



THE BAPHRON

Bay Area Physicians for Human Rights Official Newsletter
Vol. 6, No. 1
January, 1984

January General Meeting AIDS and the Worried Well

On Sunday, January 15 at 7:00 P.M. the Scientific Affairs Committee will provide the program for the General Meeting of BAPHR. The committee has spent several months working on recommendations for the evaluation of the "Worried Well" patient, in regards to the AIDS epidemic. Many of our patients and indeed at times some of us become concerned about our own health status in the apparent absence of symptoms suggestive of AIDS. The program of this meeting is entitled "Approach to the 'Worried Well' Patient" and is designed to offer guidelines for the approach of this patient. The format will include a brief presentation of the committee's recommendations for the "minimal" workup, including appropriate laboratory evaluation. The remainder of the program will be several case presentations to a panel of individuals with expertise in this area. This panel will include two primary practitioners, Jeff Mandel, a psychologist with a tremendous amount of experience in counseling the "worried well," and Tom Smith, M.D., whose particular area of concern is substance abuse in this patient group. The discussion should be lively, controversial, and informative. Audience participation will be greatly encouraged. Obviously there is no "final word" in a field that is expected to be rapidly changing. However, the program should offer all a chance to hear what others are doing in their practices and learn more about approaches to the various issues that arise in patients who fear AIDS.

By decision of the executive board, the general medical community is also invited to this meeting because of the importance and relevance of the topic. There will be no distinction between BAPHR members and other physicians at the meeting to respect confidentiality of members.

AIDS Statistics 1983

	Sept 8	Oct 10	Nov 14	Dec 8
Bay Area Total	336	357	395	419
Expired	108 (32%)	120 (34%)	133 (34%)	142 (34%)
New cases/day		0.66	0.92	1.00
PCP only	126	138	150	160
KS only	138	143	152	169
PCP & KS	42	44	45	45
Other opportunistic infection	30	31	39	45
SF alone	263	282	308	323
Expired	84 (32%)	93 (33%)	104 (34%)	111 (34%)
New cases/day		0.59	0.74	0.63

Happy Birthday, BAPHRON Five Years Old

On January 1, 1979, the first issue of the *BAPHRON* was published with Robert Hindi, M.D., as editor. BAPHR was already 18 months old at that time but we functioned with a one page letter mailed to the membership to announce upcoming meetings and events.

The first decision that Bob made was to publish a high quality professional newsletter which would project the image of the major professional organization we had become. This decision, which entailed considerably more work and cost than most newsletters published by volunteer organizations, was significant in that it resulted in greater recognition of BAPHR by other professional medical organizations, the gay community, and political leaders.

Bob served as editor until October 1980 when he resigned because of other professional and personal commitments and a temporary editorial committee was formed to continue monthly publications. In December 1980, Sam Thal, whose prior journalistic experience had been in Junior High School, became editor. He relinquished the title briefly in April 1982 to Ron Moskowitz, a professional journalist and former writer for the San Francisco Chronicle.

Charlie Morrison added a colorful flavor to the writing when he became editor in September 1980. When he put to sea as a ship's surgeon in February 1983, co-editors Will Warner and Jack Mangum were added to the roster and have served faithfully to this time.

The quality and persistence of the *BAPHRON* belongs mainly to the many members who write and submit articles for publication. They are too numerous to try to mention and it would be too easy to omit some of the major contributors. A regular feature has been the Presidents' monthly column, entitled progress notes, with styles very different by each incumbent.

Special mention should also be made of the many members and friends who participate in the monthly stuffing parties. Two to eight volunteers get together each month and as they sit around a dining room table or on the floor to fold and stuff the newsletters, they carry on continuous gossip, spread rumors, tell stories, review shows, and even discuss medicine. These unsung and unnamed heroes have been responsible for getting you the *BAPHRON* each and every month for five years.

So happy birthday to all of us and may we have many more.



PROGRESS NOTES

As I sit here at my desk in the Administrative Office composing this article (and I am honored to do so), I look over the City from my window and reflect: how very fortunate I am to be in San Francisco, and how happy I am to be a part of BAPHR's life and growth. As I write this, the holidays are just approaching; when you read this, they will be events of memory. I do hope they were happy for you and that 1984 proves to be a year spectacular!

Much has happened in the year and a half since I've been a part of this organization. I think often of the little room (better called a closet) on the second floor at 2940 16th Street, and how it gradually, but very methodically, became filled with papers, fliers, letters, forms, folders of events past and yet to come, newsletters, etc. Now that the office is on the third floor (some call it the penthouse) and in much larger and spacious quarters, I wonder and marvel how I ever survived down there! We have grown a lot. I have seen many of you take on new and sometimes not-so-pleasant responsibilities for the organization. I've seen you come to our meetings almost dragging yourselves, but nonetheless, the commitment has been there. I have seen the officers and committee chairs tap and develop new resources for our various projects — and with that, the renewed tapping of people power! The office runs smoothly: what with mailings, mailing lists, renewals, new applications, running to xerox, going to the printers, making trips to various offices, watching over a master calendar — working with so many of the members in various capacities; it has been a busy time and special. To thank each of you would take three *BAPHRONS*; you know too, that I would forget someone. Let me just say simply to the officers past, present and future, to the committee chairs and members, to all my BAPHR friends, thank you for allowing me to be a part of your Organization in some meaningful way.

When I first began to work with BAPHR, friends outside of BAPHR did not seem to know very much about "that" physicians' organization. What do they do? Is it a social club? Do they take a stand and speak out on medical issues of the day? At first, when I started with BAPHR (and was I green), I did not have the answers. But now as I

wander through the community serving on various Boards and committees, I am pleased and proud to tell people just what it is that we are about — how the dedication of its members never seems to stop. Perhaps in these severe times of crisis, the utter anguish and frustrations of it all has brought us a cohesiveness both professionally and personally; that speaks loud and clear to those who would openly criticize or not bother to understand. I hope that I have been a positive spokesperson for BAPHR; it means much to me.

So, if you haven't come by 2940 16th Street, Suite 309, do so. I may be fluttering about doing a mailing or whatever for BAPHR — or AAPHR — but you are most welcome. As the new year begins at the office too, and the 1983 files are put away in their proper place, I eagerly anticipate 1984 and all of you who do so much to help this organization grow and maintain its honored place in the community. Happy and peaceful New Year.

Douglas Carner
Administrative Assistant

Vital Signs

As part of BAPHR's ongoing Speakers' Bureau project, Bill Owen, M.D., discussed what our organization is doing in the AIDS crisis on Saturday, November 5, 1983. The presentation, at St. John's Episcopal Church, was part of a day-long fair and symposium by many community organizations on what activities they are involved in to fight AIDS.

UCSF has received a total of \$500,000 from the state to establish an AIDS Clinical Center on campus. UCSF and SFGH researchers and clinicians will develop a tissue bank at the new center to collect and store specimens from AIDS patients, and will develop new methods of treatment to correct underlying immune deficiencies.

Principal investigator for the center is Marcus A. Conant, M.D., associate clinical professor, dermatology and codirector of the Kaposi's Sarcoma Clinic at UCSF.

An additional \$642,000 in state funds has been given to 10 other UCSF researchers to study AIDS. They are: Drs. Donald I. Abrams, Jay H. Beckstead, Jay A. Levy, Luan Eng Lie-Ingo, Andre R. Moss, Daniel P. Stiles, John D. Stobo, Susan D. Wall, Diane W. Wara, and W. Lawrence Drew of Mount Zion Hospital and Medical Center.

In Memorium

Thomas E. Laskay, M.D. psychiatrist, former surgeon. Murdered November 21. A suspect, Timothy Reeder, who stole his automobile and wallet, is being sought.

Looking for Board eligible or certified Pediatrician to establish practice in Los Gatos with Gay female Pediatrician.
(408) 866-7830

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
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.

AIDS — A Multidisciplinary Enigma

Part II, November 3-4, 1983.

This is the second and final part of the AIDS symposium sponsored by the Division of Infectious Disease, Department of Medicine, University of California School of Medicine, San Francisco. Part I is in the December 1983 BAPHRON.

Pneumocystis I: Clinical Presentation, Diagnosis and Pathophysiology *Jeffrey Golden, M.D., Chief, Chest Clinic, UCSF.*

At UCSF, diagnosis of pneumocystis (PCP) was established in all 21 patients by flexible bronchoscopy. Diagnosis was established in 18/18 PCP patients who underwent bronchoscopic lavage and 14/18 who had transbronchial biopsy. 17/19 patients who had viral cultures were positive for cytomegalovirus. 17/21 patients cleared their initial episode of PCP but 11/21 eventually died of recurrent PCP or other opportunistic infection.

The decision to perform bronchoscopy was based on several historical, clinical and laboratory findings:

History: Shortness of breath and dry cough were most common complaints. Fever was present in 95%, weight loss 74%, and diarrhea in 25%.

Physical Examination: Oral candidiasis was found in 100%. Lymphadenopathy, abnormal fundoscopy, increased respiratory rate and pulmonary rales were variable.

Laboratory: Mild anemia with normal white blood cell count was most common. 42% had less than 1000 lymphocytes. The sedimentation rate was elevated in 100%. Serum lactic dehydrogenase (LDH) was usually elevated. Most patients were anergic. Mean helper to suppressor T lymphocyte ratio was 0.26 + 0.2.

Arterial Blood Gases: 19/21 had hypoxia with hyperventilation.

Chest X-Ray was normal in 25%.

Pulmonary Function:

Lung Volumes: The majority had normal vital capacity and total lung capacity. Diffusing capacity for carbon monoxide (DLco): 88% of patients had low diffusing capacity.

Mechanics: All patients (except one with asthma) had increased FEV₁ expressed as a percentage of vital capacity. All had increased flow rates in mid vital capacity.

Gallium Scan: All patients had positive gallium lung scans. Persistent gallium uptake treatment correlated strongly with persistent PCP by bronchoscopy.

Thus the decision to perform bronchoscopy on an individual depends on a variety of historical and laboratory findings most significant being fever, dyspnea, oral candida, arterial hypoxemia, diminished DLco, increased FEV₁ relative to vital capacity, and positive gallium lung scan.

Pneumocystis II: Treatment Strategies

Richard Jacobs, M.D., Assistant Clinical Professor of Medicine, UCSF

Trimethoprim-Sulfamethoxazole (TMP-SMX) is considered the drug of choice for pneumocystis pneumonia (PCP). The oral dosage is TMP 20 mgm/kg/day; SMX — 100 mgm/kg/day. Intravenous dosage is TMP 10-15 mgm/kg/day; SMX 50-75 mgm/kg/day. Drug level one and one half hours post-infusion should be TMP 5 gm/ml or SMX 100 gm/ml. The overall response rate in PCP associated with AIDS is 67.5%. The average clinical response is 4-6 days, and radiographic response 4-13 days. The most common side effects are skin rash, leukopenia, thrombocytopenia, nausea, and vomiting. It should be discontinued if the absolute neutrophil count falls below 1000. After three weeks of therapy patient may be reduced to prophylactic dose: 5 mg/kg/day TMP, 25 mgm/kg/day SMX in two divided doses.

If patient fails to respond to TMP-SMX after about 4-6 days, pentamidine, may be used. Major side effects include renal impairment (23.5%), liver function abnormalities (10%) and hypoglycemia (6.2%).

Difluoromethylornithine (DFMO) is an experimental drug available at UCSF for those patients who have failed or cannot tolerate pentamidine and TMP-SMX. Other features of this drug include inhibition of replication of CMV in tissue culture and trend toward normalization of helper to suppressor ratio in animal model.

AIDS Gastroenterology — A New Biology

David Altman, M.D., Director, Gastroenterology Clinic, UCSF.

Neoplasms:

- 1) **Kaposi's Sarcoma:** Gastrointestinal tract involvement with KS has been recognized in the "classic" form of the disease. Of the 50 KS patients at UCSF examined endoscopically (colonoscope and esophagogastroscope), 23% have KS in the gastrointestinal tract. In those without gastrointestinal lesions, mortality has been 8%, with lesions 50%.
- 2) **Cloacogenic Carcinoma and Squamous Cell Carcinoma of Anorectum:** This is not clearly associated with AIDS but has an increased incidence in homosexual men. It is associated with anal herpes simplex.
- 3) **Intestinal Lymphoma:** This has been associated with AIDS and even classical KS.

Opportunistic Infections:

- 1) **Cytomegalovirus:** In a setting of immunodeficiency this may be associated with severe mucosal inflammation and a lesion resembling ulcerative colitis.
- 2) **Candida Albicans:** The major manifestations are pharyngoesophagitis and liver infection. The latter may be suspected by radiolucent spots in CT scan of liver.
- 3) **Cryptococcus Neoformans:** This may be present as liver infection with radiolucent areas in CT scan.
- 4) **Mycobacterium Avium Intracellulare:** Severe enteritis has been associated with this infection. It is diagnosed by small bowel biopsy with acid-fast stain. A case of "pseudo-Whipple's" disease due to this organism has been described in one patient.
- 5) **Cryptosporidium Species:** This has been associated with copious watery diarrhea. Diagnosis can be made from stool with sugar flotation technique with phase microscopy or modified acid-fast technique, although this may not be as sensitive as small bowel biopsy. No antibiotic is effective in treatment.
- 6) **Isospora Belli (Coccidiosis):** This protozoa is related to cryptosporidia. Small bowel biopsy is usually necessary for diagnosis. Furoxone or Trimethoprim-Sulfamethoxazole may be used in therapy. Some AIDS patients may have weight loss and diarrhea with abnormal d-xylose absorption, but minimal finding on biopsy and no specific organism isolated. This is often associated with hypocholesterolemia. Response to parenteral nutrition is poor.

Kaposi's Sarcoma I: Clinical Aspect and Evaluation

Marcus Conant, M.D., Co-Director Kaposi's Sarcoma Clinic, UCSF.

Dr. Conant discussed the evaluation of the patient in the Kaposi's clinic at UCSF. He emphasized that most already suspected the diagnosis of KS before coming to the clinic, underscoring the heightened awareness of AIDS in the gay community. Physical examination should include soles of feet with patient in prone position, oral cavity, lymph nodes and abdomen. 60% of KS patients

Continued on back page



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have lymphadenopathy. In addition to skin biopsy, evaluation includes CBC, platelet count, sedimentation rate, SMA-23, chest X-Ray, stools for ova and parasites CMV IgG & IgM titers (50% of KS patients have +IgM), helper: suppressor ratio, lymph node biopsy and gastrointestinal examination. If clinically indicated pulmonary function studies and gallium scan are done on those suspected of PCP.

Of the "worried well" gay patients presented themselves to the clinic 12/50 (24%) have normal helper: suppressor ratios. This does not include the KS patients.

Kaposi's Sarcoma II: Treatment and Investigation

John L. Ziegler, M.D., UCSF

Kaposi's Sarcoma is a tumor of endothelial cells. Recent studies suggest that it is specifically derived from lymphatic endothelium. Many of these cells contain traces of cytomegalovirus. The tumor may be a result of angiogenic growth stimulation of such cells as participants of a dysregulated immune response. He suggests that therapy should employ an agent which inhibits angiogenesis. One such agent is ICRF-159, a piperazine derivative which behaves as an alkylating agent and has strong antiangiogenic properties. It has been used successfully in African KS. However, there is no data yet in epidemic KS. He feels that biologic modifiers such as interferon, thymosin, and 13 cis retinoic acid have not improved clinical response or prognosis in KS.

Dr. Ziegler postulates that AIDS is a viral disease of B cell proliferation and the T cell abnormalities seen are merely a compensatory response. As such it is a "host versus host" disease.

What is the Cause of AIDS? A Unified Hypothesis of Etiology and Pathogenesis

Jay A. Levy, M.D., Associate Professor of Medicine, Microbiology and Immunology, Cancer Research Institute, UCSF.

Dr. Levy suggests that "AIDS agent" is an opportunistic virus of low virulence and that host must already be immunocompromised to incur irreversible damage to the immune system. Other conditions associated with altered T cell ratio which may work synergistically with "AIDS agent" include acute viral or parasitic infections, lack of sleep, immunosuppressive drugs, antibiotics, malnutrition, sperm exposure, and graft versus host disease. A normal individual will respond to "AIDS agent" with B cell proliferation, thymosin and interferon production. Known immunosuppressive viruses which are unlikely to be AIDS agent include cytomegalovirus, Epstein-Barr virus, hepatitis A, hepatitis B, herpes simplex, varicella-zoster, influenza, measles, and mumps.

Candidate viruses include: 1) Parvoviruses (DNA virus); no antibodies to this have been found in AIDS. 2) Retroviruses: a) Human T cell leukemia virus: 10-30% AIDS patients have antibodies to this virus; however, it causes T cell proliferation rather than depletion as is seen in AIDS. b) Lymphadenopathy Virus (LAV): Antibodies to this retrovirus have been demonstrated in 35% of patients with AIDS and 60% of patients with lymphadenopathy syndrome.

James M. Campbell, M.D.

1984 Health Fair Sign-Up

DATE: Sat. and Sun., March 17 and 18, 1984

TIME: 9 AM-5 PM

PLACE: Health Center #1, 3850 17th St. (betw. Noe and Sanchez), SF

Below is a list of the stations that require staffing. This includes both *medical* and support (non-medical) personnel. Please indicate which area you would like to work in, and the times you are available.

If your office staff would like to work at the fair, please make copies of this sign-up sheet and have them fill one out. Send all copies to the BAPHR office, P.O. Box 14546, SF, CA, 94114

Saturday

Sunday

	9 AM to 1 PM		1 PM to 5 PM		9 AM to 1 PM		1 PM to 5PM	
	Medical	Non-Medical	Medical	Non-Medical	Medical	Non-Medical	Medical	Non-Medical
Intake								
Height/Weight								
Blood Pressure								
Anemia (Finger Sticks)								
Blood Draw (Phlebotomy)								
Male GenitoRectal								
Gynecology								
Ophthalmology								
Dental								
Podiatry								
Urinalysis								
Mental Health								
Aids Resources/Info								

- I am willing to be assigned to any area needing staffing.
- I am willing to help with site clean-up on Sunday, March 18.
- I am willing to help with site set-up on Friday, March 16.

NAME _____ MD DO DPM DDS RN LVN PT _____

ADDRESS _____

PHONE office: _____ home: _____

Send forms to: Doug Carner, BAPHR, P.O. Box 14546, SF, CA, 94114

Pre-Fair Activities

We need personnel to help organize this year's health fair. If you are interested in serving on any of the following planning committees, please check the appropriate box and send it to the BAPHR office at the above address.

- Fundraising
- Logistics
- Educational Exhibits
- Any Area Needing Help
- Equipment/Supplies
- Development of Forms
- Staffing
- Publicity/Outreach
- Follow-up
- Hospitality Suite



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Senator Milton Marks to Address General Meeting

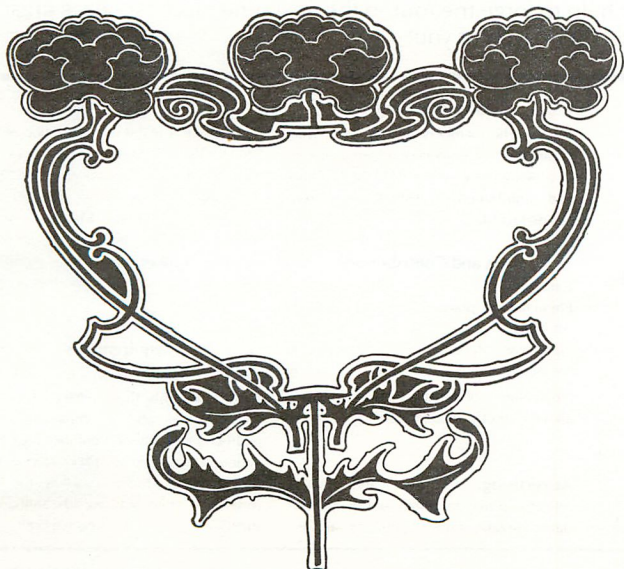
Senator Milton Marks will address the February General Meeting of BAPHR. The meeting will be held February 19 at the Pacific Medical Center, beginning with a Social Hour at 7:00 pm.

Senator Marks, a native San Franciscan, was educated in the public schools here, and is a graduate of Stanford University and the San Francisco Law School. He served in World War II, and was a judge for the 8th Army in Japan. He was appointed to the Assembly in 1958, and was elected three times. In 1966, he was appointed to the Municipal Court by Pat Brown, then Governor. In 1967, he ran for the Senate of California, and has been reelected four times since. His district now covers 60% of San Francisco, and all of Marin County.

Senator Marks has served on several state committees, among them being the committee for the disabled, chairing the committee for local financing, and being very active on issues for women's rights, the environment, consumer issues, etc. He also has a 100% rating from labor.

At the General meeting, he will be addressing state-wide lesbian and gay issues, information on AIDS, as well as the controversial AB 1 issue.

BAPHR is hoping for a large attendance for Senator Marks.



AIDS Survey Results Reported

At the general meeting on Jan. 15, the first year's experience with the AIDS Survey was reported in summary as an introduction to the case presentations and discussions on The Worried Well and the worried unwell. Dr. Warner, the monitor of the survey, pointed out that these are very preliminary data; some patients have only been under observation for a matter of weeks, although a few have been in the study since its inception one year ago. The report included all experience reported by contributing physicians during the first year of the observational period, and is summarized below. Considerable laboratory data are also being reported, but the results are too preliminary to draw any conclusions. The survey will continue through December, 1985.

AIDS 1983 Summary (BAPHR)

One Year Experience

Total Records Received	— 313
Total Patients Reported	— 218
Patients developing AIDS	— 12 (5%)
Number of patients with Kaposi's	— 2 (0.9%) (17% of those with AIDS)
Deaths among AIDS patients (both died of PCP)	— 2 (0.9%) (17% of those with AIDS)

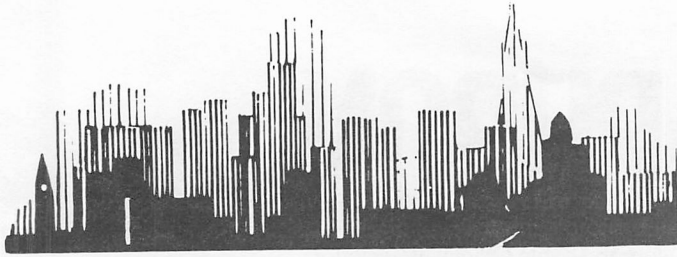
AIDS Patients

11/12 had one or more infections before or at the time of diagnosis:	
Pneumocystis carinii	— 8
Candida	— 4 (includes 1 KS)
Cryptosporidia	— 1
E. Histolytica	— 1
CMV	— 2 (includes 1 KS)
Staph aureus	— 1
Salmonella	— 1
Cryptococcus	— 1

General Survey

Total Number of Reports with Infections — 165
Frequency of Infectious Agents: Candida > Herpes Simplex > Staph aureus > Herpes zoster > Pneumocystis = CMV = Tinea > Hepatitis B ... (multiple stool parasites very common)
Total Number of Reports with Lymphadenopathy — 202
Number of lymph node biopsies — 23
Frequency of Lymph Node Sites: Axillary > Cervical > Groin > Supraclavicular > Epitrochlear ...
Frequency of Symptoms and Signs: Fatigue > Fever = Night Sweats > Diarrhea > Anorexia > Neuritis ...

If you would like to become a contributing investigator —
Call Will Warner, 453-5281, for information and case report forms.



PROGRESS NOTES

by Kent Sack, M.D.

...closing the three, forging the four...

The inevitable calendar change has occurred. Changes that must not be evitable continue to occur within BAPHR. The merits of these changes are unknown and questions emanate therefrom. Two substantive questions bother me about BAPHR's changes, those enacted and those proposed:

1. has organizational change outstripped the energies and interests of the membership as extrapolated by the attendance at the November general meeting and the New Year's Eve Party?
2. is BAPHR's low profile compromising our impact on society?

Answers to these questions, and any course correction, must come from you in the remaining nine months of my term. Until then I will continue to smith the present plan with the shop always open to design modification.

A phrasing style will be used for the remainder of these *Notes* in deference to the *Baphron* budget, the readership's endurance and the writer's limitations... a first ever balanced budget of \$77,310 is in place for 1984... an adequate, albeit costly, umbrella insurance policy now covers BAPHR... a sophisticated Referral Panel is now available to members without liability quirks... BAPHR is politically active, and hopefully while reading this you will have been secured from job discrimination, with the long awaited passage of AB 1... CACPHR (a coalition of AAPHR and PHRs from San Francisco, Los Angeles, San Diego and Sacramento) is functioning as a paper organization with great potential for unifying and mobilizing our members and for disseminating information on a Statewide basis... the *Health Aware Fair* on March 17 and 18 has entered the final planning stages as an independent BAPHR community project with a large and active committee headed by Carolyn Harvey with strong support from GGBA, BACW and the Lyon-Martin Woman's Clinic... the GGBA Foundation continues its tradition of funding significant community projects with a \$600 grant and a \$400 exigency fund for

the Health Fair... the Executive Committee has approved the Membership Committee's proposal to explore organizational unity with podiatrists and dentists... the philanthropy of Tom Waddell and Albion Hall residents is lauded as they donated the Hall rental and their personal service fees from our New Year's Eve Party to *Gay Games II*... Steve Follansbee, after six months as chair of the high spirited and productive Scientific Affairs Committee, has resigned and will be replaced by Jim Campbell... a \$9000 unrestricted block grant from Merck, Sharp and Dohme has recently been received and will be used to promote hepatitis education at the *Health Aware Fair*, with Referral Panel publicity, in small study groups organized by the Education Committee, and with *Baphron* educational ads designed by Will Warner of the Publications Committee... the Symposium Committee is finalizing a program with diversity and quality... the legalities and structuring of the BAPHR Foundation (endowment fund) under Peter Middendorf's shepherding is nearing formalization with the upcoming selection of the board of directors and drafting of the by-laws... the language of BAPHR's commitment as a resource for the national presidential nominating conventions has been assumed by Seth Charney and his public information group... the concept of BAPHR tutorials for the general medical community materialized at the January general meeting with a program on the work-up, including counseling and support, of the "worried well" patient.

Change does not eliminate trouble spots... the threat of community lassitude blowing our chances of decreasing the grim San Francisco AIDS statistic of 0.63 new cases per day... the failure to birth a media pool within BAPHR to alter community indifference... the propinquity of the crisis to each of us, as I learned this week of the AIDS diagnosis in a special one... the dearth of humane skills in physicians when managing terminally ill patients... the ineptness of our communication capability with three successive failures of our vehicle — the telephone tree... the inappropriate behavior of simultaneously condoning and condemning individuals and groups who sponsor high risk activities... the specter of jurisdictional health actions for social control... the missing handle to turn on a long range planning mood within BAPHR... the inertia of physicians to seek knowledge on alternative health methods and to ethically address the increasing number of charlatans and rip-off health schemes within our vulnerable community.

A rasp is not always a tool as witnessed by Don Brown. Don is our processor of problems without peer and the organizer and facilitator of the three functioning and successful small support groups for BAPHR members. These efforts, and not his department, will make him legend to our membership structure and secure the loyalty of many members to BAPHR. Accomplishments of lasting worth!

I have tugged, twisted and leaned on many of you as we closed the three during the past six months. Will you endure my requests for help to forge the four in the next nine months? I have great confidence in each of you!

the BAPHRON

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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.

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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.

Health Aware Fair, 1984

Progress continues on the BAPHR Health fair scheduled for March 17th and 18th. To reflect our new independence from our former major sponsors we have a new name: Health Aware Fair. The fair is coordinated by BAPHR and sponsored by Golden Gate Business Association, Bay Area Career Women and Lyon Martin Clinic.

Our publicity campaign began in the middle of January. Again, our outreach will be to the gay and lesbian community in the entire Bay Area and to the population of the Castro surrounding Health Center #1. This outreach will especially include the elderly in the area.

Our fund raising campaign has been progressing for the last two months. We have to date had two generous donations; the first is from the Golden Gate Business Association Foundation and the second is from Merck, Sharp and Dohme. If you have personal contact with representatives of these supporters please let them know how much we appreciate them.

As you know, we are actively recruiting staff for the fair. Please sign up *and mail in* as soon as possible your choice of work area so that our staffing committee can plan ahead.

We are looking forward to seeing all of you at the **Health Aware Fair, 1984.**



1984 Health Fair Sign-Up

DATE: Sat. and Sun., March 17 and 18, 1984

TIME: 9 AM-5 PM

PLACE: Health Center #1, 3850 17th St. (betw. Noe and Sanchez), SF

Below is a list of the stations that require staffing. This includes both *medical* and support (non-medical) personnel. Please indicate which area you would like to work in, and the times you are available.

If your office staff would like to work at the fair, please make copies of this sign-up sheet and have them fill one out. Send all copies to the BAPHR office, P.O. Box 14546, SF, CA, 94114

	Saturday				Sunday			
	9 AM to 1 PM		1 PM to 5 PM		9 AM to 1 PM		1 PM to 5PM	
	Medical	Non-Medical	Medical	Non-Medical	Medical	Non-Medical	Medical	Non-Medical
Intake								
Height/Weight								
Blood Pressure								
Anemia (Finger Sticks)								
Blood Draw (Phlebotomy)								
Male GenitoRectal								
Gynecology								
Ophthalmology								
Dental								
Podiatry								
Urinalysis								
Mental Health								
Aids Resources/Info								

- I am willing to be assigned to any area needing staffing. I am willing to help with site clean-up on Sunday, March 18.
 I am willing to help with site set-up on Friday, March 16.

NAME _____ MD DO DPM DDS RN LVN PT _____

ADDRESS _____

PHONE office: _____ home: _____

Send forms to: Doug Carner, BAPHR, P.O. Box 14546, SF, CA, 94114

Pre-Fair Activities

We need personnel to help organize this year's health fair. If you are interested in serving on any of the following planning committees, please check the appropriate box and send it to the BAPHR office at the above address.

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Logistics | <input type="checkbox"/> Educational Exhibits | <input type="checkbox"/> Any Area Needing Help |
| <input type="checkbox"/> Equipment/Supplies | <input type="checkbox"/> Development of Forms | <input type="checkbox"/> Staffing | |
| <input type="checkbox"/> Publicity/Outreach | <input type="checkbox"/> Follow-up | <input type="checkbox"/> Hospitality Suite | |

Conference on Donor Insemination

On Saturday, February 11, a one-day conference will be held, entitled "Lesbians Choosing Children: A Legal, Social and Medical Look at Conception by Donor Insemination." The conference welcomes the participation of parents, prospective parents and concerned legal and medical professionals to explore the multidisciplinary issues surrounding donor insemination, including important legal, medical and social considerations. Workshops and practicums for lay people will include: considering children, choosing a donor, health screening, choosing medical services, lesbian parenting, being a biological or non-biological parent, and the legal implications of donor insemination. There will also be separate workshops for medical professionals and lawyers.

The conference is being sponsored by the Lesbian Rights Project and the Gay and Lesbian Caucus at UCSF in cooperation with the Community Women's Center, Lyon-Martin Clinic and the Northern California Sperm Bank.

The conference will be held on Saturday, February 11, from 9 a.m. to 4:30 p.m. at Cole Hall, UCSF, 513 Parnassus, Second Floor, San Francisco. Cost will be on a sliding scale of \$10-\$50. Childcare available upon advance notice — Wheelchair accessible. For further information or a conference brochure, call the Lesbian Rights Project, Mon-Fri. 3-5 p.m. at 621-0675 or write the LRP at 1370 Mission Street, 4th Floor, San Francisco, CA 94103.

Guidelines — A Hit

BAPHR's "AIDS Risk Reduction Guidelines" are comfortably nestled in over 25,000 homes both nationwide and internationally. Requests have been received for copies from every state in the U.S., most every province in Canada, and as far afield as New Zealand, England and Holland. The K.S. Foundation has been handling all bulk mailing of the "Guidelines" in a cooperative venture with BAPHR. Our contact to the K.S. Foundation reports that BAPHR "Guidelines" are their most requested brochure.

Requests received in the BAPHR office are about evenly divided between four categories of requests: 1) lay individuals; 2) physicians; 3) state and local government agencies, universities, hospitals; 4) gay/lesbian groups.

Many copies have also been distributed locally by BAPHR at various events in the city and through offices of BAPHR members.

BAPHR's "first in the nation" comprehensive set of guidelines have given BAPHR visibility and credibility not only in the gay community in the U.S. but also nationally and internationally with other physicians, government agencies, universities and hospitals. Being "published" helps an organization's credibility. The respect gained for BAPHR will help us in dealing with our environment, for the continuing benefit of gay and lesbian health issues.

The "Guidelines" are currently being revised and updated prior to issuing a "second edition." The K.S. Foundation will again handle printing and bulk mailing.

Thank you to the BAPHR members involved in the creation of the Guidelines and to the K.S. Foundation. You have done well both for the organization and for the gay community. Your efforts are appreciated.

— Peter Middendorf

Final Issue for Non-Renewals

This is the final issue of the *Baphron* that you will receive if your dues have not been paid for 1984. Dues are the primary source of income for BAPHR which includes the *Baphron* and the many projects of the organization. There has been no increase in dues since 1982. Dues are fully tax deductible from Federal and State income taxes.

A San Francisco agency has approached BAPHR concerning temporary foster care placement of teenagers who present unusual problems of management. Any members interested in providing temporary foster care services please contact Charles or Karon at 563-7824.

— W.F. Willner, Chairperson
Social Concerns Committee

TEMPORARY HELP NEEDED?

New UCSF MD grad/BAPHR member seeks employment thru June '84. Inpatient H&P's, outpatient services, many possibilities. M. Longworth (415) 863-6068.

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- Assertiveness Training
- Gay Couples
- Building Self-Esteem

1984 workshops now being formed:

- Being Healthy—building AIDS-pre-
- ventive life style patterns

Psycho-therapists with over

AIDS Statistics • 1983-1984

	Sep 8	Oct 10	Nov 14	Dec 8	Jan 16
Bay Area Total	336	357	395	419	454
Expired	108 (32%)	120 (34%)	133 (34%)	142 (34%)	156 (34%)
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SF alone	263	282	308	323	351
Expired	84 (32%)	93 (33%)	104 (34%)	111 (34%)	122 (35%)
New cases/day		0.59	0.74	0.63	0.71



Internal Support Group Space Available

Space is available in the two ongoing internal support groups which were initiated by Don Brown, M.D. A third group could be formed if there is sufficient interest. Contact Doug Carner, 558-9353 at the BAPHR office or Don Brown, 771-0988 after March 1.

Gay Suicide Study

A research project investigating suicide in the gay community is being instituted by Peter Goldblum. Preliminary studies indicate that 18 per cent of the gay men studied had attempted suicide at some point in their lives compared with less than 4 per cent in heterosexual men. The current research attempt to determine what psychosocial factors, either separately or in combination, will differentiate gay men who have recently (within the last six months) attempted suicide from those who have not. It is hoped the findings will help health professionals focus more clearly on the range and complexity of issues presented by their gay clients and will assist in suicide prevention efforts. Potential subjects for the study may be referred to the investigator, Peter Goldblum (415) 391-0103. Participation consists of filling out a questionnaire requiring about an hour to complete.

Sexism in Medicine

Some think it's past tense but filmmaker and physician, Maureen P. Longworth, M.D. of San Francisco has produced a film "Turning Around" which is a humorous exposé of incidents reported by nurses, doctors, medical students and patients. Scenarios are acted out just as they occurred *but* with sex roles reversed. The film received rave reviews at the New York AAPHR meeting last Nov. Film Showing: Tuesday, Feb. 7, U.C.S.F. — Cole Hall, Parnassus at 3rd Avenue. First showing 7 p.m. followed by discussion with filmmaker. Second showing 8:15 p.m. Donation \$2.50 or as affordable. A unique opportunity to address an often unmentionable subject.

HEPATITIS B A RISKY BUSINESS

An infectious disease

Hepatitis has been with us for many centuries. Like AIDS, it can be transmitted in a variety of ways, including sexual activity. Unlike AIDS, it is highly infectious and its victims number in the millions worldwide. And unlike AIDS, there is an effective preventive.

In San Francisco

It is still the number one health hazard for gay men. A survey in 1978 of men attending a City VD Clinic found a background prevalence of 75%! More recent surveys indicate this figure is now close to 90%, with either surface antigen (HBsAg), antibody (anti-HBs), or anti-core (anti-HBc).

Can be prevented

San Francisco gay men participated in the critical clinical trials of the hepatitis vaccine; 85% of vaccinees developed active immunity. The success rate would have been higher except that some were already in the incubation phase when the study began.

THIS IS A DISEASE WE CAN DO SOMETHING ABOUT — NOW!
HEPATITIS B VACCINE — MERCK SHARPE & DOHME



THE BAPHRON

Bay Area Physicians for Human Rights Official Newsletter
Vol. 6, No. 3

March, 1984

Medical Advisory Board Meeting February 6, 1984

A representative group of BAPHR leaders attended the February 6th meeting of Dr. Mervyn Silverman's Medical Advisory Board, a group that has been meeting for several months as a forum to discuss issues related to the AIDS crisis. The topic of this meeting was the subject of closing bathhouses, sex clubs, bookstores and related facilities. Opening statements set the nature of the arguments for closure:

1. closure as a means of prevention
2. closure as a symbolic move

Statistics about the ratio of rectal to genitourinary gonorrhea were cited to indicate that the frequency of anal intercourse may have decreased in response to guidelines issued concerning AIDS but that the ratio shows a more recent upswing. This was interpreted to mean that the current trend may be to exercise less caution in the belief that the risk of AIDS is waning. This data was cited as evidence that prevention is possible, with the comment that there is a need to think 1 to 2 years ahead rather than back. The symbolic character was discussed, indicating that closure in San Francisco would be likely to have a ripple effect across the U.S. and in other countries. Even New York City appears to be waiting to see what San Francisco decides. Dr. Silverman said that as far as can be determined those who frequent the facilities in question represent about 5% of the gay population in San Francisco. In response to a question it was conceded that closure of baths in San Francisco might have minimal effect in reducing incidence of AIDS here, but the argument presented was that the ripple effect might lead to significant reduction of incidence nationwide.

The recent survey by McKusick, et al, was cited, as was a recent television presentation on AIDS, which indicate that a majority of gay men are informed about the risks of AIDS. Those who attend the baths appear to be the most resistant to making behavioral changes which might be considered risk-reducing. How to influence this group was discussed, with the proposal of increased educational efforts, greater involvement of the gay community in monitoring the baths and their clientele, and avoidance of governmental intervention while encouraging community involvement. The matter of disease prevention versus social control was touched upon. It was generally agreed that precipitous "ordered" closure of the baths and sex clubs would be disastrous for a number of reasons. There was also a consensus that action on the issue arising from the gay community would have a far more salient effect than any initiated from **outside interests**. If nothing else, hopefully people left this meeting with a clearer sense that the issue is not simple with easy answers that will be acceptable to everyone.

Symposium Set for June 22-23

The fourth annual BAPHR Symposium, cosponsored by AAPHR, will be held at the San Francisco Medical Society Auditorium again on June 22 and 23, 1984. Entitled "Directions in Lesbian and Gay Health", a broad diversity of topic will be included such as updates on sexually transmitted diseases and AIDS, immunology of AIDS, simian AIDS, and the lymphadenopathy syndromes. In addition there will be topics on homophobia, aging, health care of the elderly, parenting options, womens' health issues, intestinal syndromes in gay men, and impotence.

Social events during the symposium will include a cocktail party Friday evening for registrants and guests, and BAPHR members and guests. A block of tickets for the San Francisco Opera for performances of *Die Fledermaus* on Friday evening, and *Aida* on Saturday evening has been reserved and will be available to registrants at reduced cost.

Program brochures will be mailed in the next month or may be obtained from the BAPHR office.

Housing for symposium speakers is needed in the San Francisco area and anyone who can accommodate a speaker is asked to contact the BAPHR office. This will help reduce the cost of the symposium and show hospitality to the symposium faculty.

There will also be need again for housing for registrants from out of town. These arrangements will be made at a later date.

BAPHR Members Publish AIDS Reviews

Two members of BAPHR's Scientific Affairs Committee, Steve Follansbee, M.D. and Bill Owen, M.D., were participants in two different conferences about the Acquired Immune Deficiency Syndrome (AIDS) that were published in early 1984. The reviews appeared in the *Western Journal of Medicine* and *Patient Care*.

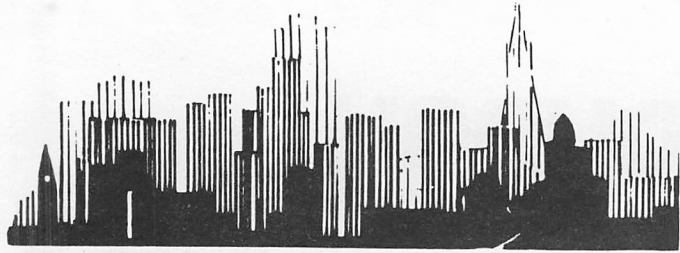
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Ammann AJ, Dritz SK, Volberding P, Follansbee SM, Perkins HA, Conte JE. The acquired immune deficiency syndrome (AIDS) — a multidisciplinary enigma — Medical Staff Conference, University of California, San Francisco. *West J Med* 1984 Jan; 140:66-81.

Fauci AS, Haverkos HW, Mildvan DT, Owen WF. Making sure you don't miss AIDS. (AS Brodoff, ed). *Patient Care* 1984 Jan 15; 18:166-95.

Fauci AS, Haverkos HW, Mildvan DT, Owen WF. Optimizing care for the AIDS patient. (AS Brodoff, ed). *Patient Care* 1984 Jan 30; 18:125-51.

Fauci AS, Haverkos HW, Mildvan DT, Owen WF. "What can I do to avoid getting AIDS, doctor?" (AS Brodoff, ed). *Patient Care* 1984 Jan 30; 18:153-61.



PROGRESS NOTES

Politics or Public Responsibility?

This month Kent has given me the opportunity to fill his space in the Progress Notes. I am happy to do this as a way of sharing a personal perspective on the organization.

Looking at current issues before us, I am aware that some people may have the perception that BAPHR is becoming more political in its emphasis. I am concerned that some may fear an unwelcome shift in the priorities of the organization. I have this concern at a time when the BAPHR agenda involves such topics as AB-1, the Democratic National Convention, and the Bath House controversy among others.

True, these issues have come up for our attention, but I think it is important to recognize that BAPHR's response to them is nothing more (or less) than the full application of our energies toward long-established goals.

The recent consideration of AB-1 by the State Senate has drawn well earned attention to the new role of Public Information Office within BAPHR, in the person of Seth Charney. Seth's efforts were invaluable, not only in Sacramento but in mobilizing BAPHR members to reach legislators regarding this critical civil rights issue. Still, I do not see his work as a departure into a new political activism, but certainly as new visibility and heightened efficiency toward goals which were born with the beginnings of BAPHR in 1977; should not gay people (including a group of gay physicians as a matter of fact) be permitted to enjoy normal, healthy, and respectful lives? Some of the heightened visibility of such actions now and in the future comes from a new awareness about accountability to the IRS for such activity under our tax status. The high efficiency of these recent efforts by Seth and his team is the happy result of having interested, energetic and creative individuals become involved to turn intention into action. Still, as important as this work is, we should remember that it remains one small part of BAPHR activity, the whole of which revolves around the goals of support to its membership and internal activities, education, service, and social concern.

Recent press coverage has focused on bath house sex in the AIDS crisis. In spite of the political overtones that are brought to this

issue by others, BAPHR's role remains an objective and scientific one. BAPHR recognizes that matters of sexual behavior and practice in the light of AIDS are complex, and that our own expertise in this area is limited. Still, what is needed now seems to follow directly from that which BAPHR initiated early and maintains today — education and outreach to the community. Our proposal is to organize with other concerned groups in this matter, centering attention on the core issue of sexual behavior and practice in the climate of AIDS — on the *objective* issue, recognizing that bath houses are only one setting among many in which unsafe sex can occur.

Currently, BAPHR is considering its role in the upcoming presidential nominating conventions, spurred by the selection of San Francisco for the Democratic Convention this year. Because the convention is perhaps the brightest of political spotlights, some may see illuminated a "political" thrust by BAPHR. The reality as I see it however, is that BAPHR will be well organized to provide education to delegates on critical AIDS-related health needs. This is mainstream BAPHR ideology.

In its many pursuits BAPHR remains on course. I am personally pleased to see it becoming ever more structured, efficient, and energetic as it proceeds. One of its many courses may indeed reach into political concerns when such concerns present themselves, but far from being a shift in BAPHR's goals, our involvement is acknowledgement of our best traditions.

Robert Scott, M.D.
Vice-President



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The BAPHRON

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Kent Sack, MD..... President
Ric Andrews, MD..... Past-President
Bob Bolan, MD..... President-Elect
Bob Scott, MD..... Vice-President
Lary Abramson, MD..... Secretary
William J. Kapla, MD..... Treasurer

BAPHR Administrative Offices

2940 16th Street, #309
S.F., CA 94103
(415) 558-9353

Communications may also be sent to:

BAPHR
Box 14546, S.F., CA 94114

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

Staff of The BAPHRON

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

Until further notice, address
communications to The BAPHRON
c/o BAPHR's Box 14546, S.F. 94114

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

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The Health Aware Fair Is Upon Us!

Come join us in the work and fun March 17th and 18th at Sanchez school and Health Center #1. Please use the sign up sheet and let us know when and in what area you would like to work as soon as possible if you have not already done so. Medical and non-medical volunteers alike are needed.

A core of about 15 individuals has been working very hard on the Fair for the last several months and now we need *your* help.

Our publicity campaign is now in full swing. You should be seeing flyers giving the details of the event by the time you read this. Our fund raising campaign is progressing nicely with approximately \$2500 in hand and several substantial commitments made.

We are very excited about our new independence this year from our major sponsors. We have our new logo in hand which represents this new independence.

See you at this Health Aware Fair!

Carolyn K. Harvey, D.P.M.
Chairperson, Steering committee, Health Aware Fair, 1984



1984 Health Fair Sign-Up

DATE: Sat. and Sun., March 17 and 18, 1984

TIME: 9 AM-5 PM

PLACE: Health Center #1, 3850 17th St. (betw. Noe and Sanchez), SF

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Anemia (Finger Sticks)								
Blood Draw (Phlebotomy)								
Male GenitoRectal								
Gynecology								
Ophthalmology								
Dental								
Podiatry								
Urinalysis								
Mental Health								
Aids Resources/Info								
Summary and Discharge								

- I am willing to be assigned to any area needing staffing.
- I am willing to help with site set-up on Friday, March 16.
- I am willing to help with site clean-up on Sunday, March 18.

NAME _____ MD DO DPM DDS RN LVN PT _____

ADDRESS _____

PHONE office: _____ home: _____

Send forms to: Doug Carner, BAPHR, P.O. Box 14546, SF, CA, 94114

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| <input type="checkbox"/> Publicity/Outreach | <input type="checkbox"/> Follow-up | <input type="checkbox"/> Hospitality Suite | |

Editorial

One of the major topics concerning BAPHR during the last month has been that of possible AIDS transmission in bathhouses and backrooms, especially when faced with the reality of AIDS patients in attendance (if not participation). There was substantial lack of consensus in an *ad hoc* committee called by Kent Sack to define the issues. It was obvious that the approaches among us to the problem were quite variable, and it seems to me that those differences arose from our individual attitudes toward bathhouses in general.

I, for one, am firmly convinced that the activities in bathhouses and related establishments are healthy and desirable for many individuals, and in San Francisco that translates to thousands. There isn't space to debate the pros and cons of this subject here, but the basic tenant that has seemed to predominate historically has been a permissive one. This is certainly true of the straight world and also among gays for whom these activities are not a natural part of their life style. It is as if we are indulging the "naughty boys" to avoid a political and medical confrontation. Wrong.

Not only is that attitude inappropriate, in my opinion, but it sets the stage for expanding the error in our present predicament. Closing bathhouses and similar rendezvous spots would not only introduce considerable unhealthy frustration, but also move the action to the streets and parks because it is a natural component of so many lifestyles. Would that lead to an improvement in public health? Hardly. It would also be disastrous politically, bringing us closer to "1984" in reality, leading to intensive police activity, substitution of "righteous indignation" for logic, and possibly new violent confrontations.

We as health advisors must work with and educate both the participants and those with some control over the conditions of the bathhouse milieu to accentuate the positive and minimize the negative. There are many steps that can be taken to improve hygiene and modify exposure to microbiological agents. Although some questionnaire surveys do not reveal it, it is apparent to those of us who have knowledgeably observed the changing scene during the last year that our educational efforts on risk reduction have had considerable, even surprising, impact on sexual practices. It is time to concentrate on the environment in the same constructive manner. Advance can be achieved, I am certain, by the proper encouragement and intelligent support by physicians working with the management of the subject establishments. But first we must come to grips with our own internal reservations and inherent conformance with behavior patterns based on the straight "missionary" world of our parents.

— W.L. Warner, M.D.

Letters to the editor are invited on this issue.

Health Fair Workers Party Slated

A party for all health fair workers and friends will be held Saturday March 17 from 6 to 8 at The Prism, 2140 Market Street. Beer, wine, soft drinks will be available and there will be music for dancing and socializing. All volunteer workers are invited to relax after the days work.

Richard M. Nelson, JD, CFP*

* Certified Financial Planner

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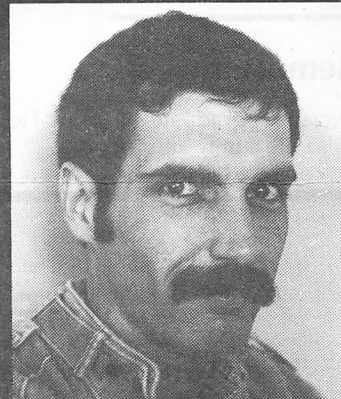
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Cumulative AIDS Statistics 1983-1984

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Expired	84 (32%)	93 (33%)	104 (34%)	111 (34%)	122 (35%)	132 (34%)
New cases/day		0.59	0.74	0.63	0.71	1.48

N.B.: There has been an abrupt rise in new AIDS cases in the past month!

CCPHR To Consider Baths

At a recent meeting of the California Coalition of Physicians for Human Rights (comprised of representation of the four statewide PHR groups in California) the following statement was framed for approval by the respective PHR groups in the state with regard to the issue of closing bath houses to protect individuals for health, moral and nefarious reasons from contracting AIDS in these arenas.

The AAPHR Board will consider this and other similar issues at the upcoming meeting in New Orleans. This statement has not been approved by the Board yet and is presented here for the information of the membership in other regions of the country who may be facing similar pressures to close bath houses and sex clubs.

"There is no definite evidence, at this time, that closing bath houses would reduce the risk or incidence of AIDS. We strongly state, however, that multiple, anonymous sexual contacts, occurring in any location, increases the risk of all sexually transmitted diseases, including AIDS.

Attempts at legislating sexual behavior have only changed locations of that behavior, not curtailed it.

We strongly favor, and request assistance for, educational efforts to reduce risks in the light of current knowledge; and indeed such efforts are facilitated at locations such as bath houses, bars, etc.

We are prepared to work with bath house owners as well as the gay community to discuss risk reduction."

In Memorium

George Brown, M.D., pediatrician. A graduate of Johns Hopkins Medical School. Condolences to his family and friends.

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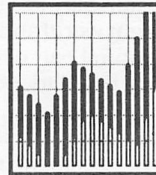


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Available: Positions of Director and Assistant Director of Communicable Diseases, San Francisco. Contact Mary Smith, Personnel Office, 101 Grove St. San Francisco, CA 94102. (415) 555-3042.

Singers Wanted for Pacific Lesbian and Gay Singers. Now auditioning for all voice parts. Spring Concert: Monteverdi, Brittan and Brahms. Please call 861-3301, Robin Kay, Director

HEPATITIS B

The Concealed Killer — The Carrier State

The chronic carrier state, generally unknown to the person and his contacts, develops in up to 10% of infections. That adds up to about 20,000 new carriers per year, and a total of about 1,000,000 carriers at the present time in the U.S.!

Frequently following unapparent disease, the virus smolders, infecting intimate contacts and often progressively damages the liver of its host:

- Primary liver cancer (hepatoma) occurs 273 times more often than in non-carriers;
- Chronic Active Hepatitis results in 3-5% of cases;
- Often progresses to cirrhosis, contributing to the roughly 4000 deaths from the disease per year.

It has been estimated that at least 10% of gay males in San Francisco are now carriers. **All** gay males, especially the sexually active, should be tested for HBsAg or Anti-HBc.

Not only Hepatitis B but also the carrier state can be prevented —

HEPATITIS B VACCINE — MERCK SHARPE & DOHME



THE BAPHRON

Bay Area Physicians for Human Rights Official Newsletter
Vol. 6, No. 4

April, 1984

Doctors of Our Destiny — Physicians and the Arms Race

This is the topic of our April General Meeting, and I've been racking my brains trying to figure out a way to get as many of you as possible to attend. A meeting about nuclear arms may conjure up images of Gloom and Doom (like AIDS does). When one ponders the horrendous consequences of a nuclear war one may either use massive denial to avoid the issue altogether, or resign oneself to feeling helpless because of the hopeless inevitability of the whole matter (just as AIDS affects some people). I'd say most of us in BAPHR have been willing to address and discuss the many (troubling) aspects of the AIDS crisis, and out of this has come an awareness and involvement that, in my opinion, has decreased both the denial and the sense of futility that can arise. On April 8th, we will have the opportunity to examine the many (troubling) aspects of the nuclear issue. Our presentation will be by the Physicians for Social Responsibility. Twenty-three years ago this organization acted as a united medical voice in warning of the hazards of atmospheric nuclear testing, significantly contributing to the momentum that led to the Partial Test Ban Treaty of 1963. Today, PSR is a non-profit organization committed to public and professional education on the medical hazards of nuclear weaponry. We will view a new film, "What About the Russians?", from the same film-maker who directed the award-winning "The Last Epidemic." The film includes comments from various authorities on arms control and international relations. Our speaker, Dr. Jan Hirsch, will present the latest information about the consequences of a nuclear confrontation, including the "nuclear winter," and will relate changes in the "first strike" capabilities of the superpowers. She will also discuss the psychological aspects that must be addressed, including numbing and denial. (By the way, Dr. Kirsch is no stranger to the medical problems of our community; she has worked with Dr. Paul Volberding at the AIDS Clinic, and will begin an Oncology Fellowship at Sloane-Kettering this July.) The program will have time for questions and discussion.

This promises to be an exciting and informative meeting. I don't expect anyone to stop their efforts re: AIDS so they can concentrate on arms control. I don't imagine everyone will share the same viewpoint. But I do urge you to come, to expose yourself to the information, and to participate in the discussion. We are not helpless.

The meeting will be at Ralph K. Davies Hospital (45 Castro at 14th Street) in the auditorium on Level B. The social (half) hour will begin at 7 p.m., with a brief business meeting at 7:30 and then the presentation. Friends and lovers are not only welcomed but encouraged. Mark your calendar now.

Ric Andrews, M.D.

Health Aware Fair, 1984

According to Health Fair Chairperson Carolyn K. Harvey, D.P.M., approximately 650 persons were screened by 200 volunteers at Health Center #1 over the weekend of 17 and 18 March. Dr. Harvey and her dedicated, hard-working volunteers are to be roundly congratulated. Statistical details concerning findings, etc., will be compiled and published in the May issue of the *Baphron*.

First Education Forum to Feature AIDS/KS Update and AIDS Ward at SFGH

The education committee will sponsor Dr. Paul Volberding of San Francisco General Hospital for the first BAPHR Education Forum on April 26 at 7:30 p.m. It will be held in the Conference Center (Lobby Level) at Pacific Medical Center, Buchanan and Clay Street, San Francisco.

The topic will be an update on AIDS/KS treatment and a discussion of the AIDS Ward at San Francisco General Hospital. Cliff Morrison, R.N., the clinical coordinator of Ward 5B, the AIDS ward, will also speak on overall organization and specifics of the ward. A question and answer period will follow. Refreshments will be served.

This will be an opportunity to obtain the latest information on AIDS in a less formal setting. Everyone is encouraged to attend. Sponsorship is partly provided by Merke Sharpe and Dohme. CME credit will be allowed.

La Cage Benefit

At the annual Cable Car Awards ceremonies held recently, Allan Carr, the producer of "La Cage Aux Folles" play, was to present the award for one of the community service categories. One of the nominees in this category was the "Can We Talk" AIDS risk reduction guidelines brochure produced by the Harvey Milk Gay and Lesbian Democratic Club in conjunction with BAPHR. Mr. Carr was so impressed with the nominees in this category that he expressed a desire for the proceeds from the West Coast Premiere of "La Cage" to be split among the nominees. BAPHR and the Harvey Milk Club will share one quarter of the proceeds. The other three nominees, who will each get a one quarter share, and the San Francisco AIDS Fund, the Lesbian Rights Project and Operation Concern.

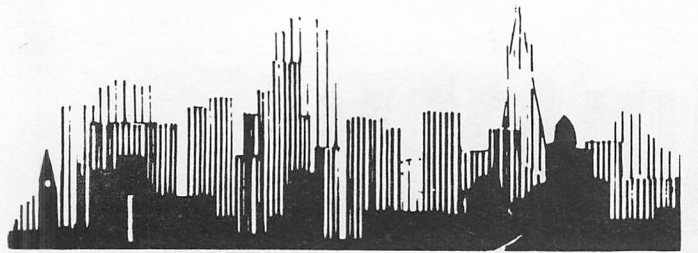
The "Can We Talk" brochure was produced by the Harvey Milk Gay and Lesbian Democratic Club under a grant. "Can We Talk" used BAPHR's AIDS Risk Reduction Guidelines as a basis, rewrote the Guidelines in less scientific language, and packaged the message well. BAPHR's Scientific Affairs Committee reviewed the brochure to make sure of accuracy. Discussion is now under way with the Harvey Milk Club to determine the use of any proceeds received from the Benefit.

Congratulations again to those BAPHR members involved in the Risk Reduction Guidelines projects and kudos to the Harvey Milk Club for their excellent presentation.

Peter Middendorf

AIDS Statistics San Francisco (Revised Reporting System)

Date	Cumulative		Cases/Day
	Cases	Mortality	
January 1, 1984	375		
January 31, 1984	404		0.94
February 29, 1984	448	171 (38%)	1.52
March 15, 1984	459		0.73



PROGRESS NOTES

by Kent Sack, M.D.

Follow thru...

...Response to my January *Baphron* queries about BAPHR's role and profile was immediate and varied. The sources were from within BAPHR and the greater Community. Conclusively, there is energy in BAPHR and it is timely to focus it and project a floating profile.

Impetus for a new direction came from the rapidly deteriorating well-being of our Community under the unremitting assault by AIDS and from an intense midyear program assessment by the Executive Council. Statistical drive came from the most recent Moss epidemiology report and from the projected, and widely publicized, AIDS health care costs as interpreted by our '83 Service Honoree, Marcus Conant. The McKusick Study magnified sociological problems. City Health Director Mervyn Silverman's request for community leadership by BAPHR in AIDS activities identified the political urgency. I, after several days of stressful introspection, followed thru and have committed BAPHR to a major internal restructuring and a very aggressive program.

The cluster concept has been utilized to avert disarray and loss of time and to honor the Annual Retreat's objectives and goals for this extended year. This will provide a structure wherein our membership working through constituted standing committees, task forces and special project committees can focus on the new direction in programming. Clustered into the AIDS Resource section are the Administration, Scientific Affairs and Social Concerns Committees plus the AIDS Task Force with Will Warner chairing and assisted by Ian Barlow. Seth Charney will direct the Democratic Nominating Convention section comprised of the Education, Membership/Internal Support and Publications Committees. The Finance Committee will stand free, advising and supporting both sections while simultaneously working through its current assignments. Special project committees will continue as designated. The major thrusts of this cluster plan for BAPHR's 3rd quarter will be:

1. an active leadership role in community AIDS programming
2. development and staging of an AIDS education-funding lobby at the National Democratic Nominating Convention in San Francisco in July
3. on-going monitoring of the budget process, finalization of the BAP Foundation and development of a process for long range planning
4. successful staging of the Health Aware Fair, Symposium IV ("Directions in Lesbian and Gay Health") and Freedom Day activities

With this plan the standing committees are asked to load their efforts toward their assigned section while concurrently carrying on activities vital to BAPHR. In an attempt to alleviate the chronic peoplepower shortage on committees, I have assigned new members to specific committees and will be reviewing the renewed memberships for the same purpose. I am painfully aware of the autocratic smell to this method of activism, but can no longer justify flower tending in a lethal land. I challenge each of you to assess your role in BAPHR and appropriately follow thru...

The gruesome AIDS has germinated a spate of activity within the health sector of our Community. The energies of BAPHR members are found in many of these activities and are to be complimented and encouraged. Noteworthy are those serving on Past BAPHR President Kessler's think tank; Bob Bolan and Tim Mess in the AIDS Foundation; members on the various City-wide task forces, and Marc Conant chairing the State AIDS Task Force. We must nurture each other and liberally transfuse ideas and talents. It is a golden time for coalition growth within San Francisco to contain the AIDS epidemic and to meld a national AIDS model for unveiling at the Democratic Convention. I pledge BAPHR to this cooperative challenge.

Lary Abramson's decision to untether from the secretary's responsibilities by resignation voids the Executive Council of a most dextrous and skilled member. Balance is gained with the resumption of his favored roaming role within the committees and Executive Board, thus assuring BAPHR of the wisdom of an active and progressive Charter member. In accordance with the By-Laws, the Executive Board will elect his replacement at the April meeting.

The failure of AB-1 reflects history and its misery calendar of social change. We must be encouraged by AB-1's progress this year through both houses and to the governor's desk for an embattled decision as compared to its fate the past seven years. The Governor's long deliberation, without political debts to our Community, emphasizes the merits of the Bill. Each of you, and especially Seth Charney, who found time to promote AB-1 are to be commended. Assemblyman Agnos, Senator Roberti and their staffs have earned our plaudits.

Readership must set standards. While my Progress Notes repeatedly fail standards, the readership of this column should demand much more of our Community's journalism... follow thru.

the BAPHRON

The BAPHRON

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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.

Cancer and AIDS

Part I of a two part symposium review. A two day symposium "Cancer and AIDS" sponsored by The West Coast Foundation took place March 2-3, 1984 at the Sheraton Palace Hotel, San Francisco.

I will present information from the symposium which was not presented in previous *Baphrons*.

Dr. Marcus Conant gave the keynote address. He emphasized the evolutionary capacity of bacteria and viruses over time, using syphilis as an example. He feels that AIDS is clearly a new disease with a large potential for spread because of its prolonged latency period. He emphasized different expression with respect to geography, sex, and sexual orientation. For example, 40% of AIDS cases in Central Africa are female, whereas in San Francisco over 99% are male, and almost all homosexual. 40% of homosexual men with AIDS will develop Kaposi's Sarcoma whereas only 4% of heterosexual men with AIDS develop this lesion.

Epidemiology of AIDS and Kaposi's Sarcoma in the United States

Harry W. Haverkos, M.D.,
Medical Epidemiologist with AIDS Activity, Center for Disease Control, Atlanta.

As of February 28, 1984, there were 3,572 cases of AIDS in the U.S.A. The incidence is no longer doubling every six months. The clustering in certain metropolitan areas is about the same as before with greater New York City 45%, San Francisco 12%, Miami 4%. There are 146.9 cases per million population in New York and 118.1 per million in San Francisco Bay Area. The breakdown with respect to risk groups, i.e. homosexual men, IV drug users, Haitians, and hemophiliacs, has remained unchanged nationally. There are now 38 cases of AIDS associated with blood transfusions nationally.

AIDS Incidence and Mortality in San Francisco 1980-1983

Andrew Moss, Ph.D.,
Adjunct Assistant Professor of Epidemiology and International Health, University of California, San Francisco.

Dr. Moss stressed that the incidence of AIDS continues to rise in San Francisco with December 1983 being the highest month with 33 new cases. He warns that number of cases in the most recent quarter is impossible to interpret because of a three month lag period in reporting. Extrapolating from the present curve, he predicts 500-600 new AIDS cases in San Francisco in 1984.

Transmission of AIDS by Blood Transfusion

Herbert Perkins, M.D.,
Scientific Director, Irwin Memorial Blood Bank, San Francisco.

Thus far 44 cases of AIDS associated with blood transfusion have been reported nationally. Those studied appear to have an incubation period from 2-57 months with median of 18 months. Among twelve adults who have been completely investigated, eleven have received blood from at least one unit of "high risk blood" — defined as blood from a donor who either belongs to a risk group for AIDS (homosexual, IV drug user, Haitian) or has low T cell subset ratio. Only one of these donors has actually developed AIDS.

Another study has been done on recipients of blood donated by twelve persons who subsequently developed AIDS. These donations all occurred since 1979. Of the 54 recipients, 15 died within three months and 13 died after three months without clinical suspicion of AIDS. 25 are still living. Of these, 21 have been followed for 7-60 months: none have developed AIDS. Immunological studies done on 11/13 were abnormal.

From this data, we must accept the probability that AIDS may be transmitted by blood. The risk of contracting AIDS from a unit of blood may be 1/500,000. Gay men in San Francisco are discouraged from donating blood unless they have been in a bilateral monogamous relationship for over five years. Since 89% of persons in risk groups for AIDS have hepatitis B core antibody, this test is being considered for screening blood donations.

Simian AIDS

Murray B. Gardner, M.D.,
Professor of Pathology, U.C. Davis

Dr. Gardner described the recent outbreak of AIDS like-illness in rhesus monkeys at the primate center in Davis. The syndrome is characterized by lymphadenopathy, anemia, abnormal monocytes, bone marrow hyperplasia. Clinically the monkeys have diarrhea, weight loss and opportunistic infections with cytomegalovirus, herpes simiae, SV40, candida, *E. histolytica*, cryptosporidia, *Giardia*, and toxoplasmosis. Some develop Kaposi-like skin tumors.

The disease can be induced experimentally through inoculation with lymphoid tissue extracts, blood, serum, and filtered plasma. Within 2-4 weeks of inoculation, lymphadenopathy develops. First there is follicular hyperplasia but eventually follicles burn out and become obliterated. A progressive diminution of all T cell subsets, B cells, and all immunoglobulins occurs. The disease is fatal in 1-6 months.

A type D retrovirus, 0.1 μm in diameter, has recently been isolated from the infectious plasma. This retrovirus is identical to or a variant of Mason Pfizer Monkey Virus.

Viral Induced Immunodeficiency

W. Lawrence Drew, M.D.,
Director Clinical Microbiology and Infectious Diseases, Mount Zion Hospital, San Francisco.

Over the past years, Dr. Drew has done serial virologic and immunological studies on homosexual men who presented without antibody to cytomegalovirus (CMV). Of 28 homosexual men lacking CMV antibody, only one had an OKT4/OKT8 ratio below 1.0 versus 33 of 67 seropositive men. Among those seronegative men who seroconverted (usually asymptomatic) the average nadir of T cell ratio was 0.6 with ratios returning to ≥ 1.0 after 12-15 months. With serial sampling of 237 sexually active homosexual men, 94% had CMV IgM antibody on at least one occasion, suggesting reinfection or reactivation.

From these studies it is apparent that cytomegalovirus infection can induce immunodeficiency states lasting up to one year. Temporary immunological abnormalities such as T cell subset inversion and impaired mitogen response have also been demonstrated with other herpes viruses — herpes simplex types 1 and 2, and EB virus.

Continued on Page 254

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Cancer and AIDS

Continued from Page 253

CNS Complications of AIDS

Richard W. Price, M.D.
Associate Professor of Neurology, Cornell Medical College,
New York.

One hundred eighteen (118) patients with neurological complications of AIDS have been followed at New York and Memorial Hospitals.

Diagnoses were as follows:

Subacute encephalitis	65
Toxoplasmosis	14
Cryptococcosis	4
CNS Candida	2
CNS Varicella-Zoster	1
Progressive multifocal leukoencephalopathy (PML)	3
Neoplasms:	
1° Lymphoma of brain	8
Systemic Lymphoma with brain involvement	7
Vascular:	
CNS Hemorrhage	4
Non bacterial thromboembolism	2
Peripheral Neuropathy	26
Polymyositis	1
Retinopathy	18
Undiagnosed	15

Studies were done on the brains of 76 patients with AIDS. Of these only nine (9) were normal. Microscopic findings included:

Subacute encephalitis	48
Toxoplasmosis	8
CNS Lymphoma	7
Progressive multifocal leukoencephalopathy	3
Candida	2

Subacute encephalitis is typified by glial nodules in grey matter (100%) and white matter (57%). A glial nodule is a clustering of glial cells with inclusion bearing cells in the center. The latter stains with cytomegalovirus antibody. Thus cytomegalovirus may play a role in this disease. Patients present with global neurological findings such as confusion, memory loss, coma, and seizures. CT scan shows cortical atrophy in 8/13. Cerebrospinal fluid abnormalities are non-specific with increased protein and/or pleocytosis in 7/15.

Toxoplasmosis will present with focal neurological findings in 10/14. 12/13 have focal lesions on CT scan, often with ring type enhancement with contrast. All patients had positive 1gG immunofluorescent antibody to toxoplasmosis and 10/13 had antibody titer over 1:1024. Given the combination of a focal lesion and positive serology, Dr. Price feels that empirical therapy with sulfonamides and pyrimethamine would be appropriate before resorting to brain biopsy.

Son of Harvard to Speak at May Meeting

Toby Mirota, author of *Sons of Harvard* and *Politics of Homosexuality* will be the speaker at the May general meeting to be held at a member's home on May 13 at 7:00 p.m. His topic will be announced. A social hour will follow. This will be the first general meeting to be held outside of a hospital setting in over a year, a policy which we hope to continue. See Membership section for details.

Controlled Interferon Treatment

University of California at San Francisco (UCSF) Researchers at San Francisco General Hospital (SFGH) are beginning a controlled study of interferon treatment for gay men with chronic lymph node enlargement, an AIDS-related disorder.

The condition — lymphadenopathy — may represent an attempt by the body to fight off the agent that causes acquired immune deficiency syndrome, believed by most researchers to be a virus, says Donald I. Abrams, M.D., assistant director of the AIDS/Kaposi's Sarcoma Clinic at SFGH, who heads the study.

Lymphadenopathy has been observed in gay men since the AIDS outbreak began in 1979. It is often accompanied by other AIDS symptoms, such as fever, night sweats, extreme fatigue and weight loss. Abrams has followed 200 men with the syndrome since November 1981, five of whom have gone on to develop AIDS, leading Abrams to speculate that, in some people, the immune system eventually becomes fatigued and a full-blown form of the disease sets in.

Abrams hopes to recruit 30 men for the study. Half will receive a low dose of interferon, the other 15 will receive a placebo. Men interested in participating in the study must have had lymph node enlargement for at least six months that has been confirmed as benign by biopsy, and must have some other symptoms of the syndrome. For further information call the SFGH AIDS/KS Clinic at 821-8830.

Update on George Riley

I have talked to George twice in the last 2½ weeks: During my first conversation George indicated he had recently returned from George Washington Hospital, where he received treatment for Pneumocystis. He had begun triple chemotherapy and was living with his lover, Michael Donahoe, in a recently converted garage apartment at the home of Michael's parents. I talked with George and Michael for almost an hour, and while George reported being easily fatigued, they were both in good spirits considering the circumstances and were optimistic about another four to six months of remission.

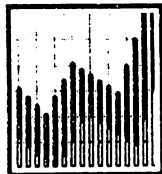
My second call was on March 15 and I learned George had been rehospitalized twice, but was now back home. Because of the marked discomfort involved, he has decided to discontinue any further chemotherapy and he does not wish to return to the hospital. Both he and Michael are comfortable with this decision. George has done better since he returned home; he is essentially bed-bound and is extremely weak, but is happier at home. He was able to talk only a few moments, had some difficulty speaking, but wanted me (and you all, since he knew I would be writing this) to know he is doing as well as can be expected.

George and Michael can be reached at: Route 1, Box 7B, Cambridge, MD 21613. Their phone number is: (301) 221-0205. I know they would appreciate your cards and notes. If you should want to call, mornings are George's best time.

Ric Andrews

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Sports Over AIDS

What is the connection between THE GAY GAMES and combatting AIDS? I would make the case that there is a direct and significant connection. I do not intend to denigrate the importance or value of sexuality in our lives, but I would make the point that there are positive and healthy alternatives to some of the uses of sexuality and promiscuity have been put. If people are to be asked to reduce their level of promiscuity, that has been implicated in the spread of AIDS and other sexually transmitted diseases, then positive replacements for some uses of sexuality should be suggested. Positive suggestions generally have a longer half life than threats of doom and gloom.

My suggestion is that athletics are a healthy and positive alternative to certain uses of promiscuity and that The Gay Games have a significant, if not a central role, to play in the encouragement of athletics in the Gay Community.

Sexuality has been used as a common language among members of the gay culture who come from infinitely diverse backgrounds. One method of meeting strangers is to start on assumed common ground. In the Gay Community, this can be sexuality. Mutual physical attraction establishes this mutual ground especially in meeting places such as the baths, bars, and streets. Hence, my contention that sexuality is used as a common language. If you want to meet lots of people and you are shy, or your social skills are not 10 on a scale of 10, then trick with a lot of people. Using a common language to satisfy social needs is one use of sexuality.

Sexuality can be used to improve self esteem. Being "cruised", found physically attractive or sexually "hot", provides an ego boost for most. Many may base their self esteem, in part, or in whole, on their physical attractiveness or sexuality. Hence, sexuality can be

used to build self esteem.

Sexuality can also be used as a means of stress reduction and anxiety abatement. How many people use sexual release, through tricking, for this purpose?

I do not argue with using sexuality for these purposes, but given the serious health risks, particularly AIDS, associated with sexuality in the Gay Community, should we not encourage positive and healthy alternatives?

Athletics and physical exercise, whether it be running, body building, or other sports activities, serve to alleviate stress and anxiety, and achievement or accomplishment in sports serve to build self esteem. Exercise in any of many forms helps build health. Common activities, whether they be pool, soccer, bodybuilding, running, swimming, etc. tend to create a common language and common ground for meeting others and satisfying social needs.

If, as I maintain, encouragement of athletics and sports participation is desirable as an alternative to promiscuous use of sex, then the connection with The Gay Games comes into view. The Gay Games serve many diverse ends. They help build pride in our Gay culture. They act as a tool for combatting the "isms" in our culture such as sexism, racism, and ageism. They provide a venue for sports competition within the Gay Community. *They are inclusive* (you all come) rather than exclusive (send only your best, your fastest and strongest). There are many more ends served by the Gay Games, but the most important to me, is that The Gay Games encourage the expansion of the Gay cultural identity to include athletics. By making athletics "in", or politically correct, in the gay culture, they serve a central role in promoting a healthy and positive alternative to promiscuous sex.

Encouragement of athletics. My health suggestion. What is yours?

Peter Middendorf

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Letter to the Editor

Dear BAPHR Officers, Executive Board and Members,

In the past it has been my pleasure to be involved with BAPHR socially and to help your organization as a volunteer. I have also had the pleasure of working with many of your members on a professional basis.

As a periodic advertiser in the *Baphron*, I am pleased to be able to continue my contribution to the continuing efforts of BAPHR. And I would like to take this opportunity to thank the Officers and Membership for your diligent work in getting "RISK REDUCTION" out there... at times without political support. Your work has played a foremost role in pointing the way for a more caring, socially responsible community. I for one, thank you!

Sincerely,

Bill Wagner

Bill Wagner



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In San Francisco

It is still the number one health hazard for gay men. A survey in 1978 of men attending a City VD Clinic found a background prevalence of 75%! More recent surveys indicate this figure is now close to 90%, with either surface antigen (HBsAg), antibody (anti-HBs), or anti-core (anti-HBc).

Can be prevented

San Francisco gay men participated in the critical clinical trials of the hepatitis vaccine; 85% of vaccinees developed active immunity. The success rate would have been higher except that some were already in the incubation phase when the study began.

THIS IS A DISEASE WE CAN DO SOMETHING ABOUT — NOW!
HEPATITIS B VACCINE — MERCK SHARPE & DOHME



THE BAPHRON

Bay Area Physicians for Human Rights Official Newsletter
Vol. 6, No. 5

May, 1984

Press Statement:

City and County of San Francisco

San Francisco has been faced with one of the most complex health care problems in its history. The tragic disease of AIDS has hit our city more severely than any other in the United States except for New York. Approximately one year ago, the gay community in cooperation with the Department of Public Health set about to develop a program to deal with this disease that was taking the lives of many of our young men. This program has become a model for the United States. Members of the gay community have joined together with an unprecedented sense of purpose to bring about significant changes in response to this crisis.

In conjunction with the AIDS Foundation, Shanti Project and many concerned individuals, we have established a continuum of services ranging from education and information, screening, outpatient services, inpatient services, counseling, in-home services, and many other activities all directed towards preventing, treating and, hopefully, finding a cure for AIDS. In the past year alone, hundreds of thousands of pieces of information have been distributed to both the gay and the general community. Hundreds of workshops, training sessions and forums have been presented and, as a result of all this activity along with the media coverage of this epidemic, unhealthy sexual behavior has been changing. This is documented in the plummeting figures for other sexually transmitted diseases in the gay community. Unfortunately, over the last few months, these numbers have flattened out.

What has made dealing with this disease so difficult has been the absence of research-proven information on the exact identity of the cause, the exact mode of transmission, and the absolute cure. There is basic agreement, however, among researchers and other experts in the field indicating that AIDS is spread through blood and semen, and that those gay and bisexual males that indulge in multiple sexual encounters are at the highest risk. Locations which particularly foster this behavior include the bathhouses, sex clubs and the back rooms of certain bookstores.

The question of how to deal with these facilities is one that I have been struggling with for over a year. During that time I have met with health experts, both locally and nationally, in an attempt to ascertain the course of action that would result in a reduction of the spread of AIDS. One message has been loud and clear — that certain types of sexual behavior among homosexual and bisexual men would have to change if we were to be successful.

Last week I met with a panel of national, state and local AIDS experts and asked them for their recommendations. After six hours of deliberation concerning all available options, it was the opinion of this group that altering the behavior in these bathhouses, sex clubs and other facilities could have an important effect on the incidence of AIDS. It was the unanimous position of this group that all sexual activity between individuals be eliminated in public facilities in San Francisco where the transmission of AIDS is likely to occur. It was recognized by this group of experts that this action, in and of itself, would not completely solve the problem of the transmission of AIDS, but that in conjunction with the strong educational

Continued on Page 259

Elections and Appointments

It is a pleasure to announce that Denny McShane, M.D. (formerly Education Committee Chair) has been elected Secretary of BAPHR for the remainder of this year. Lanny Dykes, M.D., an active member of the Education Committee has been named its new chair. John Russell, long active in activities of BAPHR, will head the Gay Freedom Day Activities. Welcome to these fine persons in their new capacities.

A new support group for BAPHR members will begin in late May. Like the groups now running, it will meet on a schedule designed by the members and will address any subjects of interest to them, including reactions to the AIDS situation, stresses of being a gay physician, interpersonal concerns, etc. Don Brown will meet with the group to assist in the start-up process. For more information, or to register, call him at (415) 771-0988.

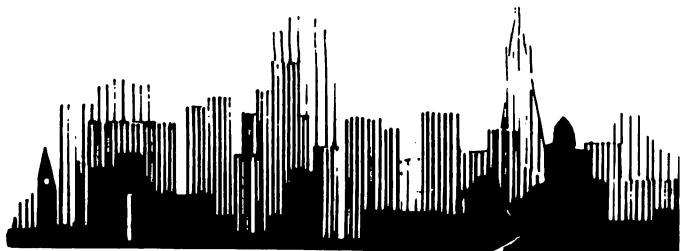
AIDS Statistics — San Francisco

Year	Quarter	Total Cases	Cumulative Total	Incidence per day
1983	1st Quarter	58	179	0.64
	2nd Quarter	49	228	0.54
	3rd Quarter	65	293	0.71
	4th Quarter	76	369	0.83
1984	January	31		1.00
	February	44		1.52
	March	28		0.90
	1st Quarter	103	472	1.13
	April 1-16	17	489	1.08

1st Quarter Male Gonorrhea Statistics

San Francisco City Clinic

Year	Urethral	Anal	Total	Anal / Urethral
1979	2647	1270	3917	0.48
1980	2677	1473	4150	0.55
1981	2458	1106	3564	0.45
1982	2077	1079	3156	0.52
1983	1575	709	2284	0.45
1984	1181	414	1595	0.35



PROGRESS NOTES

by Denny McShane

B.A.P.H.R. ← → A.A.P.H.R.

I have been asked by Kent Sack to comment on the relationship between BAPHR and AAPHR from my vantage point within both organizations. There are many parallels between the support and research in gay and lesbian health issues. Their focus overlaps, and perspectives on local as well as national issues have far-reaching impact on the country's gay and lesbian community.

BAPHR arose during a time of crisis — the Anita Bryant "Save our Children" campaign and her California extension — the Briggs Initiative to root out gay and lesbian educators. It was a time in which many gay and lesbian individuals in the Bay area determined that the only way to combat bigotry was to engage it head-on and show that the traditional stereotypes for gay men and lesbian women did not have currency. From these struggles, BAPHR continued to grow and to educate our non-gay colleagues about gay and lesbian health issues and to serve notice that the "macho" medical profession had its share of gays and lesbians equal to or surpassing the national average. In addition, BAPHR served as a model to other regions resulting in the organization of similar "PHR" groups in Southern California, San Diego, Seattle, Philadelphia, Toronto, Houston, Boston, Washington, D.C. and New York.

In 1981, seemingly as part of a natural progression, and seeking to provide an input nationally for non-local health issues, a group of individuals from around the country met in San Francisco, following a BAPHR Symposium to discuss the organization of a nationwide group of lesbian and gay physicians. The result of that meeting and several over the ensuing year was the formation of AAPHR (American Association of Physicians for Human Rights) which had its official birth in San Francisco in June of 1982.

However, AAPHR did not have the luxury of a prolonged adolescence in terms of consolidating and gradually evolving in its national role, for the initial cases of AIDS were presented in June, 1981. Over the past two years, AAPHR has served an increasing role

in providing consultation and leadership in many of the medical issues connected with AIDS and as a resource to Federal agencies such as the CDC, NIH, FDA and HHS. The networking established by AAPHR has served to foster the growth and development of additional "PHR" groups in Atlanta, Vancouver, Chicago, New Orleans, Dallas, New Mexico, Ohio, Connecticut, North Carolina, Michigan, Wisconsin, Minnesota, and Hawaii. Input to national policy with regard to AIDS has been important and networking has been established which will help future work on additional issues confronting gay and lesbian health care needs.

But what of the connection between BAPHR and AAPHR? These two groups are seen as the strongest and most cohesive nationally. What is their role with each other? The recent discussions in San Francisco over the issue of closing the bathhouses illustrated the influence that BAPHR has over policies in other areas. The mention of closing the baths had implications in New York City, Los Angeles, Atlanta and the small towns scattered in between. The other areas of the country looked to see how San Francisco and BAPHR were going to deal with the dialectic of civil liberty and public health. The New York City Public Health Department issued a statement reaffirming its educational efforts and stand on not intruding on sexual activities between consenting adults. However, recent communications from Roger Enlow in New York indicate that the "fundamentalists" are pressuring Governor Cuomo to have the State close the New York bathhouses if the city will not.

What I have chosen to illustrate above is the fact that BAPHR while dealing with "local issues" has an impact nationally. We are one gay and lesbian community nationally. What affects one locale affects all of us. We all have a role to play locally and nationally with regard to gay and lesbian health issues. It is important to keep a national perspective on our decisions locally and just as important for AAPHR to keep a local perspective as it deals with national views. I encourage all members of BAPHR to become involved in AAPHR as well. As the oldest and most well organized of the "PHR" groups, the sagacity of BAPHR's experiences and counsel are important toward shaping the future of gay and lesbian health in this country. Another benefit of working locally and nationally is the chance to meet with your colleagues across the country and learn of the various issues confronting our community in its various locales. While the AIDS crisis consumes our energies now, we need to look toward the future health issues that we as a community will face. We need to take the time now to forge a strong communications link with our brothers and sisters around the country. AAPHR offers BAPHR that networking availability.

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
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 Baphton 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.

Press Statement *Continued from Page 257*

campaign presently under way, it would have a significant impact.

There are few precedents to this action and I therefore call upon all members of the gay community to work with us as we move through these uncharted waters together. Many have already taken the lead in a courageous and creative manner.

I want to reiterate that the action we are taking here today, with the support of AIDS experts and gay leaders, is but one part of a program to reduce the incidence of AIDS. By no means is it a perfect answer or a complete solution but, hopefully, with the support of these individuals and many, many others in the community, we can more effectively battle and eventually conquer, this dreaded disease.

Donald Abrams, M.D., Assistant Director and Clinical Instructor, Department of Medicine, San Francisco General Hospital

Richard Andrews, M.D., Past President, Bay Area Physicians for Human Rights

Robert Bolen, M.D., Family Practitioner and Director, Bay Area Physicians for Human Rights

James Chin, M.D., Chief, Infectious Disease Section, State Department of Health Services

Marcus Conant, M.D., Co-Director of Kaposi Sarcoma Clinic, U.C.S.F., President, National AIDS and K.S. Foundation, Chairman of California State Task Force on AIDS

James W. Curran, M.D., Director of AIDS Activity, Center for Infectious Diseases, Center for Disease Control, Atlanta, Georgia

Dean F. Echenberg, M.D., Assistant Director, Bureau of Communicable Disease Control, San Francisco Department of Public Health

Leon McKusick, MFCC, Project Director, U.C.S.F. AIDS Behavioral Research Project

Glenn Molyneaux, M.D., President of the San Francisco Medical Society

Andrew Moss, Ph.D., Adjunct Assistant Professor, Department of Epidemiology and International Health, U.C.S.F.

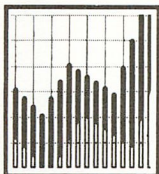
Merle Sande, M.D., Chief of Medicine, San Francisco General Hospital

Paul Volberding, M.D., Director of AIDS Clinic and Chief of Medical Oncology, San Francisco General Hospital

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Harvey Milk Film Nearing Completion

A documentary film about Harvey Milk currently called *Out of Order: The Times of Harvey Milk* is nearing completion. Funds are still needed for the film, which is scheduled to be finished in July. When completed, it will be shown theatrically and then will be broadcast on PBS — national public television (KQED — Channel 9 in San Francisco.)

The film focuses on the importance of the human rights issue and gay visibility as experienced through Milk's story. The film highlights events such as Milk's election as one of the first gay public officials in the nation, the organizing effort against the anti-gay Briggs Initiative, the City's reaction to the assassination of Milk and Mayor George Moscone, and the aftermath of the Dan White verdict. In using eight San Franciscans of diverse backgrounds and historical news footage to tell its story, the film captures the humor, the challenges, and the spirit of the times.

Completion funding is urgently needed for this project — \$40,000 still needs to be raised by July 1 (from a total budget of \$263,000). Previous donors include Public Television (\$100,000), tax-deductible contributions from individuals (\$45,000), the Chicago Resource Center (\$25,000), and eleven other foundations and funds.

Members can make a tax-deductible contribution to the Capp Street Foundation/Milk Film. For those who would like to know more about the film, contact Richard Schmiechen or Rob Epstein, The Harvey Milk Film Project, 2051 Third Street, SF CA 94107, 864-6714.

May General Meeting

Dr. Toby Marotta will be the featured speaker at the May BAPHR general meeting, which will occur on May 13th. He is a social scientist, author, and consultant who is noted for his books *The Politics of Homosexuality* and *Sons of Harvard*. He has served as ethnographer for the study of teenage prostitution, child pornography, and sexual exploitation. He has a forthcoming book entitled *Tracking the Sexual Revolution*.

He has suggested that his talk at the meeting might be called "The Need for Sensible Sexual Social Policy in San Francisco, or, Why We're the Lavender Stripe in the Rainbow Coalition."

For a change of pace the forum for the meeting will be a private home rather than a room in a medical facility. There will be an open bar, food to nibble, and hopefully an atmosphere to socialize before and after the more formal part of the meeting. See the social calendar for details.

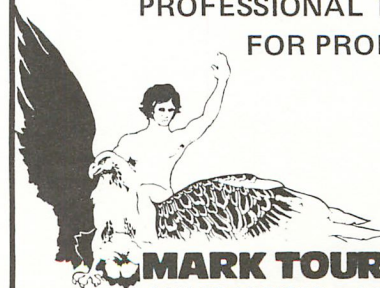
☆☆☆ NOTICE ☆☆☆

There will be an event called, "Sensual and Healthy" for people with AIDS and their guests, held at the Sutro Bath House early in June. For additional information, please contact Bill Foulke, Event Coordinator, at (415) 928-4158.

☆☆☆ GROUP PSYCHOTHERAPY FOR GAY MEN ☆☆☆

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Health Aware Fair — March, 1984

Sample of Responses from 250 Gay Men

	Y (%)	N (%)	? (%)
1. AIDS is a contagious disease.	Y (81.1)*	N (10.0)	? (8.8)
2. AIDS can be transmitted by a single sexual contact.	Y (72.8)	N (5.5)	? (21.7)*
3. The primary cause of AIDS is specific nutritional deficiencies.	Y (2.4)	N (63.4)*	? (34.2)
4. The primary cause of AIDS is drug abuse.	Y (2.4)	N (70.4)*	? (27.2)
5. The majority of persons will not contact AIDS if exposed sexually.	Y (16.5)	N (28.9)	? (54.6)*
6. Repeated sexual exposure to an individual who carries the "AIDS agent" may result in immunity and protection from the disease.	Y (6.8)	N (61.7)	? (31.5)*
7. Healthy Gay men who have been monogamous (no outside sexual partners) for one year should wear condoms for anal intercourse.	Y (57.4)*	N (18.7)	? (23.9)
8. AIDS is likely to be transmitted through eating at Gay restaurants.	Y (0.4)	N (99.2)*	? (0.4)
9. AIDS is likely to be transmitted through sneezing and coughing.	Y (1.2)	N (89.2)*	? (9.6)
10. There is a blood test which indicates whether an individual carries AIDS.	Y (14.1)	N (68.0)*	? (17.9)
11. AIDS is likely to be transmitted by the following sex practices:			
a) Kissing (mouth to mouth)	Y (19.7)	N (55.6)	? (24.4)*
b) Mutual masturbation	Y (0)	N (95.9)*	? (4.1)
c) Receiving semen in the mouth	Y (61.0)	N (11.4)	? (27.6)*
d) Swallowing semen	Y (78.3)	N (3.6)	? (18.1)*
e) Vaginal intercourse, receptive	Y (52.5)	N (37.3)	? (25.3)*
f) Vaginal intercourse, insertive	Y (27.3)	N (37.3)	? (35.4)*
g) Rectal intercourse, receptive, No condom	Y (91.5)*	N (0.4)	? (8.1)
h) Rectal intercourse, insertive, No condom	Y (54.9)	N (20.1)	? (25.0)*
i) Rectal intercourse, receptive, With condom	Y (8.6)	N (47.8)*	? (43.6)
j) Rectal intercourse, insertive, With condom	Y (7.0)	N (56.2)*	? (36.8)
12. "AIDS Agent" is likely to be transmitted to another individual through intimate contact with certain body fluids:			
a) Semen	Y (93.1)*	N (0.4)	? (6.5)
b) Saliva	Y (37.7)	N (26.8)	? (35.5)*
c) Feces	Y (70.3)	N (6.5)	? (23.2)*
d) Sweat	Y (16.7)	N (53.4)*	? (29.9)
e) Vaginal secretions	Y (38.7)	N (20.0)	? (41.3)*
f) Blood	Y (88.5)*	N (1.7)	? (9.8)
13. Approximately how many cases of AIDS have been reported in San Francisco Bay Area?	50 (0.4)	500 (54.4)*	800 (22.6) 1200 (15.5)

14. Approximately how many new cases of AIDS are predicted to occur in San Francisco in 1984?
100 (14.7) 450 (42.2)* 800 (19.8) 1200 (23.3)
15. Approximately how many cases of AIDS have been reported in the U.S.A. since 1978?
500 (2.2) 1500 (15.2) 3500 (67.4)* 5000 (13.9) 10,000 (1.3)

An asterisk (*) is placed beside the preferred response to each question. It is obvious that the 250 Gay men who completed the questionnaire had a high degree of awareness about the modes of transmission of AIDS; e.g., less than one percent felt that AIDS wasn't transmitted to the receptive anal partner and less than four percent felt that swallowing semen was not risky. In fact, many questions were answered overcautiously with 73% believing that AIDS is transmitted by a single sexual contact. The only response which implied less caution was to #7. Healthy men who have been monogamous for one year should wear condoms for anal intercourse. Only 57% answered yes. This may imply ignorance of the long incubation period of AIDS or existence of "healthy" carriers.

James Campbell, M.D.

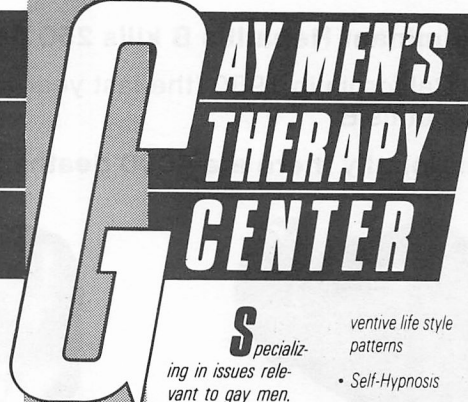
Register Now! Symposium Set for June 22-23

The fourth annual BAPHR Symposium, cosponsored by AAPHR, will be held at the San Francisco Medical Society Auditorium again on June 22 and 23, 1984. Entitled "Directions in Lesbian and Gay Health", a broad diversity of topics will be included such as updates on sexually transmitted diseases and AIDS, immunology of AIDS, simian AIDS, and the lymphadenopathy syndromes. In addition there will be topics on homophobia, aging, health care of the elderly, parenting options, womens' health issues, intestinal syndromes in gay men, and impotence.

Social events during the symposium will include a cocktail party Friday evening for registrants and guests, and BAPHR members and guests. A block of tickets for the San Francisco Opera for performances of *Die Fledermaus* on Friday evening, and *Aida* on Saturday evening has been reserved and will be available to registrants at reduced cost.

Program brochures may be obtained from the BAPHR office, P.O. Box 14546, San Francisco 94114. Housing for symposium speakers is needed in the San Francisco area and anyone who can accommodate a speaker is asked to contact the BAPHR office. This will help reduce the cost of the symposium and show hospitality to the symposium faculty.

There will also be need again for housing for registrants from out of town. Call the BAPHR office if you have space or need it for the symposium.



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Letter to the Editor

Peter Pan and AIDS

The occurrence of AIDS has become a great source of anxiety for many gay men. Beyond the fear of illness the prospect of death is the frightening aspect of this disease which has stricken with appalling fatality. It assaults the "Peter Pan Syndrome" prevalent among gay men in a way that is unmatched by most of the usual vagaries of life. Most come to encounter their mortality privately and in their own due course through life. AIDS has brought about this confrontation in a communal, collective fashion, whatever one's individual response may be. To be gay and informed at the present moment is to have to consider, however fleetingly, one's own demise.

While AIDS imposes a group contemplation of death, responses to the anxiety invoked by the experience remain, by nature, individual and personal. The non-gay community can employ the usual defense of denial very easily, declaring themselves as not involved and not, therefore, at risk. This is challenged by such issues as transmission by blood transfusion, but for most people this has no emotional bearing. Within the gay population there are various ways in which individuals assert similar exemption. Having a very limited number of or no sexual partners, being a nonuser of drugs, a habitué of home and office: these can be taken as great assurance of inviolability. Some have adopted the point of view that those who have been stricken with AIDS are somehow repulsive because of who they are as people or how they behave sexually or with respect to drug use. Nagging dread and avoidance of sex, social activity, and public life have become a way of getting by for a few individuals. Fatalism has an appeal for a large number of gays. The assumption is that if one has already been exposed, then it is only a matter of chance that one and not another will develop the malady.

So there are the worried well, the worried sick, the "who, me, worry?" group, those who don't think they have to worry, and so on. Among those who do have AIDS there are also varied responses, with a fairly common split between the "fighters" and the "re-

signed". It has been impressive to witness how some vow to struggle to survive while others rather readily give up. The prospect of death, then, stirs very individual emotions and corresponding defenses. The gay medical community has shared the concern about the impact of AIDS and has been involved in developing guidelines for risk reduction, collecting data for research, providing care, responding to public issues, and supporting each other in this time. As gay men, however, this group of physicians is not in a position to take an entirely disinterested view of the epidemic. The implicit confrontation with death is as immediate for the doctor as for any other gay man. The repertoire of responses is essentially the same. Knowledge does not exempt one from dread; at best it simply allows for some personal modification of one's response to recognizing the ultimately finite nature of life.

We as gay physicians would do well to keep in mind our nearness to the issues: if not to the disease, then to the dilemmas and fears it provokes us to have to think about. We must continue to encourage all efforts to track down the character of this illness and educate the rest of the community about what we do — and do not — know. I hope that we can also be more than medical technicians and have the wisdom to recognize our limitations. It is the folly of doctors to want to tell people how to live their lives. In truth we are confined to advising others as to the effects they may experience from the choices they make about their personal health. There are rumblings among some gay physicians that we should become more activist, trying to change how gay men behave. I see at least two problems with this call to action: first, it is unlikely that any large group of doctors is going to agree on what it is that we should be doing; second, it is unrealistic to think that such action is going to be particularly effective. To what extent is this need to "do something" another form of defense against the dread of death? We must be reasonable and make what efforts we can to unravel the mystery of this new disease, but we would be foolhardy to forget some of the lessons of life and our own mortal, fallible natures.

W. F. Willner, M.D.

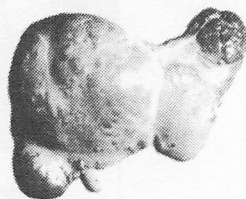
HEPATITIS B

THE FACTS . . . THE CONSEQUENCES

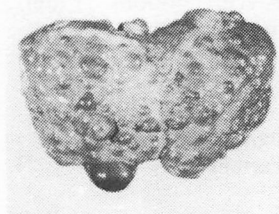
- There are roughly 200,000 new cases of Hepatitis B in the U.S. each year. Of these, 50,000 become ill and jaundiced, 10,000 are hospitalized.
- In California there are nearly 4000 cases per year, with 462 reported cases in 1982 in San Francisco alone.
- **Fulminant Hepatitis B kills 250 people per year.**
- In California in 1980 (the last year with available data) there were 69 deaths from Hepatitis B.
- **Nationally there are 4000 deaths per year from Hepatitis B-related cirrhosis.**



Normal liver



Fulminant Hepatitis B



Cirrhosis

Many of these deaths are preventable. Although there's no cure for Hepatitis B —

HEPATITIS B VACCINE — MERCK SHARPE & DOHME



THE BAPHRON

Bay Area Physicians for Human Rights Official Newsletter
Vol. 6, No. 6
June, 1984

AAPHR Statements on Disability and AIDS Research

The following statements were drafted and approved by the General Board of AAPHR at the recent New Orleans Board Meeting and Retreat. They are provided here for the membership's information and comment.

April 27, 1984

The American Association of Physicians for Human Rights (AAPHR) is the national organization of gay and lesbian physicians and medical students. Enclosed is our statement on Research Directions in AIDS.

We feel strongly that research into the natural history of AIDS needs to be carried out in a timely and organized manner with sensitivity to the individuals being studied.

The availability of "a blood test for AIDS" can have incredible medical and social implications. These must be carefully considered and satisfactorily resolved prior to informing those tested that they have been exposed to the virus that apparently causes AIDS.

We strongly urge cooperation among governmental and non-governmental researchers and research efforts. Further, to obtain maximal results from research dollars, this cooperation should lead to research being done by those best qualified to do it along with collaborative efforts among the various research agencies and extramural programs.

We continue to caution about the need for privacy and confidentiality in any studies being conducted. In this situation, a major educational effort is essential so that participants in studies understand the implications of a test indicating prior exposure to the virus, so they may agree to participate with fully informed consent.

AAPHR will continue to carefully monitor these efforts to make certain that these recommendations are fully implemented.

On behalf of the Board and Members of AAPHR,
Neil Schram, M.D.
President

Symposium

The Fourth Annual Symposium — Directions in Lesbian and Gay Health — is going to be even better than it looks in the brochure! That's because the brochure's printer left out and otherwise mixed up part of the Saturday program. The correct schedule for Saturday is as follows:

Session IV: Focus on Aging — Theodore Pluncinski, M.D., Chair
8:45-9:45 a.m.

Health Care of the Elderly: Special Problems, Special Solutions — Jere Kelly, M.D.

9:45-10:15 a.m.

Impotence: Evaluation and Management of the Problem — Bernard Katzman, M.D.

10:15-10:35 a.m.

Coffee

10:35-12 noon

A Better Idea for Growing Old: Gay and Lesbian — Raymond Berger, Ph.D., and James Kelly, Ph.D.

12:00-12:30 p.m.

Illness, Death and Estate Planning for Gay People — Matt Coles, Esq.
Lunch

12:30-2:00 p.m.

Session V: Women's Health Issues — Scott Swanson, M.D., Chair
2:00-4:00 p.m.

From Hormones to Brittle Bones: Health Revisited — Carol Jessup, M.D., Mary Goulart, R.N., F.N.P.

According to the Symposium Committee, all of the sessions look exciting and timely, but the Committee was especially distressed about the mixed up Saturday schedule, because they considered that portion to be the most innovative part of the program. Both Sessions IV and V have interesting topics which are quite different from those that most of us think and read about on a daily basis.

As we and our patients are inevitably getting a little older, it is a good idea to be familiar with the medical and psychological changes which gain such special importance with aging. Jere Kelly and Bernard Katzmann are talented practitioners from the Bay area who not only have personal expertise, but also are familiar with local resources which can be tapped when special problems are encountered. Similar resources are available in many other localities

Continued on Page 268

Annual Retreat set for August 17-19

The third annual BAPHR retreat will again be held at Wildwood Ranch in the Russian River Area August 17-19, 1984. All the ranch facilities have been reserved from Friday evening through Sunday and now include a new hot tub as well as swimming pool, hiking trails, and lounging areas.

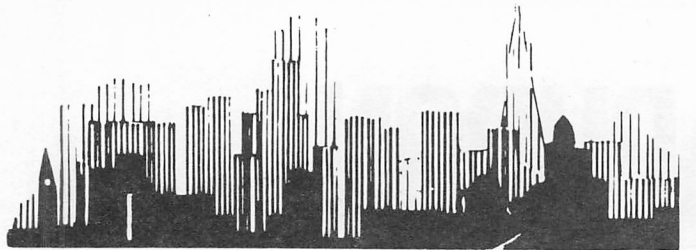
The work sessions will begin early Saturday morning and continue through Sunday. The goal will again be to plan for the future of BAPHR and specifically for the next year. The agenda is still in the planning stage. Suggestions and volunteers for preliminary work is welcomed.

The cost for the weekend is \$100 and includes shared accom-

modations for two nights, all meals, use of all facilities, conference rooms, and entertainment. Reduced cost is available for those who supply their own tents and bedding.

All members, affiliates, and significant others are invited to share and participate in this weekend. It has been one of the most enjoyable, productive, and satisfying events in past years and will be again.

Only 60 people can be accommodated and because of space and road conditions, carpooling is strongly urged. Reservation forms will be mailed with the next *Baphron* but those who are compulsive may call and reserve space or send in a check to guarantee accommodations.



PROGRESS NOTES

by Kent Sack, M.D.

Our Stripes

All stripes do not belong to zebras and all physicians active in gay/lesbian health issues do not belong to BAPHR nor do they necessarily represent the Organization's official stand on issues. The failure, especially by the media, during the past two months to make this differentiation has created chaos and demanded unnecessary energies from BAPHR. Many earnest and dedicated physicians work on health issues important to all of us — some as active BAPHR members and others with no affiliation. This activity is both encouraged and commended. However, as stated in my September Progress Notes, any individual may speak and act on issues with identity as a BAPHR member, but only the officers or designated member(s) may state the *official* organizational position as developed by the Executive Board.

After two months of turbulence within and without, I feel confident that balance has been regained and a progressive and manageable pace has been re-established. Our public role continues as an advisory and monitoring educational organization focusing on lesbian-gay medical and mental health issues. This role necessitates efforts to influence the political process but legally and philosophically requires diligence in staying free of the politics of the process. The realignment in March of our Committees into two Resource Sections, AIDS and Political Convention, gives BAPHR the structural capability and flexibility to work cooperatively with other community organizations to enumerate policies and programs. Our battle scars hurt but must not disable us!

The murky dilemma of "no sex" rather than "safe sex", which evolved from the bathhouse fracas, has convinced me that the philosophy of "health yourself" must become the guideline for sexual activity. The phrase, which I used at a recent BAPHR Council meeting and which I use daily in my clinical work, has proven most helpful. I summarize my "health yourself" advice to screenees as:

1. avoid rectal injury
2. avoid semen in the body
3. good health habits
4. social networking (honest efforts to learn the identity and health status of all potential anonymous partners) during the introductory period

The priority action of our AIDS Resource Section to graduate the risk of social-sexual practices is the essential tool needed by individuals to plan their "health yourself" lifestyle. It grants self determination and gives guidance for change. Concurrently, it will help identify the high and very high risk individuals and help focus programs to decrease the health danger to themselves and the community. Significant, too, "health yourself" tells the world we will individually and collectively assume the responsibility for our wellness. That is as it should be, above the reach of government's biological aberrations and decrees.

Pertinent people and projects noted too quickly:

Carolyn Harvey, with unlimited skills and a personality to match, coordinated a highly successful coalition project for BAPHR with her chairship of the Health Aware Fair — an increasingly important community service melding public and private agencies and organizations with an open door for all. **Harvey Bartnof** of the Education Committee pioneered BAPHR's mini-tutorials for the general medical community with a forum on "AIDS at SF General", a worthy example of a Retreat idea progressing to a program combining Merck Sharpe and Dohme grant monies, a community facility (Pacific Medical Center) and the concept of BAPHR as an educational organization for all sectors of society. **Chuck Carrington** and **Lanny Dykes**, and their committee, have functioned as the ideal model for developing a project — the 4th annual BAPHR Symposium. Their efforts have been so effective and complete that my only responsibility is to encourage each of you to **register now**. Special hugs to those members who have accepted by tap to fill vacancies during this final quarter: **Lanny Dykes** as Education chair; **Bob Ackeley** returning to the Executive Board to handle the Administration Committee; **John Russell** as coordinator of Freedom Day activities, and so importantly — **Denny McShane** who brings his AAPHR experience and wisdom to the Executive Council as secretary with a charge to strengthen the working relationship between BAPHR and AAPHR. **Bill Owen's** parliamentary skills continue invaluable. He is now actively drafting extensive By-Laws revisions to seat podiatry, dental, BAP Foundation and general membership representatives on the Executive Board. These recommendations will insure a Board with a majority of elected members. The Finance Committee with great support from an interim board of BAPHR members and community friends chaired by **Peter Midden-dorf** and with detailed legal counsel from **Matt Coles**, is elevating the endowment fund to a functional Endowment Foundation. Repetitiously, politics are not primary; however our C-3 political action registration allows "influence" lobbying. And this is the lobbying season. Timidity should not restrain any member or friend of BAPHR from smartly and proudly stepping in the **Freedom Day March** on 24 June and the **National March for Lesbian and Gay Rights** on 15 July (the day before the start of the Democratic Nominating

Continued on Page 264

the BAPHRON	The BAPHRON	BAPHR Administrative Offices	Subscriptions	
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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.				

Our Stripes *Continued from Page 263*

Convention). The BAPHR banner will identify us as official sponsors for both parades.

An expanded role for BAPHR in the lobbying world is unfolding as our Convention Resource Section readies a resource manual on AIDS issues begging governmental action. The Section will provide a registry of BAPHR members willing to testify on AIDS before the Democratic Platform Convention; efforts are under way to develop a roster of official M.D. and lesbian-gay convention delegates to promote individual lobbying. Seth Charney and his Section are planning a hospitality suite near Convention Center, to be staffed by BAPHR members and interested representatives from other community health care organizations, for the purpose of educating delegates and other conventioners on lesbian and gay health issues — especially AIDS. A large party is planned for lesbian and gay delegates. A billboard identifying BAPHR and generating AIDS awareness is being pursued near Moscone Center. Two great needs are built into these activities: people power and monies. Volunteered dollars and hours will optimistically avert a direct solicitation. I strongly appeal for a positive response from each of you — before the phone rings or the letter arrives.

Complexities face us in this final quarter. The recent resignation of Bob Bolan, president-elect, complicates the planning transition and requires that great cooperation be given to his successor who will be elected at the June Executive Board meeting in accordance with

the By-Laws. Executive Board meetings are open. Members and affiliates are encouraged to attend this critical election meeting. The increasing demands placed on the officers, committee chairs, and the administrative staff obligate the organization to make a realistic assessment of an Executive Director position. I am initiating this assessment by asking the Administration Committee to develop a job description and the Finance Committee to draft the finances for the position. While currently adhering to our '84 budget, the financial needs for our increasingly active organization must be based on a realistic membership dues structure. A realignment is probably. The town and gown schism, expected to become more visible as LAVS funding is released, must be discussed and minimized. These, and more, are the program issues that will carry us to the 3rd annual BAPHR Planning Retreat at Wildwood Resort on August 17-19. Join us enroute or there, and know our stripes!

Everyone will want to put June 24th down on their calendar as the date to participate in the tenth annual Gay Freedom Day Parade. Plan to celebrate with us in our new T-shirts. Those wishing to march in the parade should gather at the corner of Speer and Folsom street at 10:00 AM. Especially needed are volunteers at our informational booth. For further information, listen for announcements at the symposium or call John Russell, chair, at 431-1714. See you there for a really great day!!!

UC Hosts Symposium

Dr. Marcus Conant and others at UC organized a Symposium at UC on May 4-5 to develop guidelines on AIDS risk factors and ways of dealing with them. The participants and panelists were invited from a select group, and a small group of "observers" were "allowed" to listen to the results of the deliberations of the invited experts. It is of interest that there were no invited representatives from organized gay medicine on the panels, and in fact invitations were pointedly refused to representatives of AAPHR. Reportedly the vocal responses from observers had some effect, however, in tempering some of the homophobia which appeared to predominate, according to accounts from observers.

Interestingly, the BAPHR Scientific Affairs Committee had recently completed drawing up their own list of risks according to categories, preparing for a new campaign of education in the Bay Area. It is of interest to compare the two lists — recom-

mendations from the two groups based on the same data but with different outlooks.

The UC report also discussed increased risk with multiple partners, the possibility of reducing risk with condom use, avoidance of needle sharing, and encouragement of general good health practices.

While there appears to be rather close agreement in the extreme categories, the "middle road" appears muddy. The UC panelists were charged to develop specific recommendations, and it is difficult to see how categories of "suspected high risk" and "unknown levels of risk" can be directly applied. The BAPHR Committee did not include any heterosexual activities in their list, which will be used to develop cards, posters, and a new educational brochure in "street language". It is not known what uses may be made of the UC Symposium recommendations.

UCSF Symposium

Documented High Risk

Fisting
Anal Intercourse

Suspected High Risk

Fellatio with Intraoral Ejaculation
Analingus
Other Activities Causing Rectal Injury

Practices with Unknown Levels of Risk

Wet Kissing
Fellatio Without Intraoral Ejaculation
Mucosal or Open Lesion Exposure to Urine
Vaginal Intercourse
Cunnilingus

Probable Safe Practices

Massage
Cuddling
Frotage and mutual masturbation
"Dry" Kissing

BAPHR

Unsafe

Fisting
Anal Intercourse, No Condom
Rimming
Blood Contact
Sharing Sex Toys
Semen or Urine in Mouth

Possibly Safe

Kissing
Anal Intercourse with Condom
Sucking — Stop Before Climax
Water Sports — External Only

Safe

Massage, Hugging
Mutual Masturbation
Thigh Fucking (Frotage)

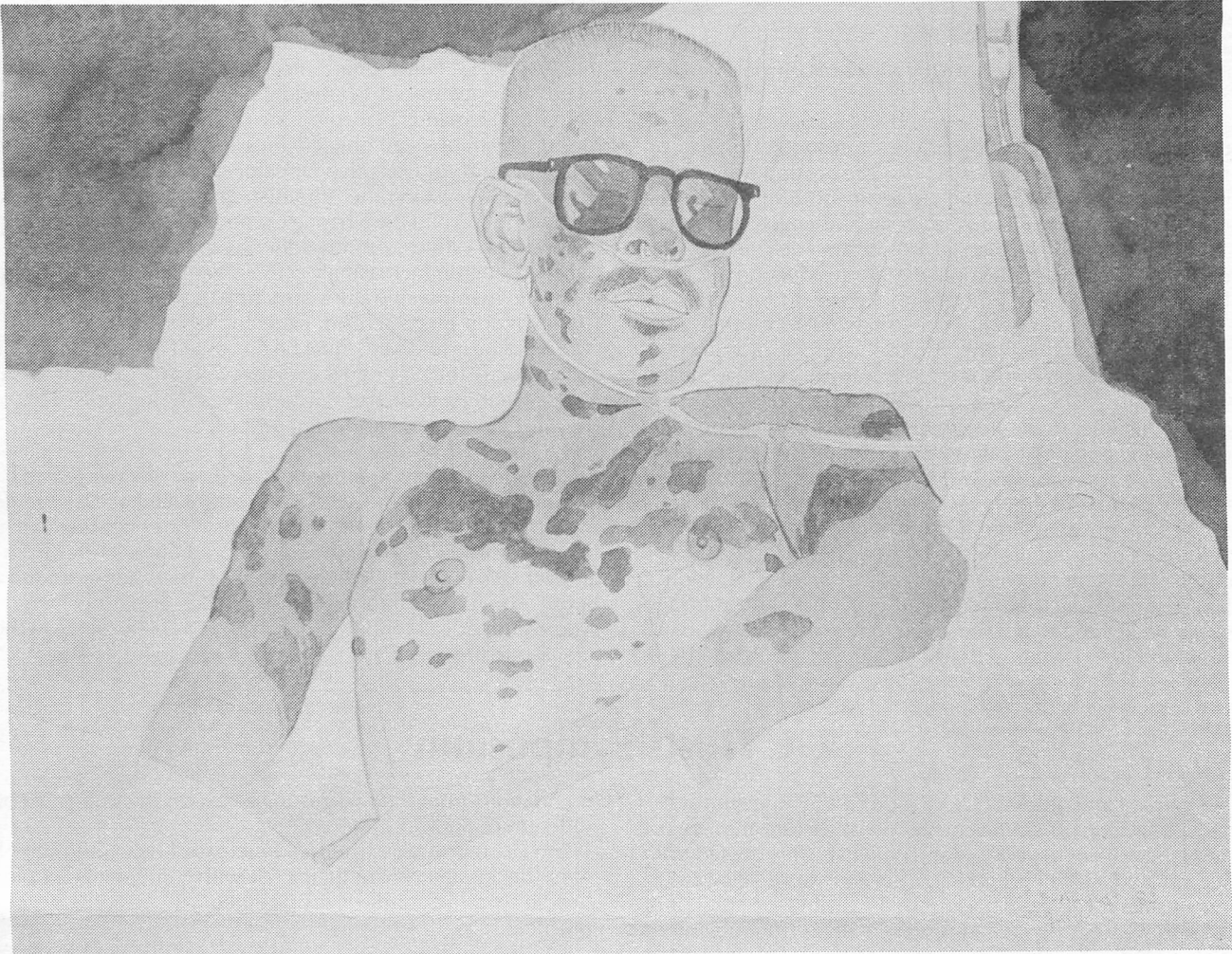


Photo by Greg Reeder

Elegy

The photo above is of a painting of "Frank..." called *Elegy*, painted by a close friend, Wayne Douglas Quinn, of San Francisco, who has made it available to BAPHR for publication.

The close friends painted and exhibited together over the years, and when Frank was discovered to have developed AIDS (KS), Wayne remained his confidant and became one of his Hospice volunteers. A final exhibition of his painting was held shortly before his death, and his portfolio is now being considered by the American Art Archives. A few days before his death, Wayne sat on the edge of his bed and completed a line drawing which was later turned into a watercolor.

You will agree that the painting is "a strong subject". Wayne is interested in use of the painting "to further inform the gay population of the dangers involved as a risk group". If anyone has a practical suggestion that would bring further significance through exposure to medical or lay groups, please contact Wayne through the BAPHR office.

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BAPHR's Official Statement on Bathhouses

Recently, there has been some confusion in parts of the press and the public regarding the official position of the Bay Area Physicians for Human Rights (BAPHR) about sexual activity at gay bathhouses and similar establishments during the AIDS crisis.

We wish to restate our policy on this subject:

"There is no definite evidence, at this time, that closing bathhouses would reduce the risk or incidence of AIDS. We strongly state, however, that multiple, anonymous sexual contacts, occurring in any location, increases the risk of all sexually transmitted diseases, including AIDS. Attempts at legislating sexual behavior have only changed locations of that behavior, not curtailed it.

We strongly favor, and request assistance for, educational efforts to reduce risks in the light of current knowledge; and indeed such efforts are facilitated at locations such as bathhouses, bars, etc.

We are prepared to work with bathhouse owners as well as the gay community to discuss risk reduction."

We wish to reassert our commitment to the promotion of safe sex practices in all areas, including bathhouses.

We continue to believe that voluntary efforts by the gay community are the appropriate methods to achieve this goal.


We affirm our belief that government intervention in the sexual behavior of consenting adults should be avoided.

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Bay Area Physicians for Human Rights

BAPHR Budget

BAPHR's budget analysis is included as a separate insert in this issue.

The enclosed budgetary information for BAPHR is to inform the membership where BAPHR gets its operating funds (sources), and where it expends these funds (uses). This information does not include certain events which BAPHR puts on, such as the annual Banquet or the New Year's Eve party where all funds taken in are expended on the event. Some BAPHR events, such as the Symposium, pay for themselves and have money left over to help the organization pay its organizational expenses. These "profit" making events, to the extent that they take in more than they expend, hence make a contribution to the operating expenses (office expenses, insurance, *Baphron* publication, etc.) of BAPHR. These contributions (even profits) are reflected in this budget picture.

The salary expense is the payment we give to the one half-time employee of the organization, our Administrative Assistant. The office expenses are for phones, rent, postage, office supplies, copying, etc.

The administrative expenses are for items such as legal and accounting fees, insurance, by-laws mailings, etc., that are incurred by the organization, but not under the control of the Administrative Assistant. The *Baphron* is, of course, our newsletter. The drug company grant was a one time grant from Merck, Sharpe and Dohme and went for advertising in the *Baphron*, the Health Aware Fair, the BAPHR Educational Forums, and the Referral Panel (a small amount).

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too, so the general ideas are widely applicable.

Ray Berger and Jim Kelly are two academicians from schools of social work (University of Illinois and California State University at Long Beach) with special interest in aging. As their title implies, they have the idea that "we do it better," and they have some interesting data to back up their claim. This promises to be a stimulating presentation and will also use a novel format which will break the usual lecture routine. Ray Berger, incidentally, is author of the book, *Gay and Gray, the Older Homosexual Man*, published in 1982 by the University of Illinois Press (available at the Walt Whitman Book Store and probably elsewhere, although you may have to search a little).

Doctors, as all of us can attest, are terrible people to consult about financial planning. Matt Coles will not be able to correct this entirely, but his advice should make you more aware of what can and must be done and who can help. This should be useful information to have when a patient — perhaps nearly incapacitated or limited in mobility — turns with acute need to the physician with questions in this area.

Saturday afternoon features a special duo from the Lyon-Martin Clinic who will concentrate on two women's health issues of widespread importance. Their discussion of menstrual problems will include the Premenstrual Syndrome, Dysmenorrhea, and Abnormal Menstrual Bleeding. The Brittle Bones part concerns prevention (never too young for this) and treatment of Postmenopausal Osteoporosis.

Don't forget that the Friday evening Cocktail Party, June 22, is for Symposium participants and all other BAPHR members (of course, there will be only 2 or 3 of you who aren't Symposium participants)! BAPHR members and Symposium participants are urged to bring guests to the Cocktail Party; however, guests will be assessed \$7.50 per person. Mark your calendars now!

A final plea from the Symposium Committee — call now to volunteer quarters for visiting faculty and participants. Housing a faculty member is rewarding and also saves BAPHR much needed dollars otherwise expended on hotel bills. Housing a participant is a good way to better acquaint yourself with one of our visitors and extend a meaningful hand of brotherly friendship. Call now....

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- Assertiveness Training
- Gay Couples
- Building Self-Esteem

1984 workshops now being formed:

- Being Healthy — building AIDS-pre-
- Psychotherapists with over

AIDS Statistics — San Francisco

Quarter	Month	1983		
		Total New Cases	Cumulative Total	Incidence per day
1st		58	179	0.64
2nd		49	228	0.54
3rd		65	293	0.71
4th		76	369	0.83
1984				
1st	January	31	400	1.00
	February	44	444	1.52
2nd	March	28	472	0.90
	April	41	513	1.37
	May 1-11	10	523	0.91

Gonorrhea Statistics

San Francisco City Clinic

Month Year	Average Number New Male Patients per month (1980-83)	Average Number of Cases of Gonococcal Proctitis per month (1980-83)	Ratio Proctitis / Total Male
1980	1321	425	0.321
1981	974	403	0.414
1982	906	334	0.369
1983	839	176	0.209
<hr/>			
January 1984	750	134	0.179
February 1984	646	155	0.240
March 1984	772	125	0.162
April 1984	704	92	0.131

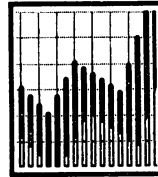
Stress and Coping Workshop for Lesbian Physicians

A workshop for lesbian physicians with or without partners is to be held September 28-30, 1984 at Stanford Sierra Lodge in South Lake Tahoe. It is sponsored by the California Medical Association with registration process handled by the Southern California Physicians for Human Rights (SCPHR) to protect the participants' confidentiality. The faculty includes Carol Cohen, M.D., Hanna Bauer, Ed.D., and Elizabeth Harrison, M.D.

The fee for tuition, room and board is \$295. For information, contact Sandy Willett at the CMA, (405) 863-5522 ext. 418, or SCPHR, P.O. Box 10672, Santa Ana, CA 92711.

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+	+	-	-	-	Highly Infectious
+	+	+	-	-	Highly Infectious
+	-	+	-	-	Infectious
+	-	+	+	-	?Infectious
-	-	+	-	-	?Infectious
-	-	+	+	-	?Infectious
-	-	+	-	+	Noninfectious
-	-	+	+	+	Noninfectious
-	-	-	-	+	Immune
-	-	-	-	-	Susceptible

THIS IS A DISEASE WE CAN DO SOMETHING ABOUT — NOW!
HEPATITIS B VACCINE — MERCK SHARPE & DOHME



THE BAPHRON

Bay Area Physicians for Human Rights Official Newsletter
Vol. 6, No. 7

July, 1984

AAPHR Meeting August 22-25

The annual meeting and symposium of the American Association of Physicians for Human Rights will be held at the Marriott Hotel in Chicago August 22-25, 1984. The meeting will be held in conjunction with the NCGSTDS (National Coalition of Gay STD Services).

Featured speaker at the AAPHR Banquet will be Dr. Krause of the National Institute of Allergy and Infectious Disease who will speak on the NIH role in developing potential cures and preventive vaccines for AIDS.

Further information and registration forms are available from AAPHR, P.O. Box 143366, San Francisco, CA 94114 or telephone (415) 673-3189.

BAPHR to March for Gay Rights in Democratic Convention

BAPHR members and friends will join the National March for Lesbian and Gay Rights on July 15, the Sunday before the start of the Democratic National Convention in San Francisco.

Our group will meet at Health Center No. 1, 3850 17th Street in San Francisco between noon and 1 p.m. We will leave there to join the march at Castro and Market at 1 p.m. Coffee and donuts will be available at the Health Center before the march.

The purpose of the march is to emphasize the importance of gay rights and issues such as federal funds for AIDS, the new Equal Rights Amendment and a gay agenda of issues in the Democratic National platform. A large turnout is needed to have an impact on the delegates to the convention and to repudiate the efforts of the Moral Majority, the Ku Klux Klan and other anti-gay groups.

The social concerns committee headed by the new chair, John Russell, will coordinate this event.

National March Seeks Medics and \$\$\$

Peoples' Medics is working together with the National March for Lesbian/Gay Rights, San Francisco, 1984, to provide a staff of skilled health workers for the march and rally at the Democratic National Convention on Sunday, July 15, 1984. By being a medic at this event, you can help provide a well-organized, effective, and *safe* day for tens of thousands of Lesbians and Gay Men who will be participating.

Skilled health-workers are needed to do this important job. The commitment asked is attendance at one preliminary orientation session (mandatory) and presence all day at the event on July 15 as part of a medic team.

In addition to volunteers, the March also needs financial assistance and is seeking Sponsors for \$25 or Angels for \$100.

For further information, contact the National March office at 2301 Market Street, San Francisco CA 94114, or contact Ralph Payne at (415) 863-5005.

Press Release

Recently, there has been some confusion in parts of the press and the public regarding the official position of the Bay Area Physicians for Human Rights (BAPHR) about sexual activity at gay bathhouses and similar establishments during the AIDS crisis.

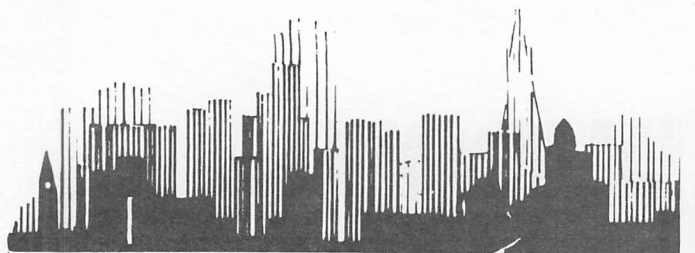
We wish to restate our opinion that certain types of sexual practices, no matter in what location they occur, increase the risk of contracting all sexually transmitted diseases, including AIDS. What counts is what you do, not where you do it.

We continue to discourage unsafe sex practices in all areas, including bathhouses.

We strongly favor, and request assistance for, educational programs to help reduce risks. Furthermore, we think that such efforts may be especially significant at bathhouses and similar establishments.

We affirm our belief that government intervention in the sexual behavior of consenting adults should be avoided.

Most importantly, we believe that voluntary action by our community is the best method to encourage safe sex. In these difficult times, let us act with concern and responsibility for each other.



PROGRESS NOTES

I have been with BAPHR for a year now. The pages of the *Baphron* have told you much of the goings on in the past year in the way of events. Perhaps I have a different point of view on BAPHR having come from a business background. My particular interest has been in the structure of the organization. I would like to share what has taken place structurally in the organization during the past year.

During 1984, BAPHR became a California non-profit tax-exempt corporation. BAPHR had previously been a tax-exempt association. As most physicians know, incorporation protects the individuals' assets in case of a lawsuit. Among other benefits, incorporation protects the officers and members of BAPHR from the possibility of individual liability from any suits filed against BAPHR.

Incorporation has also allowed BAPHR to procure an insurance policy to protect itself, its officers, directors and agents in case of lawsuit. If for any reason BAPHR is sued, the insurance company would pay any judgements and, more importantly, any legal costs of defending BAPHR in court. This insurance policy, along with a requirement that Referral Panel participants maintain their own malpractice insurance, has enabled the Referral Panel to provide its service to physician members and the population without the prohibitively high expense of carrying its own malpractice insurance.

BAPHR has also established, for the first time, a budget process. Those that spend money on behalf of BAPHR now know how much they can spend and BAPHR itself now knows how much it has to spend and from what sources.

Advertising in the *Baphron* has been aggressively pursued for the first time this year. The revenues derived from *Baphron* advertising subsidize the costs to the organization of publishing the newsletter and hence serves to hold down the cost of dues.

BAPHR now has adjusted its fiscal year to the calendar year. Thus,

your dues and referral donations, paid in January each year, cover your membership from January 1 to December 31 of that year.

The term of the elected officers of BAPHR has been adjusted to more closely reflect the fiscal and budgetary years. This adjustment was made so each administration could budget monies in accordance with its own priorities and not have to live with budget priorities established by the previous administration for the first six months of its year in office. The elected year is now October 1 through September 31.

The Referral Panel has undergone a streamlining of procedures, the resolving of insurance problems, membership growth, and is now fully self supporting. The promised advertising campaign for the Referral Panel has been instituted.

The BAPHR office is now established and its productivity has been improved by adding state-of-the-art office equipment.

The dormant Endowment Fund has been reawakened and will provide the financial base for what will shortly be the Bay Area Physicians Foundation. The BAP Foundation will have its own board of directors, whose charge will be to provide consistency in the raising and investment of funds generously donated to further the gay and lesbian health care causes that BAPHR espouses. (More on this in next month's *Baphron*.)

Efforts are underway to include, within the structure of BAPHR, formal groups of affiliate podiatrists and dentists. These affiliate groups, when formed, will have, through their elected leaders, voting membership on BAPHR's board of directors. Adding the talents, energy and resources of the bay area's gay sensitive dentists and podiatrists will give BAPHR's efforts in the Bay Area Gay/Lesbian health care environment a big boost.

And finally the Board of Directors of BAPHR is about to be expanded, not only to include dental and podiatry representation, but also the BAP Foundation chair and physician at large members. This expanded governing body will provide a broader range of input into BAPHR decision making and a broader range of representation of the diversity within BAPHR.

It has been a busy year for the many of us who worked on these changes and improvements. As with any organization, though, no changes or improvements can be effectively implemented without the support of top management. We have had that support from the leadership this year. Your support was vital. Structurally, BAPHR is better prepared to meet the challenges in our gay/lesbian health care environment.

— Peter Middendorf

the BAPHRON

The BAPHRON

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Kent Sack, MD President
 Ric Andrews, MD Past President (vacant) President-Elect
 Bob Scott, MD Vice-President
 Denny McShane, MD Secretary
 William J. Kapla, MD Treasurer

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Communications may also be sent to:
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Box 14546, S.F., CA 94114

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

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 communications to 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
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.

LETTER TO THE EDITOR

One Step Over The Borderline

Life has its little ironies. To follow up my last letter to the *Baphron* with this one seems to fit in that sort of category. I spoke then of the confrontation with death that AIDS has brought to gay men, including gay physicians. I now speak from my sick bed where I am in the midst of treatment for pneumocystis pneumonia.

My illness came rather suddenly and seemingly out of nowhere. I had been in reasonably good health for at least a year, but Memorial Day week-end came and I found myself without energy, and more significantly, completely out of breath after climbing one flight of stairs. I knew all was not right.

Initially, even before I was diagnosed, I was afraid I was going to die. That fright has passed; now it is a matter of enduring the treatment and then getting on with what I think will be a somewhat different life. I don't know yet if I'll feel like I'm living on borrowed time. I do suspect that I will long be attuned to something I had already accepted intellectually: that life is very arbitrary.

I feel lucky in that at this difficult time, I have the devoted support of my lover and the concern of friends. My attending physicians have been very encouraging, as well as supportive and very genuine as friends and caretakers to me. These have been comforting counterpoints to the shock of this illness.

— Will Willner, M.D.

Nominations Invited

The nominating committee invites nominations by members for the offices of president, vice-president, secretary, treasurer and president-elect of BAPHR for the coming year. Any member may nominate himself/herself or suggest the names of candidates for these offices. There are no special prerequisites or requirements to hold office other than being a member of BAPHR. Please contact Dr. Richard Andrews at (415) 861-5756, chair of the nominating committee.

New Members Brunch Held

A brunch for new BAPHR members hosted by Doctor Don Brown and the membership committee was held on May 27 at the home of Doctor Brown. Twenty new BAPHR members attended this event which will be repeated at regular intervals.

AB-1 (Round 9)...

On March 13, 1984, Governor George Deukmejian vetoed AB-1, a bill which would have protected lesbians and gay men against employment discrimination. His veto message stated: "...the proponents have been unable to provide compelling evidence that there is, in fact, widespread employment discrimination based upon sexual orientation."

The Governor's narrow and legalistic veto message, however, has left the door open for his signature the next time around.

AB-1 will be reintroduced as the first bill in the next legislative session. Between now and then we must gather massive evidence of the need for AB-1. Enclosed in this issue is a form entitled **Report of Sexual Orientation Discrimination**. The form is intended to gather statistical information and document specific instances of employment discrimination against gay men and lesbians.

The AB-1 Documentation Project has been established to provide a statewide clearing house for this information. All completed forms should be returned to: **AB-1 Documentation Project, P.O. Box 161702, Sacramento, CA 95816.**

This project needs YOUR help. Please make copies of the enclosed form and assist us in getting it out to those people who have a story to tell. And we want to hear ALL your stories.

Recognizing that some people may have a need for confidentiality, the form may be completed anonymously. The goal of the project is two-fold:

1. To deliver actual truck-loads of forms to the governor citing examples of discrimination based on sexual orientation. These can include the most blatant and the most subtle forms of discrimination. Many times we do not fight back or report such instances of discrimination because of the legal difficulty in proving our claim. This is our chance to tell our story and make it count, even if we have to fill out the form anonymously.
2. To deliver 500 representative, documented, provable cases of discrimination to the Governor. These cases will undoubtedly cover every county in the State of California, every type of job classification, age, ethnic background, gender, and sexual orientation.

Your participation is extremely important. You can help by making copies of this form and giving them to friends. Volunteers are needed to distribute forms and to do outreach for support of this bill. For further information about the form or how you can help, contact Laurie McBride at 753-5858.

G

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MA, MFCC No
MM12549

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Apology

The letter of resignation by Doctor Bolan as President-elect was inadvertently omitted from the June *Baphron*. The editors regret this error and apologize to Doctor Bolan and the membership.

April 19, 1984

Kent Sack, M.D.
President, BAPHR

Dear Kent and members of the Board,

It is with great regret that I notify you of my resignation as President-Elect of BAPHR.

I have spent several long, arduous weeks grappling with this issue, weeks that have also been filled with the continuing drama of the AIDS crisis. During this time I have reviewed my nearly five year intense involvement with this noble organization, the status of my practice and my relative lack of involvement with it, the status of my relationship with my lover, and my personal, professional, and financial goals.

As President of the San Francisco AIDS Foundation, the past year has been a particularly difficult but instructive one. I have had the opportunity to experience being the head of a complex community organization that has multiple levels of responsibility and input. From what I have observed in all of the previous BAPHR Presidents, their time commitments have been roughly the same as mine this past year.

Being a primary care practitioner with the ultimate medical responsibility for the daily care of an ever increasing patient load of men with AIDS, ARC, lymphadenopathy, anxiety and depression, I find my personal and professional resources are being increasingly challenged. The knowledge base needed for the proper care of these patients is ever expanding and it takes time to acquire and constantly rearrange this information. I do not currently have enough time to devote to study and I must recognize this as my primary professional priority.

Succinctly stated, neither my practice, my relationship, nor my person can withstand another year of these intense commitments. Each of these areas of my life have suffered significantly and I must now turn my full attention to them and their nurturing.

I wish I had had the common sense to recognize my limitations earlier and see the signs of impending burnout so that I would not now be altering the smooth BAPHR plan for officer succession. But it is far better to stop this way, at this time, than to push forward knowing that the fire has gone out of my belly and that I was driving myself and possibly BAPHR to ruin.

There is time to find a suitable replacement for Kent, and I will help in that process.

Respectfully,
Robert K. Bolan, M.D.

Gonorrhea Statistics

San Francisco City Clinic

	New Male Patients Per Month	Male Gonococcal Proctitis Per Month	Ratio Proctitis / Total Male
Average month 1980	1321	425	0.321
Average month 1981	974	403	0.414
Average month 1982	906	334	0.369
Average month 1983	839	176	0.209
January 1984	750	134	0.179
February 1984	646	155	0.240
March 1984	772	125	0.162
April 1984	704	92	0.131
May 1984	721	118	0.163

AIDS Statistics

San Francisco

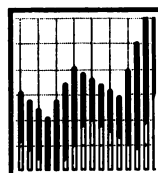
Quarter	Month	1983		
		Total New Cases	Cumulative Total	Incidence per day
1st		58	179	0.64
	2nd	49	228	0.54
	3rd	65	293	0.71
	4th	76	369	0.83
		1984		
1st	January	31	400	1.00
	February	44	444	1.52
2nd	March	28	472	0.90
	April	39	511	1.30
	May	38	549	1.22
	June 1-15	14	563	0.93

John Russell to Head Social Concerns Committee

John Russell has been appointed as chairperson of the social concerns committee by president Kent Sack. This important committee coordinates such activities as the gay freedom day parade and BAPHR booth, the booth at the Castro Street fair, the Health Fair, and other special events and issues in which BAPHR is involved. Anyone who wishes to join the committee should contact John through the BAPHR office. Will Willner resigned because of his illness.

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La Cage Benefit Accounting

The first West Coast performance of *La Cage aux Folles* on May 29, 1984 at the Golden Gate Theatre in San Francisco will net \$314,668.7. The money will be split between four primary organizations with a predetermined percentage going to the Cable Car Awards & Show.

The groups nominated for "Outstanding Contribution to Community Well Being" at the 1984 Cable Car Awards & Show will each receive a check for \$7,080.05. These organizations are: the San Francisco AIDS Fund, the outreach to the elderly of Operation Concern, the Lesbian Rights Project and the "Can We Talk" brochure produced by the Bay Area Physicians for Human Rights in cooperation with the Harvey Milk Lesbian/Gay Democratic Club. The Cable Car Awards receive \$3,146.67.

The presentation grossed \$121,637.50. This is based on ticket sales of \$120,420.00 and miscellaneous income of \$1,217.50.

The total expenses for the evening were \$90,170.63. \$63,016.00 was paid to the Golden Gate Theatre to purchase all the tickets in the theatre for the performance. The cost to produce the party at the rotunda of the City Hall and the activities in front of the theatre totaled \$12,528.08. The advertising costs which included newspaper advertising, production of flyers and direct mail totaled \$14,626.55.

In presenting this event, the Board of Directors of the Cable Car Awards made a determined effort to use this as an opportunity to benefit as many areas of the Lesbian and Gay community as possible. As a result, of the total expense there have been grants made to several organizations. The San Francisco Gay Freedom Day Marching Band, the San Francisco Gay Men's Chorus, the San Francisco Lesbian/Gay Chorus all have received a grant of \$1,000 for their participation in the evening's activities.

In addition, the Community United Against Violence has received a \$500 grant for their assistance in monitoring the events of the evening. The Gay Games II will receive \$500, \$200 of which comes from the Cable Car Awards account, which is separate from the "La Cage" financial statement.

Additionally, at their board meeting last Friday evening, the Cable Car Awards & Show voted to present a check to Theatre Rhinoceros in the amount of \$500.

The 1985 Cable Car Awards & Show will be presented Saturday, February 2, 1985 at the Japan Center Theatre. Allan Carr, the Producer of *La Cage aux Folles*, has pledged \$10,000 toward the production of that event.

— Peter Middendorf

Archives to be Collected

The archives subcommittee of the administration committee (a mouthful) will begin to collect, catalog, and store the archives of BAPHR. These include documents, legal papers, news articles, letters, notes, minutes, photographs, and any other papers related to Bay Area Physicians for Human Rights.

Any member or person who has such material which might be suitable for the archives collection is asked to contact the BAPHR office. Past officers, committee chairs and activities chairs are especially urged to go through their closets and drawers.

Also needed is a locked metal file cabinet, preferably fire-proof, for storage. Anyone with experience in this field such as frustrated librarians or organization minds are asked to help in this effort. An oral history for taping might also be produced. Our rich past must not be forgotten.

Retreat Reservations Now Due

The response to the initial announcement of the annual retreat at Wildwood Ranch has been excellent and only a limited number of spaces remain. Registrants are urged to mail in their registration forms and checks promptly.

The retreat will be held August 17-19, 1984 beginning Friday evening and adjourning Sunday noon. Wildwood is a private resort set on 200 acres of rolling hills and lush meadows in the Russian River Area two hours from San Francisco by automobile (bicycles take somewhat longer, Doctor Bolan). The Ranch can accommodate 60 people and will be for our exclusive use that weekend. Facilities include a heated swimming pool, jacuzzi, hot tub for occupants, and miles of hiking and riding trails.

All members, affiliates, and significant others are invited to attend and share in this weekend. The purpose is to provide an atmosphere in which BAPHR members and supporters can get to know each other while making plans for the future of BAPHR and specifically for next year's activities. The work sessions will begin early Saturday morning and continue until Sunday noon.

The cost for the weekend is \$100 per person which includes shared accommodations for two nights, all meals, use of all facilities, and entertainment. The cost for housestaff and medical students who are BAPHR members will be \$80. For those who supply their own tent and bedding the cost will be \$90. Further details are described in the accompanying letter and reservation form.

Because of the road conditions and limited parking, carpooling is strongly advised and registrants are encouraged to arrive before dark Friday. It will be a great weekend.

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Monograph Covers Psychiatric Aspects of AIDS

A monograph on the psychiatric implications of acquired immune deficiency syndrome (AIDS) was to be published by the American Psychiatric Press June 1.

Edited by psychiatrists Stuart E. Nichols Jr., MD, and David Ostrow, MD, PhD, the 128-page monograph includes chapters on medical aspects, psychiatric treatment, social responses, and psychiatric challenge involved in treating AIDS patients.

Copies of the book (#480637) will be available for \$12 plus \$2 postage from the American Psychiatric Press, 1400 K St., N.W., Washington, D.C. 20005.

The book is part of the "Clinical Insight Monograph Series" published by the press this year. The press is the publishing affiliate of the American Psychiatric Assn.

BAPHR Member Riley Dies

George W. Riley, MD, a 39-year-old Oakland, Calif., psychiatrist with acquired immune deficiency syndrome (AIDS), died March 27.

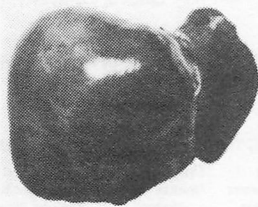
Dr. Riley, who discussed his illness in an *American Medical News* article (Aug. 5, 1983), was a 1971 graduate of the Bowman Gray School of Medicine in Winston-Salem, N.C. He completed his residency training at George Washington U. in Washington, D.C. After two years in the Army, Dr. Riley settled in the San Francisco area.

After being diagnosed with AIDS in early 1983, Dr. Riley retired from practice. In the article, Dr. Riley described himself as a "generally optimistic person," expressing hope that medical researchers would discover a cure for the illness in time to help him.

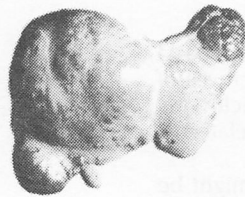
HEPATITIS B

THE FACTS . . . THE CONSEQUENCES

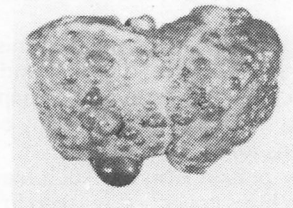
- There are roughly 200,000 new cases of Hepatitis B in the U.S. each year. Of these, 50,000 become ill and jaundiced, 10,000 are hospitalized.
- In California there are nearly 4000 cases per year, with 462 reported cases in 1982 in San Francisco alone.
- **Fulminant Hepatitis B kills 250 people per year.**
- In California in 1980 (the last year with available data) there were 69 deaths from Hepatitis B.
- **Nationally there are 4000 deaths per year from Hepatitis B-related cirrhosis.**



Normal liver



Fulminant Hepatitis B



Cirrhosis

Many of these deaths are preventable. Although there's no cure for Hepatitis B —

HEPATITIS B VACCINE — MERCK SHARPE & DOHME



THE BAPHRON

Bay Area Physicians for Human Rights Official Newsletter

Vol. 6, No. 8

August, 1984

BAPHR Produces New Education Pieces

In preparation for Gay Pride Week and the Democratic Convention, three new publications teaching and promoting safe sex practices were prepared by the Scientific Affairs Committee and coordinated by the AIDS Resource Group. Copies are enclosed with your issue of the *Baphron*.

The wallet-size card was passed out freely during the parade down Market Street on June 24 by BAPHR members and by the AIDS Foundation; this card lists the main practices and the categories of safety thought to be associated with them. These will probably be made available to baths and clubs for distribution at the time of entry. The same principles were treated in a short brochure, presented as a letter from one gay man to another in "street" language, to put across the same points in a conversational manner; in addition, discussion of the importance of safe sex with potential partners was encouraged as well as using pornography as a way of fantasizing unsafe practices without engaging in them. The brochures and cards were available at the BAPHR and AIDS Foundation booths in Civic Center.

The third brochure, a replacement for the previous and somewhat outdated Risk Reduction Guidelines, has now been completed in time for the Democratic Party Convention. While embodying the same sex principles, it explains the background and rationale for the categories in language understandable by at least most readers of average education. Another publication, an academic one with references giving a current status report on AIDS, is planned for completion in the fall.

As usual, reactions by BAPHR members, either positive or negative, are welcomed. If you have comments or suggestions, please contact either Dr. Jim Campbell, Chairman of the Scientific Affairs Committee, or Dr. Will Warner, Head of the AIDS Resource Group.

BAPHR Picnic Set for September

Mark your calendars for the Annual BAPHR Picnic on Sunday, September 16. It will be at the East Bay home of one of our members this year. Sunning and pool-swimming are planned, plus croquet and volleyball. Nearby is access to running and biking paths as well as tennis and golf.

Grilled hamburgers will be provided and members will be asked to bring a sidedish or dessert. For details see the September issue of *Baphron* or call Doug Carner at 558-9353.

Officers Nominated for 1984-85

The nominating committee has proposed the following slate of candidates for office the next year. Additional nominations may be made up until the election which will be held at the September general meeting.

Dennis McShane will succeed as president from his present position as president-elect. Dennis is an internist and rheumatologist in practice in Redwood City. He is a founder and the first president of AAPHR. He has served BAPHR on the education and support committees and has been circulation editor of the *Baphron*.

Stephen Walter, M.D. has been nominated for vice-president. He is a psychiatrist in practice in San Francisco. He has also served on education and support committees and has organized several major events including the annual banquets and the hospitality suites and information booths for the Democratic National Convention.

Sam Thal, M.D. has been nominated for secretary. He is an internist and has been an editor of the *Baphron* and has served on the membership and scientific affairs committees and the archives subcommittee.

Jack Wilkie, M.D. has been nominated for treasurer. He is an ophthalmologist and has been chair of the membership and internal support committees and has coordinated the annual retreats.

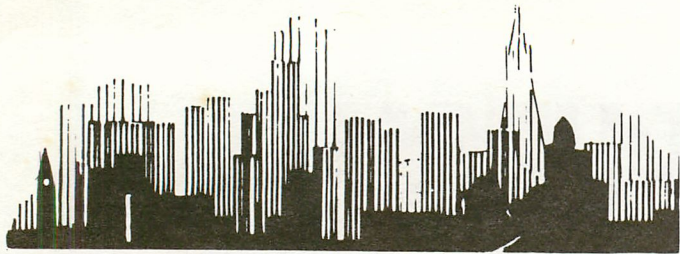
Bill Kapla, M.D. has been nominated as president-elect. He is in family practice in San Francisco. He has served as treasurer for two terms and has been on the education committee and administration.

Last Call for Retreat Registration

The 1984 retreat scheduled for August 17, 18, and 19 at Wildwood Ranch is fast approaching. Space is still available and if you have not yet registered you should do so promptly if you don't want to miss this great event. Details have previously been published in the *Baphron* but if you need additional information or registration forms you are urged to call the BAPHR office at (415) 558-9353, and return these with your check.

Member Donates Copier

Steven Mehalko, M.D. has donated a Savin copy machine to BAPHR for use in our office. This has greatly improved the efficiency of the office and has reduced costs of reproduction which is a major office expense. Thank you, Steve, for this generous contribution.



PROGRESS NOTES

“Do-Do, Doers and Damners”...

A little tyke gave me a lesson on the importance of meaningful communication in my office this week. Working on a constipation problem, I was making no progress and producing much frustration for everyone by using the common excretion terms of BM, poop and #2. With the mother prompting “do-do”, the little feller beamed with “sure I shit today”.

This is a great example of the effectiveness of comprehensible and direct communication. Dumping the parlance and delivering the message is crucial in an organization such as BAPHR. Volunteer hours are premium. During this past year I have found little time to synthesize the right phrase and so the direct “will you please...” has centered many of my conversations with each of you. With BAPHR’s ever increasing internal and external service commitments, the “do-do” game is a NO-NO.

This “will you please...” approach netted, albeit infrequent, one of my greatest frustrations this year. Responses, when a simple answer would have sufficed, in the form of discourses, recitations and vaguities, were overwhelming. I leave office unknowing but surmising that this mode of communication represents two human traits found in many people — a reluctance to commit oneself and a fear of failure. Thus a simple answer should not have been expected, although wanted and far more expedient. I apologize for my responsibility failure to redirect such futile communications as they occurred. I tender BAPHR as a “safe” organization where all of us may work on these quirks. It is worthy of a trial.

My second frustration of the year has been the “damners” — those who consistently take a negative position on BAPHR actions and activities. This is not loyal or constructive opposition, but rather a destructive way of saying no and frequently veiled with “do-do” rhetoric. The “damners” greatest expenditure of energy has been jumping to conclusions, evading decisions and avoiding responsibility. An inordinate amount of effort and time has been expended in dissipating their unhappiness. I encourage those members who practice that mode of communication to expand their affronts to include resolution recommendations or functional directives.

The high tech health field, known to all of us, demonstrates clearly the skills and dollars needed for progress in this era. This transfers to the medico-psycho-social work of BAPHR. Progress is going to be slow with a high price and many demands on members. BAPHR and our community will not progress with lengthy dialogue and timid actions. The yesterdays have greatest value in our archives and tomorrow’s agenda must not be crowded with unfinished projects from today. Personal commitment and cooperation with clear and concise communications in an organization trusting and confident of its membership and itself is mandatory.

And we must be realistic that not all high energy and visible projects will have immediate results. Our involvement with the Democratic National Convention exemplifies that well. Costly in hours and dollars, with no direct or quantifiable results, and some humility that medicine should be staged second to politics, it represents transition. For too many years we in medicine have attempted to resolve our socio-political problems by circumventing or abstaining from the political process. Such traditionalism will not work for BAPHR if we are to achieve our goals. I have attempted to move BAPHR into the political maze using as a model the advances of the civil rights movement during the past twenty years. This forum, though foreign to most of us, is more logical than the streets or courts for advancement of human rights by BAPHR. Therefore, our conventioning is a chit to a future network with lesbian and gay wellness as our agenda item.

Thrills always submerge frustrations and my year in the chair has not been an exception. The year has been dominated by the “doers” free of “do-do”. The exuberant work of the many members, affiliates and friends of BAPHR on the BAPHR Foundation Board; the Convention and AIDS Resource Sections; the Symposium, Parade, Administration, Scientific Affairs, Finance and Membership Committees; the *Baphron* and office staffs; and those many other individuals participating without title has produced a complete alphabet with many names aligned under each letter. These are names added to the many noted in my previous Notes. Each is synonymous with loyalty, endeavor and achievement.

In my mind and in my heart, the spirit of the “doers” obscures “damners” and organizational “do-do”. Yet, these menacing problems will continue to surface this coming year and will need firm and fair management. I enter the officer transition period by challenging each member, affiliate and friend to address her or his conscience in good faith and make certain that effectiveness and good intent structure your contributions to BAPHR in 1985. An outstanding council of officers deserves this endowment as they approach a complex year.

the BAPHRON

The BAPHRON

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Officers of BAPHR

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 Ric Andrews, MD Past President
 Denny McShane, MD President-Elect
 Bob Scott, MD Vice-President (vacant)
 Secretary
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 Jack Mangum, MD and
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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
 Affiliates 50.00
 Housestaff officers 30.00
 Medical Students 20.00

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

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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.

BAPHR on Bastille Day + 1

On the plum *hot* afternoon of 15 July, three or four dozen BAPHRites marched (?) behind our handsome banner from El Castro to the vast "demonstration area" just north of The City's best-known ghetto. We and a number of our significant others (plus several "outsiders" who chose to honor us with their presence) were among tens upon tens of thousands who participated in The Second Great National March for Gay/Lesbian Rights. It won't be easy for the media to succeed in pretending that *this* March didn't take place. If they try, I wish them ill.

The '84 March was a *Party*. With a profoundly serious purpose. And it came off without a hitch. Oh sure, there were a few die-hard Christians (lower-case, sic!) on the sidelines, spewing their same tired old hatred. There was a group of clever folk sporting homemade "gas masks". They made their sick point, but I wished that they'd stayed home in the pure, unsullied air of Petaluma and Lynchburg. We would all have been better off.

But never mind. The overall spirit and style of Bastille Day + 1 in Baghdad-by-the-Bay was overwhelmingly *GAY* in the very best sense of the word. (It was also merry.) It was upbeat. Friendly. Loving. Utterly unthreatening except to those who are determined to be "threatened".

In short, it was, well, faaaaaaaabulous!!!

— Charlie Morrison

New SAFESEX Handkerchief Code Developed

One idea for popularizing safe sex has been developed as a replacement for the previous handkerchief code so popular until recently. As most readers know, bandannas of various colors were used to indicate the sexual preference of the wearer, e.g. red for fisting, black for heavy S & M, brown for "scat", etc. Among the "thinking" gays wishing to avoid high-risk activities, this code has virtually disappeared. To replace it, the AIDS Resource Group has developed a new code, based on a check-pattern as indicating adherence to SAFESEX guidelines, and using various colors to indicate the "scene" of most interest to the wearer. At the moment, only three colors have been selected: blue means Leather and Light S & M, green means uniforms and military, and brown cowboy and western. Other codes will also be developed as interest builds. Left and right pocket placement can still mean "top" or "bottom".

Assistance in promoting the concept on Gay Pride Sunday was enthusiastically given by the San Francisco forum, a coordinating body representing the motorcycle clubs south of Market, whose members joined the BAPHR booth in Civic Center to talk to gays about safe sex practices from their viewpoint and promote the new handkerchief code. It is hoped that this "grass roots" approach to safe sex, utilizing mechanisms already in place and familiar to gays, will develop consciousness about selection of appropriate partners who share concerns about sexual practices. The Safe Sex card, along with the handkerchief code, is enclosed in each handkerchief package.

Interest has been expressed from locations outside the Bay Area, and it is possible that other gay health groups will be interested in the idea for their locales. The new code could become a national symbol of safe sex. The handkerchiefs can be ordered from Kyo International, P.O. Box 9072, San Rafael, CA 94912-9072, or contact Will Warner MD, (415) 453-5281.

HTLV III Test Explained

Recently the availability of a test for antibodies to a newly discovered virus called HTLV-III was announced, and its possible correlation with AIDS was suggested. Apparently some confusion has arisen in the gay and bisexual community concerning the application and significance of this test.

The Bay Area Physicians for Human rights wish to point out that the test is part of a research protocol, and a positive correlation with AIDS is only one of the possible conclusions. At this time any such correlation is hypothetical. We wholeheartedly support and encourage the participation of the gay community in AIDS research programs, but it must be understood that these are designed to answer specific questions at the conclusion of the project after collection of large amounts of data.

Until the subject has been thoroughly studied, it is not appropriate to assign medical significance or interpretations to the results of these tests, either positive or negative.

It may require months or years of research before the results of such tests can be meaningful for widespread application. In the meantime we caution the gay and bisexual community against making any decisions about sexual practices or lifestyle on the basis of the results of these tests.

(Press Release)

BAPHR Hosts Democratic Delegates

A hospitality suite for Lesbian and Gay Delegates to the Democratic National Convention was sponsored by BAPHR in the Hilton Hotel in San Francisco from September 17 through 20. The purpose was to inform delegates and political leaders attending the convention on gay and lesbian health issues and to offer them a place to relax between meetings. BAPHR members were present at all times to answer questions and to provide health related information, particularly on AIDS.

Co-sponsors with BAPHR were the Alice B. Toklas Democratic Club, Gay Rights National Lobby, and the National Association of Gay and Lesbian Democratic Clubs. The San Francisco AIDS Foundation provided literature. Food was donated by Gilbert Duquesne, owner of La Mere Duquesne Restaurant and Joel Roman of Inn on Castro. The event was organized by Steve Walters, M.D., Seth Charney, M.D. Peter Middendorf, Doug Carner, and Peter Gyorgy who provided invaluable effort.

Jack Mangum, M.D. provided exceptional hospitality in his home for the delegates at the conclusion of the meetings.

TWO FAMILY PRACTITIONERS

Wish to share office space with other physicians. Would be ideal situation for female physicians. Fully equipped office with receptionist. Four exam rooms and two with surgical tables. Contact Phillip R. Reiff, M.D., 533 Castro St., San Francisco 94114. (415) 861-3366.

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1981 VW Jetta — 4 door. Limited edition model. Alloy wheels, air conditioning, 5 speed, sun-roof, beautiful condition. Gold with tan interior. \$5,400. Call 621-3723.

MEDICAL PRACTICE FOR SALE

Fully equipped office available for specialist or moderate sized general or internal medicine practice. Brand new equipment. 474-8555.

Gonorrhea Statistics

San Francisco City Clinic

Year & Quarter	Number of New Male Patients	Number of Cases of Gonococcal Proctitis	Gonococcal Proctitis Percentage
1981 — 1	3310	1113	33.6
2	3045	1246	40.9
3	2800	1248	44.6
4	2533	1226	47.5
1982 — 1	2426	1073	44.2
2	2649	1097	41.5
3	3080	979	31.8
4	2711	859	31.7
1983 — 1	2870	706	24.6
2	2760	581	22.1
3	2321	392	16.7
4	2115	430	20.3
1984 — 1	2154	414	19.2
2	2118	309	14.6

AIDS Statistics

San Francisco

Year & Quarter	New Cases	Cumulative Cases	Cases per day
1981 — 3	15	15	0.16
4	8	23	0.09
1982 — 1	14	37	0.16
2	22	59	0.24
3	25	84	0.27
4	37	121	0.40
1983 — 1	58	179	0.64
2	49	228	0.54
3	65	293	0.71
4	76	369	0.83
1984 — 1	103	472	1.13
2	109	581	1.20
July 1-13	22	603	

Total deaths on July 13, 1984 — 243 (40.3%)

S.F. AIDS Cases as of June 30, 1984

Homosexual or bisexual men	573 (98.6%)
IV drug users, heterosexual	3 (0.5%)
Haitians	1 (0.2%)
Transfusion recipient	1 (0.2%)
Unknown Risk	3 (0.5%)
Total	581



HEPATITIS B

CONFUSED BY ALL THOSE TESTS?

HBsAg	HBeAg	Anti-HBc	Anti-HBe	Anti-HBs	Interpretation
+	-	-	-	-	Infectious
+	+	-	-	-	Highly Infectious
+	+	+	-	-	Highly Infectious
+	-	+	-	-	Infectious
+	-	+	+	-	?Infectious
-	-	+	-	-	?Infectious
-	-	+	+	-	?Infectious
-	-	+	-	+	Noninfectious
-	-	+	+	+	Noninfectious
-	-	-	-	+	Immune
-	-	-	-	-	Susceptible

THIS IS A DISEASE WE CAN DO SOMETHING ABOUT — NOW!
HEPATITIS B VACCINE — MERCK SHARPE & DOHME



THE BAPHRON

Bay Area Physicians for Human Rights Official Newsletter
Vol. 6, No. 9
September, 1984

Another Winner

It was a warm and sunny day as 50 dedicated BAPHR members and friends climbed the winding and treacherous road to Wildwood Ranch at the Russian River to participate in the third annual retreat to reflect, plan and organize for the coming year and to discuss the challenges of a five year plan. With superb wines and meals the setting was ideal for the purposes outlined by President Dennis McShane in his introductory address. Keith Fenton brilliantly moderated a discussion of BAPHR's purposes and strategies in achieving these goals. Peter Middendorf lead a discussion of the BAPHR Foundation and Robert Akeley gave a brief description of the proposed changes in bylaws. The weekend was a combination of recreation and productive work for the benefit of the organization and the enjoyment of the participants.

BAPHR Member Appointed By Governor

Richard Hamilton, M.D. has been appointed by Governor George Deukmejian to a nine member AIDS Advisory Committee. He is clinical director of the Buena Vista Medical Group in San Francisco. The function of the committee is to review and advise on AIDS related matters to the State of California. William Filante, M.D., a member of the State Assembly and Bruce Decker, a public affairs consultant were also appointed. There is one vacancy on the committee.

AIDS Statistics

San Francisco

	New Cases	Cumulative Cases	Cases per day
1983			
1st Quarter	58	179	0.64
2nd Quarter	49	228	0.54
3rd Quarter	65	293	0.71
4th Quarter	76	369	0.83
1984			
January	31	400	1.00
February	44	444	1.52
March	28	472	0.90
April	39	511	1.30
May	38	549	1.22
June	32	580	1.07
July	54	634	1.74
August 1-10	20	654	2.00

BAPHR Bylaws Expand

About the time you receive this issue of the *Baphron*, you will receive the new edition of the BAPHR bylaws. These are bylaw proposals and we want your feedback. These bylaw proposals will be discussed at the picnic and general meeting on 16 September. For those who cannot attend the picnic and general meeting, we have scheduled an open hearing on the bylaws, 7:00 p.m. Sunday evening September 23 at Ralph K. Davies Medical Center. If you have any questions or suggestions, we want to hear from you.

— Administration and Bylaw Committee

Awards Banquet Set for October 27

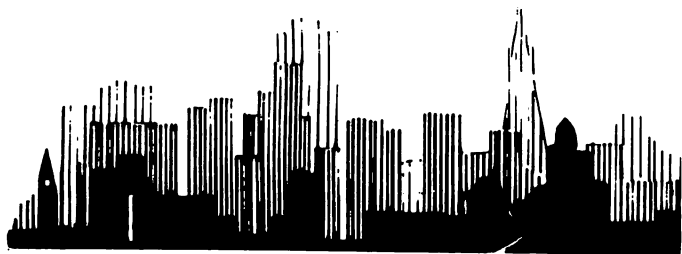
Join us for the BAPHR Annual Awards banquet and installation of officers on October 27, 1984 at Le Camembert Restaurant, 200 Shoreline Highway, Mill Valley. Cocktails will begin at 6:00 p.m. and dinner at 7:30. Adequate free parking is available. The cost is \$40 per person except for BAPHR Medical School Student members at \$25. Save the date for this very special occasion. Further details will be published in the October *Baphron* or invitations will be available from the BAPHR office in several weeks.

September General Meeting to Include Picnic and Party

Enclosed with this *Baphron* for members are directions for the September general meeting and election of officers. The brief general meeting will also include a presentation and discussion of the proposed changes in the bylaws. The major portion of the afternoon however will be a picnic and party for the enjoyment of members and their guests.

James Krajieski Nominated for Royer Award

BAPHR member James Krajieski, M.D. has been nominated by the San Francisco Medical Society for the 1984 J. Elliott Royer Award. The award, administered by the University of California is given to an outstanding psychiatrist or neurologist for contributions to the specialty. It carries a stipend of \$15,000. He was nominated as a gay-identified psychiatrist for his work in improving care of gay patients.



PROGRESS NOTES

.....in summary

To bring forth the summary progress notes in a year of organizational resignations, AIDS tragedies, chair challenges, violent deaths, community crises and internal restructuring seems obtuse. Yet, BAPHR nurtured a surprisingly progressive and maturing year. The *Baphron* has documented well these events. Some of this history was in draft fifteen months past, other happenings evolved spontaneously or from the demands of the day; fortunately, most of it resulted from extensive planning and work by you. My notes, with brief comments for clarity or emphasis only, are the collation of the year. I intend no agenda for transfer to BAPHR's energetic and highly competent '85 officers — only my enthusiasm and loyalty. Any perspectives, evaluations or judgments belong to you and history.

1984 saw BAPHR change from a membership association to a corporation (C-3, tax exempt, non profit). BAPHR, Inc. parents the semi-autonomous BAPHR Foundation and its Board of Directors which is rapidly completing its complex developmental stage. A major revision draft of the BAPHR By-Laws is now before the membership for voting action on statutes mandated by corporate law; an expanded Board of Directors including three directors at large; a voting position for each of the dental and podiatry caucuses; and technical changes giving the organization increased workability. The administrative office was relocated and is designed to accommodate some of our small meetings. The office equipment was modernized with the purchase of a typewriter, a gift acquisition of a copier and telephone, and the promise of a computer. Early plans have been presented to locate BAPHR's archives in the office. Legal counsel has been contracted and repeatedly proven invaluable. The reorganization of the physician, dentist and podiatrist referral panel was completed

and now functions well economically and legally. An obligatory review of this corporate structure will occur in two years.

My goal of decentralizing the functional model of BAPHR was pushed with minimal visible progress. Committee and project autonomy, with Executive Council support from assigned officers, needs a review and, probably, another chance before abandonment. The dream of matching adequate committee membership with the designed and assigned work load went begging. Total management of special projects from design to completion by assigned and volunteered project committees produced good results. Marketing and budgetary management were identified as weak spots in this schema. The channeled expertise of BAPHR friends was invaluable and should be maximally expanded.

Moneys deserved and received an inordinate amount of time this year. The total budget process, a new BAPHR venture, was shifted to the calendar year and forced this administration into a fifteen month term of office. Computerized bookkeeping with regular (and incomprehensible to me) fiscal reports became standard procedures. The concept of pay your way and kick the general fund became entrenched. Tighter comptrolling of projects is indicated. BAPHR combined the LaCage opening nite celebration into a social and fund raising event. An innovative community AIDS educational joint venture with the Harvey Milk Democratic Club is developing with the \$7080 granted by the Cable Car Awards as shared profits from this gala in recognition of the pioneer risk reduction guidelines developed by BAPHR in 1983. We administered Fronrunner's '83 Gay Run proceeds (\$4300) to furnish an interview room and to improve the waiting room at S.F. General's AIDS Clinic. Successful experience in grantsmanship was gained with \$13,350 received from the GGBA Foundation; Cutter Laboratories; Merck, Sharpe & Dohme (2 grants); the Chicago Resource Foundation; and Miles Laboratories. Our proposals to the California State Health Department and the Bay Area United Way were not accepted. I advise establishment of administration and monitoring procedures for major grants. The *Baphron* with aggressive editorial management is self supporting. The dimension of cost effectiveness must be expanded to cost benefit in future budget considerations.

The Endowment Fund, accumulated as a frozen asset during BAPHR's early life-time, has been audited with full accounting to all donors. This Fund has been transferred to the BAPHR Foundation with development and management to be controlled by the Foundation's Board of Directors. The Foundation has received its first life insurance bequest. The philosophy of the Foundation to

the BAPHRON

The BAPHRON

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 Ric Andrews, MD Past President
 Denny McShane, MD President-Elect
 Bob Scott, MD Vice-President (vacant) Secretary
 William J. Kapla, MD Treasurer

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support BAPHR programming in advancing lesbians and gay wellness will, hopefully, apply to the field of social health in addition to our traditional concerns.

Programming for general meetings, with few exceptions, was disastrous. Attendance at social functions declined also. Of a budgeted five, only one medical community tutorial was presented. An excellent program had a very limited attendance. The Journal Club, in its second year, continues to provide a commendably organized AIDS scientific resource including this year's monthly *Baphron* literature review column by the chairman. The organization's introduction to politics was positive and productive. State lobbying became a reality during the AB-1 battle with lesser efforts on State legislation related to AIDS funding. The telephone tree, crucial to this work, must be restructured for effectiveness. Participation, during the Democratic Convention, in national politics germinated experience and potential networks. A small contingent of members marched in the Freedom Day Parade and the more somber National March for Lesbian and Gay Rights. The significance of less than projected numbers at BAPHR events, reflects the pattern at most major community lesbian-gay events in 1984, and deserves assessment. The attempts to focus liaison with California PHR groups (CACPHR) and AAPHR need increased energy.

Coalition building was stressed this year with rewarding results. The Health Fair, free of past national support, coordinated by BAPHR and co-sponsored with GGBA, Lyon-Martin Clinic and BACW demonstrated well the practicality of this approach. A less visible but highly functional coalition has developed during the past six months with BAPHR, the SF AIDS Foundation and the AIDS Health Project of the SF Health Department. This team has revised, updated, produced and distributed four separate publications (including the street sheet and guidecards) on AIDS risk reduction plus other educational ventures. With our limited human resources, we must continue to look to coalitions for effectiveness in approaching the demands of the AIDS era.

Marketing of BAPHR was diminutively pursued with the copy-righting of produced educational materials (including a coded safe sex hankie), distribution of membership decals and the sale of the '84 BAPHR T-shirt.

At times, WE (our own wellness) appeared secondary or scrubbed by BAPHR's external commitments. Yet, BAPHR maintained three formal groups for its members and extended many personal gestures of care, concern and compassion to members and friends during crises. Attention to this vital element of the organization must increase and be on call at all times.

These notes are not all progress and I report areas of continuing concern to me: the organizational over-load thrust upon a small percentage of the membership; the progressive loss of stamina in committees during the year; the poorly defined offices of past president and vice president; the unaddressed need for a program coordinator; the inattention to long range planning; the lack of boldness in general meetings; insufficient media capabilities; the under-utilization and limited recognition of volunteered talents; the failure to significantly increase the membership; the dormant policy and procedure manual; the lack of programming for house officers and medical students; the organizational absence of active women; a disorganized speakers' bureau; and my droning.

I, as promised those many months ago, put my boots to the organization, made some difficult decisions including some mistakes; but hopefully the course has been stayed and I have helped to move BAPHR forward. Throughout I have been buoyed by your commitments and repeatedly humbled by:

"And, what is as important as knowledge," asked the mind.

"Caring and seeing with the heart," answered the soul.

....in summary, my thanks and love....

Kent Sack

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Input sought: Out-of-state BAPHR member desperately wishes to relocate in Bay Area. I am an experienced board-certified urologist and have been led to believe that opportunities for a gay urologist in The City might be worthwhile. I am earnestly seeking further input from other BAPHR members; would very much appreciate any thoughts, positive or negative, that you could pass along to me. Thanks!

Ernest Holbrook, M.D., Box 30, Prestonsburg, KY 41653

*"The health of the people
is really the foundation
upon which all their happiness
and their powers as a state depend."*

—Benjamin Disraeli, 1877

R. KASSMAN

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AIDS Update

Hemophilia A — Factor VIII Concentrates 1980-1982 Asymptomatic

"Antibodies to a Retrovirus Etiologically Associated with Acquired Immunodeficiency Syndrome (AIDS) in Populations with Increased Incidences of the Syndrome," *Morbidity and Mortality Weekly Report*, July 13, 1984 Vol 33 No 27 pp 377-379.

Studies have been done recently to survey the presence of lymphadenopathy-associated virus (LAV), T-lymphotropic retrovirus (HTLV-III), and/or antibodies to these viruses in various population groups. Serologic procedures used included enzyme-linked immunoabsorbent assay (ELISA) to whole disrupted virus, a radio-immunoprecipitation assay (RIPA) to the presumed major core protein (p25) of LAV, and assay of antibody to major viral antigens by Western blot technique.

Groups studied for antibody included:

San Francisco Venereal Disease Clinic, Homosexual Men

YEAR	⊕ LAV ANTIBODY (RIPA)	PER CENT
1978	1/100	1
1980	12/48	25
1984	140/215 (Total sample)	65
1984	69/126 (Asymptomatic)	55

Paris Venereal Disease Clinic: Homosexual Men Without Lymphadenopathy

YEAR	⊕ LAV ANTIBODY (ELISA)	PER CENT
1984	8/44	18

New York City — IV Drug Users Without AIDS

YEAR	*LAV ANTIBODY	PER CENT
1984	78/86 (ELISA) 50/86 (RIPA)	87 58

⊕ LAV ANTIBODY

1984

18/25 (Western blot)

72

These surveillance studies give insight regarding the increasing exposure to LAV or HTLV-III in persons at risk for AIDS. However, the significance of these findings is unknown regarding protective immunity, infectivity or eventual development of clinical disease.

James Campbell, M.D.

ROOMATE NEEDED IN ORINDA

East Bay Physician wishes to share his house in Orinda. Responsible necessary, professional preferred. Smoking allowed. Off street parking. 15 minutes to W.C. and 20 minutes to S.F. Rent \$500 per month. Call Daytime 676-9776.

MEDICAL PRACTICE FOR SALE

Fully equipped office available for specialist or moderate sized general or internal medicine practice. Brand new equipment. 474-8555.

In Memorium

Bobbi Campbell, R.N., an inspirational advocate for people with AIDS.
Robert Dickenman, M.D., after a long illness.
Leo Leva, M.D., after a lengthy illness.

HEPATITIS B

The Concealed Killer — The Carrier State

The chronic carrier state, generally unknown to the person and his contacts, develops in up to 10% of infections. That adds up to about 20,000 new carriers per year, and a total of about 1,000,000 carriers at the present time in the U.S.!

Frequently following unapparent disease, the virus smolders, infecting intimate contacts and often progressively damages the liver of its host:

- Primary liver cancer (hepatoma) occurs 273 times more often than in non-carriers;
- Chronic Active Hepatitis results in 3-5% of cases;
- Often progresses to cirrhosis, contributing to the roughly 4000 deaths from the disease per year.

It has been estimated that at least 10% of gay males in San Francisco are now carriers. All gay males, especially the sexually active, should be tested for HBsAg or Anti-HBc.

Not only Hepatitis B but also the carrier state can be prevented —

HEPATITIS B VACCINE — MERCK SHARPE & DOHME



THE BAPHRON

Bay Area Physicians for Human Rights Official Newsletter
Vol. 6, No. 10
October, 1984

New Officers Elected

At the September general meeting, all candidates for BAPHR of-
fice nominated by the nominating committee for 1984-85 were
elected. In typical BAPHR tradition, there was no opposition for
any office. All the polls had predicted this landslide.

Dennis McShane, M.D., an internist and rheumatologist in
Redwood City became president from his office as president-
elect. This new procedure will result in a smoother transition. His
first progress notes in his capacity as president appears in this
issue.

Stephen Walter, M.D., a San Francisco psychiatrist becomes
vice-president. He is currently chairman of the annual banquet
committee. Details of the October 27th event at Le Camembert
Restaurant in Mill Valley appear in this issue.

Sam Thal, M.D., an internist, will become secretary and give up
his position as a co-editor of the *Baphron*. Volunteers are needed
to assist the other co-editors of the publication.

Jack Wilkie, M.D., an ophthalmologist, will become treasurer
and give up the chair of the membership and internal support
committee. This important committee also needs additional
members.

William Kapla, M.D., the only new officer who has previously
held office in the organization, will become president-elect. He
was previously treasurer. Bill is in family practice in San Francisco.

At the meeting, the outgoing officers were thanked for a job
very well done during a difficult and demanding year. The new of-
ficers will be formally installed at the annual awards banquet.

Caucus of Gay Public Health Workers to Meet

The gay caucus of the American Public Health Association will
meet during the annual meeting at the Anaheim Convention
Center November 11-15, 1984. Several meeting and events are
scheduled daily during the meetings. The agenda includes
panels on gay aging, parenting, youth, violence, and AIDS. Fur-
ther information may be obtained from the Caucus at 1015 15th
St. N.W., Washington, D.C. 20005 or the meeting program chair,
Dr. Jere Kelly, 4421 19th St., San Francisco, CA 94114, (415) 863-8443.

Harvey Milk Film to Have Gala Premiere at the Castro

Some months ago many of us attended a "work in progress"
showing of "Out of Order," the film about Harvey Milk. That night
we only saw a small part of the film, in its rough, unedited form.
Even then it was a powerful and moving experience. Now, with a
new title, "The Times of Harvey Milk", the film will have its world
theatrical premiere on Thursday, November 1 at the Castro
Theater. The event will be a benefit for Shanti Project, in honor of
their Tenth Anniversary, and The Harvey Milk Film Project
(despite its initial success, there is still a \$25,000 production debt).

The film, made by Robert Epstein (of "Word Is Out" fame) and
Richard Schmiechen, has been six years in the making and has
been invited to major international showings, including the New
York, Toronto, Telluride, and Berlin Film Festivals. The film will be
broadcast nationally next May on PBS during prime time.

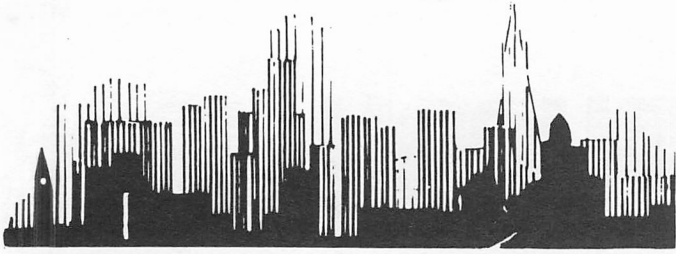
General admission tickets will be \$10 and \$25 each but I am ask-
ing you to join me in becoming a Patron or Sponsor of the Gala
Benefit Premiere. Patron tickets are \$100 for two people, and in-
clude a pre-film Champagne Reception (and light dinner),
Reserved Seating, and a Post-Theater Gala, probably in The Green
Room. Sponsor tickets are \$500 for four tickets, and include all of
the above plus a listing in the program that evening. I have
arranged for 20 reserved seats to be set aside for BAPHR members
and their guests, but I think it is quite possible that at least twice
this number may be desired. (As of this writing, September 23, we
have 14 seats left.) If interested, I therefore URGE you to mail your
check, payable to "Shanti Project/Milk Film Benefit", to my office
address: Richard Andrews, 177 Lower Terrace, SF, 94114. Ticket
price is tax-deductible. Deadline to receive tickets is October 20.
With sufficient notice I can increase the number of seats for our
group. If you have questions, feel free to call at 861-5756.

The upcoming New York Film Festival screening of "The Times
of Harvey Milk" sold-out before the schedule was even printed!
So please (for once) don't delay. Secure your seat in what will
prove to be a proud and historic event. And while you're doing
that, send in your reservations for the BAPHR Banquet too!

Ric Andrews, M.D.

AIDS Partner Study

The department of epidemiology of the University of California,
San Francisco is conducting a study of persons who have had sex-
ual contact with someone who has been diagnosed with AIDS.
Anyone who has had sexual contact in the last two years with a
person with AIDS and is interested in participating in this study
should contact the project office on Ward 86, Room 606, San Fran-
cisco General Hospital or phone (415) 666-5325.



PROGRESS NOTES

The AIDS crisis has and continues to demand BAPHR's energies. We have responded to the guidelines for safe sex and blood donation, have linked with other groups to reinforce educational efforts, and have at times been caught up in the political maelstrom surrounding medical uncertainty. We have been asked, like Solomon, to decide the right course of activity for individuals to follow and have been criticized for our indecisiveness. The issue of what to do about the "bath-houses" has occupied much activity over the past year.

In the current year, we will have to confront the issue of screening tests for the AIDS virus. The chief purpose of the screening would seem to be to guarantee AIDS-free blood products. If a specimen is positive for anti-body to AIDS agent then it would be discarded. A potential blood product recipient will be spared exposure to AIDS. The call for "testing blood, not people" by BAPHR, AAPHR and others will have been fulfilled.

But what about the donor who was otherwise well when it was donated. What will he be told? From whom will he receive the information about his positive test? What will be advised about prognosis? Who will have access to the information about his positive test? What will be the implications with regard to his employment, insurability, living accommodations? How will he be counseled about sexual activity? What will be the penalty for not heeding restrictions because of the positive anti-body test?

One can argue that the above individual should not be donating blood anyway. While gay men will not be asked to donate blood, they will be encouraged to participate in studies of the natural history of AIDS, or they may "donate a unit" to find out their anti-body status. All these later situations appear innocent, however, the questions outlined above will still have currency.

Many of the issues raised in the above questions transcend medical implications. They find their base in our social fabric. We

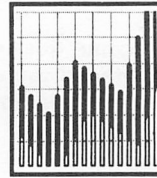
can hope that answers will be found to these questions. We can hope that gay men will not be discriminated against in employment, housing, or insurance by AIDS anti-body testing. We can hope that public health and other governmental agencies will see to it that civil liberties are not infringed by hysteria developing over AIDS screening.

Or we can plan and act expecting the above questions to become major issues in achieving answers. Many ethical issues surround such screening procedures which have no parallel models in other medical endeavors. To this end, I have commissioned an ethical implications in AIDS task force comprised of BAPHR members, community leaders in law, journalism, religion, and medical ethics to develop a plan and recommendations for responding to AIDS screening. I would encourage BAPHR members to participate in this task force, the results of its labors will have significant implications for our community.

Dennis McShane, M.D.

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the BAPHRON

The BAPHRON

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Category	
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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.

Awards Banquet Recipients Announced

BAPHR is pleased to announce that, in addition to the Installation of new Officers, the Fifth Annual Awards Banquet will honor five individuals and one pharmaceutical company who have made contributions to our City and our Organization this year.

Paul Volberding, M.D., Helen Schietinger, M.A., R.N., and Jim Geary are the three local health workers who will receive BAPHR Community Service Awards for their front-line work with persons with AIDS.

Dr. Paul Volberding is Chief of Oncology and Co-Director of the AIDS Clinic at the San Francisco General Hospital. Under his leadership San Francisco General Hospital has developed the first and still the largest program of services to persons with AIDS. The hospital also started the first Ward exclusively for AIDS patients which has been much praised for its fine medical treatment and caring atmosphere. Dr. Volberding has appeared in many conferences and on television and radio to explain to the country this devastating epidemic.

Jim Geary was a nurse's aide for three years at Marshall Hale Hospital's oncology ward before becoming a Shanti Volunteer in 1978, and Director of Volunteers in 1979. Elected Executive Director in 1982, he worked without pay until funding became available through the San Francisco Department of Health in 1983. Mr. Geary guided Shanti into its present pre-eminent position in the emotional support of AIDS patients. The Project today has over 150 "emotional support" volunteers and 75 "practical support" volunteers, as well as seven staff counselors at San Francisco General Hospital. Mr. Geary previously addressed our BAPHR symposium in June, 1983 on the psychosocial needs of persons with AIDS.

Helen Schietinger is Residence Director of the Shanti AIDS Residence Program. Formerly she had coordinated the Kaposi Sarcoma Clinic at University of California at San Francisco. The Shanti Residence Program now sponsors four residences and has sheltered fifty persons with AIDS. They also have a van service for medical appointments. Ms. Schietinger was recently quoted in the *Bay Area Reporter* as saying: "People are not moving in to die; most are moving in to lead their lives." Last year Ms. Schietinger was co-chair of the Second National AIDS Forum in Denver.

In addition to the AIDS workers, BAPHR is honoring others who have provided constant and much-needed support to BAPHR over the years. Matt Coles, Esq., well-known Bay Area attorney, has helped us through many crises with his generous and wise counsel. Most recently he shepherded the BAPHR Foundation in the adoption of its historic By-Laws. Jack Mangum, M.D., is the winner of this year's coveted "All-Around Award", given to that BAPHR member who has made the greatest contribution to the organization. Jack has worked on many committees, including the *Baphron*, and has volunteered his time, energy, financial support, and beautiful home with great generosity and total good nature. Recently he hosted the highly successful party in honor of the Gay Delegates to the San Francisco Democratic National convention. Though Jack will be travelling in Egypt at the time of the Banquet, we felt it was time for him to receive a recognition of his many contributions. Finally we are pleased to offer an award to Merck Sharpe and Dohme for their constant, generous support of our BAPHR Symposium.

Please join us at Le Camembert for the Awards Banquet on October 27 to help honor their very special people!

Stephen R. Walters, M.D.

BAPHR Annual Banquet Planned

The fifth annual Awards Banquet of BAPHR will be held this year on October 27th. The place will be Le Camembert Restaurant, Mill Valley. This year promises to be a gala event with the Installation of new officers as an integral part of the program. Cocktails begin at 6:00 p.m. with a no-host bar and featuring John Russell, BAPHR member and Social Concerns Chair, at the piano. Restaurant owner Gilbert Duquesne will provide complimentary finger foods and assorted pates.

The menu has been specifically designed and will be personally overseen by M. Duquesne and will feature French Country cooking. The gavel of the Presidency will be passed from Kent Sack, M.D., outgoing President to Denny McShane, M.D., incoming President. Several community service awards will be presented, as well as BAPHR's annual All-Around Award, presented to that BAPHR member who has distinguished him/herself by being an "all-around" member.

Invitations will be mailed soon, and because space is limited, early reservations are advised. Cocktails and hors d'oeuvres at 6:00 p.m., dinner and program at 7:30 p.m. Le Camembert is located just off route 101 (Stinson Beach exit). We are looking forward to an extremely beautiful evening.

Radial Keratotomy, the surgical correction of myopia and astigmatism, offers effective visual correction for many who feel limited and dependent on glasses or contact lenses.

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NEEDED

Medium sized work table for BAPHR Office. Call Doug at 558-9353 for information.

Lesbian/Gay Diabetic Support Group Formed

A group of Lesbians and gay men with diabetes have formed a group for emotional support and to achieve better control of their diabetes and their lives. The group includes all types of diabetics, whether insulin dependent or non-insulin dependent. Their families, friends, roommates, or lovers are also invited to join them. Education about diabetes and treatment will be included. The group will function in cooperation with the American Diabetes Association, San Francisco Chapter.

For more information, contact Scott 921-7367, Barbara 661-1618, or DJ 567-9159.

Note: A letter concerning problems and health care of the deaf was published in the September *Baphron*. There is more to gay health care than AIDS.

Ed.

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—Benjamin Disraeli, 1877

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The BAPHR Foundation Reports

The work of the interim board of the BAPHR Foundation is nearing completion. BAPHR will soon have under its wing a fully professional foundation dedicated to the same purposes as is BAPHR.

The bylaws of the foundation were approved at the recent meeting of the BAPHR Board of Directors. These bylaws are available from the office for anyone who would like a copy. The BAPHR Foundation will become an official part of BAPHR when BAPHR's bylaw revisions are approved by the membership.

The interim board is now working on nominations for the permanent board. The foundation has also applied for a matching grant to help in the production of an informational brochure on the BAPHR Foundation.

An audit of the Foundation funds has been completed and all contributors and contributions have been accounted for. With the receipt of an insurance bequest and several donations, the total assets of the BAPHR Foundation stand at \$38,000. The interest income, which is being reinvested, is approximately \$325 per month. All assets are currently being kept in a money market account.

It has been recommended by the interim board that no distributions from capital be made. The only distributions to be made will be from the income earned. It has also been recommended that the administrative costs of running the Foundation be borne by the Board members of the Foundation.

After an initial year of consolidation and fundraising there will be two funds established. The "Endowment" fund will have its interest income reinvested until it reaches an as yet unset target sum, at which time the income from this fund will be available for distribution. The second fund will be a "current income" fund. The "current income" fund will be seeded by a bequest from George Riley. After the Foundation's initial year, the income generated from this fund will be distributed as it is earned. There will be no distributions during the initial year.

Additional funds will be established as donors of major sums request.

This article will be the first in a series of updates as the Foundation progresses. If you have any questions, please don't hesitate to call me.

Respectfully,
Peter Middendorf, Interim Chair



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New Group Debuts at BAPHR Picnic

What Summer Games would be complete without a couple of surprises? Our picnic was no exception, with the appearance of a brand new organizational contingent: medical cheerleaders who go by the name (what else?), The Doctor Peppers! Charter members of the squad are Bob Scott, Kent Sack, Bill Kearney, and Ric Andrews. Their premier cheer:

"The Doctor Peppers is our name,
The Pep Squad for the Summer Games.
Jocks are here with world-wide fame,
And groupies, too! We've got no shame!

BAPHR, BAPHR, what a year,
But BAPHR, BAPHR, let's be clear,
We're starting a new one with a cheer!
B-A-P-H-R! BAPHR, BAPHR, Rah, Rah, Rah!"

This, of course, brought rousing shouts of Bravo! from the frenzied crowd of on-lookers. Then, as a special treat and a surprise to Pepper Sack, the other three members of the squad led a special cheer:

"Who's the one who's led the pack?
KENT SACK! KENT SACK!
Who's the one who's kept us on track?
KENT SACK! KENT SACK!
Who gets less sleep than an insomniac?
KENT SACK! KENT SACK!
Who's had the knack to keep us in the black?
KENT SACK! KENT SACK!
If people were cars, who'd be a Cadillac?
KENT SACK! KENT SACK!
Who deserves our pat on the back?
KENT SACK! KENT SACK!
K-E-N-T SACK!"

By now you're probably kicking yourself if you missed this amazing display of precision movements and dazzling acrobatics. There are already rumors of a performance at Louise's Place (you know, Davies Hall). But the truth is, you never know when they might turn up at a BAPHR meeting or activity, so don't miss a one!

Committees Need Members

Much of the good work that BAPHR does depends on its committees and committees depend on members. With the change in officers, all committees need new members. This is your opportunity to get involved and help the organization. It's also a lot of fun, a chance to meet people, and socialize. There is no obligation if you come to a meeting and you don't need any invitation. It is suggested that you call the committee chair whose number is listed in the calendar to confirm the time and place. And you don't have to be out of the closet if you want to help on the committee. Just express your preference and it will be fully respected. Join in.

S.F. Supervisor Links AIDS With Fluoridation

The president of the San Francisco Board of Supervisors, Wendy Nelder, called for an investigation into fluoridation of San Francisco's water, saying it may be linked to AIDS or cancer. She said that fluoride is a rat poison and damages the immune system. It is well known that gay men in San Francisco who are at risk for AIDS drink city water.

Although several scientists discounted her worries, none were able to present any scientific evidence that fluoridation does not cause AIDS. There are therefore two possibilities: 1) that there is an association, and 2) that there is not. Neither has been proven. She asked the health department and the public utilities commission for reports.

Ms. Nelder has not yet been nominated for a Nobel prize.

Help!

The Haight Ashbury Free Medical Clinic needs
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Doctors, or Nurse Practitioners.
Afternoons and evenings,
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Herb Caen



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AIDS Statistics

Cases diagnosed in San Francisco

	New Cases	Cumulative Cases	Cases per day
1983			
1st Quarter	58	179	0.64
2nd Quarter	49	228	0.54
3rd Quarter	65	293	0.71
4th Quarter	76	369	0.83
1984			
January	31	400	1.00
February	44	444	1.52
March	28	472	0.90
April	39	511	1.30
May	38	549	1.22
June	32	580	1.07
July	54	634	1.74
August	50	684	1.61
September 1-14	20	704	1.43

San Francisco — Risk Groups

August 31, 1984

	Cumulative Cases	Per cent
Homosexual-bisexual men	676	99.0
Heterosexual — IV drug user	3	0.4
Haitian	1	0.1
Transfusion recipient	1	0.1
No apparent risk	3	0.4

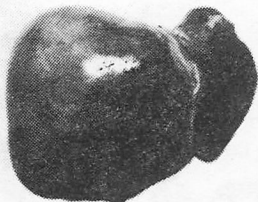
Of the 704 AIDS cases, 291 are dead (41.3%).

Quarterly gonorrhea statistics will be in the next *Baphron*.

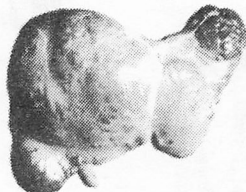
HEPATITIS B

THE FACTS . . . THE CONSEQUENCES

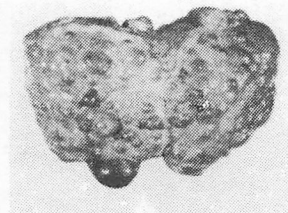
- There are roughly 200,000 new cases of Hepatitis B in the U.S. each year. Of these, 50,000 become ill and jaundiced, 10,000 are hospitalized.
- In California there are nearly 4000 cases per year, with 462 reported cases in 1982 in San Francisco alone.
- **Fulminant Hepatitis B kills 250 people per year.**
- In California in 1980 (the last year with available data) there were 69 deaths from Hepatitis B.
- **Nationally there are 4000 deaths per year from Hepatitis B-related cirrhosis.**



Normal liver



Fulminant Hepatitis B



Cirrhosis

Many of these deaths are preventable. Although there's no cure for Hepatitis B —

HEPATITIS B VACCINE — MERCK SHARPE & DOHME



THE BAPHRON

Bay Area Physicians for Human Rights Official Newsletter
Vol. 6, No. 11
November, 1984

BAPHR Bylaws Revised

Ballots were counted at the BAPHR banquet and the bylaw changes recommended by the bylaw committee were adopted overwhelmingly by the BAPHR membership. As the final step in BAPHR's incorporation, adoption of Amendment C places BAPHR in compliance with California Nonprofit Corporation Law. The vote on Amendment C was unanimous. Amendment D, establishing three elected Directors-at-large on the BAPHR Board of Directors, had but three negative votes. Amendment F, establishing the BAPHR Foundation, had one negative vote. Amendment G, which states the goals and purposes of BAPHR, passed unanimously. Amendment H, which establishes formal caucuses for affiliated dentists and podiatrists with the caucus chairs seated on the BAPHR Board of Directors, passed by a vote of 68 to 9.

Dr. William Owen, the BAPHR parliamentarian, has reformat- ted and produced the revised BAPHR bylaws. The revised bylaws are available to any member who desires a copy. To obtain a copy call Doug Carner at the BAPHR Administrative Office (558-9353).

New AIDS Health Project Focuses On Health Promotion

The AIDS Health Project, recently funded through the San Francisco Department of Public Health, began its prevention effort on March 19, 1984. The Project was designed in collaboration with the University of California, San Francisco.

The Project offers services to those at risk for AIDS and helps them confront and make changes in high risk behaviors. The Project provides ongoing educational support groups on such topics as stress management, safe sex, depression prevention and general wellness. All of the Project's services are offered free of charge to San Francisco residents.

In addition to work with gay men, the Project also includes outreach to at-risk youth in the Polk and Tenderloin areas and provides mental health services through San Francisco General Ward 86 to persons with AIDS who are experiencing emotional crisis. Other at-risk individuals are encouraged to contact the Project as well.

Finally, the Project will offer educational and training seminars for mental health and health care professionals who work with at-risk populations. Programs are currently under development.

For further information, contact the AIDS Health Project at 626-6637.

THE BATHHOUSE SAGA or The Week That Was

Oct. 9 — It's been a depressing day. Dr. M. Silverman finally did what he's been threatening to do for months — closed the baths (14 clubs, baths, and bookstores). The press release indicates that San Francisco is serving as the model city for the AIDS program for the rest of the country. Is there something heartening in that? I don't think so. The closure is supposedly based on medical criteria, but what stands out in the press release are phrases like, "...commercial establishments which promote and profit from the spread of AIDS..."; and "They are fostering disease and death." He also said, "We know that the more sexual activity involving exchange of body fluids, the greater the risk of contracting AIDS." I remember when BAPHR first espoused that position a year and a half ago and we were booed and hissed and told we were full of s--- by our gay brothers and sisters; is this vindication? Not much comfort there either.

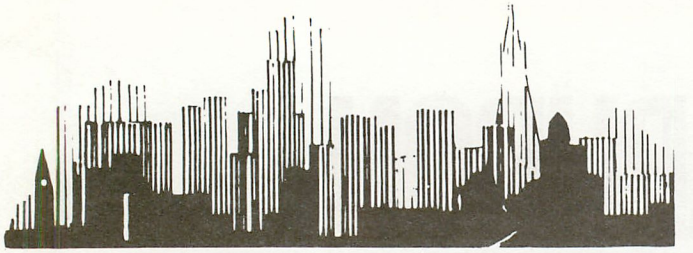
Of perhaps as much interest in the content of the press release is what was *not* mentioned, like the data from Dr. William Darrow of CDC which Silverman has suppressed for over two months. Bill Darrow reported preliminary data from a San Francisco cohort of sexually-active men which showed a strong correlation between number of partners and the development of antibody to LAV or of AIDS, but no correlation with the proportion of partners found in bathhouses. On impulse I called CDC and checked with Bill Darrow — are these still your conclusions? The unqualified answer was "yes". These are the data suppressed by Dr. Silverman:

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To Link or Not To Link

The most recent controversy in the AIDS-virus politico-scientific arena (it seems impossible to have a pure scientific or a pure political issue these days) stems from the inherent problems in informed consent and confidentiality in research involving tests for antibody to HTLV-III. As you remember, when Sec. Heckler (HHS) made her grandiose announcement that the virus causing AIDS had been identified, she quickly followed-up by promising a test for anti-HTLV-III in a matter of months. This test, she stated, would be able to screen AIDS-contaminated blood and eliminate the spread of AIDS via transfusion (apparently more important to her than finding a preventive for the disease itself). Then along came Jim Curran (CDC) with his infamous attempt to set up a national registry of all individuals testing positive by this untried procedure, a registry of presumed gays which could have far reaching political and social consequences of the worst Orwellian variety. Meanwhile, development and testing of the antibody procedure was not progressing as rapidly as hoped.

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PROGRESS NOTES

“Thoughts on Closing the Baths”

The recent action by Dr. Mervyn Silverman, on behalf of the City and County of San Francisco, in closing the gay bath houses and sex clubs, raises questions about governmental determination of health versus the individual's responsibility for his or her health and that of their partners. The BAPHR Board took the following position on this issue on April 2, 1984:

“We wish to restate our opinion that certain types of sexual practices, no matter in what location they occur, increase the risk of contracting all sexually transmitted diseases, including AIDS. What counts is what you do, not where you do it.

“We strongly favor, and request assistance for, educational programs to help reduce risks. Furthermore, we think that such efforts may be especially significant at bath houses and similar establishments.

“We affirm our belief that government intervention in the sexual behavior of consenting adults should be avoided.

“Most importantly, we believe that voluntary action by our community is the best method to encourage safe sex. In these difficult times, let us act with concern and responsibility for each other.”

Implicit in BAPHR's statement are several important observations. First, closure of bath houses will not statistically decrease the risks of acquiring the disease. The site of sexual activity does not correlate with acquisition of AIDS. In fact, data from a recent CDC-based cohort study of gay men in San Francisco indicate that the number of different sexual partners per month (5 or more) correlates with subsequent acquisition of AIDS or development of antibody to LAV/HTLV-III. In this study, the number of sexual partners met at bath houses did not correlate with increased risk more than any other site. Again, the message that BAPHR and other groups have been giving to the community to “decrease the number of multiple sex partners” to lower the risk of acquiring AIDS is reaffirmed by these data.

Second, as in any change in health behavior, the role of the medical community is to educate the at risk population. BAPHR has and is continuing to disseminate information to the community about risk factors and ways to decrease potential exposure to the AIDS agent. Our purpose in these efforts is twofold. First, the individual must be cognizant of “safe sex” no matter in which setting he finds himself. AIDS is acquired sexually. It knows no particular site. This implies that sexual activity considered to be “non-safe” occurring in the privacy of the individual's own bed room is just as effective in disease transmission as the baths. Second, educational efforts must continue to reinforce the “safe sex” message. These educational efforts must reach the various community sub-groups and work to convince the affected individuals to take responsibility for their own health. Closure of institutions to which these sub-groups relate eliminates an avenue for education.

Third, governmental action to “protect the community from itself” while well-intentioned, in effect sends a message to the community that “the source of AIDS has been eliminated”. None of us believes that closure of the baths will have an appreciable effect on the AIDS incidence rates, since those individuals failing to heed risk reduction guidelines will only move their activities to other sites. In effect by closing a “controlled environment” the Health Director has moved a group of individuals who may be engaging in “risky practices” to a less well circumscribed milieu, a milieu providing less opportunity to incorporate educational programs. As in any health program, educational efforts take time and persistence. Individual beliefs do not change over night. Health care workers have to be patient. We know that our efforts over the past year have indeed been effective. Evidence in this regard in terms of dramatic decline in rectal gonorrhea and other venereal disease rates in the gay sector, decreased attendance at baths and sex clubs (evidenced by economic failures) points out these facts. We as health educators should take these data as mandates to continue, broaden, and increase our educational efforts, not restrict them.

Fourth, issues of “human rights” are implicit in this closure. Philosophically, does well-intentioned government in our system of democracy have the right to “save people from themselves”? Parallels in our past history indicate that legislated health behavior does not work. The Constitutional Amendment on Prohibition was such a well-intentioned governmental action. Public health officials are also aware that closure of brothels does not decrease the rates of VD, only make it more difficult to follow-up on secondary contacts. The civil liberty issue in this closure will be pursued by legal counsel. We as physicians, should be concerned about what lengths the government will pursue if and when the incidence of AIDS does not decrease in the community. How far will they go to decrease the ability of gay men to meet each other in order to decrease the risk of acquiring AIDS?

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the BAPHRON

The BAPHRON

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To Link or Not To Link

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One of the reasons for delay was the very issue of confidentiality of results of the test. It must be admitted that, without Jim Curran's ill-advised memo not intended for public scrutiny, the research and gay medical community might not have been prepared to insert their concerns into this usually trivial question. It has been standard FDA procedure to be assured of traceability of volunteers in a study of this nature, through the investigator, in case late complications arose which might impinge on the volunteers' well-being. At first they insisted on such "linkage" for the anti-HTLV-III test protocols as well. But the hue and cry from such organizations as AAPHR and NGTF finally got through; "linkage or non-linkage" became a serious topic for the first time. Eventually the problem was solved (more or less) by allowing two types of testing — one protocol would require linkage in that they were designed to be used to provide information regarding a sample-donor's health and therefore the result of the test would be used for further evaluation in at least some participants. In the other case, two or more tests were to be performed in parallel and the only factor to be considered was agreement between the test procedures. In the latter case, it is obvious that the only human factor is the supply of plasma or serum and the answer to be derived from the study is a statistical one; it was finally agreed that the volunteer's identity need not be recorded for the latter study. Several studies will soon begin, using samples obtained without extra blood drawing and with the identity of the donors carefully destroyed — true "non-linkage".

Use of the test results from all these studies is still an open question. Although it may be several years before the Koch Postulates can be satisfied regarding etiological relationship between HTLV-III and AIDS, it is likely that a positive anti-HTLV-III test

result will eliminate donated blood or plasma from use in transfusion or production of blood components. It will be mandatory for blood banks to report positive results to the donor — what then? The donor will be forbidden to donate blood, but what social and psychological consequences can be expected? It may depend on the statistical results of the testing. If it is determined (one way or another) that a significant proportion of individuals testing positive are not gay, the burden may be somewhat eased, although it introduces more doubt on the etiological relationship of HTLV-III with AIDS. And if a significant proportion (say 10%) of all donors across the board test positive, can the blood banking establishment afford to reject all those donations in keeping the blood channels supplied for trauma and surgery?

Before we leave this subject, a word about the "natural history" studies under way in several centers, including San Francisco. In this issue is a letter from David Lyman concerning the Berkeley study. The problem of "linkage" was carefully considered in design of that study. Since it is a long-term study involving follow-up of volunteers for up to three years, the identity of the subjects to the investigational team is vital. There the linkage is broken; none of the identifying information is available to outsiders, even to NIAID who funds the study, and this will be defended in court if necessary. It is very likely, however, that samples of serum from these volunteers will be tested for HTLV-III. The Berkeley team has worked out a satisfactory method of handling that information. Until then, volunteers should be encouraged to participate because the data collected may be just as vital (or more so) as those involving the antibody tests.



Bathroom Saga

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Number of partners/mo. at risk	Odds Ratio	Confidence Interval	Chi ² p =
<1	1.0	---	---
1 — 2.9	2.1	.8 — 5.3	0.107
3 — 4.9	2.6	.9 — 7.1	0.065
5 or >	3.0	1.4 — 6.8	0.006

Proportion of partners met in clubs and bathhouses	Odds Ratio	Confidence Interval	Chi ² p =
0	1.0	---	---
1 — 24%	1.4	.5 — 3.7	0.533
25 — 64%	1.1	.4 — 2.9	0.86
65 — 100%	1.0	.4 — 2.8	0.928

Dr. Darrow points out that the controls are not "neighborhood" men and so the results should not be generalized to include everyone in San Francisco; true. But they were sexually active as indicated by the fact that they attended City Clinic, whereas "neighborhood" gays would include closet cases, monogamous couples, etc. who never go to bathhouses and those other dens of iniquity.

What were the criteria for closing some and leaving others open, you may ask. Aside from observation of exchange of body fluids by Silverman's secret patrols, were other criteria applied? A call to Dr. Dean Echenberg of City Public Health yielded a yes and no to the question. Objectively, the body fluid issue (forgive the pun) was primary. However, continued conversation revealed that the cynicism of some bathhouse owners aggravated the Department and almost certainly elicited an emotional response which may have been as decisive as the purported medical issue. Comments inferring that sex was good business for the gay physicians as well as the bathhouses, and implications that the matter of bathhouse closure was strictly political. After all, Silverman's appointment is at the pleasure of Diane Feinstein, isn't it? Lady Di, itching for national prominence but with a gay albatross around her neck. And something else came to light. Preliminary findings by Andrew Moss (unpublished, unavailable for scrutiny) indicated that "neighborhood controls" were indeed different from "sexually active controls" — and therefore the findings by Darrow should be thrown out the window. (Besides they didn't fit the preconception of the homophobes.) The fatigue increases.

Dr. Seth Charney and I gave interviews to newspapers, radio stations, TV stations, etc., each expressing dismay and disagreement in his own way. Open war has now been declared between BAPHR and Dr. Silverman, our presumed "friend" for many months. The media are interested in sensationalism, of course, not in balance or civil rights. Ah yes, civil rights. What a step backward in a few hours! All on a specious medical pretext. When can we expect Con-man Murphy to launch sweeps of Buena Vista Park and Lands End, presumably to save us from ourselves? Will Silverman proceed to close down stores selling cigarettes because smoking is linked to cancer?

Another curious thing about today's action — closure was based on the premise that the establishments were "nuisances", not health hazards *per se*; this is the same charge brought when a whore house is discovered! Does this get Silverman off the hook from proving the health hazard concept?

Oct. 10 — A quiet day, waiting for the other shoe to drop. TV reports that several of the "closed" establishments remained open. Silverman says that proves that they have only a profit motive.

Oct. 11 — Most of the establishments remain open, and The City goes to court for an injunction. The lines are drawn for the inevitable court battle. The ACLU has been preparing for this for some time. Channel 2 showed a thick document reported as "blow by blow" evidence gathered by Silverman's "plain-unclad" sleuths for many nights in preparation for the an-

tipated court battle. Of course these describe how men decide to ignore the teachings on Safe Sex and "do it anyway". But they are apparently assumed not to be responsible for their actions, only the establishments in whose facilities they indulge.

Oct. 12 — Lawyers for the bathhouses and bookstores ask for a delay in the proceedings to prepare their case, and the hearing judge is asked to disqualify himself for unstated cause. Maybe this is "strategy". Speaking of strategy, could BAPHR have done more, used better approaches, worked harder on this issue? I don't think so. We have met with Silverman every time he asked for a meeting (which was very seldom). We have written letters when no meeting was called, offering to work with bathhouse owners to develop ways of encouraging safe sex. We have provided scenarios to facilitate Silverman's withdrawal from the fracas, since we felt he didn't belong there in the first place. We even offered to work toward setting up a community effort to pressure recalcitrant owners toward encouraging safe sex. We agreed to join, as advisors, a community effort sponsored by the S.F. AIDS Foundation and political clubs organized along these lines. The owners haven't always been totally cooperative, but they had taken many steps in the right direction, and indicated their willingness to work with the gay community in this regard. Silverman has ignored us and our advice. From the beginning, it appeared clear that the collective mind downtown was made up in the negative. BAPHR doesn't do too well when it attempts to become too political, and it is right that we remain medically-oriented, advisors and teachers rather than activists on the picket line. It's also important not to forget the "Human Rights" in our name. San Francisco is being watched nervously by all the other "liberated" cities. Let's hope the national organization, AAPHuman Rights, will have more success.

Oct. 14 — The *Examiner* reports this morning that the Health Departments in L.A. and N.Y. have considered closing bathhouses, etc. and decided against it. The possible medical justification does not outweigh the civil rights issues, they said. They are sure to watch the political and legal developments in San Francisco. I remember Silverman's chagrin when Dr. Sensor, former head of CDC and now head of the N.Y.C. Health Department, did not follow Silverman's lead when he made his original pronouncement about prohibiting unsafe sex in bathhouses. At the moment, Mervyn's all alone, it would seem.

Oct. 15 — The new judge granted a temporary injunction to close 9 of the establishments on the basis of the "nuisance" claim of Silverman. Bookstores don't qualify since they sell books, a First Amendment issue. It will be appealed, of course, and perhaps drag on and on. But it's been quite a week, 7 days of watching the mechanics of loss of civil liberties, being told we are not capable of making decisions for ourselves so "big brother" must make them for us, of seeing medical data and ethics discarded in favor of a political agenda. I guess keeping this journal wasn't such a good idea anyway....

— From the diary of Will Warner



Progress Notes

continued from page 289

Finally, the responsibility for health and disease prevention rests with each individual. Guaranteeing health is not government's responsibility.

BAPHR's goal in the AIDS epidemic is the same as that of the political and health department leadership of San Francisco, namely to encourage and promote a decline in the incidence and prevalence of AIDS. Where we, as an organization, differ from Dr. Silverman and his advisors, is in the means to achieve that goal. BAPHR has and continues to pursue broad based educational efforts at risk reduction and safe sex along with other groups within the gay community. BAPHR has been in the forefront of these efforts since the original cases of AIDS were described. It is our belief as expressed by the Board that "high risk sexual activity" can only be modified through educational efforts, not through governmental action.

Dennis McShane, M.D.

The Confidentiality Issue

The following letter was received by Will Warner for reprinting in the newsletter:

Dear Will,

As you know, I am a member of BAPHR as well as the Project Director of "The Natural History of AIDS in San Francisco" study currently being conducted by the University of California in Berkeley and the Children's Hospital of San Francisco. As an advisor to our study, you of course are well aware of our study design which is recruiting and studying a cross-section of single men in the city. This research is designed to learn how AIDS is spread and the possible cofactors that determine why some people develop full blown AIDS while others do not. Clearly this is vital research to our community as well as the general population, with implications in the understanding of the role of immune function in infectious diseases and oncology in general.

I understand that some members of BAPHR have expressed concern about the possibility of violation of the confidentiality of participants. Given the sensitive nature of the study, we have taken the strongest possible stand on the issue. We cannot and will not provide names or other identifying information about our participants to anyone outside of our Principal Investigators. Specifically, our contract with the sponsoring agency, the National Institutes of Allergy and Infectious Diseases, National Institutes of Health, forbids us from releasing participants' names to any outside group, including the sponsoring agency. The University of California attorneys have assured me the utmost defensibility of our position.

As the director of the project, as a physician, and a gay man, I am pledged to uphold the confidential participation promised to all of our subjects. I will be happy to discuss our study with members of BAPHR on an individual or group basis. I can be reached at the San Francisco Men's Health Study at 3641 Sacramento St., Suite D, San Francisco, California 94118, phone 922-4800. My home telephone is 525-8581.

Thank you for your time and continual support of this vital research.

Sincerely,

David M. Lyman, M.D., M.P.H.

In memoriam:

Richard Gitchell

a friend of BAPHR

AIDS Update

Goedert, JJ et al, "Determinants of retrovirus (HTLV-III) antibody and immunodeficiency conditions in homosexual men" *Lancet* 8405:711-716, Sep 29, 1984

66 homosexual men in New York were tested for presence of HTLV-III antibody in June 1982 and again in June 1983. Antibody was present in 35 (53%) in 1982; four additional men developed antibody in 1983. Among those positive for antibody in 1982, six developed AIDS and eight developed AIDS related conditions. None of the antibody negative men developed AIDS or AIDS related conditions. Of the entire cohort of 66, lymphadenopathy was present in 17 (48.6%) of the seropositive subjects compared with 7 (22.6%) of the 31 seronegative subjects.

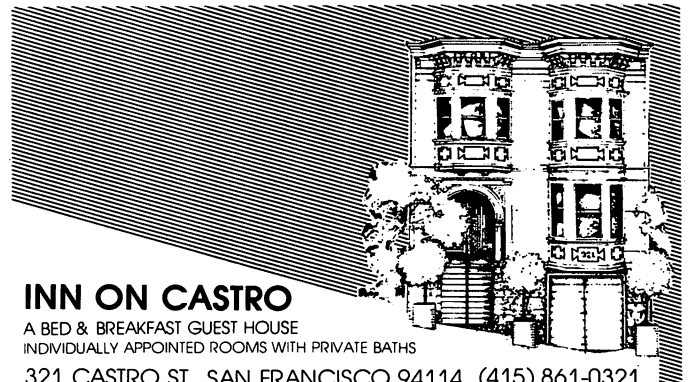
The factors which correlated with HTLV-III seropositivity included: number of sexual partners during the previous year ($p=0.008$) and number of anal receptive intercourse acts ($p=0.01$).

— James M. Campbell, M.D.

Endocrine Differences?

A paper by Gladue, Green, and Hellman has recently been published (*Science* 225:1496-99, 1984) which shows different endocrine responses in a group of exclusively homosexual men when compared with exclusive heterosexual men, with heterosexual women as reference. Females, in the early days of their cycle, typically respond to a single dose of estrogen (Premarin) with sharp increases in Luteinizing Hormone in serum. Heterosexual males usually respond very little, but in their study, homosexual males responded in an intermediate fashion, that is significantly more than the heterosexual cohort but less than the females. The homosexual group also responded more profoundly than the heterosexual males in testosterone depression from the single estrogen injection.

These findings are among the first convincing bits of evidence to establish a "constitutional" difference between gays and straights. While there are some advantages in an established physical basis for homosexuality, rather than the traditional "preference in life style" concept, it may also bring up questions regarding insurance coverage for men who don't respond to a standardized injection of premarin, especially when the companies are looking for an excuse to avoid covering gays.



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AIDS Statistics

Cases diagnosed in San Francisco

	New Cases	Cumulative Cases	Cases per day
1983			
1st Quarter	58	179	0.64
2nd Quarter	49	228	0.54
3rd Quarter	65	293	0.71
4th Quarter	76	369	0.83
1984			
January	31	400	1.00
February	44	444	1.52
March	28	472	0.90
April	39	511	1.30
May	38	549	1.22
June	32	580	1.07
July	54	634	1.74
August	50	684	1.61
September	39	723	1.30

Gonorrhea Statistics

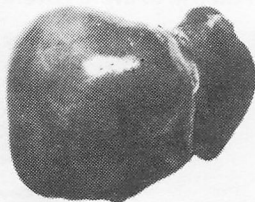
San Francisco City Clinic

Year and Quarter	Number of new male patients	Number of cases of Gonococcal Proctitis	Gonococcal Proctitis Percentage
1980-1	4120	1472	36.2
-2	4120	1056	25.6
-3	4049	1253	30.9
-4	3573	1317	36.9
1981-1	3310	1113	33.6
-2	3045	1246	40.9
-3	2800	1248	44.6
-4	2533	1226	47.5
1982-1	2426	1073	44.2
-2	2649	1097	41.5
-3	3080	979	31.8
-4	2711	859	31.7
1983-1	2870	706	24.6
-2	2760	581	22.1
-3	2321	392	16.7
-4	2115	430	20.3
1984-1	2154	430	20.3
-2	2118	310	14.6
-3	2165	372	17.2

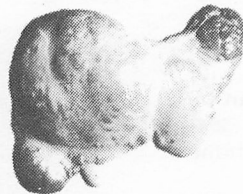
HEPATITIS B

THE FACTS . . . THE CONSEQUENCES

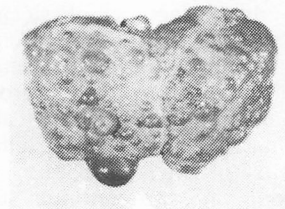
- There are roughly 200,000 new cases of Hepatitis B in the U.S. each year. Of these, 50,000 become ill and jaundiced, 10,000 are hospitalized.
- In California there are nearly 4000 cases per year, with 462 reported cases in 1982 in San Francisco alone.
- **Fulminant Hepatitis B kills 250 people per year.**
- In California in 1980 (the last year with available data) there were 69 deaths from Hepatitis B.
- **Nationally there are 4000 deaths per year from Hepatitis B-related cirrhosis.**



Normal liver



Fulminant Hepatitis B



Cirrhosis

Many of these deaths are preventable. Although there's no cure for Hepatitis B —

HEPATITIS B VACCINE — MERCK SHARPE & DOHME



THE BAPHRON

Bay Area Physicians for Human Rights Official Newsletter
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December, 1984

AIDS Foundation Survey

The AIDS Foundation of San Francisco has released the results of a recent survey which they initiated with a private "market research" firm to assess the current impact of the AIDS epidemic in the gay community of San Francisco. The objective was to establish what kinds of information, attitudes, and sexual behaviors are occurring in order to determine the effectiveness of previous efforts at AIDS prevention and to pinpoint what issues need attention for continued educational and motivational campaigns.

The survey was a "random probability sample" of 500 telephone interviews with men who identified themselves or were identified by the callers as gay or bisexual men. Data was gathered in response to a questionnaire which required about a half hour to complete. This information included material for demographics, sexual attitudes, sexual behaviors, awareness of AIDS, concerns, and comments on the positive aspects of the crisis on the gay community, as well as the negative ones.

The statistical results have been compiled in a multitude of ways, some of which were anticipated, some of which were surprising. As an example, about a third of gay men have lived in San Francisco less than four years, indicating that the migration of gays to the city has continued unabated into the 1980's. Also, more men in younger age groups were currently in relationships than those reported by the older segments, and the length of time in relationships decreased with increasing age.

The survey indicated that the gay community as a whole is quite well informed about AIDS, with many having as much information as the average physician. The level of concern also is high, with a lesser corresponding level of actual behavior which emphasizes "safe sex". The primary problem identified is a resistance generally to using condoms in anal intercourse. Such activity is seen as interfering with sexual pleasure and is not thought of as an activity widely advocated in the gay community. This is in contrast with an increasing acceptability and occurrence of oral sex without the exchange of semen.

Some positive aspects of the current social/medical crisis were noted. Many men reported increased affection and intimacy with others as they have reduced their levels of anonymous sexual activity. Increased awareness and attention to health and hygiene was also mentioned by a good percentage of respondents. A greater number of those interviewed expressed concern about the potential of spreading AIDS to others than about acquiring the illness themselves.

A detailed report is being made available to those who are interested in the actual statistics and methodology of the study. Contact can be made with the San Francisco AIDS Foundation for copies.

William F. Willner, M.D.

The Day After

New Year's Eve has come and gone and you've tested the limits of human endurance. Bombed out? Let's pull the pieces together with a "day after" brunch.

Here's a chance for old friends to touch base and new friends to start becoming old ones. On New Year's Day drop in at 2 p.m. for a great brunch in a relaxing setting at 3650 21st St. Please call Doug Carner at 558-9353 by December 20th with your *R.S.V.P.* We're looking forward to a happy New Year!

Bill Kearney

AIDS Survey Draws Huge Response

A survey of BAPHR members requesting their opinions and experiences on some AIDS issues has drawn the largest response in BAPHR's history. The returns were still coming in at 7 a day at the deadline for the December *Baphron*.

The questionnaire was not intended to be a scientific study and was not designed for any specific purpose other than to gain some information. BAPHR's official positions on issues are decided at meetings of the Board of Directors to which all members are always welcome. The time and place of each meeting is published in the *Baphron*. The 19 voting members of the Board are the official voice of BAPHR as an organization.

A report on the results of the survey will be published in a subsequent issue of the *Baphron*. Members who have not yet responded to the questionnaire may still do so.

Sam Thal, M.D.

A Postscript and a Plea

P.S. Last September, when I wrote the piece on The Doctor Peppers, I somehow thought there was to be a separate story on the BAPHR Picnic and Summer Games. Since I got my communications mixed up I did at least (belatedly) want to tell anyone who hasn't already heard that Larry Silverman is not only an extremely gracious and accommodating host, but, without doubt, has one of THE most spectacular Summer Party Palaces around. Seeing may be the only way of believing and with luck, perhaps there can be a return engagement next year. Thanks Larry!

A Plea: I'm looking for someone who has a good video copy of the "Saturday Night Live" which was hosted by Jesse Jackson; I would appreciate an opportunity to borrow it just long enough to make a copy. 621-6291. Thanks!

Ric Andrews

Letter

November 15, 1984

Dear Colleagues and Friends,

Recent events, especially the closing of the baths (generic) and the issues of confidentiality related to HTLV-III testing, have caused many of us to be alarmed. As our April 2 Board Position stated, "In these difficult times, let us act with concern and re-sponsibility for each other." Along with Denny McShane, Kent Sack, Dave Kessler, and Seth Charney, I was one of the people who drafted that document. We chose our words with deliberation, and were striving for a thoughtful, measured response to the problems before us. However, all around the community, even within our own organization, "Word Wars" continue to be waged. Knee-jerk reactions are likely to present any situation in an unbalanced and polarized manner. Polarization I define as the presentation of only two extreme viewpoints: one's own, which of course is correct, and "their" viewpoint, which is almost totally wrong. In these situations, anyone who does not completely agree with you is immediately seen as "the enemy" who supports "the wrong side." The trouble with a polarized world or situation is that it is usually very difficult to get anything resolved, as illustrated by the ridiculous and dangerous break down in arms control talks between "us" and "The Evil Empire." Neither side will admit they have any problems, and neither side will really listen to the other long enough to understand what is being said, much less begin to work on solutions.

Now, I do not agree with everything Merv Silverman has done, including many of his decisions regarding the baths. But he is *not* hoping to put us away in concentration camps. Yet some of us, with a few broad strokes of the brush, have tried to "blackwash" all of Merv's thoughts and actions about the baths as an example of his homophobia. This is an unbalanced and polarized viewpoint. In a similar vein, I have disagreed with Mayor Feinstein on a number of issues, but "Lady Di" is *not* Anita Bryant. Further, the ideas of Marcus Conant, the recipient of our Achievement Award last year, should be critically examined, not automatically discounted. It is not only unfair but ultimately self-defeating to make these people the focus for our anger and frustration.

As you may have surmised, I have difficulty supporting what I call the "radical rhetoric" in recent statements by BAPHR's leaders, although I *do* share many of their concerns. The November *Baphron* read a bit like it was competing with the *B.A.R.* editorial page. The membership survey re: AIDS and the baths, seemed a somewhat biased group of questions which, intentionally or not, would likely support a particular viewpoint.

I know our leaders; they are good and bright and dedicated people. I chaired the Nominating Committee that recommended every one of our current officers and I have confidence in each one, and am certain that all of us are really just doing what we feel is best. My plea is only for moderation, for more balance.

I think our organization would benefit from an opening up of discussion on these issues and would respectfully like to make a suggestion as to one way this might be achieved: How about a meeting at the first of the year in which BAPHR coordinates a panel discussion with other professional groups (GGBA, BALIF, BACW, etc.) on AIDS-related topics that are important to all of us? Some examples: 1) Is it possible, as a community of businesses, organizations, and individuals, to more successfully decrease the spread of AIDS (whether at sex establishments, public places, or our bedrooms) while *at the same time* preserve our civil liberties and our human dignity? 2) How can we protect our confidentiality and *at the same time* continue to contribute to the valuable research that can eventually lead to a vaccine? Etc., etc. Get the picture? I would be willing and interested in working with the Executive Board or Executive Council to see if such an idea could become a reality.

In my mind, Fate and Faith continue to be determining forces in our world; whatever our fate, I am yours faithfully. Onward and Upward!

Warm regards,

Ric Andrews

P.S. I encourage others to write letters; communication and the exchange of ideas is the first step to making things better.



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Why Don't You Write?

The *Baphron* has always had two roles; first to inform the membership, and second, to allow members to express their views and needs. The first function has been fairly successful during the six years of publication. The second has fallen far short even though a "Letters" column has been a regular feature and letters actively solicited. All letters received have been published.

It was quite a revelation then, in reviewing the AIDS questionnaire recently sent to the membership to find that over half the respondents wrote comments. These varied in length from a brief sentence to a page or more. The opinions varied considerably and some were strongly stated. That's great; it demonstrated that the membership is interested in BAPHR and what it does.

It would have been better to have a busy "Letters" column during the past six years. The policy of publishing letters remains unchanged (your name will be withheld if you wish). You can also express your opinions and make BAPHR a better organization by getting more involved — by attending a committee meeting of your choice, the BOARD Meeting, or even by nominating yourself for an office or giving your name to the nominating committee. The excuse that you don't have time doesn't wash — all officers and committee members work full time and still find time.

Most important don't protest by dropping out. BAPHR needs you and can also serve you. But only if you help.

So as your mother always said, "Why don't you write?"

Sam Thal, M.D.

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is really the foundation
upon which all their happiness
and their powers as a state depend."*

—Benjamin Disraeli, 1877

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AIDS Update

Groppman, JE, Salahuddin, SZ, Sarngadharan, MG, Markham, PD, Gonda, M, Sliiski, A, Gallo, RC, "HTLV-III in Saliva of people with AIDS related complex and Healthy Homosexual Men at risk For AIDS" *Science* 226:447-449, Oct. 26, 1984

Four out of four healthy homosexual men who were HTLV-III (human T cell lymphotropic virus) antibody positive were found to shed HTLV-III virus in their saliva. Two healthy homosexual men who were HTLV-III antibody negative had no culturable HTLV-III in their saliva. Four out of four patients with AIDS, all HTLV-III antibody positive, had no HTLV-III virus in the saliva. No mention is made of the presence of lymphadenopathy in the "healthy homosexual males" with positive HTLV-III viral cultures.

Bernard, J, Zagury, D, Leibowitch, J, Safai, B, Groopman, JE, Feldman, M, Sarngadharan, MG, Gallo, RC, "HTLV-III in cells cultured from semen of Two Patients with AIDS" *Science* 226:449-450, Oct. 26, 1984

HTLV-III was cultured from the mononuclear cell fraction of semen obtained from two patients with disseminated Kaposi's Sarcoma.

Ho, DD, Scholey, RT, Rota, TR, Kaplan, JC, Flynn, T, Salahuddin, SZ, Gonda, MA, Hirsch, MS, "HTLV-III in the semen and blood of a Healthy Homosexual Man" *Science* 226:451-453, Oct. 26, 1984

A 30 year old homosexual male with known sexual exposure to AIDS in 1982 was studied wince June 1983. He had HTLV-III antibody on each determination every three months since then. In August 1984 HTLV was cultured from his semen and blood. T cell ratios have ranged from 1.0 to 2.4 on five serial determinations. All mitogen studies have been normal. He is described as having shown no constitutional or localized sign of symptoms of AIDS.

James Campbell, M.D.

AIDS Statistics

Cases diagnosed in San Francisco

	New Cases	Cumulative Cases	Cases per day
1983			
1st Quarter	58	179	0.64
2nd Quarter	49	228	0.54
3rd Quarter	65	293	0.71
4th Quarter	76	369	0.83
1984			
January	31	400	1.00
February	44	444	1.52
March	28	472	0.90
April	39	511	1.30
May	38	549	1.22
June	32	580	1.07
July	54	634	1.74
August	50	684	1.61
September	39	723	1.30
October	59	782	1.90

Total deaths since epidemic began: 333 (42.3%)

AIDS Risk Groups

San Francisco

Homosexual/bisexual men	768	98.4%
IV drug user — heterosexual	5	0.6%
Haitian	1	0.1%
No apparent risk	6	0.8%

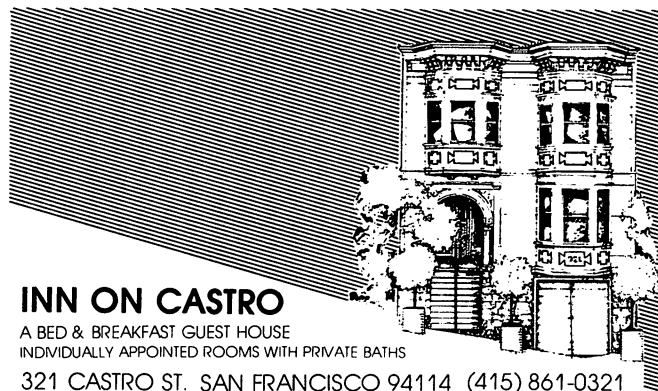
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+	+	-	-	-	Highly Infectious
+	+	+	-	-	Highly Infectious
+	-	+	-	-	Infectious
+	-	+	+	-	?Infectious
-	-	+	-	-	?Infectious
-	-	+	+	-	?Infectious
-	-	+	-	+	Noninfectious
-	-	+	+	+	Noninfectious
-	-	-	-	+	Immune
-	-	-	-	-	Susceptible

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