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

PUBLIC HEARING
AIDS/ARC DISCRIMINATION

STATE BUILDING
350 MCALLISTER STREET
ROOM 1194
SAN FRANCISCO, CALIFORNIA

WEDNESDAY, FEBRUARY 5, 1986
5:40 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
Phillis Lyon
Lawrence B. Martin
John C. Morrissey
Joan Zamora Moulton
John J. Moylan
Nicerita D. Revelo
Sal Rosselli
Brenda K. Wade
David K. Yamakawa, Jr.

STAFF PRESENT

Grant S. Mickins, Director
Jackie Winnow, Coordinator of Public Hearings
Lesbian/Gay Community Liaison

TESTIFIERS

Diana Christensen, Community United Against Violence
Brandy Moore, Aide, Supervisor Doris M. Ward
Paul Murray, Hemophilia Council of California
Reggie Williams, Black and White Men Together AIDS Task Force

PAPERWORKS
1330 Broadway, Suite 809
Oakland, California 94612
415/763-9164
TESTIFIERS - (Continued)

Nancy Shaw, San Francisco AIDS Foundation Women's Program
Priscilla Alexander, COYOTE
Erika Ipsen, Task Force II
Donald Hesse, Human Rights Commission Housing Unit
Oscar Castillo
Larry Saxxon, San Francisco AIDS Foundation
Stephen McNeil
Rob Dantas
Helen Schietinger, Shanti AIDS Residence Program
Allen Blankenship, Task Force II
Juliet Traynor, Task Force II
Daniel Selman
Alan Johnson, San Francisco AIDS Foundation
Jerry Hunson
Judi Stone
Norma Satten, Visiting Nurse Association of San Francisco AIDS Home Care and Hospice Program
Frank Lostaunau, South of market Mental Health Clinic
Gary Harmon, ARC/AIDS Vigil
Lynn Craig
Steven Pratt, Department of Social Services
Denny Smith, Local 250, AIDS Education Committee
Margaret Ferro-Guinto, Local 250, AIDS Education Committee
Gayling Gee, Ward 86 AIDS Clinic
TESTIFIERS - (Continued)

Thom Mullin, Documentation of AIDS Issues and Research Foundation
Stan Hadden, California State AIDS Advisory Committee
Mitch Bart, San Francisco AIDS Foundation
Hunter Morey, Lesbian/Gay Youth Advocacy Committee
Hank Wilson, Gay and Lesbian Advocacy Committee
Greg Day, Polk Street Town Hall and Gay and Lesbian Youth Advocacy Committee
John Wahl, Mobilization Against AIDS, Council of Churches, Stonewall Gay Democratic Club
Jean Freestone, Employment Law Center
Chris Bowman, Concerned Republicans for Individual Freedom and Office of Senator Milton Marks
Paul Wotman, Bay Area Lawyers for Individual Rights
Tom Mosmiller, AIDS Activity Office, Department of Public Health
George Mendenhall, Bay Area Reporter
Patty
Erna Pahe, Gay American Indians
Richard Locke
Bill Paul, ARC/AIDS Vigil, San Francisco State, American Psychological Association
# Index

<table>
<thead>
<tr>
<th>Opening Remarks</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Esta G. Soler, Chair</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Roll Call</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Grant S. Mickins, Director</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Underserved Populations</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Diana Christensen, Community United Against Violence</td>
<td>2</td>
</tr>
<tr>
<td>- Brandy Moore, Aide, Supervisor</td>
<td>9</td>
</tr>
<tr>
<td>- Doris M. Ward</td>
<td></td>
</tr>
<tr>
<td>- Paul Murray, Hemophilia Council of California</td>
<td>16</td>
</tr>
<tr>
<td>- Reggie Williams, Black and White Men Together AIDS Task Force</td>
<td>18</td>
</tr>
<tr>
<td>- Nancy Shaw, San Francisco AIDS Foundation Women's Program</td>
<td>25</td>
</tr>
<tr>
<td>- Priscilla Alexander, COYOTE</td>
<td>29</td>
</tr>
<tr>
<td>- Erika Ipsen, Task Force II</td>
<td>34</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Housing</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Donald Hesse, Human Rights Commission Housing Unit</td>
<td>36</td>
</tr>
<tr>
<td>- Oscar Castillo</td>
<td>44</td>
</tr>
<tr>
<td>- Larry Saxxon, San Francisco AIDS Foundation</td>
<td>46</td>
</tr>
<tr>
<td>- Stephen McNeil</td>
<td>51</td>
</tr>
<tr>
<td>- Rob Donatas</td>
<td>53</td>
</tr>
<tr>
<td>- Helen Schietinger, Shanti AIDS Residence Program</td>
<td>54</td>
</tr>
<tr>
<td>- Allen Blankenship, Task Force II</td>
<td>60</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical and social Services</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Juliet Traynor, Task Force II</td>
<td>63</td>
</tr>
<tr>
<td>- Daniel Selman</td>
<td>65</td>
</tr>
<tr>
<td>- Alan Johnson, San Francisco AIDS Foundation</td>
<td>66</td>
</tr>
<tr>
<td>- Jerry Hunson</td>
<td>70</td>
</tr>
<tr>
<td>- Judi Stone</td>
<td>74</td>
</tr>
<tr>
<td>- Norma Satten, Visiting Nurse Association of San Francisco AIDS Home Care and Hospice Program</td>
<td>76</td>
</tr>
<tr>
<td>- Frank Lostaunau, South of market Mental Health Clinic</td>
<td>80</td>
</tr>
<tr>
<td>Medical and Social Services - (Continued)</td>
<td>Page</td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>- Gary Harmon, ARC/AIDS Vigil</td>
<td>83</td>
</tr>
<tr>
<td>- Lynn Craig</td>
<td>85</td>
</tr>
<tr>
<td>- Steven Pratt, Department of Social Services</td>
<td>87</td>
</tr>
<tr>
<td>- Denny Smith, Local 250, AIDS Education Committee</td>
<td>91</td>
</tr>
<tr>
<td>- Margaret Ferro-Guinto, Local 250, AIDS Education Committee</td>
<td>92</td>
</tr>
<tr>
<td>- Gayling Gee, Ward 86 AIDS Clinic</td>
<td>95</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Research</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Thom Mullin, Documentation of AIDS Issues and Research Foundation</td>
<td>99</td>
</tr>
<tr>
<td>- Stan Hadden, California State AIDS Advisory Committee</td>
<td>102</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Education and Children's Rights</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Mitch Bart, San Francisco AIDS Foundation</td>
<td>105</td>
</tr>
<tr>
<td>- Hunter Morey, Lesbian/Gay Youth Advocacy Committee</td>
<td>108</td>
</tr>
<tr>
<td>- Hank Wilson, Gay and Lesbian Advocacy Committee</td>
<td>111</td>
</tr>
<tr>
<td>- Greg Day, Polk Street Town Hall and Gay and Lesbian Youth Advocacy Committee</td>
<td>113</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bloodtesting and Confidentiality</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- John Wahl, Mobilization Against AIDS, Council of Churches, Stonewall Gay Democratic Club</td>
<td>118</td>
</tr>
<tr>
<td>- Jean Freestone, Employment Law Center</td>
<td>120</td>
</tr>
<tr>
<td>- Chris Bowman, Concerned Republicans for Individual Rights and Office of Senator Milton Marks</td>
<td>123</td>
</tr>
<tr>
<td>- Paul Wotman, Bay Area Lawyers for Individual Freedom</td>
<td>127</td>
</tr>
<tr>
<td>- Tom Mosmiller, AIDS Activity Office, Department of Public Health</td>
<td>130</td>
</tr>
</tbody>
</table>
INDEX - (Continued)

Areas Not Listed Above

<table>
<thead>
<tr>
<th>Name</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>George Mendenhall, Bay Area Reporter</td>
<td>133</td>
</tr>
<tr>
<td>Patty</td>
<td>135</td>
</tr>
<tr>
<td>Erna Pahe, Gay American Indians</td>
<td>137</td>
</tr>
<tr>
<td>Richard Locke</td>
<td>139</td>
</tr>
<tr>
<td>Bill Paul, ARC/AIDS Vigil, San Francisco State, American Psychological Association</td>
<td>141</td>
</tr>
</tbody>
</table>
PROCEEDINGS

---o0o---

CHAIRPERSON SOLER: I'd like to call the second day of hearings on AIDS and ARC discrimination to order. Could we have our roll call, please?

DIRECTOR MICKINS: Yes, madam Chair.

(Roll call -- Commissioners present were: Chung, Jung, Lyon, Martin, Morrissey, Moulton, Moylan, Revelo, Rosselli, Soler (Chair), Suncin (Vice Chair), Wade, Yamakawa.)

You have the floor, Madam Chair.

CHAIRPERSON SOLER: Thank you very much. Before we start the official testimony, I'd just like to once again, as we did yesterday, thank the people who've worked so hard in putting these hearings on. The Human Rights Commission staff: Jackie Winnow, Eileen Gillis, Sue Steiner, Dan Turner, and all the Human Rights Commission staff and our Public Hearing Advisory Committee, including Ron Braithwaite, Lester Olmstead-Rose, Norm Nickens, Marcy Rein, Jerry Dunbar, Jeremy Landau, and Larry Jarvis.

I'd also like to thank our Lesbian and Gay Advisory Committee: Larry Brinkin, Sheila Coughlin, Jerry Dunbar, Christopher Grubbs, Tony Henry, Ruth Hughes, Marty Kashuba; our Chairs: Phyllis Lyon and Commissioner Sal Rosselli (Commissioner Phyllis Lyon and Commissioner Sal Rosselli),
Norm Nickens, Marcy Rein, Lester Olmstead Rose, Carmen
Vazquez, Paul Freud Wotman, and Darryl Yee.

I'd also like to thank Dawn Lofton, who is our Court
Reporter, who was here yesterday helping us transcribe
these hearings and who will be with us tonight.

So without any further adieu, I'd like to now turn
it over to Jackie Winnow. What we're doing tonight: we
will be covering the following areas. We will continue
with looking at the Underserved Populations. We will then
go into housing. We'll take a short break; we'll go into
Medical and Social Services, Research, Education and
Children's Rights, Blood Testing & Confidentiality. And
anything else that we haven't included will fall at the
very end. So, from 5:45 -- we're five minutes early, so
we should be very much on time -- to 6:20, we're going to
go through the Underserved Populations. So, Jackie Winnow.

MS. WINNOW: Welcome. The first person will be Diana
Christensen. Would you please come to the podium and spell
your last name and take the oath, Diana?

MS. WINNOW: Excuse me. Diana Christensen is not
speaking on Underserved Populations. She is speaking about
AIDS and violence. And she needs to be speaking now, and
then leave.

MS. CHRISTENSEN: (SWORN) -- My last name is spelled
C-h-r-i-s-t-e-n-s-n. My name is Diana Christensen. I'm
the Executive Director of Community United Against Violence. CUAV is a non-profit organization that provides direct services to victims of violence, that develop strategies for neighborhood safety. And it operates the Lesbian/Gay Speakers Bureau in public high schools. Our target clientele is the lesbian and gay community. CUAV provides direct services for anywhere from 400 to 500 victims each year.

The following are some general statistics about the clientele and about the incidents that we deal with.

- We have seen a 40%(+) increase in the anti-gay assaults during the last year alone.
- Approximately 50% of the assailants involved in these assaults are youth under the age of 20.
- Thirty-five percent (35%) of the assaults involve the use of weapons -- weapons include knives, guns, clubs.
- Thirty-five to forty percent of the victims require medical attention.

It's difficult to determine the motivation of an attacker in any kind of an assault. If you imagine a dramatization on TV, do you ever see the mugger stop and say, 'I'm attacking you because...?' No. And that doesn't happen in real life either. Further, most of the assailants in anti-gay cases are never arrested; so we never have
hands-on contact with those assailants. So the only way that we can tell or that we can identify an anti-gay assault is when the assailant has said in anti-gay epithet while commencing the assault.

The same thing is true with AIDS related assaults -- only they're even more difficult to identify. Our society says, in general, AIDS is a gay disease. Everyone here, I'm sure, has heard of this disease being referred to as "the gay plague." Kids are either told nothing by adults about AIDS or they're told that it is about gay people, that it is spread by gay people, that it is "in" gay people. How many in this room...how many people in this hearing know what type of education the San Francisco public schools are providing about AIDS? I don't. I don't think there is any.

What is clear is that most kids believe that AIDS is gay. During the last year, CUAV saw approximately a 40% increase in anti-gay assaults. Our staff didn't increase; our outreach projects were virtually the same from one year to another. There's absolutely no definable reason within our organization why this increase occurred. Our conjecture is that (in CUAV) that AIDS in the minds of the assailant means gay -- that AIDS has become synonymous with gay. And we believe that the increase in anti-gay incidents during the last year have resulted from
increased hostility towards the gay community because of AIDS.

(LAUGHTER)

That's it.

CHAIRPERSON SOLER: I forgot to announce that people have three minutes; but the bell seems to be the most effective thing in the whole wide world. Did you have a concluding statement? You weren't forewarned.

MS. CHRISTENSEN: No. That was it; I was finished.

CHAIRPERSON SOLER: Okay. Are there any questions from other Commissioners? Commissioner Rosselli.

COMMISSIONER ROSSELLI: Diana, am I right in assuming that you're concluding that the first thing that has to happen to help solve this problem is education in our schools?

MS. CHRISTENSEN: That's right. That's one of the first things.

COMMISSIONER ROSSELLI: Why isn't that happening in your community?

MS. CHRISTENSEN: Well, I know that a number of proposals had been made to the school district and that it's somewhere in the bureaucracy. But I don't think it's been implemented. And other than that, I'm not sure why. I'm not sure why it hasn't gotten to the level of kids.
I think that there are problems right now getting it to the level of teachers.

COMMISSIONER ROSSELLI: Would an agency like CUAV be able to be available to help with that in terms of direct education?

MS. CHRISTENSEN: We're currently doing direct education through the Lesbian/Gay Speakers Bureau. And we definitely hit on the topic of AIDS; but we don't do an indepth look at it. And I think it needs a separate speakers bureau that can do that. And it can do that outside of Sex Ed classes. I mean, we work primarily in Sex Education classes. And this needs to hit all the students, not just those enrolled in Sex Ed.

CHAIRPERSON SOLER: Are there any...? Commissioner Morrissey.

COMMISSIONER MORRISSEY: I'd like to know what you can tell us to indicate whether or not the incidents of AIDS (as it's been reported) has given rise to more attacks on individuals who are perceived to be gay or lesbian, as distinct from...? Certainly there were attacks on such people even before there was AIDS.

MS. CHRISTENSEN: That's right. We've seen a 40% increase in the last year, alone, in anti-gay assaults. It had been steady for the.... It had leveled out for the three years prior to that. There wasn't much fluctuation;
and all of a sudden, for no apparent reason -- certainly not an increase in our staff or additional outreach -- we are getting increases up to 40%.

COMMISSIONER MORRISSEY: I see. You attribute that to AIDS having some impact?

MS. CHRISTENSEN: There's nothing else that I can attribute it to. Looking at what's happening within the gay community and around the community at-large, I certainly think it plays an important part in that increase.

COMMISSIONER MORRISSEY: But didn't AIDS come into being or public notice, back, four years ago?

MS. CHRISTENSEN: I think it was more...it was recognized more three years ago when we began to see assaults where there were anti or AIDS related epithets. The assailants would say things like: "roll AIDS -- get the diseased faggot" -- that sort of thing. Those kinds of epithets are no longer being heard. And at one point, they took up a quarter or 25% of our assaults. We're not getting those types of assaults -- those types of epithets being said anymore. What we are receiving are larger numbers of incidents.

CHAIRPERSON SOLER: I think we have one more question. Commissioner Rosselli.
COMMISSIONER ROSSELLI: Diana, I just wondered if you could relay the number (an approximate number) to 40% figure?

MS. CHRISTENSEN: We're saying -- I think in 1984, we saw about 350 people, we're saying.

COMMISSIONER YAMAKAWA: I have a question.

CHAIRPERSON SOLER: One last question. Commissioner Yamakawa.

COMMISSIONER YAMAKAWA: Diana, if you were to take the 40% increase, I take it that that's a composite increase on violence against men and women -- that is to say...?

MS. CHRISTENSEN: It's on anti-gay violence. So, our numbers on lesbians are about 5% of our stats. It's not very large.

COMMISSIONER YAMAKAWA: I see. Okay.

CHAIRPERSON SOLER: Thank you very much.

MS. CHRISTENSEN: Thank you.

MS. WINNOW: Brandy Moore. Could you please come to the podium; and spell you last name and take the oath? And after Brandy Moore will be Paul Murray.

MR. MOORE: I'm Brandy Moore. I am an Aide to Supervisor Doris M. Ward.

CHAIRPERSON SOLER: I think if you could lift your microphone, people behind you can hear you better.
MR. MOORE: My name is Brandy Moore (M-o-o-r-e). I'm the Aide to Supervisor Doris M. Ward. I'm former President of the Pride Foundation.

CHAIRPERSON SOLER: Do you swear to tell the truth?

MR. MOORE: I always tell the truth. I'll continue to do it. I'm here to testify on the issue of civil liberties and discrimination against lesbians and gay people, particularly around those people who have AIDS or AIDS related conditions. And I hope I can do this in a free way, very quickly.

In April 1984, the issue of discrimination by the City and County of San Francisco towards a population group became the concern of doctors, lawyers, community activists from various communities and, specifically, the lesbian and gay community. The discrimination alluded to in this case was perceived more than experienced, in actuality; in that a plan to close bath houses and certain private clubs in San Francisco had been discussed by Director of Public Health, Dr. Mervin Silverman, with the local broadcast and print media.

When the story broke in the news, it followed on the heels of a national hysteria that had begun traveling across the United States through rumor and hearsay. The import of this rumor and hearsay is dangerous. Diana just alluded to the attacks and so forth that have happened
against lesbian and gay people, particularly those people with AIDS and ARC. At the same time, we see people who have been on the barricades for more than a few months, asking the federal government to provide more monies for research. What that points to is the negation of civil liberties for lesbian and gay people in this society.

To date, that hysteria has gained momentum to the point that children who have contracted AIDS and related conditions are prevented from attending schools and must suffer the psychological scars from ostracism by loved ones and friends, without so much as a meaningful excuse of why it's happening -- the advent of the new suggestion that the closing of the bath was the beginning of the end. It was a frightening message for a community that has struggled to achieve a place in San Francisco civic life and it signaled the danger; in that, such an action might be taken with the approval of various men who are considered by the media, anyway, to represent ideas and concerns that mirrored the hopes of the gay, male population.

If the leadership was acquiescing so easily, then how could the rest of the population continue against such odds. As the statistics regarding acquired immuned deficiency syndrome have grown, and more and more people have died who were lovers and friends of gay people, the need to take decisive action has grown with those
statistics. A proposal has been made by many persons in
San Francisco and around the country that concerted civic
effort be placed in fighting the negation of the civil
liberties that seemed to be diminished by closing the bath
houses, by forcing blood tests and urine tests in order
to gain insurance for health cases by the lack of provision
of appropriate housing for lesbian and gay people who have
AIDS and ARC.

That says it all. Thank you for the time. I provided
testimony so that if any of the Commissioner wishes to
read it at a later time, they can have that.

CHAIRPERSON SOLER: Don't go away; there might be
some questions.

MR. MOORE: Okay.

CHAIRPERSON SOLER: Commissioner Yamakawa.

COMMISSIONER YAMAKAWA: Are you speaking for
Supervisor Ward tonight? Or are you speaking for yourself?

MR. MOORE: I am speaking solely because I was asked
as Brandy Moore. But, there's no way that I can get away
from my capacity as an Aide to Supervisor Ward.

COMMISSIONER YAMAKAWA: Sure. And as a person who's
aware of what local government can do, do you have any
suggestions of what our local government might do?

MR. MOORE: For the first part: yes, to answer your
question, sir. For the first part, the City and County
of San Francisco has already passed legislation which
outlaws discrimination against people with AIDS and ARC.
Secondly, I would suggest or I would respectfully submit
that the Human Rights Commission may wish to join in
opposition or recommend to the Board of Supervisors and
the Mayor, opposition to forced testing of lesbian and gay
people and anybody who wishes not to take blood and urine
tests to determine whether they are AIDS positive. I think
that sets a dangerous precedent.

My written testimony also suggests that -- bear with
me just a second -- that since the Human Rights Commission
is mandated to work for the public good, it might join
efforts to educate San Franciscans, much has Diana
Christensen has talked about (and similar human rights
activists around the country) on the dangers of
discrimination against people with AIDS and ARC. The
Commission could signal a quantum leap towards assuring
human dignity for all in this kind of an effort.

The Commission might wish to resolve to oppose the
efforts of the United States Government in requiring
testing of all immigrants who wish to enter the United
States, without diminishing its stature as friend of the
constitution and human dignity. Or, it may publicly refuse
and lobby for laws prohibiting the testing by insurance
companies of populations living in certain areas or
specific income groups. It's those kinds of suggestions that would be helpful.

COMMISSIONER YAMAKAWA: Thank you.

CHAIRPERSON SOLER: One more question. Commissioner Lyon.

COMMISSIONER LYON: Brandy, you mentioned people joining together around the country to fight this intrusion on our civil liberties. Is there a name to that?

MR. MOORE: At this point, there is not. But there is a plan for a national march, much as we did in 1979 for the March on Washington for Lesbian and Gay Rights. I am most certain that one of the demands, if that march comes to fruition, will be more money for research and an end to the diminution of our civil liberties as lesbian and gay people.

COMMISSIONER LYON: Thank you.

CHAIRPERSON SOLER: One last question from Commissioner Morrisey.

COMMISSIONER MORRISSEY: What is the present situation with reference to the bath houses?

MR. MOORE: It's my understanding that because of lack of attendance, many of the bath houses have closed. Several of the bath house owners, as business people, have made new efforts toward changing their bath houses into other kinds of establishments. And we must not forget that many of the bath house owners instituted programs
within their bath houses to provide the Department of Public Health with education and information to their patrons. So there has been some effort about changing activities of the bath houses if not their closing altogether.

COMMISSIONER MORRISSEY: When you indicated that there was closing of the bath houses, which was a violation of civil liberties -- if I understood you...?

MR. MOORE: Indeed. In my early remarks I talked about a period back in March and April 1984 when Dr. Silverman wanted to close the bath. That didn't occur officially. But the kinds of efforts that it required challenged the sense of security that the gay male population had in this city, etc. It required a lot of networking and education on the part of many people to determine where the civil liberties begin and end for patrons of business establishments as well as the fact that they were lesbian and/or gay people.

COMMISSIONER MORRISSEY: You had some questions from Commissioner Yamakawa as to what the local government could do. What is your recommendation on what the local government should do with reference to bath houses?

MR. MOORE: My recommendation inasmuch as the bath houses are closing on their own, is that the educational efforts from the Department of Public Health be stepped
up and continued for those bath houses that are open. On another level, where those bath house owners have chosen to make some new steps with their bath houses, I think they should be assisted in doing that. Overall, I think that it's an issue of business people making the appropriate decision -- the Public Health Department making public health decisions, but that governmental edict should not close down businesses.

CHAIRPERSON SOLER: We have one last question. I've been prevailed by my colleague to the left. So, don't go away.

COMMISSIONER LYON: Brandy, it was my understanding that Supervisor Kopp had introduced legislation which would be on the calendar of the Health Committee next Tuesday, which calls for closing down any establishment which might lead to the spread of AIDS?

MR. MOORE: Right. That legislation will be before the Health Committee, on which Supervisor Ward sits. My advise to her will be that this is a dangerous issue. It sets a dangerous precedent because of the vagueness of the language, not because of the content -- just the vagueness of the language. You could get...we could close down this hall.

COMMISSIONER LYON: Right -- or bars or homes or almost anything.
MR. MOORE: Right. And there is a direct challenge to lesbian and gay people's civil liberties, but moreover, to the civil liberties of all San Franciscans. And that's really unsafe.

CHAIRPERSON SOLER: Thank you very much.

MS. WINNOW: The next person to speak is Paul Murray from the Hemophilia Council of California. Could you please spell your name and take the oath? And then, Reggie Williams is next.

MR. MURRAY: (SWORN) -- Thank you. My name is Paul Murray (M-u-r-r-a-y). I'm here today representing the Hemophilia Council of California (the Hemophilia AIDS Project).

For 1,700 hemophiliacs in California, these are persons who share the experience of having an inherited genetic disorder in which they lack a factor in their blood which prevents normal blood clotting.

Hemophiliacs are young and old people -- of every race, ethnicity and cultural background. Hemophiliacs treat their disorder by injecting clotting factors that are derived from poor blood product. While these blood products are now safe from AIDS related virus, hemophiliacs have been highly exposed to AIDS related virus. Contaminated blood used before the current screening techniques were in place, and now protect the blood supply.
Consequently, hemophiliacs in general have perhaps the highest percentage of AIDS related virus antibody zero positive of any of the known risk groups. The discrimination issues which arise for hemophiliacs center on their identity as a risk group in various life situations. Their medical condition is by necessity, usually known to employers and school officials. In these settings, they become targets of fear and suspicions. This is particularly evident in two well-publicized cases of discrimination in California schools. A hemophiliac boy in Carmel with AIDS has been banned from school. And recently, a child with hemophilia in Orange County has been banned from school solely on the basis of a positive antibody test.

The latter case is going to be litigated with support from the National Hemophilia Foundation and may well develop into the first major legal precedent regarding AIDS discrimination in California. The Hemophilia Council of California urges the Commission to take the most vigorous enforcement posture possible towards cases of AIDS and ARC discrimination.

The Commission must be cognizant of the discrimination potential towards persons who are or may be perceived as being AIDS related virus infected, and persons such as hemophiliacs who suffer discriminatory
action solely by virtue of their identification as a risk
group.

The Hemophilia/AIDS Project will report to the Office
of the Commission any case of discrimination toward
hemophiliacs in San Francisco and appreciates the
Commission's concern on the topic of discrimination.

CHAIRPERSON SOLER: Thank you. There're probably
some questions. Have you had any complaints in San
Francisco?

MR. MURRAY: We don't have a specific complaint to
bring at this time. But we certainly have reported rather
vague complaints from people in school and workplaces of
fears of their peers and co-workers.

CHAIRPERSON SOLER: Any questions? Hearing none,
thank you very much for coming.

MS. WINNOW: Reggie Williams from Black and White
Men Together AIDS Task Force. And after Mr. Williams is
Nancy Shaw. Please spell your name and take the oath.

MR. WILLIAMS: (SWORN) -- My name is Reggie Williams
(W-i-l-l-i-a-m-s); and I represent the AIDS Task Force of
the San Francisco Chapter of Black and White Men Together,
a gay multi-racial organization for all people.

Black and White Men Together is an all volunteer
organization committed to fostering supportive
environments wherein racial and cultural barriers can be
overcome and the goal of human equality realized. Our
task force was established last May because we recognized that with all the AIDS related activity occurring in San Francisco, there was virtually no activity directed at educating or providing services to anyone other than relatively well-educated white, gay men. Nationally, 40% of all the AIDS cases involved third world people. Seventy-nine percent (79%) of the children with AIDS come from third world communities. AIDS is not a gay, white man's disease.

We feel obliged to take steps to educate our members and to begin active campaigns to assess and encourage providers of AIDS related services to include third world communities in their plans. To this end, we have met with virtually every major provider of AIDS education and social services. When asked: 'What programs or materials does your agency have for addressing the needs of third world communities?' The typical response was: 'Well, we don't have anything specific; but we recognize the need to address those needs.' When asked if they had a significant number of third world staffers, the answer was consistently 'no'.

The reality of the situation is that AIDS service providers in San Francisco have been so busy trying to accomplish the impossible, that they continually operate on the day-to-day issues of how to provide services to individuals already ill or most at risk. It is only
recently that there has been a belated effort to address other communities. For example, the first educational brochure to be produced in San Francisco in a language other than English, was not available until 1985.

Because San Francisco does not yet have as many third world or needle users or youth cases as other parts of the country, there has been very little effective planning for how to meet the needs of these communities. But the evidence is clear that the number of these cases is going to steadily increase, unless immediate effective educational programs are implemented. These programs must be designed to meet the needs of the target communities and their cultures.

What has proven to be effective in working with well-educated gay, white men should not be assumed as a good approach for dealing with other groups. The people responsible for designing these new programs need to be very knowledgeable about the target group. Preferably, they should be members of the target group. The City of San Francisco has been negligent in its showing that the racial and cultural diversity of the City is reflected in the hiring practices of the AIDS agencies. There are other areas which also warrant immediate attention. San Francisco.... Okay.

I'd like to....
CHAIRPERSON SOLER: You can have a concluding comment.

MR. WILLIAMS: Yeah, I'd like to just state the points that we wanted to make. Based on the work that we have done over the last eight months, we recommend that:

1. the City of San Francisco develop a culturally sensitive plan for identifying and meeting the needs for AIDS education in the following groups:
   a. racial and ethnic minorities.
   b. people whose primarily language is not English.
   c. needle users.
   d. homeless and street youth.
   e. all other groups.

2. the City of San Francisco implement a procedure to ensure that all agencies receiving City funds have effective affirmative action in employment plans, as well as effective programs for addressing the needs of the groups listed.

3. the City of San Francisco take immediate action to rectify the situation at San Francisco General Hospital's Ward 86 (which I didn't get a chance to tell you about -- which has denied, to non-English speaking patients, the same services and information available to English-speaking patients).
4. the City of San Francisco refuse to assist in the procurement of research grants for any organizations which do not include third world researchers in responsible positions.

CHAIRPERSON SOLER: Thank you. Are there any questions?

COMMISSIONER MORRISSEY: Yes. I have a question.

CHAIRPERSON SOLER: Commissioner Morrissey.

COMMISSIONER MORRISSEY: With reference to the hospital, is that ongoing now that the...that your allegation at the present time is discrimination based on language out at the General Hospital?

MR. WILLIAMS: Yes, it is. We met with Dr. Paul Volberding back in October of last year; and we outlined some specific problems at San Francisco General Hospital. One of the problems that we identified to him, he said he would be able to implement a plan for right away. We met with him again this month...last month; I'm sorry -- in January. And at the present time, it still had not been dealt with. We asked him about providing some third world sensitivity training to the staff people on 86. He agreed to it; but at the present time, it still has not been done. Those are the kinds of things that we're talking about. And I didn't get to continue; but I've submitted the testimony that has it all written out.
CHAIRPERSON SOLER: Are there any other questions? Hearing none...oh! Commissioner Moulton.

COMMISSIONER MOULTON: Did they say why there wasn't available Spanish speakers or people that spoke Tagalog? Because I know that there are those people available. Why were they not allowed into Ward 86? Do you have an answer?

MR. WILLIAMS: Well, what we were told was that the people that are the interpreters are also employees in other areas. And sometimes the time that it takes to get an interpreter from their job, get in touch with that person's supervisor, get them down to Ward 86 to help translate with a particular patient, the time lapse is really great. When you're dealing with someone with a critical condition such as AIDS, there should not be that time lapse. They should have someone on the ward who can speak Spanish or speak Tagalog or speak Chinese -- right away, to deal with a person that would come in, that needs that kind of translation.

CHAIRPERSON SOLER: One last question. Commissioner Chung.

COMMISSIONER CHUNG: I guess your contention is that the third world population would have more discrimination against the gays; and it is compounded by the original, I guess, the ethnic group for differences between that. And then, I think also the fact that the third world people are using a lot of needles. How do you explain that fact?
MR. WILLIAMS: I don't have an explanation for why more minority people are into drug usage. I don't have an answer for it. But that's the facts. And it's been proven that the way that the epidemic is going to go within the next two, three, four years -- it's going to shift...the population's going to shift from all gay people to the minority communities which have been known to be the heaviest users of drugs and IV drugs. And that's where the epidemic is going to start centering. Those minority numbers are getting higher as it is. San Francisco has already.... Minority numbers of AIDS cases has already increased. And on the national level, it's almost at 50% -- almost of third world and minority cases. That's the way that the epidemic is headed. And what we're saying is that the organizations in San Francisco need to get prepared for that. They need to start getting ready now for that shift in the population.

CHAIRPERSON SOLER: I want to say thank you very much. We have to move on. I'm also going to ask people to...there are many more of us here tonight -- Commissioners. And we have a lot of people in the audience who want to speak. So, I'm not saying don't ask the question; but let's remember that we want to hear from everybody. So with that, let's go on to our next speaker.
MS. WINNOW: The other thing is, the Commissioners at the bottom table, you only have one microphone. And you have to speak into the microphone for the transcriptionist. So when you are speaking, please take the microphone and speak into it. Okay? Nancy Shaw, from the San Francisco AIDS Foundation Women's Program. Please spell your last name and take the oath.

MS. SHAW: (SHAW) -- My name is spelled S-h-a-w. In addition to the health consequences faced by any person with AIDS or ARC, women suffer some additional problems of access to education and....

CHAIRPERSON SOLER: Can you hear back there?

AUDIENCE: (Nods 'no')

CHAIRPERSON SOLER: Nancy, the top mic.

MS. SHAW: Better?

CHAIRPERSON SOLER: Yeah.

MS. SHAW: ...additional problems of access to education and services. There are three areas in which the inadequacy is most relevant: preventive education, health and social services for women infected with the virus or with ARC or having ARC or AIDS, and overall service and civil liberties protections to special populations of women. I'll address each area in turn.

First, preventive education for women: Because the numbers of women with AIDS are much smaller than the numbers
of men, most of the preventive education is directed at men. For example, in San Francisco, most of the education is directed at gay men. While the funds are appropriately expended to educate this very high risk group, the concomitant situation -- a very small amount of prevention for women -- means that women who are at risk have very little access to educational programs. And in some cases, they have no access. And a minimum range of programs needs to be provided if women are going to be protected from the virus.

Let me just give one example of this. It's taken a year for a number of women health care providers to develop nearly one regular drop-in group for women who are infected or have AIDS or ARC through the AIDS Health Project. In addition, the fact that the women at most risk currently are IV users means that any educational projects will need special tailoring for the particular kinds of risk that women have.

I'd like to, in each of these areas, make a specific recommendation. First, that either the Commission or the City review existing AIDS education programs located both in the private sector and through the City-funded health and jail services (where there are a number of women in needs of this education), to be certain that women have the same access to programs that men do.
Secondly, the area of services for women who have positive antibody tests or have AIDS or ARC: many of these services are also designed with gay men in mind. And if the organizer of the services is not thinking about gay men, he or she may be thinking of drug users. And unfortunately, most drug rehabilitation services have also been designed with the male user in mind. And what is the consequence of this male orientation in these services?

First of all, there is no AIDS screening clinic for women. There's no referral list in San Francisco of doctors who are knowledgeable, both about AIDS and about women's health. This list doesn't exist either because there are so few physicians with this joint competence that they are unknown or unavailable. Emergency housing is less available to women; and provisions are often not made for children.

Recommendations in this area in terms of services are, first, that the City establish at least one -- and I think one would probably be sufficient -- primary screening and service clinic for women at risk of AIDS, with AIDS, etc. The clinic should offer a full range of women's health care services.

Rather than go into the other stuff, I just want to mention the special populations of need -- just by title:
women in the criminal justice system who have both service needs and civil liberties needs.

women who are prostitutes who, again, have both education needs and civil liberties problems.

women who are drug users, and

women of color.

And I would just like to add, in the 'women of color' that the problems in terms of language and culture may be different for women of color than they are for men of color. For example, there are lot of women who are prostitutes who are Vietnamese. And it means that, although this is not a population that's among the men is at high risk for AIDS. We're talking about a specific group of women that have specific language/culture needs and also in many cases, are not necessarily processed correctly in terms of immigration.

CHAIRPERSON SOLER: Because we are keeping to our three-minute limit, we encourage you to submit your comments and written testimony before February 12th. Are there any questions? Hearing none, we look forward to seeing your testimony in writing.

MS. WINNOW: Priscilla Alexander, of COYOTE. Could you please come to the podium and spell your name and take the oath Priscilla? Is Priscilla here?

CHAIRPERSON SOLER: Yeah. She's coming on your left.
MS. ALEXANDER: I'm glad Nancy Shaw spoke before me; because she's one of the few people in the....

CHAIRPERSON SOLER: Priscilla, could you first spell your last name and swear?

MS. ALEXANDER: (SWORN) -- Oh. Alexander (A-l-e-x-a-n-d-e-r). And I'm here representing COYOTE (C-O-Y-O-T-E), the prostitutes' rights organization.

I want to thank Nancy Shaw. She's one of the small number of people who has been concerned about prostitutes since the beginning of this epidemic: prostitutes as victims, not vectors. I'm not going to speak about services. I'm going to speak about images and beliefs that I think determine what happens to women.

Women are viewed as vectors of this disease. The concern that is expressed in the press and by doctors all over the country and by government officials in public health and out of public health, by police and by everyone else is that prostitutes are going to transmit the disease. There is little or no concern about prostitutes as victims of this horrible disease.

Women who are seropositive and pregnant, the concern is about them transmitting the virus to a fetus or transmitting the virus to their male sex partners. There is little or no concern about the fact that pregnancy may increase their risk of coming down with AIDS or the fact...
that, if they give birth to a baby who later dies of AIDS, that may upset them; and they may go through a terrible grieving process. So everything that has been done about AIDS so far in this country, almost without exception, has viewed women in this way.

And I'm going to talk about.... Some of the concern about prostitutes I think is because of a lack of knowledge about what prostitutes do. Prostitutes in the United States mostly do hand jobs and blow jobs. Neither of which are considered to be high risk activity. They also have traditionally, particularly street prostitutes who are IV users or not IV users, have used condoms always for as long as condoms have been available. They get resistance from customers. But whenever they can, they use condoms. And this has just increased because of AIDS. Because they're very conscious of AIDS, no matter what level they work at.

And yet, the assumption is that prostitutes are engaging in high risk activity and they are transmitting it everywhere. The fact of the matter is that some prostitutes who are IV users have had AIDS since the middle or late 1970s. Maybe they have had the virus since the early 1970s in this country -- in New York in particular.

An average street prostitute may see between 1,500 and 5,000 customers a year. If she were transmitting the
virus effectively to straight men, many of whom travel all
over the country (most of them are conventioneers and other
tourists), you would see heterosexual male AIDS all over
the country in the thousands, the tens of thousands or the
hundreds of thousands. So it's pretty clear that
prostitutes in this country are not transmitting AIDS
efficiently. There may be some cases. But it is not large.

There are 27 men who have been documented to have
gotten AIDS from women in the United States, according to
the CDC -- and I think 754 men with unknown risk factor.
There are 154 women who've gotten AIDS from men and two
hundred fifty something who've gotten it without known
risk factors. So there's been a lot of scapegoating of
prostitutes that's gone on.

And I particularly want to talk about the San
Francisco Chronicle and coming up....

CHAIRPERSON SOLER: Maybe someone would be kind
even to ask you the direct question.

COMMISSIONER WADE: Would you tell us about the San
Francisco Chronicle?

CHAIRPERSON SOLER: Thank you, Commissioner Wade.

MS. ALEXANDER: January 5 and January 8, 1985, Randy
Shiltz wrote a story about a prostitute who was arrested
by the San Francisco police and dragged off in handcuffs
to San Francisco General to get tested. The reason: she
had a lover who had AIDS and she was an IV user. She did
not have AIDS; although I don't know whether she was
seropositive.

February 18th, Randy Shiltz wrote an article in New
York City that was headlined -- something about 'NEW YORK
FEARS AIDS FROM HOOKERS' -- a major story on what's going
on. And the big thing that got highlighted was, again,
the prostitute risk.

Summer 1985, he wrote an article -- and I couldn't
find it. But it was on public health concerns versus civil
rights issues. And he talked about a gay man in Alameda
County who had been diagnosed with AIDS and who had publicly
refused to use condoms or change his sex practices. And
then he talked about this particular prostitute who was,
again, working. She does not have AIDS. There was no
discussion of whether she used condoms or not. So the gay
man were specific reasons he was talked about. The
prostitute was a prostitute; and that was enough.

In the Fall of 1985, there were a couple of articles
in the New York Times about women and AIDS -- one of which,
on November 8th was about prostitutes and AIDS, and about
the growing consensus that prostitutes were not
transmitting it. The Chronicle, who routinely picks up
articles from the New York Times, did not pick up this
article.
you go, though. Any other questions from any other
Commissioner?

COMMISSIONER WADE: What recommendations do you have
related to prostitutes?

MS. ALEXANDER: I think Public Health needs to be
assertive in telling the press that they should stop the
scapegoating and give accurate information. I think they
should put pressure on the television stations and all of
the media to carry public service announcements and ads
about the efficacy of condoms and spermicides in helping
to reduce the risk of AIDS and the kind of silence on
explicit safe sex that they are guilty of.

CHAIRPERSON SOLER: Thank you very much.

MS. WINNOW: We've run out of time for the Underserved
Population; and we have two unconfirmed speakers. What
we're going to do is still take the first person who signed
up to give a brief presentation. And then, we're going to
go on to Housing. That would be Erika Ipsen; she's with
Task Force II. I'm sorry that the other person couldn't
speak; but I do request that she submit written testimony
by February 12th.

MS. IPSEN: (SWORN) -- Good evening. My name is
Erika Ipsen. I'm here as a woman who is diagnosed as
antibody positive. And my husband died of AIDS in December.
I am a heterosexual woman who has a small child, two years old.

I have found that I have no services to help in dealing with my son. If anything is to happen to me or in the interim period if I get sick with any kinds of problems, there's no babysitting services. There are no monies for housing support if I am to be evicted from my home, which could be a possibility just because of the fact that my husband lived in the home with us.

Then there's no kind of adoption services or anything for families that have AIDS in their home and then the parents may die of AIDS. And the fear of AIDS around them will be an emotional factor. Who will take them in? Because the fear is everywhere, even just for people who are antibody positive, like me.

I have the same discriminatory problems as anybody with AIDS or ARC. If anybody in my work finds out that my husband died of AIDS and I'm antibody positive, I could be fired for that. And then, I won't be able to work in the financial district anymore. And my child, when he goes to school, if anybody finds out that this father died of AIDS, he'll have the same discriminatory problems that the children have today who have AIDS. And various other funds: if I lose my job, I could only live on social security. I would automatically get that, but for two
people, especially a child who has constant money needs -- clothing and housing and schooling -- and right now, I have a babysitter for him (it's expensive) and things like that.

So, I'm just coming to say that there needs to be some services for women who are antibody positive and who have small children, that if anything happens to them, they need to have some place, to have a safety area -- a family -- to take in their child or to help them with emotional problems and things in dealing with this. Thank you.

CHAIRPERSON SOLER: We absolutely agree with you. Thank you very much.

MS. IPSEN: Okay.

CHAIRPERSON SOLER: Any questions?

MS. WINNOW: We're going to be moving into Housing now. The first person to speak is Donald Hesse of the Human Rights Commission Housing Unit. Could you spell your name and take the oath, Donald? And after Don is Oscar Castillo.

MR. HESSE: (SWORN) -- Good evening, Commissioners. My name is Donald Hesse (H-e-s-s-e). My position is the Housing Coordinator for the Human Rights Commission.

To date -- and this only covers a period of the last two months -- we've received four AIDS-related housing
complaints at the Human Rights Commission. Two of them were very clearly and explicitly AIDS related. In two of them, AIDS was a factor.

I'm going to cover a number of points quickly and then, Commissioners can ask questions, if need be. The remedies that are available to people, fortunately in San Francisco, with rent control and the requirement of just-cause eviction: frequently people who otherwise might be subject to arbitrary eviction or arbitrary rent increases are protected that way. In addition, of course, there's Article 38 that the Commission provides mediative services on.

On the State level, the good news is that the State has Civil Code Section 54.1 which prohibits discrimination in housing against people based on disability. And this would apply, of course, to people with AIDS. That's the good news. The bad news is that law is enforced only by private action -- that is, a private attorney or by a city attorney or a district attorney, if they choose to take those cases.

The very bad news is that, because the State has a specific law that prohibits discrimination based on disability in housing, the State administrative agency -- the Department of Fair Employment and Housing -- cannot accept discrimination cases based on disability in housing.
They are prohibited because there is a State law that protects people. This is unfortunate; because it means that people have no administrative remedy on the state level for AIDS discrimination.

On the federal level, for anybody receiving Federal funding, the recipient of the funding cannot discriminate against housing applicants or occupiers on the basis of disability.

In addition, there are two statewide problems that I've become aware of through dealings that I have on statewide level in housing organizations. One of these is with regard to apartment buildings. And I have never heard of this in San Francisco; but I get a great deal of inquiries, because of my position in the City, from people outside the City (particularly in the Valley) where there are tenants in large apartment complexes who have AIDS. And what the managers discover is that the other tenants come to the managers and say: 'Either you get rid of that tenant or we're leaving.' The other side of that is the owners and the tenants who discover that a manager might have AIDS and tell the owner that, unless the manager is fired, the tenants will be leaving.

The problem here, of course, is that when you get an owner or you get a manager who says that's ridiculous and I'm not going to evict that person or fire that person
for that reason because it would arbitrary, he suffers an
economic injury; because there's no way to prevent the
tenants, in fact, from leaving those buildings.

The other problem which you may have noticed in the
newspaper is real estate sales. And there's a problem
here because there's difficulty with regard to disclosing
to potential buyers of real estate in the State of
California the fact that the seller of real estate may
have had AIDS. And there's a conflict in this area.

CHAIRPERSON SOLER: Don, thank you very much. You
mentioned that there're four AIDS complaints in Housing
that we've received at the Human Rights Commission. Could
you tell us about those?

MS. WINNOW: In the last two months.

CHAIRPERSON SOLER: Yes.

MR. HESSE: In the last two months -- specifically,
the first one involved a tenant in a building.... They're
all remarkably individual, as are all of the victims, of
course. But the owner's lover died of AIDS. And because
all of the people in the building, including the tenants,
knew each other, the owner, first of all, decided to sell
the building. He had a real anger towards the other tenants
in the building that were also gay. And he tried to evict
those tenants. That was resolved through mediation and
everybody ended up satisfied with the result. It was a
great deal of anguish involved in it.

The second one was a tenant whose lover had died in
the building....

COMMISSIONER MORRISSEY: Before you go on....

MR. HESSE: Yes.

COMMISSIONER MORRISSEY: I don't understand the AIDS-
related discrimination here.

MR. HESSE: The owner's lover, who was a resident
of the building died of AIDS.

COMMISSIONER MORRISSEY: I understand that. But....

MR. HESSE: Specifically because of that fact, the
owner harbored a great deal of resentment towards the other
people in the building and was angry—had a lot of anger
regarding himself and regarding the other tenants in the
building who were also gay and wanted to sell the building
to get rid of all his memories of his lover and everything
else. And as I say, it was AIDS-related. It wasn't
specifically that he was trying to evict these people
because they had AIDS. But if AIDS hadn't been involved
in the situation to begin with, he wouldn't have been
trying to evict these people.

COMMISSIONER MORRISSEY: You mean if he hadn't died?

MR. HESSE: If his lover hadn't died -- correct.
The second one was a tenant whose lover had died and then the landlord tried to double the remaining tenants' (the surviving tenants') rents by over 200%. That was mediated to a satisfactory resolution.

The third one was a homeowner who believes that he has AIDS. He and his roommate purchased the building that they had been living in. And when they tried to get insurance -- property insurance -- for the building (this also doesn't make logical sense), they were asked questions about their health and then advised that the insurance company did not provide insurance for co-habitants of property. That, of course, is illegal; and that is being pursued. I think it will be resolved.

The fourth one was a particularly tragic situation where there were four residents of a house, one of whom owned the property. One of the residents who was gay (and the other three were straight) has developed AIDS. And when that became apparent -- and it only became apparent at the stage when he was no longer ambulatory -- they basically told him to get out. That is being worked on; and I think will be resolved.

CHAIRPERSON SOLER: Thank you. Other questions? Thank you. We have one.... Is your hand up or down, Commissioner Chung?
COMMISSIONER CHUNG: The saying of this hearing is that gay populations were discriminated against because the public believed that they were subject to have AIDS. And you're, I guess, stating the fact that they were discriminated against because of the AIDS cases. How are you going to let it with the gay populations when first they denied it? And then, the landlord or the property owner refuse to have them denied their tenancy because of the only story based on the gay populations. So, what I'm saying is you're not successfully correlated with AIDS.

MR. HESSE: I'm not sure I understand the problem.

COMMISSIONER CHUNG: My problem is that I guess the meetings we are holding are for the purpose that the gay community was discriminated against because the public believes that they are subject to have AIDS.

MR. HESSE: Correct.

COMMISSIONER CHUNG: And those discriminations are accelerated, especially on the gay community. Then, you said that it was found that they were discriminated on the basis of the AIDS cases reported. And now, you have to believe somehow, in the first place, that gay populations were discriminated because the public believed that the gay persons have AIDS. So what I'm saying is that your report is that they were denied it because of the AIDS found.
MR. HESSE: That is correct. In fact, somebody was denied housing because they were gay. Because the persons feared that they might have AIDS, that would be a violation of Article 38 of the City Code. It would also be a violation of State law.

CHAIRPERSON SOLER: We have one last question and then, I urge for us to move on.

COMMISSIONER MOYLAN: Maybe I misunderstood you, Don. But you mentioned, for example, in the sale of real estate -- does the real estate agent have...does he have to disclose...?

MS. WINNOW: Excuse me. Could you please speak into the microphone?

COMMISSIONER MOYLAN: Does the real estate agent have to disclose to the buyer, the health of the owner?

MR. HESSE: This doesn't make logical sense. But then, there were a couple of articles which I'll send to you that were in the paper last week. But, under a California State Supreme Court decision, a real estate salesperson must disclose material facts to the buyer. And there was a decision that held that such a material fact was the fact that a previous resident had been murdered in the property. Therefore, the fact that the buyer, once they found that out, became unreasonably afraid of that fact.
The court held that that should have been disclosed. That doesn't make any sense to me. But as a result, the real estate industry is a little afraid of the fact that if they don't disclose to a potential buyer that a former resident, in fact, died of AIDS that they might be subject to liability.

I want to say specifically that the California Real Estate Association does not support that view and feels that they do not have to disclose. And I'm pleased to note that they are seeking legislation to make it clear that they do not have to disclose that.

CHAIRPERSON SOLER: Thank you very much. And we're ready for our next....

MS. WINNOW: Oscar Castillo. Could you please spell your name and take the oath?

MR. CASTILLO: (SWORN) -- Yes. C-a-s-t-i-l-l-o. I obviously have AIDS and I've had AIDS for three years. It was diagnosed in 1983. I had a Crypto sporidiosis, which is a very rare parasite. And as far as I know, I'm the only person who's ever lived.

I was evicted because of AIDS. Apparently, my parents, my moods -- they couldn't deal with me anymore. My roommate and my landlord evicted me. He approached me on my birthday; and I think he did purposely (on October 20th) and said that he couldn't live with me anymore. He
couldn't handle it, emotionally. He could no longer live with me. After that, he stopped communications.

On December 21st, after I had a spinal tap, I was in excruciating pain -- a fever of 102. He persisted in repeating to get out -- to get out! -- over and over again. I begged him: 'I'm in pain; I can't deal with this now.' There was some confusion about my diagnosis because I was done in New York. And there have been problems of people stealing reports and coming to San Francisco -- falsifying. Once it was proven that I do have AIDS (that's been cleared), he has not given me a written eviction notice or a written lease. When I threatened to sue him, he brought the police in; and apparently because of the eviction notice and the lease, they couldn't do anything. When they left, he assaulted me. He harrassed me by hiding my mail, keeping me out of living areas-- the living room, dining room.

I think I have enough problems. I don't know how long I'm going to be here. I want the last days of my life to be happy. I'm homeless. I've been living with friends now. I have a total of probably $100. Apparently, I'm awaiting Shanti; but there isn't space for me right now. They've given me... they've accepted me, basically. And unfortunately, I have to wait for someone to move out or to die. And that's a terrible circumstance.
Mostly my complaints are emotional distress, intentional infliction of emotional distress, assault, and the breach of AIDS Discrimination Ordinance. Things like this can't happen to people with AIDS. We just don't have the strength.

CHAIRPERSON SOLER: We agree with you.

MR. CASTILLO: Thank you.

CHAIRPERSON SOLER: Thank you for coming tonight. I'd also like to say that I think in this room we have some resources that can help you tonight.

MR. CASTILLO: Thank you.

CHAIRPERSON SOLER: And thank you for your courage. There may be somebody from the press who would like to speak to you.

MS. WINNOW: Larry Saxxon from the San Francisco AIDS Foundation. Please come to the podium, spell your name and take the oath. And then, after that is Steven McNeil.

MR. SAXXON: (SWORN) -- My name is Larry Saxxon. It's spelled S-a-x-x-o-n. I'm a Social Worker with the San Francisco AIDS Foundation. And part of my duties there are to coordinate the San Francisco AIDS Foundation's small and very over-used Housing Program. We do have an emergency housing program; and it's the only one its kind in San Francisco at present. And we do feel the crunch.
I'd like to remind the Commission and all people present of a situation that one of my co-workers brought up (Nancy Shaw). She threw out a hypothetical situation to me and asked me what I would do if there was a mother with AIDS that had two children. I've been working in the social services field for 15 years and I ran up against my first brick wall. I pulled every punch I could pull with the given knowledge I have of the social services system in San Francisco; and I came up with nothing. Technically speaking, people that are homeless should fall under the jurisdiction of Mr. Stall Camp's office in the Department of Social Services. That particular body of the Department of Social Services (the Homeless Program) is responsible for providing some intermediate emergency housing for medically indigent or medically needy or financially needy people in San Francisco.

I am not allowed, as a social worker from the San Francisco AIDS Foundation, to make a referral to that organization. None of my clients may say that I have sent them to the Housing Hotline. None of my clients may go to any of the public emergency hotels which are under City and County of San Francisco contract, at present. So, I'm made to pull rabbits out my hat on a five-day-a-week basis, forty-hour-a-week basis; and I've about run out of alternatives, at present.
I'd like to say that I wish that this gentleman's story were a fantasy and it weren't consistently happening. I see this on a daily basis; because Larry Saxxon is the person that primarily deals with homelessness at the San Francisco AIDS Foundation. And Larry Saxxon oftentimes is the person that views the nightmare on a daily basis. I've gotten to the place where I have to say 'no' more than I say yes, on a daily basis. Simply because, my Housing Program is only able to accommodate four to five people, maximum.

I'm contracted to house those people for a two-week basis, for free and work on a seek-other-housing plan with them. I cannot make a seek-other-housing plan if I cannot get the cooperation of the landowners in San Francisco and the people that own the public accommodations. At this point, there is no cooperation.

So a great deal of my time is spent working with gentlemen like this. Unfortunately, browbeating unwilling landlords and other people and hustling, trying to find some magical resources. And again, at this point, this speaker has run out of resources. We are basically spending more time saying: 'I'm sorry; we're full; we don't have the accommodations, at present' than we are actually processing people. And I think that's pretty unfortunate when we consider that there's certain branches of local
government that are supposed to be fiscally responsible 
for dealing with the homeless population. I'd also like 
to just briefly remind everyone here that the homeless 
population in San Francisco has a whole gamut of fiscal 
problems other than AIDS. So I don't understand why there's 
a special differentiation in keeping people with AIDS out 
of these public programs.

CHAIRPERSON SOLER: Thank you. Are there any 
questions from any Commissioners? Commissioner Morrissey.

COMMISSIONER MORRISSEY: I don't understand your 
comment that you're not permitted to give information to 
homeless people to seek housing.

MR. SAXSON: Very good point. I am not to make an 
official referral to any public hotel which is financed 
by the Department of Public Health. The Department of 
Public Health has certain properties around the City where 
they will pay the property owners for full occupancy, 
whether those properties are occupied or not. Those slots 
are opened and reserved for people that are deemed homeless 
that go through the Emergency Housing Program of San 
Francisco. I may not make a referral to those programs, 
nor may a social worker from the San Francisco General, 
Ward 86 or any other AIDS organization.

COMMISSIONER MORRISSEY: Can you tell the client of 
the possibility of going themselves?
MR. SAXXON: I have been warned that that is very
dangerous -- that that's a very volatile subject. Because
if that client goes to that housing program and says Larry
Saxxon referred me from the San Francisco AIDS Foundation,
there could be problems.

COMMISSIONER MORRISSEY: What is the reason for this
rule? I don't understand it.

MR. SAXXON: All I can give you is what I've received.
And it's real hard to verify what I've received. I've
received it from several sources. I am of the understanding
that there's a movement afoot to keep all people with AIDS
or people with AIDS related conditions out of all public
accommodations. There is not to be the words 'AIDS' and
'hotel' in the same sentence.

CHAIRPERSON SOLER: Just to follow up on that: last
night we did hear an allegation that somebody trying to
get some housing through the Department of Social Services
was also denied housing. So it seems like the problem
that you're stating is fairly pervasive in our public
agency. Are there other questions from any other
Commissioners? Are you going to be submitting written
testimony, too?

MR. SAXXON: Yes. Yes.

CHAIRPERSON SOLER: We would really very much
appreciate that. Thank you very much for coming.

MR. SAXXON: Thank you very much.
MS. WINNOW: Steven McNeil. Please spell you name and take the oath, Steven.

MR. McNEIL: (SWORN) -- Yes. My name is Steven McNeil. That's spell M-c-N-e-i-l; and I'm a resident of San Francisco.

My lover died of AIDS at Pacific Presbyterian Hospital a year ago, this January. The onset of the disease and the dying took place within six weeks. After his family had gone back to the east coast, I found myself physically and emotionally exhausted. I also found myself with an apartment whose rent had formerly been shared by two.

I let it be known to my friends that I was looking for another less expensive apartment. In late February, a year ago, a former co-worker called to let me know that she was moving out of her one bedroom apartment in the Mission. She suggested that she would talk with her landlord about my interest and find out any new rental terms. I made arrangements with her to see the apartment the next week.

Within the week, I received a call back from my friend. She said: 'Steven, you'll never guess what happened.' I answered, that the landlord did not want to rent the apartment to a gay man. She said that was it; but that the landlord had asked if I were gay, and also
went on about how if she rented to a gay man who then came
down with AIDS, she'd have trouble collecting the rent or
renting the place in the future.

My friend said that she had not answered the
landlady's question on my sexuality. She then asked me
whether I still wanted to see the apartment and pursue the
rental. Quite frankly, at that moment I was too tired to
fight the situation. I thanked my friend for her efforts
and contained my hurt and anger.

The point I wish to make here is that I knew that
what had happened was wrong and probably illegal. But I
did not have the energy to pursue it. If there had been
legislation such as that passed recently by the San
Francisco Board of Supervisors, I might have called a City
office and lodged a complaint. If there had been a staff
person monitoring housing discrimination, they might have
just called the landlady in question. She might have been
educated beyond her fears.

I trust that through the efforts--evidence of these
hearings--ways to prevent discrimination associated with
AIDS/ARC cases--will become established and known in our
city. Thank you for your time and consideration.

CHAIRPERSON SOLER: Thank you for yours. Any
questions? Thank you.
MS. WINNOW: Rob Dontas. Please come to the podium, spell your name and take the oath. And then, Helen Schietinger goes next.

MR. DONTAS: (SWORN) -- My name is Rob Dontas. I am a person with an AIDS related condition.

My landlord has known that I was an ARC; and just recently decided to adhere to a late clause in the rental agreement of $10 additional rent per month. For the past year, I have paid my rent in two payments. My disability allotment from my former employee is $300 less than my regular salary was. My landlord has raised the rent last June; and is now charging a late fee -- having full knowledge of my medical and financial situation.

I then obtained a form to take to Community Rentals and got a listing of possible roommates there. I called one of the people and told them of my situation. And when he found out I was an ARC, he never returned the call.

Currently, there is no housing service provided directly to ARCs. Shanti does have many types of living situations available. However, they are only given out to CDC-defined cases of AIDS, not to ARCs. The San Francisco AIDS Foundation has a listing of about six names in a referral manual. However, since they are not funded for housing services, they cannot really advertise or encourage people who would be willing to rent to ARCs to list with
them. When potential roommates, landlords or any type of
rental situation is phoned in to the PWA switchboard, they
are currently referred to Shanti, which will not handle
the ARCs.

It is an enforcement situation that exists. I'm
currently disabled from regular work activity, having had
to readjust my life physically, mentally and financially.
There definitely needs to be services provided for ARCs.
As long as there's an epidemic, there needs to be services
to handle it.

CHAIRPERSON SOLER: Thank you very much.

MS. WINNOW: Helen Schietinger, with the Shanti AIDS
Residence Program. Please spell your name and take the
oath.

MS. SCHIETINGER: (SWORN) -- My name is Helen
Schietinger. I'm the Director of the Shanti AIDS Residence
Program that you've heard mentioned before. We provide
permanent, low-cost, independent housing to people with
AIDS.

From the beginning of our program, it was clear that
we had an epidemic of fear, which was the reason that
people were homeless. The public's irrational fear of
contagion has been the basis for much of the rejection
these people have experienced.
In preparation for this hearing, I reviewed the records of 130 people whom we've housed since the beginning of the program. In doing so, I was surprised to find much less documentation of overt housing discrimination than I remembered. Then what I realized is that discrimination is something that occurs in a context; and individual cases are examples which are highlighted against the relief of generalized, subtle and unspoken discrimination.

For example, rape cases which come to trial are only a small percentage of the huge numbers of rapes which occur against women, most of which are perpetrated by men who are known to the victim, and many of which are not clearly identified as rape -- even by the woman herself; because she assumes the responsibility for the assault. I think in the same way, much of the discrimination against people with AIDS is couched in language which is difficult for them to decipher. I think we're seeing the tip of the iceberg of discrimination; we're hearing about only a small number.

Of all the people with AIDS who we have housed, seven percent (7%) said they needed housing because they were evicted by their landlords. Fifteen percent (15%) said their roommates made them move out. Many of the other seventy-five percent (75%) were also evicted. But because they were unable to pay their rent, not because they had
AIDS. We'll never know what other sorts of discrimination contributed to their financial difficulties. Also, I speculate that much housing discrimination occurs months prior to the person applying to our Program. It's not uncommon for a person to have lived in several places by the time he or she applies to the Residence Program. The stable living situation the person was in prior to a diagnosis is, thus, not the accommodation we ask about in our intake interview.

Oscar talked about being on our waiting list. He's one of many people that we can't provide for because we don't have room. It's very distressing. One of the things we do is refer people to the San Francisco AIDS Foundation Emergency Housing; and they're full. They try to utilize other resources in the City. One resource which is available which is very difficult to utilize is Section 8 Housing, which is available to people with AIDS. It has been utilized; they have not been discriminated against. But there are long waiting lists. So there again, by the time a person gets through the whole process, they're dead. I think that's one of the problems of the red tape of the federal government and of many of the services which would be available to someone who is disabled.

Another thing I need to talk about is the fact that the Residence Program is structured in such a way that we
can only take people with AIDS who are able to live cooperatively. There are group living situations. There is no staff in the houses to make sure that people's behavior is appropriate. So basically, we have needed to utilize referrals for people who have substance abuse problems or mental health problems. And we've found a very difficult time getting those resources--residential treatment resources--to take people with AIDS. I think that's another real serious area of need.

CHAIRPERSON SOLER: Your time is up. There are probably Commissioners who would like to ask you a question. I'd like to just ask you one brief question which is: It's clear that housing discrimination is rampant and that the lack of affordable housing in this town is difficult, anyway. What would be your recommendations in terms of housing? You could, in fact, say I'd like to do one, two and three.

MS. SCHIETINGER: I'd like to open up the hotels to people with AIDS on an ongoing basis. I think one of the difficulties there is that it's very expensive for someone who is living on SSI and is also trying to meet their nutritional needs which are often very difficult. We've also.... I think there's another need -- a very serious need -- that we've been trying to meet in the residences in conjunction with hospice, which is twenty-four hour
attendant care, which we've been able to provide to some people. Long-term care is not available for people with AIDS in this city or anywhere in the country. We've combined resources in order to try and provide for people who are neurologically impaired, who are cognitively impaired, who have AIDS. It's a very serious need — and there again, more resources for housing, more resources for specific AIDS housing, more resources for home care so that we can consolidate services, and also resources for long-term care facilities.

CHAIRPERSON SOLER: Commissioner Yamakawa.

COMMISSIONER YAMAKAWA: You've talked about discrimination and you've talked about different levels of living (independent living, semi-independent living) and so forth. But you haven't quantified for us what the real need is in terms of numbers. It would be, I think, helpful for us and possibly for others if you would give us some idea of what the unmet need is in terms of numbers.

MS. SCHIETINGER: Right now, our waiting list has averaged 15 to 20, for the last three months. There are probably, right now in our office, 20 people that can't be housed. Some of those people are on the streets; some of those people are staying with friends; some people are still in the hospital. I think in terms of long-term care, there's a real serious need. There're probably 25 to 30
people right now that could utilize a long-term care facility with around-the-clock nursing care. It's real frightening to think about what's going to be happening six months from now. It wrenches my gut to even try to project. But right now, those would be what we right now could utilize. That doesn't even begin to address the needs of people with ARC, which I haven't even mentioned.

CHAIRPERSON SOLER: And those are the situations we know about.

MS. SCHIETINGER: Yeah.

COMMISSIONER YAMAKAWA: Thank you.

CHAIRPERSON SOLER: Commissioner Revelo; and then we're going to move on to our next speaker.

COMMISSIONER REVELO: My question is: For the accommodation that you are offering...you are giving to these AIDS victims, what size is the area that you are giving to the victims? How big is the room?

MS. SCHIETINGER: What we have is individually apartments which we have rented from landlords in the City, throughout neighborhoods.

COMMISSIONER REVELO: I was just wondering if it's possible to put two people, instead of one, in that room so that you can take in more people than you already have done?
MS. SCHIETINGER: One of the problems with taking in more than one person and putting more than one person in a room with another person with AIDS is that they're immunocompromised. And they're susceptible to the infections that each of them has. So to have two people with AIDS sleeping in the same room, one of whom might have toxoplasmosis and another who might have pneumosistis (and be cooking pneumosistis) might really endanger the person who has toxoplasmosis to getting another infection. Medically, it would not be feasible.

CHAIRPERSON SOLER: Thank you very much. We have one last speaker in Housing; and then, we're going to take a short break.

MS. WINNOW: The next person is Allen Blankenship. Please come to the podium, spell your name and take the oath.

MR. BLANKENSHP: (SWORN) -- Hello, my name is Allen Blankenship and if I spell it, it's going to take three minutes -- B-l-a-n-k-e-n-s-h-i-p.

I'm here tonight representing the Task Force II. Task Force II is a not-for-profit organization. Juliet Traynor is the Program Director, who currently has a small, but growing group of concerned San Francisco residents who are reaching out to people who are suffering from a wide scope of problems arising from the deadly epidemic of a non-discriminating disease--AIDS.
I'm real nervous. I became involved with the Task Force after meeting Gar Traynor. He's Juliet's husband; and he's also a person with AIDS. I met Mr. Traynor at the AIDS vigil. I have been an outpatient at the AIDS clinic since September. They tried to diagnose me in February and I ran. I have a lot of problems with housing since my diagnosis; and a lot of that came about because I have had a serious drug problem. Forgive me.

I have a fifteen-year history of drug abuse, and a nine-year history in the nursing field. And I have been using IV drugs for many years. And once I got involved with the outpatient AIDS clinic at San Francisco General Hospital, I didn't realize what was happening to me at the time. I had gone through a detoxification program for ten days. I had been off drugs for ten days--drugs and alcohol.

At which point, I called someone at Operation Concern who sent me to a detox program at Haight Ashbury where they put me on more drugs; and I got involved with my social worker at the AIDS Foundation. I had a lot of problems the first few weeks making my own decisions and I just couldn't think for myself. I was having many, many problems. My social worker was not helping me. The only person that helped me through all of the confusion and the sickness was Larry Saxxon. And I felt that he was the only person who cared if I had a place to live or not. He
was the only person who cared or even understood my drug
addiction. He was a very excellent social worker; because
I felt that he understood me as a person.

I've slept on park benches in the rain. My social
worker knew about this. All of my mail went to the AIDS
Foundation; because I had nowhere to live. And when my
check didn't show up and I didn't have anywhere to live,
my social worker just said: 'Oh Allen, you'll make it;
you're a survivor.' And I did sleep on a bench in the
rain, in a sleeping bag.

For a long time I lived at the vigil. And I think
that we're going to find a terrible crisis when this vigil
is over. You're going to find out how many people don't
have a place to live in this City. Do you know how many
tents are over there right now?

But right now I am involved with the Task Force. I
do have a place to live. And I'm actively involved in
helping other people with the disease.

CHAIRPERSON SOLER: Thank you for coming tonight.
We're going to take a short break. We'll reconvene at
7:15. And then, at that point we'll start with Medical
and Social Services. Thank you.

(Whereupon the AIDS Hearing of the Human Rights
Commission was adjourned for recess at 7:06 p.m.)

---o0o---
EVENING SESSION

CHAIRPERSON SOLER: We now will pick up with Medical and Social Services.

MS. WINNOW: The next person is Juliet Traynor. Please come to the podium, spell your name and take the oath.

MS. TRAYNOR: (SWORN) -- My name is Juliet Traynor (T-r-a-y-n-o-r). I'm one of the co-founders of Task Force II, a non-profit organization that deals with problem-solving in the AIDS epidemic. I am also the wife of a man with AIDS. As a matter of fact, my husband spent twenty-two months of what life was left to him in litigation with United Airlines and won his lawsuit, which established the legal precedent in this country determining discrimination against people with AIDS in employment.

I came here tonight, not to testify to the discrimination against those of us who are heterosexual; because you've received adequate testimony about that. What I have heard is a solicitation for some solutions. And I would like to offer some suggestions that our local government can do.

First of all, we must acknowledge that ARC is AIDS. It is all the same virus which means that we have in San Francisco not 1,695 people with AIDS, but 10,695 people with AIDS. Nationwide, we have 160,000 people today with...
AIDS. The CDC says; at this moment, we have over two million people carrying the virus. We cannot look at outmoded methods of dealing with this large of an epidemic. First of all, we cannot afford to duplicate our existing, expensive community resources.

For instance, the AIDS Foundation duplicates Mental Health, Department of Social Services, the County Food Bank, the County Resources and Information Line. AIDS Health Project duplicates on education. The $4.5 million allocated for education in this state was not and never has been intended to educate the general public. They have taken our taxpayers' dollars and only intended to educate a small portion of the gay community.

In caring for the terminally ill (which is my professional background), let me suggest that we can no longer afford an obsolete, expensive method such as hospice. What my family has done, I suggest to you, is the only reasonable explanation. We have taken people with AIDS into our own home. This, by the way, is the most advanced hospice model in the western world. It is the Scandanavian model where private individuals take someone who just happens to be dying into their home.

CHAIRPERSON SOLER: Are there any questions? We encourage you to submit written testimony so that all of your comments can be part of our written record. Thank
you very much.

MS. TRAYNOR: I will be unable to do that; because I work twelve hours a day to support my family and my non-profit organization. Thank you.

CHAIRPERSON SOLER: Thank you.

MS. WINNOW: Daniel Selman. Could you please step to the podium, spell your name and take the oath? And then after that, is Jerry Hunson. We're now to the Medical and Social Services section.

MR. SELMAN: (SWORN) -- My name is Daniel Selman (S-e-l-m-a-n).

CHAIRPERSON SOLER: Can you hear him back there?

MR. SELMAN: I can speak up.

CHAIRPERSON SOLER: Okay. Thank you.

MR. SELMAN: I'm here to find out if there has been any changes in the 911 Emergency Operation in the past three years and also, any changes in the paramedics educational procedures that show any changes in their way that they proceed with AIDS people.

March 15, 1983, I had a terrible three-hour experience with the 911 Operation. And it continued with the paramedics, to a point which I've sustained an ongoing back injury that just gets worse every year. The paramedics made me carry my lover down stairs, after I told them that I hadn't slept in eight days. I haven't been able to find
out if any changes have been made between now and that
time. And I'd just like to plug in to repeat my statements
which I have made before to find out if there are any
changes and get my name taken and my address and to find
out what might be different now than in '83.

Any questions?

CHAIRPERSON SOLER: I don't think so. I think that
we have an obligation; and we will definitely check into
both the 911 number and paramedics. And we will get back
to you on that.

MR. SELMAN: I appreciate it.

CHAIRPERSON SOLER: Absolutely.

MR. SELMAN: Thank you.

MS. WINNOW: Alan Johnson, from the San Francisco
AIDS Foundation. Please step to the podium, spell your
name, take the oath. And the next person after that is
Judy Stone. If you know you're going to be next, if you
could sort of walk up there and be ready to speak, that
will be real helpful.

MR. JOHNSON: (SWORN) -- My name is Alan Johnson
(J-o-h-n-s-o-n). I'm a Social Worker at the San Francisco
AIDS Foundation.

I feel very fortunate to have the privilege of working
almost exclusively, day after day, with people with AIDS
and AIDS related conditions. We do a lot of sitting around
and talking about discrimination; and I do a lot of referring to Eileen and Jackie at the Human Rights Commission.

In case the Human Rights Commission is curious as to the low numbers of people with AIDS and ARC represented in the testimonies today and last night, I assure you that it is not because discrimination is not out there happening on a daily basis, but rather several other factors are at work. Many people with AIDS and ARC that I know do not function well in the evening. Many people with AIDS and ARC have such busy times fighting discrimination on a daily basis in their own lives that they have no time or energy left to come here and tell us about it tonight. Some simply do not wish to come here and tell you and I and the press and the world that after living a life as an oppressed homosexual, they are now facing discrimination as a person with AIDS or ARC.

I, as a person with a position as a Social Worker, working with people with AIDS and ARC am here tonight to tell you that discrimination is happening. You can come and sit in my office at the AIDS Foundation and hear the stories that I hear and see the results of the discrimination that I see. I hope that my being here this evening will help represent some of the people that are not here.
I can speak for a person who was discriminated against because of his diagnosis and lost his job. He now lives on general assistance and food stamps. And I can't help find him a decent place to live on $288 a month. He does not qualify for social security benefits and the disability program; because he has AIDS related conditions.

I speak for someone who paid for his medical bills out of his savings; because he was afraid his employer would find out that he had AIDS through his insurance company claims. He went broke and then what he feared most did happen; but he had no savings left to help.

I speak for someone who died before he ever saw social security benefits. I speak for another person who wants to find a roommate, but can't; because no one will live with a person with AIDS.

I speak for someone who paid into the state disability system for 16 years, but last year tried something new and innovative and was a freelance person that didn't pay into that system and now receives no help at all from that agency.

And I speak for someone who called for help from the San Francisco Police Department, who upon learning that the person had AIDS, rolled up the windows of the squad car and made the person tell his story through the glass.

And I speak for many, many people who are just too sick to follow up on any of the kinds of things that are
happening to them and for some, who after a lifetime of
discrimination and oppression, are just too sick of it to
try to change it once diagnosed with AIDS or ARC.

There are a lot of gaps in the social services sys tems
-- social security, all the district benefits. And I'm
one of those people that have to face this daily and try
to help these people through it.

CHAIRPERSON SOLER: Are there any questions?

Commissioner Moulton.

COMMISSIONER MOULTON: I know AIDS and we've had
presentations on AIDS; but I do wish that somebody would
make a presentation to us in the Human Rights Commission
on ARC. Because we really... not really....

MR. JOHNSON: I can just give a sentence or two to
say that people with AIDS are diagnosed according to the
guidelines set up by the Centers for Disease Control.

CHAIRPERSON SOLER: I think we can follow up on that
within our own Human Rights Commission. Thank you very
much.

MR. JOHNSON: Okay.

MS. WINNOW: I inadvertently said that Judi Stone
was.... Oh, I'm sorry.

CHAIRPERSON SOLER: No, we're finished.

MS. WINNOW: Okay. ...that Judi Stone was next.

But, it's Jerry Hunson and then it's Judi Stone. Jerry,
could you please spell your name and take the oath?

MR. HUNSON: (SWORN) -- Yeah, my name is Jerry Hunson; and that's H-u-n-s-o-n. And I'm an AIDS Related Complex person.

I briefly would like to give you a quick summary of my life and what I've been through. I moved here in July of 1981 and within a year and a half was successful at forming my own construction business, enrolled in Contractor's Testing Service to qualify for general contractor's license. I was content with life, leasing a home in San Francisco at 1943 18th Avenue, purchasing a new truck to help my business, and earning a sufficient income to maintain a good standard of living.

In May of 1984, my life started to fall apart when I began experiencing swollen lymph glands in my neck, my arm pits and my groin, as well as persistent diarrhea, a dry cough, night sweats, weight loss, and constant fatigue. My teeth also became loose and eventually eleven of them came out.

Since May of 1984, I have become very weak, making it impossible to continue with my business as a contractor. I began selling my possessions in life and was eventually forced on public assistance -- going for the Public Assistance Program in San Francisco, being allotted $248 a month and $22 of food stamps, a month.
I would like to describe what it is like to be discriminated against when it is a person with AIDS Related Complex versus a person with ARC who goes for public assistance to any social agency, both on the federal and state levels of California. AIDS is a breakdown of one's immune system. Dr. Dart, Head Dental Director of San Francisco General Hospital and at satellite clinics, recently informed me that bone deterioration of teeth is a major fact he has witnessed in AIDS patients. I am an ARC patient who has had eleven teeth extracted because of bone deterioration and/or loss.

My doctor, who sees me regularly, at Health Center No. 1 informed me that I needed to see a dentist. The Oral Surgery Department of the Hospital informed me to make an appointment with a satellite clinic—a dental clinic. I called Portrero Health Clinic and spoke with a dentist named Sue Vega, who agreed I needed immediate care and made an appointment for me the following morning. I then informed her I was a person with ARC positive with the HTLV-III virus. At this time Sue Vega informed me that the clinic would not be able to treat me.

When I was advised that I could not obtain treatment, I called Supervisor Harry Britt's office and explained the situation to him. He was very concerned about this discriminatory action that had taken place and spent a
great deal of time to get me a required appointment. If I was diagnosed with AIDS, I would have SSI and medi-cal and would be able to go see one out of ten dentists who treat AIDS and ARC patients, providing they have medi-cal. I am not eligible for medi-cal with an ARC diagnosis. However, ARC is AIDS in its earlier stages.

I am now in dire need of bridge work on my teeth to replace missing teeth. I called the South of Market Clinic that deals with bridge work. I was quoted a price in excess of $1,000 on a sliding fee scale. When I advised the receptionist at the South of Market Clinic that I was an ARC person, she referred me back to the hospital. To this date, I have been denied dental treatment.

CHAIRPERSON SOLER: Let me ask you this. Have you filed a complaint with the Human Rights Commission?

MR. HUNSON: Yes, I have. I have a letter from her too. Could I just go on for a minute more?

CHAIRPERSON SOLER: Just for...yeah.

MR. HUNSON: I am now living in a hotel on Folsom Street, paying $100 a month for a small 4 x 6 room, where there are no cooking facilities. And I have been deprived all hotel facilities. I have recently been evicted for having a hotplate in my 4 x 6 room, where I heat maybe a can of soup or whatever to try to regain strength.

I informed my social worker at the San Francisco
AIDS Foundation about this condition. And she referred me to Independent Housing Service, where I spoke to a Ms. Patricia Jones about the Housing Aid Program. She informed me I could be placed immediately in an efficiency apartment if I had an AIDS diagnosis. But since I'm an ARC person, there's a waiting list of up to a year or possibly more.

I have recently contacted my parents in Connecticut and have been denied any financial assistance or support from them. At this time, we are not on any kind of favorable terms and communication between us has ceased. In order for me to get better, it is necessary for me to have adequate housing with cooking facilities available as well as access to the Medi-cal Program and have sufficient monetary benefits allowed to me through the Social Security Program to maintain a standard of living that is necessary to improve my health and well-being.

CHAIRPERSON SOLER: We want to hear everything. But we also want to make sure that we're even-handed and hear everybody. And we are running late. And I know that we are working with you; and we are committed to doing anything we can to help.

MR. HUNSON: Thank you very much for your time.

CHAIRPERSON SOLER: Thank you.

MS. WINNOW: Judi Stone is next. Please spell your name and take the oath and then Norma Satten, please.
MS. STONE: (SWORN) -- Judi Stone (S-t-o-n-e). Today people are sexually curious and sexually....

CHAIRPERSON SOLER: I don't think we can hear you; it's the top microphone that's stronger, so if you could pull the top one down. Thanks.

MS. STONE: Today people are sexually curious and sexually active at a very young age. Therefore, I urge that more resources be made available to educate our youth about AIDS and ARC. I believe that these educational programs should be given in junior and senior high schools, and by community groups serving our young people.

My son, Michael, was diagnosed with AIDS in September 1984. He died two months later. He was only 19. Three years earlier, Michael had been diagnosed as having gay lymph nodes and gay bowel syndrome. Today, it would be called AIDS Related Complex. Michael was an intelligent and talented young man. At the time of his death, he was a senior at U.C. Santa Cruz. He excelled at Lowell High School; he danced ballet and he sang in the boy's chorus.

Michael had his problems, too. He had a history of poor health. He smoked marijuana and he lived on the streets for a while. My husband and I warned him repeatedly about the risk of his wild lifestyle. His doctor warned him too. If more community resources had been available, Michael might have listened more and benefitted.
Michael had a Shanti Project counselor; and I was a Shanti client both before and after his death. The support was invaluable to both of us. After Michael's AIDS diagnosis, I began to read about AIDS and about death and dying. After his death, I decided to try to help. I took the Shanti training in July 1985. I also attend, on a continuing basis, lectures and workshops on AIDS and ARC related issues.

Since June 1985, I have been attempting to organize a program at Kaiser Hospital to provide emotional support, advocacy, crisis intervention and information to its AIDS patients and their loved ones. Michael died at Kaiser. Progress has been, then, made but not as much as I would like. I visit AIDS patients at least twice per week. I gather and assemble AIDS information packets which are given out by Kaiser's Health Education Department.

My husband and I have made ourselves available to talk to the media and organizations about a personal experience as parents of a person who died of AIDS. We've had some organizations that have requested that we do not discuss AIDS or de-emphasize AIDS in our talk. We turn those invitations down because we believe that our son's death and AIDS cannot be separated.

I have attached a copy of the Winter 1986 issue of Eclipse, the Shanti Project newsletter, which features an
interview of my husband and I. This interview should be considered as part of my testimony.

CHAIRPERSON SOLER: Thank you very much.

MS. WINNOW: Did you give it to me?

MS. STONE: They took it at the door.

MS. WINNOW: Okay.

CHAIRPERSON SOLER: We can get it, I'm sure. Thank you.

MS. WINNOW: Thank you very much. And I read the article.

CHAIRPERSON SOLER: This is one of the hardest hearings I have ever....

MS. WINNOW: Norma Statten, from the Visiting Nurse Association of San Francisco, AIDS Home Care and Hospice Program.

MS. SATTEN: (SWORN) -- My name is Norma Satten. And it's spelled S-a-t-t-e-n. I'm here representing the VNA of San Francisco and the Hospice of San Francisco, which provides home care and hospice services for persons with AIDS.

We've been caring for persons with AIDS since 1981 and have established, with the help of the City of San Francisco, a special home care and hospice program for persons with AIDS. We serve an average daily census of about 70 persons; and about 90 persons are on our waiting
list.

Through this program we, with an interdisciplinary
team, which consists of nurses, social workers, therapists,
home health aides, homemakers, and volunteers, we are able
to care for people at home, in their own surroundings and
with their own family and friends around them. However,
our experience has brought to light several issues which
we would like to share with you.

The first one relates to long-term care and the need
for long-term care, especially skilled nursing facilities
and residential care facilities. Increasing numbers of
patients require twenty-four hour, around-the-clock care
for all their personal care needs and medication
assistance. They have severe diarrhea, weakness,
confusion, and memory loss. These are some of the
complications which contribute to the need for assistance.

Despite this growing need, placement in nursing homes
or skilled nursing facilities remains a serious problem
in San Francisco. Only two facilities in the City exist
for skilled nursing care. One of these (Garden Sullivan
Hospital) has only four designated beds; although, they
generally accept seven to eight people. And their waiting
list is long. The other nursing home, run by Comprehensive
Community Home Health and Hospice, accepts only private,
pay cases, excluding any medi-cal, medically indigent adult
or no-pay cases.

Other skilled nursing facilities have denied services to persons with AIDS, including Laguna Honda Hospital. All skilled nursing facilities should be required to take persons with AIDS, along with other patients. And they should be given adequate instruction to care for person with AIDS, if this is their primary concern.

A second issue relates to the accessibility of services due to the practices of the medical program, which limits the amount of home care services which they will authorize. And through a recent change in practice which came about through no change in regulations and with no notice, they do not permit service with no written prior authorization. Previously, you could get prior authorization for services for the occupational therapy and social work services. And if you need written authorization, it takes two weeks; and that, then, keeps people from getting services that they need.

CHAIRPERSON SOLER: The bell rang because of the three minutes. I ask you to give us one last summary statement.

MS. SATTEN: Okay. The other issue that we're concerned about is in-home supportive services, where we don't get enough supportive services to keep people at
home. They limit the number of days that a person can have and the number of hours. And that is usually not sufficient to keep at home.

CHAIRPERSON SOLER: Did you testify that Laguna Honda refuses to take AIDS patients?

MS. SATTEN: Yes.

CHAIRPERSON SOLER: Are there other hospitals that you have also experienced that same kind of treatment?

MS. SATTEN: We're talking about skilled nursing facilities that Laguna Hospital has?

CHAIRPERSON SOLER: Right.

MS. SATTEN: Yeah. Not me personally, but we know that they don't take them.

CHAIRPERSON SOLER: Okay. I see. The other thing you mentioned was that there are ninety people on your waiting list. What happens to those ninety people?

MS. SATTEN: Well, they're either...some of them might be getting home care in a different way or they're waiting for care. Of those ninety people, sixty actually need service right away. Some of them can delay use of service and it's okay. Some of them have services from the Public Health Nursing Services.

CHAIRPERSON SOLER: Is it also safe to say that some of those people will not get service?

MS. SATTEN: It's possible.
CHAIRPERSON SOLER: Commissioner Rosselli.

COMMISSIONER ROSSELLI: What reasons do skilled nursing facilities that accept medi-cal patients give for refusing people with AIDS?

MS. SATEN: It's that they consider it a disease that is communicable and won't touch them.

CHAIRPERSON SOLER: Thank you very much for your testimony. Jackie Winnow.

MS. WINNOW: Frank Lostaunau, from the the South of Market Mental Health Clinic. And, could you please spell your name and take the oath? And then, that is Gary Harmon. Could you please step forward, Gary, so that you go quickly.

CHAIRPERSON SOLER: Before you do that, let me ask, Jackie: how many people (more people) do we have under Medical and Social Service?

MS. WINNOW: We have....

MR. LOSTAUNAU: I could submit a document, if you'd like or shorten my comments.

CHAIRPERSON SOLER: No. That's okay.

MS. WINNOW: After Frank, we have five.

CHAIRPERSON SOLER: Five? Okay. Thank you.

MR. LOSTAUNAU: (SWORN) -- Okay. I'll make it brief. My name is Frank Lostaunau. That name is spelled L-o-s-t-a-u-n-a-u. And I'm a Clinical Social Worker at the South of Market Mental Health Clinic.
In 1985, I worked exhaustedly to develop mental health services in the South of Market area for individuals who present (INAUDIBLE) with ARC and with AIDS. Administrative resistance toward the development of these greatly needed services has been continuous.

Let me share a few comments with you which I have heard at the clinic.

One, AIDS is not my priority. Everybody shouldn't have to work with them. We should have a choice. I do not want Sherry, Guia, Ella, only working with them. It should be noted that one of the above workers was on a gay waiver and was certified as gay sensitive. She claimed to have met the minimal requirement of 500 hours of clinical supervision and training with regard to gay issues. This claim is highly questionable. The other workers with whom I spoke privately indicated a willingness to work with PW ARC and PW AIDS, but requested additional training.

Another comment (Frank): Couldn't you see them in a church or someplace else?

A third comment: We can only accept those that live in our catchment area.

This is the one that drives me crazy: We cannot accept them city-wide. We have the right to make the final decision about who we accept for treatment. This policy of only accepting residents of particular catchment areas
changes every twenty-four hours. And it's not enforced uniformly throughout the City.

I'd like to add that at the South of Market, there's been an incredible effort on the part of Guia Zimbala to develop services for the Filipino residents of the South of Market area. And I have been in complete support of these services. However, little, if no, concern is expressed when a client or potential client of Filipino ancestry reports an out-of-county address or states that he or she isn't documented. And this seems to be the case with a number of other ethnic minority groups in San Francisco—often are from out of the county and undocumented. Yet, someone two blocks north of Market Street can't come to the clinic.

Another comment: No, I would not advise them of safe sex guidelines. With this last comment, I'm concerned that if any staff is ill at ease, advising a client or potential client of guidelines which might possibly protect them or others from illness, then those staff persons are deserving of the kind of training which will enable them to work out their own conflicts so that they can deliver the kinds of services for which they are being paid.

Outreach has been a significant part of the development of services at the South of Market, and
eventually led to a liaison with the AIDS Health Project. This past year, I worked with approximately fifty patients. I'll submit a document. My main thrust is that their needs to be training for line staff, clinical staff who work with these patients. Or, you're probably going to hear increasing numbers of reports of psychological assaults on these patients who are already living under considerable social and psychological stress.

CHAIRPERSON SOLER: We would encourage you to submit a written report. And thank you for your testimony. We also encourage other people who've signed up to testify: if you'd like to submit a written report instead of testifying, we would appreciate that. If not, fine. We're prepared to stay. But I also want to make sure that everybody is heard.

MS. WINNOW: Gary Harmon is next. And after Gary is Lynn Craig. Could you please spell your name and take the oath, Gary?

MR. HARMON: (SWORN) -- My name's Gary Harmon. Thank you for allowing me this time to express my immediate concerns as a person with ARC and a representative of the ARC/AIDS vigil on the subject of ARC/AIDS discrimination.

Because there is no uniform definition of ARC or severe ARC, people are routinely denied SSDI and medi-cal. Persons with ARC, as this Commission well knows, can suffer
disabilities as severe as persons with AIDS. I am one of
these people. This means that within San Francisco, the
medical care and social services available to me as an ARC
patient is restricted to San Francisco General Hospital,
Health Center 1 and the San Francisco AIDS Foundation.

If I were a person with AIDS, I would be eligible
for SSDI and medical. But, I am a person with ARC and
that relief is not available to me. When I was in San
Francisco General Hospital, I suffered an extremely
upsetting form of homophobic and, as I coin it, ARC/AIDS-
phobic discrimination. Because I am not eligible for medi-
cal, I have no primary care physician, no continuity in
my care and no alternatives -- except for that type of
treatment offered. I and others who have had similar
experiences have not yet spoken out because there is no
alternative treatment for us. We don't want to bite the
hands that have been trying to help us.

To further illustrate the level of financial support
available to PWAs...to ARC patients is restricted to $288
a month in general assistance and a maximum of $80 a month
in food stamps. Because I have a support base of $288 a
month, the best accommodation I could find -- and that at
a referral from the San Francisco AIDS Foundation -- has
no cooking facilities with which to make proper use of my

PAPERWORKS
1330 Broadway, Suite 809
Oakland, California 94612
415/763-9164
food stamps. I would hate to tell you what I do with my food stamps.

After rent, food and transportation are paid, there isn't enough money for me to even do my laundry. I have not done my laundry in over a month. It should be noted that hygiene for PWAs and PWARCs is a matter of survival due to the susceptibility to infection.

I am disabled, stigmatized by the diagnosis of ARC. To me, there is no difference between ARC and AIDS. And yet, if I were equivalently disabled with an AIDS diagnosis, I would be receiving these benefits. My file, like those of so many others are presently handled administratively as 'pending.' Pending for how long? And how are we to live in the meantime with such decisions taking up to six months or longer?

I appeal to this Commission and to all government agencies to end the discrimination between ARC and AIDS diagnosis, and to make this ability the criterion for benefits, not the diagnosis itself.

CHAIRPERSON SOLER: Thank you very much.

MR. HARMON: Thank you.

MS. WINNOW: Lynn Craig, please.

MS. CRAIG: (SWORN) -- Lynn Craig (C-r-a-i-g). Mine is a case of discrimination from a dentist and mostly, I think it's important we do educate people in the medical
profession. I went to see my dentist on a routine check-up in the Summer. And I told him there's some possibility I might have been exposed to AIDS via a bisexual man and there were three people -- three sexual partners -- removed from an AIDS death, and that I'd gone to take the antibody test; but I didn't have the results yet. And I assured him I would give him that information.

Several months ago, I called for an emergency appointment because I had some sore teeth and some swollen glands. And he said: 'Did you get the test?' I said: 'Yes. I was negative.' He said: 'Well, I have to see that in writing before I will even see you.' And I said: 'I can't provide it in writing from Health Center No. 1; because it's confidential. And even by me requesting it, they won't do it. But in Alameda County they give a slip that has a number on it that says whether you are positive or negative. And I will bring that in.'

Well, I went into the office.... Well then, he said: 'Well maybe you have ARC.' And I said: 'I can't possibly; because I tested negative.' I went into the office and the receptionist said: 'What are you doing here? We wrote you a letter. You're not supposed to be in our office.' I said: 'Wrote a letter -- what?' I said: 'Well, where did you send this.' Well it turned out, she sent the letter to someplace where I had lived in 1977. God knows
what it said in that letter. I don't know who received it. I went there and they said they had sent some letters back; but they get letters for a number of people who have lived there over the years. I have seen this dentist for over ten years.

I offered to have him talk with one of the physicians or somebody from AIDS Foundation. He didn't even want to do that. The dentist would not even speak with me. The woman...the receptionist said: 'I don't like your lifestyle. We don't want to see you. We're cutting back on new patients.' And I said: 'I've been patient for over ten years.' So I feel that it was a real slap in the face when I was trying to be ethical and concerned about the welfare of the dentist. Then in fact, I wasn't treated very ethically in return. And I'm hoping that this is a rare exception.

CHAIRPERSON SOLER: I don't think so.

MS. CRAIG: Okay. Thank you very much.

MS. WINNOW: Steven Pratt, the Department of Social Services.

MR. PRATT: (SWORN) -- My last name is Pratt (P-r-a-t-t). I'm the Former Director of Social Services at the AIDS Foundation, and with Eileen and Jackie, helped design and develop the Discrimination Reporting Project from which much of this information was initiated.
This was in response to an increasing number of clients that we were seeing that were losing jobs and homes as a result of their AIDS/ARC diagnosis. During the study, a number of referrals came in from people who are perceived as having AIDS, who are not either AIDS diagnosed or ARC diagnosed. These ranged from people who had prominent birthmarks on their face, mistaken for Kaposi's, to individuals who, as a result of being perceived as gay, were denied housing or job opportunities because it was felt that they presented an increased risk in terms of inability to perform job tasks or pay rent in case of a diagnosis in the future.

By far, however, most of the discrimination occurred to those with an AIDS and ARC diagnosis -- loss of job and homes and various opportunities were and are still commonplace. The person with AIDS/ARC is usually not in the position of being able to counter such actions, physically ill -- weakened from treatment. And/or from the course of the illness, people with AIDS and ARC are generally unable to muster sufficient efforts to counter discriminatory actions against them.

An AIDS/ARC diagnosis often does not allow for timely interventions; in that, there are so many concerns that are suddenly thrust upon the newly diagnosed patient. Many of these people that I've worked with as clients initially
were able to utilize their resources and focus towards resolution of the discriminatory action. But due to the vagueness of law pertaining to this action and a continually weakening physical state, gave up and lost interest in fighting for their rights. Many of the people that initiated complaints with the discriminating form were dead before the study work was completed.

Also, many clients face complicating issues such as gradual loss of control and dealing emotionally with the very real threat of death. And in some patients, mental health deteriorates as a result of dementia or stress related to the diagnosis -- the crucial testimony and/or evidence that could be used is often unobtainable by the time it is needed.

I would urge particular attention to be focused on several levels -- the City and County Department of Social Services. And, I would like to state very clearly that I am not here representing the Department of Social Services. Thank you.

CHAIRPERSON SOLER: You clarified a point; because we were.... Go ahead.

MR. PRATT: I saw it in your eyes. The City and County of San Francisco Department of Social Services was the first agency in the country to outstation workers at the San Francisco AIDS Foundation to obtain benefits in
an agreeable setting. Also, the Department of Social Services does not discriminate on basis of AIDS or ARC diagnosis in terms of the benefits limited. Though they may be, they do not differentiate. I have some more written testimony that I will pass on to Jackie.

CHAIRPERSON SOLER: Well, we have one comment. And that's what you probably saw in my eyes. Yesterday, alleging that someone called for housing at the Department of Social Services and was denied housing, once they found out that that person had AIDS.

MR. PRATT: That testimony was this evening; and I....
CHAIRPERSON SOLER: No. That was another piece.
MR. PRATT: Oh, okay.
CHAIRPERSON SOLER: Yeah.

MR. PRATT: I'm unaware of any policy/procedure towards that. I work very closely with Mr. Sarsfield, I've worked with him at the Foundation; and I work with him now. And I know from that level, there is no policy or procedure. In fact, I think Mr. Sarsfield and the Department have been very receptive in terms of helping to meet the need. I will pass the concern on and see what I can do personally. But I would suggest that the Commission look into it, as well.

CHAIRPERSON SOLER: I think we have to. Thank you.
MR. PRATT: Okay. Thank you.
MS. WINNOW: I'm going to call two people to speak at the same time. And they are Denny Smith and Peggie Ferro-Guinto, from Local 250, AIDS Education Committee. And you'll be speaking together; but you'll still have three minutes.

( LAUGHTER )

CHAIRPERSON SOLER: I thought you were literally going to speak together. I was going to say....

MS. WINNOW: Oh, that's what I had interpreted.

MR. SMITH: I don't think we are; but we have very brief remarks.

CHAIRPERSON SOLER: Please state your name and swear that you'll tell the truth.

MR. SMITH: (SWORN) -- My name is Denny Smith. I work in a large, city hospital as a clerk and the testimony that I have to give, I think has to do with some of the more nebulous aspects of AIDS discrimination.

Over the past three years, I've seen many people with AIDS receive care on the floor where I work. Most of the hospital personnel are very professional and compassionate careproviders. But some people apparently bring their biases to work with them. An example of this is the inconsistent use of isolation when caring for AIDS patients. Most nurses and physicians realize that in most situations, gowns and masks and gloves are unnecessary;
but some persist in the use of full isolation, in spite
of the lack of supportive evidence and with the demoralizing
effect on the patient.

When I've questioned these co-workers, they usually
respond by claiming that the method of transmission hasn't
been proven conclusively. I think a more subtle bias is
demonstrated by the attitude with which some caregivers
approach AIDS patients, compared with the attitude they
approach with patients with other diagnoses. The nurse
or physician may be exasperated with being "stuck" with
an AIDS patient; and consequently, demonstrate a surly
attitude toward the patient or give the minimal attention
possible.

These problems are social, I think, and grow in part
out of homophobia, more than they indicate a specific
pattern of discrimination at my hospital. But it's very
frustrating and it's hard to know how to deal with the
problem that doesn't technically constitute a violation
of patients' rights.

Another example of this is co-workers who will only
enter a patient's room for administering medications or
when the patient rings his call bell, and then only
reluctantly.

MS. FERRO-GUINTO: (SWORN) -- Hi. My name is Margaret
Ferro-Guito. I also work at a large, local hospital and
care for AIDS patients. And I would just like to read what I feel about it. My hope in coming here today is to have more public awareness of speaking out and also to deal with my own personal frustrations that I feel towards the attitudes and discrimination that I see daily with AIDS patients.

I have personally lost friends and co-workers from this devastating disease. And I feel that it's really important for AIDS now to have wards where is voluntary staff for people to meet their emotional and physical needs; because I see cases of neglect. In my experience, I have seen patients' charts being read by personnel who are not in direct contact with that patient, and then their history is talked about all over the hospital as if it's gossip and being mocked because they don't agree with their lifestyles. I feel very strongly about the confidentiality of any patient's chart.

I've also seen cases where nurses have not answered lights or have just totally neglected going into the room. In one particular incident that really upset me, a patient came to the floor at 5 p.m. from the emergency room, with a 104 temperature. The doctor's orders were already written; but this patient did not receive Tylenol or medication for his temperature to bring it down until 7 p.m. Now, this incident was written up and dealt with; but
I feel that this is one of many examples that occur and that health care workers do not need to treat AIDS patients differently, but they're all patients -- there for medical needs. Thank you.

CHAIRPERSON SOLER: Before you go away, I want to thank both of you for coming. I know that you have omitted for the written record, the name of the hospital. Could you tell us that? Or is that putting you on the spot right now?

MS. FERRO-GUINTO: No, it's not. It's just I don't feel like my hospital is the only hospital where this is occurring. And I feel like the hospital is trying to make an effort to clarify some of this.

CHAIRPERSON SOLER: Okay. We've heard complaints from a variety of hospitals.

MR. SMITH: I also wanted to add that I don't think it's an institutional problem, in this case. But I think it's sort of a social problem that you see in isolated instances.

CHAIRPERSON SOLER: Okay. Thank you very much for coming.

MS. WINNOW: Gayling Gee, from Ward 86 AIDS Clinic. Could you please step up, spell your name and take the oath? And this will end the Medical and Social Services section.
MS. GEE: (SWORN) -- Thank you. My name is Gayling Gee, that's spelled G-a-y-l-i-n-g and the last name is G-e-e.

I am the Head Nurse at San Francisco General Hospital AIDS Clinic. And I'm here to speak a little bit about the dental care services to people with AIDS and ARC as I have experienced them. My area will focus primarily on what is available at San Francisco General, since my direct experiences with what might be specific incidences of a discrimination are anecdotal and are not quantified in any manner that would be of assistance to you tonight.

At San Francisco General, there are basically two resources for dental care. The first one is the Oral Surgery Clinic, headed by Dr. Charles Dart. The other one is the U.C.S.F. Community Dental Clinic. The Oral Surgery Clinic has a chair identified; and they have a special schedule to accommodate AIDS patients so that they would like to have the AIDS seen -- perhaps later in the afternoon, or earlier in the mornings so that they can provide special equipment and sterilize them appropriately.

Basically, any patient with insurance can receive any type of care that the clinic has to offer. Some of those services include biopsies for which we send many of our patients with oral (INAUDIBLE) or coming there for
biopsies of (INAUDIBLE) inside the mouth. They provide
dental cleaning, fillings, extractions, emergency care.

Patients with medi-cal: most of the procedures are
covered, with some exceptions; and they're consistent with
medi-cal guidelines for any patient. The MIAs are more
difficult to provide services to. Apparently, in my
discussions with Dr. Dart, the MIA package to San Francisco
General Hospital really does not provide for dental care
funds. This results in a reduction of the availability
of types of services for people who are MIAs. And these
include many people with ARCs as well as people who have
had health insurance and are awaiting their medi-cal
pending, even though they're AIDS.

Certain types anesthesia, therefore, are not
available to them. And if that patient wants to have a
certain type of anesthesia, they must pay for it out-of-
pocket. Certain types of more permanent filling, for
example, the silver fillings are not available to patients
who are in the MIA Program; but they're given more temporary
filling, for example.

Some of the things that Dr. Dart cites: His problems
are a lack of staffing, needing a dentist and a dental
hygienist, and pretty much as a result of some of the
patients' grievances that have come through the patient
grievance process at San Francisco General. There has
been some recognition of the dental needs of patients with AIDS and ARC.

Dr. Dart has had communication with Jeff Amory of the AIDS Activity Office. He has come into the clinic once and has surveyed eighteen AIDS patients in our clinic at random, just to see what their dental care needs are. To do a quick oral exam: he hopes to do about a hundred of them. Fortunately, he says, he finds little emergent problems in the patients screened, but there is a great need for routine cleaning. The U.C.S.F. Community Dental Clinic has no chair; but they do have special instrument packs that they use in AIDS patients. They provide similar services; but MIA people are not seen there.

Can I just conclude?

CHAIRPERSON SOLER: You can have a concluding comment.

MS. GEE: Okay. The implications.... The most striking thing about this is that the Community Clinic has seen two AIDS patients in the last year and a half. We see 300 to 400 patients every month, for a total of anywhere from 1,200 to 1,500 encounters per month. So the proportion of AIDS patients that they see at the clinic is very, very small. There's a reluctance, but not a refusal to provide care. So that's where the feelings of discrimination come from. The implications of that are that staff education
not only to dental clinics in our....

CHAIRPERSON SOLER: I think we have your concluding comment.

MS. GEE: Okay.

CHAIRPERSON SOLER: Thank you.

MS. GEE: I tried to talk a bit faster.

CHAIRPERSON SOLER: I know you did; and everybody's been wonderful. I ask you to submit written testimony; and there might be one question.

MS. GEE: But the one last thing that I think would be real helpful is to think about creating some kind of dental care task force for AIDS and ARC patients, since you've obviously heard testimony from patients.

CHAIRPERSON SOLER: Yes. Thank you. Commissioner Yamakawa.

COMMISSIONER YAMAKAWA: Before you sit down, is this the Ward that was complained of earlier in the evening in terms of services to...?

MS. GEE: Yes. That was Mr. Hunson.

COMMISSIONER YAMAKAWA: What is the differentiation between someone who speaks English and someone who does not speak English in terms of services provided by your Ward?

CHAIRPERSON SOLER: This is the dental clinic.

COMMISSIONER YAMAKAWA: I mean the dental program,
I'm sorry.

CHAIRPERSON SOLER: But we did hear.... Someone did testify, about the dental clinic and not getting service there, tonight.

COMMISSIONER YAMAKAWA: Perhaps I might be responded to in writing, Ms. Soler.

CHAIRPERSON SOLER: Okay.

MS. WINNOW: We're now moving into the Research section. We have two speakers. The first one is Thom Mullin, and he is with Documentation of AIDS Issues and Research Foundation. And the next one is Stan Hadden of the California AIDS Advisory Committee. Could you please spell your name and take the oath?

MR. MULLIN: (SWORN) -- M-u-l-l-i-n. The health care response and research to AIDS has been characterized, first, by two years of foot-dragging where only less than $10 million for the first two years were spent on research. I should note that all of this research was inappropriate. The focus was on the natural history of the virus and on the antibody test. In 1984, 48% of the Federal Health Budget went to develop the antibody test.

I don't suggest that this is an unimportant test. But when you consider that that only effects directly 2% of people at risk for AIDS, I do question why it was given the overwhelming majority of funding.
Then after this, we found that research that would, first of all, prevent the spread of AIDS and also help people to develop their own health regimens was refused by the CDC. People have, time and time again, such as Dr. Bruce Fuller, asked that condom research be conducted by the CDC for prevention. The overwhelming majority of gay men are relying on condoms to block the transmission of the AIDS virus. The CDC continues to refuse to do this.

Finally, it fell upon the City and County of San Francisco when Drs. Marcus Conant and Jay Levy did perform a very low-budget, probably scientifically questionable research on condom efficacy.

Another area that really needs to be explored is Non-Oxynol-9, which is a spermicide. A lot of gay men are using this spermicide in conjunction to condoms. Non-Oxynol-9 block the transmission of the...excuse me, will kill the AIDS virus in the laboratory setting. It's not known whether it will work in the human body. This need has been brought before the CDC. They have repeatedly refused; they say that they will not promote the gay lifestyle. I wonder when the promotion of preventive health education has been acquainted to the promotion of any lifestyle, except for human survival.

San Francisco has, as I have mentioned, attempted to address the issues of this; but they're simply not
capable of performing this level of research. The federal health establishment, and to some extent the California State Department of Health Services, do have facilities to conduct complex study into such areas as Non-Oxynol-9 effectiveness. The City and County of San Francisco, even if they wanted to, would not have the facilities to engage in this type of research.

I suggest that what's needed is an organization to be established for purely human research. I think this is extremely important, now that we have a balanced budget in the offering and we can expect fewer and fewer tax dollars to be allocated. (I'll sum up as quickly as I can.) It's very important to make certain that the research money as it is, is directed to areas that impact people and not to provide a lot of money for the health establishment to conduct their business as usual. And I'd also suggest that there are other needs such as viral cultures which are absolutely necessary for people to get into research projects. And there aren't enough of them for these people; and currently, research projects are really the only method...the only major source of treatment for people with AIDS. Thank you.

VICE CHAIRPERSON SUNCIN: Thank you. Any questions?
Commissioner Chung.
COMMISSIONER CHUNG: The AIDS case was found mostly in the male population and there is a reason why...a physical reason why the female should not affected by AIDS?

MR. MULLIN: I'm not sure I understand.

COMMISSIONER CHUNG: You previously testified that AIDS cases were reported among the, I guess, predominantly male populations. And I guess percentage-wise, very little on the female...I mean the girls. But is there any physical reasons why the...?

MR. MULLIN: ...the virus is infecting more men than women? What I've heard is that the rectal lining is much thinner than the vaginal lining. And so, when there is contact with the HTLV-III/LAV virus, it is more likely that with the trauma of intercourse with the thinner mucousal membrane that there is that higher likelihood of the virus getting into the blood system and then infecting the individual. But this hasn't been proven.

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

MR. MULLIN: Thank you.

CHAIRPERSON SOLER: Jackie.

MS. WINNOW: The next person is Stan Hadden, with the California AIDS Advisory Committee.

MR. HADDEN: (SWORN) -- My name's Stan Hadden (H-a-d-d-e-n). I work for Senator David Roberti in Sacramento.
I'm a member of the State AIDS Advisory Committee and the State AIDS Strategic Planning Commission. I had originally come here tonight because we are in the process of developing legislation in the budget for the next few months. And the information I've already heard has been very helpful to me. I know who I need to talk to, to work some of this stuff out.

Jackie was good enough to sandwich me in here. I wanted to be sure not to leave without correcting some information that was inaccurate a little bit earlier. The State of California has funded AIDS education since 1983. We had $500,000 in 1983, $1 million in 1984 and $4.5 million in 1985. The goals of those educational funding projects has always been education for high risk groups, education for health care providers and education for the general public.

In the current year, we have funded 39 community-based organizations and county health departments throughout the state, in addition to the goals and objectives that each of those agencies are meeting in all three of the areas of high risk, health care provider and general public. We are currently doing a request for proposal at the State for a video for the general public. We are doing a 'train-the-trainers' program. About 700 health care workers in Southern California will be trained;
and we'll be training the 77,000 health care workers in Southern California. There's also an educational program being developed for firefighters, law enforcement personnel and other first alert people.

I was a little disturbed to hear somebody saying that the $4.5 million is all going towards the gay, high risk groups; because that's not accurate. It's not correct. There's certainly a great need for more to be done; but to say that it's all been directed in another area, is no good.

As far as the research portion of it goes, there was a meeting in Sacramento two days ago with researchers from the private sector, reseachers from the University of California and researchers from other universities, beside U.C. And there is a process in place. We're establishing a blue ribbon research panel to prioritize how the limited research dollars that California has should be spent, rather than just letting U.C. spend the money the way they see fit. Thank you for your time.

CHAIRPERSON SOLER: Thank you.

MS. WINNOW: Okay. Moving right along. We're into Education and Children's Rights. The first person is Mitch Bart, from the San Francisco AIDS Foundation, and then we have Hunter Morey. Could you please step forward, Mitch, and spell your name?
CHAIRPERSON SOLER: Jackie, how many speakers do we have in Education?

MS. WINNOW: Four (4).

MR. BART: (SWORN) -- My name is Mitch (M-i-t-c-h). My last name is B-a-r-t (Bart). I'm with the San Francisco AIDS Foundation and I'm here tonight to speak about how education can contribute to decreasing AIDS discrimination.

The San Francisco AIDS Foundation is one of the State contractors that Mr. Hadden spoke about earlier. We do have goals and objectives in our State contract to educate the general population about AIDS and decrease AIDS hysteria. A significant part of our program is educating the gay and bisexual community and other risk communities about stopping the spread of the virus in those communities. But our secondary program within our agency, certainly throughout all of our educational programs, is decreasing hysteria in the general population. We are currently working with several other AIDS agencies around California and around the nation to develop public service announcements and other effective means of communicating that AIDS is not a casually contagious disease.

We feel very strongly that this kind of education as well as education to help professionals, which is another part of our program, can decrease some of the discrimination.
that we've heard outlined tonight. So basically, we want to be brief and say that the San Francisco AIDS Foundation and myself personally support the need for AIDS education to the general public and health care providers, particularly in this case, as a way of preventing and decreasing human rights violations you've seen tonight.

We'd also like to call upon the Commission to work with other commissions that you have contact with around the state and around the nation to show the model of San Francisco in responding to the AIDS epidemic to those places and also for vigorous enforcement of the ordinance that was recently passed. And basically, that's all I have to say.

CHAIRPERSON SOLER: Thank you very much.

MS. WINNOW: I have one question. Can I? Mitch, could you speak to the fact that there has been some problems funding educational programs that may be explicit in how to have safe sex to avoid AIDS and what some of those problems are?

MR. BART: Sure, I could address that. Basically, this relates to what we call prevention or risk reduction or health promotion to reduce the risk of the spread of the virus.

The San Francisco Department of Public Health, which is our primary funding source in San Francisco, has always
been very good with us in allowing us to develop street
language, targeted material for people at risk so it would
be easily understandable for them. On other levels, there's
been a lot of discussion and controversy.

Recently, the State convened a task force which
included the previous speaker, Mr. Hadden, to develop a
policy on review of materials. And that policy is now in
effect. On the Federal level, there has been even more of
a discussion. The Centers for Disease Control has been
extremely hesitant to fund targeted materials that have
street language and sexually explicit language that's
easily understood. People out there on the streets do not
understand terms like 'fallacio' and other terms along
those lines. So therefore, we have to target the material
that's easily understandable and that has a good visual
image that makes people want to pick it up and read it,
understand it. So, it's been a big problem.

Recently, at the federal level, a group of
cooperative agreements were stopped for about a four-month
period of time; because the CDC was afraid to enter into
these cooperative agreements until they had some sort of
system to ensure that this would not create a problem with
the constituency of....

CHAIRPERSON SOLER: Are you, then, urging us to do
something about that?
MR. BART: I'm basically responding to Jackie's question.

CHAIRPERSON SOLER: Would you, then, urge us to do something about it?

MR. BART: Yeah, again....

CHAIRPERSON SOLER: Okay.

MR. BART: ...in terms of networking in support of other human rights commissions and other people you work with, that same thing applies around this, especially with your federal contacts.

CHAIRPERSON SOLER: Okay. Fine. We'll do it. Thank you.

MS. WINNOW: Thanks, Mitch. Hunter Morey, from the Lesbian/Gay Youth Advocacy Council. Could you spell your name, Hunter, and take the oath? And then, we've got Hank Wilson.

MR. MOREY: (SWORN) -- Hi, I'm Hunter Morey (M-o-r-e-y) and I will tell the truth. The main thing I want to emphasize is that there is a group being left out -- and that is youth and children -- in the whole AIDS consideration. People don't realize, for example, that in this last year, nationally, 146% more children, ages 0 to 12 got AIDS -- nationally, this last year. Eighty-five (85%) more youth, ages 13 to 19, and 106% more youth, ages 20 to 29. So AIDS is increasing in the children in the
youth population, much more than anybody seems to have any notion of. This is not being talked about.

And at the same time, however, there is not more AIDS and ARC education, and AIDS prevention education funding and program happening for children and youth. We need this. A lot of people believe that one reason why we don't have it is that we don't want to acknowledge that young people are sexual. Well, they are. Planned parenthood, the Kinsey Studies, and others prove that a majority of young people are sexually active before they finish their teenage years. It's a fact, whether we like it or not.

In San Francisco, for example, gonorrhea rates: there were 1,145 children and youth under 20, this last year, who got gonorrhea, 83 cases in people 14 years old and younger. So, children are sexually active; they're getting sexually transmitted diseases. There's also a lot of anti-gay violence that young people are perpetrating and sometimes receiving. There was an 86% increase in anti-gay violence in a recent period. So, these statistics and others show that we have an increasing problem here.

We need to have, I believe, the Human Rights Commission be an advocate for more program and funding in the area of AIDS education and prevention for youth and for children. And it needs to be even more explicit than

PAPERWORKS
1330 Broadway, Suite 809
Oakland, California 94612
415/763-9164
for adults. Because a lot of children and youth do not know a lot of adult terminology. And yet, there are people who would die before you would allow children and youth to have explicit sexual material. Well, I'm sorry folks; it's a real world. You either have disease and anti-gay violence or you have education that can get explicit.

To have that, you need children to have an opportunity...to be prepared. Some schools, like Lowell High School, have no sex education program at all. And there are people like Joan Haskin in the public schools, Marsha Crackenbush, with AIDS Health Project, doing a lot of good work. It's not enough. They are limited; they don't have enough funding. So, I'm here to request that the Human Rights Commission have more of a focus: AIDS education and prevention for children and youth.

CHAIRPERSON SOLER: Okay. Thank you very much. Before you go away, you mentioned several percentages and I have a colleague to my right, Commissioner Yamakawa, who holds us to finding out what the numbers are behind those percentages. So, could you tell me: are we talking about, number one, San Francisco? And also, what are we talking about in terms of numbers?

MR. MOREY: Okay. I have this written. I'll give it to Jackie Winnow. And my sources are the San Francisco Public Health Department and the CDC.
CHAIRPERSON SOLER: Okay. Fine.

MS. WINNOW: Also, Hunter's on the Youth and Education Committee at the Human Rights Commission.

CHAIRPERSON SOLER: Lucky for us.

MS. WINNOW: Yes.

COMMISSIONER MORRISSEY: I'd like to add one thing. I'd like to get some information that indicates when this information has been given, that it's had the result that you seek.

MR. MOREY: Oh, good! That's an excellent question. It turns out that in San Francisco, the rectal gonorrhea rates have gone down 86% because of the active education program to the gay and bisexual male community. So we're in the world's best place to see that, in fact, education and services does reduce sexually transmitted conditions. Thank you for that question.

CHAIRPERSON SOLER: Our next speaker.

MS. WINNOW: Hank Wilson, the Gay and Lesbian Youth Advocacy Council, and then we have Greg Day.

MR. WILSON: In May of 1985, questionnaires....

MS. WINNOW: Excuse me. Could you please spell your name and take the oath?

MR. WILSON: (SWORN) -- W-i-l-s-o-n. In May of 1985, questionnaires were.... (MICROPHONE INTERRUPTION)
In May of 1985, San Francisco Unified School District, together with UCSF, conducted what they characterize as the largest and most comprehensive needs assessment, carried out by any school district in this country.

What did they find? First of all, let me tell you, they questioned 1,326 students. The questionnaires showed that 40% of the high school students were unaware that use of a condom during sexual intercourse would lower their risk of getting AIDS. Thirty-six (36%) of those students felt that they would be at risk of contracting AIDS if they used someone's personal belongings (pencils, towels, casual contact). Right? Okay.

What has the School District done? Do you know? The School District has a plan it has not started to implement yet; but their planning on doing some work in the Family Life classes. Unfortunately, the Family Life classes are conducted with ninth or tenth-grade students. What happens if you're an eleventh grader and you've already had the Family Life class? What happens if you're a twelfth grader and you already had the Family Life class? What happens if you're a ninth grader and you're not going to get the Family Life class until you're a tenth grader? That means there could be a year delay for the eleventh and twelfth graders. They may never get AIDS education.
That's an issue that we need to address. The School District is dragging its feet.

CHAIRPERSON SOLER: Why?

MR. WILSON: Why? We've addressed the School District and we've raised this issue from the lesbian/gay community in terms of educating youth. And I think that what would be helpful is if some parents, the PTA, yourselves (as representatives of a larger community) say: we're concerned about the youth of our community. We want our youth protected. We don't want our youth to become discriminators. We don't want our youth to be come people with AIDS, people with ARC.

So, we have two issues there. And I don't feel like the School District is listening to us right now; because we're not parents. But, we're concerned about youth.

MS. WINNOW: Thank you, Hank. Greg Day, Polk Street Town Hall. Please spell your name and take the oath.

MR. DAY: (SWORN) -- D-a-y. I'd like to reiterate, the previous point of the two speakers. I think we've ignored youth and children of San Francisco; because we've assumed that AIDS is a gay disease and it will be limited to the adult, gay population.

The truth of the matter is that it is a sexually transmitted disease. I read recently in the paper that, by the time the first AIDS case was diagnosed in the gay,
male community in San Francisco, as much as 15% of the gay, male population had already been exposed. How many thousands of young people have we allowed to become exposed through our ignorance in San Francisco over the last four years. One of the reasons for that is our reluctance to discuss sexual issues and another reason is the traditional institutions with which we work also had not dealt with substance abuse, which is the other chief means by which this is transmitted.

I wanted to speak tonight specifically or briefly about one part of the youth population that's very much at risk -- and that's the 2,000 young people under the age of 18 who are living on San Francisco streets and trying to survive on their own. They are primarily abused and neglected youth who come from family situations where, in a majority of cases, they have no family to return to, cannot return home. Eighty-five percent (85%) are from outside San Francisco County. And currently, we have enough shelter beds in San Francisco to provide services to 350 of these youth. That's one out of six youth per year, who are on the street in San Francisco.

In our community-based programs, we do provide excellent AIDS education. But for the other 1,650 youth on the streets, they do not get this kind of education. Youth on the streets have few choices in terms of their
own survival. The primary choice is prostitution. And along with prostitution, involvement in IV drug use. They go hand-in-hand and most of the youth on the street are involved in this in San Francisco.

This population is very much at risk. And they are treated as less than full citizens in San Francisco. The Department of Social Services has consistently determined that youth under 18 are citizens of the county in which their parent live. The fact that they happen to be in San Francisco and have been here for years is another point.

We have had youth come into our.... We have a maximum now within the community of a 40 day shelter program. For the young people that we cannot return home within 40 days, they have no alternative but to return to the streets. And we have individual cases that we've referred to the Department of Social Services for out-of-home placement. They have been rejected because their parents don't live in this county and they have returned to the street where they become involved in prostitution for the first time or have returned to the life of prostitution.

There are several issues that need to be addressed here. We need AIDS education. I think this population, and children in general, are being discriminated against in terms of access to education about the sexual and IV drug transmission of this disease. Also, I think that the
civil rights of children are at stake here in terms of policy decisions by the City. And I just want to give a closing example.

Right now, youth in the juvenile justice system, we have no policy in terms of testing of care. I'm a member of the Youth and AIDS Task Force at the Health Department to work on this policy. But there are people in the juvenile justice system who are leaders in that system who feel that their primary way to address this is to identify and isolate high risk use for another group and to suggest that they be tested. I can tell you right now, we had a youth in our program tested who immediately attempted to commit suicide once he learned of the results. And I think that we have a long way to go on this issue. And the very lives of our children are at stake.

CHAIRPERSON SOLER: Thank you. We have one question from Commissioner Lyon before you leave the podium.

COMMISSIONER LYON: Greg, is the fact the DSS wants to send all the kids back to their home counties -- is that a State law or a Federal law or something? Is there anything we can do to....? Can we pass legislation here to change it?

MR. DAY: Yes. We can. The County's Social Service Commission has requested an opinion from the State Attorney General on whether San Francisco can provide services to
these youth. I can tell you, in Los Angeles, they have a policy there which I've been told by the service delivery people there with the Juvenile Court, routinely emancipates youth so that they can get on general assistance. We don't have that in San Francisco.

Also the young people from San Francisco -- when young people run away, they don't run away from their own hometown. San Francisco's youth are in Chicago and New York, where they are receiving the services which we do not provide people with here. And I think it's only fair: young people who live here are citizens. It seems ironic that once you become eighteen, you are eligible for all of these services in the City. But until you are, you are not.

COMMISSIONER LYON: Thank you.

CHAIRPERSON SOLER: Thank you.

MS. WINNOW: We're now go into the Blood Testing Confidentiality area. We have five confirmed speakers tonight.

CHAIRPERSON SOLER: After that?

MS. WINNOW: We have Areas Not Listed. And we have, I've been told, five speakers.

CHAIRPERSON SOLER: Okay. We had on the announcement that these hearings were going to end at 8:30. Obviously, we're going over. We ask for your patience and I ask
everybody up here with me for your patience, as well. And we would like to end by 9:00. So that is the new, revised time schedule.

MS. WINNOW: John Wahl. Could you please come to the podium, spell your last name and take the oath. And after John is Jean Freestone. Thank you.

MR. WAHL: (SWORN) -- John Wahl (W-a-h-l) Commissioners, I am Co-chair of the National Steering Committee of Mobilization Against AIDS. I'm also Chair of the Social Justice Commission of San Francisco Council of Churches and Vice President for Political Affairs of the Stonewall Gay Democratic Club. Although I don't speak for any of these organizations in this testimony, I can tell you that all of these organizations and their members are vitally concerned with just how the City proposes to deal with the AIDS epidemic, and especially insofar as civil rights and civil liberties are concerned with regard to the question of bloodtesting.

The clear failure of the federal government to meet the challenge to civil rights and the threat posed by data banks of AIDS bloodtests results is ominous. In a time of federal budget restraint, it is very hard to conceive of any valid reason at all for the massive Defense Department rush to test military personnel and to offer testing to all military dependents.
The announced purpose of the military bloodtesting is to provide a basis for discharging all those who test positive from the military. This means that people who do not have AIDS or ARC but who have only been exposed to the virus will be discharged. Frankly, the use of great amounts of public money for a test which cannot diagnose AIDS when there is no medically accepted therapy for use by those who test positive is a cynical waste for political purposes.

This City and this Commission can have a real impact in stopping the use of so-called AIDS bloodtesting for the political purposes of the right wing in this country. We all know that the right wing wants to use bloodtesting to repress certain groups of the population which are at high risk in the AIDS epidemic. We know that the right wing wants to quarantine all those who test positive, not really for health purposes at all but to intern gay and bisexual men along with prostitutes and IV drug users.

State Senator Doolittle, for example, has reportedly said that his agenda is, first, to test and then to segregate. You, the Board of Supervisors and the Mayor should lobby vigorously at state and federal levels for a ban on mandatory HTLV-III bloodtesting, except in cases of blood donors. You should lobby to defeat the Doolittle legislation and any legislation requiring bloodtesting for
marriage licenses or for health care professionals. You should ensure that any local legislation, like the foster children testing (now before the San Francisco Health Commission) does not put some child's future at the mercy of the right wing political agenda. There is absolutely no reason for testing a child for exposure to AIDS when there is no therapy that can be applied, if the test is positive.

CHAIRPERSON SOLER: We do have your written testimony in front of us. If you would like to make a concluding comment, please do.

MR. WAHL: I think that you basically have it. And thank you very much.

CHAIRPERSON SOLER: Okay. Thank you.

MS. WINNOW: Jean Freestone, Employment Law Center. Please spell your name and take the oath. Thank you.

MS. FREESTONE: (SWORN) -- Jean Freestone (F-r-e-e-s-t-o-n-e). My name is Jean Freestone. I'm a Researcher at the Employment Law Center for Legal Aid Society of San Francisco and Editor of Access to Employment, a newsletter on employment law, regarding disability. My testimony, very briefly, summarizes provisions of confidentiality of medical information in the workplace setting, under present California law applicable to AIDS and related conditions.
First though, I'd like to give some examples of the problem. I've attended a couple of conferences on AIDS. One of them was specifically for personnel people. I will give you three examples of situations regarding the handling of confidential medical information about employee with AIDS related by people attending these conferences. The names, of course, are fictitious.

1. Employee John Smith went out on disability leave. After his departure, all staff received a memo informing them that John Smith left staff due to AIDS and giving them a number to call if they had questions about AIDS.

2. Employee Jim Jones informed his employer that he had AIDS and would require some time off for medical care. His employer informed his that he could only return if his doctor gave a 100% guarantee that no one else on staff would develop AIDS if he returned to work. Physicians are loath to issue such guarantees.

3. XYZ Company was very proud that they treated AIDS just like any other illness. Except, that they required an employee with AIDS or ARC to sign a statement promising to inform others in the company with whom they had intimate contact of their condition.
It seems quite probable that these episodes occurred because the employers felt it their duties to protect the health and safety of their workforce, even at the cost to the privacy of the employee with AIDS. If AIDS were contagious in the workplace setting, such actions would be defensible. However, the best medical evidence has long indicated that it is not. And Centers for Disease Control Guidelines on AIDS in the Workplace, published in November, established that AIDS is not a transmissible by casual contact in the workplace. There is, therefore, no health or safety issue involved that would obligate an employer to communicate information about AIDS -- affected employees to other employees.

The following is a summary of the rights of employees under California law and regulations regarding disclosure and confidentiality of medical information in the employment arena. An employer has the right to know if an employee's functional limitations that presently affect job performance or require reasonable accommodations.

CHAIRPERSON SOLER: I want to warn you, the bell's going to be rung in one second; and I know that.... It looks like you have a lot more to tell us. So, if you could just make a summary statement and we will....

MS. FREESTONE: Okay. I don't have much more to tell you. Many employees with AIDS or ARC may voluntarily
share information. And if they do, the employer has an 
obligation to protect the privacy of medical information. 
Employers are required to set up procedures to protect 
medical information files in the workplace.

My suggestion to the Commission is that employer 
education measures from model policy statements include 
the assurance of confidentiality of medical information 
regarding employees with AIDS and other medical conditions.
Thank you.

CHAIRPERSON SOLER: Thank you. And thank you for 
that recommendation.

MS. WINNOW: Our next speaker is Chris Bowman, from 
Senator Milton Marks' Office and President of the Concerned 
Republicans for Human Rights. And Paul Wotman is next. 
Could you please spell your name and take the oath.

MR. BOWMAN: (SWORN) -- Thank you. My name is Chris 
Bowman (B-o-w-m-a-n). I'm speaking on behalf, primarily, 
as President of Concerned Republicans; but I do want to, 
state also for Senator Marks that most of the funding 
battles that we've had at the local and the state levels 
have been won. There's a comprehensive Planning Commission 
at the state level that's in the process of developing a 
statewide plan, which will supplement the $20 million 
currently in the budget. And we expect that patient 
services, in particular, not only for people with AIDS but
AIDS related complex will be included in next year's budget. While the funding provisions both in the area of education, research and patient services seems to be accomplished. What we're finding is a wave of mass hysteria and fears about AIDS both in the public opinion polls and reflected in current legislation. And there has been discussion, particularly about the Doolittle bills. And I'll discuss those in a moment.

We are discussing the issue of bloodtesting. It's unfortunate that the antibody test, which really was sort of a miracle in the way of trying to screen the nation's blood supplies so that AIDS cannot be transmitted in that fashion, is now being used by employers, insurance companies and by governmental agencies for the purpose of discrimination. People have mentioned the military. Also the INS, I understand yesterday, is going to be allowed to test all immigrants coming into this country for the HTLV-III antibody. And if they are positive, they will be excluded. Currently there was an exclusion of gays; and so, this is really a shortcut for them to exclude gays and other high risk groups from our shores.

I think we have passed, at the local level, a fairly comprehensive civil rights piece legislation, which is the reason why you're meeting today. There is a very tenuous
bill (the Agnos Bill) which provides confidentiality in bloodtesting. The insurance companies, back in August, attempted to lobby for the repeal of segments of that legislation that would prevent the antibody test from being used for determination of insurability. After it became public and there was an uproar, they withdrew and said, 'no, it was just simply a mistake; we were just trying to create a dialogue.' And I think that what we're going to find is that there are going to be more and more assaults, not only on the Agnos legislation but also on general civil rights at the state level which are going to undermine what the City has done, in fact, preempt what the City has done. And....

CHAIRPERSON SOLER: May I ask you to make one concluding comment.

MR. BOWMAN: Okay. Finally, I would urge the Commission to take a stand on the two Doolittle bills dealing with testing of prisoners and also of couples planning to get married. The bills will be coming up for a hearing in Sacramento, next week, on Tuesday and Wednesday. It's on the fast track and they believe that they will pass because of public hysteria. Thank you.

CHAIRPERSON SOLER: We will take that up, clearly. Commissioner Moulton.

COMMISSIONER MOULTON: I thought that.... When I
got married 50,000 years ago, we had to take a bloodtest.

CHAIRPERSON SOLER: Now, now. 50,000?

COMMISSIONER MOULTON: Yeah, 50,000.

(LAUGHTER)

Then we had to take a bloodtest. It's not new, is it.

MR. BOWMAN: Well, we're talking about.... I think you have bloodtest for syphilis and a couple of other sexually transmitted diseases. And it's true AIDS is a sexually transmitted disease. But what you're also finding is that, of 100 people tested who are positive for the antibody, approximately 5% to 20% ultimately develop the disease. In fact, 65% may live for the rest of their lives without even knowing that they're carrying the antibody.

The CDC or Centers for Disease Control recommends limited testing, and on voluntary basis for those couples planning to have children who belong to high risk groups. They determined it was not cost effective for across-the-board testing at this point.

An example, if every married couple or every couple who planned to get married in this state (225,000 people), each had to take the (INAUDIBLE) and the follow-up test, the cost to the state or to the people being tested would be $6 to $7 million. Yet, there were only 20 heterosexually transmitted cases of AIDS or paranatal cases of AIDS last year which, added to the cost of $140,000, would be $2.8
million. So if they want to spend $67 million -- the state's spending $20 million on all of its AIDS programs altogether.

CHAIRPERSON SOLER: Okay.

MR. BOWMAN: Thank you.

CHAIRPERSON SOLER: Thank you very much. I just wanted to add that we've received written testimony from a number of people, including from Congresswoman Burton. And one of the paragraphs -- I'm not going read the entire thing -- but one of the paragraphs that I'd like to lift out says: "Confidentiality and bloodtesting and research will go a long way in preventing discrimination. Legislation is being prepared in Congress to assure that the results of bloodtests do not become readily available to employers, insurance companies and others who may use the information improperly. I will, of course, support this legislation." Could we have our next speaker, please?

MS. WINNOW: Yes. Next speaker is Paul Wotman of Bay Area Lawyers For Individual Freedom. Please spell your name, take the oath. And then, we have Thomas Mosmiller.

MR. WOTMAN: Thank you. My name is Paul Wotman (W-o-t-m-a-n). Good evening, Commissioners. I am the Bay Area Lawyers for Individual Freedom's representative to the community partnership on AIDS. Bay Area Lawyers For
Individual Freedom (or BALIF) is a 400-member lesbian and gay bar association in the Bay Area. I wanted to talk on the issue of the HTLV-III Test and confidentiality. The HTLV-III Test was devised to ensure safe blood supply. And as such, it produces more positive results than are able to be confirmed in later tests. So, it's a good test to get the bad blood out. But it's a bad test to see whether people actually have antibodies in their system or have been exposed to AIDS.

The test was only licensed to be used for the blood supply. But it's now being used on a widespread basis to discriminate. Several articles that I'll submit for your review contain examples of the types of discrimination that is going on because of the HTLV-III Test for other purposes. One headline says: 'FLORIDA MAY REQUIRE THE ANTIBODY TEST FOR STUDENTS AND TEACHERS.' Any teacher that tests positive, they're going to refuse to allow to teach.

Nationwide insurance seeks to deny policy to gays based on the HTLV-III Test. Military recruits are to be tested for HTLV-III. Houston Council candidates seek to severely restrict the HTLV-III carriers from working as food handlers in blood banks, medical or dental personnel or around children or day care centers. The military is going to test all overseas troops; and there's a quarantine
initiative on the California ballot that seeking signatures
to be placed on the California. And what they're going to
do is take all people who have been tested positive whether
or not they ever get the disease. And in the event at
some point a quarantine is...they decide to impose it,
they will have a list of people.

Another organization that I belong to had the
lobbyist from the California life insurance companies speak
to us and the insurance companies have a major computer
ring in Massachusetts. They have everybody's records who
submits applications. If the list continues to be compiled,
the ability to discriminate against people is going to be
increased. Gay people have been subject to discrimination
for a long time. The HTLV-III Test is the only non self-
identifying way to identify people. And it's being used
to discriminate marriage licenses and in school attendance
and employment and insurance and in a variety of things.
I will just submit various articles that describe the
unreliability of the test and the ways in which the test
is being used to discriminate.

I'd like the Commission, if possible to resist these
efforts wherever they occur in California and wherever
they occur nationally, particularly with the military and
the immigration service. Thank you.

CHAIRPERSON SOLER: Thank you very much. Our next
speaker.

MS. WINNOW: Our next speaker is Dr. Mosmiller, with the AIDS Activity Office, Department of Public Health. Please spell your name and take the oath.

MR. MOSMILLER: (SWORN) -- My last name is M-o-s-m-i-l-l-e-r. With the AIDS Activity Office of the City Health Department, I'm the Coordinator of the AIDS Antibody Alternative Test Site Program.

The Test Site Program was established on July 1, 1985 to provide anonymous, free AIDS antibody testing to residents of San Francisco. Many people have been concerned that they might face insurance or employment discrimination if the results of their test was revealed. Our clients' anonymity is guaranteed in the Alternative Test Site Program. A client can obtain the results of the test without revealing their personal identity or any other official identification.

When you call to make an appointment, the clerk will ask you to establish a four-unit appointment code. This code cannot be traced back to you. If you decide to keep your appointment and take the test, you will be given a new number to identify your blood sample. This number does not reveal your personal identity. At no time do you give your name, address, social security number, or other official identification numbers.
Since July 1, 1985, approximately 5,500 clients have been tested and received test results through our program. Thus far, we have not received any reports or complaints that our clients' anonymity has been compromised. The integrity and credibility of the program has been strengthened by our performance record.

In preparation for the Alternative Test Site Program, the California State Health and Safety Code was amended on April 3, 1985 to state: 'No person shall be compelled in any state, county, city, or other local, civil, criminal, administrative, legislative or other proceedings to identify or provide identifying characteristics which would identify any individual who is the subject of a blood test to detect antibodies to the probable causative agent of AIDS.

Of the 6,000 clients thus far tested in our program, six cases have been brought to my attention of clients who claim they were compelled to undergo the AIDS Antibody Test and to report their test results to a third party. Three of these cases involve clients applying to drug rehabilitation programs. Two cases involved clients who were parollees. And in the final case, one involved a client applying for residence in a mental health treatment center.
We are developing programmatic procedures for how Alternative Test Site staff should respond to these situations. While it is clear that we must inform clients of their legal rights and that we cannot divulge any test results to any third party, it is ultimately the client's responsibility to decide with who they will share their test results. The District Attorney's Office has the responsibility for enforcing this law. However, it would be necessary for a client to reveal their personal identity in order to press charges. In our opinion, it is critical to preserve and maintain the existing legislation which protects the client's privacy. Moreover, enforcement procedures.... I have only one more sentence. Enforcement procedures should be developed which are sensitive to the client's concern for anonymity. And finally, social service rehabilitation agencies and programs need to be educated as to the appropriate and legally permissible usage of the Alternate Test Site Program.

CHAIRPERSON SOLE: Thank you very much.

MS. WINNOW: Thank you. For the public record, I would like to say that I did get a telephone call from a research scientist early on who could not testify himself, because he was afraid he was going to lose his research money, to talk about AIDS discrimination research. He told me at that point that he would try to get somebody...
to speak. And he could not; because everybody he spoke
to, although they did want to speak on the topic, were
afraid that they would lose their research money or their
ability to gain research money. So we should be aware of
that.

Okay, now we're going to be closing with Areas Not
Listed Above. We have five speakers. Two of them are
confirmed; and they will speak first.

CHAIRPERSON SOLER: Well, we made a commitment to
end at 9. So, let's try to do the best we can.

MS. WINNOW: George Mendenhall, Bay Area Reporter.
Could you please step up, spell your name, take the oath?
And then, we've got Patty.

MR. MENDENHALL: This will be brief. As a writer
for the Gay Press here in San Francisco for 20 years, I
have some observations I'd like to make very briefly.
Since it was learned that Rock Hudson had AIDS, the media
has given considerable coverage to the crisis.

The public media is reporting whatever is happening
regarding the crisis and reflects the confusion of the
scientific community, the politicians and the general
public. It is the duty of the free press to lay it all
out, even the confusion. Aside from this duty, some of
the local, feature and news coverage has been very sensitive
in the last year.
Unfortunately 'quickie' television and radio and new reports are too brief. They do not give details and relatively few people see anything beyond the thirty seconds about AIDS on the evening news. Few watch the enlightening specials. The daily print media has more space to cover this crisis. But like the evening news, this is a business of selling advertising. Thus, features in news must continually be entertaining. So, it's not surprising that we have coverage about a grandmother who has AIDS, about a baby who has AIDS, about Rock Hudson being diagnosed.

The public is usually moved, first, emotionally -- later, it thinks (hopefully). Most of the public does not even want to hear about AIDS unless it's either entertaining or their personally threatened. And increasingly, they are personally threatened. It has bits and pieces of misinformation. And this sometimes results, in the end, in blatant discrimination. Increasingly, gay men are perceived as the spreaders of this disease; thus, they are considered less human and a danger to society. This is leading to job discrimination, housing discrimination, and 'fag bashing' -- as we all know. This will increase as the hysteria increases.

It is not the role of the major media that we enjoy to plan an advocacy role in the AIDS crisis. I would never
call for political control or sensorship over the media.
If I would call for anything tonight, it would be increased
communication between the gay community and the local media
managers and editors. It is essential that the media begin
to report not only AIDS, but the ARC incidents. It is
also important that the images that it creates continually
did not eventually result in discrimination.

I also wish to say that working with the staff of
the Lesbian/Gay Unit of the Human Rights Commission has
been a joy. It's been a oasis for all of us. And eventually,
this unit will need additional funding and additional staff
as the hysteria and discrimination continue. I hope all
the Commission members would support that additional
funding.

CHAIRPERSON SOLER: Unequivocally, we agree. Thank
you very much, George.

PATTY: (SWORN) -- My name is Patty. I have to say
that I am not...I cannot allow the press to use my name,
or anything I say in the newspaper. I do want to thank
you for allowing me to speak. I also want to thank God
for allowing me to be the last speaker; because what I
have to say is very important. And I want everybody in
this room to hear it.

In 1984, in December, my wonderful brother passed
away from AIDS. I'm a military-trained nurse. My brother
received excellent care because myself and my family. When my brother died and we went to the mortuary to make arrangements to have a final farewell, we were told that my brother had to be cremated, that the medical examiner of San Francisco General would not release his body to us. Of course, we did not know that that was a lie. And I found out only afterwards (after my brother was cremated) that that was not the truth.

I also experienced.... I was on active duty in the Army at that time. I experienced discrimination. My supervisors refused to work with me when I came back on active duty. They attempted to have my active duty orders pulled. They then tried to force me to have some type of blood test to determine that I was not exposed to the virus. They then tried to accuse me of not doing my job. Not only am I a good nurse, I am an excellent soldier. I received commendations for the work that I did and it was the first time in my unit, in 13 years, that we got a commendable for the job that I did.

I know it sounds like I'm patting myself on the back; but I'm real proud to be here. And I'm always very proud to speak for my friends and for my brother; because I loved him very, very much. And I am deeply touched by this issue. I know and will submit testimony of soldiers in every branch of the field that are discriminated against.
I have a friend that has 15 years of active duty who tested positive. And now, he is being isolated and being forced out of the service. He no longer is able to perform his military duties; although, he is not categorized in the ARC.

I want to close by saying that I walked across Death Valley this summer and I was real proud of that. And I think it's appropriate to encourage the Commission as well as everyone in this room that when they hear again that I will do that, to participate. I want to thank you for allowing me to come up here. It's very difficult. The reason I'm not able to have my name in the media is I don't have permission from my mother. And my mother recently had a heart attack. So, it's just not something I can do. But I am very proud. And all my friends know that I love them. Thank you.

CHAIRPERSON SOLER: Thank you. There are some people who would like to testify. Can I see by a raise of hands? Three people. Let's do it very quickly. Two minutes, each?

MS. WINNOW: Two minutes each. The first person is Erna Pahe. Please spell your name and take the oath. And then we've got Richard Locke.

MS. PAHE: (SWORN) -- My name is Erna Pahe. It's spelled P-a-h-e. I'm the Chairperson of the Gay American Indians, located in San Francisco. We're relocated Indians
from the Navajo Reservation. I'd first like to say thank you for giving me some time.

Discrimination in itself, is a word that is so often abused. To us Indian people, it hasn't changed. We've been abused from the beginning of time. And it bothers me personally to watch this country find another reason to discriminate. To begin with, employment is a major problem on our reservation, not to mention employment in this City. Public accommodations are unheard of on my reservation. Indian men who have been diagnosed with having AIDS are forced to leave their homeland to seek medical attention.

As Indian people, we see this as another form of relocation, having no choice. Once they arrive in the city, they're confronted by ignorance, abuse. By not accepting and understanding this health problem or the culture shock of being an outcast by this county continuing to pit one minority against another. The question of education has been an issue for a number of years. Our children are having to suffer because our educators and parents refuse to work or send their children to school because of a reported child with AIDS. Are children's rights being violated by the ignorance of these educators and parents?
Insurance: if all Indian people were able to afford private insurance (or even know what it meant), it would be nice. Instead, we get cutbacks from our Indian House Service Budget. And shall we talk about underserved? When the smallpox epidemic hit our people many years ago and we were quarantined in hopes of stopping the spreading of the disease, did it help? No, only because the people that spread the disease were on the outside. In other words, we're all here being affected by this nation's number one health priority.

Let us begin by being more accountable to race and ethnic breakdown. There are 13 noted American Indians with AIDS. Rather than allowing cutbacks in minority programs without looking at the real number of affected cases, begin with those programs that are at high risk to appropriate the firms for research and education. Thank you.

CHAIRPERSON SOLER: Thank you very much.

MS. WINNOW: Richard Locke. You've got two minutes. Please spell your last name and take the oath, Richard.

MR. LOCKE: (SWORN) -- Thank you. My name is Locke, Richard Locke (L-o-c-k-e). I came here tonight to urge you to watch Channel 4 News on the 17th, 18th and 19th, where they will be discussing -- Linda Yee will be discussing these drugs that we smuggled across the border.
Linda videotaped it. These drugs have been proven to help immensely. It's possibly cure; it's too soon to know.

But we can't get these drugs. I talked to U.S. Customs officials and said, 'My friend was too sick to come; he can't get his drugs. He can't come and get them; and you won't allow me to take them because you only allow enough drugs for me. So, he's sitting in his bed; he can't get the drugs.'

I would like to see this Commission write the FDA to allow a compassionate use of this drug.

CHAIRPERSON SOLER: Do you want to name the drugs for the record?

MR. LOCKE: Isoprinosine and Riba virin. Also, there are other ways that AIDS is cured. My recovery began when I believed that I didn't have to die, when I knew I could heal myself. AIDS is not a deadly disease. People are living with the disease. But as soon as they talk to their doctor, their doctor says: 'You're dead.' And they believe that and they did. That is a gross discrimination.

Another discrimination is that I'm antibody positive and I got guidelines on what to do about that with my sex life that is totally fallacious. They say to limit my number of sex partners. Well, if I don't exchange fluid, I don't have to limit my partners. Be aware of my partners' habit and hygiene: I've been talking about hygiene for
the last three years. I went to Milton Marks' office; I went to Barbara Box' offices; I went to Diane Feinstein's office and talked to them about doing education in the high schools. And they didn't even give me a letter saying no. This was two years ago.

CHAIRPERSON SOLER: I think we've heard over and over and over again and over again....

MR. LOCKE: Mrs. Stone's son could have been saved had he been taught in school about hygiene -- how to wash his body. And he will not be taught. They teach people how to vote and they can't vote if they're not 18 yet.

CHAIRPERSON SOLER: Thank you.

MS. WINNOW: Richard, could you write down the names of those drugs for the transcriber; so she can spell them correctly.

MR. LOCKE: Yes.

MS. WINNOW: Dr. Bill Paul is the last person to speak. Could you please spell your last name, take the oath and take two minutes, Bill?

MR. PAUL: (SWORN) -- Bill Paul. My last name is P-a-u-l. I think that we should recognized that conditions....

CHAIRPERSON SOLER: Could you use the top mic. Because even though the audience....

MR. PAUL: I know.

CHAIRPERSON SOLER: Yeah.
MR. PAUL: Pervasive conditions of anti-gay
discrimination create conditions and behaviors that
actually contribute to the spread of AIDS. These include
coevert lifestyles. People in the closet around the country
live in social margins. One consequence of this is that
it's very difficult to educate people. It's very difficult
to do research -- in fact, even to treat AIDS.

Now a very important statement on this issue was
just made in a brief to the U.S. Supreme Court by the
American Psychological Association, the American Public
Health Association. It has to do with the Sodomy Law.
I'm presenting this to the Commission for your review and
I would hope that all of you read it.

The brief is a very important statement. What it
says, essentially, is that oppression and especially legal
oppression really contributes to the spread of AIDS. Now
that creates a number of other problems. One of which is
that, in San Francisco today, we have people who are an
AIDS under-class, living on the social margin especially
in the South of Market Area and the Tenderloin.

I conducted research on needle use for prevention
of IV needle use for the Haight-Ashbury Free Medical Clinic,
as specifically having to do with AIDS. I've also been
in the ARC/AIDS vigil. So in addition to being a contributor
to that brief, I've had some real life experience -- very
recent experience. And I think you will find, from personal experience if you go down there, that there are lots and lots of people who are relegated to the gutter, literally. There are people who come from somewhere else -- who migrate here. And there's a huge migration right now. This (I will close saying one thing), testimony includes a lot of other information about underserved groups, especially black and Latino populations who are at very grave risk of the the transmission of AIDS right now, especially through IV use. And I thank you for your attention.

CHAIRPERSON SOLER: Thank you very much. I believe that this concludes our Public Hearing on AIDS and ARC Discrimination. Before we close, I'd like to say to all of you who have stayed with us for the two days and to those who have just been here with us for a while, that you have our fullest commitment to do something about the egregious acts of discrimination that we have heard over the last two days, that we will, in fact, take action; that legislation that should be supported, hopefully we'll support; and legislation that we should work against, we will do so; that those people who came forward with individual complaints that we will work with them to resolve those complaints; that areas that have been chronically under-funded, we will assist in attempting to get more funding and support that. Our public agencies that have
been called to our attention who are not serving in the way that they should serve as a public agency, we have a responsibility to call them and to ask them and to find out what's going on and to change what's going on.

And with that, I'd like to end by saying thank you all. Thank you particularly to the people who've worked so hard and those people who've come before us with AIDS and ARC. I'd like to thank Jackie Winnow, Eileen Gillis, Dan Turner, Sue Steiner, and all the Human Rights Commission staff. Our Court Reporter, our Signers and all of you who've taken the time and who continued to work with us and continued to work in the community to solve one of the worse problems we've ever faced. Thank you.

(Thereupon the Public Hearing of the San Francisco Human Rights Commission was adjourned at 9:05 p.m.)

---000---
REPORTER'S CERTIFICATE

THIS IS TO CERTIFY: That the foregoing proceedings of the San Francisco Human Rights Commission Public Hearing regarding AIDS/ARC discrimination, held at the State Building, 350 McAllister Street, San Francisco, California, on February 5, 1986 at 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

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