, the community based clinical trials network, and the pharmaceutical companies.

o We urge that the current Administration, through the offices of the Secretary of Health and Human Services, Assistant Secretary of Health, and the Director of the NIH, spearhead an effort to coordinate and facilitate HIV/AIDS research activities with the goal of implementing the following recommendations. This cooperation should include the coordination of efforts, exchanges of reagents, and shared use of special equipment and expertise among academic, industrial, and NIH scientists. Adequate leadership and coordination can also help ensure that clinical research efforts target all the serious and fatal complications of HIV infection in an accelerated and cost-effective manner.

RESEARCH PROGRAM

3. The capacity to evaluate new compounds in the clinic has not kept pace with the rate of pre-clinical drug development.

o We urge that the ACTG concentrate its efforts on conducting technology-intensive Phase I/II studies with a greater variety of new compounds than in the past. Larger Phase II, III and post-marketing studies should generally be conducted by community-based groups in conjunction with pharmaceutical company sponsors, or be sponsored by pharmaceutical companies in other research facilities.

4. To date, research on the diagnosis, prevention, and treatment of opportunistic diseases has received inadequate attention and support from the NIH.

o We urge that NIAID commit substantial efforts and resources to the development of better diagnostic tools, prophylaxes, and treatments for opportunistic diseases.

5. No broad database has been established that systematically compiles information on the progression of HIV infection and the incidence of opportunistic diseases, the differences among various populations, and HIV-related psycho-social factors. Such a database could provide invaluable guidance for monitoring changes in HIV pathology and symptomatology, setting research priorities, and assessing patterns of clinical care, as well as the use of approved, unapproved, and "alternative" therapies.

o We urge the establishment of a national HIV/AIDS database, with appropriate safeguards for confidentiality. Data bases should also be made available to researchers involved in clinical trials in order to facilitate study design.

6. Large segments of the HIV-infected population, including women, adolescents, current and former drug users, and people of color are under-represented in ongoing clinical trials. Clinical trials are not being conducted in many regions of the country, both urban and rural.

o We urge the funding and implementation of outreach programs so that all groups of HIV-infected people can have an equal opportunity to participate in clinical trials through the ACTG, the CPCRA, or trials sponsored by pharmaceutical companies. Clinical research programs should be established in all regions where HIV infections occurs.

7. In some cases, women with HIV infection experience a different spectrum of opportunistic diseases than men. Pregnant women with HIV infection present unique challenges to treatment research. These issues currently receive insufficient attention.

o We urge a systematic epidemiological survey of the impact of HIV infection on women, including both medical and psycho-social factors. We also urge that, for conditions uniquely affecting HIV-infected women and HIV-infected pregnant women, separate clinical trials be conducted.

8. HIV/AIDS researchers have been slow to conduct clinical trials in children. This has deprived children with proven HIV infection of potentially life-prolonging experimental treatments. The unique impact of HIV infection on the developing immune system in infants is also inadequately understood. Epidemiological research on the impact of HIV infection on children is also receiving inadequate attention.

o We urge that clinical trials of promising experimental treatments be conducted in children, including infants under 15 months of age with proven HIV infection, as soon as a drug has shown safety and promising activity in adults. We urge that the policy for drug approval in children be reexamined, especially as it relates to the need to establish prior efficacy.

o We also urge enhanced biomedical research efforts to study the developing immune system during intra-uterine life and in infants. Pediatric research efforts should also include an epidemiological survey of the impact of HIV infection on children.

9. Traditional clinical trial design seeks to (1) achieve homogeneity in study populations so as to control for variables other than the experimental drug and (2) use the smallest number of study subjects necessary to obtain statistically significant results. We believe that this design does not always serve the needs of clinical research in HIV/AIDS.

o We urge that trials with less stringent entry criteria and designed to enroll large numbers of study subjects be used for Phase II/III trials, thereby expanding patient access to experimental therapies and collecting data relevant to the diverse populations afflicted by HIV/AIDS. Community-based research centers are ideally suited to conduct trials of this nature.

o We also urge support for methodological research to further improve the conduct and data interpretation of these alternative trial designs.

10. Only a small fraction of HIV-infected individuals in the United States have been enrolled in clinical

trials. Many lack access to the most promising therapies. This is why federal public health officials have endorsed the concept of a "Parallel Track," or expanded access to promising experimental drugs, for those ineligible or unable to enroll in controlled clinical trials.

o We urge that a "Parallel Track" drug distribution system be speedily approved and implemented by the Federal government.

11. Widespread dissatisfaction in the HIV/AIDS community with the pace of clinical research on HIV/AIDS and its priorities has led to mistrust between investigators and patients, slow enrollment, unsatisfactory patient retention in trials, and widespread non-compliance with protocol requirements.

o The establishment of mutual trust between ACTG investigators and patients is necessary to improve the quality of research, speed of trials, and validity of the resulting data. Therefore, we urge each clinical research site to establish a community advisory panel to provide a mechanism for community consultation and the regular dissemination of clinical information.

12. New standards of HIV/AIDS medical care are not always rapidly incorporated into ongoing clinical trials, which impedes enrollment and retention in trials and reduces the relevance of the results obtained. People with HIV/AIDS must be assured that, when they enter any trial, they will receive state-of-the-art medical care.

o We urge the NIH to regularly develop and publicize guidelines nationwide on state-of-the-art HIV/AIDS medical care. Every effort should also be made to quickly incorporate the latest standards of care in NIH-sponsored ongoing studies. In particular, whenever methods for the prevention of opportunistic diseases are developed, they should be made available to trial participants.

13. Publication of results of clinical trials and the application of new findings in medical practice have not been rapid enough.

o We urge that the NIH assist all clinical investigators in rapidly reporting nationwide the detailed and complete results of their clinical trials to medical practitioners and people with HIV/AIDS.

14. There currently exists a widespread perception that investigators who play a role in setting national HIV/AIDS research priorities have conflicts of interest.

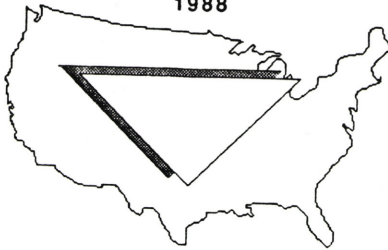
o We urge Secretary Sullivan to mandate full disclosure of all consulting or equity relationships between such investigators and pharmaceutical companies.

15. A high portion of the NIH research budget goes to medical care associated with clinical research because third parties refuse to compensate for any such medical care.

o We urge that the cost of standard medical care associated with clinical trials - whether these are sponsored by the NIH, pharmaceutical companies, or community-based centers - be made reimbursable by Medicare, Medicaid, or private insurance companies.

ACT UP

The Lesbian and Gay Freedom Ride
1988



August 15, 1988
FOR IMMEDIATE RELEASE

Contact: Jay Blotcher
(718) 204-6034

AIDS ACTIVIST FREEDOM RIDE 1988 WILL END WITH
RALLY IN ARCADIA, FLORIDA TO PROTEST AIDS BIGOTRY

The Lesbian & Gay Freedom Ride will complete its historical tour of the South on Thursday, August 25, with a march and rally in Arcadia, Florida. This quiet town became a national symbol of bigotry and fear last year when townspeople fought to prevent three hemophiliac brothers from attending school after their exposure to the AIDS virus. A federal judge approved their return and protests erupted. That weekend, the family home was burned to the ground. The March on Arcadia will begin at the local courthouse at 1:00 p.m. AIDS activists and human rights leaders will gather to commemorate the first anniversary of the Arcadia incident. Speakers will call for an end to AIDS-related bigotry towards gays, blacks and Hispanics, prime targets of discrimination and physical violence.

The Lesbian & Gay Freedom Ride is sponsored by the New York-based group ACT UP (AIDS Coalition to Unleash Power). Riders already have commanded national headlines with protests at the Democratic and Republican conventions with such tactics as the "kiss-in" and the Freedom Ride "die-in" in memory of those who have died from AIDS. Freedom Ride organizers Neil Broome, Heidi Dorow and Frank Smithson will be in Arcadia to speak with press during the event. For further information, please contact me here in New York.

FOUNDING STATEMENT OF PEOPLE WITH AIDS/ARC "The Denver Principles"

At the second AIDS Forum held in Denver in 1983, an amazing and diverse group of PWAs and PWArCs from around the country gathered and produced the following principles. These standards are as important today as they were when they were created.]

We condemn attempts to label us as "victims," which implies defeat, and we are only occasionally "patients" which implies passivity, helplessness and dependence upon the care of others. We are "people with AIDS."

--Statement from the Advisory Committee of People with AIDS, June 1983, Denver, Colorado, National Lesbian/Gay Health Conference

WE RECOMMEND THAT HEALTH CARE PROFESSIONALS:

1. Who are gay, come out, especially to their patients who have AIDS.
2. Always clearly identify and discuss the theory they favor as to the cause of AIDS, since this bias affects the treatment and advice they give.
3. Get in touch with their feelings (e.g., fears, anxieties, hopes, etc.) about AIDS, and not simply deal with AIDS intellectually.
4. Take a thorough personal inventory and identify and examine their own agendas around AIDS.
5. Treat people with AIDS as whole people and address psychosocial issues as well as biophysical ones.
6. Address the question of sexuality in people with AIDS specifically, sensitively and with information about gay male sexuality in general and the sexuality of people with AIDS in particular.

WE RECOMMEND THAT ALL PEOPLE:

1. Support us in our struggle against those who would fire us from our jobs, evict us from our homes, refuse to touch us, separate us from our loved ones, our community or our peers, since there is no evidence that AIDS can be spread by casual, social contact.
2. Do not scapegoat people with AIDS, blame us for the epidemic or generalize about our lifestyles.

WE RECOMMEND THAT PEOPLE WITH AIDS:

1. Form caucuses to choose their own representatives, to deal with the media, to choose their own agenda and to plan their own strategies.
2. Be involved at every level of AIDS decision-making and specifically serve on the boards of directors of provider organizations.
3. Be included in all AIDS forums with equal credibility as other participants, to share their own experiences and knowledge.
4. Substitute low risk sexual behaviors for those which could endanger themselves or their partners, and we feel that people with AIDS have an ethical responsibility to inform their potential sexual partners of their health status.

PEOPLE WITH AIDS HAVE THE RIGHT:

1. To as full and satisfying sexual and emotional lives as anyone else.
2. To quality medical treatment and quality social service provision, without discrimination of any form, including sexual orientation, gender, diagnosis, economic status, age or race.
3. To full explanations of all medical procedures and risks, to choose or refuse their treatment modalities, to refuse to participate in research without jeopardizing their treatment and to make informed decisions about their lives.
4. To privacy, to confidentiality of medical records, to human respect and to choose who their significant others are.
5. To die and to live in dignity.

SILENCE = MORT

沈默 = 死亡

SILENCIO = MUERTE

МОЛЧАНИЕ = СМЕРТЬ

صمت = موت

SILENCE = DEATH

ACT UP

AIDS Coalition To Unleash Power

SILENCE	= DEATH	English
SILENCIO	= MUERTE	Spanish
SILENCE	= MORT	FRENCH
SILÊNCIO	= MORTE	PORTUGUESE
SILENZIO	= MORTE	ITALIAN
SILENCI	= MORT	CATALAN
SÜKÛT	= ÖLÜM	TURKISH
CSEND	= HALA'L	HUNGARIAN
SCHWEIGEN	= TOD	GERMAN
ZWIJGEN	= DOOD	DUTCH
TYSTNAD	= DÖD	SWEDISH
TAUSHET	= DØD	NORWEGIAN
TAVSHED	= DØD	DANISH
TĂCERE	= MOARTE	RUMANIAN
MILCZENIE	= ŚMIERĆ	POLISH
MOBHAHH	= CMEPTb	UKRANIAN
MOVHAHNE	= CMEPTb	RUSSIAN
ΣΙΩΠῙ	= ΘΑΝΑΤΟΣ	GREEK
NIROB	= MOUT	HINDI
THEQUE	= FATTOU	WOOLOF
NIROBOTA	= MRITTU	BENGALI
KATAHIMIKAN	= KAMATAYAN	TAGALOG
HILJAISUUS	= KUOLEMA	FINNISH
KUNYAMAZA	= KIFO	SWAHILI
DEGGUDE	= MAYDE	FALLANI

ACT UP

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Every Committee has its own
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Rec'd 5/92
Don't know how old

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by a
Person
With
AIDS**

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~~404-525-0843~~

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161-7826 Wendy Tobias women's caucus

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RTP, NC 27709

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Providence, RI 02906
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ACT UP/Rochester
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713 Monroe Ave. CA 93140
Rochester, NY 14607
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~~4130~~

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