ACTing UP Against the Health-Care System

INSIGHTS

National AIDS activists' conference debates tactics

BY DOUG SADOWNICK

Is a national militant AIDS-activist movement possible? And if so, should the emphasis be on pressuring the FDA for a faster release of experimental AIDS drugs, or on the broader goals of confronting the collapse of the nation's public health-care system?

These were the primary questions debated at the ACT NOW (AIDS Coalition To Network, Organize and Win) conference held in Chicago April 20-23. While ACT NOW is a loosely defined umbrella organization of various AIDS-activist groups, it would be misleading to categorize it as setting policy for the movement. The direction of militant AIDS activism comes from individual cities, with 20 cities now home to ACT UP-styled groups. ACT NOW serves to provide a loose structure for such militant groups.

Still, the Chicago gathering took the pulse of the national activist mood. The weekend culminated in massive civil disobedience and a demonstration, helping to establish Chicago as a national activist player. This was the Midwest's first national AIDS action, and it had its own political slant. As opposed to past national

ous precedents for other medical conditions.

The conference's emphasis on the insurance industry was plagued by tensions between ACT UP/New York, which didn't care for ACT UP/Chicago's approach, and activists throughout the country who

what with ACT UP/N.Y.'s official resignation from ACT NOW two years ago. ACT UP/N.Y.'s Bill Dobbs explains the reason for the resignation: "Why should we, who have raised so much money and grown so polished, float a fledgling national umbrella group?" (Similar debates have

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Larry Kramer for calling for a riot there in an article that appeared in New York's *Outweek*, without consulting local ACT UPpers.

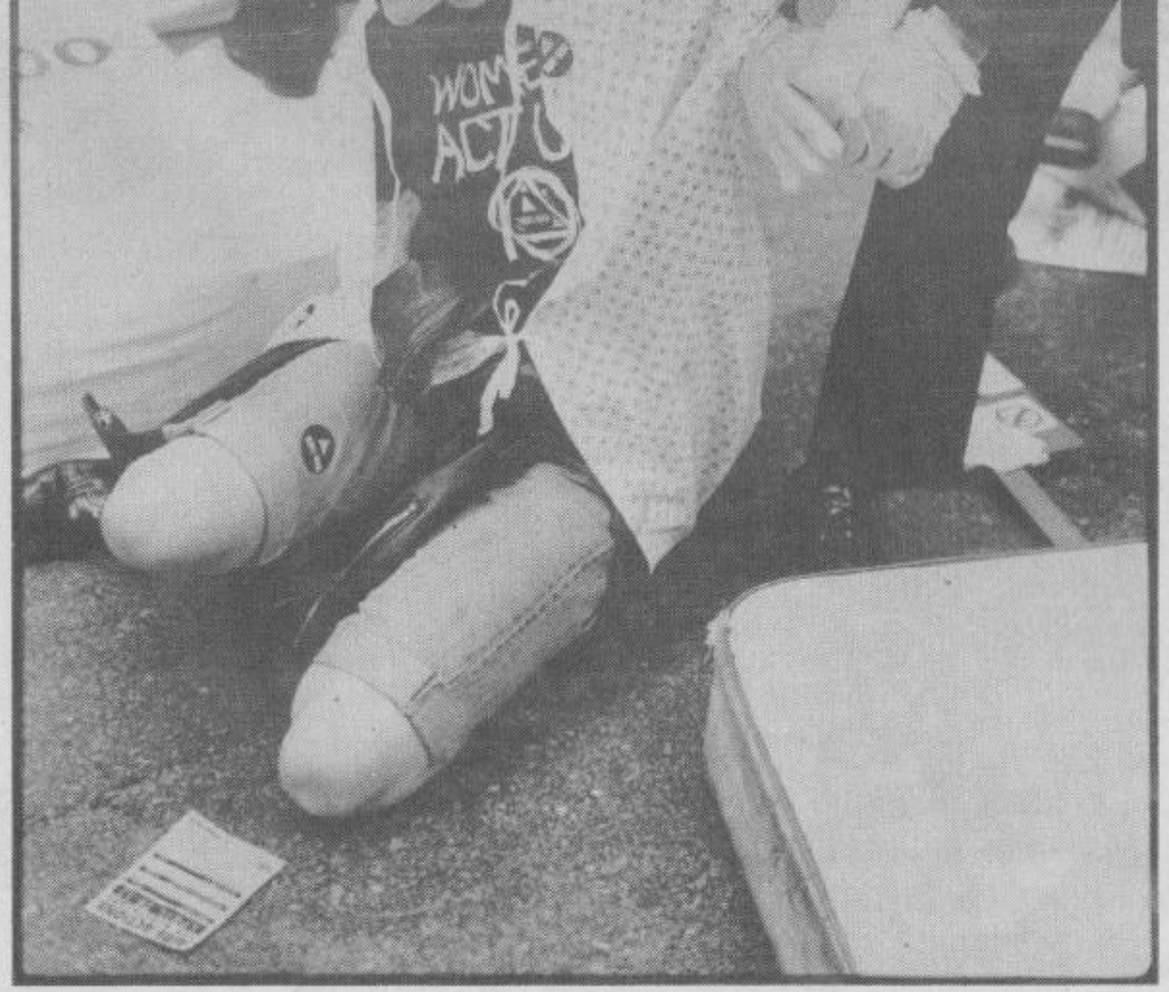
The original ACT UP began in New York in March 1987; members perfected the media savvy and artistic panache often associated with the group. While L.A., the country's second largest ACT UP group, attracts anywhere from 75 to 150 people for its weekly meetings, New York draws close to 700. Its kitty now amounts to $300,000; New York sent 80 activists to Chicago, paying their plane fare and hotel bills, and also donated an additional $3,500 to the Chicago actions.

Some activists, like Chicago's Eggan, see the bicoastal tiffs as a debate on how best to end AIDS: whether to lobby the FDA for AIDS anti-virals or to demand health-care reform for everyone. Indeed, as conference participants pointed out, neither agenda can take place without the other. According to ACT UP/N.Y.'s Aldyn McKean, "Things get done in different ways in different regions . . . We were humbled." Adds New York's Jim Fouratt,

national AIDS action, and it had its own political slant. As opposed to past national actions on the coasts, this demonstration didn't target the federal government's slowness in releasing AIDS drugs. Instead, the focus was on the two-tiered system of private and public health care, and on the insurance industry. According to ACT UP/Chicago's Ferd Eggan, "It was best to fight for the living by curing the system."

In fact, the issue was how to get drugs already on the market, and those still in trials, to people in need. According to ACT UP/L.A.'s Gunther Freehill, "The predominant characteristic of health care in the U.S. is that it is composed of a number of powerful private interests — physicians, drug companies, hospitals, insurance companies — all seeking profits." He argues that a fee-for-service, cure-oriented, specialty-ridden health-care system cannot adequately address a chronic condition like HIV infection. No one wants to foot the bill; Medicaid doesn't cover most of the working poor or medically indigent in 27 states. "And private insurance," adds Saundra Johnson of ACT UP/Chicago, "is of no use to the people who need it most."

These sentiments reflected a particularly L.A./Chicago attitude; activists from those two cities drafted the position papers for the conference, emphasizing insurance abuses. According to ACT NOW researchers, with rare exceptions, health insurers exclude payments for experimental drugs that are in wide use. Activists also cited the U.S. Congress Office of Technology Assessment statistics that show 86 percent of all insurers polled require HIV tests to apply for individual insurance. (Activists also demanded an end to "redlining" — denying insurance to claimants with gay zip codes.) Conference participants warned that HIV testing as a precondition for coverage may set danger-



Surrounded by matresses used to make up the "AIDS Ward for Women," a protester is arrested by a Chicago policeman wearing protective gloves.

did. While there are reasons for New York's dominance — New York City has 25,000 of the nation's 128,000 AIDS cases (compared with L.A.'s 8,700) — many activists resent its attempt to set the agenda for the national AIDS movement.

According to Eggan, when ACT UP/Chicago first presented its plan for a national action against the insurance industry, ACT UP/N.Y. laughed it off the floor for poor planning and research. That added salt to a deepening wound, taken place in L.A. as its own resources have grown.)

ACT UP/N.Y. has been the unparalleled leader in pressuring the FDA to move faster. However, the group has come under fire from other ACT UP activists. "ACT UP/N.Y. refuses to be part of ACT NOW, yet wastes no time telling us how to work," says Chicago's Johnson. Now ACT UP/San Francisco, which is hosting the actions around the International AIDS Conference, is furious with ACT UP/N.Y.'s

"Even if it wasn't perfect in Chicago, to sit in a room with people from Detroit and Austin and Cincinnati was very ameliorating, and showed us that it was crucial for New York to follow the leadership of other people."

Most differences were ironed out by the arrests during the mass civil-disobedience action that followed the conference. The demonstration found 1,000 activists overrunning the Loop, hanging banners from insurance companies, tying up rush-hour traffic with kiss-ins and die-ins. Almost 60 Angelenos were there, and nearly half of them (including myself) got arrested. The Chicago police — most on horseback — lived up to their reputation for brutality, singling out the women, people of color, and PISDs (People with Immune Supression Dysfunction). According to several eyewitnesses, the police attacked Margie Edouardo, who traveled the march in a wheelchair. There was a certain revenge in the jail processing room as arrestees challenged police dictum against kissing and chanted, "We're here, we're queer, and so are some of you!"

It was perhaps the women participants who made the most important strides, helping steer the conference's agenda toward challenging the sexism and racism that afflicts U.S. health care and AIDS activism. They argued that HIV-infected women of color and women of child-bearing age are traditionally kept out of experimental AIDS drug tests. Most appalling, they said, is the fact that the Cook County, Ill. AIDS ward accepts no women. Their focus worked: the day after the demonstration, Cook County Hospital director Terrence Hansen announced plans to admit women into the hospital's AIDS ward. LA