CITY AND COUNTY OF SAN FRANCISCO
SAN FRANCISCO HUMAN RIGHTS COMMISSION
OFFICE OF CONTRACT COMPLIANCE
OFFICE OF DISPUTE RESOLUTION

PUBLIC HEARING

AIDS/ARC RELATED DISCRIMINATION

State Building, Room 1194
350 McAllister
San Francisco, CA

February 4, 1986

5:45 p.m.

PRESIDING:
Esta G. Soler, Chairperson

REPORTED BY:
Dawn Lofton

PAPERWORKS
1330 Broadway, Suite 809
Oakland, California 94612
415/763-9164
COMMISSIONERS PRESENT

Esta G. Soler, Chair
George A. Suncin (Vice Chair)
Samuel H. Chung
Joe Ling Jung
Phyllis Lyon
Lawrence B. Martin
John C. Morrissey
Nicerita D. Revelo
Sal Rosselli
Dr. Brenda K. Wade
David K. Yamakawa, Jr.

STAFF PRESENT

Grant S. Mickins, Director
Jackie Winnow, Coordinator, Public Hearings;
Lesbian/Gay Community Liaison Unit
Eileen Gillis, Lesbian/Gay Community Liaison
TESTIFIERS PRESENT

Jackie Winnow, Human Rights Commission
Benjamin Schatz, National Gay Rights Advocates
John Lorenzini, People With AIDS
Pat Norman, Department of Public Health
Paul Boneberg, Mobilization Against AIDS
Mike Hennessey, S.F. Sheriff's Department
Wayne Clark, S.F. Department of Public Health
Peter Fowler, National Gay/Lesbian Task Force
Kanika Ajanaku, All-Peoples' Congress
Eileen Gillis, Human Rights Commission
Terryl Todd, Complainant
Alayne MacArthur, Civil Service Commission
Nancy Merritt, Bank of America
Chris Redburn, Employment Law Center
Kevin Wadsworth, Crocker Bank
Don Tombe, Lambda Institute
Jackson Peyton, San Francisco AIDS Foundation
Roy Bateman, American Friends Service Committee
Gerry Parker, Complainant
Jim Spahr, Concerned Insurance Professionals for Human Rights (CIPHR)
Carl Heimann, Schmidt & Schmidt Insurance
Alice Philipson, Attorney for AIDS Complainants
Jeremy Landau, Pacific Center AIDS Project
TESTIFIERS PRESENT (Cont'd.)

Norman Nickens, Third World AIDS Advisory Task Force
Andrea Aiello, Women's AIDS Network
Miguel Ramirez, San Francisco AIDS Foundation
Constance Wofsy, Association of Women, AIDS Research and Education
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PAPERWORKS
1330 Broadway, Suite 809
Oakland, California  94612
415/763-9164
P R O C E E D I N G S

CHAIRPERSON SOLER: I'd like to call to order the Public Hearing on AIDS/ARC Discrimination. We're ready. Could we have the roll call please, Mr. Mickins?

(Mr. Mickins conducted the roll call. Those Commissioners who were present included: Commissioners Samuel H. Chung, Joe Ling Jung, Phyllis Lyon, Larry Martin, John C. Morrissey, Nicerita D. Revelo, Sal Rosselli, Esta G. Soler, Chairperson, George A. Suncin, Dr. Brenda Wade and David K. Yamakawa, Jr.)

CHAIRPERSON SOLER: We now definitely have a quorum. Before we start, I would like to say a special thank you, particularly to the staff of the Human Rights Commission who have assisted indefatigable in putting this public hearing together.

Thank you to Jackie Winnow, Eileen Gillis, Sue Steiner, Dan Turner, and all the other Human Rights Commission staff who have helped. I'd also like to thank the Public Hearing Advisory Committee because everything we do at the Human Rights Commission does have an Advisory Committee. They are Ron Braithwaite, Lester Olmstead-Rose, Norm Nickens, Marcy Rein, Jerry Dunbar, Jeremy Landau, and Larry Jarvis.
I'd also like to thank, at this point, the Lesbian/Gay Advisory Committee of the Human Rights Commission, to Commissioner Lyon and Commissioner Rosselli to Larry Brinkin, Sheila Coughlin, Jerry Dunbar, Christopher Grubbs, Tony Henry, Ruth Hughes, Marty Kashuba, Norm Nickens, Marcy Rein, Lester Olmstead-Rose, Carmen Vazquez, Paul Freud Wotman and Darrell Yee.

Thank you very much and we're here because of much of the work that you've done. And we're here because of the very serious problem. I'd like to ask our Director, Grant Mickins, to open for us.

MR. MICKINS: Thank you, madam. Madam Chair and members of the Commission, the level and scope of discrimination based on AIDS has yet to be given a full voice in which all aspects of it could be addressed. The public hearings tonight are designed to ascertain the extent and focus of AIDS and ARC (AIDS-related conditions) based discrimination in order to determine the needs of the persons, as well as institutions facing these problems of discrimination and to recommend establishment of ameliorative remedies.

The hearings will also serve to educate the public on AIDS/ARC discrimination and promulgate recommendations, proposed legislation or program development, or additional funding and staffing to combat the problem areas. An
increasing number of people are experiencing the devastating effects of AIDS discrimination. In myriad cases, we have discovered at the Human Rights Commission that it's adding a tremendous hardship to many people who are already coping with a very unbearable burden. It's only through, we feel, enjoining our own efforts that we can help put an end to the horrors that this form of discrimination seems to be creating for those who are suffering from the conditions that we now face.

Consequently, Madam Chair, members of the Commission and public, we are pleased to have you come here in order that we may now begin to document what is the first public record of what exists in this City and County of the AIDS/ARC discrimination within the City and County of San Francisco. Thank you.

CHAIRPERSON SOLER: Thank you very much, Mr. Mickins. We will spend tonight going over the overview, employment discrimination, public accommodation issues, corrections, insurance and the underserved populations. We have very carefully allotted a specific amount of time for each of these areas. We will attempt to hear everyone who would like to testify to the best that we are able to do that. We ask, in doing that, that you understand that there are a lot of people who would like to be heard and that we'd like you to keep your comments to three minutes. We'd
also like you to take advantage of submitting written testimony to us to become a part of our written record by February 12th.

Without taking up any more time, I'd like to start the public hearing with the Overview section and turn it over to Jackie Winnow, who is the Coordinator of the Gay/Lesbian Services. She is also the first one to testify.

MS. WINNOW: So, can I testify from here, or do I have to get up?

CHAIRPERSON SOLER: It would probably be easier if you got up.

MS. WINNOW: Interesting to be on the other side. For the record, I'd like to say good evening. My name is Jackie Winnow, and I'm the Lesbian/Gay Liaison with the Human Rights Commission and Coordinator of the public hearings. Everybody here tonight is going to have to take an oath that they're telling the truth. So I will do that, too.

I swear to tell the truth, the whole truth, and nothing but the truth.

(Hereinafter referred to in transcript as (SWORN).

MS. WINNOW: Discrimination in all its forms is damaging and devastating. But with AIDS/ARC discrimination, you are also dealing with people facing
serious life-threatening illnesses. We are talking about very sick people being thrown out of their apartments, becoming totally dis-orientated and dejected. We're talking about people able to work, but being denied work and those that need some reasonable accommodations, denied even that.

And we're talking about people being fired from their jobs because their friends died of AIDS. We're talking about people denied services in restaurants, dental clinics and by private dentists and, in some cases, MUNI bus passes/transfers. We're talking about a mother coming to our office crying, that even to the grave, her son was discriminated against. There's a mortuary service who refused her son and the body was delivered straight from the hospital to the cemetery.

We're talking about third world people not getting the education they need to combat this disease; and the women and prostitutes being singled out as carriers when they're more nearly the ones who get the disease. We're talking about children denied an education with services; we're talking about people who have AIDS being denied services in drug rehabilitation centers and shelters for the homeless. We're talking about people with ARC being denied the recognition of their disability by the government, the social service agencies, and the general public.
We're talking about gay people being blamed for this disease and increased homophobia and anti-gay violence. We're talking about people that society has generally wished to discard, being not denied the research, the medical and social services those families seem to take for granted if this were an illness more nearly affecting them.

We're talking about political gain and public hysteria wanting to sweep people into camps, lists, tattoos and quarantine. So, when we're talking about AIDS/ARC discrimination, we're talking about people. People facing a particularly virulent form of discrimination. The way they're treated speaks about the human condition and not in a very encouraging humane way.

What we need to do with these historic public hearings -- the first of their kind -- is to turn this around to say that none of us will turn our backs on people with AIDS/ARC, but we will embrace each other like sisters and brothers, treat each others with dignity and respect that we all deserve as human beings, and diligently fight for the rights of those being discriminated against due to AIDS. Thank you.

COMMISSIONER MORRISSEY: May I say something? I find from my vantage point that the microphone distorts your voice. So I had difficulty hearing you. I don't
know whether that's true of the rest of the you in the room or not.

CHAIRPERSON SOLER: Well, let me find out. Can you all hear back there? Okay, then I think we're okay. Thank you for asking that question.

MS. WINNOW: Maybe we should stand further away.

COMMISSIONER MORRISSEY: I think so.

MS. WINNOW: The next person to speak is Benjamin Schatz from the National Gay Rights Advocates.

MR. SCHATZ: (SWORN) My name is Benjamin Schatz. I am the director of the AIDS Civil Rights Project of National Gay Rights Advocates. For your information, we are a public interest law firm that works to defend the rights of lesbians and gay men throughout the country. As my title implies, I work exclusively on AIDS and ARC-related discrimination cases around the country.

Now, everyone here has heard of Kaposi's-Sarcoma. Everyone's heard of Pneumocystis. But I'm here to say that AIDS hysteria and homophobia are two of the most deadly opportunistic infections associated with AIDS. The AIDS legal crisis is a crucial part of the AIDS medical crisis and cannot be separated. The disease of bigotry is inherently related to the disease of AIDS.

I'm going to try to tell you, since I only have a few minutes, just what I've encountered in the last week
the people I've spoken to in the last week. I spoke to a gay man from Chicago, a man who is perfectly healthy who is being told that he cannot visit his children from a former marriage until he takes the HTLV-III antibody test. This was told him by a judge. We've agreed to represent him.

I spoke to a man from rural Indiana, who took the HTLV-III antibody test with his private physician and the physician, for no apparent reason, called his sister and told her that he had tested positive. And now the sister will have nothing to do with him because she is afraid that her children will catch AIDS from him. And we've agreed to represent him.

I spoke to a mother of a San Jose man with AIDS who was horribly abused in a public hospital. He was straitjacketed; he was operated on without permission; he was not bathed; his food was left outside the door. We have agreed to represent him.

We were confronted in the last couple days with the possibility of immigration laws preventing people with AIDS from entering the country; therefore, denying them the same treatment that people who had the opportunity to go to France to get treatment there. We also have the possibility of people being excluded from citizenship in the United States if they test HTLV-III antibody positive.

I spoke to a man from San Francisco, who was turned
down for his insurance because he's a single male in the
correct profession. This week, I spoke to a man from Southern
California who was fired from his job and not permitted
even to enter the property because he has AIDS. I spoke
with a man in San Francisco who now is not allowed to sell
his house without disclosing to potential buyers that he
has AIDS. I spoke with people in Indianapolis and Ohio
who are confronting local AIDS quarantine proposals.

I wish I had more time to talk. But, it's clear
from these few minutes that we must stop the spread of
bigotry associated with AIDS. Unfortunately, ignorance
is casually transmissible. Fortunately, however, so is
reason and education. Thank you.

CHAIRPERSON SOLE: Wait one second. Maybe some
commissioners would like to ask you a question.
Commissioner Morrissey.

COMMISSIONER MORRISSEY: You gave us several
instances. In only one case did you mention a San Francisco
man. Does that mean that the others that you're talking
about were instances that occurred outside of San
Francisco?

MR. SCHATZ: No, several of these were in San
Francisco, several were not. We have a national scope, so
we get calls from around the country. But, believe me,
I'm more than busy with the calls from San Francisco.
COMMISSIONER MORRISSEY: The reason I ask is our principal jurisdiction, our only jurisdiction is San Francisco. So that's why we would like, at least I would like, to have the witnesses talk about San Francisco.

MR. SCHATZ: Okay. I think I can tell you that the complaints I'm getting from other parts of the country are situations that are occurring in San Francisco. I wanted to talk about people as specific people and not abstract them.

CHAIRPERSON SOLER: Are there any other questions? Was the public hospital you mentioned a San Francisco one?

MR. SCHATZ: No.

CHAIRPERSON SOLER: Thank you very much. I also would like to mention that, in keeping with the three minutes, you might hear a bell. Gail Roberts, who is a staffperson of the San Francisco Human Rights Commission, has a difficult task tonight. So, if you hear it, the three minutes are up. So, it's a hard task, and let's try to cooperate with her. Our next speaker, please.

MS. WINNOW: Our next speaker is John Lorenzini. He's representing People With AIDS-San Francisco.

MR. LORENZINI: My name is John Lorenzini, and I'm the Director of People With AIDS-San Francisco. I wanted to point out that even though we see discrimination and problems with people who have been directly labelled with
the diagnosis of AIDS, that on the same basis, we have found that there's basically the AIDS services are finding that there is a problem with services for people who are not necessarily so labelled.

The Centers For Disease Control (CDC) has defined AIDS, and has based it on a secondary infection and not on the fact of the deadly problems associated with the virus itself. The medical community and all of the AIDS services have followed, resulting in some very gross abuse.

Some people who have had serious health problems, the medical community is unable to find or identify the health problems that are associated with their AIDS-related conditions and are, in fact, receiving no treatment. Some of them are even being denied any ability to benefits including social security and state disability. Also, in the same token, many of these people who are in the AIDS-related complex also receive very little, if any, social service funding. Many of them are obligated to live on only around $250 per month provided by the City's G.A. funding.

Many of these people are provided with minimal housing or none at all. Many of these AIDS services are basically focused and obligated to provide these services strictly on the basis of the AIDS diagnosis. Many incidents, such as Oscar, who was diagnosed in New York
City and has been unable to receive his records from New York City, is unable to receive emergency housing or housing through Shanti. Gary, who is ARC, is basically having problems getting any kind of medical care even though he is very seriously ill. Jimmy, my own lover, who is now at this very present time, in the East Bay receiving support through a support services that he is not able to find successfully here in San Francisco.

Secondly, I would also like to indicate that with more and more AIDS service organizations being established, that this, too, is indicative of a serious problem that we have in the community. Many of the AIDS organizations that we have are very rigidly defined and, in so doing, many people are lost in the confusion and in the cracks between the variety of AIDS service organizations that we have.

At present, we have an excess of ten organizations providing everything from education to housing for family members of people who have been diagnosed with AIDS. Some of these are such as: the educational responsibility that we afford to the San Francisco AIDS Foundation, we also now have other educational organizations such as Stop AIDS, the AIDS Health Project, and many more. This to me is an indication of a problem that our services are continuing to be too narrowly focused so that more organizations are
going to be forming constantly.

Third, as the AIDS disease continues to spread and even as the gay community has responded, many of the other communities have not. We have a serious problem with the intravenous drug community; and even at the present time, as the statistics are low, they will become increasingly higher and more serious in our Bay Area. And as so, I need to be concerned about those people; and the third world people, the people who have English as a secondary language, I'm very seriously concerned that those people will be our future candidates for AIDS more so than the gay community. I want to know what community services are ready to, and are capable of providing for these services. Thank you.

CHAIRPERSON SOLER: Thank you. Please don't go away, we have several questions. Commissioner Wade.

COMMISSIONER WADE: You mentioned that someone in the East Bay was receiving services. I'd like you to....

MR. LORENZINI: No, No. I'm sorry. They are living in San Francisco.

COMMISSIONER WADE: Let me finish the question, okay.

MR. LORENZINI: I'm sorry.

COMMISSIONER WADE: What I'm interested in is what you mentioned about someone not being able to receive emergency care because they have an ARCS diagnosis, and not AIDS diagnosis. Would you clarify that, please?
MR. LORENZINI: The one individual I was referring to was a person who was diagnosed in New York City. There had been concerned efforts to get his medical records to confirm his AIDS diagnosis. And in the meantime, he is now being forced to live in friends' homes without any services.

COMMISSIONER WADE: Okay, what I'd like to know is --- I was interested in the general case. Is it generally the case that someone with an ARCS diagnosis is not eligible for emergency care, whereas someone with an AIDS diagnosis is. Is that true?

MR. LORENZINI: The emergency care is short-term for a person with an AIDS-related condition. The emergency care for those people who have AIDS is much more long-term and more reliable. The housing, for instance, is two weeks only for a person with ARCS.

COMMISSIONER WADE: Okay, just a second. I think you've turned it around. You said someone with ARC (AIDS-Related Complex).

MR. LORENZINI: In other words, they are receiving two weeks' housing where somebody who is diagnosed with AIDS is receiving housing on an indefinite basis. And the individual that I was referring to, and that is associated with the East Bay, is my own lover who has an ARC diagnosis who cannot receive people with AIDS-related complex,
support meetings here in the city or is not able to chase
them down through the confusion and is now going to the
East Bay for those services, illegally -- because they're
not really qualified to serve those needs.

COMMISSIONER WADE: Okay, thank you.

CHAIRPERSON SOLER: We have a couple of other
questions. Commissioner Suncin.

COMMISSIONER SUNCIN: The last statement that you
meant, was that a form of a question to the Commission in
terms of what services are available?

MR. LORENZINI: I'm criticizing that many of the
AIDS service organizations aren't adequately supplying the
need for people who have English as a second language, or
the Third World. And I challenge that that needs to be
more thoroughly investigated, definitely.

COMMISSIONER SUNCIN: Currently, with the Community
Substance Abuse Services, there's about $400,000 that are
coming through that agency to San Francisco. It's my
understanding that it's a multi-cultural type of approach
in dealing with the Third World communities in the education
on AIDS. So, you may want to check with Wayne Clark or
Martha Henderson of Community Substance Abuse Services on
that.

MR. LORENZINI: Again, I challenge you that we have
an AIDS Foundation that's been responsible for the
education and are we now looking at another AIDS service organization to provide that education to the intravenous drug community?

COMMISSIONER SUNCIN: I don't see how that is -- that's something that needs to be looked at. I was just addressing the question.

MR. LORENZINI: Yeah. And again, I want to further use that as evidence about large organizations and somehow rigidity in the ones we have.

CHAIRPERSON SOLER: Commissioner Morrissey.

COMMISSIONER MORRISSEY: What agency is it in San Francisco that provides two weeks for ARC, and indefinite housing for AIDS? What agency is it?

MR. LORENZINI: Okay. What happens is that the San Francisco AIDS Foundation is the only one that is providing any kind of services at all for ARC on a social service basis. It is only two weeks long.

COMMISSIONER MORRISSEY: Is that a City agency?

MR. LORENZINI: Yes, it is. The Shanti Project, on the other hand, provides long-term, indefinite housing for people who have an AIDS diagnosis. So it's an overlapping service as far as housing is concerned.

COMMISSIONER MORRISSEY: And they're both funded by the City and County of San Francisco?

MR. LORENZINI: They're both funded by the City and
County of San Francisco.

CHAIRPERSON SOLER: I don't think we have any other questions. Thank you very much. We're ready for our next speaker.

MS. WINNOW: Our next speaker is Pat Norman, Department of Public Health.

CHAIRPERSON SOLER: Remember to swear yourself in.

MS. NORMAN: (SWORN) My last name is spelled Norman. Good evening and thank you for the opportunity to speak with all of you. I'm the Coordinator of Lesbian/Gay Health Services for the Department of Public Health. I also sit on the Board of the Polk Street Town Hall, which is a youth organization. I'm also involved with the Third World AIDS Advisory Task Force of San Francisco, and am also sitting on the advisory committee called Women's AIDS Network.

There are many things that are really troubling to me around the AIDS issue and discrimination. Basically, we started out on a really bad foot. I'm certain everyone realizes that by calling AIDS the "gay disease", we set a precedent for people to be misinformed and, therefore, to set up a situation in which people could not get proper services. We have already heard pretty much about the discrimination in housing, jobs and public accommodations. I'd like to focus a little bit on health care and name, specifically, a couple of hospitals that, in fact, in San
Francisco, have been brought up on charges. I think you might have already heard about some of those instances.

At Kaiser Hospital, a person was, in fact, so badly treated that he practically died in the hallway. We've had a number of complaints about that particular facility. We have gone through to try and get some of input into that institution -- not only for AIDS, but for a number of reasons. It has been, over the years, a very homophobic institution. Those kinds of complaints have also come to this Commission before. Basically, what we need to have is some kind of way of investigating, some kind of way of following through and making certain that homophobic or racist, or sexist, or classicist kinds of activity is not accepted.

The other kinds of conditions I want to talk to you about are: women, which was touched upon a little bit, in terms of what John was saying, but also just to reiterate women are 7% of the population who contract AIDS in the United States. They, for the most part, are ethnic/minority women. Actually, 78% of those people who have been identified as ethnic/minority are Black and Hispanic. They contract the disease through intravenous drug use, for the most part; or from being the sexual partners of intravenous drug users. We need to be able to be real focused in our attempt to prevent the spread of AIDS anywhere else in the
United States. At this point, it's pretty much focused on the East Coast. We know also that they're looking into other ways aside from intravenous drug use that this disease is spread.

For instance, in Belgrade, Florida -- one of the most discriminated against constituencies that you have are youth. We also know that because of the kind of contacts that people have -- sexual as well as needle-using contacts -- youth are in great jeopardy. They need to be taken care of. There are no programs in the city to take care of those people at this point, and that needs to be addressed. Thank you.

CHAIRPERSON SOLER: You will probably have some questions. I have one. You mentioned that there's several hospitals, Kaiser was one. Were there any other that you mentioned specifically?

MS. NORMAN: There are others that need to be spoken about, I think, in an advised way so that perhaps some kind of investigation can go through with that.

COMMISSIONER MORRISSEY: I wasn't sure whether you were identifying malpractice on the part of the people at Kaiser or whether you were indicating that they were discriminated and not giving service because the person had AIDS or ARC.

MS. NORMAN: Both.
COMMISSIONER MORRISSEY: Both. You also said that there were previous....

MS. NORMAN: It is my opinion that both of those possibly can be happening.

COMMISSIONER MORRISSEY: Alright. It was also your comment that there were previous complaints to this Commission. Could you identify those to the Director before you leave, so we'll have a record of those?

MS. NORMAN: Yes, I'm certain that Jackie Winnow has a record of those complaints.

COMMISSIONER MORRISSEY: Okay, thank you.

CHAIRPERSON SOLER: Is there anything you want to comment on, Jackie?

MS. WINNOW: No.

CHAIRPERSON SOLER: Are there any other questions?

Commissioner Yamakawa.

COMMISSIONER YAMAKAWA: Pat, you spoke about children not being served. What is happening to the children who are not being served? What happens to them now?

MS. NORMAN: Well, basically, there's like served and then not-served. So that what's happening. At this point, we're overlooking the problem. In many cases, there's also a great deal of problem with peri-natal transmission in other parts of the country. We need to be aware of that and begin to set up programs that are
going to be able to assist those people who might be
carrying children who are in jeopardy of contracting that
disease.

In terms of the Department of Social Services, in
terms of foster care/foster placement, there's a lot of
fear. Some of those children will not have places to go;
they can't be taken care of because people are very, very
frightened of like what would happen if they had a child
with AIDS in their home. They're also, because they're
not educated about what the issues are around AIDS, they
do not sort of fit into any programs and they won't continue
to be involved in a productive or positive, constructive
program for children or their parents under that particular
system.

COMMISSIONER YAMAKAWA: Thank you.

CHAIRPERSON SOLER: Are there any other questions?
Thank you very much.

MS. WINNOW: Before we go on, I just want to say
that anybody who intends to speak needs to fill in a card
at the registration table. So, please do so if you haven't.
In addition, Gary Woods from Bay Area Lawyers For Individual
Rights was not able to be here tonight, but he has submitted
written testimony. He has a paragraph on ARC. I don't
know if that would clear up some of the questions that
Commissioner Wade was making and Commissioner Morrissey.
So, should I read that paragraph?

CHAIRPERSON SOLER: Or just pass it out and save us some time so that we'll have an ample opportunity to hear everybody.

MS. WINNOW: The next person to speak is Paul Boneberg, and he is with the Mobilization Against AIDS.

MR. BONEBERG: (SWORN) I'm Paul Boneberg. San Francisco, having already banned discrimination against people with AIDS/ARC through City legislation, now needs to be concerned over state and federal legislation that may overturn those civil rights guarantees. I want to speak a little bit about that. I promise you I will come back to specific recommendations on what the City can do regarding it.

I want to speak specifically to the discrimination of people who are perceived to have AIDS. The most pervasive discrimination that we are going to see around the AIDS epidemic is going to be, I believe, around the issue of HTLV-III antibody testing. The most important thing to understand regarding this test is that it is not a test for AIDS. It does not say whether you have AIDS; it doesn't say whether you have ARC; it doesn't say whether you have live virus in you. All it shows is that at some point, you came in contact with the virus. Despite this, Americans are already being thrown out of the military; there're
already proposals to fire people from massive professions
such as teaching, food handlers, health professionals.
People are being removed from schools, and there are even
proposals for quarantining people on the basis of HTLV-
III positive test results.

More specifically, here in California, there's
legislation that is going to be pending, introduced by
Sen. John Doolittle. One is to test anyone who is
incarcerated in the jail for three days or more for the
HTLV-III antibody. The second is to require HTLV-III
antibody testing as a prerequisite for marriage licenses.
The third is to require testing for health professionals
when their licenses renew. His intent, as stated by his
office, is this: "We should test as many segments of the
society now, we can begin segregation later." I would
submit to you that this is a threat to the civil rights of
San Franciscans.

There is also a ballot initiative being put forward,
commonly known as the "Larucian Initiative", the intent
of which is to fire many Californians, obviously including
San Franciscans, from positions as teachers, health
professionals, and also in education.

I would urge this Commission the series of four
recommendations: (1) to oppose all mandatory HTLV-III
antibody testing; (2) to prioritize and support legislation
that would ban discrimination against people with AIDS/ARC and with people who are antibody testing, as is now being introduced in the state by Sen. Roberti, and on the federal level by Congresswoman Boxer; and (3) the documentation for discrimination to only come from very few cities in this nation. This is one. I would urge you to provide whatever funding is necessary to be able to document discrimination. It will be essential for both state and federal legislation to stop it; and (4) I would urge to begin an education campaign - citywide - which would stop the AIDS hysteria which is the root cause of discrimination against AIDS.

In the schools, education around AIDS should be mandatory. And further, I would urge you to consider public service announcements, such as Dianne Feinstein, the Mayor of the City, having dinner with a person with AIDS, saying that there is no reason to be afraid and to assure San Franciscans. Other elected officials, or prominent people might be appropriate. These four recommendations I would put forward for your consideration. Thank you.

CHAIRPERSON SOLER: Thank you very much. Don't go away, there might be some questions. Go ahead, Commissioner Morrissey.

(AUDIENCE APPLAUSE)
COMMISSIONER MORRISSEY: Do you, yourself, have any
documentation to offer the Commission?

MR. BONEBERG: There are many examples of complaints
that have come to the Mobilization. My sense was that
that would be very thoroughly addressed here, and I believe
it will be. But, no, I have not brought any at this time.
And that's not specifically the function of the
Mobilization; it's more the function, I think, of the Human
Rights Commission. I hope.

COMMISSIONER MORRISSEY: I realize that. I'm not
criticizing you, but I'm trying to search it out. That's
what I'm trying to find.

MR. BONEBERG: No, I did not come prepared to submit
any at this time, Commissioner.

CHAIRPERSON SOLER: Well, you have plenty of time
and we encourage you to do that. Any other questions?
Okay, thank you very much.

MS. WINNOW: There are two people, due to time
constraints, that have to testify now although they're not
Overview. The first person is Sheriff Michael Hennessey,
and he will speak on Correctional Institutions.

SHERIFF HENNESSEY: (SWORN) Last name spelled
Hennessey. I would like to address briefly some issues
regarding jails and corrections, in general. As you may
know, I run the county jails in San Francisco. San Francisco
has a fairly large jail system -- about 56,000 a year come
through our county jail, and we have a daily population
of about 1,600.

In the past two years, we've had first-hand
experience with AIDS and AIDS patients. We've had two
inmates die in our custody; and I've had three deputy
sheriff employees die of AIDS. We are not alone in facing
this. In Manhattan, for example, court personnel were
required to wear surgical masks and gloves when they had
an AIDS defendant. In Westchester County, New York,
corrections officials wore full-bodied quilted suits,
described as bite-proof, scratch-proof, and waterproof and
fireproof ---

(LAUGHTER)

There was one with a helmet and face shield; and I
do have documentation on this -- photos and things like
that. In Seattle, police officers asked for, and received,
a list of AIDS patients from a hospital, then posted it
in police district stations. In San Francisco, we were
asked by the Police Officers Association for a list that
we had of prisoners with AIDS. We keep no such list and,
of course, did not present that.

In our department, at least one deputy sheriff has
come to me claiming to be harassed, and I've had to transfer
him as a result. The type of harassment was mostly verbal,
although there were such things as people refusing to use
the same telephone he used, people refusing to pass keys
from another deputy to himself. This is a very difficult
issue to get a handle on and investigate when it's one
person's word against another. But there appears to be
some valid concern about this and the stress that relates
to it.

We are still struggling with the issue of whether
or not to isolate prisoners with AIDS. Some correctional
facilities do; some do not. At this point, we do not
unless it's so medically indicated. We do get complaints
from time to time about various forms of verbal harassment
of people saying things like "you deserve to die", and
things like that that prisoners tell us from time to time.

In San Diego, the Sheriff's Department issued a
Training Bulletin (of which I have a copy), that said that
the CDC guidelines indicated prisoners with AIDS should
be transported wearing disposable clothing, gloves and
surgical masks. We contacted CDC and they say they have
no such guidelines.

In Sacramento, the Sheriff's Department issued a
Training Bulletin saying that deputy sheriffs need not
offer CPR (cardiopulmonary resuscitation) to people they
believed to have AIDS. That is opposite from our written
policy and, ultimately, the Sacramento Sheriff's
Department did withdraw that bulletin. And, as Paul Boneberg just pointed out, there is now a state law being sponsored which would call for mandatory blood testing for all inmates sentenced to County Jail for three days or more and for State Prison for evidence of antibodies to the probable cause of agent of AIDS and requiring that that information be passed along to the Sheriff or to the Warden of the facility.

What is needed is education, frankly. We've tackled this in our department by developing a video training tape, using the President of our Deputy Sheriff's Association, asking questions of Dr. Paul Volberding, and that has been of help. We have also set up a Forensic AIDS Task Force to provide information.

I think it's important that this body encourage the develop of training materials for training officers and the identification of experts that can be used as resources because the question-and-answer session of any training program seems to be the most crucial when people can ask specific questions related to their job. I do have some documentation. I did not bring it with me, but I have it and I can provide it to the Commission. Thank you.

CHAIRPERSON SOLER: Thank you, Sheriff Hennessey. Are there any questions?

COMMISSIONER MORRISSEY: I have one question. You
indicated that you do not segregate the people with AIDS. Then you said "unless so medically indicated".

SHERIFF HENNESSEY: Yes.

COMMISSIONER MORRISSEY: What does that mean?

SHERIFF HENNESSEY: Essentially, we do have a Prisoner Classification System and, for the most part, gay individuals (gay men, specifically), are separated from the general population, primarily for their own protection.

COMMISSIONER MORRISSEY: And that's not because of AIDS?

SHERIFF HENNESSEY: That's not because of AIDS at all. That is because gay men are oftentimes victims of assault and sexual assault in jails. When a person is in the advanced stages of AIDS and needs hospitalization, then we separate them by moving them to the hospital. But apart from that, we have no AIDS unit or AIDS wing or any other type of AIDS isolation for people who the medical people know, or we may know, has AIDS, but it does not appear to be that their health is in danger.

CHAIRPERSON SOLER: I don't think you have any other questions. Thank you very much.

SHERIFF HENNESSEY: Thank you for taking me out of turn. I appreciate it.

MS. WINNOW: The next person we have to take out of turn is Wayne Clark, and he's with the San Francisco
Department of Public Health, Community Substance Abuse Services.

MR. CLARK: (SWORN) Good evening, Commissioners. My name is Wayne Clark. Since July of 1981, the San Francisco Department of Public Health has systematically identified and recorded cases of AIDS among county residents. While the growth of intravenous user cases has been dramatic in New York and New Jersey, San Francisco has not as yet experienced this tragic phenomenon. Of all AIDS cases reported to date, seven-tenths of one percent have been heterosexual needle users (11 out of 1,568).

Yet, several research studies have shown that 10% of the end treatment needle-using population in San Francisco is seropositive. This compares with 80% on the East Coast. It has been suggested that 1,200 of the 12,000 needle-users in San Francisco are infected, 200 of whom are in treatment programs. An indeterminant number of these seropositives will go on to develop AIDS, the most current estimates being that 10% will develop AIDS and an additional 30% will develop ARC.

Continued needle-sharing and poor health practices could certainly increase these estimates for the needle-using population. Other relevant statistical information I'd like to bring to your attention includes the following: 13% of homosexual AIDS cases also had a history of

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intravenous drug use (206 out of 1,531); 80% of the 11 heterosexual intravenous drug user AIDS cases in San Francisco are Black and Latino. This disproportionate prevalence is reflected in the New York and New Jersey experience.

I bring this data to your attention today because as the Director of Community Substance Abuse Service, we are extremely concerned that the next vector of the AIDS epidemic is going to hit minorities, drug abusers and potentially the mentally ill. We feel that the stigmas associated with AIDS/ARC have been described already. Attached to the stigma is associated with being a Black and Latino, a drug abuser are going to create dramatic human rights issues.

San Francisco basically identifies three types of substance abusing AIDS populations: 1) the intravenous drug user who is a heroin addict; (2) the intravenous drug abuser who is a stimulant abuser; and 3) the substance abusers who continue to practice unsafe sex while under the influence of substances. We feel that these populations essentially spread the gamut of the minorities and people in San Francisco, and we have to and we are in the process of trying to contain this epidemic, and have recently applied for, and received $400,000 from the State Department of Health Services to provide residential de-
toxification, outpatient detoxification, outpatient
counselling, multi-cultural consultation for agencies to
better inform them about the spread of AIDS in minority
communities, and also innovative, outreach activities
which are culturally specific. We feel that there has been
a great deal of knowledge learned regarding the spread of
unsafe sex and the spread of AIDS, and we feel that we need
to have very dramatic, innovative approaches to look at
the populations that I have described already. Thank you
very much.

CHAIRPERSON SOLER: You will probably have some
questions. I have one question, which is you talked about
how San Francisco significantly differs from New York in
terms of the number of intravenous users who are also AIDS
patients. Could you speak a little bit to that and, what
in your mind, accounts for these differences?

MR. CLARK: Well, it's difficult to determine whether
they've gotten a head start, but there was a 10% seropositive rate in New York City and New Jersey in 1980
when they did respective blood samples on clients in
treatment. Now, they're talking of an 80% seropositive
rate. All they're saying to us right now is "you folks may
be five years behind us; and unless you do something
dramatically, you are going to have the same prevalence
rates among your treatment populations and among your
intravenous drug users."

There is some debate about the different needle practices that exist on the East Coast as opposed to the West Coast. There're more shooting galleries in New York and New Jersey than there are in San Francisco. Some of the preliminary data, ethnographic data that we've seen indicate that a person sharing needles will maybe have two needles: one for his own personal use, and one for his friends. They're no longer his friends if he's sharing needles and potentially sharing the HTLV virus.

CHAIRPERSON SOLER: One other question. You talked at the end about some innovative educational programs, and you talked about receiving $400,000. Could you be a little more specific about what those innovative programs are going to be?

MR. CLARK: We are, at this point in time, reviewing nine proposals that have been submitted to the Department of Public Health which we are going to be especially looking to outreach into the minority communities and the intravenous drug-using communities that get the message across. Frequently, we're dealing with potential illiteracy. So if you have a written message, it might be either in the wrong language or it might not be able to be read. We need to look at, as I mentioned, a variety of multi-cultural innovations to get to a fairly resistant
treatment population of drug abusers and in an effective way.

CHAIRPERSON SOLER: Are there other questions?
Jackie Winnow.

MS. WINNOW: I have a question. There's some concern in the gay community about where the $400,000 is going, and covering of lesbian and gay services. As I understand it, in San Francisco, 97% of the people who have AIDS are gay people. I would suppose that a high proportion of those people in San Francisco who use drugs and get AIDS are also people who are gay. Could you please tell us how much of the $400,000 will be going to the gay community?

MR. CLARK: I can't at this point in time. We have not set the funding levels for the specific services. The Request For Proposal that was sent out, though, did speak to residential de-toxification, which primarily will deal with persons with AIDS/ARCS, which as you mentioned 97-98% are gay men. Also, the intravenous stimulant user, which we're looking at -- the drug patterns of gay men is that they're shooting up stimulants, rather than heroin or other opiates that there is a significant percentage of the monies that are set aside for those. We haven't made any determination on the actual funding, but we have tried to make sure that there's a balance between those people that have a high prevalence rate of AIDS/ARC, or
are seropositive and those that are potentially very high at risk, and those are the intravenous needle users and other substance abusers that are practicing unsafe sex.

CHAIRPERSON SOLER: We have one more question.

COMMISSIONER MORRISSEY: What do you mean when you say "shooting up stimulants"? What does that mean?

MR. CLARK: Amphetamines, cocaine, intravenous drug use as the interpretative -- shooting in their veins with needles.

COMMISSIONER MORRISSEY: I know, but is it that stimulants is a particular type of drug....

MR. CLARK: Stimulants is a type of category that is broad enough to include -- amphetamines, methamphetamine and cocaine, which is also considered a stimulant, as opposed to an opiate which is like heroin or other drugs like that.

CHAIRPERSON SOLER: We have one last question. Commissioner Yamakawa.

COMMISSIONER YAMAKAWA: In some of the newspaper articles, I'm seeing reference to "poppers". Are you able to comment on that?

MR. CLARK: Well with that, there's also been some discussion and we've advocated with the Department of Health Services that they be regulated very strongly that the link between Kaposi's Sarcoma and poppers has been
made basically retrospectively. When we look at outreach in the community, it's to get the word out and educate people that using poppers primarily during anal intercourse is extremely dangerous, especially if there're unsafe sex practices.

COMMISSIONER YAMAKAWA: Thank you.

CHAIRPERSON SOLER: Thank you very much, Dr. Clark. Okay.

MS. WINNOW: We have two people left in the Overview section, and then we'll be going on to Employment. The next person to speak is Peter Fowler, National Gay and Lesbian Task Force. Could you please spell your name and take the oath when you get up to speak? Thank you.

MR. FOWLER: (SWORN) My name is Peter Fowler. I'm co-chair of the Board of Directors of the National Gay and Lesbian Task Force. Thank you for the opportunity to testify this evening regarding the experiences the task force has had in dealing with the federal government in the hope that our experience on the national will provide some useful insights with the local situation here in San Francisco.

Founded in 1973, the task force is the oldest and largest gay rights lobbying organization in the country. Over the past 13 years we've concentrated our attention lobbying the federal government on issues of concern to
the national gay and lesbian community, and in educating
the federal bureaucracy of the existence and needs of
lesbians and gay men.

The federal government response to AIDS has been
slow and often disappointing and homophobic. But we have
managed to get a federal bureaucracy to respond. The prime
element of this was, perhaps, in congressional funding for
AIDS research in excess of the administration's budget
request. But there's others, perhaps less visible, but
important areas of success. Chief among those was the
task force success in getting the Food and Drug
Administration's cautionary labelling on the HTLV-III AIDS
antibody test that it is inappropriate to use the test as
a screen for AIDS or as a screen for members of groups
that increased risk for AIDS in the general population.

Currently, the task force is working to obtain a
ruling from the Department of Health & Human Services'
(HHS) Office of Civil Rights, declaring AIDS/ARC a handicap
under Section 504 of the Rehabilitation Act of 1973. Such
a ruling would effectively prohibit discrimination against
people with AIDS/ARC in a variety of situations under
federal law. The task force would like to see federal
regulations from HHS where any federally-funded facility
that discriminates against PWAs would be denied federal
funds much the same way as other civil rights non-
discrimination is currently enforced. States failing to
enforce non-discrimination policies would not be re-
certified for federal Medicare and Medicaid
reimbursements.

In much the same way that the task force was able
to help bring pressure on the Social Security
Administration to make AIDS a presumptive disability for
purposes of disability determinations, the task force would
encourage the San Francisco Human Rights Commission to
bring pressure on the HHS Office of Civil Rights here in
San Francisco for this district, by making sure that cases
that come to your attention that might fall under Section
504 of the Rehabilitation Act, also be brought
simultaneously before Health and Human Services for review.

The recent proposed directive of the Health and Human
Services' Secretary Bowen to the Public Health Service to
require AIDS screening of all aliens applying for visas
before entering the United States will obviously impact
on gay and lesbian aliens in San Francisco. It would be
helpful if the San Francisco Human Rights Commission would
go on record as vigorously opposed to such a use of the
HTLV-III antibody test to mass screen visa applicants.
The irony of Dr. Bowens' proposed directive is such that
a regulation would prevent aliens diagnosed with AIDS from
coming into our country for treatment, and research
purposes while other countries -- most notably France
-- have openly accepted in their hospitals and research
facilities numerous Americans seeking treatment not
generally available in the United States. The potential
for discrimination against aliens is obvious.

I'm confident that others more knowledgeable than I
will speak tonight on the threat of AIDS/ARC discrimination
in such areas as education, employment and insurance. Let
me conclude by saying that the experience of the task force
has been that the threat of civil rights and civil liberties
violations and discrimination abound when dealing with
AIDS. Only persistent education of the public and the
dissemination of information about the disease will help
alleviate the homophobia which has tragically
characterized, both public and government response. Thank
you very much.

CHAIRPERSON SOLER: Don't go way. Are there any
questions? Hearing none, thank you very much.

MR. FOWLER: Thank you.

MS. WINNOW: Our last speaker in Overview is Kanika
Ajanaku. Please spell your name and take the oath when
you come up. We're going to be on time. It's amazing.

MS. AJANAKU: (SWORN) The last name is Ajanaku.
I'd like to begin by introducing myself. I'm a member of
the All-Peoples' Congress.
I'd like to say, first of all, that the All-Peoples' Congress recognizes that the situation in other parts of the country is really not significantly different from the situation of San Francisco in terms of the crisis around AIDS/ARC. And, therefore, what's going on in other parts of the country is not at all unrelated at what's happening here in San Francisco. We'd like to also reiterate what's been previously said by speakers such as Pat Norman, that this issue is not a gay male issue. This is a problem that cuts across class lines, that cuts across ethnic lines, that cuts across gender lines, and that also cuts across sexual preference lines as well. In other words, it's a problem that has the potential to affect us all irrespective of our sexual orientation, gender, or what have you.

The All-Peoples Congress is here this evening as much, if not more so, to address our sisters and brothers in the audience as to make a statement to the members of the Human Rights Commission. We state categorically that the AIDS/ARC crisis must be viewed in the context of U.S. domestic and foreign policies. It cannot be defined as purely medical in nature. We must make the link between this country's political priorities as embodied in an outrageously, obscene Pentagon budget, and the cutting-back of monies for domestic social programs and the ever-
expanding AIDS/ARC crisis.

This is the connection that the Reagan administration, the Congress and the warmongers occupying the seats in corporate boardrooms don't want us to make. They don't want us to make this connection. But it must be made.

We have never taken one step forward without struggle, without getting ourselves organized and fighting for what we want, what we need and what we deserve. Whether it has been the fight against sexism, the fight against racism, or the fight against anti-gay, anti-lesbian bigotry, we have never advanced one inch because of the so-called goodwill of the big business interests and their servants in government. It is instead, because of the courageous actions of the participants in the AIDS/ARC vigil and the numerous marches, rallies, and demonstrations that we are even having these hearings today.

To overcome the AIDS/ARC crisis, the political crisis and the medical crisis, the All-Peoples Congress believes that we must unite with others who are today suffering cutbacks and oppression at the hands of the Reagan administration, the Congress, the governors, and the state legislators. We think that massive, nationally-coordinated demonstrations and other activities are not only possible, but essential if we are to turn this crisis...
around.

The All-Peoples Congress is doing what we can to help build a basis for these kinds of mass actions. Let's work together. Together we can win. Let us demand that the State of California, in conjunction with the United States government, launch a moonshot effort to solve the AIDS/ARC crisis. Thank you very much.

(AUDIENCE APPLAUSE)

CHAIRPERSON SOLER: Are there any questions? Hearing none, we can go on. Thank you very much.

MS. WINNOW: That concludes the Overview section. I'd like to introduce Eileen Gillis, who is my co-worker at the Human Rights Commission. Would you please spell your name and take the oath? (Laughter)

CHAIRPERSON SOLER: Eileen, before you do that, let me give the people some idea of where we are in terms of the schedule. We're now on Employment, and we will be looking at issues of Employment Discrimination from 6:30 to 7:00 p.m. At seven o'clock, we're going to take a ten-minute break. We're going to come back and continue with employment from 7:10 to 7:35. So, I turn it back to you.

MS. GILLIS: (SWORN) Commissioners, my name is Eileen Gillis. I'm the co-staffer with Jackie Winnow in the Lesbian/Gay Liaison Unit of the Human Rights Commission. What I'd like to talk about a little bit is...
employment discrimination as it relates to AIDS, as I've grown to know it and understand it in the years I've been working at the Commission.

I remember the first time I heard a gay rights attorney arguing an employment discrimination case before a jury. In her closing remarks, she said that there are two things that are most important to us as people: the right to work and the right to love. To love and to work, and to take away the right to do either is to deny our spirit, and to deny our creativity, and to deny our right to give back something to the world from which we do get much. To take work away, she went on, means more than taking away our basic ability to support ourselves. To take our work away means more than taking away our health employment insurance just when we need it the most. To take our work away means more than taking away our dignity. It's taking away our spirit.

I think most people diagnosed with AIDS/ARC want to continue working. You've heard the statistics that we've received and I want to repeat them one more time for the record. Our unit received two complaints that we investigated of AIDS-related discrimination in fiscal year '82-'83. That went up to eight in the next year, fiscal year '83-'84. In fiscal year '84-'85, we got 20 complaints; and in the first quarter of this year, we got 19 that we
investigated -- 31 so far in the first half year. About
50% of our caseload now is AIDS discrimination complaints.
Fifty percent of our cases are in employment, 30% in public
accommodations, 10% in housing, 50% of the complaints
reported are from people who have AIDS/ARC, and 50% are
from people who are just perceived as having AIDS when
they do, in fact, not have AIDS/ARC.

Because of this caseload, we've developed new
legislation that was signed into law in November 1985.
It's called Article XXXIII. It's an amendment and an
ordinance to the Police Code. It prohibits AIDS
discrimination in many areas, one of which is employment.
It also includes business, housing, testing. There are
strong sanctions against those who do discriminate.
There's injunctive remedies, three times actual damages
can be collected of no less than $1,000, costs, attorney
fees, punitive remedies.

I talked with an attorney this morning. She's from
Kansas. She said "you know, I heard about this law and
you guys aren't messing around." And I said "it's true,
I think people with AIDS/ARC don't have much time to mess
around." I went down my list of complainants -- people
who had filed AIDS bias complaints in the past few years,
and about half of them are no longer here.

I think AIDS bias takes a heavy toll on us, on our
city and on our community, and I think it strikes us all, not just people who are stricken by the illness. It hits the pregnant worker who wonders how the employer who just fired her co-worker diagnosed with AIDS, how this employer is going to treat her when it's her turn to receive some health care benefits. Is she going to be thrown out too? Or the person with cancer in the workforce, or any other person facing a life-threatening disease. It makes us all insecure about how we take care of each other.

I think that toll and the financial toll on the city is increased when employers discriminate and throw people out without continuing their medical care and insurance that they receive from work and the City must pick up that slack. I think, most of all, it affects us -- those of us who want to continue working with and supporting our brothers and our sisters who have AIDS. Discrimination robs us of each other when they're taken away from the workforce. Thank you.

CHAIRPERSON SOLER: Are there any questions?
Commissioner Lyon.

COMMISSIONER LYON: It's not a question, Eileen. But, I think you meant to say Article XXXVIII, and you said Article XXXIII.

MS. GILLIS: Thirty-three. Article XXXIII is the Gay Rights Ordinance; and Article XXXVIII is the AIDS
Discrimination. Thank you for clarifying that. Okay.

CHAIRPERSON SOLER: Thank you.

MS. WINNOW: Terryl Todd is next. And he is a complainant, somebody who has been discriminated against.

MR. TODD: (SWORN) I'm Terryl Todd. January of last year, my domestic partner of three years was diagnosed as having AIDS. I was completely responsible for him to maintain a nurse, to pay his insurance, and keep a nurse. He was unable to speak; he'd walk, get out of bed and it was very hard for me. I was able to maintain a nurse nine hours a day, which gave me a half hour to get to work.

In April, he died. When he started to go, I called into work and reported what was happening and did not return to work for the week. After coming home from his cremation services, I received a note that documented that I had been absent a certain amount of days and that vacation time would be taken from my accrued vacation and that I was denied bereavement pay because it was a friend.

Richard and my doctor wrote me a note and said this was no vacation and gave it to me saying I was under his care. I went back to work. The first thing my immediate supervisor, my employer -- the controller said was "well, I hope we can get back to work now". I presented him with a note that said that I was under the doctor's care which angered him, and he said "I am the one that allocates
bereavement, not your doctor."

I experienced a lot of dispering treatment. He administered a lot of duress on me; I was denied things like going to the Secretary State Luncheon which the entire office went to. I was the only one not there. He said that I had too much work to do. He excused me from going to that. He gave me an annual review which totally misrepresented the truth; it criticized my performance and it was not true. I asked him if he would correct that, and he said "we'll talk about it." The third time I brought it up, I went into his office and he said he wasn't going to do anything about my annual review. I said that he was rubbing Richard's death in my face. He suggested that I was fired. I knew if I walked out.... In essence, I was pressured to. He was trying to pressure me to walk out. And I didn't. So he blew up and said "I've just fired you".

I have a lot of examples and documentation of that, and when I applied for unemployment and went to the Human Rights Commission, he had put letters that were back-dated into my personnel file that were not there. I looked two days before I was fired, at the advice of the Human Rights Commission. He also, at that time, would not allow me to have a photocopy of my personnel file.

CHAIRPERSON SOLER: Are there any questions?
COMMISSIONER MORRISSEY: I take it that this is an
on-going complaint before the Commission, separate and apart from the hearing. Is that right?

CHAIRPERSON SOLER: Jackie?

MS. WINNOW: Yes.

COMMISSIONER MORRISSEY: Thank you.

CHAIRPERSON SOLER: Thank you for coming and telling us. Jackie?

MS. WINNOW: Commissioner Morrissey, when you speak, could you get a little closer to the microphone? Excuse me, could the press interview people outside the hearing room? Terry?

CHAIRPERSON SOLER: Excuse me, could we ask you a big favor? This auditorium is really close, so that when you're interviewing, it's hard to carry on. Please continue the interview, but if you could do it outside. Thank you.

MS. WINNOW: Alayne MacArthur, with the Civil Service Commission.

MS. MacARTHUR: (SWORN) My name is Alayne MacArthur. I'm an Affirmative Action Specialist for the Equal Employment Opportunity Unit of the Civil Service Commission. I'm here to speak about discrimination in City employment. Civil Service Commission Rule 1.03-F prohibits discrimination in city employment, including all factors and terms of conditions of employment on a variety of bases, including medical condition and sexual
orientation. Rule 1.03-F covers only individuals who are employed by the City and County of San Francisco in any of the departments or work units of the City and County of San Francisco. Under Rule 1.03-F, AIDS/ARC are considered medical conditions.

The rule provides the mechanism for individuals to bring complaints of discrimination and invest in the Civil Service Commission EEO Unit the authority to investigate and resolve such complaints. Where there is sufficient evidence to conclude that discrimination has occurred, the Civil Service Commission, through its designee, the Discrimination Complaint Hearing Panel has the authority under the charter of the City and County of San Francisco to order and enforce a remedy. Generally, this is a make-whole remedy -- make-whole, whatever the person has lost, they can recover.

On January 3, 1985, John Walsh, the General Manager of the Civil Service Commission, issued a policy letter which stated that a co-worker's refusal to work with an AIDS victim can be considered insubordination, and if other co-workers refused to work simply because of the presence of an AIDS victim, they are subject to due process disciplinary procedures. So, this policy letter set out the disciplinary actions to be taken against someone who refuses to work with someone with AIDS. Also, Article

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XXXVIII, also known as the AIDS Ordinance, covers employers in the City and County of San Francisco and the City of San Francisco as an employer and is therefore covered by all those prohibitions.

The EEO Unit has not yet received any complaints from City employees alleging discrimination on the basis of actually having AIDS/ARC. More commonly, the EEO Unit receives complaints from gay employees who, because of their sexual orientation, are perceived by co-workers, supervisors, etc. to have AIDS or the potential for having AIDS. These complaints are filed not under the basis of a medical condition but sexual orientation.

It is our experience from the complaints we have seen so far, that there is greater incidence and probability of allegations of discrimination on the basis of sexual orientation due to the commonly-held perception that gays are more at risk to contract AIDS/ARC than any other group of people. These are the complaints we've seen so far.

The EEO Unit feels that education is the most important approach to take. In that regard, we have sponsored a number of presentations and educational programs for departmental personnel officers, supervisors, and their staffs in how to deal with employees who have AIDS and also appropriate disciplinary measures to take against workers who don't want to work with people who
have AIDS. I'll be glad to answer any questions.

CHAIRPERSON SOLER: How many complaints have you received?

MS. MacARTHUR: We've received about ten in the past two months.

CHAIRPERSON SOLER: The other question is that Policy Statement is a strong statement. Has it been distributed and to whom?

MS. MacARTHUR: It's been distributed to all departments, 26 different departments in the CSC. To my knowledge, it has been used less than five times.

CHAIRPERSON SOLER: Part of the reason for the question is, if it just went to department heads the rest of the people who are personnel may not know that this is the policy. I think that it would be really important with such a strong statement to distribute it so that everybody whose an employee of the City and County of San Francisco knows that there's that policy. Otherwise, it's really a departmental policy.

MS. MacARTHUR: Generally, it's done through the departmental personnel officers who will filter it down through their supervisory levels, safety meetings, unions involved. Your suggestion is a good one, and I'll take it back to Sylvia Jacobsen.

CHAIRPERSON SOLER: I also happen to be a city and
county employee, and learned about this policy in my packet. So, I think that I'm not an unusual character in this regard. So, I'd like to urge you to make sure that everybody has a copy of that.

MS. WINNOW: Any other questions?

CHAIRPERSON SOLER: Commissioner Yamakawa.

COMMISSIONER YAMAKAWA: I know that there are only ten complaints you've seen and there are probably five times as many City departments. But, are you seeing any incidents of any of these coming from any particular department?

MS. MacARTHUR: Yes.

COMMISSIONER YAMAKAWA: Could you state the department?

MS. MacARTHUR: From the San Francisco General Hospital, some of those are well publicized -- both heterosexual and homosexual complaints about AIDS. And then, the Police Department and, of course, the Sheriff’s Department, which Sheriff Hennessey has already spoken to or alluded to.

COMMISSIONER YAMAKAWA: Thank you.

MS. MacARTHUR: You're welcome.

COMMISSIONER MORRISSEY: Could I ask you a question? What is the nature of the complaints? Are they that the people feel they are at risk being with somebody who they
think may have AIDS? Is that it?

MS. MacARTHUR: Well, we see both sides. We see heterosexual employees complaining that they don't feel that they should have to work with AIDS patients or that they should have to work with other employees who have AIDS; that this is a harassment of them; that this is a denial of their sexual orientation, or their sexual preference as heterosexuals. We see complaints from gay individuals who are being sometimes harassed because, not so much that they have AIDS; in fact, none of them have AIDS. It's just a perception that because they're gay, they could have AIDS. Harassment, work condition types of complaints, shift assignments, work assignments, the way they are treated differently on the job and their co-workers.

COMMISSIONER MORRISSEY: But, none of these complaints are governed by Mr. Walsh's statement. Is that right?

MS. MacARTHUR: These complaints are if they refuse to work. The policy letter covers refusal to work with a co-worker who has AIDS, or refusal to work in the presence of someone who has AIDS, and that's what Mr. Walsh...

COMMISSIONER MORRISSEY: So, despite the fact that he issued the statement, they're still making complaints that are at odds with this statement?
MS. MacARTHUR: Sure people are, yes.

COMMISSIONER MORRISSEY: Is that right? It does seem as though the statement hasn't gotten around, doesn't it?

MS. MacARTHUR: Yeah, I think that the problem with the enforcement of the policy is that sometimes what we confront is the opposite thing -- that's my right. So, there's a concern about both sides' rights. The circulation of the policy depends in large part with the departmental personnel officers and the department heads. A lot of policies go out, and what we try to do is encourage the department heads as Ms. Soler has stated, to issue the policy on down the ranks. A lot of the resistance and I'm not going to say a lot of the discrimination is not just with co-workers. There's still a lot of education to be done at the departmental head level. And a lot of education to be done all through the ranks, I think, of city employees.

CHAIRPERSON SOLER: I think that's one thing, though, that we could assist in promulgating. We'd be delighted.

MS. MacARTHUR: It would really be appreciated.

COMMISSIONER WADE: Well, I do want to reinforce what you just said because I think that's critical that a policy statement alone is not sufficient. Without concurrent education, it's almost meaningless.

MS. MacARTHUR: Right. And I did a little survey
before I came here to speak about what kinds of education
City departments had had, and I would echo some of the
comments that the gentleman before said -- a lack of
coordination in the community and I think, among employers
whether you are a public employer or a private employer
that perhaps some way the Human Rights Commission can
help us is to better coordinate the educational efforts
and put more resources in our hands.

CHAIRPERSON SOLER: Thank you very much.

MS. MacARTHUR: You're welcome.

MS. WINNOW: I also think that it's the job of the
Department of Public Health to do that as well.

CHAIRPERSON SOLER: To do what?

MS. WINNOW: To do that as well. No, I was just
thinking out loud. (Laughter) The next person to speak
is Nancy L. Merritt with Bank of America. Could you please
spell your name and take the oath? Thank you.

MS. MERRITT: (SWORN) My name is Nancy L. Merritt.
I think you've probably received the entire package. Okay.
Since I only have three minutes rather than eight, I'll
just kind of go through the first part of it and certainly
answer any questions that you have.

I am the Manager and Vice-President/Program Manager
of Personnel Relations. I have been involved in the
development and implementation of our strategy that
addresses life-threatening illnesses that include AIDS, and that's what I will be talking to you about today.

Bank America's corporate culture stresses respect for our employees and a sincere interest in understanding their current and potential needs. We want to, as possible, anticipate and plan for situations that could impact employees in the workplace. Consistent with this, we developed in mid-May 1983 guidelines to address AIDS-related issues that might come up in the workplace. In mid-1985, I brought a group together that really represents the different disciplines within the human resources function to relook at this strategy. I felt it was important to involve myself in personnel relations as well as representatives from our corporate health groups -- Benefits Planning, Benefits Administration, and our Legal Department to look at the complexities of dealing with AIDS as well as other life-threatening illnesses. We determined that we wanted a very visible policy that addresses what we consider our corporate responsibility -- that of education and information for all employees, as well as individual support that may be necessary in specific cases.

As a part of our strategy, our policy, assisting employees with life-threatening illnesses and guidelines for its use, has been distributed to all managers within
Bank of America. To provide educational information to all employees we have published an article in our employee newsletter that addresses the disease of AIDS, includes information for employees on our policy, and conveys information on the support that employees can access through personnel relations, corporate health or in the community; and very much like the issue you talked about in the government, getting a policy out to employees -- 87,000 of them -- is the same kind of issue which is why we like to kind of do the Anvil approach. We have managers have the information as well as employees so that they can agitate and make sure they get all the answers from both sides. So, that's why we had it in the employee newsletter as well. And, employees certainly are not shy from asking questions and we try to make it open for them to do that of ourselves, as well as managers.

More extensive training, besides the article and information in the newsletter, was provided to specific groups within the Bank of America Human Resources function. Also, a resource center in corporate health was set up for employees, human resources professionals and managers; and it was expanded to include more information on AIDS and other life-threatening illnesses. Additional community resources were identified. The Bank of America Medical Plan was also reviewed and changes already approved for
1986 provided coverage for areas such as home care and hospice that are especially relevant to life-threatening illnesses.

One of our concerns continues to be because this is our Bank of America Medical Plan. But we also have HMO coverage and probably about 40 percent of our employees choose HMOs and they all don't have the hospice and health care issues covered. So, we're now working to try to get some kind of roster that talks about where we can get home care and hospice services for employees.

That was my timer, I suppose. As you'll find in the packet then is our specific policy, which is probably is the most relevant part. Let me just read maybe the paragraph, because I think that's important for everyone to hear. Our policy assisting employees with life-threatening illnesses states that:

"The Bank of America recognizes that employees with life-threatening illnesses including but not limited to cancer, heart disease, and AIDS may wish to continue to engage in as many of their normal pursuits as their condition allows, including work. As long as these employees are able to meet acceptable performance standards, and medical evidence indicates that their conditions are not a threat to themselves or others, managers should be sensitive to their conditions and ensure that they are treated consistently with other employees. At the same time, Bank of America has an obligation to provide a safe work environment for all employees and our customers. Every precaution should be taken to ensure that an employee's health does not present a health and/or safety threat to other employees or customers."
And then it goes on and just talks about the kinds of resources that we allow, and make available for employees and co-workers who may be interested in those. I'm certainly glad to take any questions.

COMMISSIONER MORRISSEY: Question. You heard the statement as to the policy of the Civil Service director, Mr. Walsh?

MS. MERRITT: No.

COMMISSIONER MORRISSEY: Well, I'll ask you a question then. What is the policy with reference to whether or not AIDS is a health-threatening to the environment? In other words, suppose a Bank of America employee says that he or she does not want to work in close proximity to somebody whom he or she says is likely to have AIDS? What is your policy in that respect?

MS. MERRITT: Our policy is we do not see any evidence that shows it's a contagious issue. So that employee needs to maintain their worksite situation, and work with the employee with AIDS. If we find an employee ... and this we've been very fortunate in that we have found support from employees with AIDS in the organization, not the other situation, gladly. What we will do in that situation if it does come up, and I think we may find it an issue more in, say an individual who is pregnant. That was something that was mentioned here. We have had a situation where
an employee says "I don't want to work with him, and this is why. I'm pregnant; it's not just me, it's my child."

So we've sat down with that person and just explained what we know about the condition, gotten them more information because usually, again, as you've said the panic is more misinformation. And we say "this is your option. This is the job we have for you", and have them continue working at that.

If it continues to be a problem, and maybe it's a problem for and it hasn't happened, but maybe it could come as a problem for the employee themselves who maybe has come out to tell their employees that they have AIDS because certainly we'd protect the confidentiality of that then, again, we try to work with that employee in that situation and since it's uncomfortable for them, we would look to a transfer for the employee with AIDS.

But as you read the papers too, and the different things going on, BoA and downsizing, we don't have a lot of transfer opportunities either right now. But our position, if it came push-to-shove, we would consider it job abandonment if somebody would not work with the employee with AIDS if we can't find a reasonable accommodation for them in another transfer situation.

Again, we're just going on what the medical evidence is showing us as we would in any other kind of medical
condition. And we're saying we're not putting them at risk, because that's what employers have to weigh the balance of. We've got the obligation to provide a safe work environment, as well as giving people the opportunity to work without discriminatory practices. I hope that gets at what your question. You seem to still have a question.

COMMISSIONER MORRISSEY: Well, I don't want to prolong the discussion. Thank you.

CHAIRPERSON SOLER: Are there other questions?

COMMISSIONER WADE: You mentioned in your statement that BoA has been sharing your Policy Statement, in the article, with other organizations. What has the response been with other corporate entities?

MS. MERRITT: It's been very interesting. I've been all the way from talk shows in New York to tele-conferencing I'll be doing in Washington, D.C. in March. It's kind of a West Coast phenomenon that we're even addressing the issue.

And, to show you an example, our Bank of America policy is in a publication for the American Management Association which is a very conservative business group. They just wanted an example of an organization that addressed it. I don't think we're alone in the Bay Area. In fact, we're working, as you can see in the report, with
a Business Leadership Task Force, which is a group of the 15 major employers in the city, putting together a conference to help other employers look at their strategy and the implementation of policy regarding AIDS -- how do you deal with AIDS in the workplace, issues in working with the San Francisco AIDS Foundation to put materials together, i.e. film, leaders guide, as well as brochures from employers to be able to use in the workplace.

But West Coast, it's not as surprising we're working together; East Coast and mid-West, I get calls from employers who can't even say AIDS over the phone. They kind of almost spell it out to me and I kind of have to play a guessing-game in terms of how to deal with situations, i.e. "I've got an employee at home, what do I do now? I don't want to bring him back to the worksite." So, I think we're fortunate in the city we're in and the response that we're getting from the business community as I know it. But certainly, I'll be hearing of more situations where it's not that way.

COMMISSIONER WADE: Have you had any complaints from employees who are complaining of harassment or discrimination related to AIDS?

MS. MERRITT: Not coming to me. In fact, one of our employees is in the Examiner, I guess it was last Sunday -- Bob Thompson, saying what good treatment he's had within
Bank of America. From my standpoint, I always breathe a sigh of relief because you never know the policies you've set that are out there and if they're being practiced. And, I've talked to him since and the co-workers are very receptive. We've had co-workers taking collections for employees when they have a hard time financially.

Again, I haven't seen the ugly side of it to this point, not saying that that's not going to come down the line, but we're trying to face it at the front-end with the information. We deal with situations as they come up and try to have the education available and ready and train our managers in that. Any other question?

CHAIRPERSON SOLER: Thank you very much. I don't hear any more questions. Thank you. We are on schedule; we'll take a break. But before we do that, I want to thank our signer, John McBride. (Applause) We'll take a ten-minute break.

(Thereupon the public hearing of the San Francisco Human Rights Commission was adjourned for a ten-minute recess at 7:00 p.m.)

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EVENING SESSION

CHAIRPERSON SOLER: We'd like to get started.

MS. WINNOW: The next person to speak is Chris Redburn from the Employment Law Center. Could you please come up and spell your name, and take the oath. Thank you very much.

MR. REDBURN: (SWORN) I'm Chris Redburn and I am a staff attorney with the Employment Law Center -- a project of the Legal Aid Society of San Francisco. I'm a project director of the AIDS and Employment Project at the center. The project provides assistance to attorneys and other support for laws and regulations against discrimination against people with AIDS. We also write pamphlets and provide other kinds of technical assistance.

Since the Employment Law Center testified in support of passage of the AIDS Discrimination Ordinance in October, there have been several important developments regarding AIDS and employment. The ordinance was passed and now provides an effective remedy for dealing with AIDS-based discrimination and employment. The provisions for triple damages, punitive damages and attorneys' fees should assure that the resources of the private Bar will be available for pursuing cases of discrimination. The publicity caused by the consideration and passage of the ordinance has had
the affect of sensitizing employers to the issue. This is significant beyond San Francisco since this city is a corporate headquarters for many businesses; and corporate policy set here is often carried through to branch offices elsewhere.

Another important development has been the publication of Guidelines for AIDS in the Workplace by the Centers For Disease Control. Those guidelines, issued in November, establish conclusively that AIDS is not contagious in the work setting. Legally, it appears that AIDS/ARC will be afforded the protection of State law and regulation of the Fair Employment and Housing Commission, which prohibit discrimination on the basis of handicap or disability.

Recently an administrative hearing in a Florida county found that an employee with AIDS was protected by that state's laws prohibiting employment discrimination based on disability. A similar case has been heard in California, and a decision is expected soon.

The importance of having AIDS covered under laws prohibiting discrimination on the basis of disability is that court interpretations of the regulations establish important guidelines for hiring, retaining and promoting workers with disabilities. For instance, medical assessment for employment is to be geared to determining
a person's functional abilities to perform a certain job. It used to be a common practice to use employment medical screening to determine the existence of any physical condition that could indicate a future risk of disability. This is now a practice that would be illegal under current law.

Medical tests, such as the AIDS antibody test, that only indicate an increased risk rather than functional impairment are illegal, as are categorical exclusions of certain medical conditions unless they are job-related. The effect of Fair Employment and Housing Commission regulations is to prohibit employment decisions based on a diagnosis of disability, except to the extent that the disability impairs the individual's disability to carry out the functions of the essential duties of the job. In addition, the Standard of Reasonable Accommodation must be applied. That is, an effort must be made to determine whether adjustments in the job or the physical setting are possible to accommodate the handicapped.

For instance, a typist must be able to perform the functions necessary to produce a typed copy. But other activities incidental to the job, such as running occasional errands, could be re-assigned or altered without changing the basic structure of the job. There are important protections in the law that provide remedies for
those who experience illegal discrimination. However, the legal and administrative systems are arduous and slow. Most people who feel that they have been discriminated against will be contacting this Commission with a sense of urgency about their present situation. They have just been terminated, they've been harassed on the job, or they have not been hired because they are being perceived as being at risk for AIDS.

In our opinion, the most effective role for the Commission is quick response in terms of investigation, counselling, and resolution so that the aggrieved person can keep or obtain a job, if appropriate, with minimal disruption to his/her life. The Commission can also serve a role in educating employers about personnel practices, such as reasonable accommodation, appropriate medical screening and evaluation, and policies regarding medical and disability leave as part of the mediation process. In this way, all workers with disabilities can benefit from the resulting improved policies. I'd be happy to answer any questions that you might have.

CHAIRPERSON SOLE: Commissioner Yamakawa.

COMMISSIONER YAMAKAWA: I think it would be helpful to us, in addition to your suggestions to us, to give us some indication of the incidence of complaints you have received on the basis of discrimination.
MR. REDBURN: We have not put ourselves out there as being people who are providing assistance to individuals who have been discriminated against because they have AIDS or are thought to have AIDS, despite the fact that we really haven't suggested that we be accepting such complaints. We've gotten them anyway. I think that's a sign that people are desperate and that there are a lot of people who are having problems.

In our office, we have handled two or three such complaints. In addition, in my office, the Bay Area Lawyers for Individual Freedom have their Lawyer Referral Panel for people with AIDS or people who are thought to have AIDS, and they receive a flood of complaints. I believe, tonight, you have some written testimony from Gary Woods, who is head of the BALIF Panel. He was unable to be here. But they have really been flooded with complaints of discrimination from people with AIDS and people thought to have AIDS, not only in employment, but in all areas.

CHAIRPERSON SOLER: Could you tell us a little bit about those two or three complaints that you have?

MR. REDBURN: Yeah, we had one complaint of an employee who informed his employer that he had ARCS, and was basically terminated for that reason. The case has subsequently been settled. I suspect many of these cases will be resolved, short of litigation, because the
individuals involved tend to have concerns in their lives beyond continuing employment. Their health is frequently their major concern. Also, the prognosis for AIDS is so poor that people are not interested in continuing employment. In some cases, others are. It's very important that those who want to continue to work are allowed to continue to work. I think it's really a responsibility that we all have to see that that occurs.

CHAIRPERSON SOLER: Do you have any recommendations at this point?

MR. REDBURN: No, not now. We supported the AIDS Ordinance. I think it's a very good one.

CHAIRPERSON SOLER: Thank you very much.

MR. REDBURN: Thank you.

MS. WINNOW: If there is anyone in the audience who would like to testify, could you please fill out a speaker's card in the front and you will be allowed to speak at that point. But you will need to fill out the card. The next person to speak is Kevin Wadsworth with Crocker Bank.

MR. WADSWORTH: (SWORN) My name is Kevin Wadsworth. I am here to represent Crocker Bank. Though it is my honor to speak to you on behalf of them, I have to tell you that I'm no longer their employee. I left last Friday to pursue other pursuits, but having discussed this with them at length, they gave me their permission to appear before you
tonight.

My participation began in earnest at Crocker Bank at the outset of 1984 when I learned that an employee and friend of mine who reported to me had been diagnosed with AIDS. What occurred during the next few weeks after is a testament of what can and should occur within a corporation having a strong corporate culture in a sense of responsibility to and for its employees. Within a matter of days, our senior management had arrived at a critical decision -- that being as a matter of policy, Crocker National Bank would not establish any special guideline or policy with regard to employees who had been diagnosed as being a person with AIDS. Instead, it was decided that this life-threatening situation would be dealt with in the same manner as with any life-threatening situation, and additionally, that current policies and procedures were adequate to meet this new challenge. The net effect of this decision has been a deliberate and concerted effort to maintain and strengthen Crocker's corporate culture -- a culture that emphasizes the needs, individual worth of, and concern for the individual employee.

During early 1984, Crocker National Bank sought and received assistance from many knowledgeable and competent support services existing within our community of San Francisco. In particular, realizing that genuine fear
existed within our Crocker employee population, Crocker management scheduled and budgeted for a series of presentations and seminars for the purpose of demystifying this disease called AIDS. At various Crocker locations, and at alternate times since many locations are staffed 24 hours a day, medical experts were brought in to frankly discuss this topic. These presentations were very well received and were of great assistance in alleviating the fears of many.

Since then, Crocker has continued to schedule additional seminars as management ascertains a need, usually as the result of either an employee request or due to additional fear generated by irresponsible media sensationalism.

In addition to these efforts, a very informal network of Crocker employees evolved to assist their management in their efforts. Media and other corporate inquiries were directed to myself or others within this network. As a result, we were able to share our experiences with many other corporations within the Bay Area and throughout the country. Also, internal media exposure to our Crocker employee population provided an opportunity for an informal communication network to be established and utilized.

Let's face it, no matter how sincere and effective are the efforts of a corporation, it still may be perceived
as a large, impersonal and threatening entity. This informal network provided an opportunity to seek advice and assistance from friendly co-workers. And, as it is certainly no secret to most of, or some of San Francisco's corporate and political community that I happen to be homosexual, I was provided with a unique opportunity to help where I am most effective.

On a personal level I learned also, as with my own employee and friend who later died, that it is very important for a manager, co-worker or friend to not change the manner in which he interacts with people simply because they may be ill. I am "a touchy-feely" type of manager. I relate with my hands in small gestures such as a pat on the back or touching an arm or a hand. I realize it is important especially in a corporate or social environment to not change such behavior. As a result, I would like to believe that others notice and become aware of this physical contact. For if anyone has any possible reason to fear casual contact, it would certainly be someone like myself.

As you continue your hearing, and in the future, deal with valid complaints of blatant, corporate discrimination against people with AIDS or discrimination of any other nature, I suggest that you will be dealing with a company or corporation lacking a morally strong
corporate culture. If that company's corporate culture is so weak that it must prey upon and take punitive measures against those who are different or who are a possible insurance liability, then one must surmise that there may be other facets to that company which could not stand under the scrutiny of investigation. Thank you.

CHAIRPERSON SOLER: There's a question.

MS. WINNOW: Could you tell us about the employee in your department who came down with AIDS -- what you did personally, and how the department evolved with that person?

MR. WADSWORTH: As I related here, I reported that situation immediately to my senior management and we responded very quickly as far as setting up, asking Dr. Linda Clever from Presbyterian Hospital to come in. We, within a two-week period, met with well over 300 employees of that particular site in two-hour sessions, most of them coming in voluntarily. Some of them, it was suggested that they should attend, they might learn something.

My employee was out for a period of, I would say, six weeks; then he requested to come back to work which was approved. He had his medical thing signed. The interesting thing that occurred was -- well, two things. One, the level of fear that we were perceiving diminished quickly because we provided excellent and immediate
support, not only to the employee, but answering -- very bluntly -- some of the valid fears that many employees had. Some of the questions were just as off-the-wall as you can possibly imagine. One question I will never forget was "what if he licks my telephone?" I said "I couldn't wait to see somebody lick a telephone." But, you know, that was the type of fear that was within the population.

What happened when he came back though was a 180° different. It was his straight and gay compatriots and co-workers who helped him. He could not work a full eight-hour day. He would leave after maybe, six hours; and they took off the slack which helped me as a manager. He sometimes needed to go to the hospital -- a straight woman who always bussed him to the hospital.

The net of all this experience showed us that it was not the disease necessarily, it was the individual relationships that we were dealing with friends, we were dealing with co-workers in an environment that, over the years, you do develop friends. If something happens to that friend, whether they have cancer, AIDS/ARC or any other thing, those friends turn around and support them.

So we found within Crocker Bank that it was more important, even as important as the policy was which basically said that "we ain't making no new policies; we're going to take care of them just like we take care of all
other employees." The thing was to turn around to their friends and co-workers and to make sure, through management -- through me essentially, as their manager that I made sure that that person was continued to be perceived as a part of the environment, was a co-worker that management supported him. As long as they saw me doing that, the rest of their fears went because they knew that management was behind this person.

So, all in all, it hurt too. (Pause) Excuse me. It hurt to lose him. (Pause) Thank you.

CHAIRPERSON SOLER: Thank you.

MS. WINNOW: The next person to speak is Don Tombe from Lambda Institute.

MR. TOMBE: (SWORN) Good evening, my name is Don Tombe. The purpose of my testimony tonight is to document examples of AIDS-related discrimination as well as other related problems which we, at Lambda Institute, are aware of as a service agency dealing with these issues. Additionally, I would like to address what we believe to be the underlying causes of this discrimination -- that is, homophobia, and finally, I would like to conclude by highlighting some effective educational services that exist and offer potential assistance in regard to these problems.

The necessity for recognizing the role of AIDS
hysteria plays in employment discrimination by providing a vehicle for open displays for homophobia and homoprejudicial behavior is dramatically reflected in a number of ways.

First, scientific studies would indicate that homophobia is being expressed through AIDS hysteria. Second, a recent Gallup poll showed that in light of the issue of AIDS, there's been a 30 percent drop in the number of Americans who are willing to support fair treatment, equality, and job protection for gays and lesbians. Third, and most repugnant, AIDS has become the rallying point for organized and well-financed "hate campaigns".

Thus, groups and individuals which have a history of advocating oppression, intolerance and discrimination toward gays and lesbians are using the issue of AIDS, or I might say misusing the issue of AIDS and fear about AIDS as "proof" that such oppression is warranted. This is not surprising since the most common means of justifying prejudice toward any minority group has historically been the claim that the targeted minority poses some form of threat to society at large. What is surprising is the high profile, professional and psychologically effective "Madison Avenue" type of campaign that these groups are waging.

Our professional experience in working with
corporations, government institutions and public service agencies has provided us with "hands on" documentation to these facts. There's no doubt that homophobia and homoprejudicial attitudes and behavior prevail in most work settings, and that AIDS hysteria is the latest "stepping stone" to rationalize, attempt to justify and even condone such attitudes and behavior. This is clearly evidenced by the number of on-the-job complaints and concerns generated by AIDS.

Further, despite being provided with factual information by qualified medical professionals that AIDS is not transmitted casually in the workplace and that sufferers should not be excluded from any type of job, we have found that over 50 percent of employees and co-workers have continued to display negative behavior which generated in an AIDS-related conflict in the first place. It has been our experience that until the underlying issues of homophobia are dealt with, the negative behavior does not dissipate. Thus, we firmly believe that AIDS hysteria and AIDS phobia are symptoms of a much larger problem -- homophobia.

Homoprejudicial behavior due to AIDS hysteria is documented everyday by the media. I believe in the packet we submitted, we gave several examples and documentation that we had been aware of or had come to our attention.
Such incidents of discrimination include but are not limited to employment, housing, insurance benefits, and the military. Additionally, these incidents are occurring throughout the country. Aside from direct discrimination, this hysteria is causing many employment-related problems in the areas of stress, fear, performance and productivity disputes and conflicts, and insurance regulations.

A further demonstration to the fact that homophobia is a ploy with such incidents is seen by the midst of stereotypes that come up during the incidence of AIDS hysteria. We've found that many people who are not gay or lesbian have been identified as such because a person perceives them to be gay or lesbian by their physical appearance, the way they talk, or act; and thus, perceives them to be a threat by some fear of AIDS. We believe again that this is proof of homophobia at play.

We believe the ability to alleviate homophobia and homoprejudicial behavior is clearly essential to being able to overcome problems generated by AIDS hysteria. We believe that a two-prong approach is necessary. First, is enforcement and strict enforcement of legislation and corporate policies to ban AIDS discrimination; the second is the use of education. We feel, unfortunately, that most corporations and government institutions are not yet ready to facilitate change in this area.
With this in mind, we have tested several innovative techniques which have proven effective in dissolving often highly charged barriers that prevent harmonious gay and non-gay interactions. We find that inclusion of gay and non-gay trainers is mandatory in affecting attitude change. We have found that discrimination is reduced through interaction with people who occupy roles and behave in a way which is incongruent with their stereotype.

Finally, we have found that programs which are client-responsive and provide services based on a coordinated educational approach with the client corporation are most effective. Thank you for the opportunity to raise these issues.

CHAIRPERSON SOLER: I think part of what happens when you have three minutes, you feel yourself start talking faster and faster and faster......

(Laughter)

MR. TOMBE: Really. It was hard to take 49 pages and turn it into three minutes.

CHAIRPERSON SOLER: I thought that was quite amazing, but you did start getting faster and faster. Thank you very much. Are there questions? I have one question that was not to you directly, but that was raised by your testimony, which is do we have any idea how many corporations have policies similar to the ones that we
have heard tonight?

MS. WINNOW: I don't have any idea but I do know that Levi Strauss also has a policy; Wells Fargo has a policy; and there is a symposium of people being put together by Nancy Merritt at Bank of America to develop policies.

CHAIRPERSON SOLER: So it's probably safe to say that many more don't than do.

MS. WINNOW: Many more don't; and the ones that do are the larger corporations.

CHAIRPERSON SOLER: Okay, thank you. Our next three-minute rapid speaker.

(Laughter)

MS. WINNOW: Actually, we're done with the Employment section, unless there's somebody in the audience that's been discriminated against who would like to speak. Beyond that, let's go into Public Accommodation. The person to speak on that is Tom Steele; he's sick with the flu. It seems that many attorneys are tonight. (Laughter) Vivian Hammill, Gary Woods....

CHAIRPERSON SOLER: We had one of our attorneys on the Commission ask what that was suppose to mean. I'm not going to tell you who it was.

(Laughter)

MS. WINNOW: ...And that was not being facetious at
all. I do want to say, though, at this time that because he is not speaking, there is not any testimony in Public Accommodations and businesses, it should not be thought that that kind of discrimination does not go on.

I would also like to say that the fact that many people here tonight have been signed up ahead of time are with organizations speaks to the fact that people who are being discriminated against with AIDS have a health issue to deal with and are not here tonight because of that.

In addition, when we were sending out our letters to our complainant file asking them to come to the hearing tonight, one of our interns read through it and said that about 50% of the people on our list had already passed away. So, we need to take that into consideration when we're talking about why people are not here tonight.

The next area that we're going to be going into is Corrections. Jackson Peyton, from the AIDS Foundation, will be speaking. Jackson, could you please spell your name and take the oath.

MR. PEYTON: (SWORN) My name is Jackson Peyton. I'm the Education Director for the San Francisco AIDS Foundation. I understand that Sheriff Hennessey has preceded me and talked a great deal about the Forensic AIDS Task Force and a number of other efforts that have gone on in San Francisco to date. So, I will try and skip
those issues and get to what I consider, some problem areas that are occurring now; discrimination where it exists, and potential for discrimination.

I am very concerned that education programs continue for all levels of prison staffing -- that is, the medical, custodial, and administrative staff. I think that some examples of ill-educated staff are seen almost everyday. Instances like custodial staff demanding to know the antibody status of inmates is a demonstration of that ignorance, as is threats of custodial and medical staff to not give or administer CPR. That concerns me and I think that education is the remedy for that. I think that there is not funding for those education programs is a manifestation of discrimination. That bothers me.

Another area that concerns me very much is that the means by which AIDS is transmitted are illegal for prison populations. That is, through sex and through intravenous drug use. Therefore, that means that education about the means of transmission is illegal in a prison system. Here in San Francisco, we've been extremely adept at being circumspect with that information and education.

Sheriff Hennessey told you earlier, we had developed some materials and they're being distributed now.

I'm also concerned that the means that the San Francisco AIDS Foundation proposes to avoid the
transmission of virus, namely, condoms, safe sex and not sharing needles are, again, not available to inmate populations. I want to reiterate just how much and how grave a danger that population is under when they're in jails. The levels of sexual activity and the levels of intravenous drug use, and further, the levels of tattooing are documented and we know them to be extremely high. All those are considered to be very significant risk factors. I think it's important that we get that education into the prisons very quickly, unless we are going to see a rapid rise in the number of AIDS cases in the jails and that were contracted in the jails.

Another area that concerns me very much and I don't know that this Commission has power to affect change here, but I would certainly hope to see you address it in your discrimination hearings. That is, San Francisco residents who are jailed and then sent to state facilities at Vacaville. There have been complaints of less-than-desirable medical treatment there. Further, anyone who is suspected of being gay or suspected of being antibody-positive is isolated. Those people are denied access to rehabilitation programs and any treatment programs that might help them to re-enter society.

So, in summary and I will get in under three minutes -- I am extremely concerned that AIDS education be promoted,
both among inmate populations and within the staff at the
prisons here in San Francisco. Thank you. Questions?

CHAIRPERSON SOLER: Any questions?

COMMISSIONER MARTIN: I have a question. The Walsh
memo that's been referred to speaks primarily of co-
workers. Does that also apply to persons whose work takes
them in the presence of people who are not co-workers,
such as prisoners?

MR. PEYTON: Commissioner Martin, I'm not familiar
with that memo.

COMMISSIONER MARTIN: Oh, you're not. Thank you.

MS. WINNOW: Roy Bateman, from the American Friends
Service Committee. Could you please spell your name and
take the oath.

MR. BATEMAN: (SWORN) My name is Roy Bateman, and
I'm here as a representative of the Criminal Justice
Committee of the San Francisco Office of the American
Friends Service Committee. The American Friends Service
Committee is a Quaker-sponsored organization. We have a
long history of activist issues such as peace, criminal
justice, farm labor, and the imperilment of minorities.

We are very concerned about the situation of the
state prison inmates with AIDS. Prisoners with AIDS are
being transferred to the hospital at Vacaville, which is
an unlicensed facility that needs substantial improvements
before it could even qualify for a state hospital license. Better quality medical care, particularly for AIDS patients
is available at hospitals in larger cities like San Francisco, but Vacaville inmates are largely denied access
to medical care in San Francisco.

The situation is similar for counselling for inmates
with AIDS. There are several alternatives: 1) The prison
could contract with outside agencies to provide medical
care and counselling at Vacaville; 2) Inmates could be
allowed to come to San Francisco for treatment on an
outpatient basis; 3) Inmates could be transferred to
secured locked wards at outside hospitals; and 4) There's
also a precedent for early release of terminally-ill
prisoners. Currently access to outside medical services
is extremely limited. I know of only one inmate who's
been able to get to outpatient care to San Francisco
General, and that was done only because he was able to get
a court order.

A related issue is that AIDS clinics and counselling
groups in San Francisco are really geared to serve a
predominantly well-educated, white gay male population.
Among inmates with AIDS, there is a high proportion of
third world people and heterosexual intravenous drug users,
some with little formal education. These groups may need
a different style of care.
There's also a tremendous need for education to replace the fears of the guards, the prison staff and the inmates about the danger of AIDS transmission, to replace that fear with knowledge about risk-reduction measures that can save lives. We hope that jail and prison officials will become more sensitive to the special needs of people with AIDS, and we hope that AIDS service providers will take more of a third world outreach and increase the awareness of the prison context for inmates with AIDS.

CHAIRPERSON SOLER: I assume that you are working on that. Could you tell us a little bit more about what you are doing specifically?

MR. BATeman: At this point, we are trying to gather information about what the needs are and try to bring some of the service organizations together to meet some of those needs. We're not clear exactly where that's going to be leading us.

CHAIRPERSON SOLER: Any other questions?

Commissioner Yamakawa.

COMMISSIONER YAMAKAWA: Leaving education for a moment and talking about the inadequacy of medical care in its probably grimmest form, is there any litigation that's being done in this area, in terms of prisoner rights, violation of civil rights, and those kinds of notions on behalf of these people?
MR. BATEMAN: I'm not sure about that, but I know that that issue of medical care is one that goes beyond the situation of inmates with AIDS, and it is an issue for any kind of medical problem that an inmate would have.

CHAIRPERSON SOLER: Thank you, Jackie.

MS. WINNOW: If anybody left a watch in the restroom, could you please see me. The next area that we're going to hear from is Insurance. The first person who is going to speak is Gerry Parker. Could you please spell your name and take the oath.

MR. PARKER: (SWORN) My name is Gerry Parker. In 1981, between 1980-81, I had a series of medical problems that were not diagnosed. I was in the Kaiser system, the result of that being because of a Collective Bargaining Agreement here in San Francisco with the Service Employees' International Union. Several months went by and there was no understanding within the health care expertise in San Francisco within the Kaiser system as to what the condition was.

It was suggested by a number of gay leaders that I meet with some doctors at San Francisco General; and I did that. In the process of those evaluations that went on for a number of weeks, it was determined that a very rare disease called "Harirucaplagi virus", that at that time was not known, but about 32 of us had been in August of
1982 were classified by the federal government as having in San Francisco, Los Angeles and New York. When they classified us, they then put us into a research unit at U.C. San Francisco at Parnassus.

Kaiser refused, and continues to refuse, to pay one dime of all that diagnostic evaluation that they couldn't perform or do because they claim that under their Collective Bargaining Agreement with Service Employees' International Union that they didn't refer people to another diagnostic facility and because of the collective bargaining agreement, they aren't required to pay those bills. The Kaiser system has, in Los Angeles and in the Bay Area, their health care delivery surrounding people with AIDS/ARC has been less than the best. There are case after case after case of individuals who have not had proper treatment. The collective bargaining agreements that were dropped by a number of people regarding pharmaceutical medicines and more are going to happen in the city, I predict, because the costs of drugs are expensive and prohibitively expensive.

What I want people to look at is the private health care delivery in this city. Everyone says that the health care in the public sector is positive, but in many cases that is questioning more and more in the minds of a lot of people with AIDS/ARC.
But the one thing I want to also say is that I have heard again, again and again in the clinics that people with AIDS/ARC and diagnostic evaluations that don't happen because of costs are also people are not being turned in beds. And that has to be looked at because of a variety of reasons. There are people that have reported that their lovers know that they're friends.

But we've got to deal with the fact that very few people, right now even tonight, people with AIDS/ARC -- when this city had the opportunity in a hearing, they're afraid to come forth and testify because they know that if they question the health care delivery that their own health care needs may be in jeopardy. That has to be really looked at by this city. The health care at Kaiser is not what it should be and the health care and health care plans of private hospitals in the city is not what it should be and it has to be investigated. Thank you.

CHAIRPERSON SOLER: Thank you. I think you have a couple of questions before you sit down. Commissioner Rosselli.

COMMISSIONER ROSSELLI: I imagine that you've done something about the fact that Kaiser denied the payment. How did you follow through? What's happening now, has Kaiser gotten an arrangement in any way?

MR. PARKER: Those payments have never been made.
When I go to Parnassus (UCSF), that is on each time I have to go to public health care delivery, it has to be dealt with in the public sector. Because Kaiser did not make an original referral to a public facility in San Francisco, they are not liable even years after the diagnosis has been formally made by the government -- of any costs. They say that they can adequately provide all services at their facility, which is refuted because of the fact that they couldn't even make the original diagnosis and they had to have a public research entity, U.C. Parnassus do it themselves.

They haven't paid one penny of those extra services. People have to understand every time we have to go outside these pre-paid health plan programs, all those services, in large measure, have to be absorbed by the persons themselves. When you have this kind of medical condition, you've got to have second and third opinions and they won't pay. That's the same problem that occurs at French Hospital; it's been the same problem that has occurred at Excess Health Plan, and I could list a number of pre-paid facilities here in the city.

CHAIRPERSON SOLER: You mentioned something else during your three-minute presentation. You said that one of the allegations was people not being turned in their beds. Was that also referring to Kaiser?
MR. PARKER: I'm told that Kaiser, and I'm specifically told that this is happening in a number of medical settings in the city.

CHAIRPERSON SOLER: Let me ask you this. Those people who are telling you this or are making those statements and allegations, are they complaining; are they making a complaint to the Human Rights Commission or other agencies so that there can be some...?

MR. PARKER: I believe they've made formal complaints, at least to the health care provider administrative offices. But they have informed, more and more, that this is happening. And the other thing that people have to look at, is the actual health care at the private facilities in San Francisco is at the breaking point and that they, in some cases, are almost to the point where they aren't going to be able to handle new patient load.

What is going to happen then when you can't get out of, because you can't get insurance, you can't get supplemental coverage because you're classified even though you don't have AIDS, you have an AIDS-related condition, that is for all intents and purposes as far as they're concerned, AIDS. They won't provide catastrophic care; they won't provide alternative care to other facilities. What is happening is that people over and
over again in this city are looking at San Francisco as having the finest health care for people with AIDS/ARC and that is not true.

CHAIRPERSON SOLER: Okay, just let me ask one question. Jackie, in terms of our own complaint caseload, there was an allegation against Kaiser, and he also mentioned something about French Hospital. Are we investigating some complaints about French Hospital as well?

MS. WINNOW: No.

CHAIRPERSON SOLER: It would be really important if you could encourage your friends to assist us in trying to do something about it; to have them contact the Human Rights Commission through our Lesbian/Gay....

MR. PARKER: There's one thing that I wanted to mention. Each time that they bring those allegations, they say it's an isolated occurrence of an employee.

CHAIRPERSON SOLER: I know, that's why we sometimes need to put them together and we need to be a public agency that goes and sits down with these private hospitals and that's why we're here. I thank you very much for raising that. Thank you.

MS. WINNOW: Ben Schatz from the National Gay Rights Advocates. Could you please spell your name and take the oath. Ben's from the East Coast, so he can talk quickly.
MR. SCHATZ: (SWORN) The last name is Schatz. I'm going to talk about five major problems in Insurance, which gives me 36 seconds each. Okay. The five problems are essentially: 1) denial of coverage to gay men; 2) cutting people off from coverage; 3) a problem in terms of converting group coverage to individual coverage; 4) refusal by insurance to pay legitimate claims; and 5) attempts by insurers to exclude AIDS from coverage.

Fortunately, in California, we don't have the problem of HTLV-III antibody testing. But we do have clear evidence of insurers that are attempting to screen out gay men, single men particularly, if they live in San Francisco. Screening out by gender, marital status, sexual orientation, AIDS, occupation, who you live with. There's a re-insurer called Munich-American which is essentially saying that, for life insurance, if someone names someone other than the spouse or children as beneficiaries, that they are suspect. We're also going to be bringing a major suit against an insurer who I can't name at the moment, but we have evidence in writing that they are attempting to exclude gay men.

This has ramifications, by the way, not only in terms of denial of people from individual coverage, but in terms of small group coverage. For small companies, an insurer may investigate an individual employee and that can make
it difficult for gay men to get jobs with small organizations.

Okay, let's assume someone has gotten insurance. Then there's a problem of cutting people off from coverage. We filed a complaint before the California Department of Insurance for a 39 year-old hairdresser, unmarried, who had insurance for three years; they basically got him to apply for another one of their policies, rejected him for health reasons and, in the meanwhile, he had lost his coverage with the first policy.

There's a problem of conversion. California law allows someone 30 days to convert group benefits to individual. But one problem is -- first of all, 30 days is not very long when you find out, for example, you've got AIDS and you lose your job. You don't think "oh, let's see, how many days are left within the 30-day period to file for insurance." Also, some employers are discouraging people from converting their policies. Also, the rates are so astronomical that it's very difficult for people to afford them.

Fourth, there's refusal to pay legitimate claims. Some insurers are sort of drawing things out in hopes that the person will die before they have a chance to pay the claims, or maybe they can get a lower rate. Sometimes, they're saying that AIDS is a pre-existing condition;
sometimes they're saying that the treatment is experimental and they won't pay for that, which is kind of absurd when you have a disease for which there's no cure.

Finally, the problem of some insurers attempting to exclude AIDS from coverage. They either give no reason, that they just don't want to, or say that it's because someone has engaged in illegal activity, or it's a self-inflicted injury.

My conclusion is that to a certain extent, I don't know what can be done by a city agency. Insurance is regulated by the state. The only thing I can come up with is sort of an equivalent to South African divestment—which is that cities such as San Francisco might begin looking into saying "okay, who's insuring their employees?" And requiring people who insure their employees to insure that they are not taking advantage of the HTLV-III antibody test, and they are not doing life-style screening. I think that could be a potent political weapon. So, that's all.

CHAIRPERSON SOLER: One question. What about state remedies in terms of any legislation in this area?

MR. SCHATZ: Well, that I assure you would take a lot more than three minutes. I think that ...right now, in the case that we're going to be filing, we're going to be trying some state remedies which have not been tried before. There are a lot of things being proposed in the
State Legislature. The problem is there are so many ways
an insurer can try to screen out single men or gay men.
I think that there are things being done. I would like to
see some kind of legislation banning life-style screening
against gay men but, again, I'm not holding my breath on
that one.

CHAIRPERSON SOLER: Okay. Anybody else?

MS. WINNOW: Next is Jim Spahr of Concerned Insurance
Professionals For Human Rights. Could you please come to
the podium, spell your name and take the oath.

MR. SPAHR: (SWORN) My name is Jim Spahr. Thanks
for the opportunity to speak. I'm Chair of the Life and
Disability Products Committee of Concerned Insurance
Professionals for Human Rights (CIPHR). One day we, too,
will get out of the closet.

I'm here tonight representing CIPHR, which is a
national organization of gay, lesbian and sensitive non-
gay insurance industry employees. And I've got to do this,
I can't see. CIPHR has just about completed its position
paper which gives quite an extensive discussion to the
concerns that were brought up by Mr. Schatz in those areas
surrounding AIDS/ARC and insurance. We requested the
Commissioners at least receive this report and, hopefully,
you can include it in your record. We think that when we
are done with it, it's going to be quite a document. We
tried like heck to make it tonight, but it didn't work.

CIPHR believes, as Mr. Schatz does, that some insurers and re-insurers are discriminating against gay men and underwriting in pricing. There's no question about it. We believe that we have seen and have in our possession hard evidence of this discrimination. And we're bringing this evidence to the attention of the various state insurance commissioners, people in the National Gay Rights Advocates office, others who we think can give proper attention to it, including those individuals who they've discriminated themselves.

However, since illegal underwriting and pricing practices are really so easy to detect, that isn't one of CIPHR's primary concerns. We're going to give that information to the attorneys and we believe they'll do a good job with it. So that's not a big concern in our life.

One of CIPHR's primary concerns though is that we are wondering who is ultimately going to pay for this crisis that's going on at this moment because that's what's putting the heat on everybody. How are we going to find the money to get the cure and care for the afflicted. Nobody can do it alone -- not the medical community, not the insurance industry, probably not even our governments. But unlike polio, heart disease, cancer and the various other catastrophic diseases that have visited upon us,
where the human beings bound together and fought to overcome
the diseases in this particular situation, it seems like
we're dividing up into opposing camps -- them and us, the
good guys and the bad guys. At this moment in time, I
believe insurance is the bad guy.

Where are the leaders of the medical community, the
insurance industry, the churches, the non-profit human
care organizations in the AIDS/ARC crisis? Why is it so
unusual, in fact, unique for Transamerica Occidental Life
to give $170,000 to AIDS/ARC charities? We applaud
Transamerica Occidental Life for their actions. But why
only them?

By the way, for those of you who don't know,
Transamerica Occidental is ranked 49th by admitted assets
by A.M. Best, the insurance industry's Dun & Bradstreet,
if you will. We wonder what it would be like if the first
48 companies duplicated what Transamerica did. What would
it be like if all 1,646 life insurance companies in this
country did at least one-half of what Transamerica
Occidental did?

What happens to the gay community when their
application declamation rate goes up as it has been going
up and it makes them unprofitable business? Where are the
insurance agents going to be that are going to serve them?
Who's going to replace them or pay them? It seems the
questions are endless and the answers are few. CIPHR has
had some success.

Hopefully, the next hearing that you have will have
a senior officer of a life insurance company standing here
in front of you explaining themselves. We have gotten
communications open with the ACLI. They are being
approached for major funding, and we think that we have
gotten them stopped in giving them that money, and they're
now calling up the gay community to find out what we think
of funding this particular proposition that's before them.

CHAIRPERSON SOLER: The bell did ring and I'm going
to try to hold you to that.

MR. SPAHR: CIPHR is having a meeting Saturday. If
there's anybody here that wants to meet with insurance
industry execs with the Insurance Commissioner's office,
we're there; we'd like to meet with you. Get a hold of me,
please. Thank you.

CHAIRPERSON SOLER: Thank you very much. There was
a political suggestion from the previous speaker that
cities encourage disinvestment from insurers who
discriminate. What's your position on that as a strategy?

MR. SPAHR: I think it should just be made public
on the insurers that discriminate. I think that would be
satisfactory right there, and I think you can do that
through the legal processes. Just make it public. Why
the hell do we want to deal with them? We've got 1,600 we
can choose from. Let's go with Transamerica Occidental
-- they've put money up, they're networking with the gay
community. I'm with New York Life. They are sending out
an emissary, if you will, to our meeting. That's what I
think is the proper response. The Human Rights Commission
should list those companies for which they have evidence
that they're discriminating, the hell with who they are,
just list them. Thank you.

CHAIRPERSON SOLER: Thank you.

MS. WINNOW: The next person to speak is Carl Heimann
from Schmidt & Schmidt Insurance. Could you please come
up to the podium, spell your name and take the oath. We're
running a little past our time, so.... The person after
that will be Alice Philipson.

MR. HEIMANN: (SWORN) My name is Carl Heimann. I'm
an Account Executive with Schmidt & Schmidt. I'd like to
pass out my testimony for today. I'd like to at least,
point out that the top sheet is an unpleasant cartoon. It
says "would anybody insure this?", and this is the kind
of humor that you will find at the little card store outside
of Lord's of London, which is the mecca of insurance. And
it gives us an idea of where these people are coming from.

As the first independent insurance agent in the world
to market to the gay/lesbian community, we've been in a
unique position to observe the industry response. We bring you our conclusions and are prepared to submit documentation. Insurance is discriminatory in spirit and practice. Although the broad intent is to pool together similar risks so that the injuries of one will be borne by all, the underwriters seek to select better risks and thus turn a profit. This profit has priority over any societal concerns.

Because Black people had shorter life expectancies, there used to be separate rate tables, separate companies, and separate agents. This racist behavior was common even after Little Rock, Ole Miss and even during the early Kennedy days. Does anybody remember Medger Evers. He sold black insurance to black people at black rates. A few progressive East Coast companies led the change to uniracial rating a few months before the 1964 Civil Rights Act. In short, this is not a very progressive industry.

We gay and lesbian insurance people are organized and are committed to fair practices. We are networking with those in law, the California Department of Insurance, BAPHR, National Gay Rights Advocates and many others as the epidemic and the reaction spread. We are pleased to report that: 1) we have individual product sales of life, health and disability products are being monitored for abuse. At least one major lawsuit has been filed and
regulatory state agencies are ready to enforce the existing laws; 2) the article attached to the National Association of Insurance Commissioners enclosed in our packet drew great interest and representation on the NAIC task force on AIDS; 3) in a stunning move, the California Department of Insurance aborted the cruel attempt by a Fresno retailer to exclude from the group major medical coverage any "sexually-transmitted disease". So, hurrah for our side.

The bad news is equally stunning: 1) any employer with the right administrator would have been able to exclude sexually-transmitted diseases. There is no federal protection and the State Insurance regulations have very narrow parameters. Already, we have received calls from Indiana, Blue Cross/Blue Shield about employers trying to omit coverage (and the bills attached); 2) among the mega corporations, consultants with the ethics of mildew are looking for ways to avoid medical bills. In one case, asserting that AIDS is excluded as "a self-inflicted injury" or "an illegal activity"; 3) we have all read the case of the Texas company requiring HTLV-III tests of all cafeteria workers and firing the seropositives. More companies are going to jump on this bandwagon as this epidemic of panic spreads; 4) ignorance about human sexuality pervades the insurance system just as it does this nation. Homosexuality is considered wanton,
volitional, dirty, diseased and sinful. When it becomes expensive, the heterosexuals do not intend to pay for the bill.

Included in our packet is a detailed article by a very large reinsurance company. Although corporate language is too slick to issue commands, the reinsurer is giving advisory guidelines. In other words, we don't want this risk.

It should come as no surprise to us that we are being denied life, health and disability insurance. There's nothing in the law against redlining by zip code. Blood samples are being sent out of state and HTLV-III tests are being run in a Kansas lab and the results are being stored in a great computer in the sky. They cannot use the results in California, but the results are known.

I urge you to visit the San Francisco offices of Munich Re and talk to these people about your concerns -- our concerns. And if we don't make them bend, and forbid the city from doing business directly or indirectly with them. In this paper, these ignorant homophobes of Munich Re, and others, would decline anyone even "exposed to a person capable of transmitting the HTLV-III virus."

Besides being medically wrong, it allows them to disown all gays and lesbians from society. It seeks to turn us into parasites which have to be "contained" (their
words). The large employers who are regulatorily exempt, and there are many who are beginning to isolate and prosecute gay and lesbian populations.

CHAIRPERSON SOLER: I'm going to have to ask you to summarize in one second, because we have many people who have to testify tonight.

MR. HEIMANN: Okay, the last second. Our Human Rights Commission should take the initiative before the furnaces of the AIDS DACHAU are built and the blueprints for this DACHAU are in your hands. Thank you.

MS. WINNOW: The last person we can take in Insurance is Alice Philipson. I am sorry if somebody cannot speak. We will take written testimony and it will become part of the public record if it's mailed in by February 12th.

MS. PHILIPSON: (SWORN) My name is Alice Philipson. Last week, I filed two lawsuits on behalf of citizens of San Francisco who are being discriminated today in their insurance benefits. I work with Bay Area Lawyers For Individual Freedom, and we are attempting to make some inroads against the attacks that are being made on gays and lesbians.

The suits that I have filed highlight two of the patterns that we have seen over and over again. One is a company in this case, Blue Cross, which has put a patient's benefits into endless review. In one of my cases, I now
represent the estate of a person who has died while his medical benefits with Blue Cross have been in endless review. The case I've filed last week for Mr. Litzenburger is a case that Blue Cross says "slipped through the cracks". The truth of the matter is once they approved Mr. Litzenburger's benefits for AIDS, they have never paid a claim. I'm sure they will by next week. But they have not, and they would not, but for this litigation.

The second pattern, and the second suit, deals with another problem that we see over and over again -- and that's typing AIDS as a pre-existing condition. This determination is made by an insurance company later, not before a medical problem arises and when it comes, a person does not get their contracted for and paid for insurance benefits. AIDS conditions sometimes ..... as you know the incubation period is very long; it's unknown exactly how long and if they call AIDS a pre-existing condition, it's possible that insurance as a product will not work. For AIDS it may not work; for other illnesses, AIDS is cancer, and people get it.

What happens when private medical care doesn't work? It has a very big impact on the City of San Francisco. San Francisco is known as a center for good treatment. That means that the citizens are paying for it. They're paying for it at county hospital and we're all paying for
it -- citizens of anywhere -- through the Medicare and MediCal benefits which individuals with AIDS are automatically eligible for once their financial resources are wiped out. When Blue Cross or Great Republic does not pay these claims, these people use that MediCal or they go to county facilities and we all pay those claims. That is the impact on public medical care.

The impact on private medical care in San Francisco is just as strong. Many, many doctors treat AIDS patients. Some have 100 - 150 AIDS people in their clientele. They are not getting paid. This is driving doctors who are dependent upon insurance payments to not be able to take AIDS patients and to not be able to continue their care. When they can't continue their care because of cost, they're put into county facilities even though they have sometimes letters from insurance companies saying they will pay. Do you have any questions?

CHAIRPERSON SOLER: Thank you very much.

MS. WINNOW: We're now going to go into the Underserved Populations. There are some people here tonight who I received cards from who will be speaking and we will be taking the rest of the Underserved Population tomorrow night at the first part of the evening. Jeremy Landau, the Pacific Center AIDS Project, is the first to speak. Please speak your name, spell it and take the oath.
The person after that who will be speaking is Norman Nickens.

MR. LANDAU: (SWORN) I'm Jeremy Landau of the Pacific Center AIDS Project. As a member of the community involved professionally and personally combatting AIDS/ARC, as well as a recent resident of San Francisco, I have continued occasion to participate in the San Francisco community, as well as model programs in the East Bay based upon the track record of fine services here in the city.

I would also like to take this occasion to praise the Human Rights Commission, the Mayor and the Board of Supervisors for their landmark decision in establishing the AIDS/ARC Discrimination Ordinance and empowering the Human Rights Commission in making it effective.

This evening I would like to take the opportunity to address discrimination against Underserved Populations, especially in the area of Social Services. I believe that this issue targets three major communities -- third world people, the intravenous drug community, and people with ARC. Third World minorities constitute approximately 40% of the state's population and a similar percentage of people with AIDS/ARC.

San Francisco presents with a large Asian, Black and Latino community within the City/County limits. Why then are there still limitations on the availability of multi-
lingual and multi-cultural services through existing AIDS agencies and social services. I believe that all city AIDS agencies and social services must be required to make services and mass distributed literature available in Spanish, Tagalog, braille, as well as English. I endeavor toward the same results within the East Bay communities.

We read in the newspaper of the continuing conflict over services to those involved with substance abuse and their partners. We also read that approximately 80 percent of the substance abuse community will, or have become affected with HTLV-III. Why then are there not more significant efforts and outreach toward preventing AIDS/ARC among these communities within San Francisco? I believe that the City/County of San Francisco must make this a priority component in the prevention of substance abuse as well as prevention of AIDS/ARC.

People with ARC represented once one of the most underserved and oppressed populations within the United States as well as the Bay Area today. This population cuts across all sexual, ethnic and life-style barriers. Why then are there still AIDS-related organizations which are not mandated to serve persons with ARC? I believe that the spectrum of the epidemic called AIDS goes much farther than the limited clinical definition of Acquired Immune Deficiency Syndrome, and that we cannot allow anyone
to be stricken or to die of ARC without every opportunity
to assist them in living with dignity and receiving benefits
available to other citizens of this great city.

The Human Rights Commission and the City/County of
San Francisco is faced with one of its greatest challenges
in the enforcement of the new ordinance. Extending its
resources to cope with this growing and urgent need, as
well as maintaining its reputation as a national leader
in the fight against AIDS/ARC. I am confident in the
successful outcome of this endeavor. Thank you.

CHAIRPERSON SOLER: Thank you. Are there any
questions?

MS. WINNOW: Thank you, Jeremy. Norman, could you
please spell your last name and it's Norman Nickens, Third
World AIDS Advisory Task Force, and take the oath.

MR. NICKENS: (SWORN) Good evening, my name is Norm
Nickens. I'm the Assistant Dean at New College Law School,
and a member of the Third World AIDS Advisory Task Force.
There is a perception that exists within the general
community that AIDS is a gay, white male disease. The
media, both gay and straight, and some AIDS service
providers have helped to perpetuate this myth. The reality
is that AIDS has had a disproportionate impact upon ethnic
minority communities.

The Centers For Disease Control in Atlanta report
that 25% of all reported cases of AIDS are Black, 14% are Latino, and 2% are Asian. The combined total represents more than 41% of the 15,000 persons diagnosed with AIDS in the United States.

Amongst women with AIDS, the figures are even more alarming. Seventy-five percent of women with AIDS are either Black or Latino. Amongst pediatric cases, 79% of the children with AIDS are either Black or Latino.

This false perception that AIDS as a gay, white male disease has resulted in delays in the development of educational programs designed for ethnic minority communities and has led to a false sense of security in at-risk ethnic minority communities. In San Francisco, this false perception led to gaps in services provided to at-risk ethnic minority communities. This was recognized by this Commission in April of 1985 when the Commission passed a resolution calling upon the Health Commission to "see that educational programs designed to reach at-risk ethnic minority communities in San Francisco are developed in an expeditious manner".

While some programs have been developed in the ensuing months, much remains to be done. The agencies responsible for providing services have moved with less than all deliberate speed. Problems remain in the development of ethnic minority outreach programs by City
contract agencies. Problems remain in the hiring and staffing policies of service providers. In particular, problems still exist for non-English language communities. The issue of staffing is essential to the development of outreach programs for ethnic minority communities. The presence of third world staff members is essential to ensure that the educational programs developed are culturally sensitive and relevant to the audience at whom they're directed.

San Francisco has set the role and has become a role model for AIDS educational program across the country; and what we do here is watched very carefully by the rest of the country. If we here fail to adequately address AIDS education and prevention programs for ethnic minority communities, then we're helping to perpetuate the stereotypes about people with AIDS and to foster an unwarranted sense of security in the ethnic minority communities.

The AIDS crisis has affected all communities in San Francisco, and the best offense against the further spread of AIDS is an educational program aimed at all affected communities. Failure to develop such a program will only serve to heighten the fears and prejudices that already exist toward people with AIDS in the general community. I'd be happy to answer any questions you may have.
CHAIRPERSON SOLER: Part of the Policy Statement that we adopted was to deal with some of the issues that you raised. What you're saying tonight is that there's still a whole lot more that needs to be done, particularly in hiring of staff. Do you think it's an appropriate....

MR. NICKENS: I would suggest that the Commission follow up on the resolution of last April and specifically request from the Health Commission a report on what has been done in response of the Commission's Resolution of last April.

CHAIRPERSON SOLER: Okay, well why don't we do that? That seems like an easy thing to do. Thank you very much.

MS. WINNOW: Andrea Aiello, from the Women's AIDS Network, is next. Would you please spell your name and take the oath.

CHAIRPERSON SOLER: Jackie, we're still going to try to keep to our schedule. I know the flyer said 8:30, and we're ending at 8:45.

MS. WINNOW: We have two people speaking after Andrea.

CHAIRPERSON SOLER: Okay.

MS. AIELLO: (SWORN) My last name is Aiello. Before I start, I want to say that although I work with the State Department of Health Services, AIDS Section, I'm speaking only for the AIDS Women's Network. Before I start, I want to outline what I'm going to talk about. First of all,
I'll cover current statistics of AIDS with women in San Francisco. Next, it will be women and intravenous drug use and AIDS; gaps which exist in AIDS-related services and finally, recommendations.

As of January 31, 1986, there are 10 cases of adult women with AIDS reported in San Francisco. That makes up about .67% of all adult cases in San Francisco. These 10 women are 70% White, 20% Black, and 10% Asian. In addition, there are four reported cases of AIDS in children born to women with AIDS. If we include these four children with those 10 cases, there are 14 cases. Intravenous drug use is the risk factor for 43% of all these cases. In three of the cases of AIDS in children, the mother was an intravenous drug user.

Clearly, if we're going to stop the spread of AIDS amongst women and children, we must address issues related to intravenous drug use in AIDS. Yet there are no educational programs specifically addressing intravenous drug users and women. Currently, there are no residential drug treatment programs which will accept people with AIDS/ARC, period, whether they are men or women. An intravenous drug user with AIDS/ARC has nowhere to go. SHANTI can't accept him/her because of their habit, and residential treatment programs won't accept them because of their diagnosis.
The AIDS Health Project Substance Abuse Program has identified approximately 10 people who they would consider appropriate to refer to residential treatment programs but there's no place to refer them. SHANTI, in addition, has expressed frustration at not being able to accept people with AIDS/ARC because they are using an abusing drug.

Gaps also exist in medical services. Right now, there are no women-sensitive AIDS screening clinics in the city. The AIDS Clinic at San Francisco General Hospital has only 1.5 female practitioners on staff. Until very recently, the clinic could not even have speculums, and the exam tables did not have stirrups.

Health and mental health providers are not trained to recognize AIDS in women. This results in the potential for women at risk for AIDS and presenting symptoms for AIDS to be mis-diagnosed. Women at risk for AIDS and presenting AIDS-related anxieties are often given the age-old female diagnosis of being hysterical.

Women and third world people are also disproportionately represented among the homeless, including homeless use, prostitutes, hustlers and intravenous drug users. These people live on the streets and there is no one out there to reach to these people, and these people are at-risk for AIDS.

In addition, there's no place in the city for a woman
with AIDS who needs housing. There are services for gay
men, and often these places are inappropriate to place
women or heterosexuals, especially if they have children.

Finally, the Women's AIDS Network has the following
eight recommendations: 1) that the S.F. Department of
Public Health create a position to coordinate women's
health throughout the city; 2) that there be established
a residential drug treatment program for people with
AIDS/ARC which is women-sensitive and has provisions for
children; 3) that intensive AIDS education efforts are
aimed at health and mental health providers including drug
treatment people; 4) intravenous drug users and AIDS
prevention programs are to be funded and implemented; 5)
AIDS education has to reach women where they are, whether
they're out in the streets, there needs to be street
workers, they need to be incorporated into family planning
clinics, pre-natal clinics and STD clinics, and general
well-woman health clinics, and community health centers
preventive AIDS education health programs. Women-
sensitive AIDS screening clinics need to be made available;
they need to be staffed by women. Medical equipment and
supplies that meet the needs of women have to be available.
AIDS service agencies need to not only begin providing
services to women and third world people, but these agencies
need to be seen as accessible to women and third world
Finally, housing must be made available for women with AIDS. Housing which is women-sensitive, and which has provisions for children. Thank you.

CHAIRPERSON SOLER: Do you think that there's a possibility of the $400,000 that the Department of Public Health has available that some of that money will be spent in the way you just outlined? Are you working with them?

MS. AIELLO: I'm not working with the Department of Public Health in San Francisco, so I'm not sure.

CHAIRPERSON SOLER: Okay. I think we should probably do something in terms of the follow-up to this hearing to point that out to Dr. Clark in the Department of Public Health.

MS. WINNOW: Miguel Ramirez, from the San Francisco AIDS Foundation, please come to the podium, spell your name and take the oath. After him is Dr. Constance Wofsy, who will be our last speaker to testify tonight.

MR. RAMIREZ: (SWORN) My name is Miguel Ramirez. My impression is that persons who have been diagnosed with AIDS/ARC are rapidly joining this side along the way and many of the third world people are being increasingly and overtly discriminated by eliminating what our values are of this country.

When it comes to take care of health for the
community, Blacks, Latinos and other minorities, money and politics are used as an excuse and a political tool to not deal with the immediate problem. This is historical; it has been going on for many, many years. It is not unusual that in order to create mental health programs for minorities, we have to come and fight and make noise and finally, we get some few dollars and we draw again from our communities.

So, the immediate problems of housing, medical care and prevention, and emotional support are not being met. For instance, the Latino community is being ignored. It is over-populated because of heterosexual, gay, monolingual residents and it also has become a natural refuge for aliens and many illegal workers from Mexico or political refugees from Central America, etc.

There is also in winter a lot of farmworkers who immigrate from Stockton, Fresno -- all those areas -- and they get involved into the Latino community; they begin to use needles or they begin to get involved in sexual activities that put them at risk. Therefore, despite all of these, there is not a single poster on the streets, not a billboard that will advise them of the dangers of the situation of AIDS, community programs are not being asked to organize or plan, or to develop ideas to deal with the issue.
Then, we are being accused of being lazy. I work as a counselor giving the antibody AIDS test results, and through my desk came a lot of those Latinos who turned out to be positive. Most of them had gone to hospitals complaining about feeling sick, but they were not able to understand the diagnosis and most of them were not told clearly that they had to practice at least safe sex. So they turned out to be positive when they were could not seek assistance and were exposed to other people in the community.

On this past Friday, a social worker from the San Francisco AIDS Foundation tried to get emergency housing for a person with AIDS. She naïvely called the Department of Social Services and talked with a person requesting emergency housing. She was told that it was not possible that she had been told not to accept any person with AIDS/ARC for emergency housing or any other kind of housing from the Department of Social Services in the city. When the social worker pointed out that there was discrimination, she answered that Mr. Stocamp from the Department of Social Services tells her what to do.

Therefore, the buck is always being passed on City Hall, who prides itself to give the best of care, but does not set guidelines with its employees or with its own programs, for example, to deal with the AIDS phobia issues.
which is some problem for being given to other employers in the city.

So, the cases of people being discriminated, Latinos being turned down for work or being fired. I'm working with some cases right now on people who have been demoted and they could not stand the pressure, so they had to resign. Then when they went to request unemployment, the employers (some of them banks, by the way), had the nerve to deny their unemployment. They had to go through ordeal of appealing for their unemployment.

CHAIRPERSON SOLER: Thank you. Are those situations that you just described including the Department of Social Services, are we working with you on that?

MR. RAMIREZ: DSS for one of my co-workers, is working with a client, and one of the Latinos who had been fired and working.

CHAIRPERSON SOLER: Then you're working with our unit over at the Human Rights Commission?

MR. RAMIREZ: No, the person right now is taking care of it by suing on the advice of the bank, and the DSS just knew it on Friday.

CHAIRPERSON SOLER: I think that's a situation that we should definitely do something about. Well, you did give us the information and we'll take action on that.

Thank you.
MR. RAMIREZ: I sure will. Are there any other questions?

CHAIRPERSON SOLER: I don't think so.

MS. WINNOW: Dr. Constance Wofsy from the AIDS Clinic at UCSF. Please spell your name and take the oath.

DR. WOFSY: (SWORN) I'm Constance Wofsy. It's good to have the opportunity to be here. I'll limit my remarks. There are a great many topics that I could discuss, but I'm going to focus on the issue of Safe Sex. I'm the Co-Director of the AIDS Clinic and co-founder of a research organization, AWARE (Association of Women's AIDS Research and Education), doing medical research on sexual transmission of AIDS in women, including prostitutes.

A number of issues have been raised that I agree with, but I'm concerned particularly about women who are at risk for contracting AIDS by the sexual route, which is the second largest population of women who have AIDS, the largest number being those that have gotten AIDS by intravenous drug use. The transmission of AIDS could be prevented by a barrier between the partners, from the male to the female, or the more hypothetical but probable case of female-to-male.

I'll read just a paragraph from a letter that I wrote to Dr. Zeigler once, related to several issues that have come up:

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"...There is great need for an elimination of the
delicate avoidance of mentioning condoms in polite
company, in the news media, in magazine advertising,
and probably in school education. The role of condoms
in prevention of infection, not just AIDS but other
venereal diseases, must be stressed separate from
the issue of contraception. Safe sex must be
advertised as potentially enjoyable sex.

The policies involved presumably involve decisions
about advertising and education in schools. We have
advertising for women's douches in national
magazines for everyone to read; and on television.
But condoms are not advertised. And while they're
discussed as a means of contraception and raised in
people's discussion of safe sex, pretty much of the
discussions end with "don't exchange secretions" in
the naive assumption that someone will realize quite
how that's come to pass and how people will have
access or the information about condoms, their
availability and the fact that they can be
incorporated into a normal act of reasonable sex
life, really needs to be stressed for all
populations.

Women, very definitely men, many of whom are
reluctant to use them or other persons who have
access. And for the issue of prostitutes which comes
up repeatedly, for their safety from partners whose
sexual activities are not known and potentially for
the safety of men in the instance that AIDS could
be transferred from a woman to a man, not to suggest
that prostitutes are likelier than any other woman
in the population who might be exposed."

CHAIRPERSON SOLER: There's one question.

MR. MICKINS: Is it known by any of the other
contraceptives or devices that women might use are
effective at all?

DR. WOFSY: That's the question often asked by men
and women alike. There is a compound that's used in a lot
of spermicidal jellies, creams, etc. called "nonoxyna nine"
which in the test tube will effectively inhibit the AIDS virus. The problem is the test tube isn't of the same configuration as the normal female genitalia. The delusion by other bodily fluids, the change in the acid and the base value of the conditions in the body don't necessarily mimic the test tube. So we have advised people that it is added protection to use these kind of materials, but can't insure that the individual will not be exposed to the AIDS virus if it's present in the semen that the woman is exposed to.

So, other compounds are in adjunct, but I really feel the only safe and effective method for people who know that they are at risk, and are concerned about their health or transmitting back and forth is to have a barrier means of prevention of transmission.

CHAIRPERSON SOLER: I think that's it. Thank you very much. This does conclude tonight's session. I'd like to thank the signer, Stephanie Fein, who has done a wonderful job. I'd also like to thank all of you who've come and who've spoken to us and to encourage anybody else who hasn't had an opportunity to speak whose going to come tomorrow night, to let people know that tomorrow night we will be continuing with our Underserved Populations, Housing, Medical and Social Services, Research, Education and Children's Rights, and a very important issue, Blood
Testing and Confidentiality.

Thank you all. Some of you, I'm sure, we'll see tomorrow night.

(Thereupon the public hearing of the San Francisco Human Rights Commission was adjourned at 8:47 p.m.)

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REPORTER'S CERTIFICATE

THIS IS TO CERTIFY: That the attached proceedings of the San Francisco Human Rights Commission Public Hearing regarding AIDS/ARC Related Discrimination, held at the State Building, 350 McAllister Street, San Francisco, California, on February 4, 1986 5:30 p.m., were had as herein appears and that this is the original, transcript thereof.

Dated this 17th day of February, 1986.

DAWN LOFTON

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