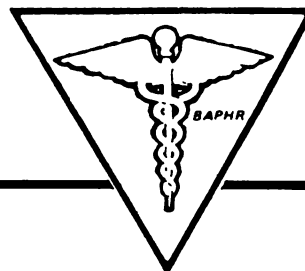


THIS TIME SPECIFY THAT YOUR UNITED WAY CONTRIBUTION GO TO B A P H R

the BAPHRON



Bay Area Physicians for Human Rights Official Newsletter
Vol. 5, No. 1
January 1983

POINT

COUNTERPOINT

The following articles represent two not totally divergent opinions on possible responses to the growing concern about potential AIDS transmission through blood products. Although officials of San Francisco's Irwin Memorial Blood Bank and the San Francisco Public Health Department do not feel there is sufficient data to warrant official public policy statements at this time, these authors grapple with the issue from the vantage of a response initiated within the community. We hope that all interested BAPHR members become involved in this medical/moral dilemma and send your thoughts on paper to the Scientific Affairs Committee, or attend the January General meeting where we hope to devote time to discussion of this problem.

It's Time...

It is not likely that the Acquired Immune Deficiency Syndrome (AIDS) mystery will soon yield its secret; nor is it likely once AIDS is understood, that it will be easily controlled or stopped. Evidence mounts for an infectious agent as initiator of the immunosuppression and its consequences. If true, this agent must be transmitted at least sexually, through blood products, and contaminated needles to fit the epidemiology of AIDS. Transmission of this agent to unwitting sexual partners and blood product recipients is a public health concern and AIDS risk reduction guidelines need to be formulated.

The obvious problems with this task are: no well controlled clinical study has been done to identify certain, single risks; the natural history of AIDS has not been established; and no agent has been identified. But we are rapidly approaching a time when public medical statements must be made although guided by less than complete information.

A particularly difficult area involves policy about blood donation. Since no serum marker is yet identified to screen recipient blood for an AIDS agent, there is a rising cry to prohibit gay men from donating blood. Although such a solution is simple-minded, impossible to enforce and would not totally eliminate the AIDS danger, attempts to implement this plan would fan dangerous homophobic flames.

The choices at present seem limited. As an interim solution, one of two variants on the same theme could be considered. One option would be to screen potential donors with questions drawn from current epidemiological data covering the chief apparent risks, such as number of different sexual partners, but excluding specific sexual activities and sexual orientation. Coupled with these answers would be testing for certain sexually transmissible disease markers like fluorescent treponemal antibody (FTA) and antibody to hepatitis B surface antigen in addition to the VDRL and hepatitis B surface antigen already being done. [Note: Combined, these tests would document past as well as present infections with syphilis and hepatitis B.] Another option would be to utilize the same questions but rather than ask them directly, prominently advertise or display them and rely on the altruism of those who donate blood to exclude themselves if appropriate.

No less difficult than the blood donor issue will be the task of drawing up general AIDS risk-reduction guidelines. Such guidelines must address several different groups: those who are well and trying to stay well, those who are possibly immunocompromised and trying to cut their losses, and those who are gravely ill and struggling to survive. First, we must agree on risk factors. In our

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Gays, AIDS, & Blood Donation

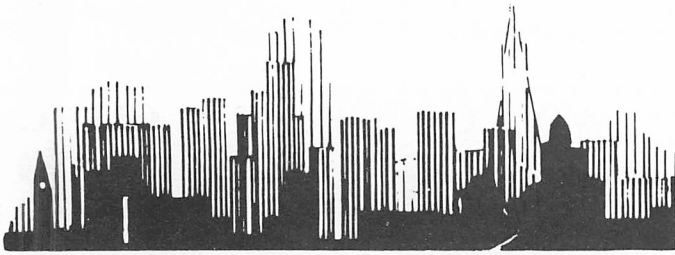
Some of us who have been instrumental in encouraging gay men to donate blood and plasma as good citizens have been proud of the contributions gay individuals and organizations have made to help their fellow men and women. As many know, blood drives, sometimes linked to friends injured in motorcycle accidents and the like, have been very successful in the gay community; blood donations substituted for the price of an admission ticket at shows and benefits, and many blood banks were grateful to our members for emergency sources of type-specific blood and components. But now, as part of the puzzling and increasingly complex conundrum called Acquired Immune Deficiency Syndrome (AIDS), there must be a change in our approach.

While at first called "The Gay Plague" because of its overwhelming involvement of sexually-active gay men, AIDS was found quite early in a few hemophiliacs who were said to be heterosexual. That number has increased now to eight, according to the CDC, and probably more who have not yet found their way into federal statistics. The obvious question of source of the disease in heterosexuals was debated, and the first suspicion settled on the Factor VIII concentrate which all had received. Factor VIII is a labile clotting factor, isolated, purified, and concentrated from thawed, pooled plasma from thousands of healthy (and perhaps gay) donors — plasma collected by plasmapheresis or separated from red cells after whole blood donation. All such bloods are exhaustively tested for hepatitis B, but a history of other types of hepatitis and other diseases known to be blood-transmitted must suffice for screening where the agent(s) are unknown or difficult to detect. Factor VIII Concentrate produced from this plasma is vital to the survival as well as quality of life for the hemophiliac. Thus questioning the purity of this derivative is tantamount to threatening their survival.

It is now believed, from various epidemiologic data sources, that the "incubation period" of AIDS is at least seven months — in other words, that a transmissible agent (if there really is one) may be present in plasma at least seven months before the first symptoms appear, and these symptoms may not be very striking even then. Thus a "healthy" blood donor who harbors a transmissible agent capable of causing AIDS may be able to contaminate vast pools of plasma, and eventually thousands of vials of Factor VIII Concentrate, unknowingly and undetectably, if the present theory stands up to further scrutiny. By the time his symptoms first appear his plasma has been used to make life-saving, or perhaps life-threatening, plasma fractions.

In November, Dr. Bruce Evatt, Director of the Division of Host Factors

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PROGRESS NOTES

by Ric Andrews, M.D.

It's That Time Again

"My experience," said an old gentleman to me, "has been that I never could succeed in getting the special kind of happiness I had wanted or hoped for, but that other kinds of happiness which I did not want and had never hoped for were supplied to me, in the course of life, most lavishly and abundantly. I

therefore ended by discovering, though it took me a long time to make the discovery, that the right way to enjoy the happiness within my reach was not to form an ideal of my own and be disappointed when it was not realized—for it never was—but to accept the opportunities for enjoying life which were offered by life itself from year to year and from day to day. Since I took things in this temper, I have enjoyed really a great amount of happiness, though it has been a kind entirely different from anything I have ever anticipated or laid plans for when I was young."

Phillip Gilbert Hamerton, *The Quest of Happiness* (Boston: Roberts Brothers, 1897), pp. 175-6.

My lover, Billy, wrote this in a card to me sometime ago, and it seems an appropriate 'New Year's message', whether you apply it to your personal life or to BAPHR, namely: don't get so caught up with the *ideal* that you miss what is *real*, positive, and right in front of you . . . BAPHR still has plenty of rough edges, but if you only concentrate on them, you'll miss out on all the good stuff. For example, let's just take a peek at a *part* of what is coming up! . . . January: AIDS Epidemiology in SF . . . February: Homosexuality, Religion, and Social Justice . . . March: A Dialogue with Mayor Feinstein . . . April: Health Fair and

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the BAPHRON

The BAPHRON

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The Staff of The Baphron will consider for publication only those letters which are typed, signed, and accompanied by an address and telephone number for verification. If requested, a writer's identity will not be revealed. The deadline for submission of letters, articles, ads, announcements, etc. is the 15th of each month.

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NOTE: The appearance in The BAPHRON of an individual's name or photograph in no way infers his/her sexual orientation and must not be construed to do so.

Song of a Cygnus . . . And a Wee Word about Involvement

15 December: as I coax this message out of my error-prone IBM via the world-famous three-fingered Morrison Method, it appears almost certain that this is my swan song, the last of my BAPHRONating. My brief (45 months) Sabattical from Medicine is about to end in a fashion that will preclude my continuing, on-going association with this venerable journal.

Sometime in February, probably, I'll be starting the first of my four-month stints on this new job. Then will come four months back in The City, followed by another four months away, etc. Having long since decided that I haven't the stomach ever again to work full time, I regard the arrangement with almost pulsating affection.

I shall miss many things about being a full-time resident of Our City. I shall miss its incomparable vibrancy and excitement, its plethora of things to do and see. Its beauty. (And that of many of its denizens.) And I shall miss my association with BAPHR and my involvement with The BAPHRON.

The key word in the preceding paragraph was "involvement." And here, Gentle Reader, cometh the promised "Wee Word." A real involvement is the cornerstone to real enjoyment of one's BAPHR membership. Before Sam Thal and Ric Andrews persuaded me to get involved through my acceptance of the Editorship of The BAPHRON, I was among those BAPHR members whose interest in the organization had pretty well petered out and who felt at least vaguely that BAPHR was "elitist." My involvement with The BAPHRON and with the Media Committee altered that perception on my part. I can virtually guarantee you that your involvement in some one (or more) of BAPHR's committees and projects will alter your perception as well.

Many of those committees are active as never before. Yet all of them—Media included—could well utilize the input of more minds. And more bodies. The brains and creative talents of BAPHR's membership are incalculably vast.

With the active participation and involvement of a larger number of its members, BAPHR's many goals and aspirations could well come to earlier fruition.

For the sake of the speedier realization of those goals, as well as the personal satisfaction that you can derive from knowing that you played a part in it, and the fun you can have while you're about it, I respectfully urge those of you who have not really given BAPHR a chance to become a fulfilling and important part of your lives: Get Involved!

Finally, I shall miss John. He and I are looking forward to an activities-filled and Joyous Holiday Season including many parties and a mini-vacation to the RushRiv. We hope that you, too, will have a fine, love-filled Season. Let us all hope that the New Year will bring a strengthening of the bonds between each of us and all of our loved ones, gay and straight. (And of our nation's beleaguered economy!)

Most of all, let us all hope for real progress toward all Humankind's *sine qua non*:

P E A C E !



EDITORIAL ARPEGGIOS

by Charlie Morrison, M.D.

Progress Notes

Continued from page 185

Costume Party (at different times!) . . . May: a major speaker on the nuclear arms issue (in process) . . . June: Symposium III and elections . . . July: Retreat II (proposed). And that's just for starters!

Now a quick look at our committees, each one in full gear: **Administrative/** Bill Owens (Forever Faithful Founder): final recommendations for changes in the By-laws, including positions of President-Elect and Past President; job description of administrative staff; organizational liability insurance . . . **Education/** Ian Barlow (Ready, Willing, and Able): revitalization of Speaker's Bureau; Symposium, which includes a first day discussion of what every physician, personally and professionally, should know about AIDS (up to date, but practical), treatment of chronic illnesses, and finally, death and dying . . . sobering, timely, and unavoidable topics; second day will be devoted to an exploration of sexuality in all its myriad forms, straight/gay, male/female, young/old, physically fit/physically challenged . . . a reaffirmation that in the midst of very difficult times we can still love, still be in touch with our humanness . . . **Finance/** Ted Winn (The Wizard): preparation of a working budget so we'll be able to plan our future, and that's no small job; re-emergence of the Endowment Fund . . . **Membership-Support/** Jack Wilkie (Vibrant New Star): parties; name tags; new member get-togethers (we've already had our first two ever, thanks to host Jack Mangum and Lary Abramson); questionnaire; redesigned membership brochure . . . **Publication-Media/** Charlie Morrison (The Man with the Golden Fingers): *The BAPHRON*, that vital and illustrious link of communication; possibility of videotaping speakers and presentations for distribution to a wider audience . . . **Social Concerns-Community Outreach/** George Riley (Social, Concerned, and Reaching out): Health Fair V, our major community service project, with planned expansion beyond a single site; representation on the Coalition for Human Rights, the Mayor's Gay Task Force, and other community organizations . . . **Scientific Affairs/** Bob Bolan (Professor STD): the nucleus for our efforts on AIDS, the most serious health problem yet to face our community; our collaborative link with The KS Foundation, Department of Health, and groups across the country . . . Whew! And that's not all folks, but merely a sampling of the diversity and vitality of our group. I have faith that more of you will join one of these committees and become an active participant in its fate . . . It only takes a phone call! . . .

OK, off the Soap Box . . . Like PBS, I pledge no more membership drives

It's Time . . .

Continued from page 184

discussions of health maintenance and risk factors we must consider effects of mental health and personal integration (life satisfaction, stress management), life habits (diet, exercise, sleep, drugs), and sexual activities (place, type, frequency, anonymity, number of different partners). Second, once we have agreed upon our preliminary set of risk factors, we must develop a prospective mechanism for measuring the effect of the precautions. Third, and most important, since AIDS risk reduction guidelines will undoubtedly entail exhortations to change behavior—decrease some activities and stop others—the guidelines must be devised and delivered in as sex-positive and effective a manner as possible.

In general, development and promulgation of guidelines must anticipate their psychosexual health effects on the community. Until the natural history of AIDS is better appreciated or until an agent is identified and its transmission understood, recommendations will serve to further divide the community into somewhat arbitrary "safe," "possibly contaminated," and "contaminated" groups. Further, community reception of AIDS risk reduction guidelines will be mixed no matter how carefully crafted their development and delivery. Medical science's pronouncements are being met with significant skepticism and even mistrust particularly in the gay population. Some of this mistrust seems to be rooted exactly in our uncertainty about homosexual health problems, differing medical opinions about their etiology and epidemiology, and the proximity of these factors in personal and social time to repression of homosexual expression.

Tom Smith, M.D., writing in the October 1982 Newsletter of the National Coalition of Gay Sexually Transmitted Disease Services states that health recommendations that merely present either/or dictates, e.g., "don't do X",

for at least three months.

Banquet Postscript . . . I wanted to share a bit of the beautiful and moving personal note I received from Evelyn Hooker: . . . "Although various segments of the gay community have given me awards, I have never addressed a more responsive group, nor experienced a greater outpouring of love. Perhaps, in some measure, all of you sensed my love for you." . . . Yes, Dr. Hooker, we sensed it; that love was palpable, and it was mutual.

Banquet Errata . . . While I had it in my notes that night, I failed to mention, among other things, that much of the historical information I obtained about Dr. Hooker came from Ronald Bayer's superb book, *Homosexuality and American Psychiatry*, a brilliant and informative examination of the social, political, and professional forces at work behind the APA's deletion of homosexuality from the list of mental disorders . . . I heartily recommend it to you all.

Domestic Partners . . . it's a political and legislative issue right now so I won't say anymore about it in this column. Let's see what happens.

Turn the Other Cheek . . . With all the viruses, etc., floating around, I vote we go Continental and limit our greetings to a peck on the cheek and a hug.

Last, but most definitely not least, and for those of you who have stuck with this column so far, I want to say "Until we meet again" to Editor Morrison, whom you probably know by now will be leaving his post, and the Bay Area, because of employment responsibilities. Charlie was one of several people who emerged, in full bloom, from last August's Retreat, and his commitment and interest have continued to grow . . . While we may have had our little differences of opinion re: 'style' (OK, maybe I am a bit of a stodgy old prude), no one could have given more body, mind, and soul to his job, and the organization . . . Just tonight, at the spectacularly successful Christmas Party at the Sheraton Palace sponsored by BACW and GGBA, a physician happened across me who had read Charlie's account of the Awards Banquet. He said he knew he had really missed something rare and very special, and he read the article twice. He also said he wanted to come to the next meeting, and would like to get more involved . . . Now that's the kind of communication that can come from *The BAPHRON*, and Charlie got it across—eloquently and personally . . . I will dearly miss him, and we are all indebted to him for his unceasing enthusiasm, his wit, and his caring . . . Now, we very much need someone else to step up and take the plunge . . . You won't be alone . . . there's a very supportive committee there to assist you.

Dave Kessler recently said to me, as I was crying on his shoulder (poor baby) about getting this column out: "Oh, I know it. Always having to find something witty, eloquent or profound to say." . . . Well gang, as Maude would say, "Consistency is not really a human trait." Amen.

may provoke guilt and failure responses and that a more effective approach would suggest how to make positive gradations in behavioral change. Dr. Smith predicts that we will be more effective if we also "replace negative, passive-victim, defeatist attitudes with more positive, rational thoughts and imagery," and "promote attitudes that emphasize the humanism in gay male bonding and encounters—even brief ones."

By following these principles as we work to develop AIDS risk reduction guidelines we can turn this nightmare into a tool for positive social change. Of course, when exhorting behavioral changes for the public good, each individual's sense of responsibility is critical. This sense of responsibility must be cultivated through emphasis that the cultural diversity of the gay subculture, clearly evidenced by gay groups in existence, proves that we do have a community. And through these groups which importantly influence their members we can show that the gay community is a social context of which we can be proud. Recognizing one's place in this kinship fosters the kind of caring that will promote a healthy sex-positive gay ethos.

Last, as a counterpoint, I wish to strongly caution that we not treat the gay male community like eggshell art. These are tough times and tough questions must be asked and tough decisions must be made. To question the forms of gay male sexuality is not homophobic. Also, let us not be hamstrung by our scientific method—it is slow and often cannot accurately detect trends until much time and data have accrued; let us not be blind to common sense and let us say what is obvious.

Current Aspects of Sexually Transmitted Diseases-III will convene in Seattle August 4, 1983. One of our tasks will be to draft AIDS Risk Reduction Guidelines. We will draw upon broad resources within the scientific community, will enlist invaluable aid from prominent sexologists, ethicists, religious and business leaders. For now the dialogue must continue.

—Robert K. Bolan, M.D.

Gays, AIDS, & Blood Donation

Continued from page 184

(previously the Task Force on AIDS), Center of Infectious Diseases, Center for Disease Control in Atlanta, mentioned six cases of AIDS in hemophiliacs to the Standards Committee of the American Association of Blood Banks in Anaheim at their annual convention. On December 4, I attended an open meeting of the Blood Products Advisory Committee, a counseling group for the Office of Biologics, Food and Drug Administration, where Dr. Evatt reported eight hemophiliacs affected, with five deaths. He said there was now an official total of 788 AIDS cases in the U.S. and about 50 abroad, with more being added almost daily. He pointed out the similarities of the syndrome to that of hepatitis B before the virus was isolated in regard to transmission. Of the various manifestations, pneumocystis carinii pneumonia is the most serious, with 100% mortality by 25 months. Kaposi's sarcoma carries a lower mortality rate, at least in terms of duration of life in present experience. Lymphopenia seemed to be the most reliable indicator of developing AIDS, with lymphadenopathy following later. Studies have been started in marmosets and chimpanzees, but since the "incubation period" is so long, no results can be expected in the near future. He mentioned the San Francisco infant with AIDS who had received blood from a man who later developed AIDS and died.

At the annual meeting of the American Society of Hematology in Washington DC there were several posters on AIDS-related topics. Two studies of T4/T8 ratios in hemophiliacs were consistent in reporting several with significant depression, and averages of small groups were usually less than 1.5, the "normal" being about 2. One hemophiliac died from cryptosporidiosis and severe immune deficiency. Another study appeared to show that Factor VIII supplied as single donor cryoprecipitates caused less immune suppression than the Concentrate made from pooled plasma, but such impressions are unconfirmed. The inference of disease transmission by infectious plasma remains.

Reluctantly, the Medical Director of the National Hemophilia Foundation has stated that, in view of the incidence of AIDS in homosexuals, venous drug abusers, and those who have recently resided in Haiti, it is considered prudent to exclude plasma from these groups from Factor VIII products. The American National Red Cross is considering a similar stance, although perhaps more comprehensive. One mid-west blood bank has already posted a sign in their facility requesting homosexuals not to donate blood. The Advisory Committee considered but tabled a resolution along these lines, realizing that there were many serious sociological problems involved in encoding such in regulations. No test now known can detect the presence of the agent(s), and singling out a population group as difficult to define as the sexually-active male cannot be accomplished rationally in a laboratory setting.

Sitting recently with Bob Bolan in Dr. Mervyn Silverman's office with his staff and Dr. Herbert Perkins, Scientific Director of the Irwin Memorial Blood Bank, I felt strongly that these individuals could not solve the dilemma for any San Franciscan because they can deal only with policy or regulations, and whatever they do must apply equally to all, gay or straight, young or old, promiscuous or closet. Since no one knows the cause or mode of transmission or reservoir of this illness, it is not possible to support any position with scientific data, the only factor which should dictate such pronouncements. To pose questions to a prospective blood donor about the number of sexual partners he has had or expects to have is patently ridiculous and viciously invasive in my opinion, even if the responses could be considered reliable. Some would consider the questions homophobic in themselves. Any inquiries of that nature carry with it moral attitudes of the questioner. And since morals are internal factors, any application along those lines should be from within.

Therefore it seems to me that the responsibility rests on us, the physicians, to control our own scene. We must spread the word among gays to avoid blood and plasma donation until more is known about the etiology(ies) and the nature of the transmissible agent, assuming there is one. Gay men cannot, even with the best of intentions, add to the morbidity and mortality of AIDS, even if it becomes embarrassing to be odd-man-out when the rest of the office troops down to the blood bank to donate like all good citizens. It was largely we physicians who "turned on" the gays to donating, and now it falls to us to "turn them off" just as decisively for the good of all, at least until more is known and safety can be established. If we don't, that's when our morality can be questioned, and the homophobes will have a hey-day, pointing out that the gays are transmitting diseases through their donated blood and continue to do so, even with the evidence at hand.

Since AIDS seems to spare the females, perhaps this is time for more vigorous donation efforts among lesbians to compensate for the losses of blood and plasma from the gay men. How about it?

-W.L. Warner, M.D.

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Free Foot Examination

Member: Bay Area Physicians For Human Rights (BAPHR)

BAPHR Appeals to the Irish

The following letter was posted on 1 December 1982 to the:

Irish Medical Association
House 10, Fitz William Place
Dublin 2, Ireland

Dear Gentlemen:

We are an Association of over 350 physicians dedicated to promoting human rights and quality health care. As such, we would like to call your attention to a matter of importance to us. We were concerned to learn that the two Irish individuals participating in the recent and successful Gay "Olympic" Games in San Francisco were greeted with homophobic threats upon their return home.

We hope you do not share these sentiments, and agree with us that this reaction is inappropriate and a serious affront to the human rights of these two athletes. These two individuals and the thousands of other gay men and lesbian women in Ireland desire the same rights and expressions of dignity to which all citizens lay claim. As an Association dedicated to promoting the education and social well-being of all segments of society, we ask that the Irish Medical Society publicly condemn this action. We also urge you to institute a positive program to make the Irish public more aware of the needs, desires and fundamental rights of this minority group.

If our Organization can be of any assistance to you, please do not hesitate to contact us.

Sincerely,

/s/ George W. Riley, M.D.
Chair, Social Concerns Committee

/s/ Richard L. Andrews, M.D.
President

Bay Area Physicians for Human Rights

cc: International Gay Association
World Psychiatric Association
Amnesty International
National Gay Task Force
Bay Area Reporter
Sentinel
BAPHRON

Letter to the Editor

Editor:

Some recent conversations with some of our more informed friends lead me to write this letter to our members and others involved in furnishing advice to and medical care of gays who are potential candidates for AIDS.

While we have been (correctly) concerned with publicizing the hazards and hallmarks of the various forms of AIDS, it is now time to become aware of the consequences in those not afflicted as well. Perhaps already somewhat hypochondriacal, some of our cohorts have become terrorized by the threat of these dread diseases to the point of hibernating, or worse, considering suicide. "Partying" is a way of life for many, and in my opinion is healthy in moderation, but when a kiss or an orgasm of a partner is thought of as a possible infusion of life-threatening infectious agents or carcinogens, the result can be devastating. One physician friend admits to confining his sexual activities to solitary masturbation because of intolerable fear of most other kinds of expression. Monogamy is no sure security, nor is it natural for many. While I refuse to think of semen as merely a dangerous incubation medium for CMV, it is easy to detect horror in my friend's voice when he verbally fantasizes his denied desires, and I feel that suicide is not far away in such cases. Constant frustration and fear can only lead to mental instability.

Obviously I have no secret formula for alleviating the concern, since no one knows the cause, cure, or effective preventive measures, nor can we accept a blasé attitude in the midst of the current epidemic. My main concern is that physicians seeing gay men be acutely aware of these underlying hazards which may not be verbalized. Let's not allow self-destruction, which some psychiatrists feel is a common characteristic among gays, to add to the terrible mortality rate of this terrifying syndrome.

Will Warner, M.D.
San Rafael, CA

General Membership Meetings

January: Speakers for the January meeting will be Drs. Andrew Moss and Michael Gorman of UCSF's Department of Epidemiology. They are conducting an epidemiologic study of AIDS in the Bay Area and will present their findings to date. The meeting is scheduled at the SF Medical Society Building at 7 PM on the 16th.

February: Kevin Gordon, Chairperson of the Task Force on Gay/Lesbian Issues of the Commission on Social Justice of the Roman Catholic Archdiocese of San Francisco will be the featured speaker at the 13 February General Membership Meeting to be held at Ken Everts' home at 2200 Sacramento at 7 PM. (Tell the security guard that you are "with Dr. Everts' party in the penthouse.") Mr. Gordon will discuss the reactions to the Task Force's historically important report, *Homosexuality and Social Justice*, and that report's implications for health care professionals. He was extensively interviewed in the 18 December issue of *The Advocate*.

March: Mayor Dianne Feinstein will address the membership at the SF Medical Society Building at 7 PM on 9 March, which is a Wednesday. Cocktails: 6 'til 7.

Banquet Cassettes & Transcriptions

Several of those who attended the 1982 BAPHR Awards Banquet and who were aware of the fact that a cassette recording was made have indicated an interest in obtaining a copy of that cassette or of a transcription of the proceedings on that wonderful evening. The recording is, of course, not of studio quality, but at least 99% of Dr. Hooker's memorable remarks are clearly audible and understandable.

If you are interested in either a reproduced cassette recording or a transcription—or both—kindly contact Doug Carner, 558-9353. If there is sufficient interest expressed, the Media Committee will look further into the economic feasibility of the project. At this point, it is thought that the cassettes can be made available at \$10.

More "Getting To Know You" Dinners Scheduled

The first of the Support Committee's series of at-home evenings for BAPHR members and patrons was held at Don Brown's house on 10 December. By the end of the evening, Don and his three guests had learned a lot about each other's past lives, current circumstances, interests, hang-ups, hopes, and aspirations.

Three further events are now scheduled:

Friday, 11 February: a vegetarian dinner for three with a BAPHR member in Mill Valley.

Friday, 4 March: drinks and dinner for five with one of BAPHR's little-known members in S.F.

Friday, 25 March: drinks and dinner for five with Jack Mangum in S.F.

Members and affiliates who are interested in getting to know some of their colleagues better are urged to attend one of the scheduled events. The "price" is an agreement to host a similar affair sometime in the next six months.

To reserve a place at any of the events mentioned and for further details call Don Brown at 771-0988. You won't regret it!

Leads Sought

Although it is only "four months old," BAPHR's present, 9' x 12' Administrative Office on 16th Street is rapidly being outgrown. On 5 December, the Executive Board voted down the proposal to move the Office to a space which had been offered by BAPHR-member Ian Barlow because Ian could not guarantee the space's availability beyond a year or so. Therefore, the search continues; BAPHR needs either a significantly larger single room or perhaps a "suite" of two rooms. Of course, the rental fee needs to be reasonably modest.

If any of you has a lead on a suitable space fitting the above description, please give Administrative Assistant Doug Carner a call, (Weekmornings: 558-9353.)

APA Adds Gay Rep

Thanks in part to the efforts of BAPHR member James Krajewski, at its October meeting the American Psychiatric Association added a gay representative to its Assembly.

The Assembly, made up of 95 people, is the legislative body for the 25,000-plus APA membership. It currently includes minority representative seats for women, blacks, Hispanic-Americans, Asian-Americans, and American Indian/Alaska Natives.

The fight for the gay representative was not easy, according to Krajewski. The guidelines for establishing minority representatives in general were only set at the general meeting in May.

The APA Caucus of Gay, Lesbian, and Bisexual Members, of which Krajewski is president, petitioned the Assembly for voting representation at that time. The Assembly voted, however, to refer the question of whether gays were an under-represented minority to the district branches.

"There was a lot of opposition," said Krajewski. "Some of the members didn't even like the other minorities having seats."

Members of the caucus visited many of the APA district branches around the country during the summer, lobbying for their cause. At the October meeting the caucus accepted an amended motion to recognize "homosexual identified psychiatrists" rather than the gay caucus as the under-represented group. It passed on a voice vote.

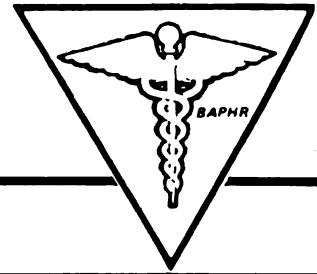
Krajewski said there is currently no procedure for inducting a gay representative, but someone should be chosen for that position by summer.

—Wayne April

AAPHR to Waikiki

Plans have been finalized for AAPHR's February Conference in Hawaii, to take place from the 14th 'til the 21st. Attendants will be housed at the Beachcomber Hotel in the heart of Waikiki at a per person cost of \$245, double occupancy. Air tariff, \$408. Anyone interested in this trip should contact Doug Carner, BAPHR-AAPHR Administrative Assistant, at 558-9353 immediately.

the **BAPHRON**



Bay Area Physicians for Human Rights Official Newsletter
Vol. 5, No. 2

February, 1983

A Letter To BAPHR

A three pronged approach is the interim response of the San Francisco Department of Public Health to the newly recognized possibility of AIDS contamination of the Bay Area blood bank supplies. This approach corresponds with the proposals made by members of an expert panel which the Center for Disease Control convened to assess the problem on January 4, 1983. This approach is also in general agreement with a consensus attained in discussion held on January 6, 1983 by representatives of the Department, the Irwin Memorial Blood Bank, and physicians who treat members of the San Francisco gay community. (Nationally, 75% of all AIDS cases are reported in gay or bisexual men.) Pending still is a unified position statement of national gay leaders.

The apparent possibility of blood borne transmission of an infectious agent for AIDS has been increasing, beginning with reports of confirmed cases of pneumocystis carinii pneumonia in three hemophiliac patients late in 1982. Five additional confirmed cases and three possible ones are still under study, adding to the sense of urgency of the situation. A case of very probable AIDS has also been reported in a infant transfused with blood products from a San Francisco man who seven months later developed AIDS, and at least two other possible transfusion-associated cases in adults are under study on the East Coast.

It is difficult for Public Health and Blood Bank officials to make precise recommendations, because no one can yet identify a cause or causes of the outbreak. The problem is very serious, as more than 850 cases are now reported nationally, with an overall mortality rate of nearly 40%. A definition of the population at risk is also not clear, although the greatest numbers of cases are in gay or bisexual men (approximately 75%), heterosexual men (20%), women (5%), and small numbers of Haitian immigrants and hemophiliacs. The pattern of distribution and development of the disease resembles that of hepatitis B more closely than any other, and seems to be most prevalent in the same population groups. Therefore, lacking an exact test for a presumed AIDS agent, the first approach is to screen bloods for hepatitis B (the core antibody), as a marker for donors considered also at the highest risk for AIDS. These bloods would have to be processed for other use, or discarded. Secondly, donors whose blood is found positive for the core antibody would be directed to discuss the findings with their personal physicians, and could be advised voluntarily to defer donating blood until more exact methods are devised to identify blood contaminated with a possible AIDS-producing agent. It is important to point out that such an agent is strongly suspected by experts in the field, although there is no means to test it. Use of the core antibody test might eliminate about 5% of the usual donors to voluntary blood banks. The Department and the Irwin Memorial Blood Bank join in urging that more donations of blood be made by those persons whose blood is

continued on page 192

Blood Bank Survey

In an effort to determine the tenor of response of the blood banking and plasma collection establishments to the questions of donation by gay men, a telephone survey of the four major plasmapheresis — plasma fractionators, a trade association of these companies, and a sampling of commercial and non-profit blood banks was carried out during the week of Jan. 10 — 14. Respondents were presidents of the companies or Medical Directors of the establishments.

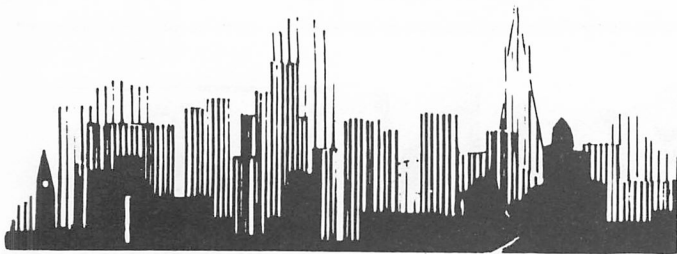
All respondents were reacting to the meetings held at the Center for Disease Control in Atlanta and the subsequent meeting of the concerned groups in Washington during the previous week. The formal recommendations resulting from those meetings are not available at this writing, but it is generally presumed that, while the subject of AIDS and donors' exposure to AIDS will be addressed, there will be, for the moment, no official prohibition against donation of blood or plasma by gays specifically. However, the position taken by the National Hemophilia Foundation to exclude plasma from high-risk gay men for Factor VIII products has had the expected effect at some levels.

The attitude of plasmapheresis establishments, probably the most important from the standpoint of transmission of AIDS in plasma products, ranges from "we don't think we have many gays in our donor group, but when we know they are gay, we discourage them" to the more strident approach taken by one company. That company distributed a pamphlet to their collection centers and contract suppliers that asks males if they have ever had sex with another man, and if the answer is yes, they are refused as donors. Some have posters in their centers describing the problem; several respondents felt that their gay donors were probably more intelligent and altruistic than the straights and would voluntarily withdraw when reminded. All attempts to control the situation are viewed as educational and not discriminatory. When plasma is collected from known gay groups, as for high-titer hepatitis B gamma globulin, that plasma is not mixed with pools used for other products.

Several respondents expressed chagrin and mild antagonism directed to what they view as failure of the gay community and gay representatives to take a stand to discourage their own community members to refrain from donating. They are sympathetic, for the most part, to the avoidance of discrimination, but the facts remain that plasma and blood components from gays have been strongly implicated in AIDS transmission. To view blocking blood donation as anti-gay seems illogical to them, since that kind of activity is certainly not an expression of individual freedom or civil rights. The parallelism is frequently drawn to hepatitis B before the development of antigen testing — there was no question of discrimination on the basis of a history of hepatitis for blood donors.

It is thought that the impact of loss of "gay blood" at the blood bank level will be small but is an unanswered question.

**THIS TIME SPECIFY THAT YOUR UNITED WAY CONTRIBUTION GO TO
B A P H R**



PROGRESS NOTES

by Ric Andrews, M.D.

A Matter of Urgency

This month I will be brief and to the point. Our community is in the midst of the most serious health crisis we have known. Sexually Transmitted Diseases have been steadily increasing in frequency and variety. No longer is it just Gonorrhea and Syphilis; Amebiasis, Herpes, and Hepatitis (to name but a few) have unfortunately become all too familiar to gay men. But now, with AIDS and KS, we have something different. Whatever the cause(s) may be, the focus with these diseases is not only on high morbidity but alarmingly high mortality rates. BAPHR, through the Scientific Affairs Committee and the efforts of many individuals, has been an active participant in this crisis from the beginning. Now it is time for EACH ONE OF US to become informed and involved also.

This April our Health Fair will place a major emphasis on informing the community about AIDS/KS. George Riley, Chair of Social Concerns/Community Outreach, Coordinator of the Health Fair, and a close personal friend, recently learned he has Kaposi's Sarcoma. George has stepped down from his Chair and Coordinator positions because of his health problems, but wants to stay involved with the project. Nothing strikes down one's denial about the seriousness of the situation like learning that a friend or lover has become ill, and it is distressing to realize that more of us are going to become ill before this is over.

Now is a time for action, not panic. We will need many volunteers to help with the Health Fair. The Symposium this year will focus on all aspects of these diseases and we need your input and assistance. It is time to revitalize the Speaker's Bureau so we can respond to the fear and anxiety that is spreading through the community. And of course we must continue to work closely with all the other groups who are concerned with this problem.

AIDS/KS are not "gay diseases". Twenty-five percent of the cases occur in heterosexuals, and that number is likely to increase. But as a gay physicians group we must be on the forefront. A few years ago Anita Bryant and John Briggs threatened our lifestyles. This new crisis threatens our very lives. I am confident we will find solutions to the questions that perplex us, but the battle will require every able-bodied person's participation. Don't wait. The community needs YOU now.

EDITORIAL TRIAD

This issue of the BAPHRON inaugurates another new editorial staff, bringing back Sam Thal for an encore and adding Jack Mangum and Will Warner. Obviously it takes three of us (plus an Apple Computer) to replace Charlie Morrison who has been shouldering the load almost alone since last summer, but who is about to "go down (to the sea) in ships" for Ma Bell. Thus a triad replaces the arpeggio. We all wish Charlie well and will hope to benefit from his experience when he returns from time to time.

We feel that the primary purpose of the BAPHRON is to inform the members of the progress and proceedings of BAPHR, but we also see the Newsletter as the ideal forum for members (and perhaps interested observers) to present their views and register their concerns regarding all issues relevant to the health and welfare of gay men and lesbians. As evidenced by the recent increased frequency of Letters to the Editor and health care articles by members, there is not uniformity of opinion regarding the critical health issues facing homosexual physicians today. The question of gay blood donors is one issue which threatens to divide our ranks (see updating article in this issue). Others will surface and benefit from airing in the relative public-privacy of our Newsletter.

We want to encourage the membership to contribute articles, not just on their recent committee meeting (although those are very important), but also on health issues and problems pertinent to our group. We promise to spare the red pencil (although the editorial fingers may itch from time to time) because we all benefit from discussion of the problems as long as we are open to constructive criticism and rebuttal.

Likewise, if you have any suggestions for improving the BAPHRON, to make it more responsive or interesting or contributory, please let us know. We think that BAPHR should become even more of a medical force in the community, and hope the BAPHRON can play a role in realizing that objective.

Mayor Feinstein to Address BAPHR

After being disappointed several months ago by a sudden illness which prevented Mayor Dianne Feinstein from meeting with BAPHR members, we are now rescheduled for her address on March 9 (Wednesday).

As most San Franciscans know, the political analysts have credited gay voters for her election over other candidates. She now faces another election in April. It is also rumored that Mayor Feinstein has her eye on a future spot in national politics.

The March meeting will be held at the Medical Society building, and will include a cocktail hour beginning at 6 pm.

the BAPHRON

The BAPHRON

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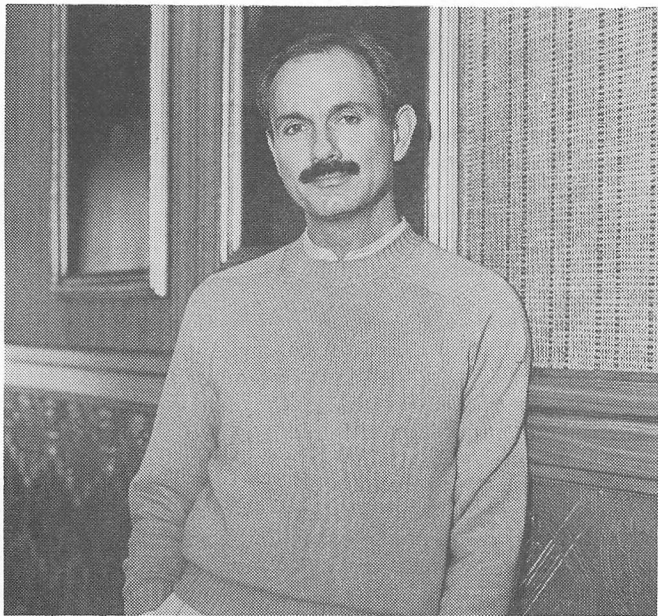
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Requirements

The Staff of The Baphron will consider for publication only those letters which are typed, signed, and accompanied by an address and telephone number for verification. If requested, a writer's identity will not be revealed. The deadline for submission of letters, articles, ads, announcements, etc. is the 12th of each month.

NOTE: The appearance in The BAPHRON of an individual's name or photograph in no way infers his/her sexual orientation and must not be construed to do so.

February Speaker: A THEOLOGIAN



his way in those matters in which he harbors a passionate interest. Neither Archbishop Quinn nor, indeed, the *Sacra Romana Rota* or the *Curia Romana* or John Paul II has heard the last of Kevin Gordon.

By way of more formal introduction, here is the bioblurb from the Report itself:

Kevin Gordon is President of the Board of Trustees of the California Institute for Pastoral Development, and is Chairperson of the Task Force on Gay/Lesbian Issues of the Archdiocesan Commission on Social Justice, San Francisco. A native New Yorker, he did his undergraduate work in English literature at Catholic University of America, Washington, D.C., an M.A. in religious education at Manhattan College, New York, and an M.PHIL., and Th.D. studies in systematic theology, at Union Theological Seminary, New York. After being an administrator for the Society for Religion in Higher Education at Yale, he moved to San Francisco in 1972 and taught religious studies at Lone Mountain College from 1972-76. He did a clinical internship in human sexuality at U.C. Medical School, San Francisco, and subsequently joined the staff as coordinator of didactics, and associate, Department of Psychiatry, Human Sexuality Program, U.C. Medical School, San Francisco. He is basically in private practice in San Francisco, working with clinical-pastoral issues, and gives local and national workshops and lectures in areas of religion and psychology, especially human sexuality. The principle author, in 1966, of the Christian Brothers' *Living With Christ, Book III*, on ethics (Winona, St. Mary's College Press), he has also written extensively, critiquing Masters and Johnson's *Homosexuality in Perspective* (National Catholic Reporter; Psychology Today; Time Magazine); and is presently preparing a chapter on "Ethical and Religious Reflections from Within the Gay/Lesbian Experience," for Crossroads books.

I am looking forward keenly to Kevin's appearance before the General Membership Meeting of February 13 (at 7 pm in Ken Evert's penthouse at 2200 Sacramento) and I expect not to be disappointed. I don't think that you will be, either, and I urge you to be there.

—Charlie Morrison

Wait! Don't go away yet! *This*, believe me, is a "theologian of a different color" — one whom you're sure to enjoy hearing.

I became a fan of Kevin Gordon's on October 1, 1982. It was on that date that *Homosexuality and Social Justice*, the Report of the Task Force on Gay/Lesbian Issues (which he chaired) of the Commission on Social Justice of the (Roman Catholic) Archdiocese was made available to the public. And the date upon which I read it. Fired by its erudition, its scholarship, its excellence in every respect, as then-Editor of *The BAPHRON* I chose to place my review of it on the front page of the November issue.

I had the privilege and pleasure of lunching with Kevin Gordon on January 14. As a result, I am an even greater aficionado. He is a man of obvious intellect harnessed to an articulate tongue and vast drive and energy. He is absolutely determined that The Church be dragged — either quietly or, as they say, kicking and screaming — into the Twentieth Century through a thorough review and modernization of its theology, especially as it pertains to sexuality in general and to homosexuality in particular. He impresses me as a man who *will* have

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HELP IN AIDS PROJECT REQUESTED

The Scientific Affairs Committee has developed a protocol for a three year survey study of possible cases of AIDS in San Francisco to be carried out by volunteer BAPHR physicians. We need your help.

It is estimated that BAPHR physicians care for from 50 to 90% of gay males in San Francisco and perhaps a lower proportion in the suburbs. This coverage should include from 100,000 to 400,000 potential AIDS candidates. San Francisco and vicinity are viewed as a microcosm of gay life with its constituent medical community, BAPHR physicians, knowledgeable and willing to treat and follow these patients over time. Perhaps nowhere else is the gay community as concentrated and the gay physicians as organized as in the Bay Area.

The proposed survey will involve recording and reporting, on a simple single-sheet report form, the symptoms and signs of patients, the diagnostic workup and results, and the development of disease states in order to attempt to bring order from chaos in the sequence of events of Acquired Immune Deficiency Syndrome. Reports will be made at intervals coinciding with office visits or new developments as they occur. No intervention will be included in the protocol, although the results of interventions will be reported and analyzed. Similarly no particular laboratory or office procedure will be stipulated. It is important that repeat reports be submitted to maintain surveillance of patients entered, even when there is question about his status or whether or not the presenting picture eventually develops into AIDS. If you are called in as a consultant for a patient whose history is available

from another physician, the patient can still be entered and followed. The identity of the patients will not be revealed but a code system will be used which will allow the treating physician to identify the patient for referral to the charts when necessary. No funding will be available for this survey in all likelihood, but it is essential that the study begin promptly.

Administration of the study will be the responsibility of the Scientific Affairs Committee and the results will be made available to participating physicians as soon as possible. Will Warner will monitor the study and utilize his computer system for data recording and retrieval.

It is essential that all physicians willing to participate attend an indoctrination meeting to review the protocol and case report form to minimize confusion and air questions in a group. It is not necessary to have had experience in investigations of this type, since the survey will be very straightforward and tailored to the doctor's office routine. Part of the general membership meeting on February 13 will be devoted to acquaintance of all interested members with the survey, and another meeting is scheduled for February 17, 7:30pm in the Doctors' dining room, Level A, at Presbyterian Hospital Pacific Medical Center, Clay and Buchanan Streets, for those who cannot attend the membership meeting. If it is impossible for you to attend either of these meetings, please contact Will Warner (453-5281) for information.

This will be the first BAPHR research project of this sort, but the urgency and importance of gathering such data is apparent. Let's join together to show that the gay physicians are not only a social group but capable and willing to shoulder our responsibilities in combatting the dread syndrome decimating the ranks of gay men everywhere.

A Letter To BAPHR

continued from page 189

NOT positive for the hepatitis test, to help maintain an adequate supply for patients in the Bay Area.

The third approach to insuring a safe blood supply is a laboratory improvement in blood processing technics. This is expected within one year to help eliminate the possible AIDS agent, and those remaining virus particles which at present are responsible for the occasional case of transfusion-associated nonA-nonB hepatitis.

If the above description of the current unhappy situation is long and obscure, that is because the search for an effective answer to the AIDS outbreak is also long and obscure. The massive concerted effort to untangle the diverse factors in this, the most difficult disease outbreak of the past decade, will eventually be successful. In the meantime, the medical community, both public and private, are working together with the best available information to provide our citizens with the best available medical service.

Yours very truly,
/s/ Mervyn F. Silverman, M.D., M.P.H.
Director of Health

/s/ Selma K. Dritz, M.D.
Assistant Director
Bureau Communicable
Disease Control

NOTE: Bill Kapla and I were the physicians from BAPHR who attended the meeting at the Blood Bank on January 6. As mentioned in the letter, the problems are not solved but BAPHR continues its close liaison with the Blood Bank and the Department of Health through our Scientific Affairs Committee. The issue of blood products will be a major topic at the February meeting of AAPHR, when gay physicians from around the country will convene to discuss a unified medical response to the AIDS health crisis.

— Ric Andrews, M.D.

GETTING TO KNOW YOU DINNERS

There are still guest spots available for the three scheduled "getting to know you" dinners. These dinners for small groups in an intimate setting allow members to become better acquainted with their colleagues. The "price" is to host a similar affair sometime within the next six months. The dinners now scheduled are:

Friday, 18 February: a vegetarian dinner for three with a BAPHR member in Mill Valley.

Friday, 4 March: drinks and dinner for five with one of BAPHR's little known members in San Francisco.

Friday, 25 March: drinks and dinner for five with Jack Mangum in San Francisco.

To reserve a place for any of these dinners or for further information call Don Brown at 771-0988.

BAPHR Goes Snow . . .

Seven BAPHR members and friends accepted Jim Campbell's invitation to respite at his Donner Lake cabin on January 7-9. Flying the flag of some unidentified municipality, this resort type lodge was balanced with appropriate libations and cuisine—culminating with a picnic atop the gondola lift at Squaw Valley on Sunday.

The group inconsistencies in skiing skills and equipment knowledge were displaced about the wood-burner and table with topics of concern to BAPHR. AIDS was primary with the 1983 Health Fair culminating the homeward leg of the week-end.

Jim has volunteered his cabin for a second outing on March 12-13. Early reservations to 731-8371 are mandatory for participation in the latest of BAPHR trend-setters.

UCSF Epidemiologists Speak at January Meeting

The January General Membership Meeting was called to order by President Andrews shortly after 7:30pm on the 16th. He then introduced the President of the San Francisco Medical Society, Dr. Mark Oscherwitz, & Dr. Richmond Prescott, the Chairman of the Society's Membership Committee. Dr. Oscherwitz welcomed the membership of BAPHR to our use of the SFMS's facilities & Dr. Prescott made a plea that BAPHR members also join the SFMS & become involved in its activities.

President Andrews then introduced the Chair of BAPHR's Social Concerns Committee, George Riley, and George's lover, Michael Donoho. George, diagnosed in mid-December as having KS, attended the meeting specifically in order to afford to those members who had not had an opportunity to see KS lesions first-hand that chance.

Bob Bolan, Co-Chair of the Scientific Affairs Committee, introduced the evening's speakers: Dr. Andrew Moss, Assistant Professor of Epidemiology, and Dr. Michael Gorman, Lecturer in Epidemiology, both of UCSF. Dr. Moss presented some most interesting data concerning AIDS' prevalence rates in the Bay Area. Basically "preliminary" and unpublished, these data, Dr. Moss specified, are not for quotation at the present time.

Dr. Gorman outlined the further studies in Bay Area AIDS epidemiology for which UCSF has requested funding from the National Cancer Institute:

1. A *Case Control Study* in which correlation will be sought between various specific sexual activities and drug uses on the one hand, and the risk of AIDS acquisition on the other.
2. A *Communicability Study* which is mandated by the famous Los Angeles "cluster" and other such occurrences that strongly suggest an infectious etiology of as yet unknown identity. Parenthetically, it was stated that the likelihood that CMV is that agent seems to be fading.
3. A *Cross-Sectional Study* of apparently healthy gay men which will probably include laboratory studies aimed at assessing the immunocompetence of these entirely asymptomatic individuals.

A question and answer period followed the presentations, during which Dr. Don Abrams, too, made significant contributions as a result of his high level of involvement with UCSF's KS Clinic. Finally, Drs. Moss and Gorman made a strong plea, as did President Andrews, for BAPHR's collective and individual cooperation with the proposed studies and with the AIDS Survey Project to be carried out by BAPHR members. The meeting adjourned at approximately 9pm.

CDC Funds Appropriated for AIDS

When the lame duck Congress passed a Continuing Resolution to fund the government through September, 1983, it approved the use of \$2 million for AIDS research to be conducted by the Center for Disease Control in Atlanta. In 1982, it is reported, only \$500,000 for AIDS research was provided. Only two other new health-related programs were funded during the entire 97th Congress. The CDC funds will be used to expand monitoring activities in an attempt to learn more about the disease.

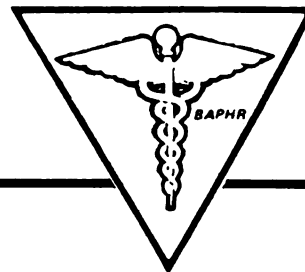
The Gay Rights National Lobby takes credit for the political success in obtaining the increase in CDC funds for AIDS, according to Steve Endean, Executive Director of GRNL.

!!FINAL ISSUE OF BAPHRON!!

Please note that this is the final issue of the BAPHRON that you will receive if your dues have not been paid for 1982-1983. If you would like to renew your membership/subscription, send the appropriate dues to:

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the **BAPHRON**



Bay Area Physicians for Human Rights Official Newsletter
Vol. 5, No. 3
March, 1983

NEWS BULLETIN FROM Irwin Memorial Blood Bank

The following news bulletin was released by the Irwin Memorial Blood Bank of the S.F. Medical Society on February 8, 1983.

Donors at the Irwin Memorial Blood Bank will soon answer a self-administered medical history that includes a series of questions aimed at screening out donors with symptoms resembling those of AIDS and donors who may have been in contact with persons at high risk for AIDS.

Prospective donors will be able to defer themselves discreetly by a single yes or no answer to a block of questions.

Currently, prospective donors are asked a series of 37 questions, including six related to AIDS. The new medical history will contain this section on AIDS:

"AIDS, a new disease of unknown cause is characterized by abnormal functioning of the body's immune system. High risk groups for AIDS include:

- Intravenous drug users
- Haitian immigrants
- Homosexually active males

To assist in deferral of prospective donors who may be at high risk for AIDS, please indicate whether any of these conditions apply to or have applied to you by answering yes or no below:

- Multiple sex partners from one of the high risk groups listed above
- Residing in Haiti
- Recurring fever over a long period of time
- Heavy night sweats
- Unexpected weight loss of 10 lbs. or more in a short time
- Enlargement of glands throughout body
- Kaposi Sarcoma
- Intimate contact with an AIDS patient."

A "yes" response will result in indefinite deferral of the donor unless otherwise approved by an Irwin physician.

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MAYOR FEINSTEIN TO ADDRESS BAPHR

Mayor Dianne Feinstein will be the guest speaker at BAPHR's general membership meeting Wednesday, March 9, at the San Francisco Medical Society Building at 250 Masonic. Now is the time to see and hear in person the city's top politician; the one some gays support one hundred percent, and others would like to see served up à la Marie Antoinette.

Mayor Feinstein has been a long-time supporter of gay rights, but has steered towards a more consistent middle-of-the-road approach in recent years. She admits this and considers it the best way to run a city such as San Francisco, which is made up of so many disparate vocal minorities.

Her latest run-in with the local gay activist community has been on the issue of benefits for the lovers of gay municipal employees. A bill introduced by gay Supervisor Harry Britt sought to extend health benefits, jail visitation rights, and bereavement leave for the lovers of city employees. The board of Supervisors passed it 8 to 3 and it seemed headed for almost certain enactment, with or without the Mayor's signature.

Feinstein surprised everyone, however, by vetoing the bill as "vague" and sending it back to the Board of Supervisors, which couldn't override the veto because two of the supervisors changed their minds about supporting it. Although Britt tried to modify the bill enough for the mayor's acceptance, it eventually died in committee.

Several gay political groups have blacklisted the mayor and vowed to work for her defeat in the next election. A large number of the signatures on the recent White Panthers recall petition were those of gays angered at the Mayor's veto.

Despite such vocal opposition, the Mayor still retains considerable support among the city's gay population. Many gays viewed Britt's attempt at legitimizing live-in lovers as impractical and poorly planned.

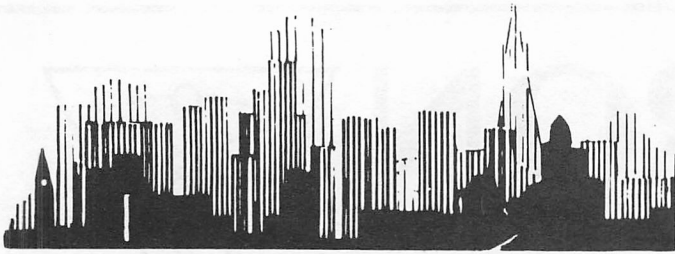
Nevertheless, Feinstein has not been popular on the gay speaking circuit. The day after she vetoed Britt's bill she was disinvited from being the main speaker and guest of honor at a Human Rights Campaign Fund dinner in Houston. The HRC had been holding successful black tie fundraisers around the country and had planned on Feinstein for being its big draw at the Texas event. A majority of the dinner's planners couldn't see allowing Feinstein to speak so soon after quashing what many gay activists saw as groundbreaking legislation for gays. Instead, Lia Belli, president of the California Democratic Council and a longtime supporter of gay rights, was flown out at the last minute.

But enough bile and balderdash. Following are some of the facts and figures from the Mayor's official resume.

Dianne Feinstein is the first woman mayor of San Francisco. She was also the first woman president of the Board of Supervisors, elected to that post twice as highest vote-getter in citywide elections, and once by her colleagues during a period of district elections. She served a total of nearly nine years as supervisor, five of them as Board president.

As the city's chief executive officer, the Mayor oversees the many departments and 22 commissions and boards which operate the government. Each year, the Mayor prepares a budget which establishes the

Continued on page 196



PROGRESS NOTES

by Ric Andrews, M.D.

A Matter of Urgency, Part II

IN THIS ISSUE, you will find the statement by BAPHR and the Irwin Memorial Blood Bank that were released at the press conference on February 7, 1983. The following is a statement I made to the press immediately after Dr. Perkins read the release from the Blood Bank;

"The BAPHR position paper and the new questionnaire by the Blood Bank are important and I hope temporary measures. What we really need is a test that will allow the blood banks and plasma centers to identify and screen out any blood products that contain this hypothetical AIDS agent. This should be a major priority of the blood banking community.

AIDS is not a 'Gay Disease'; it is not a 'Haitian Disease'. It is not solely the problem of the hemphiliac community or of the blood banks. AIDS is a life-threatening human health crisis of great magnitude. The incidence of AIDS is increasing every day, and not just in New York, San Francisco, and Los Angeles, but in Oklahoma City and other communities across the United States and in other countries. The percentage of non-gay patients is increasing, and is likely to continue to do so. This includes men and women who do not "fit the mold," so to speak. These individuals are not homosexual, Haitian, IV drug abusers, or highly sexually active.

The news about AIDS is alarming, and it should be. But alarm must be translated into action, not panic. Diversion of existing funding, both public and private, to research for the cause and cure of this disease is desperately needed. Local Medical Societies, the American Medical Association, and other professional groups must become more involved. Medical costs for taking care of AIDS victims is extremely high and medical and social service support groups must be developed now.

I am reminded of the Polio Epidemic some thirty years ago, when all Americans were educated and concerned about that health crisis, and massive research efforts brought about an effective, preventative vaccine. We need that same concerted, cooperative effort now,

between all the diverse groups that are involved and should become involved in this AIDS crisis. As that happens, and it must, we can all take hope that solutions will be found."

I hope the next press conference will include representatives from the Medical Society and others, because we truly must work together.

OUR COMMUNITY NEEDS US . . . Too many gay men are either unaware of the seriousness of AIDS, or know the issues but deny that "it" could happen to them. I hope one of the outcomes of the AAPHR meetings in Hawaii will be a stronger statement to the community about personal risk factors . . . Dare I bring up the issue of "Sexual Ethics"? (whatever that may mean) . . . If an individual chooses to have frequent anonymous sex, that's one thing. If such a choice may lead to passing on disease(s) to others, does that change the situation? We've been aware of this for years in the context of STD's . . . Most people don't get too upset or worried if they "catch" gonorrhea; even "The Big H" is seen by many as "just a bad break." But suddenly now it seems to be a matter of life and death . . . If I come off sounding moralistic then you've misunderstood my intent. I don't have the answers but I do know we have got to ask ourselves, and our community, "the hard questions." However our statements must be sensitive and as sex-positive as possible, replacing defeatist guilt-ridden attitudes with more productive solutions to the problems. It is impossible to please everyone, but by and large I think our community will respond to appeals for mutual caring and personal responsibility. Let us proceed.

P.S. Because of our 'war effort' against AIDS, our April function (Saturday, April 9th) will be a "USO" Party. For those of you too young to remember, USO stands for United Services Organization . . . Ya' know: dances and entertainment for 'the troops' . . . and Ya' know what that means: Soldiers, Sailors, WAC's, WAVES, or just a guy or gal lookin' for some company and a 'good time'.

BUY BAPHR WAR BONDS (tickets) . . . A substantial amount of each 'Bond' will be designated to fund our war efforts on AIDS . . . Details forthcoming . . . This USO needs sponsors (liquor, food, entertainment and MONEY) to help defray costs. **YOU CAN HELP!** Contact Jack Wilkie, (431-9165) ASAP.

Thanks, Pals!

Registration forms for the June 24th and 25th Symposium, "The Physician in the AIDS Crisis," will appear in the April and May BAPHRON.

For Sale: 2 BR, furnished house with river view, Guerneville. Call George Riley, (415) 839-4164.

the BAPHRON

The BAPHRON

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Housestaff officers 25.00
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EDITORIAL TRIAD

It's been a busy month. An AIDS Task Force was organized from the BAPHR Executive Board and Committee Chairmen, and initial plans made to serve the gay community in this time of crisis. The June Symposium has begun to take shape, promising to be one of the highlights of the year. Dr. William Foege, head of CDC, was quoted as saying that the one year mortality rate of AIDS is now 60%, but their most difficult task is reducing blood donations from groups at high risk, including male homosexuals. BAPHR held a joint news conference with Irwin Memorial Blood Bank to enunciate policy on the blood and plasma donation question. The official statements are included in your BAPHRON.

The BAPHR position statement on AIDS enclosed in this BAPHRON went through multiple revisions before settling on its present wording. At one time the approach was fairly close to that taken by the medical blood banking community. At the last minute there was a retreat to a more politically conservative approach. Some members consider this approach too conservative and think that all sexually active gay men should voluntarily refrain from being blood and plasma donors until more factual information is available. Because of the current news coverage, many gay donors have voluntarily stopped whole blood donation. The question of plasma donation, for which most donors are paid, remains.

February marked the mid-winter meeting of the General Board of AAPHR. At this writing that meeting is just getting under way, probably under swaying palms and with leis around winter-pale necks. Let us hope that the soft environment will not prevent them from developing firm guidelines on blood donation policy that will help clarify this dilemma.

As we said, it's been a busy month.

Letter to the Editor

Many of you have, or will likely have in the near future, patients who develop AIDS. I feel strongly that you continue to have an important support role after you have referred your patient to UC or SFG for definitive diagnosis, staging and treatment. You are and may remain indefinitely your patient's primary resource for reassurance and information. The first month or two after diagnosis is especially a bewildering and emotional time. Make it clear to your patients that you have a continuing interest in them and that you remain available even though the primary care for this illness will be in the hands of others.

Robert Scott of the Critical Care Medical Group in Oakland has followed me during the past two years of chronic illness. During this time he not only became a trusted physician but a trusted friend. During December when I was in so much pain and discomfort with shingles and during January when I was struggling with initial fright and depression, we were in almost weekly contact. His voice more than anyone's provided me with reassurance. If he did not hear from me for a week or 10 days he would call to ask how I was feeling and what was happening in my work up. When I was scared and emotionally over-reactive, he was available and calming. I have his home phone number. As most patients I respect his need for rest and privacy and have not and will not abuse this access to him. It is very reassuring to patients to know that they can be in direct contact with you in an emergency.

The other role you can more effectively and easily provide is monitoring the use of minor tranquilizers and pain medication. You generally know your patient's pain threshold and how they manage anxiety as well as their compliance pattern with medication and abuse potential. Many will be hesitant to accept them for fear of dependency or seeming weakness. Reassure them and give them instructions for their use.

—George Riley

AIDS Outreach Task Force Formalized

The ever increasing complexities of the AIDS crisis prompted the Executive Committee to formalize a Task Force at its February meeting. The objective is to coordinate and avail BAPHR's services to the community during this crisis.

The awareness of this need has been growing among the officers and committee chairs within BAPHR for a period of time. The leadership demands placed upon BAPHR from within and without the Gay community, locally and nationally, made such an administrative action mandatory. The poignancy of the disease, as shared personally by George Riley and his recent Kaposi's diagnosis and his resulting resignation as Health Fair Coordinator and Social Concerns Chair, gave vitality to this new commitment by BAPHR. The organizational work has been assigned to the office of the vice president.

AIDS is evolving into a challenge of dimensions even greater than the social-political milieu which promoted the formation of BAPHR in 1977 and which stimulated concerted and aggressive group action in 1978. The many societal ramifications, the unremitting but changing public pressures, and the sustained epidemiological-diagnostic-therapeutic vexations of this disease are testing our capabilities in an unprecedented way. Our ability and willingness to persevere in this new challenge as the philosophical and practical medical leader is being surveyed critically and repeatedly. Our past record justifiably places us on the line. The Task Force goal is to maximally guide the many energies currently being expended in AIDS work with BAPHR and those anticipated in the future into an active, consistent and humanistic group effort. Such is our challenge; such is appropriate to us.

The Executive Committee, in an intense study session, developed working guidelines. It was decided to utilize the existing committees as the resources to accomplish the various tasks currently identified as well as those surfacing in the future. This action is cognizant of the

work load now existing and the additional work to be assumed by many of the committees. Simultaneously, a plea is extended to the general membership to become active in the committee of their greatest personal interest. This first Executive Committee study session developed six broad areas of responsibility. These six are: 1) public and professional education 2) public realtions with the media, allied health organizations and the body politic 3) emotional, medical and physical support services for BAPHR members, patients and their social and biological families 4) medical and social research 5) personal and legal injustices or discriminations and 6) financial capabilities to conduit internal and external funds. This initial session expanded these areas into specific projects and tasks with assignment to the standing committees and the Journal Club. It was stressed that our approach must not over-extend committees or individuals. All areas of responsibility are not to be action areas. In many areas BAPHR will avail itself as an advisor, monitor, innovator and occassional adversary, covering the many parameters of our new community leadership role. A cooperative and unifying posture with all of the agencies and organizations engaged in AIDS endeavors will trademark BAPHR.

The Task Force coordinator was charged with an AIDS agenda for the March Executive Committee; this includes developing priorities for the over-all project, detailing specifics of the assignments given the committees, and recruiting member-power appropriately. The March Executive Committee will meet one hour early, to direct BAPHR's coordinated AIDS effort. Ambitious and motivated members are urged to activate in this outreach project. Details are available from the Task Force coordinator or any officer or committee chair, or by calling the Administrative Office at 558-9353.

The challenge is ours for this time: "IT IS LIFE, NOT LIFE STYLE"!!!

BAPHR/AAPHR to Host Reception

BAPHR, in conjunction with AAPHR, will host a reception during the annual session of the American College of Physicians in San Francisco. The meetings will be held April 11-14, 1983 at the Moscone Center. Our no host social event will be held on Tuesday, April 12 from 6 to 8p.m. in the Essex Room of the St. Francis Hotel at Union Square.

All physicians and medical students attending the meetings and their friends, as well as other BAPHR or AAPHR members and friends are cordially invited to the reception. Registration at the meetings is not required to attend the reception. This will be an opportunity to meet out of town visitors as well as local members.

This is the second time that BAPHR has held a reception at an ACP meeting. The first time was in 1979 when over a hundred physicians attended.

Gay Civil Rights Bill Reintroduced

Congressmen T. Weiss (D-NY) and H. Waxman (D-CA) are again sponsoring legislation, H.R. 427, called the Federal Gay Civil Rights bill. Although no details are available, it is certainly similar to one introduced last year and which died in Committee. According to spokesmen for the Gay Rights National Lobby, progress is being made, partly from lobbying efforts and also efforts of the Human Rights Campaign Fund which raised nearly \$600,000 in contributions to congressional campaigns for the 1982 elections. Hearings on the bill may be held during this session of Congress.

Membership Questionnaire Results

The Membership Committee has tabulated the results of the questionnaire sent to all members for input regarding future meetings and policy concerns. The response was somewhat short of gratifying, since the return rate was about 15%. While the responses are certainly not representative of the total membership, they warrant attention since they probably came from those most interested.

Thirty-five percent admitted that they had not attended any BAPHR general meetings during the year. There was no shortage of suggestions for places to hold parties, including "rent a bathhouse". There was overwhelming interest in a weekend retreat (from the same ones who suggested renting a bathhouse?) To the questions relating to factors impinging on attendance at meetings there was wide variability. The factors most encouraging were holding meetings in a member-home location, potluck dinners, hearing committee reports, and the 7p.m. meeting time. Approximately two-thirds felt that Social Concerns/Support activities should be reactivated to meet either in conjunction with the general meeting or independently or both. Forty-five percent were interested in "getting acquainted" parties, and 69% favored circulating the membership list with specialty among the membership.

A significant 84% felt that selected organizations should be allowed to advertise for membership and contributions in the BAPHRON, but there was less uniformity in criteria to be used in that selection. The responses split evenly on whether BAPHR should be involved with the membership and contribution drives of other organizations.

If you have not returned your questionnaire, please do so in order to make you opinion count and help guide your officers in future planning.

Mayor Feinstein to Address BAPHR

Continued from page 193



city's programs and priorities. This year's budget totals \$1.3 billion.

In less than four years, Mayor Feinstein has more than reversed a budgetary deficit of \$127 million. Despite the tax reductions of Proposition 13 and losses in both state and federal funds, San Francisco today stands virtually alone among major cities with a surplus of more than \$150 million. Her first priority is a sound fiscal policy.

Crime is another priority. As mayor, Feinstein attacks crime at every level. She added 350 police officers and put more of them on beats. She enlisted 800 block groups to fight neighborhood crime. She crusaded for strong law enforcement – spearheading the drive that made San Francisco the first major city to ban handguns (although this ban later lost in the courts).

The Mayor has worked unrelentingly for better public transit, parks, schools and libraries, clean streets, more jobs, adequate housing, redevelopment, economic growth and a favorable business climate.

Feinstein's first days as mayor in 1978 were a baptism of fire. She entered office bloodied by the assassinations of Mayor George Moscone and Supervisor Harvey Milk. Those killings came a scant few days after Jonestown, where 900 people died in the Guyana murder-suicides of the San Francisco-based Peoples Temple.

Fellow supervisors elected Feinstein as their choice to lead San Francisco back to strength and stability. A year later she was elected to a full, four-year term.

Teamwork offers the best approach to governing a large city, the mayor says. You strive for cooperation from all sides on all issues, through compromise and persuasion. Polarization of the community achieves only alienation, confusion and defeat.

"I believe strongly that cities, particularly those as diverse as San Francisco, can best be run from the middle of the political spectrum," said the Mayor. "People are tired of political rhetoric and political games. They want city services delivered. That's what I'm trying to give them."

The BAPHR general membership meeting will begin with cocktails at 6 p.m. and proceed with the agenda at 7 p.m.

—Wayne April



THE BAPHRON

Bay Area Physicians for Human Rights Official Newsletter
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April, 1983

The Shanti Project

Shanti was formed in 1974 by Dr. Charles Garfield as a nonprofit organization with the purpose of providing free counseling, support, and advocacy for the terminally ill. Jim Geary, the present executive director, entered Shanti as a volunteer counselor in 1978. He joined the staff in 1979 and became Director of Volunteers in 1980. He was responsible for beginning the first group for KS patients in November 1981. In March 1982, Jim and a small group of volunteers received the assets of the financially crippled organization and developed the present counseling/support program for AIDS/KS patients.

Jim is 31 years old and has many years of experience in health care and counseling, working with brain-damaged children and with oncology patients. The only other full time employee at Shanti is Steve Peskind who acts as counselor and administrative assistant. The Board of Directors consists of the dedicated volunteers who kept Shanti alive and of patients and men and women in various health care professions.

The Project currently has 85 volunteer counselors, 60 of whom are gay identified. It serves Oakland, Berkeley and San Francisco. At present 75% of the clients are from San Francisco and 80% have AIDS or are their friends, family or lovers. Most clients seek individual counseling, but there are groups for those with AIDS, chronic illness, Pneumocystis and for friends and lovers.

As you might imagine, there are increasing demands on Jim and his organization. The rate of client referral and request for assistance has doubled in the past 3 months. The training of volunteer counselors has also doubled. Jim is presently heading a group that is meeting with Mayor Feinstein to develop at least 2 homes for AIDS patients who have no financial resources. Fundraising is an ongoing effort. Shanti projects are needed around the state and country. Locally, he hopes to get a satellite project in the East Bay and raise research funds. Long term there is the hope for a permanent home for the project and AIDS patients. Expansion of services eventually to provide hospice care is also under consideration. When this crisis has passed, such a permanent residence might provide the cornerstone for a retirement residence for gay men and lesbian women.

BAPHR members can be of assistance in several ways. Jim could use help in training and supervising volunteer counselors. Too, he wants to form an advisory board composed of people with expertise in needed areas, i.e., legal counsel, financial management, real estate, fundraising, nonprofit organizational planning and basic medical care. If you or anyone you know might be of help, call **Shanti at 558-9644**.

—George Riley, M.D.

Donations may be sent to **Shanti, 890 Hayes St., S.F., CA 94117**.

**VOLUNTEERS
STILL NEEDED FOR
HEALTH FAIR!
Call 558-9353**

Mayor Seeks BAPHR Guidance on AIDS

Mayor Dianne Feinstein, in a long awaited visit to BAPHR on March 9 at the S.F. Medical Society, told members that she sought their guidance in dealing with the AIDS problem.

"I have been approached about opening a residential facility for AIDS patients," the Mayor said. "It would not be a place to isolate those individuals, but to provide a caring environment. In matters like this I need your opinion as physicians." She suggested that members might come to her as a group to provide recommendations.

The Mayor noted that she is no stranger to cancer, having watched her father and husband succumb to the disease, as well as many friends. "What we must prevent is panic among those who may be susceptible to the disease, while preventing rejection of those who already have it."

The Mayor said she had appropriated \$400,000 in city funds to deal with the problem, and that Congress has provided \$2½ million for AIDS research, although 9 million had been requested.

David Kessler, noting the Mayor's national stature, hoped that she might provide leadership in the AIDS crisis in gaining support not only in legislative and administration branches, but with her fellow Mayors as well. In particular, Kessler targeted New York's Mayor Ed Koch. The Mayor responded that she would have no problem requesting additional help from the Conference of Mayors, but added that the Federal Administration is promoting research now only in the military area.

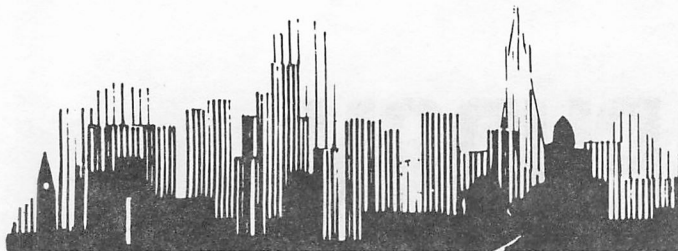
Some BAPHR members expressed concern that current limited public support was the result of the affliction occurring mainly in the gay community. "Suppose this turns out to be a virus which ultimately afflicts the straight population," Bill Kapla hypothesized. He recommended that a contingency plan be available for that possibility.

While the AIDS information is presented here in an orderly manner, the hour long meeting with the Mayor was far from consistent in its progress. A few minutes after her arrival and opening remarks, the Mayor made it clear that she has been preoccupied with the recall election scheduled for April 26, when voters decide whether or not to keep her in office. Her tone became more strident as she discussed the matter:

"I have done everything I can to be the best kind of Mayor." She noted that the *NEW YORK TIMES* stated that if she is recalled as a result of street corner enrolling of voters, it would serve as an unfortunate example for many cities. She defended her veto of the domestic partners benefits bill (which would have recognized gay lovers as well as other non-legally sanctioned partners) because it was poorly conceptualized and developed. She noted that following her veto there had been a storm of protest from gays, but that prior to it no group had come to her to support it, nor had she received a single letter about it.

As the political discussion proceeded, the Mayor stated that as early as 1971, while a supervisor, she had proposed the city's non-discrimination ordinance which protected gays. She had also presented the first gay rights plank in the Democratic Party platform—a first in history.

Continued on page 200



PROGRESS NOTES

by Ric Andrews, M.D.

Ric is on Spring Break . . . look for **Progress Notes** in next month's BAPHRON.

This issue of the BAPHRON marks the debut of our new masthead and logo, which correspond to the redesigned letterhead for our stationery and, for the first time, business cards. Our thanks and appreciation to Tom Manning, Art Supervisor for VISA, who devoted much time and thought to produce the design work, graphics and prep for printing, and at a fraction of his usual fee. By the way, Tom's services were paid for by members of the Executive Board, as a gift to the organization. Thanks all around to those who have made this new professional touch possible.

Hawaiian Blue Sky, Blue Water Greet AAPHR

Meeting generally mornings and evenings, more than 35 physicians and health personnel completed an extensive agenda which included hammering out position papers on "AIDS and Blood Donation" and "AIDS and Healthful Gay Male Sexual Activity." The group generally met mornings and evenings leaving the afternoons free for the more conventional sort of water sports. The CDC sent Harold Jaffe, the AABB sent Herb Perkins, and MARIPOSA sent Bruce Voeller, expenses paid. ABRA (The Plasmapheresis Association) and The Hemophilia Society sent an icy silence. . . . all duly noted by the assembly. Aside from the position papers a great deal was done to advance the work of and solidify the various committees. Activities and arrangements; were firmed up for the exciting **AAPHR Symposium and Banquet** to be held in conjunction with the NGTSTDS in Denver, Colorado June 9-12, 1983 (Y'all come now!). **Our Man in Hawaii** (David McEwen) did a superb job of entertaining the assembly with a visit to the Iolani Palace, and a lei-making cocktail party at his exotic South Seas Estate overlooking all of Honolulu and Waikiki.

LETTER TO THE EDITOR

Dear Friends,

I am writing from Australia as a fellow gay doctor in General Practice. Having received your newsletter for about eight months I would like to thank the contributors and editors for providing a wealth of digestible medical information and opinion. I am equally impressed by BAPHR's projection of an image of concern and solidarity of the gay medical community, even if it only exists far from Melbourne.

The AIDS and Hepatitis B vaccine issues have so far in Australia only raised ripples of interest in mainstream gay consciousness despite frequent articles published in our local magazines. There is likely to be a true, but as yet unmeasured incidence of AIDS in our country, at least in its premalignant forms. Having sought the opinion of one of Melbourne's leading immunologists, I realise that full assessment of the immune function in "healthy" homosexual males is only just beginning here, with numbers being too small for any valid trends. However a few subjects have had significantly depressed T helper-to T suppressor lymphocyte ratios.

The most distressing and prevalent STDs in Melbourne, in my experience (apart for the traditional causes of urethritis) are venereal warts and Hepatitis B. Herpes genitalis is certainly common but in only one State is it a notifiable disease, so that no valid figures are obtainable.

To finish, I would like to invite any visiting BAPHR members to contact me if passing through Melbourne, so I can show you around and swap points of view, I can guarantee we have excellent restaurants and parks, but the weather has a mind of its own! My clinic phone number is Melbourne (03) 347-9422.

There is unfortunately no closely-knit group of aware physicians here such as you are blessed with, so we tend to work in isolation.

Yours truly,

/s/ Dr. Rex Melville
Carlton, Australia

The **S.F. Gay Band & Twirling Corps** will present a Latin-flavored concert "Carnaval" on Saturday, April 30, 8p.m. at Mission High School. For tickets call or charge - 621-5619.

For Sale: 2 BR, furnished house with river view, Guerneville. Call George Riley, (415) 839-4164.

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Editorial Triad

April to Feature Three Membership Events

The month of April will be noteworthy with three events for the membership at large.

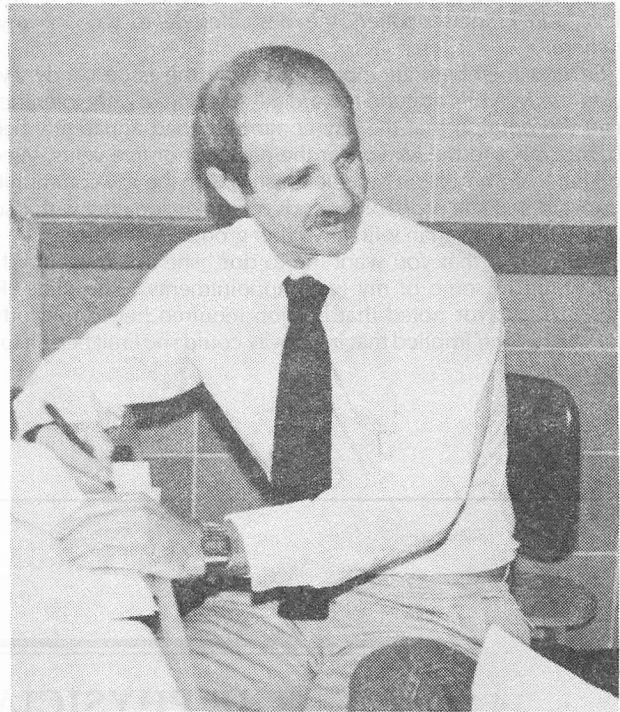
1. Our annual Spring costume party on April 9 with a USO theme will give members an opportunity to display their sartorial skills.

2. A reception, co-hosted by AAPHR, for the American College of Physicians annual meeting will be held on April 12 from 6 to 8 p.m. in the Essex Room of the St. Francis Hotel at Union Square. This will be an opportunity to meet out of town physicians attending the meetings, and, of course, all members and friends are invited. In addition, the Kaposi Foundation will sponsor an AIDS educational exhibit at the reception.

3. The annual health fair on April 23 and 24 at Health Center #1, 3850 17th Street in San Francisco will culminate the month of activities. Volunteers are still needed to staff the fair and those who have not completed the sign-up sheet should do so promptly, or call the BAPHR office.

There will be no general membership meeting in April but the executive board and committees will meet as usual. Further details are listed in the membership calendar.

The statement drafted by AAPHR on the blood donation question is somewhat more specific than the BAPHR statement released last month. Not only those with AIDS or lovers of AIDS victims, but also those considered high risk are discouraged from donating blood or plasma. Risks of AIDS are more fully discussed and the decision to donate or not is left to the individual, which is the logical residence of the issue. We think this stand is fair and reasonable.



Lary Abramson doing volunteer work at last year's Health Fair.

Kevin Gorden Speaks to BAPHR

Kevin Gordon, Chairperson of the task force **Homosexuality and Social Justice**, established by the Archdiocese of San Francisco, addressed BAPHR's March General Meeting. In an easy fashion he narrated the problems faced when their reports were considered by the Archdiocese not to be in accord with "the moral teachings of the church." The task force was faced with disbandment and rival groups were appointed. However, they persevered, copyrighted their report and published it. Copies of the report may be obtained by writing to: *Task Force Report*, 584 Castro Street, Suite 341, San Francisco, CA 94114, \$14.00 for first class and \$10.00 for fourth class mailing.

Vital Signs

Bob Bolan and Don Abrams spoke at Good Samaritan Hospital in Portland, Oregon on Saturday, February 26 in a one day meeting on AIDS. The organizing physician, Dr. John Santa remarked that the attendance, an overflow crowd of over 300, was unprecedented for these Saturday lectures.

BAPHR members George Riley and Les Solomon participated in a panel organized by the Pre-Health Professions Student Alliance at San Francisco State on February 23. The focus of the panel was an informal discussion of the effects of lifestyle and relationships on medical training and practice.

gay money

A FINANCIAL PLANNING SEMINAR

AMONG THE SUBJECTS TO BE DISCUSSED:

- Organizing a Strategy to Invest Effectively and Legally Reduce Taxes
- How to Avoid the Biggest Mistakes People Make with Their Money
- Evaluating your Investments in Real Estate, the Stock Market, Energy and International Markets
- Achieving Financial Freedom
- Gay Couples and the Law: Wills, Investments and Contracts.

MEMBER
CGBA

SPEAKERS:

JOHN DARRAGH, Financial Commentator,
National Gay Network
DWIGHT SIMS, Ph.D., Instructor, Investment,
Golden Gate University
JOHN PETERMAN, Personal Management Con-
sultant, John Peterman Associates

To register please call: (415) 398-4368

April 26 & 27, 1983 7:00-9:30 P.M.
Swedish-American Hall
2174 Market St., San Francisco, Calif.
Fee: \$20 per individual - \$30 per couple.

Team for Financial Planning
A Division Protected Investors of America

Mayor Seeks Guidance

Continued from page 197

"What is it that you want from me?" she asked several times. "I believe San Francisco offers the best lifestyle to gays of any city, anywhere."

Several members attempted to clarify the issue. Andy Zysman viewed the Mayor's attitude toward gays as one of only tolerance. He voiced the opinion that the gay community had apparently been an embarrassment to the Mayor for the past four or five years. When he asked her to comment on her relationship with the gay community, the Mayor said that she probably spends more time dealing with issues in the gay community than with any other group.

"What is it that you want me to do?" she asked again. "I have gotten stung in some of my (gay) appointments," she said. "Really stung." The Mayor noted that her job required her to run forty city departments, and implied that in no way could she limit herself to a gay issue or need.

Ric Andrews, president of BAPHR and a member of the Mayor's Task Force, commented that what had hurt many in the gay community about the Mayor's veto of the domestic partners bill was the sense that gay relationships, which have not been recognized by law, are considered less valid than straight relationships. He added quietly, speaking directly to the Mayor, "I hope to relate to you the meaning and quality of our own gay relationships."

At the end, the Mayor was presented with a small bouquet. There was sustained applause from BAPHR members as she left, about half of whom stood in respect to her. That proportion is probably indicative of the ambivalence that many in the gay community feel toward the Mayor.

—Larry Metzger, Ph.D.

**THE PHYSICIAN
IN THE AIDS CRISIS** A SYMPOSIUM

Co-Sponsored by
**U.C.S.F. Department of Psychiatry
American Association of Physicians for Human Rights
Bay Area Physicians for Human Rights**


FRIDAY, SATURDAY - JUNE 24, 25 - 1983

Presentations will include:

Current Research and Incidence	Support and Counseling
Clinical Treatment	Risk Reduction Factors
	Social and Political Implications

This program will provide 10 hours of Category I C.M.E. Credit

REGISTRATION FEE:	Pre-Registration	On-Site	For more information call: (415) 558-9353
Physicians	\$195.00	\$225.00	Make checks payable to: BAPHR, P.O. Box 14546 San Francisco, CA 94114
Housestaff	\$100.00	\$125.00	
Medical Students	\$ 60.00	\$ 75.00	
Allied Professionals	\$150.00	\$175.00	



\$20.00 discount for physician members \$10.00 discount for housestaff and students

Symposium Guest Housing Form

Yes, I have room for _____ houseguests during the BAPHR Symposium.

Name _____ Phone _____

Address _____

City & Zip _____

Mail to: **Sam Thal, M.D., 268 Goldmine, S.F. CA 94131 (415) 285-6845**



THE BAPHRON

Bay Area Physicians for Human Rights Official Newsletter
Vol. 5, No. 5

May, 1983

Taxes, Endowment, and BAPHR

A word about the endowment fund and tax-deductible donations. The former, as for any group or individual, is quite simply the flywheel which smoothly powers our financial outlays; without it, the ability to pay current expenses and meet varying, unexpected needs is greatly impeded by the irregular and fluctuating income from donations, dues, and fees. It is in this uncertain position that BAPHR finds itself, in spite of the generosity of the present donors to the endowment fund, the sum of which to date is only approximately equal to one year's minimal operating budget (not including seminars and the like which are sometimes profitable and for which separate fees are charged).

Thus it is easy to postulate, with today's investment returns at around 10%, the need for a capital endowment fund is about 10 X \$33,000 or \$330,000. A heady figure indeed, but even half that amount would go a long way toward financial stability and guaranteeing the long range goals of the organization. Such a figure is entirely practical and could be raised in a three year target period by a \$500 to \$1000 pledge from each member, each doing what he can, some more, some less.

Tax deductibility and its fine points constitute a virtual five-foot shelf of government regulations about which we can concern ourselves in detail later. Suffice it to say that tax deductibility is for most of us a great stimulus to generosity, diminishing not only that onerous payment to the IRS, but also helping to clear the sensorium of foggy, nagging doubts and lingering guilt about *not* raising those three brats like our siblings in Omaha-or-wherever, and promotes a virtuous feeling in the substernal area to balance the elations one feels tooling along in the Porsche (Mercedes Z-2) on the way to the opera, Hayes Street Grill, etc.

Now that the shock of April's tax tryst has passed, it's a good time to prepare your gift and pledge to help reduce the damage next spring and support BAPHR now.

—Ted Winn, Jr., M.D.
Chairman, Finance Committee

Ed. note: BAPHR is considering setting up a separate organization for the professional group as opposed to the endowment fund, both of which would be tax-exempt. By the next issue, we hope to have an article describing the implications of that change.

The **Social Concerns Committee** would like to hear of any incidents of discrimination of any kind relating to AIDS. The Committee will monitor such cases and take action where warranted. Call the BAPHR office at 558-9353 between 9 and 12 noon to report the problem.

Annual Meeting/Symposium Cocktail Party

Friday, June 24, from 6-8pm BAPHR will combine the Annual Meeting with a "get acquainted" cocktail party for the general membership and attendees of the Symposium. BAPHR's new officers will be announced during the brief program.

This year the event will be in the Green Room overlooking City Hall and the Opera House on the second floor of the War Memorial Building, 401 Van Ness Avenue at McAllister. There will be hors d'oeuvres and a no-host bar. Significant other persons are cordially invited to attend.

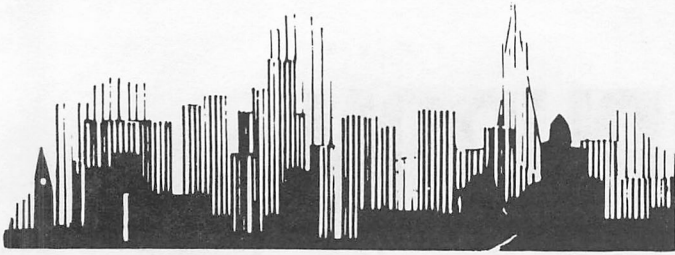
U.S.O. Party

The Magellan St. U.S.O. in Forest Hills was open for a single evening Saturday, April 9, from 9pm to 1 am. Approximately 70 people enjoyed drinks, hors d'oeuvres, chocolate dipped strawberries and vintage dancing to vintage music. The army, navy and marines were well represented. Also present were two kilted ladies-from-hell, and Aussie, a displaced French marshal, a bevy of mustaschioed WACS, and Patty, Laverne and Maxine Andrews. Several camp followers received stiff competition from a busy, busy grey lady. A very mod Uncle Sam and the Andrews sisters won prizes. Our gracious host and hostess mingled with the guests and made everyone welcome. Funds raised by this gala benefit BAPHR's War on AIDS.

New Format for May Meeting

The program of the May general meeting (see Calendar) will be different by popular request. Because of member concerns, the Internal Support Committee has planned a format of group discussions, designed to allow us as physicians to vent our anxieties about AIDS and how it affects us personally as gay men and as physicians. In small group discussions we hope to explore ways to alleviate these problems and determine how BAPHR can assist us. If there is sufficient interest, on-going groups will be organized.

The meeting will commence at 7pm sharp with the social hour incorporated later in the program.



PROGRESS NOTES

by Ric Andrews, M.D.

Is Freedom Enough?

When Bill and I were in Hawaii at the AAPHR meetings, we started a video project which involved getting interviews from various people with their reactions to the AIDS crisis. I'm sure many of the opinions have changed and evolved over the following months, but one thing seemed clear: the more the person knew about AIDS, the more likely that person was to change his lifestyle, including his sexual and general health patterns. I'm sure this is largely due to fear and concern about getting AIDS, and that makes sense considering how serious this illness is. It seems that more and more people are coming to the realization that the gay community, as a community, must examine its lifestyle more closely. Many of the people we talked to said that in addition to fear and concern, this forced examination was causing some good things to happen: they were taking better care of themselves, becoming more responsible. Several said we, as a community, have been "too free-wheeling;" some predicted a "return to Romance." But the key work was *responsible*.

When Larry Kramer wrote his provocative article in the *New York Native*, he captured many men's attention in a way that other articles hadn't. He demanded attention. He demanded action. He demanded a closer look at what was going on. Part of that demand was for more pressure on the government to provide funding for research and treatment. Indeed, the government's efforts in this area, when compared to the Tylenol poisonings or other health problems, have been completely inadequate and represent a gross misjudgement of the gravity of the situation. He demanded action and I think we have to do whatever is necessary and responsible to get this message across, whether it is sit-ins on the Golden Gate Bridge, or professional lobbyists, or massive letter-writing campaigns and pressure on government agencies, elected officials, and professional health-related groups.

Of course, one of the reasons this has been difficult is that the groups most effected by AIDS are, by and large, disenfranchised subcultures. So it's been easier for the media, the government, and the general public to turn the other way, to give only token attention and concern. I think most of us would agree that if the primary groups were young children, pregnant mothers, or college students, to name but a few, there would have been an entirely different response. The neglect

doubtless reflects some homophobia, but more than that, it is part of the separation in our culture, in that most people look at the 'high risk groups' as "others," as "less thans," so people just aren't as concerned. Some may even consider that "it serves them right." We've got to bring an awareness of the AIDS crisis closer to these people.

During Proposition 6 the gay community in California mobilized as never before. Our most effective strategy was to let straight people know who we were, and we did that through speakers' bureaus, door to door canvassing, literature distribution, etc. We can use the same methods now: I believe most straight people don't want otherwise healthy individuals in their prime to die. And, like the myths about homosexuality, that has to be addressed; we must attack the myths about AIDS: 1) This is **not** a disease that affects only "promiscuous degenerates"; AIDS affects people in all walks of life, some of whom have been in stable lover relationships for years; 2) AIDS is **not** a disease of just gay men, IV drug abusers, and Haitians; it is also appearing in heterosexual men and women; 3) Living next door to a gay person, shopping at a gay business, talking to a gay person does **not** increase one's risk of getting AIDS. Finally we should impress upon everyone that medical care for just the first 1,000 patients cost over \$60,000,000, and within 3-5 years we will likely have 5,000 to 10,000 cases. That should alarm even the staunchest homophobe.

Attitudes are changing within our own community also. I remember some of the reactions I received in talking to individuals or groups several months ago. At one meeting, I mentioned BAPHR's recommendation that sexually active gay men temporarily and voluntarily withdraw from the blood donor pool. (We also called upon the blood banks to make priority out of obtaining an effective screening test.) The first response was that their group "had made a terrible mistake turning over these decisions to the medical industry." The next person that stood up said that such a proposal was the first step to "pink triangles, concentration camps, and extermination." When I stated that, as a psychiatrist, I did not consider myself the ultimate authority on AIDS, one of the co-chairs reminded me that "Psychiatrists have been one of the groups most responsible for the repression of gay people." Several gay political and community leaders told me that BAPHR's recommendations, as referred to above, would mean an undoing of all that's been accomplished in the last fifteen years by the Gay Rights Movement. Now I don't think any of us would argue that we have to be very careful about the statements we make and the way that we make them. There is always the possibility that the press, the 'moral majority' or the general public, will misconstrue any and sometimes everything said. Some people will no doubt use AIDS to support their own homophobic feelings, but I hope that will not prevent us from saying what needs to be said. Our political needs may be coming into conflict with our sense of responsibility for the health and welfare of the community and we need to have the courage to avoid being too protectionist or provincial.

And that brings me to the most sensitive issue of all... sex. I remember a meeting in which the discussion turned to considering the possibility of making changes in one's lifestyle, and a man said, "if

the BAPHRON

The BAPHRON

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All BAPHR members and persons who contribute as members of other categories (q.v. below) receive The BAPHRON. Dues and contributions to BAPHR are entirely tax-deductible.

Dues and Contributions

Category
 Physicians in practice \$100.00
 Professional affiliates 50.00
 Friends of BAPHR 25.00
 Housestaff officers 25.00
 Medical students 12.50

Note: Names of members and contributors are kept strictly confidential.

Advertising: Classified and display advertising may be purchased by individuals, organizations, and businesses.

Acceptance is at the sole discretion of the BAPHRON Staff. Minimum rate for classified ads is \$10 for 20 or fewer words. Over 20 words: 50¢ per word. Display ads (camera-ready only): \$10 per single column-inch. Double these rates for non-members. Further information: Administrative Office, 558-9353 during normal business hours.

Requirements

The Staff of The Baphron will consider for publication only those letters which are typed, signed, and accompanied by an address and telephone number for verification. If requested, a writer's identity will not be revealed. The deadline for submission of letters, articles, ads, announcements, etc. is the 12th of each month.

NOTE: The appearance in The BAPHRON of an individual's name or photograph in no way infers his/her sexual orientation and must not be construed to do so.

you're talking about me changing any of my sexual habits, that's impossible . . . that's what my life is all about." Today it seems that many gay men do "live for sex." It just takes walking down Castro or Folsom Street, or looking through almost any gay male publication, or remembering what the main topic of conversation was for many men before AIDS, to see that Sex is King (or was until very recently).

This calls for a slight diversion . . . At the risk of over-generalizing, I don't think gay men are 'obsessed' with sex, I think *men* are 'obsessed' with sex, i.e., it's not a function of our gayness but of our maleness. Just look at the male physiologic sexual response: easily aroused, quick to climax, and that's it. If straight women had the same sexual response patterns and anatomic facility there would be bookstores and 'glory-holes' for heterosexuals too, and without making the male pay for it. Although we certainly have to take into account social conditioning and other factors, it seems logical to me that, as a group, gay women would be the least likely to have brief anonymous sexual encounters, and gay men would, as a group again, be the most likely since they actually occupy different ends of the male/female spectrum. So it's not that gay men are "oversexed," it's just that males have a different sexual response pattern than females. And when you get two men together you have an intensification of the male sexual response (both are "hot and ready to go").

Not long ago sex between two men or two women was considered evil, immoral, illegal, etc. As we gained our Gay Freedom, one of the most important goals was to be able to express our sexuality without shame or guilt. After all "the sexual thing" was what upset straight people the most and set us apart from being "normal." Now that some of the societal repression has lessened, it's understandable that there might be a preoccupation with or even glorification of sex, the big taboo.

In one of our recent interviews with a man on Castro, I asked if AIDS had significantly changed his sexual lifestyle. He said no, he had never been terribly sexually active, and this, in fact, had been a source of guilt for him for quite some time. When I asked him to elaborate, he said "I've felt I'm supposed to have lots of sex and if I don't then I'm not living up to the expectations of being a gay man." That's been the message: do it, the more the better; too much is not enough. There have been no limits drawn. Now it's not just a penis but a hand; what's next? A foot? Where does one stop?

It's very interesting that if I talk to people about this I will almost invariably get the same reaction: "You've gone too far . . . you can't say that . . . you're trying to force your morals on us, repress us . . . you only want us to have sex on Saturday night in the missionary position." There is such a defensive reaction that the only choices seem to be total, uninhibited sexual "freedom" (in public, in private, *anything*

goes) or total repression and control. We've had society's finger pointed at us for so long that we are, again understandably, hesitant to question any of our own behaviors and attitudes and attitudes. But this can lead to a false sense of complacency.

In my opinion, the gay male culture has gone through a stormy but often beautiful and exciting adolescence, where experimentation and acquiescence to peer pressure have been the hallmarks. I think it is time to grow up. As adults we can reflect upon ourselves and our culture; self-examination is healthy and necessary for growth. This does not mean we have to go back into the closet. It does not mean we have to limit ourselves to "missionary sex" on Saturday night. We don't have to lose our creativity, our sensuality, our spontaneity, our playfulness. What it does mean is more honest communication with our sexual partners. It means notifying potential partners of any illness we may have, whether it be scabies, gonorrhea, or AIDS. It means more emphasis on the **human** being in us rather than just the *sexual* being. Life is not uni-dimensional; sex will always be an important part of living, but and there are many other horizons. I am encouraged to hear more and more gay men talking about this, for therein lies our future.

In the present crisis, we are not helpless. Time and time again we have seen the amazing results of a unified and directed effort. Our charge is two-fold: 1) We must intensify our efforts to get the funding for the research and treatment that can stop AIDS. To be successful we must all be involved. 2) We must protect ourselves until the "cure" is found. BAPHR's Risk Reduction Guidelines will be helpful here. Our community can discover ways to make sex both safe and satisfying.

I hope we can enlist the active involvement of even more gay women. In addition to their support, I feel they have much to offer in helping men to discover new dimensions of sensuality and intimacy. And We are Family.

And finally, we must always remember the AIDS patients themselves. They are our friends and lovers. They need our total support and understanding. They need our acceptance. No one should go through this illness alone. Phone calls and personal notes can do wonders. A hug or a wink can reduce the sense of isolation. A little TLC goes a long way.

In one of our interviews in Hawaii, Bruce Voeller mentioned that the Chinese character for "crisis" contained two components, one meaning "danger," the other "opportunity." The danger of AIDS is all too apparent. I hope this nightmare will also afford us the opportunity to take a good, long, loving look at ourselves and will stimulate us to explore new ways of more fully expressing our potential as people, without invalidating or diminishing our sexuality. I believe our lives, and our lifestyles, depend on it.

Enough discussion. There is work to be done.

cocktail party will be held in the Green Room of the War Memorial Building.

We look forward to this annual event and hope this year to gain medical and psychological facts to more competently deal with the AIDS patients, the frightened community, and our own needs as physicians. Members are urged to mail their registration forms in early to attend this CME event.

Speakers' Bureau Re-activated for AIDS Outreach

The executive committee of BAPHR has mandated that the Speakers' Bureau be re-activated to help meet the overwhelming need for factual information for the gay community about AIDS. Speakers will be coordinated through the Education Committee and will be available to address community and professional groups with various audio-visual aids such as the new BAPHR video tapes.

This group of speakers will work closely with the Scientific Affairs Committee to insure current information is available and will address topics of general interest from medical information to psychological needs.

BAPHR members are encouraged to volunteer for these activities and should contact Ian Barlow at 567-5388 or write to 3241 Sacramento Street, San Francisco 94115.

BAPHR Third Annual Symposium Planned

BAPHR's timely and important two-day Symposium on the role and needs of the physician in the ever-deepening AIDS health crisis, will be held Friday, June 24, and Saturday, June 25. This is the weekend of the Gay Freedom Day Parade and a host of other social and gay pride activities.

This year the program is being co-sponsored by the University of California at San Francisco Department of Psychiatry and the American Association of Physicians for Human Rights. It will be held at the San Francisco Medical Society Auditorium, the site of previous annual BAPHR gatherings.

Another first this year will be the use of small group discussions to comment on and, with conference speakers, share personal information on treatment of AIDS patients, and enhance the opportunity to contact and support other physicians on a personal basis.

As noted in the programs mailed out last month with the *BAPHRON*, a variety of experts will be addressing the Symposium. Many of these people are of national renown and have been in the forefront of AIDS medical and psychological issues. Another point on the mailed program is that in addition to the listed coffee and rolls served each day, there will also be two catered lunches presented with cost included in the registration fee. Also, on Friday evening the

FDA Guidelines for Blood Donors

On March 24 the Office of Biologics, Food and Drug Administration, issued recommendations on AIDS to blood banks, plasma centers, and plasma derivative manufacturers "intended to serve as interim measures to protect recipients of plasma, blood and blood products until specific laboratory tests are developed to screen blood for AIDS."

They call for blood banks and plasma collection facilities to: implement educational programs to inform persons at increased risk of AIDS that they should refrain from donation; instruct blood and plasma center personnel on the use of medical history questions to detect AIDS symptoms or exposure to AIDS patients; and establish procedures for handling and disposing of blood and plasma collected from known or suspected AIDS patients. Plasma collected from high risk donors may not be used in the production of antihemophilic factor and other derivatives with a known risk of transmitting infectious diseases. (These would include Factor IX Complex and Autoplex, and perhaps others.) These plasmas may be used in manufacturing albumin, plasma protein fraction, globulins, and in vitro diagnostic serums. (Assuming proper pasteurization during manufacturing and handling in the hospital, these products have not been shown to transmit hepatitis, the usual criterion of comparison.) Donors are to be screened to elicit a history of night sweats, unexplained fevers, unexplained weight loss, swollen lymph nodes, signs of Kaposi's sarcoma, and exposure to a patient with AIDS. Blood (and presumably plasma) collected inadvertently from a suspect donor is to be destroyed, following procedures for blood positive for hepatitis B surface antigen.

The American Association of Blood Banks has produced a 2-color brochure for educational materials, and this has been approved by OoB for distribution by all establishments wishing to order them.

Documentary Film Needs Donations

A documentary film about the times of Harvey Milk is in production under the guidance of Robert Epstein of *Word Is Out* fame and Richard Schmiechen who produced *Nick Mazzucco: Biography of an Atomic Vet*. To be called *Out Of Order*, it will include footage shot during the events and should make a forceful statement for human rights, respect for diversity, and justice. Plans call for showing in theaters, public television, and other community settings. It is being produced under the auspices of The Capp Street Foundation.

The filmmakers are requesting tax-deductible donations because of shrinking traditional and public sources of funds for such projects. Checks should be made payable to: Capp Street Foundation/Milk Film, P.O. Box 77043, San Francisco 94107.


Memberships and Affiliates

As reported in the minutes of the Executive Board meeting of April 10, it has been decided to collect membership dues for a half year, beginning in July, in order to bring the dues schedule in line with the new fiscal year which begins in January, 1984. In addition, there is a new definition for affiliates which will simplify the situation for many individuals desiring to maintain participatory status in BAPHR.

Anyone may become a non-voting affiliate and receive the monthly newsletter (minus the confidential section) simply by applying and paying half the yearly membership dues rate. This will clarify and facilitate relationships with physicians at great distances who cannot participate in local activities but feel a kinship to the ideals and philosophy of BAPHR. This also applies to local non-physician supporters as well. The June issue of the *BAPHRON* will include a renewal notice stating the special half-year rates and definitions of the various categories for membership.

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\$20.00 discount for physician members

\$10.00 discount for housestaff and students

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Name _____ Phone _____

Address _____

City & Zip _____

Mail to: **Sam Thal, M.D., 268 Goldmine, S.F. CA 94131 (415) 285-6845**



AIDS Symposium Revisited in New York March 17-20, 1983

Special Supplement

May, 1983

First of all, a word of warning about this three day symposium sponsored by New York University Medical School. There were 53 speakers but no syllabus available until six months from now; hopefully there will be a cure for AIDS by that time! However most presentations were very illuminating and your faithful notetaker will do his best to convey a small fraction of this information to you.

Definition, Morbidity & Mortality:

Dr. James Curran of the Center for Disease Control (CDC) presented these data. The following statistics apply only to Category A Acquired Immunodeficiency Syndrome (AIDS) which is defined as biopsy proven Kaposi's Sarcoma (KS) or specific opportunistic infections (OI) including Pneumocystis Pneumonia (PCP), Toxoplasmosis, Candida esophagitis, atypical Mycobacterium, i.e. intracellular avium species, Cytomegalovirus (CMV) pneumonia, enteritis or central nervous system disease; Cryptococcosis, or Cryptosporidiosis diarrhea. Progressive Multifocal Leukoencephalopathy is also included in Category A.

Category B AIDS includes Herpes Simplex infection of greater than one month duration, disseminated Tuberculosis, Nocardiosis, Coccidioidomycosis, lymphoma of the brain, Burkitt's lymphoma, and diffuse undifferentiated non-Hodgkins lymphoma (DUNHL).

Individuals taking immunosuppressive drugs or over 60 years of age are excluded. As of February 10, 1983 Category A AIDS in USA included 1051 cases as listed below. By March 20, 1983 this number had risen to 1200.

	Total	Deaths	%
KS only	295	62	21%
PCP	527	234	44%
KS and PCP	86	44	51%
Other OI	143	66	46%
	1051	406	39%

As of February 10, 1983, there were 519 cases in the New York Metropolitan area (50%) and 126 cases in San Francisco (12%).

High risk groups include:

	Total Cases	%	IV drug use%	IV drug use
Male homosexual	764	(68)	87	(11)
Male heterosexual	185	(17)	117	(64)
Male unknown	43	(3.9)	21	(49)
Female heterosexual	59	(5.2)	29	(49)
Haitians	54	(4.5)		
Hemophilia	12	(0.1)		
	1117	100		

There have been 61 AIDS case reports in men and women without any of the risk factors; i.e. homosexuality, IV drug use, Haitian origin, or Hemophilia. Of these, six have received blood transfusions. In four cases (two infants, two adults) blood has been traced to donors who developed AIDS or immunologic abnormalities suspicious of AIDS. (Joseph Bové, Yale)

Epidemiology of AIDS in Homosexual Men

Michael Marmor (New York University) studied 20 male homosexuals who developed Kaposi's Sarcoma from 1979-1982. He selected two age matched, ethnic matched controls per case (40 allegedly healthy homosexual men) for a total of 60 men in the study group. He used logistic regression analysis of data to assess risk of various sexual practices. The risk of performing each practice is expressed in comparison to individuals who did not perform the practice; the latter would have a risk factor of 1.

Practice	Partners per month/practice	Risk	P
Oral Genital:	Patients (20)	Controls (40)	
Active (being sucked)	5.3	3.2	1.3 NS
Passive (sucking)	5.8	2.8	1.5 0.02
Passive, ejaculate in mouth	2.9	0.9	1.9 0.005
Passive, ejaculate swallowing	1.4	0.3	2.7 0.002
Anal Genital:			
Active	2.8	1.5	1.2 NS
Passive, unspecified	3.2	0.9	4.6 0.001
Passive, ejaculate in rectum	2.8	0.5	11.3 0.0002

This study strongly suggests that semen is the likely vehicle of transmission of "AIDS virus" and that the rectum is the most direct portal to the bloodstream. The use of amyl nitrite was shown to carry a twofold risk by multivariate logistic regression.

Another study of sexual practices was done by James Goedert of NIH. He studied helper/suppressor T lymphocyte ratios in 245 sexually active gay men in New York and Washington, DC. Ratios of less than 1.4 (lower limit of normal) were found in 39% of men in Washington and 51% of men in New York. Factors noted to be correlated with low ratios included being recipient of rectal semen, fecal exposure via fisting or rimming, high number of sex partners 1980-1982, high proportion of partners met at baths, and serological evidence of previous infection with syphilis, herpes simplex II, and hepatitis B.

Based on the current upsurge in case reports of AIDS in San Francisco, Andrew Moss, epidemiologist, UCSF predicts that there may be 200-300 new cases of Category A AIDS in homosexual men this year in the Bay Area.

Etiology of AIDS

Several theories were proposed as to etiology of AIDS. Most agreed that it was a single virus which somehow alters the immune system. Possible culprits which are known to induce immunodeficiency in humans include Epstein Barr virus, Cytomegalovirus, Retroviruses, and Human T cell leukemia virus (Arthur Levine).

Susan Zolla-Pazner (New York University) and others postulate that the B lymphocyte becomes infected with a B cell tropic agent, probably a virus. These hyperactive B cells stimulate suppressor T cells

which are unable to down regulate the infected B cells. The overactive suppressor T cells in turn negatively regulate helper T cells thereby decreasing their number and effectiveness in the immune response.

Findings suggesting a B cell tropic agent include presence of high antibody titer to the B cell viruses, i.e. Epstein Barr (EB) virus and cytomegalovirus (CMV); circulating immune complexes; and auto-antibodies such as those directed against sperm, platelets, and T lymphocytes. Despite production of high levels of these above antibodies, these B cells still are unable to respond normally to Staphylococcal antigen, a function independent of T lymphocytes. AIDS B cells also show defective immunoglobulin production after pokeweed mitogen stimulation. (Anthony Fauci, NIH)

Other findings which suggest a primary B cell dysfunction include:

1. There is a high incidence of B cell lymphomas occurring in AIDS patients. (Joseph Pajano)
2. Lymph nodes of AIDS patients show follicular hyperplasia and absence of germinal centers.
3. AIDS patients have extremely high levels of antibody to Epstein Barr Virus, a virus known to infect B cells. The "AIDS virus" may cause reactivation of this virus.
4. Ewing et al (CDC) have noted vesicular rosettes in lymph node B cells in homosexual men with lymphadenopathy and half of patients with fatal AIDS. The ultimate depletion of helper cells via T suppressor activation via "hyperactive" but ineffective B cells leads to loss of delayed hypersensitivity, defective granuloma formation, decreased effector cell function, poor defense against parasites, fungi and viruses and specific deficits in immunological surveillance.

Diagnosis of AIDS— Clinical Evaluation and Laboratory Markers

History: In addition to a thorough sexual and lifestyle history, Jeffery Greene (New York University) suggested that questions regarding symptoms be directed into four main areas.

1. **Pulmonary Syndrome:** Exertional dyspnea is the cardinal symptom of opportunistic pneumonia. Abnormal arterial blood gases may be more sensitive in diagnosis than chest film. Hilar lymphadenopathy may alert one to atypical mycobacterial infection.
2. **Cerebral Syndrome:** Demential end encephalopathy are suggestive of cytomegalovirus, multifocal leukoencephalopathy or toxoplasmosis. CT scan and brain biopsy are usually necessary for establishing diagnosis of CNS toxoplasmosis since serology may be meaningless. Headache, nausea and photophobia would cause one to suspect cryptococcal or mycobacterial meningitis. Seizures would be common with CNS lymphoma.
3. **Gastrointestinal Syndrome:** In addition to the common parasites (E. Histolytic, Giardia Lamblia, E. Nana, E. Hartmani) which are highly associated with AIDS or AIDS prodrome, one should suspect Cryptosporidiosis with high volume diarrhea without fecal leukocytes. This requires sugar flotation technique for isolation. When fecal blood and leukocytes are present, especially in association with protein losing enteropathy or appearance of "ulcerative colitis" or colonoscopy, cytomegalovirus enterocolitis should be suspected. (Lawrence Horowitz, New York University)
4. **Fever Syndrome:** Unexplained fever in a setting of AIDS without pulmonary, central nervous system or gastrointestinal findings should arouse suspicion of Mycobacterium intracellulare. Tissue and culture diagnosis may be obtained from lymph nodes, bone marrow, and/or liver.

Laboratory Evaluation: As yet there is no single marker which is diagnostic of AIDS. Consequently it may be necessary to obtain several tests in order to confirm one's suspicion of AIDS. Commonly done tests which may alert one to AIDS include:

1. **Complete Blood Count:** Lymphopenia (< 1000) and normocytic anemia are seen variably in AIDS, especially more advanced cases.

2. **Stool for Ova and Parasites:** Multiple parasites are commonly found and should be treated appropriately to ease the burden on the immune system. This is merely an associated finding, not a marker for AIDS.
3. **Liver enzymes and hepatitis virus markers:** non A, non B hepatitis may be an associated finding.
4. **Skin tests with recall antigens – trichophyton, candida, varidase, mumps, and PPD.** The presence, intensity and duration of delayed hypersensitivity reactions to these antigens was found to be inversely correlated with the presence of Kaposi's Sarcoma, opportunistic infection and immunodeficiency. (Peter Mansell, M.D. Anderson, Houston)

Other more expensive and investigative tests which may serve as markers for AIDS include:

1. **T-lymphocyte study with OKT_4/OKT_8 (helper/suppressor) ratio.** Increased suppressor cell number has been reported in 35-80% of "healthy" gay men, depending on city and lifestyle. Presence of immunodeficiency may correlate more strongly with low absolute helper T cell number than ratio. Completely normal T cell subset studies (absolute numbers and ratios) are almost never seen in KS, OI, or prodrome to AIDS; consequently a normal study may be useful in ruling out AIDS. The main drawback to this test is that T cell subset inversion has been shown to occur in viral and bacterial infections unrelated to AIDS.
2. **Viral Serology:** High antibody titers to Epstein Barr viral capsid antigen and nuclear antigen are found in most patients with AIDS or generalized lymphadenopathy. IgG antibody to Cytomegalovirus is almost always $> 1:56$ and IgM antibody is often present. This may represent reactivation of virus already in residence in B cells.
3. **Alpha-1 Thymosin – (Allan Goldstein, NIH).** This is a thymic hormone which induces maturation of pre T cells to OKT_4 (helper) lymphocytes. It is low or absent in congenital immunodeficiency syndromes but elevated in 75% of patients with PCP, 80% with KS, and 60-70% of "high risk" homosexual men with history of other sexually transmitted diseases. It is elevated in less than 1% of "normal" blood donors and has been suggested as a marker for screening in blood banks. However, the assay is still too cumbersome and normal values may be seen in a significant number of patients with AIDS.
4. **Beta 2 – Macroglobulin:** This is the light chain of the HLA antigen on the surface of nucleated cells. It reflects turnover of lymph tissue. It is elevated in AIDS. It is yet to be determined whether it is economically and clinically feasible to use this as a marker.
5. **Other humoral antibodies:** Alvin Friedman-Kien (New York University) has described increased incidence of hypergammaglobulinemia, especially IgG, antibodies to T-lymphocytes, sperm, and semen, increased alpha interferon, and circulating immune complexes in AIDS. These are variably increased and would probably not be useful as markers for diagnosis.
6. **Lymph Node Biopsy:** Craig Metroker (New York Hospital, Sloan-Kettering-Memorial) reported on lymph node biopsies performed on 73 patients with generalized lymphadenopathy. Follicular hyperplasia with predominance of non cleaved cells, immunoblasts, and plasma cells were found in 50 patients. Of these, only one developed KS. Among the other 23 patients who had some degree of follicular involution, 6 developed KS and 6 developed B-cell Lymphomas. Others have stated that development of opportunistic infections may correlate with involuted architecture.

Generalized Lymphadenopathy Homosexual Men

Craig Metroka (New York Hospital) reported 200 patients who had lymphadenopathy involving two or more extra inguinal sites for 3 months to 10 years. In this group there was positive correlation with HLA DR5 lymphocyte antigen. These patients had frequent infections with Herpes Zoster, Herpes Simplex, oral candida, staphylococcal impetigo, and oncolysis. Laboratory abnormalities included occa-

sional anemia, lymphopenia and/or thrombocytopenia; high incidence of inverted T cell subset ratio, polyclonal hypergammaglobulinemia, and almost universal high titer to CMV and Epstein Barr Viral Capsid Antibody (100%). In this group 14 patients (7%) developed B cell Lymphoma, 12 (6%) Kaposi's Sarcoma, and 8 (4%) Pneumocystis Pneumonia. Lymph node histology correlated with development of these diseases.

Donald Abrams (UC San Francisco) has followed 100 patients with lymphadenopathy involving two or more extra inguinal sites for greater than six months. Biopsies revealed follicular hyperplasia with increased immunoblasts and plasma cells in the paracortical T cell areas. Symptoms and laboratory findings were similar to those described by Metroka in New York. 40% has positive semen culture for CMV. The most striking differences were lack of correlation with HLA type and absence of progressions to KS, lymphoma, and/or major opportunistic infection in this San Francisco group. It has been postulated that this may reflect the fact that the AIDS epidemic is one year younger in San Francisco than in New York.

It is also noteworthy that 44% of KS patients have had previous lymphadenopathy and 25% of OI was preceded by lymphadenopathy. However, these patients may not have had stable lymphadenopathy for as long as six months, a criterion for entry into Abrams' study.

Treatment

Chemotherapy: Linda Laubenstein (New York University) described treatment protocols in patients with Kaposi's Sarcoma. Patients were divided into four stages:

- I. Cutaneous only, indolent (10 patients).
- II. Aggressive cutaneous without lymph node involvement (seen mainly in Africa).
- III. Generalized mucocutaneous with lymph node involvement (most common) (32) patients).
- IV. Visceral and any of above (29 patients).

Subset A denotes no systemic symptoms; B denotes fever and weight loss. Those in stage I were treated with radiotherapy or excision only with good results. Those in Stage II-III A were treated with single agent VP 16 (etoposide), a podophyllum derivative. 78% of 32 patients had some regression. Combination therapy with adriamycin, bleomycin, and vincristine was used in 29 patients with Stage III B or IV with a 74% response rate but significantly high incidence of opportunistic infection. The presence of constitutional symptoms was highly correlated with lack of response and development of opportunistic infection (OI). Survival was 80% in three years for those without OI, 20% for those with OI.

Interferon: The relationship on interferon to AIDS was discussed by Jan Vilcek (New York University). Leukocyte interferon (IFN) is elevated in 3% of normals, 50% of patients with Systemic Lupus Erythematosus and Rheumatoid Arthritis, 2/25 (8%) asymptomatic homosexual males, 10/35 (28%) homosexual males with generalized lymphadenopathy and 17/27 (63%) patients with KS. The rationale for its use in treatment of KS is based on its known ability to increase

phagocytosis, activate macrophage receptors, enhance natural killer cell cytotoxicity, increase antibody dependent cell mediated cytotoxicity of lymphocytes and phagocytes, and induce HLA antigen expression and production of Beta 2-microglobulin.

Bijan Safai (Sloan-Kettering) has treated 37 cases of KS with high dose interferon (IFN α) and has noted complete response in 16%, partial response in 16%, minor response in 16% and progression of disease in 50%. In those treated there was some improvement in natural killer cell activity. In those who responded there were none who developed opportunistic infection.

Paul Volberding (San Francisco General Hospital) described his experiences with use of α_2 recombinant interferon in KS. He started with five in a low dose group (1×10^6 U/M²) and five in a high dose group (50×10^6 U/M²) given daily for three to ten weeks. In the low dose group, there were no responses and two developed OI; in the high dose group 4/5 responded; consequently some in the low dose group were switched to high dose and still others were added to the high dose protocol. Thus far 6/10 patients who have received high dose interferon from three to six months have responded as manifested by shrinkage in skin and/or lymph node lesions. There has been no demonstrable change in T lymphocyte subsets or mitogen responses. Of those who have responded, none have developed opportunistic infections.

Interleukin II: Interleukin II (IL-II) is a T lymphocyte growth factor which is manufactured by all T cell subsets including natural killer cells. In a group of patients with AIDS, IL-II production has been shown to be subnormal after mitogen stimulation with phytohemagglutinin, OK T₃ and pan T₂ mitogens. After in vitro addition of IL-II, mitogen proliferation responses increased in these same AIDS patients. Richard Mertelsman (Sloan-Kettering) is doing a Phase I trial of treatment of AIDS with IL-II using 1500 U/M² subcutaneously x 14 days. Two out of six patients have clinically improved with improved mitogen responses and increase in T lymphocyte ratio. Patients however returned quickly to baseline after cessation of IL-II.

Remaining Questions

Despite the overwhelming amount of research which the AIDS epidemic as prompted there are still many unanswered questions: Is AIDS caused by a single virus? If so, do small inoculations confer immunity? Do repeated inoculations by the same carrier eventually confer immunity or do they further destroy the immune system? Are the 50-80% of gay men in San Francisco and New York with inverted T lymphocyte ratios all shedding "AIDS virus"? If so, is it only in the semen or is it present in saliva and feces as well? Since we have evidence that certain immunosuppressive viruses such as CMV are present in the semen via hematogenous spread? Hopefully these questions can be answered in the prospective study of "healthy" gay men in San Francisco using appropriate markers over an extended period of time.

—James Campbell, M.D.



THE BAPHRON

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BAPHR's Referral Panel Grows

BAPHR's Referral Service, in its fourth year of providing support to the Bay Area Gay/Lesbian Community, continues to grow in utilization. The value of this community service, wherein residents of the Area seeking empathetic health care are provided names of up to three BAPHR members on the referral panel, has been enhanced by including dentists and podiatrists. With a limited number of referral panelists in these three allied health professions, BAPHR is providing service to the North, South and East Bay in addition to the City proper. Increasing patient requests for primary and dental care referrals are being received from the South Bay where coverage is very limited.

Additionally, the Referral Service provides a communication channel to the national, and occasionally international, gay/lesbian community and serves as a health resource information center. Many such calls reflect BAPHR's acknowledged leadership in health education and issues. The Referral Service has proven invaluable this past year in directing numerous callers with legitimate AIDS concerns to appropriate panelists or community agencies.

The Referral Service, utilizing the efficient Pacific Answering Service has switchboard capabilities from 8 am to 8 pm daily. It averaged 439 calls per month during the past seven months. An analysis of the Service and calls during this seven month period provides some basic data. Membership in April totaled 77, with 23 primary care physicians, 19 psychiatrists, 10 dentists, 6 podiatrists and 17 specialists in 7 fields. Of the total monthly calls approximately 50 - 75 were information seekers, personally handled by BAPHR's information officer or administrative assistant, with the remainder requesting referrals to health providers. The monthly average for referrals to dentists is 50, and podiatrists is 5. A significant violation of Referral Service rules is the delinquency or non-membership status of 24 panelists. This violation is multi-factorial with corrective measures being enacted.

Recognizing situations as above, the need for standardization of membership and renewal procedures, and the spectre of legal liability based on tendered complaints about the Service and providers prompted an in-depth review. Additionally, compliance with BAPHR's philosophy of project fiscal self-sustainment necessitated involvement of a budget and fund management policies. This was accomplished by an AD Hoc Committee chaired by the Referral Service Coordinator, Vice President Kent Sack, with the following members: Lary Abramson, M.D.; Jack Wilkie, M.D.; Laurel Benedetto, D.P.M.; and Don Watson, D.D.S. Recommendations approved by April and May Executive Committee action include:

1. Panelists must be BAPHR members in good standing with delinquency status corrected for continued or new Referral Service listing.
2. Group practices may receive a unit rate with panel rotation as a group if each practitioner maintains active BAPHR membership.
3. Dentists and podiatrists are eligible as professional affiliates with all other Service rules applying equally.

Continued on page 210

AIDS SYMPOSIUM June 24-25, San Francisco

In response to the most significant epidemic since polio 30 years ago, BAPHR is presenting its third annual symposium, **The Physicians in the AIDS Crisis**. The two day program on June 24 and 25, 1983 is expected to bring the largest group of physicians and health professionals from widely spread locales throughout the country. The meetings are co-sponsored by the University of California at San Francisco, Department of Psychiatry and the American Association of Physicians for Human Rights and is an approved program of continuing medical education for 10 hours of Category I credit.

Registration includes catered lunches on both days of the symposium and a welcoming cocktail party Friday evening from 6 to 8 pm in the Green Room of the San Francisco War Memorial Building adjacent to the San Francisco Opera House. A brief BAPHR membership meeting and announcement of BAPHR's new officers is planned. Significant other persons are cordially invited to this event.

Accommodations in homes of BAPHR members and friends may be available for out of town registrants who desire them. A registration application form and a housing application form (see page 211) are included in this month's *BAPHRON*. A prompt response is requested to complete the necessary arrangements.

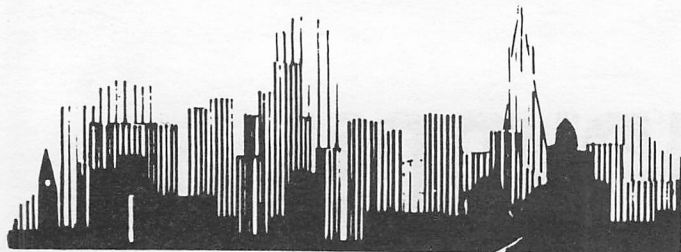


Members of BAPHR and SDPHR gathered at the poolside for Sunday brunch at the home of new SDPHR President, Keith Vrhel, M.D., in Solano Beach, CA.

Back row (from left to right): Keith Vrhel, M.D. (new SDPHR President), Denny McShane, M.D. (BAPHR member and President and Founder of AAPHR), Dave McWhirter, M.D. (SDPHR member and noted expert on gay couples therapy), Greg deBourgh, R.N.

Front row (from left to right): Chris Mathews, M.D. (SDPHR founder and Past President), Drew Mattison, Ph.D. and Bill Owen, M.D.

See article BAPHR MEETS SDPHR IN SAN DIEGO on page 207



PROGRESS NOTES

by Ric Andrews, M.D.

Happy Trails

My last "Progress Notes" (sigh). Has it been a year, a decade, or just a few weeks since I wrote that first "desperate" column? I'm still a bit uncomfortable with this part of my job and it will be a pleasure to pass this task on to my noble successor. OK, enough whining!

For the sake of simplicity and brevity, I've chosen an outline form to summarize the year. It is not necessarily ranked in order of importance or chronology and is likely to be incomplete; many areas overlap. Several months ago I reviewed all the committees and their projects so this outline won't adhere to a committee-oriented format.

- I. **Significant Structural Changes**
 - A. BAPHR Office
 - B. Staff Position: Administrative Assistant
 - C. Revision of Bylaws
 - D. Itemized Annual Budget
 - E. Insurance Policies
- II. **Monthly Meetings**
 - A. The Retreat
 - B. Mayor Feinstein (x2)
 - C. Randy Shilts on Harvey Milk
 - D. Awards Banquet: Evelyn Hooker, Tom Waddell, et. al.
 - E. Michael Gorman and Andrew Moss on AIDS Epidemiology
 - F. Kevin Gordon on Homosexuality and Religion
 - G. Small Group Discussion re: AIDS
- III. **Service and Education**
 - A. The Baphron
 - B. The Referral Service
 - C. AIDS Brochure (in collaboration with the KS Foundation)
 - D. Health Fair
 - E. AIDS Risk Reduction Guidelines
 - F. AIDS Video Project
 - G. Symposium

- H. Educational Booth at Parade and Castro Street Fair
 - I. Speakers Bureau
 - J. Medical Back-up: Gay Games, Parade, etc.
- IV. **Internal Support/Social**
 - A. Fall Picnic
 - B. Christmas Party
 - C. Costume Party / AIDS Fundraiser
 - D. Annual Meeting / Symposium Cocktail Party / 'Changing of the Guard'
 - E. New Member Get-Togethers
 - V. **LIASON/NETWORKING**
 - A. AAPHR
 - B. San Francisco Medical Society, California Medical Society, American Psychiatric Association, American Medical Association
 - C. Mayor's Gay Task Force
 - D. Director of the Health Department's Medical Advisory Board on AIDS
 - E. Golden Gate Business Association, Bay Area Career Women, Bay Area Lawyers for Individual Freedom, and other professional groups
 - F. Coalition for Human Rights
 - G. Innumerable other AIDS related Groups, Task Forces, Committees, etc.

A few personal observations and comments...The August Retreat was the cornerstone of the year, setting the tone (enthusiasm and commitment) and establishing the model (teamwork) for all that was to follow...Doug Carner and our office have been invaluable in helping us to be more efficient, better organized...The Awards Banquet, especially Dr. Hooker's remarks, was the emotional high point the year for me...The additional offices of President-Elect and Past President will, I think, greatly enhance planning and 'organizational flow'...This year's Health Fair was our best ever, with larger attendance, better organization, and more community and Affiliate involvement...The Symposium lies before us and should be the appropriate event to focus on what has unquestionably been the overriding influence of the year: the AIDS health crisis...Our Risk Reduction Guidelines is the most specific and comprehensive brochure I have seen...BAPHR is truly one of the country's pacesetter gay medical organizations.

We have much for which to be proud. There will always be more that needs to be done than we can possibly do. At times this

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the BAPHRON

The BAPHRON

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Dues and Contributions

Category	
Physicians in practice	\$100.00
Professional affiliates	50.00
Friends of BAPHR	25.00
Housestaff officers	25.00
Medical students	12.50

Note: Names of members and contributors are kept strictly confidential.

Advertising: Classified and display advertising may be purchased by individuals, organizations, and businesses.

Acceptance is at the sole discretion of the BAPHRON Staff. Minimum rate for classified ads is \$10 for 20 or fewer words. Over 20 words: 50¢ per word. Display ads (camera-ready only): \$10 per single column-inch. Double these rates for non-members. Further information: Administrative Office, 558-9353 during normal business hours.

Requirements

The Staff of The Baphron will consider for publication only those letters which are typed, signed, and accompanied by an address and telephone number for verification. If requested, a writer's identity will not be revealed. The deadline for submission of letters, articles, ads, announcements, etc. is the 12th of each month.

NOTE: The appearance in The BAPHRON of an individual's name or photograph in no way infers his/her sexual orientation and must not be construed to do so.

Retreat Plans Progressing

A week-end of think-tanking and group camaraderie in a magnificent redwood setting as a replacement for domestic duties and social responsibilities is the bench-mark of BAPHR's second annual Retreat planned for July 15, 16 and 17 at Wildwood Resort — a gorgeous 200 acre ranch high above Guerneville and the Russian River. A self-contained haven (heaven) with accommodations for 60 including complete food service, pool, steam room, conference facilities, BAPHR stocked bar, and a range of sleeping arrangements from the no-tell motel to the grassy knoll on Julie Andrews' point (with some floored tents separating these types) has been reserved exclusively for BAPHR members and guests at \$80 per person. The resort management is amenable to individual arrangements expanding the 3 day stay with pre or post reservations.

A balanced program of organizational evaluation and planning, socializing and leisure time is being developed by Jack Wilkie and Kent Sack. This year's emphasis, as recommended by the proposed '83-84 officers, is being placed on BAPHR's committees — their structure and assumption of increased responsibility in achieving BAPHR's goals and objectives. Chairpersons of each Committee — Administration, Education, Finance, Membership and Support, Publications, Scientific Affairs and Social Concerns — will have been seated by the Executive Council and will have received their "charge to action" before the Retreat. Refinement of the "charge" and expansion of committee responsibilities, including internal organization, will be part of the Retreat agenda.

The nominated Executive Committee for '83-84 has initiated a program innovation wherein major BAPHR projects will be chaired by appointed members, with loose alliance with the Committee formerly charged with this responsibility. It is projected such programming will generate increased leadership among BAPHR members and decompress the work load on certain committees. Concomitantly, the Retreat's evaluation process will allow format changes to maximize each project's socio-political-professional impact on the community. Projects to be evaluated at the Retreat, and hopefully staffed, include: The Awards Banquet, Health Fair, Castro Street Fair, Symposium, Retreat, Referral Service, AIDS Task Force,

Endowment Board, and community organizations appropriate for BAPHR delegates.

The stresses and their management placed on BAPHR during the AIDS crisis will be discussed in detail with planning endeavors to allocate properly organizational talents to the Task Force and specific areas needful of the many skills and energies of individuals within BAPHR.

The effective amalgamation of the interests and talents of the professional affiliates and special friends of BAPHR will be initiated.

The 1983 Retreat finds us in a most unique and exciting position of influence on national health policies, especially AIDS. '83 is the planning period for the '84 presidential elections and with San Francisco hosting the Democratic National Convention, BAPHR is endowed — and obligated — to assume a leadership role in the pre-convention and convention activities on and off the convention floor.

The agenda is heavy and the retreat epitomizes the open forum concept whereby all in attendance are encouraged to evaluate, formulate, criticize, comment and dream about BAPHR's destiny — based on our very significant heritage, challenging and demanding now, and formidable future. This democratic week-end of work and play encourages members to free up and share for personal and group benefits.

Members eager to volunteer as chairperson of committees or projects, or to activate as general members of such activities, are encouraged to make their interest areas known to the present or nominated officers in the very near future. This invitation is extended to those attending the Retreat and those members and friends of BAPHR desirous of activating at a later date. Too, input is encouraged to any officer by members or friends on the state of BAPHR before the Retreat or during the upcoming year.

Finally, anyone with talents needing a public rehearsal or with access to that special entertainment are encouraged to contact Jack Wilkie thus assuring cluturing of all BAPHR's potential.

Reservations to the Administration Office at 558-9353 or inquiries to Jack Wilkie at 431-9165 or Kent Sack at 372-7321.

— Kent Sack, M.D.

BAPHR Meets SDPHR in San Diego

On Saturday, April 16, 1983, BAPHR's sister organization, San Diego Physicians for Human Rights (SDPHR) held its annual banquet at the Westgate Hotel in downtown San Diego. The keynote speaker was one of BAPHR's own founders, Bill Owen, M.D.

The event was attended by one other BAPHRite, Denny McShane, M.D., President of the American Association of Physicians for Human Rights (AAPHR). The occasion also marked the end of the term of office for SDPHR's founder and President, Chris Mathews, M.D., and the beginning of terms of office for the new officers of SDPHR, including President Keith Vrhel, M.D.

The topic of Bill Owen's address was, "Reflections on the History of the Gay Health Movement." Members of SDPHR honored Bill for his contributions to the gay health movement, including organizing BAPHR and publishing the first comprehensive reviews of gay medicine in the *Annals of Internal Medicine* in 1980. The occasion also marked the first anniversary of the opening of the Owen Clinic at the University of California, San Diego. The Owen Clinic, named in honor of Bill Owen, M.D., is the first clinic located in a University medical center that was specifically organized to meet the health care needs of lesbians and gay men. Denny McShane also received an award for his contribution to gay health in founding AAPHR.

Significantly, the dinner was attended by prominent heterosexual faculty members from the University of California, San Diego School of Medicine. Their presence reflects the increasing spirit of cooperation and trust between San Diego's straight medical community and the ever growing number of openly gay physicians who are members of SDPHR.

Gay Freedom Week Events

Gay Fathers Kick-Off

The San Francisco Bay Area Gay Fathers will host a Special Event Fundraiser to kick off Lesbian/Gay Freedom Week on Father's Day eve., June 18. It will be held at 2826 Sacramento Street, commencing at 8 pm. Ticket donation is \$10, and the event will feature a no-host bar, plenty of hors d'oeuvres, entertainment, and dancing. Reservations can be made by calling Ryan Jones at 530-7197.

Remember Stonewall: Gay Parade 1983

This year everyone is urged to obtain and wear one of the **Hot new BAPHR T-shirts**. They are silver with our sharp new purple logo on the breast. Made to fit juuust right, they are priced below market at six dollars (\$6.00) so everyone can afford one. They will be available at the BAPHR Symposium (June 24, 25) and from Doug Carner (558-9353).

Also this year we will be unveiling our glorious and glamorous new BAPHR banner with the updated logo. The exact time and place to convene for the March is not yet decided (probably south of Market at 10:30 am) but Doug Carner will have that information for you. We need YOU to show support for the fight against AIDS. We need YOU at the Symposium, we need YOU in the March, and we need YOU at the BAPHR Booth during and after the Parade. Yes, we need Y-O-U. If you can staff the booth during the parade, please notify Doug Carner. SEE YOU THERE!

Being There

It was the perfect counterpart to our BAPHR Symposium: The Coalition for Human Rights (CHR) sponsored "A Conference in Wellness in the Gay, Lesbian and Bisexual Communities: Being Well/Well Being." We can be proud that several BAPHR members were part of the Education Committee of the CHR which planned the conference. However in three short months it was Chris Bowman, Debra Friedland, and Pat Norman who powered it to existence. What was so special about it is that it was a conference devoted to the physical and spiritual needs of the community, hitting all major areas of medical concern, and succeeding very well, with minimal involvement of the area's M.D.'s (I counted four out of more than seventy participants). There were psychologists, nurses, an insurance broker, "persons with AIDS," and lots of interested people and paramedics.

The conference opened with Tom Waddell and a video tape of the Gay Games. There were three panel discussions dealing with health in the Gay/Lesbian/Bisexual community: Patterns of Change; Lifestyle and Politics; and Negotiating the Health Care System. Between and following the panels there were fifteen workshops on such topics as Aging; Parenthood/Parenting; Violence Within Relationships; Spirituality and Health; Substance Abuse. Everyone could

choose three workshops each lasting about one hour.

I went to "Overcoming Fear: Illness, Dying, Death and Grief" facilitated by Bobbi Campbell (the nurse with AIDS) and Linda Mazey (Hospice). I learned that the term "patient" has negative connotations, that medical statistics are poorly understood even by some M.D.'s, and that the insensitivity to the loved ones of dying individuals is a major problem in health care. My next workshop was on "Building Love Relationships (men only)" presented by a psychologist (Rodney Kan) and a recently uncloseted and uncomfortable bisexual (Nate Brown). I learned that everyone is having problems adjusting to the more stringent sexual avoidances due to STDs and AIDS. My last workshop was "Stress Reduction (men only) (Massage/Yoga)," facilitator: Sequoia Lundy. I learned to like it and actually felt relaxed for two days afterward.

I hope the CHR will make this a regular function. I hope more M.D.'s will attend future conferences. Certainly the whole Gay/Lesbian/Bisexual/Heterosexual communities benefited from this Herculean effort by so many devoted people.

- Lary N. Abramson
Member, Education Committee, CHR

BAPHR Moves Up

We are pleased to announce that the Administrative Office for BAPHR has moved up in the world! On May 11, the office re-located in the same building (2940 16th Street), but in suite 309. It is a large, sunny room with two windows (as compared to none before), freshly painted with wall-to-wall carpeting. It is a step forward and will greatly facilitate the many projects that are handled by the administrative assistant. Recently, free storage space was secured at a convenient location near the office. Health Fair materials, Parade items and other bulkier equipment will be housed at this location.

Office furniture and equipment are needed for our new quarters. If you can assist, please call Doug at 558-9353 for information about your tax-deductible donations.

Denver in June

The AAPHR Symposium, to be held as part of the Fifth National Lesbian/Gay Health Conference in Denver, Colorado June 9-12, 1983 has been finalized. Roger Enlow (AIDS), David Ostrow (Hepatitis B), and Brett Cassens (STDs) chair the program on different days. The Annual Meeting and the Banquet for this, the only, National Gay physicians organization will take place Saturday, June 11th. For information contact Doug Carner (415) 558-9353 or write: American Association of Physicians for Human Rights (AAPHR) P.O. Box 14366, S.F., CA 94114.

Y' All Come Now!!

- L.N. Abramson, M.D.
Secretary, AAPHR

Hepatitis Vaccine Declared Safe

Since last July when the Merck hepatitis B vaccine became available, there has been speculation that, because many donors whose plasmas are used for supplying the antigen are gay, the product may be contaminated with the agent(s) of AIDS. While the resistance movement ignored the chemical effects of the stringent preparation steps, even exposure of the concentrated material to formaldehyde, the concern was understandable since the etiology of AIDS is still unknown.

In January the Immunization Practices Advisory Committee, composed of representatives from several governmental agencies, reviewed the safety and efficacy data developed during clinical trials as well as experience from the marketed vaccine. It was reported that two of approximately 1800 gay males who received the vaccine developed AIDS, while more than 45 of the 10,300 gay males in the control group developed AIDS. Approximately 200,000 persons have now received the vaccine and no new cases of AIDS have developed. While these figures may suggest protection against AIDS by the vaccine, it is too early to draw any such conclusions, they cautioned. The suggested incubation period of AIDS may be in excess of 18 months, it must be remembered. However it would seem clear that the risk, if present at all, must be extremely low, since some AIDS cases would doubtless have appeared by now, given the repeated and direct inoculation route required for vaccine administration.

(Ed. note:) Considering the great and ever present danger of hepatitis B in gay males, it would seem prudent to administer the vaccine to all susceptibles. Perhaps the measures taken by most gay males to reduce their risk of AIDS will also reduce the risk of hepatitis B, but let's not allow AIDS to push the older, chronic hazards from our minds.

AIDS Update

Ed. Note: This is the first in a series of abstracts from medical journals to keep us current on publications of note on AIDS and related subjects. We hope this can be a monthly column.

1. Gallo R, Essex M, Francis DP, et al: Relationship of human T-Cell leukemia virus to AIDS. (To be published in *Morbidity and Mortality Weekly Report*, May, 1983) *Science*, May 20, 1983. (NIH, Harvard, CDC)

Antibodies to this virus have been found in 25-35% of AIDS victims by less than 5% of controls. Outbreaks of human T-cell leukemia have been reported in Japan and the Caribbean.

2. Bygbjerg IC, AIDS in a Danish surgeon (Zaire, 1976) and Vandepitte, J, Verwilghen, R, Zachee, P: AIDS and Cryptococcus. *Lancet* 8330:925, 1983. (Leuven, Belgium)

There is a case report of a female Danish surgeon who developed typical AIDS with pneumocystis while working in Zaire in 1977. Since 1980 twelve patients, not necessarily homosexual, have been transferred from Zaire to hospitals in Belgium with diseases typical of AIDS. Recently fifteen patients with cryptococcosis and AIDS have been reported from the major hospital in Kinshasa, Zaire.

3. Sonnabend J, Witkin SS, Purtilo DT: Acquired immunodeficiency syndrome, opportunistic infections, and malignancies in male homosexuals: A hypothesis of etiologic factors in pathogenesis. *JAMA* 249:2370-2374, 1983. (NIH)

The authors propose that multiple exposures to the immunosuppressive effects of cytomegalovirus plus allogeneic semen are causative in AIDS. Antibody to asialo-Gm, a sperm antigen, is discussed.

4. Oleske J, Minnefor A, Cooper R et al: Immune deficiency syndrome in children. *JAMA* 249:2345-2349, 1983.

Eight cases of suspected AIDS are reported in infants or children. All developed the illness before age 10 months. All had at least one parent who used IV drugs except for one family from Haiti and one from the Dominican Republic. In one case the mother had normal immune function but the father used IV drugs and had weight loss and adenopathy; the uncle was homosexual, used IV drugs, and had AIDS; he is listed as a "Household contact." It was this case which caused recent statements in the lay press that AIDS in children may be transmitted through household contact, although all data in this article strongly suggest vertical (intrauterine) transmission.

5. Rubinstein A, Sicklick M, Gupta A et al: Acquired immunodeficiency with reversed T4/T8 ratios in infants born to promiscuous and drug-addicted mothers. *JAMA* 249:2350-2356, 1983. (Einstein, NY)

Six children with disease suggestive of AIDS are reported. All were noted to have onset of symptoms before age six months. The authors postulate that this syndrome is related to an intrauterine-acquired infectious immunodeficiency transmitted by reactivated EBV infection in the mother.

6. Krown SE et al: Preliminary observations of the effect of recombinant leukocyte A interferon in homosexual men with Kaposi's sarcoma. *NEJM* 308:18:1071:1076, 1983. (Sloan Kettering)

Twelve homosexual men with Kaposi's sarcoma were treated with interferon. In some, lesions remitted and improvement in killer cell activity and mitogen response was demonstrated.

- James Campbell, M.D.

NIH Funding for AIDS Reported

The Honorable Ted Weiss, Chairman of the Subcommittee in Intergovernmental Relations and Human Resources, has received a report from NIH signed by the Director, Dr. James B. Wyngaarden, summarizing expenditures for AIDS research.

Most of the funds expended so far have been intramural—within NIH with its various divisions, and predominantly the National Cancer Institute. In fiscal year 1982, \$3.3 million was spent, \$2.4 million by NCI. Estimates for fiscal year 1983 run to a total of \$7.9 million, half of it for NCI with most of the remainder for NIAID. Annual expenditures for CDC for AIDS is approximately \$2 million, bringing the aggregate commitment of the Public Health Service to approximately \$10 million annually at the present time. Few dollars have been devoted to extramural studies in comparison.

In April, 1982 the first Request For Applications (grant/contract proposals) was developed but was not issued until August. The applications were not acted upon until December, and then only \$341,000 was approved. In recent months the emphasis has been on the blood transfusion question (immune deficiency in hemophiliacs) and AIDS-like disease states in primates.

Although it would seem logical for research expenditures to escalate in parallel with disease prevalence, the projected 1984 budget indicates only \$9.3 million, up 17% over this year's budget.



Feinstein Moves for AIDS

Probably following the lead furnished by a BAPHR member during her address to the membership in March, Mayor Dianne Feinstein has asked the U.S. Conference of Mayors to urge an increase in research funds for AIDS, it was reported. Conference President Coleman Young, Mayor of Detroit, appointed her Chair of the Conference's AIDS Task Force.

In San Francisco, Supervisors Britt and Molinari have proposed that the City fund local researchers for AIDS-related projects. Many proposals were submitted for consideration and reviewed by the City Health Department. The investigators were asked to present their proposals in person at a meeting of the Board of Supervisors Finance Committee on May 18. It was not known whether the Mayor favored the plan or not, but Supervisor Britt indicated that he sensed reluctance to pay for medical research on AIDS. The expected homophobia is appearing on the public scene.

BAPHR's Referral Panel Grows

Continued from page 205

4. Panelists presently delinquent will have 30 days to update and renew with a 60 day renewal grace period hereafter before automatic suspension from the service.
5. Legal consultation mandates liability waivers for BAPHR by panelists regarding their medical ethics and qualifications other than that controlled by licensing and civil authorities; litigation costs arising from actions as a panelist; and personal or professional damages arising from membership in a gay/lesbian service.
6. Referral service membership will run concurrently with BAPHR's membership: 1 January thru 31 December with a tax-deductible donation of \$100/year or \$10/month.
7. Adoption of the following budget
 - A. Answering Service Fees - \$220/month.....\$2640.00
 - B. Personal Costs (Administrative Assistant, \$75 Salary + \$20 fringe benefits).....\$1200.00
 - C. Organization Phone Costs - call returns\$1200.00
 - D. Advertising - yellow pages, community directories, media, call cards\$1500.00
 - E. Legal Fees\$ 250.00
 - F. Postage\$ 200.00
 - G. Printing.....\$ 100.00
 - H. Misc.....\$ 100.00

\$7190.00

** an approximate 10% inflation figure written into the calculations
8. Annual review of the Referral Service by an Ad Hoc Committee chaired by the Vice President.

Currently, BAPHR's legal counsel is refining the application form's liability clauses and the administrative assistant is developing a new application-renewal process. Upon completion, hopefully by 1 June, mailings to present Referral Service members will be accomplished for the remainder of 1983. Concurrently, new members will be recruited to supplement geographical voids, especially the South Bay.

Eric Keitel, D.P.M., has volunteered to manage a greatly expanded promotional campaign, as allowed by the budget, advertising in the gay media and directories, yellow pages, special events programs, and call cards for distribution at BAPHR public affairs booths. This campaign will stress the availability of gay/lesbian physicians, dentists and podiatrists in the greater Bay Area. This will enrich BAPHR's public service while maximizing the panelists' investment.

Applicaton inquiries may be directed to the Administration Office, 558-9353, or questions to Kent Sack, 372-7321.

- Kent Sack, M.D.

Progress Notes

Continued from page 206

is very frustrating, but knowing that we've made a contribution, and that next year, and in the years that follow, we will continue to be active participants in our environment makes it all worthwhile. I've never met a more dedicated group of individuals. You are my friends, and this opportunity to work with you (and the many others outside the organization) has been my greatest joy. I especially want to thank my lover, my fellow officers, and committee chairs for their continuing support, advice, and encouragement, and with the team we will have next year, the sky's the limit!

It's been a WONDERFUL year for me..Thanks for the memories, and the priviledge. I will never forget it. And perhaps the best is yet to come: as Past President, I plan to stay very active, but no more Progress Notes!

See you at the Symposium!

Community Reactions Report

The results of a survey of gay Bay Area men have been reported by BAPHR's Art Carfagni, M.D., Leon McKusick, M.S., and William Horstman, Ph.D.

After validating the forerunner of a questionnaire, 1000 men emerging from gay bars or baths or known gay couples (approximately 1/3 in each category) were given a five-page query. An unusually high 60% were returned by mail for analysis. It is impossible to summarize all the data in this brief review, but there were definite indications that the respondents were changing to some extent their sexual habit patterns because of fear of AIDS. We can mention a few statistics which seemed particularly significant.

- 1) 20 - 30% have decreased cruising bars, bathhouses, and tea-rooms, and a smaller percentage report they have stopped these activities altogether.
- 2) 15 - 30% have decreased or stopped the more risky activities (rimming, sucking, fucking) and have apparently switched to mutual or solitary masturbation.
- 3) Most acknowledged that it was wise to establish more permanent relationships, but this has not occurred in most cases.
- 4) Use of poppers and hard drugs has diminished.
- 5) 75% admitted to increased worrying since they found out about AIDS, but only 17% reported a decrease in sexual desire because of it.
- 6) 20% felt that "the medical profession has been totally irresponsible about AIDS."

A new sampling will be studied in six months to trace the behavioral and psychological trends indicated in the present study. We want to thank Dr. Carfagni et al for this valuable contribution to our current understanding.

Member Publishes

Bill Owen, M.D. recently published two articles on various aspects of gay medicine.

The first, "Sexually Transmitted Diseases in the Homosexual Community," was published in the premier volume of a new journal, *Dermatologic Clinics of North America*. The article includes sections on, "Obtaining a Sexual History from the Homosexual Patient," "The Spectrum of Sexually Transmissible Infections in Homosexual Men" and "Enteric Disease in Homosexual Men."

The second article, "Le Médecin et le patient homosexuel," was published in a widely circulated French medical journal, *Cahiers Medicaux*. This paper includes two sections, "Communiquer avec le patient homosexuel" and "Maladies sexuellement transmissibles, problèmes traumatiques et déficits immunitaires chez les homosexuels masculins." The latter section includes the first review of Acquired Immune Deficiency Syndrome (le Syndrome d'immunodépression acquise or "SIDA") to be published in a major French journal.

Bill notes that he does not speak a word of French but the translators appear to have done a reasonable job. If anyone would like to review either article you may write for reprints to: Bill Owen, M.D., 1580 Valencia Street, Suite 202, San Francisco, CA 94110.

REFERENCES

Owen WF. Sexually transmitted diseases in the homosexual community. *Dermatolog Clin N Amer* 1983; 1:123-9.

Owen WF. Le médecin et le patient homosexuel. *Cahiers Medicaux* 1983; 8:1065-9.

Interest and concern have been expressed regarding the unmet needs of our senior colleagues and members. These needs may include loneliness, health, financial, housing and/or social concerns. Dr. Lee Kurlander of the Membership Committee is attempting a needs assessment in this area. He would welcome your communications. Please contact him if you are interested, or know of a colleague who is having difficulties.

Lee Kurlander, M.D.
2030 Vallejo Street
San Francisco 94123
922-3411 (between 8-11 am or evenings until 11:00)

Pediatricians sought to assist with large, busy practice in rural northern New Mexico near Santa Fe and Taos. Please write Jim Waltner, M.D., P.O. Box 1361, Espanola, NM 97532.

For Sale: Hon, 4 Dr, lateral file, '82 Volkswagen Rabbit, Antique oriental chests. George Riley, 839-4164.

THE PHYSICIAN IN THE AIDS CRISIS

A SYMPOSIUM

Co-Sponsored by

U.C.S.F. Department of Psychiatry
American Association of Physicians for Human Rights
Bay Area Physicians for Human Rights



FRIDAY, SATURDAY - JUNE 24, 25 - 1983

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Registration Application

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Address _____ City _____

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San Francisco, CA 94114

Registration Fee Enclosed \$ _____

I (we) would like accommodations in a private home for the Symposium _____

Symposium Guest Housing Form

Yes, I have room for _____ houseguests during the BAPHR Symposium.

Name _____ Phone _____

Address _____

City & Zip _____

Mail to: Sam Thal, M.D., 268 Goldmine, S.F. CA 94131 (415) 285-6845

Membership Asks For Internal Support

At the general membership meeting on May 15 at the home of past president Dale McGhee, members were given an opportunity to discuss their concerns about the AIDS crisis. The membership was divided into four groups to facilitate discussion and encourage expression of individual anxieties. A group leader moderated the discussion for each of the groups and took notes for a later presentation. In addition, members were asked to suggest what BAPHR could and should do for the membership and for the community. At the conclusion of the discussions, the groups reconstituted and each facilitator summarized the discussions of his group for the entire membership. The small group format also permitted members to meet and know each other better and serve as a model for support groups which could be developed. This will be considered at the next Membership and Internal Support committee meeting.

The general meeting also included introduction of nominees for officers for the next year by the executive board, and a call for additional nominations from the floor. There were none. Ballots will be mailed in the next few weeks and write-in names for office will be accepted. Announcements of upcoming events and brief committee reports on recent activities were also made. These are summarized elsewhere in the *BAPHRON*. The meeting concluded with a successful social hour hosted by Dale and Artie.

Health Fair Draws Huge Crowd

At least 840 people completed the health fair screening tests sponsored by BAPHR this year and over 40 additional began the screening but did not turn in their forms. This was the largest turnout ever and the largest in Northern California. Further statistical data will be available in a later report.

Among the popular new features at the fair were the AIDS video presentation to educate the public, with a BAPHR member to continue discussion and answer questions. The video was produced by Ric Andrews and Bill Wagner.

Special thanks to Miles Lippe, M.D. who coordinated the fair this year and to Eric Keitel, D.P.M., Laurel Benedetto, D.P.M. and the many other volunteers who helped planning, set-up, clean-up and worked at the fair.

The response from the participants was overwhelmingly positive. Most did not even mind the wait Sunday evening when the large number of registrants Sunday afternoon extended the closing for two hours from the scheduled 5 p.m.

Officers Nominated For 1983-84

In accordance with the By Laws, the executive committee nominated the following slate of candidates at its regular May meeting. There were no additional nominations at the May general meeting (to no one's surprise). Election ballots will be mailed to all full members in good standing and may be returned by mail or brought to the June meeting where ballots will be counted and the results of the election announced.

President: Kent Sack, M.D.: Kent is an internist and served as vice-president this year. Vice-president: Robert C. Scott, M.D.: Bob is a psychiatrist and served as secretary this year. Secretary: Lary Abramson, M.D.: Lary is an internist and served on several committees during the past years. Treasurer: William C. Kapla, M.D.: Bill is in family practice and was renominated for treasurer. President-Elect: Robert Bolan, M.D.: Bob is in family practice and is chair of the scientific affairs committee.

Officers elected in June will assume office on July 1, 1983.

Clinical Research Project Needs Help

Medical student or person interested in gay medicine needed to abstract charts for clinical research project. Stipend available. Contact William Owen, M.D. (415) 826-2400.



MARCH WITH BAPHR JUNE 26.



THE BAPHRON

Bay Area Physicians for Human Rights Official Newsletter
Vol. 5, No. 7

July, 1983

AIDS UPDATE

"Human T-cell Leukemia Virus in AIDS: Preliminary Observations" Morbidity and Mortality Weekly Report 32:18, 1983, Center for Disease Control, Atlanta, Georgia.

Human T-cell leukemia virus (HTLV) is a retrovirus which has been associated with adult T-cell lymphoreticular neoplasms: HTLV-1 with T-cell leukemia in Japan and certain Caribbean countries, and HTLV-2 with "hairy cell" T-cell leukemia. A similar but not identical retrovirus has been detected in the lymphocytes of 2/23 AIDS patients (Gelmann, EP et al) and antibodies to HTLV have been detected in the sera of 19/75 AIDS patients, but no homosexual controls (Essex, M et al). 6/33 patients with lymphadenopathy syndrome have similar antibodies. The HTLV from an AIDS patient has been transmitted into cord blood lymphocytes of a normal. Barre-Sinoussi, F et al). Details of this research can be found in the following articles in Science 220: May 20, 1983.

- Gelmann, EP et al, "Proviral DNA of a Retrovirus, Human T-Cell Leukemia Virus in two Patients with AIDS" pp 862-864.
- Essex, M et al, "Antibodies to Cell Membrane Antigens Associated with Human T-Cell Leukemia Virus in Patients with AIDS" pp 859-862 (Harvard)
- Barre-Sinoussi, F et al, "Isolation of a T-Lymphotropic Retrovirus from a Patient at Risk for AIDS" (France) pp 868-870.
- Harris, C; Small, CB; Klein, RS et al, "Immunodeficiency in Female Sexual Partners of Men with AIDS" NEJM 308:20 pp 1181-1184, May 19, 1983.

Seven monogamous female sex partners of male heterosexual IV drug users with AIDS are described. One had AIDS with PCP; two others had low T-cell ratios and/or lymphadenopathy (Einstein, NY). Current, WL et al, "Human Cryptosporidiosis in Immunocompetent and Immunodeficient Persons: Studies of an Outbreak and Experimental Transmission" UCLA and Auburn, Ala) NEJM 308:21:1252 May, 26, 1983.

Twelve immunocompetent persons contracted self limited infections with cryptosporidia, presumably from infected farm animals. Sidhu, GS, Stahl, RE, El-Sack, W, Zolla-Pazner, S. "Ultrastructural Marker for AIDS" (NYU. Lancet 8331:990-991, Apr 30, 1983.

TRF (Test tube and ring forms) were found in endoplasmic reticulum in 76% of AIDS patients when multiple types of body cells were examined. The only other condition associated with these forms is adult T-cell leukemia.

Flinn, John, "Stanford's Plan to Screen Blood Donors for AIDS Questioned," S.F. Examiner, June 7, 1983, B6.

Stanford will soon use T-cell subsets to screen blood donors. With the new laser equipment it is possible to do each test at \$6 per sample rather than \$200 per sample.

- Jim Campbell

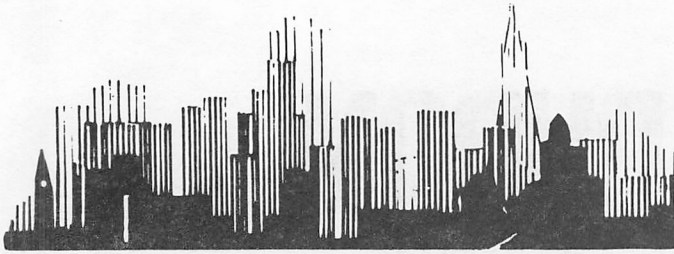
Denver, June 9-12, 1983: *A Not So Gay Event*

"The Fifth National Lesbian/Gay Health Conference (Health Pioneering in the '80's)" which was co-sponsored by AAPHR (The American Association of Physicians for Human Rights) demonstrated early and loudly the frustrations involved with a multi-tiered political, social, and scientific meeting. Denver will never be the same and the Executive Tower Inn, dragged kicking and screaming into Twentieth Century Gay Awareness after trying to remove Gay/Lesbian and AIDS posters from the lobby, will CERTAINLY never be the same. While individual camaraderie was abundant everywhere, a not very subtle undercurrent of anti-medical establishment feeling permeated the proceedings. The hostility surfaced in all out warfare during a panel "Aids Forum: Creating Positive Changes in Sexual Mores" co-chaired by Tom Smith, Steve Moran and Robert Bolan. A crowd of angry AIDS patients, dissenting gay doctors, sociologists, and lay persons faced the panel intent upon tearing apart "The San Francisco Secretions Thing." It was a reaction to the adverse results of the BAPHR position that secretions and excretions are the most likely vehicles for AIDS virus transmission. A large number of participants felt this position being circulated to a large unsophisticated audience has led, and is leading, to untold grief in the Gay Community: the use of glove and masks by police, the refusal of health personnel to visit gay patients, the firing of gay food handlers, etc.

Bernice Goodman, the new president of NGHEF (The National Gay Health Education Foundation, Inc.) was a keynote speaker of the conference. She spoke on "Confronting Homophobia in the '80's." After intoning a vast litany of cataclysmic events to which the human race is currently vulnerable, including third world conventional wars, abject poverty, and Nuclear Armageddon, events, she made very clear were not without clandestine helpmates in the United States Government, she turned to the subject of AIDS. The juxtaposition was not lost on an applauding crowd. She went on to suggest that there may very well be alternatives to the medical establishment theory of AIDS as a new virus arising denovo. Those alternatives might well be fathered by the same operatives in government who have shown their prowess in instigating genocide on more than one unfortunate minority group or nation. What possible mode would improve upon AIDS, she suggested, to rid the country, and cause less stir in doing so, than a disease which selectively affects homosexuals, unwanted Haitian immigrants, IV drug users, and hemophiliacs?

While the NGHEF conference was going on, The AAPHR Symposium, a three day program covering Gay and Lesbian health issues and chaired successively by Roger Enlow, David Ostrow and Brett Cassens, presented new and informed information for the mostly medical audience. The AAPHR General Board met each after-

Continued on page 216



PROGRESS NOTES

by Kent Sack, M.D.

Transition and Continuation . . .

The silent transfer of BAPHR's gavel stylizes its program. Much transpires within BAPHR, and between BAPHR and society without fanfare. Such is commendable. It signifies transition and continuation rather than abrupt change. And that is what I am about.

My promotion to the presidency connotes a transition within BAPHR — historical, not philosophical. For I am second generation, primary care and geographically out of sight. BAPHR in its sixth year has been entrusted to a non-charter member. My East Bay practice of pediatrics and young family practice is a significant orientation change from the psychiatric-surgical subspecialization of my predecessors. Granted that the time demands of the job will diminish my Martinez hillside seclusion and increase my city exposure, I doubt that Davies Hall will displace the Cow Palace on my list of favorites. While these transitional changes are significant, the thrust and vitality of BAPHR's socio-political-professional support and leadership in the gay-lesbian community will continue unchanged. This is assured by my commitment to BAPHR and the enthusiasm demonstrated by the Executive Council and Committee.

Transition and continuation is a most appropriate time to identify goals. Foremost in my efforts this year will be an attempt to decentralize the administration of BAPHR. The Executive Committee will be enjoined as the governing body. The Executive Council will develop and monitor policy and program. The standing Committees, structured this past year and proven most sufficient for BAPHR's needs, will be given increased autonomy and charged with enactment of the annual program. The major projects will be conducted by committees chaired by general members. Major community and national organizations will gain representation with named BAPHR delegates. This organizational structuring is designed to meet the ever-increasing commitments by BAPHR, to insure continuity in Committee programming, to tap and nurture the wealth of talent within our membership, and to allow members a pace to enjoy their participation without overload.

The second major objective this year is to complete the financial restructuring of BAPHR. The "pay as you go" operative activated this

past year will be the standard in '83-84. The mechanics allowing the receipt and disbursement of restricted and unrestricted outside funds as bequests, trusts, donations and grants will be legally incorporated into our tax exempt status. Concurrently, the Endowment Board will be seated with the responsibilities of attracting benefactors from all sectors of society, administering the endowment fund and managing the organization's fiscal portfolio. An endowment fund of \$250,000 at year's end will free up energies for our primary commitment of service to the community.

BAPHR must become technically modern to be most efficient. This sophistication requires a streamlined administrative office with compatible personnel and mechanization to facilitate the work of members and the activities of the Organization. The acquisition of dictation, word processing, computerization and in-house duplicating equipment must begin this year.

Organizational sleekness, treasury security and state of the art equipment have value only if supporting people; therefore the most important objective this year is to effectively involve the present membership and grow with new members. Our resource pool must not be under utilized, just as our members must not be overloaded forcing exhaustion drop-out. Our Community's needs and demands are before us. It is staggering, and to commit we must enroll all eligible heads. Therefore, in personal, complimentary and constructive ways we must enlist the active participation of our professional affiliates and various "co's" (co-habitants, lovers, significant others, partners, et al). Times disallow exclusivity!

These four areas of major effort mantle many specific areas of action which will surface during the RETREAT at Wildwood on July 15-17, and subsequently during the year. The RETREAT will provide the forum for the membership to evaluate these goals and devise the strategy which will guide BAPHR during the year. This week-end is the springboard to a productive year and deserves your involvement.

In our efforts to stylize our Organization, we must not discourage dreams. Yours and mine. Our dreams need to be shared with hopes that others might find the interest to touch and mold them into action. My dreams envision BAPHR wisely designing a retirement colony as a membership service and as a potential investment. My dreams also include programs for those youths with problems resulting from conflicts between their sexuality and society.

Aggressive? Yes, but timely and possible with your commitment. Realistic? Definitely, under the leadership of your elected Executive Council and with the support of those to be named committee-project chairs and organizational delegates. This is allowed by reviewing this year's Executive Council which provides a balance rare to a large and diverse organization such as BAPHR. Ric Andrews, with many unheralded accomplishments this past year resulting from his impeccable diplomacy, resourcefulness and dedication, will be our ambassador to the community while developing the office of Past President. Bob Bolan, the unclaimed and prodigious

the BAPHRON

The BAPHRON

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Kent Sack, MD Vice-President
Robert C. Scott, MD Secretary
William J. Kapla, MD Treasurer

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Note: For referral to BAPHR-member physicians, call (415) 673-3189.

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Sam Thal, MD, W. L. Warner, MD and
Jack Mangum, MD Co-Editors
Denny McShane, MD Circulation

Until further notice, address
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Category
Physicians in practice \$100.00
Professional affiliates 50.00
Housestaff officers 25.00
Medical students 12.50

Note: Names of members and contributors are kept strictly confidential.

Advertising: Classified and display advertising may be purchased by individuals, organizations, and businesses.

Acceptance is at the sole discretion of the BAPHRON Staff. Minimum rate for classified ads is \$10 for 20 or fewer words. Over 20 words: 50¢ per word. Display ads (camera-ready only): \$10 per single column-inch. Double these rates for non-members. Further information: Administrative Office, 558-9353 during normal business hours.

Requirements

The Staff of The Baphron will consider for publication only those letters which are typed, signed, and accompanied by an address and telephone number for verification. If requested, a writer's identity will not be revealed. The deadline for submission of letters, articles, ads, announcements, etc. is the 12th of each month.

NOTE: The appearance in The BAPHRON of an individual's name or photograph in no way infers his/her sexual orientation and must not be construed to do so.

thinker — mover who has built the Scientific Affairs Committee into a highly respected unit in the AIDS crisis, will develop long term plans and provide liaison with the scientific society as our President Elect. Bob Scott continues on the Council, where his calm judgment and wisdom quietly insure organizational harmony and progress. As Vice-President he will supervise the Referral Panel, monitor the year's program and provide staff counsel. The Secretary, Lary Abramson, will supervise the administrative assistant in addition to the regular duties of his office. Lary's attributes are innumerable; as one of the senior gay physicians in the Bay Area he brings invaluable knowledge of the community, its personalities and politics which will strengthen our voice in the community. Additionally, his organizational work and office with AAPHR will be utilized to interrelate between the two organizations. Bill Kapla, continues for the

third year as Treasurer and carries forward increasing knowledge of sound fiscal policies and practices which will greatly strengthen the development and usage of the recently instituted computerized accounting system. His skills will be utilized in both the short and long-term budget processes emphasizing accountability. Bill also will provide liaison with the Finance Committee in establishing the Endowment Board. Blue chippers — all!

And I will be me, the president, void of elan or style, tendering to each of you the opportunity to grow with us by walking through this year at a personal and professional pace comfortable to you. There is a special place for each of you in our transition and continuation. Let us be on our way. . . .

Editorial Triad

It may not come as a shock to you that all is not harmonious in the increasingly political national gay health scene, and gay physicians have yet to find a comfortable niche in this complex mosaic. The recent conference in Denver, the second annual AAPHR meeting in conjunction with the National Gay Health Education Foundation and the Gay and Lesbian Health Alliance, was my first venture into the murky waters of the alphabet soups of organizations, all of which sound vaguely similar but with, I learned, sometimes opposing ambitions and views on how best to affect the national scene. I learned that the "murk" was indeed due to mud, and sometimes handfuls spattered innocent bystanders. Physicians are generally strangers in an environment of high-tension wire pulling, and are uncomfortable and ill-prepared to assert a relatively unbiased scientific viewpoint under those conditions. When a scientifically valid statement is met with boos and calls of "bullshit" from political animals in the audience for whom the statement is antithetical to their personal axe-grinding, the shocked physician is likely to back away and avoid further contact.

That is the easy way out. "Let them hang themselves" is an attitude that may result in hanging us all. It is unfortunate medical reality that funding for deserved AIDS research can only be obtained through political pressure. It seems clear that an element of homophobia has played a significant role in allocation and awarding of grant funds for AIDS projects. The situation may be in a correction phase now, but there are still many points where subtle or not-so-subtle hold-ups and foot-dragging may well delay or prevent expeditious funding of laudable protocols. Political pressure was the means of effecting the present change, and may be needed again and again before the tortuous path to truth can become gay and narrow.

Let's hope the designated members of AAPHR, on this obstacle-strewn firing line, can keep their heads when all about them are losing theirs, and avoid concussive collisions with the rocks on the path to gay health. I personally don't envy them their task.

— W.L. Warner, M.D.
Co-Editor

George Riley, M.D. wishes to thank the members of BAPHR for their many expressions of kindness and concern over the past months. After August 1, George will have a new address and would indeed enjoy hearing from his friends; the new address will be:

George Riley, M.D.
Route 1; Box 7B
Cambridge, Maryland 21613

Retreat To Be Rare Treat

The second annual BAPHR Retreat is to be held this month at secluded Wildwood Ranch, a 200 acre resort of rolling hills and lush meadows in the Russian River area. BAPHR has reserved all of the Ranch facilities for the event, from Friday night, July 15 through Sunday, July 17. Members, Affiliates and their Significant Others are invited. The program has been carefully organized in an effort to strike a balance between Work and Play. The Work will be in the form of an open-forum think-tank, but will have a specific agenda for assessing BAPHR's past and future course. The Play will take whatever form beckons in a setting which offers a swimming pool, jacuzzi, steam room, acres of natural beauty, miles of hiking trails, and the delights of the grassy knoll at Julie Andrews Point.

The events will begin on Friday night with cocktails and a barbeque dinner. After breakfast on the following morning there will be a review of the past year from the perspectives of the officers, the committee chairs, and the coordinators of special projects such as the BAPHRON, the Health Fair, the Symposium, the Awards Banquet, Castro Street Fair, and the AIDS Task Force. The topic will then shift to projections for the coming year, and to the development of ideas for specific programs to meet the challenges foreseen.

After a mid-day break for lunch and time for relaxation and recreation, the group will again convene for a re-organization of committees. Following this will begin some of the nitty-gritty of committee business itself, as each committee grapples with its own priorities and goals, and with its plans to implement them. Saturday evening will be an open, unstructured time for leisure, dinner, and socializing.

On Sunday morning, long-range planning will be the focus of both a general session and separate committee meetings. The work of the retreat will be brought together in a summation later in the morning, and the formal meetings will adjourn at noon. For the rest of the day, retreaters will have only the work of enjoying their own pursuits at Wildwood.

Shared accommodations for the Retreat include lodgings in the bunk house (which offers double beds, single beds, and bunks) or in fully equipped floored tents with double beds. All meals are included. The full cost will be \$80 (\$60 for house-staff or student members). For those who supply their own tent and bedding the cost is also reduced to \$60. The Wildwood management is amenable to making individual arrangements to anyone wishing to come earlier or to stay later than the scheduled three-day program.

The Retreat can accommodate only 60 people, and because of space and road conditions, mandatory carpooling is being organized. Interested parties should act quickly. Requests for reservations can be made to the BAPHR Administrative Office, 558-9353. General inquiries can be directed to Jack Wilkie at 431-9165 or to Kent Sack at 372-7321.

— Robert Scott, M.D.

A Not So Gay Event

Continued from page 213

noon to plan the activities of the organization and its committees. One thing was unanimously agreed upon: Future symposia of this organization would not be a part of some other national organization. Also decided were the sites and times for the coming AAPHR Meetings: November, 1983, New York City; April 1984, New Orleans; and August, 1984 in Chicago (sic)!

The AAPHR General Meeting and Banquet took place Saturday and the new officers were installed: Neil Schram, Los Angeles, President; Brett Cassens, Philadelphia, President-elect; Richard Isaac, Toronto, Vice-President; Claude Amernick, New York, Treasurer; and Brian Willoughby, Vancouver, Secretary. Awards were given to the outgoing Founders of the organization: Dennis McShane (President), Chris Mathews (Vice-President), Ric Andrews (Treasurer '81-82), George Johnson (Treasurer '82-83), and ME, Lary Abramson (Secretary).

And a good time was had by (almost) all!

— Lary N. Abramson
(former AAPHR Secretary)

BAPHR Support Groups

The discussion groups requested that BAPHR set up ongoing support groups for physicians and significant others to deal with concerns about the AIDS crisis, or other matters affecting their health and welfare. The group will be meeting every two weeks for at least three months. BAPHR members, affiliates or partners who wish to become involved in such a group should contact Don Brown at 415-771-0988. When enough requests have been received, an organizing meeting will be held and a second group will be started.

Steven P. Borkovic, M.D. announces the opening of his office for the practice of dermatology and skin surgery at 330 College Ave., Santa Rosa, California 95401, (707) 545-4660.

"Please don't hesitate to visit if you are in the Sonoma County Area."

HELP!!! BAPHR member and lover being hounded from apartment. Urgently seek leads for new quarters in which small pooch may be kept, hopefully in The Castro. Please call if you know of anything or know someone who might be able to give us a hand in our search. Charlie Morrison - 864-5997. THANKS!!!

University of Pennsylvania medical student visiting for senior elective at Moffitt, seeks housing for rotation (Aug 29-Oct 21). Looking for quiet, friendly atmosphere; will gladly contribute toward rent, expenses. Please call Jim Beck (215) 592-1732 collect. Thanks for your hospitality.



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The Shanti Project

AIDS FUND

EMERGENCY SWEEPSTAKES

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(415) 558-9625

"THE MYSTERIOUS
AND DEADLY
DISEASE CALLED
AIDS MAY BE THE
PUBLIC-HEALTH
THREAT OF THE
CENTURY."

--Newsweek, April 18, 1983
(cover story)

It is now an epidemic.

Acquired Immune Deficiency Syndrome (AIDS) destroys the body's immune system and leaves its victim prey to cancers and other infections.

As yet no one knows what causes AIDS or how it can be effectively treated.

The mortality rate is high.

And the disease is spreading at an alarming rate.

Money is needed to fight AIDS.

The AIDS Fund Emergency Sweepstakes is a fundraising campaign of the Shanti Project designed to help AIDS patients and to fight the AIDS epidemic.

Founded in 1974, Shanti offers free counseling to individuals facing life-threatening illness and grief. The current focus is on the special needs of AIDS patients and their loved ones.

The goal of the Sweepstakes is to raise \$250,000 to provide a variety of free support services, including housing, for AIDS patients in both Northern and Southern California. Additional proceeds will go to AIDS medical research.

Please send your donation today.

Because so little is known about AIDS, its victims often feel doomed and isolated. They need your support. Join the Emergency Sweepstakes and send your tax-deductible donation to the Shanti Project without delay.

TICKETS: \$10 donation requested per ticket

1st PRIZE: \$25,000 CASH

MANY OTHER PRIZES, INCLUDING:

Kawai Console Piano, Retail Value \$4150
(courtesy of R. Kassman Pianos)
\$1000 Travel Gift Certificate
(at Daly Travel Service)

DRAWING: Midnight, Saturday, October 15, 1983
Trocadero Transfer
520 4th Street, San Francisco

Winners need not be present to win.

Sweepstakes tickets are available free at 890 Hayes Street, San Francisco.

Please make your check or money order payable to: **SHANTI PROJECT SWEEPSTAKES (S.P.S.)**. Then complete this coupon and mail it today, along with your tax-deductible donation, to:

SHANTI PROJECT SWEEPSTAKES
890 HAYES STREET
SAN FRANCISCO, CA 94117

Your contribution will be acknowledged by mail.

- I would like to enter _____ ticket(s) in the AIDS Fund Emergency Sweepstakes. Enclosed is my check for \$_____ (\$10 donation requested per ticket).
- Please send me a packet of _____ Sweepstakes tickets and Information so I can help raise money for the AIDS Fund.
- I wish to contribute to the AIDS Fund, but am not interested in joining the Sweepstakes. Enclosed is my check for \$_____.

PLEASE PRINT

Name _____ Phone _____
Address/Apt. _____
City _____ State _____ Zip _____



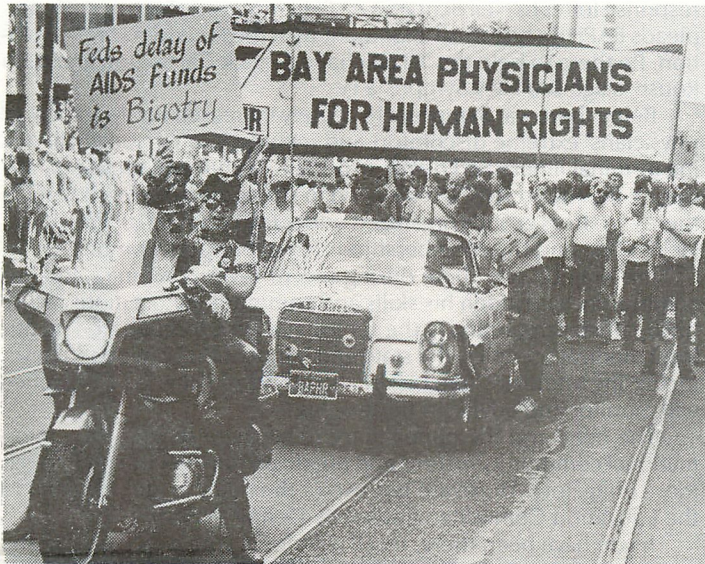
THE BAPHRON

Bay Area Physicians for Human Rights Official Newsletter

Vol. 5, No. 8

August, 1983

Courtesy of the OAKLAND TRIBUNE



Bay Area Physicians for Human Rights march in the Freedom Day Parade.

BAPHR Symposium The Physician in the AIDS Crisis June 24-25, 1983

This inspiring and provocative symposium was co-sponsored by the University of California, San Francisco, Department of Psychiatry and the American Association of Physicians for Human Rights (AAPHR). It was chaired by Drs. Ian Barlow and John Rouse. Opening remarks were made by Dr. Richard Andrews, president of BAPHR, Dr. Mervin Silverman, chief of San Francisco Department of Public Health, and Dr. John Hopkins, Vice Chairman, Department of Psychiatry, UCSF.

Presentations relating to psychological, philosophical, sociological and/or political aspects of AIDS were given by Stuart Nichols, M.D., Beth Israel Hospital, New York; James Geary, Shanti Project; Stephen Goldfinger, M.D., Department of Psychiatry, San Francisco General Hospital; Denny McShane, M.D., President, AAPHR; John Rouse, M.D., Department of Psychiatry, UCSF; Bruce Voeller, Ph.D., National Gay Task Force; Pat Norman, coordinator of Lesbian and Gay Health Services, San Francisco; David Kessler, M.D., Department of Psychiatry, UCSF; William Krauss, aide to Sala Burton; and Evelyn Hooker, Ph.D., UCLA. Because of risk of misquoting or misinterpreting these speakers, I have asked them to summarize their talks and will present them in a subsequent issue.

Those attending the symposium were divided into ten discussion groups with about twelve persons in each. Subjects discussed

Continued on page 219

THE RETREAT: A REPEAT — Part I: THE PAST

The KENT SACK GONG SHOW got off to its well planned start at 8:56 A.M. Saturday July 16, 1983 at the Wildwood Resort at Guerneville (a super place, but more about that in a later article!). Following a review of the past year by the BAPHR outgoing officers, the Annual Review and Evaluation of Committee function for the past year was presented by the various committee chairs. Kent Sacks (in the absence of Bill Owen) noted that the **Administration/Bylaws Committee** developed a job description and prerequisites of the Administrative Assistant. The organization's Bylaws were completely revised in conformity with changes in structure and function as BAPHR completed its fifth year!

Social Concerns (Will Wilner for George Riley): The primary concern and accomplishment of this committee was the enormously successful Health Fair.

Publications (Jack Mangum, Will Warner, Sam Thal, Charlie Morrison): Aside from the clearly successful monthly appearance of the BAPHRON in its sleek new format, the committee was requested by the San Francisco Medical Society to present an article on AIDS for the *SFMS Bulletin*, the first such request ever tendered a Gay Physicians' organization! Will Warner responded with a most credible piece.

Finance (Ted Winn): The primary concern was and is the conversion of the BAPHR organization to a 501(c)(4) and the development of a BAPHR Foundation 501(c)(3) so as to provide a legal basis for a politically active organization and a tax-free Endowment structure.

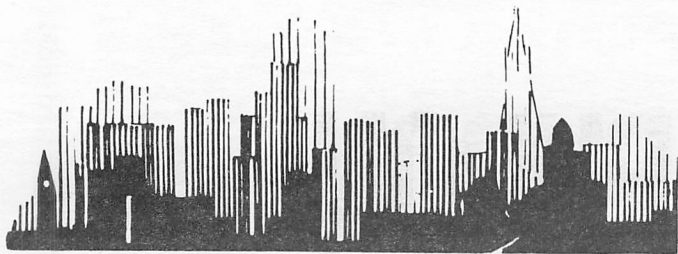
Membership/Support (Jack Wilkie): Certainly one of the most active and effective of the BAPHR committees this last year, developed a new membership brochure, instituted a series of introductory cocktail parties and brunches for new members, set up a member's AIDS Support Group (headed by the indefatigable Don Brown), and continued the tradition of New Year's Eve parties at Jerry Goldstein's palatial estate.

Education (Ian Barlow): The just completed June Symposium usurped all the time of this intensely active committee. The new format of lectures/small group sessions was overwhelmingly approved by the conference participants.

Scientific Affairs/Journal Club (Bob Bolan): Essentially this turned into the '*AIDS Committee*'. Probably the most publicized of BAPHR activities were generated here: A position paper on nitrites (when that was a hot issue), a consultative position with the blood bank on screening of possible AIDS donors, the development of the currently ongoing AIDS survey protocol being analyzed by Will Warner, and most notably the **AIDS Risk Reduction Brochure** now widely distributed throughout the country.

Hold your breath folks! In next month's BAPHRON: **The Retreat: A Repeat — Part II, The Future!**

Lary N. Abramson



PROGRESS NOTES

by Kent Sack, M.D.

...high musings....

The decision dilemma was recently mine. The dilemma was to be there. To be there was the decision.

The decision dilemma was vacation date conflicts between BAPHR's Symposium/Freedom Day activities and a Dakota family-community reunion extended with a travel leg to Ohio to visit a new Godson. Archtypically, a decerebrated gut call was my method.

High over Ohio enroute home I am having some relaxed thoughts. Light-hearted, earthy and wanton to be shared. Evident is the bond common to all of my involvements of the week - love and loyalty. My adopted BAPHR family, my biological Dakota family and my inherited Ohio family equally received my time and attention. By moving on this decision with minimal equanimity and maximal assertiveness, I gained all the benefits including the security of knowing it was right to be there - at each stop during the vacation. This realization was unequivocally mine on Freedom Day as I sat welcome, proud and peaceful with my biological family blended of Protestants, Catholics and Jews in worship in our rural home church in Dakota. This same serenity was mine within and without as I participated in the Symposium and acquainted with my Godson and his parents. Vibrant bonds made details unnecessary and energies abundant to savor the decision that could have consumed me if I had victimized myself with cerebral calls. It is always right to be there for love and loyalty - all be they buried amidst our doubts, stresses, habits, charades and reluctance to make the tough decisions to uncover them.

As I move about in the gay and straight communities, I find too many members of society paralyzed by vaporous concerns about their life styles and situations. To them, decisions to spread it out are threatening and best avoided. The predilection to depend solely on their cerebrums insures decision dilemmas in series barren of the emotional rewards I gained during this vacation. I was not omnipresent but I was there happy and satisfied, and with a quiet gut. Give yours a try!

Because I did, I was there - at the Symposium during the first day. Obvious were the great efforts of the Education and Support Committees with strong assists from Ric Andrews and many other

BAPHR volunteers. Administrative detail reflected Doug Carner's work. A strong program was weakened by the absence of a timer and the cavernous impersonality of the Medical Society's auditorium and the decay of the nearby school utilized for group discussions. Strong strokes for the small group concept. Keister kicks for those BAPHR members who abdicated their small group leadership roles. Garnets of the finest to those responsible for Symposia III including: BAPHR friend Peter Mittendorf for the Green Room cocktail party; Symposium caterers; the weathermaid; attending BAPHR members and others who hosted visiting registrants. Mine is a proverbial pit for missing the Great Lady's, Evelyn Hooker, return with her magnetism and strengths. And finally, a learning lesson for all symposia planners that consecutive AAPHR, BAPHR and STD promotions over three months dangerously dilutes resources and the sound objectives of the involved groups. A response letter to Neil Schram's AAPHR inquiry notes this crisis and pleads BAPHR's historical alignment with the Freedom Day celebration. Be there to help the '84 co-chairs, Chuck Carrington and John Rouse, stage BAPHR's Symposia IV.

Being there - at Symposia III acutely increased my awareness of physicians' extreme discomfort and ineptness in personally handling terminal illness and death, especially within our societal family during the AIDS crisis. Do we need to strengthen our legs by being there - in stress groups organized under the continuing chairship of Jack Wilkie and the Membership-Internal Support Committee?

Jim Krajewski was there during recent CMA polemics and our community has ridden his skills and commitment to a more secure niche, albeit temporary. Is the timing not now to be there - in our local medical societies, the state and national associations - in ever increasing numbers? Tom Laskey and his Administration Committee will monitor and advise in these areas.

The need and the opportunity, to be there staging AIDS informational community forums and physician tutorials has never been more obligatory. These are but two of the many areas delegated to the Education Committee guided by Denny McShane.

If you have been there, recall will direct your processing of the pressures and politics presently stressing our community in crisis. Will Wilner and his Social Concerns Committee will involve BAPHR in this controversial arena. Our best intents will remain parochial and muted unless our voice becomes a shared capability. A media pool of significant numbers is needed under the leadership of Sam Thal, Will Warner and Jack Magnum of the Publication Committee. And none of this is feasible unless the coffer fills. Ted Winn and the Finance Committee will be there directing new and old responsibilities and concepts.

These Committee chairs were there to be invested. With love and loyalty to BAPHR, they have committed to serve our family for a year. Your decision dilemma to commit to service with BAPHR and community will yield to a quick gut call with my every expectation the rewards will exceed my recent venture. And so I touch down....

Kent Sack

the BAPHRON

The BAPHRON

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Subscriptions

All BAPHR members and persons who contribute as members of other categories (q.v. below) receive The BAPHRON. Dues and contributions to BAPHR are entirely tax-deductible.

Dues and Contributions

Category
 Physicians in practice \$100.00
 Professional affiliates 50.00
 Friends of BAPHR 25.00
 Housestaff officers 25.00
 Medical students 12.50

Note: Names of members and contributors are kept strictly confidential.

Advertising: Classified and display advertising may be purchased by individuals, organizations, and businesses.

Acceptance is at the sole discretion of the BAPHRON Staff. Minimum rate for classified ads is \$10 for 20 or fewer words. Over 20 words: 50¢ per word. Display ads (camera-ready only): \$10 per single column-inch. Double these rates for non-members. Further information: Administrative Office, 558-9353 during normal business hours.

Requirements

The Staff of The Baphron will consider for publication only those letters which are typed, signed, and accompanied by an address and telephone number for verification. If requested, a writer's identity will not be revealed. The deadline for submission of letters, articles, ads, announcements, etc. is the 12th of each month.

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BAPHR Symposium

Continued from page 217

within one group could range from anything from scientific data on pathogenesis of AIDS to how we as individuals were modifying our sex lives to reduce the risk of AIDS.

My own personal reaction after attending the symposium is that the gay community is facing an enormous challenge. Heretofore we have never had any written rules as to what constitutes a "moral" or "safe" sex life as is prescribed in heterosexual marriage. Individual conscience has been the guide to conducting a reasonable sex life. Now we are faced with the epidemic of AIDS; it seems to be contagious; the incubation period may be over two years; there are no markers to determine who is a carrier, who is immune (hopefully this exists), and who is susceptible. The reaction of individual gay men has been everything from total denial of any sort of contagion to panic leading to celibacy and social isolation. Those in between have adopted other solutions which reduce anxiety about AIDS, i.e., "As long as I am monogamous I can't get AIDS" or "I won't get AIDS because I don't do that certain sexual practice which causes AIDS". Given the unknowns, it is difficult to say who is correct. Fortunately there are some knowns about AIDS and its transmission and we as physicians can transmit this information to patients in form of risk reduction guidelines. We must bear in mind that sexual habits do not change overnight. Furthermore, new data on transmission of AIDS may be forthcoming. Consequently it may be several years before the gay community can establish its "sex code" which is both emotionally fulfilling and medically safe.

I have summarized below the speeches giving scientific data on AIDS.

James Curran, M.D. - *Chairman, AIDS Task Force, Center for Disease Control.*

Dr. Curran emphasized the few positive aspects of the current AIDS epidemic; it is occurring at a time when medical technology may be sufficiently sophisticated to solve the problem.

Moreover, the gay community is now sufficiently organized and identified that it can muster support to AIDS patients both financially and emotionally. Through awareness and risk reduction guidelines, it can protect itself from further destruction by the disease. Had the epidemic occurred in 1960 none of the above may have been possible.

Through June 20, 1983, 1641 cases have been reported to the CDC; 641 of these have died. Currently 5-6 cases are being reported daily. On June 7, 1983 case breakdown per city was as follows: New York 717, San Francisco 180 (12%), Los Angeles 113, Miami 61, Newark 54, Elsewhere USA 427.

The most likely etiology is a new infectious agent, probably a retrovirus. At this point, Dr. Curran feels there is insufficient evidence to implicate cytomegalovirus, Epstein-Barr virus, or nitrites as causative although they may serve as cofactors. Risk factors include: homosexual contact, intravenous drug abuse, hemophilia with multiple lyophilized factor VIII infusions, and Haitian descent.

There are 90 AIDS patients (5.8%) in USA without any of the above risk factors. Thirty-one have died with insufficient information about sexuality or history of IV drug use; 11 had received blood transfusion prior to onset of AIDS, 10 had Kaposi's Sarcoma with normal immune studies (? classical Kaposi's Sarcoma), 10 were female sex partners of AIDS patients, 15 were children of parents with AIDS or similar immunologic alterations (presumed placental transmission). Still 28 (2%) have no conceivable risk factor.

Paul Volberding, M.D. - *Chief of Oncology, San Francisco General Hospital.*

Dr. Volberding raised several questions in regard to the bottom side of the AIDS iceberg; i.e., What is the infectious agent which causes AIDS? What is the incubation period? Are hospital personnel at risk or hospital personnel with AIDS at risk to patients? Is AIDS spread by blood transfusion? Does successful chemotherapy of Kaposi's Sarcoma improve immune competence? What is the prevalence of 'carrier state' in asymptomatic gay men with abnormal T-lymphocyte function? He did propose that the spread of the epidemic, the risk groups identified, and the long incubation

period are consistent with the model of hepatitis B virus spread and have led to risk reduction guidelines based on this model. Therefore, AIDS patients should refrain from sexual activity involving passage of semen and should not donate blood.

He discussed several of the treatment options in Kaposi's Sarcoma (KS). He had treated 22 patients with vinblastine with at least partial remission in 7 patients lasting only about six months. Since August 1982 he has treated 20 KS patients with high dose interferon. Of these there has been 1 complete remission, 8 partial remissions, 8 without change, 4 with increased lesions and 3 who are too early to evaluate. Four patients have developed opportunistic infections. This is comparable to the incidence in those treated with single agent VP16 by Dr. Linda Laubenstein.

Roger Enlow, M.D. - *Beth Israel Hospital, New York.*

Dr. Enlow discussed his experience in following 120 homosexual men with lymphadenopathy as defined by: 1) over 1 centimeter lymph nodes in two or more separate extra inguinal areas; 2) nodes have been present for over three months; 3) nodes have no evidence for infectious or neoplastic etiology at onset of study. Median duration of adenopathy was 11 months. Features of the syndrome include:

[Table 1]:	Adenopathy	100%
	Fatigue, malaise	57%
	Intermittent fever	42%
	Weight loss > 10lbs	23%
	Splenomegaly	26%
	Leucocytes < 4800 mm ³	40%
	Platelets > 155,000 ³	14%
	CMV Ab (IFA) ≥ 1:128	100%
	EBV Ab ≥ 160	100%
	Hepatitis B markers	78%
	Hepatitis A Ab	69%
	Toxoplasma Ab ≥ 1:128	9%
	Hypergammaglobulinemia	100%

T cell studies done on 35 lymphadenopathy patients showed:

		Lymphadenopathy (N=35)		Controls (N=35)	
T ₃	(Pan T)	62%	1130	66%	1842
	Range	(32-94)	(248-2468)	(56-81)	(1483-2536)
T ₄	(Helper)	21%	423	53%	1300
	Range	(1-47)	(8-831)	(42-65)	(1050-1680)
T ₈	(Suppressor)	49%	869	23%	795
	Range	(24-73)	(186-1981)	(16-31)	(558-945)
T ₄ /T ₈	Ratio	0.42		2.2	
	Range	(0.04-1.57)		(1.08-4.0)	

Less than 400 T₄ (helper) cells correlated with increased incidence of infection or malignancy. In the lymphadenopathy group, five patients developed Kaposi's Sarcoma and one T cell lymphoma.

Certain HLA types were at increased risk for lymphadenopathy syndrome - namely DR 5 with risk factor of 2.5 (P = 0.20) DR7 with risk factor of 2.9 (P = 0.60). DR 2 was associated with decreased risk. (P = 0.014)

He mentioned certain other treatment modalities which have been used in AIDS. Obliteration of OK T₈ (suppressors) with plasmapheresis has been tried unsuccessfully. Anti OK T₈ monoclonal antibody also has been ineffective. Trials with interleukin II may show promise.

Dr. Stephen Follansbee.

Dr. Follansbee presented risk reduction guidelines appropriate to the 1) heterosexual community, 2) hospital workers, 3) male homosexuals and 4) AIDS patients.

He emphasized the fact that so far there has been no evidence to suggest that AIDS is transmitted through sweat, food, respiratory secretion, or household contact. Thus far no hospital workers or

Continued on next page

Continued from previous page

family members with non-sexual contact with AIDS patients have contracted AIDS.

So far, risk of acquiring AIDS has been associated with intravenous drug abuse, male homosexual activity, transfusion of blood products, and geographical background, i.e. Haiti.

Risky male homosexual activities which have been identified in various studies include passive rectal sex, multiple partners, anonymity and active anilingus. He cited a study done by Roger Detels, et al, in Los Angeles relating T cell ratios to various forms of rectal-genital activity. Participants included 89 presumably healthy gay men, median age 27.

[Table 2]:

Practice	N	Leu3/Leu2 Ratio	Leu 2 (T Suppressor)	Leu 3 (T Helper)
1) No anal activity	2	1.75 ± 0.35	432 ± 185	793 ± 471
2) Active anal only	6	1.83 ± 0.77	425 ± 118	724 ± 173
3) Passive anal only	1	1.09	888	971
4) Active & Passive anal	80	1.19 ± 0.59	798 ± 300	873 ± 362
Group 1 & 2 vs. Group 3 & 4:		p < 0.006	p < 0.001	NS

In comparing the T cell subsets in the group who refrained from anal passive activity (1 & 2) to those who had anal passive activity (3 & 4), there was a statistically significant difference in their ratios and absolute suppressor cell number but not in helper cell number.

In conclusion, he recommended that risk reduction needed to acknowledge the fear of AIDS and other sexually transmitted diseases and at the same time reinforce the concept of fun and healthy sexual activities.

Herbert Perkins, M.D. - Chief, Irwin Memorial Blood Bank.

Dr. Perkins discussed the implications of AIDS with respect to blood donation. Thus far 16 cases of AIDS have been reported in hemophiliacs. All have received commercial Factor VIII concentrates which are manufactured from pools of greater than 5000 donors. Receiving such concentrates is correlated with reduced

helper/suppressor T lymphocyte ratios in hemophiliacs without clinical AIDS. Curiously enough T lymphocyte subset abnormalities exist among hemophiliacs in Scotland where there has been no clinical AIDS as yet.

Thus far there has been one well documented case of AIDS related to blood transfusion. This was the infant studied by Dr. Arthur Ammann at UCSF. He received 19 units of blood at birth because of Rh incompatibility. One unit was traced to a man who developed AIDS several months after donation. The infant had some of the clinical features of AIDS as early as four months after birth. Twelve other patients with AIDS have received transfusions which are under investigation.

If these twelve donors all indeed transmitted AIDS to the recipients, one could extrapolate that one's chances of contracting AIDS through a blood transfusion are one in a million since about 12 million persons have received blood donations in the past two and one half years corresponding to the AIDS epidemic.

Currently screening of blood for AIDS at Irwin is done through donor questionnaires only. Those ineligible to donate include intravenous drug users, Haitian immigrants, homosexually active males, sex partners of these risk groups, and those with AIDS or certain symptoms thereof.

It was originally proposed that hepatitis B core antibody may be a useful marker to identify AIDS risk groups, but this is not being used currently at Irwin Memorial Blood Bank since cooperation from the San Francisco gay community has been excellent.

Other surrogate markers to identify donors at high risk of AIDS are tabulated below, some may be in effect in other blood banks.

[Table 3]:

Test	Frequency of Abnormal Test Results (CDC) 1/4/83		
	General Public % (N)	Male Homosexual % (N)	AIDS % (N)
TH/Ts	3.1 (33)	19.7 (61)	77.4 (53)
Total Lymphocytes	≈ 5	12.1 (58)	69.6 (56)
Anti-HB _C	≈ 5	79.2 (49)	88.2 (93)
Immune Complex (ClqBA)	2.6 (114)	45.5 (33)	55.6 (45)

James M. Campbell, M.D.

BACKGROUND:

1983 Retreat

*Over the (Golden Gate) Bridge,
And through the (red) woods,
Hi-ho, the dairy-o,
Retreatin' we will go-o-o-o!*

Indeed, sixty BAPHR-members, affiliates, and "significant others" convened at Wildwood Ranch for that purpose over the weekend of 15-17 July. Wildwood's setting, five miles north of Guerneville and perhaps a thousand feet above it, approaches the montane idyllic. Native flora, from the lowliest of bryophytes to towering redwoods, have been tastefully supplemented by a variety of their domesticated cousins of both flowering and fruiting species - adding appreciably to our sense of "belonging."

The Ranch's recreational amenities include a lovely pool, indoor and outdoor lounging areas, miles of spectacular hiking trails, and that quintessence of the California life-style, a hot tub.

By no means, however, was it all play for members and affiliates and for those of the "S.O.'s" who chose to attend business sessions. Details of those, under the quasi-Draconian Iron Hand of our able new president - what shoes he has been called upon to fill! - will be found elsewhere in this issue of The BAPHRON. Read on!!!

C.W.M.

Our Favorite Hooker!

Evelyn Hooker clearly enjoyed herself waving, hugging and chattering with delighted fans from the rear of Ric Andrew's elegant white Mercedes convertible which was our 'Float' in the 1983 San Francisco Gay Parade. BAPHR was very much in evidence this year, mostly thanks to Ric Andrews. A bright new Banner (prominently featured on the 11 O'Clock News!), signs, and brilliant red card-handouts (Get the facts, Get the funds, Get involved) and our logo-imprinted preppy T shirts.

Dykes on Bikes aren't everything; Will Warner and his leering 'slave' preceded the BAPHR contingent in full black leather drag on his huge black bike!

It was, finally, a glorious sunny day as the small group gathered South of Market, barely enough to carry the banners (BAPHR, AAPHR) and signs. As usual the contingent grew throughout the march to well over a hundred BAPHR members and friends so that by the time we reached the Civic Center there was a smart number to man the BAPHR booth, set up as usual, by the indefatigable Bob Akeley. All the regulars popped up (Sam Thal, Jerry Strong, Denny McShane, David McEwen) to hand out BAPHR referral service cards, AIDS Risk Reductions Brochures and to answer the wild questions of the heterogenous crowd.

All in all it was a beautiful day and we can all be proud of ourselves.

Lary N. Abramson



THE BAPHRON

Bay Area Physicians for Human Rights Official Newsletter
Vol. 5, No. 9
September, 1983

The Retreat: A Repeat - Part II: The Future

OK, you can exhale..... Now!

The Wildwood Water Wonderland played host Saturday evening to the exhausted, hard-working BAPHR team. Various of the nubile group were seen performing a Busby Berkeley extravaganza in the hot tub and pool, orchestrated with great skill by Denny McShane. Several fully clothed BAPHR officers were seen floundering in the same waters while Sister Hadassah's incessant cackle provided the background for the BAPHR Hysterical Historical Slide Show.

On Sunday morning though, it was back to the business of wrapping up The Retreat.

President-Elect Robert Bolan discussed at length the long range plans for BAPHR which were primarily those of the various committees as set down below. He emphasized the need to bring more women into the organization; the need for a Gay/Lesbian Textbook which could be used in Medical Schools and Resident training programs; and for increased liaison with other health groups and organizations in the Bay Area dealing with gay people. He suggested the value of having each committee and special project develop a Procedure Manual.

The committee projects for the coming year were then outlined:

- I. Administration:
 1. Monitor a political action program involving the SFMS, CMA, AMA.
 2. Monitor the organization structure re: 501(c)(3) and 501(c)(4).
 3. Continuing evaluation of the Administrative position.
 4. Mechanization of the Administrative office.
 5. Develop a volunteer pool of helpers.
- II. Scientific Affairs/Journal Club:
 1. Continue to review Journals and lay publications on Gay/Lesbian issues not confined to but including AIDS.
 2. Continue and expand the AIDS PRODROME SURVEY.
 3. Develop a table of contents for a Gay/Lesbian Textbook.
 4. Develop Symposium topics.
 5. Consider data collection surveys at Gay events.
- III. Social Concerns:
 1. Develop a liaison with other community social and health resources and organizations.
 2. Develop program presentations for the general membership.
 3. Help develop an AIDS Task Force program (outreach).
 4. Gather information about Gay Youth/Age for presentation.
 5. Develop a Women's issues program.
- IV. Education Committee:
 1. Assume primary responsibility for the BAPHR SYMPOSIUM.
 2. Develop a Resource Library (to include visual aids) in cooperation with other organizations (AAPHR, CDC, etc.).

Continued on page 223

American Medical News Features BAPHR Members

The August 5, 1983 issue of the *American Medical News*, the weekly newspaper of the AMA, featured six major articles on AIDS, two of which featured BAPHR members. In one, an intensive interview with Dr. George Riley, titled "The Agony of AIDS: an MD's Battle", George describes his discovery and diagnosis of his disease and its impact on his life. He frankly discusses how he and his companion in life and business partner have coped with his illness including the emotional problems that accompany it. George has been an active member of BAPHR since its inception, and served on several committees including the initial planning of the last BAPHR symposium in June, until his illness prevented him from continuing. Always mindful of BAPHR needs, he generously donated his office furniture which now graces the new BAPHR business office.

In another article, a trio of BAPHR members, Myles Lippe, William Owen, and William Kapla discuss "the fear of AIDS" which has created an "air of panic". The problems of diagnosis in early stages and the lack of a specific test are major causes of concern. Each physician emphasizes the importance of risk reduction, as outlined in the leaflet prepared by the scientific affairs committee of BAPHR, and now being distributed by the AIDS-KS Foundation, 514 Castro St., San Francisco, CA 94114.

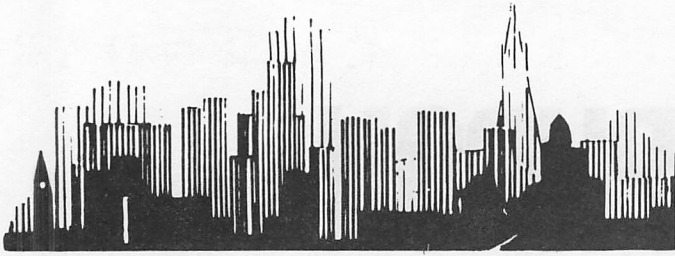
Additional articles in this issue discuss current research in several centers, issues in plasma monitoring, and an editorial referring to the council report of the AMA Council of Scientific Affairs and approved by the House of Delegates. The later report refers to the 1981 report of the Council, titled "Health Care Needs of the Homosexual Population" described in detail in the March 1982 issue of the BAPHRON by Dr. David Kessler.

The Bargain

by Sir Philip Sidney (1554-1586)

*My true love hath my heart, and I have his,
By just exchange one for another given:
I hold his dear, and mine he cannot miss,
There never was a better bargain driven:
My true love hath my heart, and I have his.*

*My heart in me keeps him and me in one,
My heart in him his thoughts and senses guides:
He loves my heart, for once it was his own,
I cherish his because in me it bides:
My true love hath my heart, and I have his.*



PROGRESS NOTES

by Kent Sack, M.D.

....Smatterings that Matter....

The mechanics of movement are intricate and commonly not appreciated. This idiom applies to BAPHR as an organization moving through its calendar year. The mechanics of many give us movement and earn the appreciation of this column. This month -

:Jim Campbell's comprehensive work as Journal Club chair and scientific reporter is most commendable. His abstract of the '83 Symposium was concise and his monthly literature review in the BAPHRON provides an excellent "state of the art" AIDS resource.

:Lary Abramson, in his indefatigable personal way, gives tremendous energies to his secretarial and ancillary BAPHR responsibilities.

:Tim Mess has quietly organized, recruited and prepared BAPHR for participation in the Castro Street Fair.

A cluster of BAPHR minds has been activated to think-tank our responsibility methods for impacting the health platforms of the major political parties in the '84 national elections. Complex, but on line - and optimistically in time.

A process has begun to explore shared facilities with GGBA and possibly other professional community groups. Many advantages, many hurdles.

The onerous medical litigation issue is written unknowingly into the recently mailed Referral Panel applications. At least three BAPHR members, prompted by the recent controversy over a major medical underwriter's plan, astutely investigated and identified the problem. Bob Scott, working with our legal counsel and with the advice of experience from the San Francisco Medical Society, will be mailing a revised Referral Panel agreement to each participant in the near future. This will modify the indemnity clause to protect both BAPHR and panelist. Until that time, the '82-83 Referral Panel rules are operative.

BAPHR continues to be deluged with requests to endorse, support, promote and in other subtle ways align with worthwhile community causes and projects. Our non-profit status rigidly limits our involvement - and this must be protected! Therefore, sanction of BAPHR endorsements must remain the domain solely of the Executive Council or Board. The preliminary steps have been com-

pleted to re-organize BAPHR into a corporation and a foundation. This change will not alter our function but give us increased fiscal capabilities and political latitude. The latter will allow legal usage of our name for politically related projects. This reorganization requires months. During the interim please be aware and keep our tax-exempt status out of trouble.

Many indicators point to recurring controversies this year over the role of bath-houses in our community. BAPHR will be involved on a health advisory-educational basis only. The Education Committee governed by the Executive Board will monitor this area. And yet another sensitive issue demanding diligence is the media. All individuals may speak as BAPHR members; however pending official guidelines from the Publication Committee, only the officers may speak officially for the organization.

3 August dated the organization of a state wide AIDS Advisory Task Force under the direction of the State Health Department. Representation was extended to agencies and organizations actively involved state- and nation-wide in the AIDS crisis. The selection was appropriate excepting the Gay sector wherein BAPHR and a lay person from Northern and Southern California were the only invitees. Marcus Conant was most effective as the appointed chair and continually focused the delegates. The attitude was positive and free of bias. Language in the document deserves detailed review and input from the Gay community. Significant was the move to grant to the Gay community the responsibility for drafting the language of the section of Gay risk guidelines. BAPHR's Scientific Affairs Committee, the other two State PHR Chapters and AAPHR have been apprised of this situation. I urge the PHRs to draft the section in consultation with the lay delegates. I assess this government move as a valid attempt to develop a representative forum to coordinate statewide AIDS philosophy and policies. Our challenge is to engineer unity on Gay risk guidelines. If successful we will have earned a ticket to request increased Gay representation on the Task Force.

This significant meeting was not concern-free. The glib "number game" concept as virtually the sole factor in AIDS transmission, adamantly espoused by the attending CDC representative and supported vocally by a UCLA faculty delegate, is too simplistic and stereotyping. Such a projection negates the tenets of infectious disease, including STDs, which has proven clinically effective in my AIDS work. This effort to "tidy up" a complex of etiological factors resurrects the promiscuity albatross which so maligned the disease syndrome early on. A second concern was the reluctance of the State Health Department delegate and advisors to inform or involve the Task Force on the funding issue. Thirdly, vagueness on the disposition of the proceedings of this first meeting and the future of the Task Force necessitates persistent tracking of its actions by BAPHR.

After lining a lengthy column dominated by cautions and concerns, it is most satisfying to conclude as begun by acclaiming with a summary statement that the Retreat was an experience that BAPHR may savor and share unbridled.

the BAPHRON

The BAPHRON

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Subscriptions

All BAPHR members and persons who contribute as members of other categories (q.v. below) receive The BAPHRON. Dues and contributions to BAPHR are entirely tax-deductible.

Dues and Contributions

Category
Physicians in practice \$100.00
Professional affiliates 50.00
Friends of BAPHR 25.00
Housestaff officers 25.00
Medical students 12.50

Note: Names of members and contributors are kept strictly confidential.

Advertising: Classified and display advertising may be purchased by individuals, organizations, and businesses.

Acceptance is at the sole discretion of the BAPHRON Staff. Minimum rate for classified ads is \$10 for 20 or fewer words. Over 20 words: 50¢ per word. Display ads (camera-ready only): \$10 per single column-inch. Double these rates for non-members. Further information: Administrative Office, 558-9353 during normal business hours.

Requirements

The Staff of The Baprhon will consider for publication only those letters which are typed, signed, and accompanied by an address and telephone number for verification. If requested, a writer's identity will not be revealed. The deadline for submission of letters, articles, ads, announcements, etc. is the 12th of each month.

NOTE: The appearance in The BAPHRON of an individual's name or photograph in no way infers his/her sexual orientation and must not be construed to do so.

The Retreat:

Continued from page 221

3. BAPHR Forum presentations on various topics for the membership.
 4. Development of a SPEAKERS BUREAU.
 5. Consider especially Geriatric issues: develop a pamphlet?
 6. Education of bath house owners/clients.
 7. Renewal of CME Credit.
- V. Publications:
1. Develop a Women's Issues column.
 2. Develop a written policy on press/media contact.
 3. Attract advertising to raise money.
 4. Review gay activities of national interest.
- VI. Finance:
1. Reorganization of the dues structure.
 2. Aid the various committee chairmen with their budgets in an attempt at cost reduction.
 3. Develop an endowment fund as soon as the organizational restructuring allows.
- VII. Membership and Support:
1. Enhance recruitment especially of House Officers and students with special parties, advertisements in the gay press.
 2. Continue the internal support groups begun by Don Brown.
 3. Advise the General Membership on those members in need of special support each month.
 4. Continue the general arrangements for meetings and parties. Their work done, and well satisfied with the morning's accomplishments and the Wildwood viands, the membership lolled in the sunny atmosphere and pool, and slowly one by one departed for the claustrophobic cacophony of The City.
- NEXT YEAR: BE THERE!

Lary N. Abramson
Secretary

Legal Limelight

Discrimination or threats of discrimination have become more and more prevalent of late, involving not only people with AIDS but known homosexuals in various walks of life under the misapprehension that they may be carriers of AIDS and thus dangerous to associate with.

In early August, the American Bar Association again took up the question of legalizing homosexuality, and despite urgent and cogent appeals from several gay spokesmen, again voted down the issue. Each time the subject surfaces, however, the vote becomes closer; it was nearly 50-50 this time.

A spokesman for the Lambda Legal Defense & Education Fund testified before Congressman Ted Weiss' Committee on Government Operations concerning breaches in confidentiality by public health agencies in managing research and surveillance data on AIDS patients.

Complaints of discrimination involve civil rights laws relating both to the issue of sexual orientation and also disability or handicap, which AIDS must be termed. Organizations in San Francisco to contact are: Lesbian Rights Project, National Gay Rights Advocates, and the AIDS/KS Foundation for referral.

AIDS Update

Fernandez, R, Mouradian, J, Metroka, C, Davis, J. "The Prognostic Value of Histopathology in Persistent Generalized Lymphadenopathy in Homosexual Men" *New Eng J of Med* 309:3: p 185-186, July 21, 1983 (Cornell Medical Center)

Histopathology was performed on 73 men with generalized adenopathy. 50 patients demonstrated explosive follicular hyperplasia. Of these 50, only one developed Kaposi's Sarcoma after 18 months. 17 patients had follicular involution histologically. Of these, 5 developed lymphoma and 5 Kaposi's Sarcoma after 3 to 18 months (59% malignant outcome). The remaining 6 patients demonstrated mixed pattern; of these one developed Kaposi's Sarcoma and one lymphoma.

Levy, JA, Ziegler, JL "Acquired Immunodeficiency Syndrome is an Opportunistic Infection and Kaposi's Sarcoma Results from Secondary Immune Stimulation" *Lancet* 8341; p 78, July 9, 1983

The authors present two hypotheses. 1) AIDS may be an opportunistic infection which causes disease only in those individuals who are already immunocompromised by other viral, parasitic, or immunosuppressive factors. They predict that many individuals may have the immune capability to suppress its pathogenicity. 2) Kaposi's Sarcoma is not due to decreased immunosurveillance but to a reactive secretion of immunomodulating factors with angiogenesis promoting activity.

Pearce, RB "Intestinal Protozoal Infections and AIDS" *Lancet* 8340: p 51, July 2, 1983 (AIDS/KS Research Foundation, San Francisco)

The author postulates that AIDS may be caused by the immunosuppressive properties of lectins found in intestinal parasites. Mitotic activation of T-lymphocytes by parasites may set the stage for viral infection and replication of a putative AIDS virus.

Pinching, AJ et al "Studies of Cellular Immunity in Male Homosexuals in London" *Lancet* 8342: p 126-128, July 16, 1983

97 symptom free homosexuals were studied for cellular immune function. 43% of 84 had OKT4/OKT8 ratios of 1.2 or less. Exclusively active subjects (n=12) had mean ratio of 1.46 plus or minus 0.50 and exclusively passive subjects (n=9) had mean ratio of 1.80 plus or minus 1.0. These were not statistically different.

Darrow, WW, Jaffe, HW, Curran, JW "Passive Anal Intercourse as a Risk Factor for AIDS in Homosexual Men" (C.D.C., Atlanta) *Lancet* 8342; p 160, July 16, 1983

This report alludes to the case control study done by the CDC on the first 50 cases of AIDS reported. In this study, passive anal intercourse did not seem to be a significant risk factor for the development of AIDS, whereas large numbers of lifetime partners (more than 1000), insertive fisting, bathhouse contact and history of syphilis were significant risk factors. This is in contrast to the study of R. Detels et al which demonstrated significantly lower T lymphocyte subset ratios in men who practiced anal passive intercourse.



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Dr. Conant at the Tavern Guild

Marcus Conant, M.D. of UCSF was the guest speaker before the July 19 General Meeting of the Tavern Guild at Club Dori. His excellent presentation featured vast quantities of factual information and excellent slides portraying both data and KS lesions. Highlights of the presentation included:

1. the likelihood that 1670 cases will have surfaced in the Bay Area alone one year from now
2. the eventual mortality rate of AIDS is 80-100%
3. four of the five children born to a San Francisco prostitute since 1978 have developed AIDS. Three have died. This scenario strongly supports blood-borne transmissibility of whatever agent(s) is/are responsible
4. the presently-considered-likely average incubation period of 18 months is conjectural, but considerable data are known which strongly support the conjecture

Finally, and perhaps most shocking and assuredly most **angering**:

5. within a mere six weeks of the outbreak of the Tylenol scare, as a result of which a handful of Americans succumbed, the federal government allocated ten million dollars to efforts to track down the problem. That was more than was spent by the feds in the fifty-two weeks of 1982, something like three full years after the first AIDS cases were reported, and after **hundreds** of deaths.

The attention of those straights who argue against passage of legislation aimed at guaranteeing the civil rights and the equal protection of the government for the lesbian and gay citizens of The Republic, on grounds that said citizens are already fully protected by current statutes, is respectfully invited.

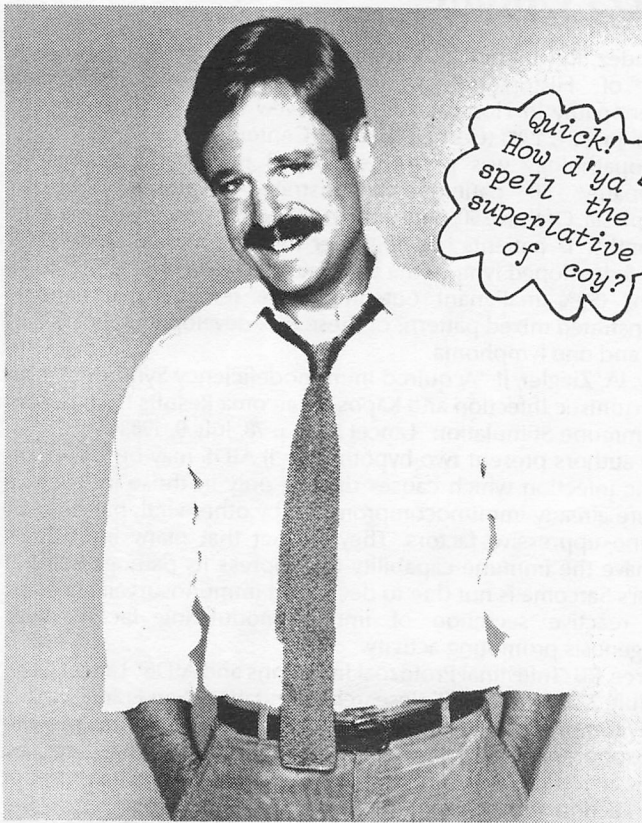
UCSF Medical Grand Rounds July 20, 1983

Medical Grand Rounds at UCSF on July 20 were devoted to "AIDS: A Multidisciplinary Dilemma." Cole Hall, with its several hundred seats, was SRO; the overflow was accommodated via closed-circuit TV in another hall.

It was pointed out in the opening remarks that AIDS patients may require the services of virtually every medical and surgical discipline and those of every ancillary hospital facility.

An enormous amount of information — and conjecture — was dispensed in the less than two hours devoted to the program and all panelists and presenters are to be congratulated.

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1 8 S e p t e m b e r
Details revealed in *Members-Only* Insert.
Y ' A L L C O M E !



Tales-Teller Maupin Entertains Membership

Renowned humorist, raconteur, man-about-town, and author Armistead Maupin appeared as guest speaker at the General Membership Meeting held at Presbyterian Medical Center on August 14.

The effervescent scribe's delightful presentation consisted primarily of carefully selected "readings" from the medical literature, chosen to reflect "humorously" (if that be possible) upon the abyssmal ignorance and/or bigotry of all-too-many medical writers vis-a-vis homosexuality, its "causes" and its "cures."

More enjoyable yet, however, were the speaker's answers to a number of queries posed to him following his, er, "formal" talk. Among other bits of information, he assured us that his *real* name really, really *is* Armistead Maupin, and volunteered that the veracity of that avowal could be checked, by anyone harboring lingering doubts, when Armistead Maupin, *Senior*, visits The City in the near future. Most of his remarks had to do with his most public, current venture, the writing of the presently ongoing serialization in the *Chronicle* of the adventures — and peccadillos — of the denizens of Barbary Lane and their friends in (yet more) "Tales of The City."

For those of The BAPHRON's readership unfortunate enough not to reside in The City and to be unfamiliar with "Tales" *everyone's* favorite character therein, dahlin's, is Michael, the gay gardener and hero. In the interest of the eschewal of obfuscation, it should perhaps be mentioned that despite Mr. Maupin's frank admission of the "Tales'" "a clef" nature, he coyly (?) denied a horticultural background.



THE BAPHRON

Bay Area Physicians for Human Rights Official Newsletter
Vol. 5, No. 10

October, 1983

Annual Awards Banquet to Honor Marcus Conant, M.D.

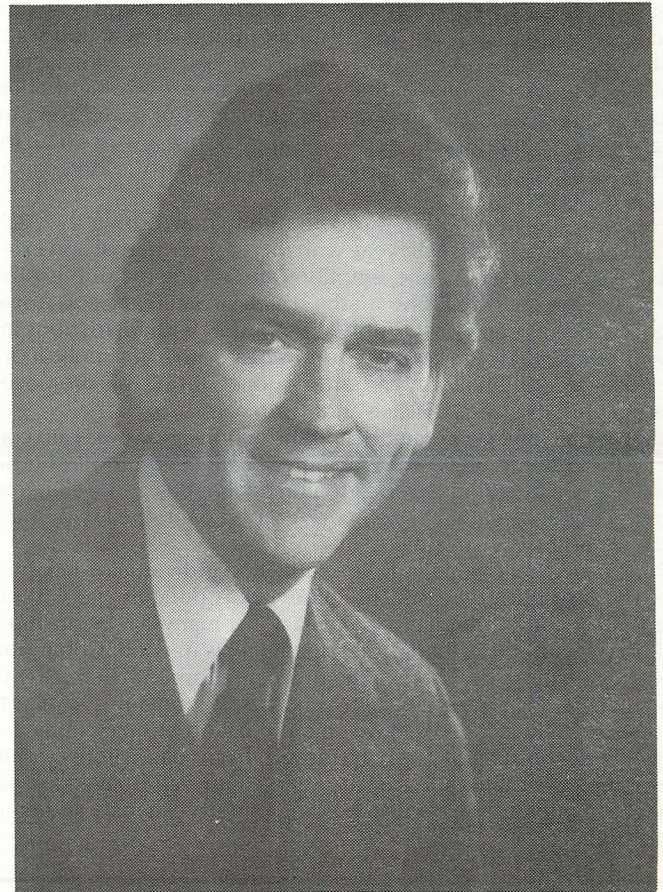
The Fourth Annual BAPHR Awards Banquet will be held on Saturday, October 29 at 6:30 pm. in the Japanese Pavilion of the Cathedral Hill Hotel in San Francisco. Dr. Marcus Conant, prominent local Dermatologist and AIDS activist will be this year's honored guest and keynote speaker. Stephen Walters is the Banquet coordinator again this year.

Dr. Conant, Associate Professor of Dermatology at U.C.S.F., is the founder and current co-Director of the U.C. Kaposi Sarcoma Clinic. He received his B.S., M.D. and Internship at Duke University and completed his Dermatology Residency at U.C. in 1967. Since that time he has been on the faculty and staff of U.C. and has maintained a private practice in San Francisco. Since founding the KS Clinic in 1981, Dr. Conant has been active at local, state and national levels in the fight against the AIDS epidemic. He is Consultant to the San Francisco AIDS Task Force, Consultant to Sala Burton of the Fifth Congressional District, Chairman of the State Department of Health Services' Task Force on AIDS, and President of the Board of Directors of the National AIDS/KS Foundation. He has recently testified in Washington before Congress's Subcommittee on Government Operations about the Federal Government's response to AIDS, and has been called into consultation with Dr. Brandt and with Virginia Apuzzo of the National Gay Task Force. He was instrumental in persuading Sacramento to fund a major effort by U.C. in research and treatment of AIDS-related illnesses. Dr. Conant is currently lecturing on AIDS in several European cities. He also somehow manages to find time for his other interests which include gourmet cooking, back-packing, river-rafting and more recently, Japanese Tea Services. In light of his years of medical service in our community and his enormous contributions throughout the country and the world in the current crisis, we are pleased to honor Dr. Marcus Conant in 1983.

The Banquet will be held in the charming Japanese Pavilion of the recently remodelled Cathedral Hill Hotel. The Pavilion is set by itself in a garden, next to the swimming pool on the fourth floor Terrace of the hotel. We will begin our cocktail hour at 6:30 p.m. on the Terrace, with music by L'Etoile pianist Tim Belk. He'll continue to provide us with musical interludes during a fine roast sirloin of beef dinner. The cost will be \$35 for members, \$25 for house staff and students, \$35 for all others, including guests. Validated parking (bring your ticket to the Banquet desk) for \$3.00 is available in the hotel's garage, entered from Van Ness Avenue, between Post and Geary.

Since the Annual Awards Banquet is one of BAPHR's most enjoyable traditions, we hope to see you all there on October 29. We are aiming for a relaxed evening with good food and lots of time to catch up with friends. "Speeches" will be enlightening, but short! Invitations will be in the mail shortly; please return your cards and checks as soon as you can, definitely before October 20. If you have any questions (or don't receive an invitation or want one sent to someone else) please call Doug Carner or Peter Mittendorf at 558-9353 or Stephen Walters at 563-2070.

*Stephen R. Walters, M.D.
Banquet Coordinator*

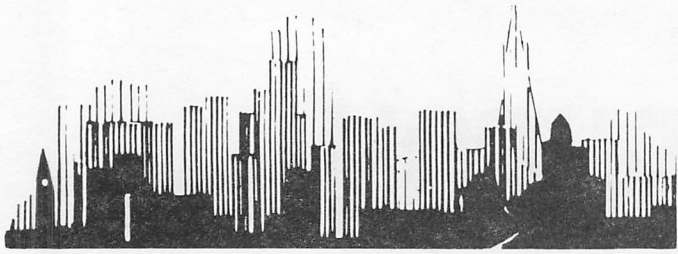


Two Elected to Honorary Membership

The executive board has elected Doctor Evelyn Hooker and Doctor George Riley as honorary life members of BAPHR in recognition of their individual special contributions. This is the first such action by the board in granting honorary membership.

Doctor Riley, a founding member of BAPHR has been active in many important projects. He was recently featured in a major article on AIDS in the *AMA News* in which he discusses his disease and how it has affected his life.

Doctor Hooker was the awards winner in 1982 and returned to San Francisco to participate in the 1983 Symposium when she rode in the honor car in the Gay parade. Her many contributions to homosexual research and Gay rights are well known.



PROGRESS NOTES

by Kent Sack, M.D.

Patterns with Problems

All of us who have spent time flying have heard the pilot announce: "...and therefore we are entering a holding pattern for a brief time, please be patient."

This always produces a wave of emotions within me — most of them negative. Anxiety if the reason is vague. Discomfort with continued sitting. Frustration from the disruption of schedules and plans. Annoyance with the inconvenience and anger for lacking control. The chatter of seat-mates, reassurance from flight attendants and non-stop galley coffee are unsuccessful in defusing my volatility. Consequently, my deplaning appearance is worse than the battered luggage I carry and the waiting ground party is forced to indulge my mood.

I sense a similar mood in our community now during the AIDS holding pattern. In this fifth year, with increasing internal and external pressures to stay the line, emotions are starting to bubble. All of my flight emotions are found on the streets of San Francisco. Anxiety about life-style and past actions. Discomfort with restrictions imposed from whatever source. Annoyance with the implications created by the publicity. And mounting anger during this prolonged mystery with its stress, disease and death.

I appreciate the temperament and the actions; however I am concerned that the liability will grow into a calloused mood of indifference. Individual indifference to personal habits and well being; indifference to the entire problem. A mood of "to hell with it all." Such would be catastrophic.

Professional talk helps — temporarily and individually. Talk buys the hour but not the night. For some, talk is difficult and without release. For many, friendship is not easy. For many, a relationship is unknown. More help than professional talk is needed. Communal closeness is the goal. There is the problem. Can BAPHR muster its many talents to pioneer social-psychological guidelines similar to our risk guidelines? If so can we enjoin the community to maintain during this holding pattern, removed from past mores, while developing alternatives in our life styles? Our flag is lavender, not white! We must try before the holding pattern exhausts and emotions boil.

BAPHR and the gay community lost a dedicated and innovative health ally with the recent death of Dr. Hope Corey, medical director of Health Center -1. Her sensitivity to the wellness of our community was obvious at our annual Health Fairs and in many of the programs at her 17th Street clinic. We have given an honorarium to one of her favorite projects: Car Seat Loan Program.

The special people list is crowded this month. Four from BAPHR deserve laurels greater than mention in this column, but start here. Carolyn Harvey singly managed BAPHR's first affiliation with the recent Women's Fair on Valencia Street, to be followed by her chairing of the '84 Health Fair. Jane Bailowitz activated a dream into a City-wide, month-long "Women Against AIDS" blood donor project. BAPHR will honor Jane and CALFA donors with a ceremony on their special donation day — September 24 at Irwin Blood Bank. The complex process of restructuring BAPHR into a foundation and corporation ("that C-3, C-4 thing") is progressing under the limitless executive skills of Peter Mittendorf — only one of his many areas of commitment to BAPHR. Will Warner, who has nurtured the Physician Survey Project of the Scientific Affairs Committee into a viable activity, has assumed the additional responsibility of grantsman; he is developing BAPHR's application for Survey Projects monies from the recently announced 04 million dollar State Department of Health allocation for AIDS work by non-profit groups.

Steve Walters and Doug Carner are the production team again for our Annual Banquet in the Japanese Pavilion at the Cathedral Hill Hotel. This prominent event on 29 October gives us a chance for conviviality with area politicians and personalities. Importantly, it is our time to acknowledge some significant friends and members. Worthy of your 3500 pennies, a worthy pattern to hold.

BAPHR Eligible for UNITED WAY

Once again, members and friends of BAPHR may specify that their United Way contributions are to be earmarked for the Bay Area Physicians for Human Rights. The donor should request a Donor Option Pledge Card from United Way and specify BAPHR as the recipient. Federal employees who contribute to the Combined Federal Campaign may also request the Donor Option Plan.

BAPHR meets the necessary criteria for the donor option plan in that it holds tax-exempt status under IRS Section 501 (c)(3) and meets the other requirements.

Last year BAPHR received contribution through this plan and we are pleased that we are again eligible. United Way retains a small portion of each pledge for administrative expenses. The donor option plan is intended for those individuals who feel strongly about a specific organization (such as BAPHR) and wish to support it through their United Way contributions.

It should be noted that BAPHR is not a "member agency" of United Way and thus will not receive financial support through United Way unless the Donor Option card is completed.

the BAPHRON

The BAPHRON

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Physicians in practice \$100.00
Professional affiliates 50.00
Friends of BAPHR 25.00
Housestaff officers 25.00
Medical students 12.50

Note: Names of members and contributors are kept strictly confidential.

Advertising: Classified and display advertising may be purchased by individuals, organizations, and businesses.

Acceptance is at the sole discretion of the BAPHRON Staff. Minimum rate for classified ads is \$10 for 20 or fewer words. Over 20 words: 50¢ per word. Display ads (camera-ready only): \$10 per single column-inch. Double these rates for non-members. Further information: Administrative Office, 558-9353 during normal business hours.

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NOTE: The appearance in The BAPHRON of an individual's name or photograph in no way infers his/her sexual orientation and must not be construed to do so.

AIDS Update

Lane, HC, Masur, H, Edgar, LC, Whalen, G, Rook, AH, Fauci, A: Abnormalities in B cell activation and immunoregulation in patients with the acquired immunodeficiency syndrome. *New Eng. J. Med.* 309:8: 453 - 458, 1983. (NIH)

The authors cite several experiments which imply that AIDS patients have malfunctioning B cells as well as T cells: 1) B cells in AIDS possess abnormal ability to produce antibodies spontaneously; thus most AIDS patients have polyclonal hypergammaglobulinemia, especially increases in IgA and IgG. 2) B cells in AIDS demonstrate decreased proliferation in response to pokeweed mitogen, a T-cell-dependent B cell mitogen. This implies malfunction of T cells, B cells, or both. 3) Unfractionated peripheral blood lymphocytes demonstrate decreased response to a pure B cell mitogen. *Staphylococcus Aureus* Cowan Strain 1 (SAC). This article is quite complicated and deserves reading and rereading.

Marwick, C. Interleukin- II trial will try to spark flagging immunity of AIDS patients. *JAMA* 250:9:1125, 1983. A brief scheme for mechanism of action of Interleukin 2 in lymphocyte activation and maturation is described. This lymphokine is not released normally in AIDS; addition of Interleukin 2 to AIDS lymphocytes augments their ability to inactivate CMV-infected cells in vitro, according to Gerald Quinnan.

Three articles in *JAMA*, Sept. 9, 1983, attempt to relate lymph node histology in homosexual men to clinical course and other laboratory markers:

Modlin, RL, Meyer, PR, Hoffman, FM et al: T lymphocyte subsets in

lymph nodes from homosexual men. *JAMA* 250:10: 1302 - 1305, 1983. (UCLA & UCSF)

Ioachim, HL, Lerner, CW, Tapper, ML: Lymphadenopathies in homosexual men: Relationship with the acquired immune deficiency syndrome. *JAMA* 250:10: 1306 - 1309, 1983. (Lenox Hill, Columbia P & S, NYC)

Brynes, RK, Chan, WC, Spira, TJ, et al: Value of lymph node biopsy in unexplained lymphadenopathy in homosexual men. *JAMA* 250:10: 1313 - 1317. (CDC, Atlanta)

Jaffe, HW, Choi, K, Thomas, PA, et al: National case-control study of Kaposi's sarcoma and pneumocystis carinii pneumonia in homosexual men. Part 1, Epidemiologic results. *Ann. Int. Med.* 99: 145-151, 1983.

This previously cited study is presented in detail. The variable most strongly associated with AIDS was number of male sex partners per year.

Rogers, MF, Morens, DM, Stewart, JA: National case-control study of Kaposi's sarcoma and pneumocystis carinii pneumonia in homosexual men: Part 2, Laboratory results. *Ann. Int. Med.* 99:151 - 158, 1983.

Read all data charts before coming to any conclusions!

Gottlieb, MS, Groopman, JE, Weinstein, W, Fahey, JL, Detels, R: "The acquired immunodeficiency syndrome (UCLA Conference). *Ann. Int. Med.* 99:208-220, 1983.

This is an excellent overview of AIDS with special attention devoted to gastrointestinal problems and definition of immunological abnormality.

James Campbell MD

BAPHR AIDS Survey Preliminary Report

At the August meeting of the Scientific Affairs Committee meeting, Will Warner summarized the start-up problems and progress of this project, which was begun in January of this year.

As of Aug. 1, 129 patients had been entered (the total is now closer to 150) and 163 case reports had been submitted. Those figures suggest one problem, that of lack of follow-up for many patients who doubtless had been seen more than once but for whom appropriate case reports had not been completed.

Additional refinements in recording laboratory values were added to the coding by the committee members, most of whom are submitting case reports. Means of interesting new contributing physicians were discussed, with personal contact expected to be the most fruitful method.

As reported by Kent Sack, the state has set aside more than \$400,000 to support qualified investigators (non-profit organizations) in AIDS research. A grant application has been submitted to the State Department of Health Services to cover some of the expenses of data processing and monitoring the survey program for a nine-month period (Oct. 1983 to July, 1984), the present scope of the state program, although the survey is a three-year project.

One goal is to increase the recruitment of contributing physicians and thus increase the number of patients under surveillance. It is likely that some physicians seeing AIDS patients have not become sufficiently interested to complete the one-page case reports and follow-ups for this important survey. We urge you to contribute reports if you are able; the results, while not intending to find a cure for AIDS, should be of help to all physicians, and hopefully the population at risk, through tracing the development of the syndrome through its prodromal stages and identifying those conditions most closely associated with AIDS. If you can contribute, contact Will Warner, (415) 453-5281.

(See page 191 of your February, 1983 BAPHRON for more details of the survey.)

Psychiatric Grand Rounds

U.C. San Francisco's Langley Porter Clinic will hold two grand rounds, on October 19 and 26, on "Psychosocial Implications of AIDS". The topics will cover "The person with AIDS and the worried well" and "Research issues", according to Dr. Jeffrey Cohen, Chief Resident. They will be held at HSW 301 from 11 to 12:30.

AIDS Statistics

Bay Area, September 8, 1983 (includes Marin, San Francisco, San Mateo, Santa Clara, Alameda Counties).

	S.F. Alone	S.F. Bay Area total	S.F. Bay Area % Expired
Total AIDS	263	336	
Expired	84	108	32%
Pneumocystis alone		126	40%
Kaposi's Sarcoma alone		138	19%
Pneumocystis and Kaposi's Sarcoma		42	55%
Other Opportunistic Infection		30	40%

An estimated 97% of cases were homosexual or bisexual men. Less than 1% of cases were of no know risk.

Krajeski Blasts NCMJ

The May 1983 issue of the *North Carolina Medical Journal* carried a blatantly & crudely homophobic editorial entitled "AIDS & the Moral Law" by "the Reverend" G.R. Selby (127 Main Street, Warren-ton, NC 27589). Therein, it was opined that "...there may, after all, be a natural law that links morality & health in human society" & that "...homosexual practices have developed more frequently in highly sophisticated (some would say more decadent) societies." He notes, with obvious satisfaction, that in ancient Judah "...the punishment for homosexual indulgence was drastic & final. Leviticus 20:13 commands the death penalty" & rambles forward (or rather, backward) with "This sentence may" (!) "seem excessively drastic for an act which twentieth century society often considers legitimate behavior between consenting adults. If, however, a dimly remembered tribal experience had seared into the racial sub-conscious the memory that homosexual practices imperilled not only those who were personally involved but the tribe itself also, such punishment would seem entirely justified."

Bumbling onward & downward via a series of soaring leaps of il-logic, the Reverend interprets what he terms a "curious" & "obscure" remark of Paul's in the Epistle to the Romans — "...men committing shameless acts with men & receiving in their own persons the due penalty for their error" — as a possible reference to an ancient out-break of an AIDS-like epidemic. Blithely ignoring history, he concludes that the reason that exegetes from the sixteenth to the mid-twentieth century, in their "major commentaries on the Epistle to the Romans" made no attempt to interpret that particular passage was that "... the Christian prohibition against (sic) homosexual practices had resulted, over the centuries, in the natural eradication of the (AIDS-like) disease." (Presumably, of course, as a result of the "eradication" of homosexuality itself during that period, which will come as a jolting shock to millions of souls — literally — including those of Pope Julius III; numbers of cardinals; several kings, emperors, czars, & sultans of England, Scotland, France, Prussia, Bavaria, the nations of Scandinavia, Russia & Turkey; Oscar Wilde & Walt Whitman, Proust & Gide; Beethoven, Moussorgsky, Tchaikovsky & Rimsky-Korsakoff; & everybody's favorite marquis, who was well known to swing both ways.)

BAPHR-member James Krajeski's reaction to the Reverend's lunatic rantings was published in the August 1983 *NCMJ*:

In my several years of medical practice the most serious insult that I have seen to the dignity of the medical profession was the publication of the editorial "AIDS and the Moral Law" in the May 1983 issue of *NCMJ*. This piece is notable for its righteousness, its lack of good taste, and its lack of compassion. It represents the worst possible mixing of religious and medical concepts.

This profoundly homophobic article ignores all logic in its arguments by not considering the fact that AIDS involves individuals other than homosexual males, such as hemophiliacs and Haitians. Are we to assume that these individuals are also being punished for violating "natural moral law?" Applying the same logic to similar situations do we assume that sickle cell anemia is a punishment for the sins of a particular race, or is breast cancer God's way of dealing with the violation of moral law by women?

If one is going to expound this kind of religious and medical nonsense then the author's premise would seem to carry some far reaching implications. For example, should physicians interfere with "God's will" and attempt to treat patients who are judged to be punished for violating natural moral law. How do we decide among our patients those who "deserve" their illnesses and suffering versus those who do not?

I, for one, am unwilling to attempt to judge whether my patients deserve their suffering or not. There may, of course, be endless speculations of why individuals are beset by illness and suffering. One could just as readily speculate that in some divine plan innocent people suffer to test the love and compassion of all men and women. If this premise were true, it would appear that, in the case of AIDS patients, some people are going to have a great deal of difficulty passing the test.

To Dr. Krajeski's serious, cogent, & important objections to the inclusion within the pages of a purportedly "scientific" organ Selby's moralistic, holier-than-thou, & supremely unscientific drivel, the Editor of the *NCMJ*, Dr. Eugene A. Stead, Jr. (Box 3910, Duke U. Med. Ctr., Durham, NC 27710) opted to respond with a "cute":

The editor thanks those who wrote him about this editorial and congratulates them for their wisdom in reading the *North Carolina Medical Journal*. We are now closing our letters column on Reverend Selby's editorial.

This response would seem strongly to indicate that Dr. Stead, rather than reflecting further & coming to the conclusion that the publication of Selby's thinly veiled encouragement of the extermination of homosexuals constituted an editorial error of no small magnitude, is positively gloating over & reveling in the thoroughly justified indignation it has provoked.

A mea maxima culpa is very much in order, & long overdue, from Dr. Stead. Protests concerning his decision to publish such Falwellian, vicious homophobia as Selby's, & demands for an apology are very much indicated. From BAPHR members, speaking for themselves. And from BAPHR. Officially. As an organization. Over the signatures of every officer.

SEE YOU AT THE BANQUET!

Japanese Pavilion • Cathedral Hill Hotel
29 October 83 6:30 PM

The Great Annual BAPHR Picnic

Thanks to the seemingly boundless hospitality of BAPHR-member Gene Eisenberg & his co-owners of the Green Valley Ranch up in the beautiful hills near Mt. George in Napa County, some fifty-odd (no comments, fellas!) BAPHR members, associates, & significant others bathed in warm sunshine on the afternoon of 18 September while The City lay swathed in its frequent Autumnal mists.

The preprandial period passed pleasantly in pursuit of paddling about the pond; horseback riding; playing volleyball; swimming; watching the huge tadpoles & the crawdaddies in the shallows; tossing sticks out onto the pond for retrieval by the several enthusiastic canines in attendance; chatting with old friends; & making new ones. (In a conversational sense only, insofar as your correspondent is aware.) And, of course, with that classical pastime of gay men everywhere & throughout recorded history: the visual appreciation of near-nude bodies.

Promptly at 4PM, the delicious burgers began to roll off the charcoal grill, seared to perfection by Chief Chefs Wilkie & Carner. Accompanied by an enormous, palate-teasing variety of salads, they were scrumptious. Finally, desserts galore.

In late afternoon, it was a thoroughly sated bunch that began making their ways home.

Again, thanks to Gene, & thanks to those BAPHR members who put in the hours & hours of advance planning & preparation required by such wonderful BAPHR events as was 1983's Annual BAPHR Picnic!

Twenty-Two On The Red

Big Band Dancing & Gaming for Prizes!

Gift Center Pavilion • 888 Brannon Street • 864-1438

\$20 15 October 83 8:00 PM



THE BAPHRON

Bay Area Physicians for Human Rights Official Newsletter
Vol. 5, No. 11

November, 1983

UC Berkeley Funded

The National Institute of Allergy and Infectious Disease (NIH) has contracted with the Department of Biomedical and Environmental Health Sciences, School of Public Health, UC Berkeley to do a prospective study of gay and straight men in order to trace the "natural history" of AIDS in our community. Under the direction of Warren Winkelstein, MD, MPH, Professor of Epidemiology, the study will focus on residents of the famous 19 "census tracts" of San Francisco which have been found to yield a very high percentage of AIDS patients. A pilot study will begin in January to check out the "study instruments", and the definitive effort is scheduled to begin in April, 1984.

The study will recruit at least 1000 gay men and 200 "straight" men by trained social workers using door to door techniques under the direction of James Wiley, Ph.D., of UC's Survey Research Center. It is estimated that up to 60 new cases of AIDS will be discovered in this sample over a three-year period. The study will be explained to the participants, and they will be asked to present themselves to a special facility at Children's Hospital for completing a questionnaire, donating samples of blood, urine, stool, and semen, and undergoing complete histories and physicals at six month intervals. The serum samples will be utilized for chemical and serological studies; urine will be frozen for chemical analysis and viral studies; semen and rectal swabs will be preserved for viral studies and ova and parasite examinations. Half the samples will be stored frozen for use by NIH at a later time, or when biological markers are identified. Behavioral risk factors will also be sought, including occupational exposures, alcohol, tobacco, nutrition, and psychosocial factors in addition to sexual patterns.

Sub-contractors include Irwin Memorial Blood Bank (Dr. Herbert Perkins) for analysis of total T-cells, helper T-cells, suppressor T-cells, killer T-cells, monocytes, and total B-cells; Girish Vyas, Ph.D. at UCSF for studies of immune complexes; Thomas Coates, Ph.D., UCSF, for psychological studies; and Dobri Kiproff, MD of Children's Hospital for studies of anti-lymphocyte antibodies. Roche Biomedical Laboratories will analyze serum for beta 2 microglobulin, thymosin alpha-1, and total hemolytic complement assays. Drs. Robert Anderson and William Lang will be responsible for the clinical and laboratory studies respectively at Children's Hospital. There is also an Advisory Committee which will review progress regularly and advise on scientific issues; BAPHR's Will Warner is on this committee.

At the Executive Board meeting Oct. 2, BAPHR voted its wholehearted support and will furnish a letter of endorsement to Dr. Winkelstein for use in recruiting volunteers for this important study. Similar studies are also planned in Baltimore, Pittsburgh, Chicago, and Los Angeles.

AIDS Update

Modlin, RL, Hofman, FM, Meyer, RR, Vaccaro, SA, Ammann, AJ, Conant, MA, Rea, TH, Taylor, CR. "Altered Distribution of B and T lymphocytes in Lymph nodes from homosexual men with Kaposi's Sarcoma" (UCSF and UCLA) *Lancet* 8353, Oct. 1, 1983 pp 768-771. Immunostaining was performed on lymph nodes from 10 homosexual men with Kaposi's Sarcoma and compared to 40 other reactive lymph nodes and tonsils in presumably healthy persons. In normal reactive nodes B cells were confined in follicular centers, whereas in Kaposi's, B cells were found invading the interfollicular area, normally inhabited only by T cells. This same interfollicular area contained an abnormally low ratio of helper: suppressor T cells in Kaposi's Sarcoma. The authors conclude that B lymphocyte proliferation may be the cause of altered immune state in Kaposi's and the abnormal subsets of T lymphocytes may be merely a response to this.

Black, PH, Levy, EM. "The Human T-Cell Leukemia Virus and AIDS". (Boston Univ) *New Engl Journ of Med* 309:14, Oct. 6, 1983 pp 856. The authors disagree with the hypothesis that Human T Cell Leukemia (HTLV) is the causative agent of AIDS for the following reasons: 1) HTLV is T-cell-tropic and stimulates production of cells with T4 (helper) markers; in AIDS there is depletion of this cell population. 2) Lymphomas in AIDS patients contain B cell markers. 3) Antibodies to HTLV detected in 25 percent of AIDS patients may be explained by non-specific polyclonal B-Cell activation independent of current antigenic stimulus.

Golubjatnikov, R et al. "Homosexual Promiscuity and the Fear of AIDS" *Lancet* 8351, Sep 17, 1983 pp 680. A survey of 488 homosexual males from Madison, Wisconsin reveals that the median number of sex partners was 6.8 per month in early 1982 and 3.2 per month in early 1983. AIDS has not yet become prevalent in Madison.

Ketterer, WA, Albert, TJ, Cline, F, Feigen, GM, Owen, WF. "Medical problems of homosexuals" *Medical Aspects of Human Sexuality*. October 1983 pp 55-81. This is an excellent roundtable discussion concerning the approach to the gay patient including history taking, diagnosis and treatment of certain infectious diseases.

James Campbell

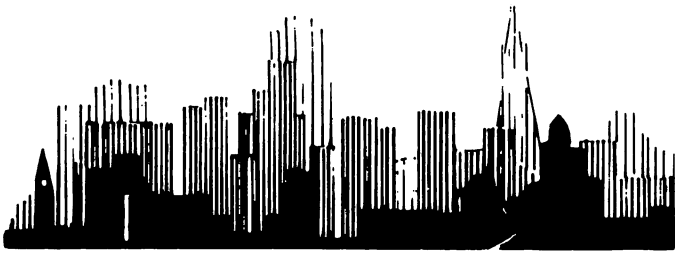
NOVEMBER GENERAL MEETING

Some most interesting aspects on charitable donations and estate planning will be presented at the November 13, 1983 BAPHR meeting. On hand to lead the seminar will be Mr. Richard Nelson, attorney, financial planner and estate adviser, as well as our own general counsel Mr. Matthew Coles, attorney. Enough detail to stimulate further enquiry will be given, and the question and answer period should be most provocative.

ALL members will benefit by what they learn, for themselves, and also the ever needful good causes of BAPHR. Please have your questions ready!

November 13, 7 p.m., Franklin Hospital, Duboce and Castro, Auditorium, B Level.

*Ted Winn, Jr., M.D.
Finance Committee*



PROGRESS NOTES

by Kent Sack, M.D.

Jammed.....

...best describes BAPHR's agenda during the first quarter of my tenure. The issues have not been the dollar-ninety-eight types. The most demanding issues have been new ventures for the Organization: a budget process, legal reorganization and politicking. The Executive Board and specific committees have discussed each of these areas in great detail and have developed expertise that will be valuable for years to come. These actions, and their long term impact on BAPHR, mandate a summary update for the general membership. My attempt will be expanded during the year by more erudite BAPHRON contributors.

Three months of resourcing, discussing and a unanimous membership vote (by mail and at the September picnic) produced BAY AREA PHYSICIANS FOR HUMAN RIGHTS, INCORPORATED. We are now a C-3 corporation (no longer an association) with the same tax deductible status as previously, plus specific, but limited, lobbying capabilities. Plans to develop both a C-3 (separately incorporated Foundation) and C-4 (membership corporation) were tabled after a study demonstrated this reorganization would be inappropriate to our objectives of: 1) increasing the stature of the Endowment Fund, and 2) a legal capacity for legislative lobbying.

The first objective was to provide internal fiscal stability for BAPHR. A C-3 (Foundation) would allow philanthropy to the community, but not allow subsidy support of the parent organization (C-4). The second objective was to safeguard our tax exempt status while expanding our lobbying efforts relating currently to AIDS, and later to other important health and social issues. It was concluded, with legal consultation, that these two objectives could best be accomplished as a single corporation. As a C-3 corporation, BAPHR is a charitable, educational and scientific organization with tax-exempt status entitled to receive tax-deductible dues, donations, assessments, bequests, living wills, etc. Upon completion of an application process, BAPHR will be permitted by the IRS to lobby governmental agencies as follows:

- Executive: Unlimited
- Legislative: Up to 25% of organizational resources (donated time and money)
- Candidates: Never

Specific guidelines and record keeping procedures for lobbying activity are being developed by the Administration Committee. When completed, these will be made known to the membership and a resource-monitoring system will be activated.

I am personally pleased with this action. Having voted to review our decision in two years, we will be able to review our needs at that time with the benefit of systematically accrued fiscal and lobbying data. Considerable energies are now being expended to secure these two objectives. First, the Endowment Fund will be given credentials and a separate portfolio with directors. The details of this will be managed jointly by the Finance and Administration Committees with consultative help from BAPHR Friends — Peter Middendorf and Keith Fenton. Secondly, Seth Charney has moved quickly and effectively to organize our lobbying wing. His Public Information position, within the Administration Committee, will coordinate the external aspects of BAPHR's media and lobbying actions, focusing initially on AIDS. Seth will work closely with our AIDS Task Force co-chairs as they coordinate BAPHR's internal AIDS work. Committees will be requested to support Seth in specific areas of concern. The officers, governed by the Executive Committee, will retain exclusively the responsibility for publicly stating BAPHR's position on issues.

Many other significant administrative matters have been addressed during these three months. 1) Organizational insurance needs are being reviewed in detail. The goal is affordable umbrella coverage. As this (or component) insurance is secured, we will resolve the Referral Panel Indemnity crisis. Active publicizing of the Referral Panel will follow. 2) The procedure and policy manual to be drafted by the Vice President will facilitate committee and project chairs in their various activities. 3) The Administration and Finance Committees will jointly develop the policy to monitor and disburse any grant monies received by BAPHR. 4) A change in officer terms was voted at the September Executive Board meeting to giving planning — enactment — continuity to the annual program. The '83'84 officers will extend their tenure to October 1. Future officers' terms will be October 1 through September 30. This change gives the incoming slate of officers three months to coordinate their plans with the fiscal and membership year, recently changed to January 1 - December 31. 5) BAPHR now retains competent legal, accounting and bookkeeping consultants to advise us in the increasingly complex management and operation of this organization of 297 members: 226 MDs, 36 affiliates, 22 house officers, and 13 medical students.

Bold type could be used for the remainder of these notes so as to give proper balance and emphasis to the hub and heart of BAPHR — the committees, projects and members who direct our services to the community. Space allows one-liners only:

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- Lanny Dykes has accepted the co-chairmanship of the Symposium Committee.
- Planning for BAPHR's March 17-18 Health Fair begins on October 13.
- Various sectors of the medical community are attending our popular Journal Club meetings at the Pacific Medical Center.
- BAPHR reps continue active in the various community AIDS advisory groups.
- "Aging" is the program focus being considered by the Symposium Committee.
- The purpose and value of the AIDS Risk Reduction Guidelines are being evaluated jointly by the City Health Department and our Scientific Affairs Committee.
- BAPHR will provide medical support at a 3 day out-of-city Retreat/Workshop for AIDS patients on "Life, Death and Transition" directed by Dr. E. Kubler-Ross, and sponsored by the San Francisco AIDS Fund.
- Small forums for BAPHR members on gay-lesbian health issues are being finalized.
- BAPHR, in consensus with the Los Angeles and San Diego PHR chapters and AAPHR, produced the AIDS Gay Risk Reduction Guidelines for the State Health Department.
- Two membership support groups are now functioning under Don Brown's guidance with the potential to form others as the need arises.
- BAPHR, in November, will be directing the disbursement of proceeds from the Frontrunners' Gay Run to various AIDS activities in the City.
- The Administration Committee, with an increasing load of important tasks, is seeking members with or without executive experience. Call 558-9353; say yes!

A special paragraph for a special member — Jack Wilkie. As Membership/ Internal Support Committee Chair, Jack has many responsibilities. The increasing membership, including house staff and students, reflects his active recruitment program. The recent pool party for house officers and the September general membership ranch barbecue in the Napa Valley were successfully organized by Jack. Preliminaries are set for our Annual New Year's Eve Party with some projections for a spring fund raiser. Jack's personal warmth and commitment are visible with his committee's hosting efforts at our general meetings and the informal cocktail parties to welcome new members. A most laudable member and chair of a very active Committee!

We, as a social-professional-political organization, need ever be cognizant of a recent suggestion that the administrative business of these past three months not compromise our concern and support for the well-being of BAPHR members and friends. Balance is crucial and must be reassessed frequently. The spirit of this concern would be reflected in an invitation to a home — your home — for BAPHR members or those in our community, especially AIDS patients, without Thanksgiving or Christmas plans.

Know that each of you who have worked so mightily on this jammed agenda are appreciated. Sigh and enjoy Turkey Day.

SHARE OFFICE SPACE — WINE COUNTRY

Internist seeks another physician to share office space in large, reasonable, free standing medical office. Please write or call Michael MacLean, M.D., 330 College Ave, Santa Rosa, CA 95401, (707) 545-4660.

Need physician to work full time in new AIDS clinic in S.F.; will train in new positive (metabolic-immunological-nutritional) approach. Contact Pat Mooney (415) 221-9145, or write Supernutrition Research, 531 44th Ave, San Francisco, CA 94121.

Book Review

Gay Men's Health. A Guide to the AID Syndrome and Other Sexually Transmitted Diseases, by Jeanne Kassler, M.D. is a slim but surprisingly encyclopedic 166 page soft cover book for \$7.95. Its theme is found in the last two sentences of the introduction: "Education provides protection against having to learn by unwanted experience. It permits one to make decisions that are genuinely based on informed consent." The author's usually clear and concise style brings infectious diseases concepts within the grasp of the motivated reader. There is no attempt to avoid scientific terminology but its use is generally followed by adequate explanation in the text. A glossary of terms, a labelled cutaway model of the male anatomy and descriptions of different organ functions provide further background information.

The book was not intended to be a treatise on AIDS but the 35 page chapter devoted to it provides a good overview of the viral, antigen-overload, drug, sperm, and genetic theories on etiology. The opportunistic conditions seen in AIDS are presented and briefly explained; generalized lymphadenopathy and autoimmune diseases are discussed as separate but AIDS-related phenomena; even the psychological side of AIDS and its financial costs are briefly considered. However, the section about prevention of AIDS recommends only that one limit the number of sexual partners and avoid anonymity — hardly an adequate presentation of the prevalent views on appropriate AIDS risk reduction. This complex but crucial issue deserves the same overview that was given to potential AIDS etiologies. At the very least, this section which ends the AIDS chapter should close with the suggestion that up to date risk reduction information should be sought from local gay organizations.

There are some minor inaccuracies in the book such as the suggestion to use the test for hepatitis B core antibody to detect those gay men who do not need the hepatitis B vaccine since both those who are carriers and those already immune will have core antibody. In fact many persons who possess the hepatitis B surface antibody (and hence immunity) because of past infection will not have detectable core antibody.

Although the section on condylomata accuminata is good (if for no other reason than it emphasizes the need for anoscopic examination when perianal warts are found) the prediction of a 50% cure rate after one or two podophyllin treatments is simply not true — at least for anorectal wart disease. In the discussion of syphilis and gonorrhea the author states that there is a 50-80% chance of contracting gonorrhea from a single episode of intercourse. The type of intercourse is not specified but the data probably refers to penovaginal intercourse and is of questionable value in predicting anorectal transmission of gonorrhea.

Regional differences in practice (the author interviewed primarily New York health practitioners) are probably responsible for the failure to mention that polyvinyl alcohol is frequently used as a preservative for stool specimens collected for ova and parasite microscopy. Similarly, there is no mention of the well established oral regimen for anorectal gonorrhea which administers a total of 7.0 grams of ampicillin and 2.0 grams of probenecid in two equal doses spaced 8-12 hours apart.

The need to frankly and thoroughly discuss behavioral correlates for STD risk in the sexually active gay male population is obviously more important than ever in this age of AIDS. Although the author does cover all the basics for general STD risk reduction, the presentation could have been stronger. I liked the paragraphs titled "Prevention" which follow most (but not all) of the individual infection discussions. I think the final section on the medical examination where screening and guidelines are listed should have re-emphasized in the author's clear expository style the reasons for placing specific sexual activities, locations of activity, anonymity of partners in high, medium and low risk groups.

However, compensating for the above shortcomings and making this work complete are its health resource directory which lists gay health services throughout the country and its bibliography which directs the reader to background literature. It is a worthwhile and readable reference book.

Robert Bolan, M.D.

PRESIDENT RONALD REAGAN
Washington, DC

Dear Mr. President:

I have a very simple question for you. As a citizen of the United States of America, I would appreciate a straightforward answer to it.

Over the past three or so years a crisis in Public Health has erupted in this country which is in many respect entirely unprecedented. If it had involved & were continuing to involve thousands of Americans of Norwegian ancestry, or of artichoke growers, or of professional athletes, or of packing house workers or CPAs, or of the residents of Cedar Rapids I haven't the least doubt that long before now you would have been voluminous in your public expressions of concern. You are clearly a compassionate & caring human being under selected circumstances: your plea for a liver donor for that unfortunate little boy was moving.

Despite all that, Sir, insofar as I can ascertain you have yet to:

1. utter the first syllable of your concern about AIDS,
2. push personally for adequate funding for federal research directed at finding the cause(s) & cure for AIDS,
3. indicate that you harbor so little as an iota of compassion toward the loss to their lovers, families, & friends of hundreds upon hundreds of young men in the prime of their lives, most of them fine, productive, valuable, respected, tax-paying members of their communities & citizens of this Republic.

You were elected President of us *all*. You are constitutionally mandated to be President of us *all*, which would seem further to mandate that you have a real & deep concern for the health & welfare of us *all*. Yet, Mr. President, something like twenty MILLION Americans presently have good cause to feel that you could not care less about *our* health & welfare. Thus far, you have abrogated one of your most sacred responsibilities.

As I stated at the outset, I have a really simple question for you. It is: "WHY?"

As a Co-Editor of the Official Newsletter of the Bay Area Physicians for Human Rights I intend to publish for circulation to its nearly 400 members this query, along with your answer in the next issue.

Sincerely yours,
CHARLES W. MORRISON, M.D.

[Ed. Note: As of press-time (October) Mr. Reagan had made no reply.]

Help!

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AIDS Director
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(808) 524-3540, Suite 3411, 1188 Bishop Street, Honolulu,
Hawaii 96813



AIDS Statistics Through October 10, 1983

	S.F. Alone	S.F. Bay Area Total	U.S.A.	S.F. Bay Area New Cases Past Month
Total Aids	282	357	2416	21
Expired	93	120	981	12
Pneumocystis alone		138		12
Kaposi's Sarcoma alone		143		5
Pneumocystis and Kaposi's Sarcoma		44		2
Other Opportunistic Infections		31		1



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THE BAPHRON

Bay Area Physicians for Human Rights Official Newsletter
Vol. 5, No. 12

December, 1983

Pediatricians Learn That Teens May Be Gay

"The Gay Adolescent in Pediatric Practice" was the title of a half-day symposium co-sponsored by the American Academy of Pediatrics and the Society of Adolescent Medicine at their Annual Meeting, which was held this year in San Francisco on October 23. The speakers included former NFL football star Dave Kopay, Aaron Fricke, the Rhode Island high school student who sued to bring a male date to his senior prom and won, Dorothy Abrahamson, a member of the San Francisco chapter of Parents and Friends of Gays, and BAPHR members Bill Owen, M.D. and Jim Krajieski, M.D. The presentation was attended by 500 M.D.'s.

Owen told the audience how to take a sexual orientation and sexual practices history from a lesbian or gay male patient in a sensitive way. He discussed the medical problems that the pediatrician might encounter in a sexually active gay male adolescent through a slide presentation of traditional venereal diseases in new locations, enteric conditions, traumatic problems and entities associated with cellular immune deficiency. He also presented a case history illustrating how obtaining a good sexual history can lead to a diagnosis more rapidly and in a more cost-effective manner.

Krajieski discussed the psychological aspects of the gay adolescent. He noted that adolescents who are aware that they are gay suffer isolation that is different than that experienced by members of other minorities, since members of most other oppressed groups are visible and it is easier for those teenagers to identify peers with whom to band together for support. He urged pediatricians to be teachers who provide supportive counseling and reduce psychological stress. Krajieski also suggested that pediatricians examine their own attitudes about homosexuality, asking themselves how they feel about gay doctors and gay teachers and how they would feel if their own children were gay. He further pointed out that referrals to mental health professionals with the purpose of *changing* an adolescent's sexual orientation were neither innocuous nor appropriate.

Kopay tackled the popular stereotypes of gay men and lesbians by talking about some of his life experiences that he had previously revealed in his book, *The Dave Kopay Story*. Fricke, who has also written a book about his experiences in coming out, *Reflections of a Rock Lobster*, discussed his concept of "parental homophobia", which he feels is a *forme fruste* of child abuse. Mrs. Abrahamson gave a moving presentation of her own lesbian daughter's and gay son's "coming out" story and how parents too must "come out" in accepting a child's gayness and in improving the adolescent's feelings of self-worth.

A lively panel discussion with many insightful questions covering the medical, psychological and social aspects of homosexuality completed the symposium. In a larger sense, the meeting was significant in that it marked the first recognition by the American Academy of Pediatrics, that gay adolescents do have special needs. An audio tape of Dr. Krajieski's and Dr. Owen's remarks has been prepared by the Audio Digest Foundation and will be available to physicians for purchase within the next few weeks.

New Years Eve 1984

What are you doing to celebrate New Years Eve? Why not spend it with your BAPHR colleagues and friends in the comfortable and commodious surroundings of a member's home centrally in San Francisco?

BAPHR will again be hosting a New Years Eve Party for you and your friends on December 31st from 9 p.m. to 1 a.m. at 141 Albion St. (between Valencia and Guerrero near 17th Street).

Admission will be \$25 per person in advance. An open bar and heavy hors d'oeuvres will be provided. There will be music for dancing (no shoes, please) and quiet areas for socializing. Further details are available through the BAPHR office (558-9353). A notice for advance reservations will be mailed to you in early December.

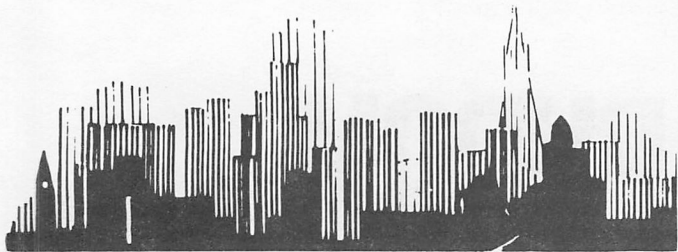
Please plan to attend and bring a friend.

Awards Banquet Great Success

A large crowd of members and friends dressed in black tie to Halloween attire attended the fourth annual BAPHR awards banquet on October 29, 1983. Special service awards were presented to Peter Middendorf for his outstanding volunteer administrative and consulting services and to Doctor Ken Everts for his many years of distinguished contributions to BAPHR. The annual awards recipient was Doctor Marcus Conant, founder and co-director of the University of California Kaposi Sarcoma Clinic who delivered a stirring and informative keynote address. Honorary life memberships were also presented in absentia to Doctor George Riley and Doctor Evelyn Hooker. The success of the evening was in large part due to Doctor Stephen Walters who arranged and chaired the banquet again this year.

Membership Renewal Due in January

Because of the change so that BAPHR fiscal and administrative years coincide, membership dues and renewal will be due in January 1984. The dues paid in July 1983 were for a six month period so this change does not constitute an increase in dues. Renewal notices will be mailed in December. By paying dues before December 31, you will obtain a tax deduction for 1983.



PROGRESS NOTES

by Kent Sack, M.D.

...DREAMS AND RESOLUTIONS

:for our WORLD

Let there be peace on earth
and let it begin with me.
Let there be peace on earth
The peace that was meant to be.
With God as our Source, brother (and sisters) are we.
Let us walk with each other in perfect harmony.

::that BAPHR will manifest its social conscience.

:for our COMMUNITY

To dream the impossible dream
To fight the unbeatable foe
To bear the unbearable sorrow
To run where the brave dare not go!
To right the unrightable wrong
To love, pure and chaste from afar
To reach the unreachable star!

::that BAPHR will commit its energies.

:for our MEMBERS

Happiness to keep your heart light
Challenges to keep you strong
Wisdom to give you understanding
And love the whole year long.

::that BAPHR will achieve its objectives and goals.

...and for all the PEACE, HOPE and JOY of this Special Season.



AIDS Statistics Through November 14, 1983

	Bay Area	S.F. Only
Total	395	308
Expired	133	104
KS only	152	
PCP only	150	
KS & PCP	45	
Other OI	39	

Health Fair 1984

The annual health fair, sponsored by BAPHR, will be held on Saturday and Sunday, March 17 and 18, 1984. Carolyn Harvey is chairing the fair this year, and preparations are presently underway to insure a successful and smoothly run event. All those interested in becoming involved in planning the fair by serving on one of the sub-committees, please contact Carolyn at 391-2093. Women are especially encouraged to become involved. The sub-committees consist of: Outreach/Publicity, Logistics, Fund Raising, Staffing, Equipment/Supplies, Educational Exhibits, Hospitality Suite, and Follow-up.

Staffing of the fair (both medical and non-medical support staff) will be coordinated by Eric Keitel. If you are interested in coordinating any of the medical stations at the health fair (e.g. BP, height, weight, male genito-rectal, gynecology, urinalysis, mental health, dentistry, etc., etc.), please contact Eric at 391-2093. The sign-up sheet for people interested in working at the fair itself will appear in the January and February issues of the BAPHRON.

For those of you who wish to become more active in BAPHR, working on the health fair is an excellent way to become involved, meet new people, and participate in a very worthy event. Hope to see all of you there!!!

Carolyn Harvey/Eric Keitel

Coping With Stress Workshop

A workshop for gay and lesbian physicians with or without partners will be held January 13-15, 1984 at Asilomar on the Monterey Peninsula. It is co-sponsored by the California Medical Association, BAPHR, SCPHR, and AAPHR. The workshop follows one in 1983 which was a "sellout" and rated "excellent" by participants. Faculty members for 1984 are David McWhirter, MD, Andrew Mattison, PhD, Don Clark, PhD, Carol Cohen, MD and Hanna Bauer, EdD. It is approved for up to 14 hours of Category 1 credit. The registration fee, \$195 per person includes room with double occupancy, and all meals. Registration is limited to 50 people. For more information, write Southern Calif. Physicians for Human Rights, P.O. Box 10672, Santa Ana, CA 92711.

the BAPHRON

The BAPHRON

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Lary Abramson, MD..... Secretary
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BAPHR
Box 14546, S.F., CA 94114

Note: For referral to BAPHR-member physicians, call (415) 673-3189.

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Denny McShane, MD..... Circulation

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c/o BAPHR's Box 14546, S.F. 94114

Subscriptions

All BAPHR members and persons who contribute as members of other categories (q.v. below) receive The BAPHRON. Dues and contributions to BAPHR are entirely tax-deductible.

Dues and Contributions

Category
Physicians in practice..... \$100.00
Affiliates..... 50.00
Housestaff officers..... 30.00
Medical students..... 20.00

Note: Names of members and contributors are kept strictly confidential.

Advertising: Classified and display advertising may be purchased by individuals, organizations, and businesses.

Acceptance is at the sole discretion of the BAPHRON Staff. Minimum rate for classified ads is \$10 for 20 or fewer words. Over 20 words: 50¢ per word. Display ads (camera-ready only): \$10 per single column-inch. Double these rates for non-members. Further information: Administrative Office, 558-9353 during normal business hours.

Requirements

The Staff of The Baphron will consider for publication only those letters which are typed, signed, and accompanied by an address and telephone number for verification. If requested, a writer's identity will not be revealed. The deadline for submission of letters, articles, ads, announcements, etc. is the 12th of each month.

NOTE: The appearance in The BAPHRON of an individual's name or photograph in no way infers his/her sexual orientation and must not be construed to do so.

Needed As Never Before — Health Consciousness

The Referral Panel is approaching its January 1 renewal date. Given today's consciousness perhaps never before has such a panel been needed by the gay and lesbian community. Those who are presently members will remember that the mid-year '83 renewal was for six months (June — December) while BAPHR adjusted its fiscal year to coincide with the calendar year. Renewing in January will cover the whole year of 1984 (January — December).

The Referral Panel offers BAPHR, the community and the doctors in private practice an uncommon Win-Win situation. All benefit!

1) The Referral Panel provides BAPHR with an important means to serve the Bay Area Community.

2) Gay and lesbian health consumers are provided with a means to find a physician, podiatrist or dentist who will be sensitive to their particular health care needs. As many can testify from personal experience, this is not an easy task, even in the Bay Area.

3) The Referral Panel benefits panelists by directing high quality patients to their practice.

Financially, the Referral Panel is of benefit to the panel members. Family practitioners, dentists, dermatologists, psychiatrists, and those specialists who have continuing relationships with their patients will have their practices grow as this year's referrals are added to previous referred and continuing patients. Satisfied referral patients can be good referral sources, in turn, for their friends.

A quick glance at one's billings makes it clear what the referrals mean in financial terms. The recommended donation from panel members and others to the Referral Service is a modest one, concerning the value to all concerned. The donation is urgently needed to support the operating expenses of the service, and is, of course, a tax deductible contribution to BAPHR.

During the last year an average of 350 calls a month were received by the referral panel answering service. Those seeking private physicians are given three names in alphabetical order, along with addresses and phone numbers (if there are three or more in a category). An exception is allowed if the caller requests a referral within a particular geographical area. The referral calls are handled on a separate BAPHR-leased phone line by a confidential, professional answering service in strict rotational order to insure impartiality. Callers who indicate that they are unable to afford private physician care are helped by the service to find an appropriate public health facility for their medical needs.

The Referral Panel, like all BAPHR projects, is designed to be financially self-sustaining and operate under its own budget. Donations to defray the operational expenses are to be used only for the Referral Panel and any excess of revenue over costs will be reinvested in expanded service or advertising. BAPHR is reimbursed for panel administrative costs from the panel budget.

The requirements for panel membership are: 1) sensitivity to health needs and concerns of lesbians and gay men, 2) documentation of medical malpractice insurance, and 3) BAPHR membership in good standing. Both gay and straight physicians participate and a panelist's sexual orientation is neither asked in applying, nor given out to potential clients. Obviously, doctors names are given to those seeking referral, but the referral panel list is confidential solely to BAPHR and its contracted answering service.

Refinements this year will include: 1) expanding BAPHR's liability insurance coverage to cover the referral panel, thus eliminating the need for panel members to indemnify BAPHR against any possible legal actions connected with the referral of patients.

2) Also instituted this year will be an advertising campaign to further acquaint the whole bay area (not just San Francisco) community with the referral service. Newspaper ads and more specific advertising means targeted at outlying bay area communities are anticipated and budgeted. The 350 average monthly call rate has been achieved with heretofore minimal advertising.

3) A feed-back system notifying participating doctors periodically

how many times their name has been given out.

Under consideration for the coming year are: 1) A networking party whereby physicians on the panel can meet other panel physicians to improve their inter-physician referral networks; 2) Listing any subspecialties, especially for the psychiatrists; 3) maintaining a list of health providers on closed health care panels or Kaiser to provide service for callers seeking gay-sensitive care in such plans. Again, these last three areas are only under consideration at this point, and your input is encouraged as it is on all referral panel matters.

To expand our service in outlying areas we need more members in these areas. Primary care and specialists are needed in outlying areas of the east bay and with special urgency on the peninsula, Menlo Park, Santa Clara, etc. Our southern-most physician at the moment is Redwood City. It is in the outlying bay area communities where gays and lesbians have the most trouble finding gay sensitive care. Calls from the peninsula, in particular, have been increasing recently. Advertising should increase calls from these areas dramatically in the future.

Within San Francisco, there is room for more dentists, primary care physicians, dermatologists in particular, and other specialists, in general.

If you have any questions concerning the need for your specialty in any geographical location, give Peter Middendorf a call at the BAPHR office any Tuesday or Thursday (558-9353). To request panel membership information, call the office at any time and we will send it out to you.

Any further questions, complaints or input, contact Dr. Robert C. Scott, the Referral Panel Coordinator (752-1660).

Hospital Director, et al
Shands Hospital, University of Florida
Gainesville, Florida 32301

Gentlemen:

On behalf of Bay Area Physicians for Human Rights I am writing to you to protest the "transfer" of Morgan McDonald from your hospital to San Francisco. This would be an unconscionable act under such circumstances by any hospital or physician, but is completely unacceptable as the action of a teaching institution. It appears that Mr. McDonald needed further hospitalization. If, however, part of the problem was resources for placement after acute care, then the lack of development of resources for people with predictable needs is reprehensible. Such an institution should be sensitive to the public health and social ramifications of AIDS and the atmosphere of fear surrounding the syndrome.

Whether or not the people in Florida involved in this incident believe that they acted for humanitarian reasons, the decision reflects contempt for this community by expecting San Francisco facilities to take care of someone you have rejected and contempt for yourselves in doubting that you have the compassion or expertise to care for this man. I have never known of exile being thought of as a kind act.

Again, on behalf of the Bay Area Physicians for Human Rights I must vigorously protest your institution's disposition of Morgan McDonald as an inexcusable act which demeans Mr. McDonald, the medical community and citizenry of San Francisco, and yourselves as helpers and health care providers.

Sincerely,
William F. Willner, M.D.
Chairperson, Social Concerns Committee

cc: Governor Bob Graham
Dr. Stephen King
Mayor Dianne Feinstein
Dr. Mervyn Silverman

Book Review

Sexually Transmitted Diseases in Homosexual Men: Diagnosis, Treatment and Research — Edited by David G. Ostrow, M.D., Ph.D., Terry A. Sandholzer and Yehudi M. Felman, M.D., M.Phil., F.A.C.P. Plenum Publishing Corporation, 233 Spring Street, New York, NY 10013. 1983. 260 pages. \$35.00.

Since the emergence of the gay liberation movement nearly fifteen years ago, identifiable homosexual communities have developed in most major urban areas in the U.S. and in other countries. In the early 1970's clinicians treating homosexual men in these communities recognized that "traditional" sexually transmitted diseases may occur in atypical sites and published this knowledge in the medical literature. By the mid 1970's, physicians reported the venereal transmission of a number of enteric diseases in homosexual men. In the late 1970's, articles describing a number of traumatic complications of intercourse appeared in the literature. The association between sexual intercourse and immunologic deficiency in male homosexuals was not appreciated until the early 1980's. The first comprehensive review of sexually transmitted diseases and traumatic problems in homosexual men was published only as recently as 1980.

This volume, *Sexually Transmitted Diseases in Homosexual Men: Diagnosis, Treatment and Research* represents the first attempt to bring together in one reference textbook all of our knowledge in this rapidly developing and changing field. The editors, Dr. Ostrow, Mr. Sandholzer and Dr. Felman, and their authors have succeeded admirably in their efforts. The textbook is truly comprehensive and up-to-date.

Since the topics of sexuality in general and of sexually transmitted diseases in homosexual men in particular have been long neglected in the curricula of our medical schools and residency and postgraduate programs, the editors have wisely chosen to discuss the scope of the problem in the first chapter. Most physicians have not been taught how to obtain a history of sexual practices and the authors provide this information succinctly in Chapter 2. I particularly enjoyed the table listing a differential diagnosis of diseases associated with specific sexual practices. Chapter 3 tells the clinician how to set up a medical office for the diagnosis and treatment

of sexually transmitted diseases, very practical information one cannot find in any standard reference that I am aware of.


The remainder of the book is primarily devoted to specific diseases. The authors review the epidemiology, clinical aspects, diagnosis and treatment of syphilis, gonorrhea, nonspecific urethritis, amebiasis, giardiasis, shigellosis, viral hepatitis, anal disorders and dermatologic disorders. This last section includes pearls of wisdom one might not be able to locate easily anywhere else, for example, a discussion on "consort contact dermatitis". Most of the authors also remember their responsibilities to public health and preventive medicine by including paragraphs on prophylaxis and control. Topics that I would like to see in a second edition include campylobacter infections, cytomegalovirus disease in the non-immunocompromised host and a more thorough discussion of the various causes of proctitis, including *Chlamydia trachomatis* and herpes simplex virus.

Section VI is devoted to acquired immune disorders. This is an outstanding and timely part of the book, considering how rapidly our ideas about the Acquired Immune Deficiency Syndrome are changing. Kaposi's Sarcoma, the various opportunistic infections and the enigmatic lymphadenopathy syndrome are discussed in depth to the extent that our present state of knowledge will allow. There are also useful and compassionate recommendations on counseling patients encountering these life threatening disorders.

The book concludes with a section about the medical consequences of volatile nitrite inhalation, another topic that cannot be easily found elsewhere. Finally, there is an appendix presenting the guidelines of the U.S. Centers for Disease Control for the treatment of sexually transmitted diseases.

Sexually Transmitted Diseases in Homosexual Men: Diagnosis, Treatment and Research is well written, clinically sound and thorough yet concise. It is destined to become an indispensable reference in the libraries of those clinicians treating substantial numbers of homosexual men. But ultimately, throughout our professional careers, we will all encounter many homosexual men, even though we may not always be aware of these encounters. For this reason, *Sexually Transmitted Diseases in Homosexual Men* will prove to be a useful adjunct for all health providers at every level of training.

William F. Owen, Jr., M.D.



The Physicians in the AIDS Crisis

Bay Area Physicians For Human Rights
June 24 and 25, 1983
San Francisco Medical Society Auditorium

Friday, June 24

- 1. Epidemiology of AIDS
James Curran, M.D.
- 2. Clinical Treatment of AIDS Patients
Paul Volberding, M.D.
Roger Entow, M.D.
- 3. Support and Counseling of AIDS Patients
Stuart Nichols, M.D.
James Geary

Saturday, June 25

- 4. The Worried Well and the Walking Wounded
Stephen Goldfinger, M.D.
- 5. Risk Reduction Factors
and
Safety of Blood Products
Herbert Perkins, M.D.
- 6. The Physician and AIDS
John D. Rouse, M.D.
- 7. Panel Discussion: Social and Political Issues
Bruce Voeller, Ph.D.
Pat Norman
David Kessler, M.D.
- 8. Challenge and Opportunity in the Health Crisis
Evelyn Hooker, Ph.D.

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THE BAPHRON

Special Supplement

December, 1983

AIDS — A Multidisciplinary Enigma Part 1, November 3-4, 1983

This symposium took place at the new Hotel Meriden (Air France) in downtown San Francisco. It was sponsored by the Division of Infectious Diseases, Department of Medicine, University of California School of Medicine, San Francisco.

Because much of the material was a recapitulation of material presented in earlier BAPHRONs, I will attempt to summarize only the newer data and concepts. The second and final part will be published next month.

Epidemiology of a New Worldwide Disease, James W. Curran, M.D., CDC, Atlanta.

As of October 3, 1983, 2640 cases of AIDS had been reported nationally; 41% are now dead. Currently there are about 350 cases reported to CDC monthly. There is no longer doubling of new cases each six months, but case reports are still not leveling off. Occurrence rate of AIDS per single man in New York and San Francisco are now approximately equal. The CDC definition of AIDS is essentially the same and includes individuals under 60 years with previously normal immune systems who have developed any of the following tumors: 1) Kaposi's Sarcoma (KS); 2) Lymphoma of the Brain, or opportunistic infections: 1) Pneumocystis Carinii Pneumonia (PCP), 2) Toxoplasma gondii, 3) Cryptosporidiosis of greater than one month's duration, 4) Candida esophagitis, 5) cytomegalovirus of central nervous system or intestine, 6) mycobacterium avium — intracellular, 7) cryptococcosis. This excludes the 30 cases reported in children, all of whom are under four years.

The major risk groups include homosexual men 71.8%, IV drug users 16.6%, Haitians 4.8%, hemophiliacs 0.7%. Six percent of men and women do not fall into these risk groups. Persons in the "no risk" group can be classified as follows:

Female sex partners of persons at risk	20
Blood transfusion recipients	22
Heterosexual patients 60 years with normal immune function with KS, presumably Classical KS	13
Dead before interview	38
Others	37
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Thus the "no risk" group may actually be as low as 2% of the entire AIDS population.

Mortality from AIDS based on half year of diagnosis is as follows:

1979	1st half	100
	2nd half	86
1980	1st half	78
	2nd half	96
1981	1st half	85
	2nd half	75
1982	1st half	61
	2nd half	43
1983	1st half	27
	2nd half	18

Those living over eighteen months after diagnosis have all had KS without opportunistic infections.

The Immunology of AIDS — John Stobo, M.D., Professor of Medicine; Head, Section of Rheumatology/Clinical Immunology, UCSF.

In the normal immune system there are two basic steps involved in production of cell mediated response to a given antigen: 1) Single T cell activation: This requires a linkage of antigen and class II molecule from IR gene to an accessory cell (macrophage, monocyte, or Kupter cell). Under the stimulation of interleukin I this complex linkage will activate the T cell; 2) Expansion of T effector cells: The activated T cell will multiply under the stimulation of Interleukin II.

T cells can be identified in the thymus and peripheral blood with monoclonal antibody markers as follows:

	Thymus %	Peripheral Blood %
T ₁₀ (immature T)	95	5
T ₈ (cytotoxic, suppressor T)	80	35
T ₄ (inducer, helper T)	75	65
T ₃ (all mature T)	20	100

As thymocytes migrate from cortex to medulla of the thymus they differentiate into T₄ and T₈ cells and normally lose the T₁₀ (immature thymocyte) marker before reaching peripheral circulation.

In AIDS the following immunological abnormalities have been identified:

A. T cell

1. decreased circulating T cells
2. decreased number of T₄ cells (helper)
3. normal or increased number of T₈ cells (suppressor)
4. low T₄/T₈ ratio
5. increased T₁₀ cells in circulation; i.e. accelerated release of immature thymocytes
6. decreased interleukin II production, decreased expansions of T effector cells in response to antigen
7. blunted or absent delayed hypersensitivity reaction

B. B cell

1. normal or decreased circulating B cells
2. increased serum 1gG and IgM
3. decrease in specific antibody production
4. decrease in mitogen stimulated immunoglobulin production
5. increased spontaneous immunoglobulin production

Since interleukin II has been shown to be one of the missing components in the cell mediated response, it is hoped that administration of this immunomodulator will restore immune function in AIDS.

Other infections which are known to cause abnormally low T_4/T_8 ratio include hepatitis B, Epstein-Barr virus mononucleosis, CMV mononucleosis, adenovirus, and influenza.

The Virology of AIDS — W. Lawrence Drew, M.D., Chief, Clinical Microbiology and Infectious Disease, Mt. Zion Hospital, San Francisco.

Dr. Drew cited virological studies from the CDC Case-Control AIDS study. Antibody titers against cytomegalovirus, varicella-zoster, adenovirus, chlamydia and hepatitis B were not significantly different in AIDS cases and controls who were allegedly healthy homosexual men. However, median EB viral capsid antigen antibody titers were significantly higher in cases than controls (410 vs 186).

He postulates that cytomegalovirus (CMV) may play a role in the pathogenesis of Kaposi's Sarcoma (KS) but not AIDS. Evidence for oncogenic potential of CMV includes: a) it stimulates RNA and DNA synthesis in host cells; b) it causes uncontrolled growth in human fibroblasts; c) it promotes growth of sarcoma tumors in mice; d) it has a transforming segment in its genome. Histologic evidence that CMV may be a co-factor in genesis of KS include: a) CMV DNA is found in 6/12 biopsies in African KS; b) CMV RNA is found in 3/4 KS biopsies in homosexual men; c) CMV antigen can be isolated from KS skin lesions from 15/27 homosexual men, while normal skin revealed CMV antigen in only 1/22 cases. Dr. Drew stated that none of these facts proved a causal relationship between CMV and KS since latent CMV may be reactivated in tumor tissue or that CMV may have an affinity for tumor tissue.

CMV is a very common sexually transmitted disease in the gay community. It was isolated from the semen in 14/62 (23%) of homosexual men attending the San Francisco VD clinic. There is evidence suggesting that it can be transmitted by salivary secretions as well as through anal receptive intercourse. 96% of homosexual men over age 30 have antibody to CMV while 46% of blood donors have antibody.

Infectious Disease and Infection Control Considerations in AIDS — John Conte, M.D., Chief, Division of Infectious Disease, University of California School of Medicine, San Francisco.

Diagnostic evaluation and treatment of various infectious diseases in patients with AIDS were discussed.

Viral:

1. Cytomegalovirus: Diagnosis: culture. Treatment: unsatisfactory. Acyclovir and other antiviral agents are generally unsatisfactory.
2. Herpes Simplex: It may present as progressive perianal ulcerations. Diagnosis: culture. Treatment: intravenous acyclovir for extensive involvement.
3. Herpes Zoster: If disseminated, it should be treated with adenine arabinoside.

Fungal:

1. *Candida albicans*: if disseminated or esophageal, it needs to be treated with intravenous Amphotericin B.
2. *Cryptococcus neoformans*: Diagnosis: blood culture and cerebrospinal fluid antigen and India ink preparation. Treatment: Amphotericin B until antigen cleared from CSF. It may take six weeks or more. 5 fluoro-cytosine is used concomitantly.

Protozoa:

1. *Pneumocystis carinii* — to be discussed later.
2. *Toxoplasmosis gondii*: It presents as fever and changing mental status. Diagnosis: Brain scan and brain biopsy. Treatment: pyrimethamine and sulfadiazine. Results are often poor.
3. *Cryptosporidia*: to be discussed later.

Mycobacteria:

1. *Mycobacterium avium* — intracellular. It presents as fever, wasting pancytopenia, hilar adenopathy and/or lung infiltrates. Diagnosis: blood or bone marrow culture, tissue examination for acid fast bacilli. Treatment is unsatisfactory with multiple antibiotics.
2. *Mycobacterium tuberculosis*: Diagnosis: free floating acid fast bacilli in tissue, no granulomata. Treatment: Isoniazid, ethambutol, and rifampin.

Dr. Conte also discussed hospital infection control guidelines for AIDS. These are well summarized in his article in *New England Journal of Medicine*, 309:12, p. 740, Sep. 22, 1983

The Gay Lymph Node Syndrome — Donald Abrams, M.D., Clinical Instructor in Medicine, UCSF.

Two hundred homosexual men with this syndrome have been evaluated at UCSF. Definition includes persistent lymphadenopathy with nodes larger than one centimeter in diameter for greater than six months. Two or more extrainguinal sites must be involved. It has been described in other AIDS risk groups such as hemophiliacs, IV drug users, and female sex partners of AIDS patients.

One half of the men at UCSF have had biopsies. These have revealed follicular hyperplasia with increased plasma cells and vascular channels in paracortical T cell areas. All have axillary and inguinal adenopathy and 75% have splenomegaly demonstrated on CT scan.

Of these men, 3/200 have developed AIDS (two KS, one probable PCP). It is noteworthy that these three men all demonstrated regression in lymph node size prior to onset of more severe illness. In a similar study of lymphadenopathy patients in New York, 15% have progressed to AIDS. These patients demonstrated "follicular involution" on biopsy.

Dr. Abrams feels that lymphadenopathy may be a benign adaptation to the putative AIDS agent since syndrome has been described for a similar length of time to the AIDS epidemic and symptoms, physical findings and laboratory studies are similar to those seen in AIDS. Associated problems include recurrent fever (24%), weight loss (22%), acne, tinea, staphylococcal impetigo, warts, herpes zoster, recurrent pharyngitis, sinus congestion, herpes labialis, oral candida, loose stools, and vascular headaches. Laboratory studies include normal complete blood count, sedimentation rate less than 20 in 86%, polyclonal hypergammaglobulinemia, high titer antibody to EBV and CMV, and reversed T lymphocyte rates with median 0.7. Mixed leukocyte culture activity is normal but pokeweed and phytohemagglutination counts may be decreased.

Part II will include diagnosis and treatment of gastroenterology problems associated with AIDS, pneumocystis, Kaposi Sarcoma and theories on the pathogenesis of AIDS.

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