

They're Back: A Report on Burlington and Rutland's Mayoral Elections

by Paul Olsen

Just when we thought the campaign season was over, mayoral candidates in Vermont's two largest cities, Burlington and Rutland, will be seeking the support of gay, lesbian, bisexual and transgendered voters for the March 4 Town Meeting Day elections.

In his reelection bid, three-term Burlington Mayor Peter Clavelle faces token opposition from independent candidates Michael Brown and Louie "The Cowman" Beaudin. At press time, incumbent Republican Rutland Mayor Jeff Wennberg faced no opposition.

Peter Clavelle, a Progressive, has been elected mayor in 1989, 1991 and 1995. His 1993 defeat to Peter Brownell has been blamed, in part, on his support of domestic partner benefits. Clavelle's progressive politics and initiation of a Community Based Policing program (with glbt outreach) appears to have gained him the support of a large portion of Burlington's politically active glbt community. "Peter's proud of the fact that Burlington was in the forefront of providing domestic partner benefits" said Burlington resident Tom Aloisi.

"Anyone who has his picture taken with me deserves my support," added Burlington's drag diva Cherie Tartt.

Clavelle views the glbt community as important to his reelection effort. "I hope the community will be supportive of my re-election. Hopefully they will be actively involved. Our greatest enemy is complacency," Clavelle said. "We're making progress in the struggle against racism, sexism and homophobia, but all too often we see homophobia raise its ugly head in the streets of Burlington. We need to make clear that we will not tolerate it in our community. We've come a long way, but we've got a long way to go."

Rutland voters are faced with the opportunity to return incumbent Republican Mayor Jeff Wennberg to office.

Wennberg, a self-described moderate who has served since 1987, indicated that although Rutland's gay and lesbian community is not highly visible, "I would certainly enjoy their support...I've noticed a real evolution in attitudes over the past ten years. There is a general atmosphere of tolerance and we ought to watch carefully that progress continues," Wennberg said of changes in Rutland.

Wennberg indicated that he would oppose extending domestic partner benefits to city employees at this time. "There are a lot of legal issues associated with that, and I don't know if this community would support this proposal. I've heard no local interest in it."

While Wennberg was criticized for remaining neutral during the debate over the Rutland Library's display of the gay-themed children's book *Daddy's Roommate*, Rutland residents praised him for his work fighting AIDS. "I don't know if he's ever taken a public stand on glbt issues either way," Bob Elliott said. "Jeff supported the (AIDS Memorial) Quilt and AIDS education efforts in Rutland," added Peter Cooper, the contact person for Rutland's chapter of P-FLAG (Parents and Friends of Lesbians and Gays).

With no major opposition, it is likely that Peter Clavelle and Jeff Wennberg will serve as the Mayors of Burlington and Rutland for the next two years. Though the 1997 races may be quiet, they may serve to set the stage for more spirited races and serious challengers in the coming years. ▼

David Curtis Elected ACLU Board President

MONTPELIER — David W. Curtis, the former Defender General who was defeated by a narrow margin in the recent electoral race for the Chittenden County State Senate, has been elected President of the American Civil Liberties Union of Vermont.

Curtis has been associated with the ACLU for many years. In 1993 he was presented with the ACLU Civil Liberties Award by former Governor Philip Hoff in recognition of his strong commitment to the defense of civil liberties, and for his leadership and advocacy in fighting to end discrimination on the basis of sexual orientation in Vermont. He is well-known both nationally and in Vermont for his role as an activist in the fight against AIDS.

Curtis is expected to take a strong leadership role during his tenure, including spending time at the State House monitoring legislation and promoting bills that increase or maintain protection of individual rights, beefing up ACLU's development program, joining the Legal Advisory Panel, and helping to expand the public education program.

"1997 will be the 30th anniversary of the founding of the ACLU of Vermont," Curtis said. "Ever since 1967 we have been one of the leaders in the effort to preserve and protect the fundamental liberties which Vermonters cherish." ▼

Anderson Leaves Department of Health

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increased accessibility to care are around, we're talking about changing that to a much different supportive sort of work. Now the ASO's have to learn how to offer things like job re-training programs or to help people access them, for example."

On protease inhibitor and combination therapies: "This is one of the most exciting developments yet in the field of AIDS. The issue, obviously, is the amount of hype about it. People rarely read the fine print that this is not a cure. I mean, that needs to be the headline, not the footnote. The reality is that not everybody who takes these drugs is going to benefit from them. Not everybody's going to have access to these drugs; they're tremendously expensive and we're facing a lot of challenges in making them available to people. They haven't been in use long enough to know how long-term the benefits are from them. There are some public health concerns that they may eventually encourage the development of resistant strains of virus if used improperly. It's very very exciting that they're available, and it's very good that a lot of people are having access to them, but there are some major concerns about them. I think people working in the field find themselves really worried that the message that there's a cure is going to go out there and discourage people from taking steps to remain uninfected."

On the distribution of resources: "There's a tension happening within the AIDS world right now that's part of a very critical discussion, and it's not happening in a very rational manner because we're afraid to talk about it. That issue is: what is the proper balance of where resources go? How do you divide the pie? How much do you put into prevention and how much do you put into services for people already infected? How much do you put into access for these new therapies? How much do you put into traditional community-based care services? How much do you put into primary health care? It's a discussion that's got to happen, but I don't think it's happening very well."

On national health care: "We ration health care in this country, and we give priority to people who have the means, either privately or publicly funded, to pay for it. A whole lot of people, primarily the working poor, are the folks who suffer from this. We're not willing to tackle the discussion about who gets that health care, or if there should be an entitlement to a certain minimum level of health care. A lot of people spend a lot of time with chewing gum and rubber bands trying to hold up a safety net that doesn't really exist."

"A couple of years ago, there was the debate

nationally over some form of national health care. It was clear that the groundwork hadn't been laid, and unfortunately the AIDS community was pretty much missing in action on that discussion. It should have been there in a big way. We'd be dealing with an entirely different playing field if there was some basic guaranteed access to health care in this country. The fact is that I think the AIDS community has done a good job arguing that there are important and compassionate needs that the epidemic represents. What we haven't done is change overall social attitudes about the larger lessons that can be drawn from that."

On increases to AIDS funding: "At the same time that Congress has been slashing domestic discretionary spending all over the place, AIDS budgets have gone up. But one of the concerns is that as AIDS is going up in its funding, a lot of programs that benefit people with AIDS aren't. What happens to people with HIV/AIDS who are dependent on Medicaid if Medicaid gets kicked back to the states, and they have the potential to start cutting back on it? What does that really do to quality of care? What happens when the Welfare department kicks people who are on welfare off? All these things affect the environment in which people with HIV get services, but we're all happy because, well, the AIDS dollars went up in the budget! But all these other critical programs are going away, and that means there are going to be more demands and more pressures placed on those AIDS programs. So it's not the big gain that people think that it is."

On ACT UP and its splinter groups: "Historically, ACT UP has had an incredible impact on this issue in the country. It gave people an outlet for their anger and frustration. But how do you maintain the adversarial relationship? It was easier when there was a clear enemy. The roles have become much more complicated. The issues are not easily reduced to a slogan any more."

On conspiracy theories: "I don't think you need to look for conspiracy theories to explain why populations that are unpopular and are disempowered in our society don't receive the services they need. The grand conspiracy is that we live in a society that's racist, that's sexist, that's homophobic."

On what he'd like to see written beside his name when the history of the HIV/AIDS epidemic is written: "I'd like to read that I managed to somehow maintain a degree of integrity, of connection to my roots and to my community, without sacrificing effectiveness." ▼

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