Pride marches larger, more united

Gary Freedman

San Francisco sees 200,000 in march

By Nancy Dunn

SAN FRANCISCO—Three weeks after Anita Bryant's Save Our Children campaign polled a two-to-one victory to repeal a Dade County gay rights ordinance and four days after a gay man was slain here by assailants screaming "faggot, faggot," an estimated 200,000 took to the streets here to show support for gay rights.

The setting was the traditional Gay Freedom Day parade commemorating the 1969 gay uprising against police in New York City, but participants and observers agree that the size and spirit of this year's march were unprecedented.

In recent years, the San Francisco parade has featured dozens of lavish floats sponsored by gay businesses, often displaying glitter-bedecked men in various stages of undress, while hundreds of flamboyant drag queens have strutted or rode in the back of convertibles through gay neighborhoods. An estimated 10,000 participated in the 1976 parade.

This year's four-hour-long procession, however, marched down San Francisco's Market Street led by thousands of conventionally dressed men and women, carrying banners quoting Jimmy Carter's "Human rights are absolute" and bearing placards saying "We are your children" and "A day without human rights is like a day without sunshine." Others urged a boycott of Florida citrus products.

Though there were a number of elaborate floats in this year's parade, the tone was noticeably restrained in an effort by the gay community to counteract Bryant's picture of perverted "recruiters."

Large numbers of women also marched for the first time. Contingents of "Straights for Gay Rights" drew enthusiastic applause from spectators, as did religious groups, telephone company workers, gay and straight teachers and several older and conservatively dressed women carrying signs that read "I love my gay son."

Signs along the parade route proclaimed the geographical diversity of the marchers: Salt Lake City, Connecticut, Oklahoma, [illegible] at least two planeloads of supporters.

Upswing of activity.

Organization and activity by San Francisco gays, as in other cities around the U.S., has been on the upswing since the beginning of the Miami campaign. A local support group distributed 100,000 leaflets and raised more than $11,000 for the unsuccessful effort to keep the Miami anti-discrimination ordinance.

When the Miami results came in June 6, "people were stunned," says Howard Wallace of Gay Action. A spontaneous candlelight vigil began, rapidly growing into a march of thousands that criss-crossed the city, ending in a midnight rally downtown.

Demonstrations of the following days drew hundreds: rallies at City Hall, a silent vigil at the Catholic cathedral to protest church support of the Bryant campaign, picket lines at the local ABC television station to call for an end to anti-gay editorials, a rally at a speech by Vice President Mondale meant to prompt a statement in support of human rights for gays.

The fast-paced reaction spawned new organizations, the Lesbian Rights Alliance, Save Our Human Rights and, finally, the Coalition for Human Rights, which drew nearly one thousand gays to a pre-parade meeting.

Meanwhile, a string of anti-gay actions added fuel to the fire. Sen. S.I. Hayakawa announced that he sided with Bryant; a handful of local conservative politicians joined him. Two gay men were arrested in the beach town of Santa Cruz for "lewd and dissolute behavior"—one was sitting on the other's lap. An arsonist torched a gay bar in San Jose. The incidence of unprovoked beatings of gays rose sharply.

Then on June 22 Robert Hillsborough, a gay city gardener was attacked by four young men who screamed "faggot, faggot" while stabbing him some 15 times. Hillsborough's companion was severely beaten.

The Coalition for Human Rights and gay community leaders were quick to lay the blame for the murder on the hands of Bryant and others "who stir up a climate of hate." Local politicians spoke out against the killing; the newspapers called for tolerance. Mayor George Moscone ordered the City Hall flags to half mast in Hillsborough's memory.

Thousands of dollars in reward money were offered by the city and gay groups, and by the weekend of the parade four young suspects—one only 16 years old—were arrested.

"Anita, your hands are bloody," read signs carried by marchers.

Now a mass movement.

The series of events has produced a surge of militancy in the gay community. "A lot of people came out [as gay] in the last month who never thought they'd be involved in the gay movement," says Wallace. "We have a mass movement on our hands for the first time."

The groups that formed in the heady day and night meetings of the last weeks, along with existing groups, are now pondering how to turn the Dade County disaster to their advantage. "We're dinnertime conversation for people in hundreds of families across the nation, where before people wouldn't talk about homosexuality in polite company," teacher Hank Wilson says. "It's all because of Anita Bryant. She's been the catalyst."

Though the Coalition for Human Rights hasn't adopted a program yet, spokesperson Gwenn Craig says the focus will be on education. There's a need to forge unity in the Bay Area gay movement, he adds, "because we're feeling pressure just because we're gay, regardless of sex or race, people are willing to put aside or work out other differences to try to work together."

Activists say the local gay voting bloc has been solidified by the recent events. Many Democratic party politicians have long courted the gay vote; incumbent Mayor Moscone and Sheriff Richard Hongisto, both under fire from the right, spoke out strongly in favor of the gay rights campaign. Hongisto even flew to Miami to pitch in.

Many who marched in the parade say non-gays should take warning from the zealous anti-gay campaign. "If people in Dade County can lose their rights because of their sexual orientation, that's threatening to me as a Mexican-American," says Chula Nuno, an organizer of the straight support group. "If they can take away somebody's rights, they can take away anybody's."

Nancy Dunn is a San Francisco freelance writer.

Atlanta mayor ducks on gay proclamation

By Bill Cutler

ATLANTA—Gay activists and their supporters marched down Atlanta's Peachtree Street June 25 in mid-afternoon temperatures exceeding 90 degrees, forming by far the largest Gay Pride demonstration in the city's history. Observers estimates the crowd at somewhere between 700 and 1,500, compared to a gathering of no more than 350 at last year's Gay Pride Day activities.

The demonstration took place two days after Atlanta's first black mayor, Maynard Jackson, refused to issue a proclamation honoring Gay Pride Day, as he had done the year before, and one day after Jackson announced his candidacy for a second term.

To judge by signs carried in the parade and speeches delivered at the rally afterwards, this year's large turnout was motivated by opposition to anti-gay-rights crusader Anita Bryant, rather than concern about Mayor Jackson's lack of support. Speakers were assured of tumultuous applause every time they condemned Mrs. Bryant by name, and the pouring out of a bottle of Florida orange juice by a representative from the National Organization for Women was greeted by a riotous ovation. By contrast, few references were made to Jackson's retreat from endorsing gay rights, and crowd response to those allusions was mild and muted.

When he proclaimed Gay Pride Day last year, Jackson and the local papers were deluged with complaints from a reactionary group calling itself Citizens for a Decent Atlanta. The organization financed a series of large, attention-getting newspaper ads demanding that Jackson retract his proclamation. The mayor resisted this pressure.

With mayoral elections coming up this October, however, Jackson shifted his ground to a more "responsible" position suggested by his advisers. Ignoring the request for a Gay Pride proclamation that gay activists had filed with his office weeks before, Jackson proclaimed "Civil Liberties Week," containing a vague, general endorsement of every Atlantan's right to constitutional protections. Citizens for a Decent Atlanta applauded Jackson's statesmanship.

The mayor's new caution in the area of civil rights follows by only two months his success in breaking a strike by the lowest-paid city workers. Downtown business leaders enthusiastically welcomed Jackson's anti-union tactics and are now bankrolling his campaign for a second term.

The lack of interest shown in mayoral politics by Gay Pride Day participants seems to represent the general awareness of progressive Atlantans that Jackson's re-election is virtually assured, and no serious prospective opponent of the incumbent mayor represents a clear hope for more progressive policies.

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Jane Melnick

In addition to staging the largest Gay Pride march ever, San Francisco gay activists are preparing a variety of campaigns to take their case to the public.

NEWS ANALYSIS

Health care costs to keep going up despite Carter plan

Robert Schaeffer

General Motors claims that health care now costs more per car than steel

By John Peers and Arlene Muszynski

President Carter singled out hospital costs as the first target in his drive to put the brakes on skyrocketing health care costs April 25 when he proposed legislation that would limit hospital cost increases to nine percent in fiscal year 1978, with smaller increases in following years. He also proposed a limit and strict regulations on new hospital building nationwide. Areas with excess hospital capacity—about 80 percent of the nation's hospital service areas—would be banned from new construction.

Billed as the "first step in making national health insurance financially feasible," Carter's proposals appear to be in for hard times in Congress. They have only lukewarm support even among receptive Congressmen and face the strong opposition of the medical and hospital lobbies.

A serious examination of the American health care system, however, quickly reveals the need for some sort of action to control health care costs, as well as the limits to what Carter has proposed.

The total expenditure for medical and health care in the U.S. in 1970 was $69 billion. By 1976 that figure had jumped to $139 billion. The spiraling costs of medical services reflect more than an inflation-plagued economy. Ineffective health planning, accessibility of government and private funding, duplication of services and underutilization of facilities have all contributed to rising costs and the overall health care crisis.

Rising government share.

In 1974 the national expenditure in health care for the first time exceeded $100 billion. Of this, approximately $40 billion, or 42 percent, was contributed by federal, state and local governments. (Discounting inflation, this represents a 63 percent increase from 1960 levels.)

The availability of these funds has created serious problems. Spurred by the accessibility of Medicare and Medicaid reimbursements, an excess of hospital beds has developed in many areas.

In January 1974 there were 20,000 surplus beds in the nation. This figure rose to 67,000 in 1975, and current HEW estimates place the number at near 100,000. Each surplus bed costs between $20,000 and $40,000 per year to maintain, which totals more than a $2 billion waste.

The cost of this underutilization is made up by the hospitals through higher charges for hospital users. In 1967 in-patient hospital care cost $49.22 per day. By 1976 (in urban areas) that cost was $175 per day.

Carter's proposed legislation will not solve this underutilization problem; all that it will do is limit the development of additional excess bed space.

Per day costs will likely jump by 15 percent or more this year, medical economist Paul J. Feldstein of the University of Michigan recently noted in the *Wall Street Journal*. The national average by the end of 1977 will likely be $190, with $250 per day charges in high-cost areas on the East and West coasts.

Meanwhile, doctors' fees are expected to climb 13.5 percent this year (on top of a 13 percent rise last year). Carter's plan would attempt to hold hospital increases to nine percent, but would do nothing for physicians' charges or for support items.

One common explanation for rising hospital costs focuses on rising labor costs, and with labor making up as much as 70 percent of total hospital costs, the workers have seemed the logical target. This view is coming into increasing question, however. The Council on Wage and Price Stability recently issued a staff study, for instance, that noted: "Although hospital wage rates have risen more rapidly than wages in other parts of the economy, these relatively greater wage increases are responsible for only a small part of the overall increase in the cost of hospital care." Wages for hospital workers are still 10 percent below those for other nonagricultural workers.

But is it good care?

Despite all of this spending on health care, the U.S. ranks thirteenth in the world in infant mortality rates, eighteenth in male life expectancy at birth, and eleventh in female life expectancy. Clearly the total dollars spent on health care bears little relationship to the quality of health in our country.

Health and medical care in the U.S. is a business—a big business. Hospitals profit from treating patients—the more patients, the more profits and/or status enhancement.

In urban areas where there is often an excess of doctors and hospitals, hospitals compete for the health care consumer's business. They "sell" their facilities to the community. They vie for the most modern facilities and advanced technological equipment, and this competition consistently produces duplication.

Hospitals only a few miles apart will acquire the same expensive equipment in order to stay "competitive." The cost of this duplication is, of course, passed on the the health care consumer. The administration's plan to control costs offers little or no relief in this area.

Public, not-for-profit hospitals often surpass private hospitals in the inflationary costs cycle. These hospitals have prominent local citizens sitting at their board tables as trustees. Their natural tendency is to try and make their hospital "the best." Encouraged by local doctors, the trustees will strive to add new wings, and such quality features as new computerized X-ray machines, burn units, and other expensive equipment.

The more money they spend, the more prestige, but also the higher the cost for even the simplest care.

Private expenditures for medical facility construction experienced a dollar decline in 1976, while public spending for construction rose 23 percent during last year. These figures reflect the growing government subsidization of the private sector of the industry, and indicate a trend toward increasing government involvement in response to the current crisis. Carter's plan, were it to be implemented, might begin to reduce the percentage of additional unnecessary construction.

But what about the individual and the medical services delivery system? What happens when you need help? Carter's plan offers little immediate aid for the medical services consumer. At best the program will stabilize the current high prices for health care, but the plan seeks no fundamental alterations of the system.

The medical services consumer has no bargaining power and often very little choice. If your doctor is on the staff of a hospital charging $175 per day for a room, you will not question the fee or consider a hospital that charges $150 per day for a room.

When you are hospitalized, you are often operating under a limited time factor. You're involved in an accident and are rushed to the nearest hospital. Obviously there is no time to check out details. You pay the prices, no questions asked. In effect, hospitals operate in a near-monopoly situation. When you add to this the high percentage of third-party payments (government or insurance-covered), hospitals are able to raise rates almost at will.

For the individual, however, the economic issues must be faced. The bills start piling up in a hurry. For minor surgery, for instance, there will be bills from the hospital and doctor, as well as bills from the internist, the surgeon, oftentimes from a consulting physician, and an anesthesiologist.

If you have insurance, you submit the bills to your insurance company. They review your bill and notify you as to the amount your insurance will cover. You pay the remainder—seemingly small in comparison to the total bill.

Who really pays?

But is that all that you are paying? What about the monthly payments that you or your employer is making into a health and welfare insurance plan; or the money deducted each week from your paycheck for insurance coverage? This is money that you've been paying to prepare for an emergency, and it's the money that the insurance companies use to pay the hospitals and doctors.

General Motors claims that the cost of health care for their employees now adds more to the price of a car than does the cost of steel. "G.M.'s health insurance outlays in the last six months have climbed to $120 a month per contract covering a worker and his family, an increase of $19 over late last summer," reported the *Wall Street Journal* recently. And G.M.'s contributions are of course taken out of its workers' paychecks, not to mention added into the price of a car.

And what about the next emergency? What if the next time your biopsy is positive or you need intensive care for your heart? How long can you draw on a shrinking medical fund when you're facing major surgery and subsequent treatment for a catastrophic disease? For most Americans the answer to these questions spell Trouble. By 1972 the typical limit of reimbursement was only $5,000 and one out of three hospitalization policies covered no more than 60 days. Only 42 percent of personal health expenditures were reimbursed through private insurance.

What about the elderly?

And what happens to the elderly dependent upon Medicare medical insurance? They are still responsible in part for the cost of some services. Besides the $60 medical insurance deductible for each calendar year, they are responsible for 20 percent of their medical expenses. This can be a tremendous burden for anyone living on Social Security.

Also, only services deemed "reasonable and necessary" will be paid for by Medicare. A Utilization Review Committee, made up of at least two doctors, helps Medicare decide what care is reasonable and necessary. If the URC decides against you, so much for Medicare payments.

Custodial care, for instance, is not considered reasonable or necessary. As defined by Medicare, custodial care is "primarily for the purpose of meeting personal needs and could be provided by persons without professional skills or training; for example, help in walking, getting into and out of bed, bathing, dressing, eating, and taking medicine."

Personal needs, however, must be met, and despite Medicare's classification, are necessary. Is it unreasonable to consider eating and taking medicine important factors in maintaining one's health? There are private groups that provide these custodial services, but they provide them for a fee. The elderly may not only be forced to pay for medical bills, but may also be forced to pay for the right to be clean, eat, and to survive.

Obviously our present medical services delivery system is failing to provide for many real and immediate needs. The system is geared to return profits, rather than to provide the best possible care for Americans.

So long as the profit motive remains the central force behind the system, and hospitals, physicians and insurance companies all compete for your health dollar, medical service will continue to be expensive, and offer poor coverage.

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