



THE BAPHRON

Bay Area Physicians for Human Rights Official Newsletter
Vol. 7, No. 1
January/February, 1985

Referral Panel Begins New Year

The BAPHR Referral Panel is beginning its fifth year in operation and the community response and praise for this invaluable service is stronger than ever. In 1984 major changes were effected by former Vice-President Robert Scott, M.D. and volunteer Peter Middendorf. Among these were more equitable and reliable ways of distributing referrals from the answering service, resolving medico-legal issues regarding liability, and greatly increased visibility thanks to a new advertising campaign.

In June of 1984, during Gay Freedom Weekend, we published our first ad in the *Bay Area Reporter*. Since that time we have continued to advertise twice-monthly in the *B.A.R.* and in *Coming Up*. The results were immediate with the number of callers increasing from about 250/month to about 450. It is gratifying to realize that over 5000 people per year, in need of gay-sensitive medical attention have been helped by our service. We also hope we are providing a service to our members by directing those in need of their care to them.

Because only about 20% of BAPHR's membership belongs to the Panel, we feel that the Panel must be self-sustaining in terms of its expenses. It costs about \$4500/year to pay for the answering service, personnel expenses, telephone, mailing and legal services, leaving about \$1800 for marketing/advertising. We know that if this figure were higher we could reach even more of our community. However, all of this is paid for out of the panel members donation of \$100 which we invite from each member.

The Panel could use more practitioners in the counties outside of San Francisco. In all areas we could use more members, because any increased revenue from donations will be funneled directly into more advertising and marketing. We urge those of you who have not yet joined the panel to consider doing so. It does not take many new patients to justify that \$100 donation.

Finally, as a private practitioner myself I am sensitive to the needs and difficulties we all share. I am most interested in input from you on criticism, dissatisfactions, or constructive suggestions on how to improve this service. Please write to me % BAPHR or at my office: 2431 Fillmore St., or call me at: 563-2070. Among recent suggestions was to have various groups of specialties collect monies among themselves for specialized advertising in appropriate spots. I will be glad to work with any of you to help you achieve your goals for the Referral Panel.

Stephen R. Walters, M.D.
Vice-President/Referral Panel Coordinator

Last Call

This is the last copy of the *Baphron* for those members who have not renewed their membership and paid their dues for 1985. The high cost of producing and mailing this publication prevents us from continuing to mail it unless your dues have been paid. Please do it now and you won't miss an issue.

Community In Crisis: What Is BAPHR's Role?

Urgent, complex and confusing scientific and civil rights issues swirl about us, causing uncertainty and argument among us and creating the most critically divisive atmosphere in the gay community and among the BAPHR membership that we have yet experienced. Health issues are paramount and gay physicians are inevitably thrust on to center stage, willingly or not. Key questions include the bath houses, HTLV testing, research and confidentiality, the proposal of an AIDS regional hospital, the specter of quarantine and the civil rights of all of us.

It is felt that there is a wide variety of valid difference of opinion among BAPHR members and that we need an opportunity to express and share our views.

The February General Meeting has been designed to be a forum in which varying views can be presented and discussed. Four of our members will address the topic: "Community in Crisis: What is BAPHR's Role?" The speakers will be: Dr. James Campbell, Associate Clinical Professor of Medicine at UCSF, who chairs both the BAPHR Scientific Affairs Committee and the Medical Advisory Committee of the AIDS Foundation; Dr. Jim Krajewski, who, as S.F. Regional Director of Social Security, has been instrumental in promoting the responsiveness of the department to providing disability benefits (both SSI and SSA) to persons with AIDS; Dr. Bill Lipil of Palo Alto, who has a largely gay internal medicine practice in Redwood City; and Dr. Ric Andrews, the San Francisco psychiatrist who was president of BAPHR in 1982-83.

Each will share with us his particular view of the nature of the current crisis and what he believes BAPHR should do about it. All will entertain questions from the floor. Discussion groups will follow, with the speakers as facilitators. Dr. Lanny Dykes, the chairperson of the Education Committee, will be moderator.

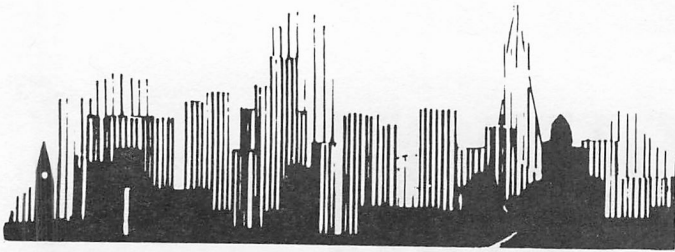
The forum is being presented by the Education Committee. The same committee is developing plans for other educational programs during 1985. Ideas and participation from the membership are of course welcome, especially in these unpredictable times.

The meeting will be held at 7 p.m. Sunday, February 10, at 2200 Sacramento St. Please ask for Dr. Ken Everts, #1604.

CALPHA To Meet

CALPHA (California Lesbian Healthcare Providers Association) will be meeting Sunday, February 3rd at 6:00 p.m. The organization will be focusing on social, educational, political issues, and networking. The first hour will be a pot luck and the second hour will feature a slide show of interest to the members.

Call 653-6346 or write CALPHA, 584 Castro Street #102, San Francisco, 94114, for location of the meeting or further information.



PROGRESS NOTES

Directions for 1985

As the New Year begins it is worth asking each of you to reflect on some of the issues dealt with by BAPHR over the past year in order to help shape a perspective for the future. The current health crisis, about which many of you no doubt have grown weary, continues to demand action and activism. The BAPHR board and committees have been active during this crisis developing and disseminating safe sex guidelines, blood donation policies, statements with regard to bath house closure and confidentiality in AIDS related research among others. These decisions were not individual ones on my or other board members parts but the unanimous opinion of the BAPHR board and committees. In each of these areas, BAPHR's positions have been consonant with those of other PHR groups around the country.

Since September, I as president, have had to represent these decisions of the Board before the community, press and medical colleagues. I have received feedback, recently, from a few members concerning their personal displeasure with stands taken on the bath house closure issue, the statement of confidentiality and more recently a response to a press release calling for the creation of a separate regional AIDS center. All of these issues are complex and a lot of time, energy and thought by members of the board and committees have gone into framing BAPHR's positions. While I am charged with having to publicly represent the organization on these matters, it is important to me as well as the Board to have a sense that we are representing the desires of the membership.

As we move into 1985, I would ask each of you to reflect on your reasons for being a part of BAPHR. What do you desire and expect of BAPHR? Should BAPHR take positions on health related issues? Is BAPHR's role as an independent organization to be one of pointing out the "emperor's new clothes" if such a stand is warranted? Or are health policy decisions the province of the Public Health Director and the academic centers doing research on AIDS? What is our responsibility to the gay and lesbian community of the Bay Area as an organization in that community? Should

BAPHR remain a private organization without a public face serving only as a social and support group?

On the second Sunday of February, the Education Committee is presenting a forum of the membership of BAPHR to obtain input from each of you about three current issues—bath houses, confidentiality in AIDS related research, and development of an AIDS regional hospital. The purpose of this forum is for the BAPHR Board to hear your personal views. I would posit that it is incumbent on each of you to attend this meeting, to inform yourself of the issues, and to express your opinion. But attendance at the meeting is only the first step. If you want BAPHR to continue as a vital organization, you will need to become actively involved. Writing letters to the president is not sufficient. Whether you agree or disagree with the directions BAPHR is taking you need to volunteer your time and energy in shaping the vision of the organization. The issues around AIDS are myriad and complex. They require each of us to develop appropriate solutions and balanced direction. Each of us has a responsibility to the gay community and to BAPHR in these matters.

Dennis McShane, M.D.
President

Hosts Needed

The program committee would like to ask members or any other person who would be interested in sponsoring or hosting a meeting or event to contact the BAPHR office or any officer.

We need facilities to host meetings, cocktail parties, or other special events. Attendance might be between 20 or 100 depending on the event.

Suggestions for ideas for such meetings or parties would also be welcome. Any unusual places are especially desirable.

Our experience has been that members prefer such meeting in private homes or similar facilities rather than in hospital meeting rooms.

You can contribute to the viability of the organization by helping if you can. A stipend is available for most functions, the amount varying with the program. Any additional costs such as a portion of the rent and other costs of a room or home (utilities, insurance, etc.) would be considered as a tax deductible contribution to BAPHR.

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	
Sustaining	\$200
Sponsoring	\$150
Physician	\$125
Professional Associate	\$100
(Dentists, Podiatrists)	
Affiliate	\$60
House Staff	\$40
Student	\$30

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

Advertising: Classified and Display advertising may be purchased by individuals, organizations, and businesses but acceptance is at the discretion of the BAPHRON Staff. Rates

for members: Classified ads, \$20 for up to 20 words, plus 50¢ for each additional word. Display Ads: \$20 per column-inch. Non-member rates: Twice the rates for members. All ads must be camera ready. Additional charge for typesetting, camera and/or artwork. Payment must accompany ad and should be sent to BAPHR administrative office. For information call 558-9353.

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.

Dear Denny,

I was glad that you addressed the serious concern regarding confidentiality of AIDS studies. However, I believe that these studies must be done if progress is to be made in the management of this extremely serious problem. I would hope that BAPHR resources are directed toward ensuring confidentiality.

I want to acknowledge Marc Conant for what I believe are very significant contributions to AIDS research. I believe that he has been an eloquent and effective voice encouraging sufficient allocation of financial resources, organizing research efforts and keeping interested workers informed through the AIDS study group. Consequently, I was concerned you seemed to question Marc's efforts.

If progress is to be made in AIDS research, I believe that it is desirable for all parties to recognize that sincere differences of opinion are inevitable. Consequently, I congratulate you for instituting the confidentiality membership survey.

Sincerely,

Jim Groundwater, M.D.

The following letter (edited here) was sent in reply:

Dear Jim,

Thank you for your thoughtful letter of November 29th. I appreciate your comments and concerns and would like to reiterate that BAPHR as an organization will continue to work on all aspects of the current AIDS crisis toward ultimate solution.

BAPHR is quite concerned that research on all aspects of AIDS be pursued as vigorously as possible to solve this crisis... None of us involved in medical research would ever want that research imperiled by breach of confidential information provided by human subjects... The current crisis keenly illustrates the concern of a disenfranchised minority toward imperiling their civil liberties with information they freely provide to help solve the problem of AIDS... The politicization of AIDS and the groups affected requires us to develop a system of safeguards to reassure these communities that information given in confidence will remain in confidence...

Thank you again for sharing your ideas and concerns with me. I look forward to your active and continued involvement with BAPHR and its work.

Warmest regards,

*Dennis J. McShane, M.D.
President*

Mervyn Silverman, M.D.
Director of Public Health
City and County of San Francisco
101 Grove Street
San Francisco, CA 94102

Dear Merv,

While your resignation was not unexpected due to the maelstrom of the last year and a half, those of us working on the health issues confronting the gay and lesbian community will find your leaving the post of Public Health Director a loss to our community. Though we have not been in total agreement with you on some of the solutions for issues pertaining to the AIDS crisis, on balance, we find that as an organization we have agreed more than disagreed with the directions you have taken. You are viewed as supporting of the health and well-being of the gay and lesbian community in San Francisco and that has our appreciation.

Both personally and on behalf of BAPHR, I wish you the best in your future endeavors. We thank you again for having had the opportunity to work with you in this virulent health crisis confronting our community.

Warmest regards,

*Dennis J. McShane, M.D.
President*

Dear Dr. McShane,

Thank you very much for your letter of December 12, 1984, recommending Dr. David P. Kessler for a position on the Health Commission.

We have received dozens of applications and resumes from outstanding persons regarding an appointment to this crucial commission. We are still in the process of getting resumes and probably will make the selection during the third or last week in December.

Once again, thank you for your thoughts and interest. It is important for me to hear from organizations such as yours regarding these important appointments.

Let me also take this opportunity to wish you a happy holiday season. May 1985 be a healthy and productive year for you.

Sincerely yours,

*Dianne Feinstein
Mayor*

An AIDS Hospital

Editor—

On November 6, Dr. Marcus Conant of the University of California in San Francisco was quoted as saying he would seek support for turning the abandoned Public Health Service Hospital in the Presidio into a unit caring solely for AIDS patients. He based this position in part on projections that there will be 7500 AIDS cases in San Francisco by early 1987. This is an estimate which is not universally shared by experts familiar with current AIDS epidemiology.

While it is recognized that current treatment facilities may be hard pressed to handle any substantial increases in AIDS patients, without changes in care delivery systems, it is also known that hospitals currently in operation are generally underutilized.

Beyond the issue of medical services, is a concern shared by

many in the gay medical community, namely, that establishing such an AIDS-only hospital hearkens too much to the specter of tuberculosis sanatoria and leper colonies of old.

The gay community has struggled to become more integrated in modern society. The concerned medical community has actively supported such efforts as healthy and ultimately adaptive for our culture as a whole. Proposals of all-AIDS facilities, while perhaps well-meaning in conception, risk many dangers in discouraging community cooperation and integration, and in promoting homophobia and de facto quarantine.

Dr. Conant stated, "all the hospitals in this region need to get ready to carry their share of the load." This cannot be stressed too much.

*Will Willner, M.D.
Chair, Publications Committee
Dennis J. McShane, M.D.
President*

"The Baths" in '85

The "final" regulations from Judge Wonder's decision regarding sex in gay clubs have been promulgated, and the result is depressing to say the least. The atmosphere in the clubs as judged by this observer/participant has changed from an evolutionary and generally intelligent shift from unsafe to possibly safe and acknowledged safe practices to one of gloom and suspicion. Men move alone, lackluster, faces drawn and retreating into solitude. They came there to be with others who understand their needs and desires, but only see defeat mirrored in the expressions and body movements of potential friends. The internalized homophobia is thick enough to cut with a knife, accentuated by the polite and basically apologetic enforcement of the "no sex" rules by monitors who are probably the saddest of all. Those who try to recapture some of the intimacy which is an integral part of their lives, seemingly desperate for just a loving touch, are quietly asked to leave, and they meekly obey as if acknowledging the justice, the confirmation of committing the ultimate sin.

It is not the setting for a new Stonewall, but one of suicide, the killing of the inner self and its expression which had only reached an adolescent stage of development during the brief years of gay freedom.

The defeatism is the most worrisome element. The injustice of the homophobic movement sparked by Feinstein and accomplished by Silverman with its facade of distorted medical justification cannot be fought with sticks and stones by the gay man on the street. There is a grain of truth, of course, in the charges as enunciated by Silverman, and balance is impossible to establish on a grass roots level. The fact that all other cities in the country have considered the same facts and reached opposite conclusions, that the sacrifice of human rights far outweighs the possible benefit to be derived in public health, is lost in the reality of the present opposition.

1984 was a bad year. If 1985 is to be any better, the gay medical community must stand tall among the bowed heads of our brothers and fight fire with fire.

W.L. Warner, M.D.

Transfusion and Hepatitis Follow-Up

According to recent reports presented at the annual meeting of the American Association of Blood Banks from the American Red Cross serving Los Angeles and Orange Counties, the self-deferral mechanism of donors with high risk factors is working well, although the demographics of blood donors have changed significantly. The conclusion is based on anti-HTLVIII tests. A similar study was performed by the ARC in Atlanta, where the self-deferral system significantly decreased the sub-set of donors consisting of men, aged 21 to 30. While the prevalence of positive tests for HBsAg has diminished considerably in new donors, the majority of the decrease appears to be in the same sub-group. Thus self-deferral has resulted in safer blood in terms of sexually-transmitted diseases of all types, probably including non-A non-B hepatitis. Even after the antibody test is in use, the self-deferral system should remain in place.

The Oct. 18 issue of NEJM reported the failure *in vitro* of the MSD hepatitis vaccine, as well as an alum-containing placebo, to affect T-cell phenotypes. T4/T8 ratios did not change after receiving the vaccine, and three-year follow-up of vaccine recipients revealed no detectable trend toward change in ratios. The frequency of AIDS among vaccine recipients continues to be lower than in other gay men, giving rise to the conjecture that hepatitis B may occur synergistically with AIDS but with a different incubation period.

The Nov. 9 JAMA recommends deferral of high-risk donors for organs as well as blood, and for the same reason. That seems logical, and might cause you to consider removing that donor sticker from your driver's license.

Although various public health figures appear reluctant to admit it, it appears clear that AIDS has significantly invaded the straight community and may be spread by female prostitutes. Dr. James Curran's response was essentially "look elsewhere", but the data from Zaire, several European counties, and Haiti are more than suggestive. Before he resigned, Dr. M. Silverman was considering the prospects of female anti-HTLVIII testing in San Francisco. If and when the reliability of the test is established, let's hope the public health sector applies some of the experience gained in the gay community toward prevention in the majority. The more prevalent a positive test result, the less pressing the issue of confidentiality of results may be to gays.

W.L. Warner, M.D.

AIDS Statistics

Cases diagnosed in San Francisco

YEAR AND QUARTER	NEW CASES	YEARLY TOTAL	CUMULATIVE CASES	NEW CASES PER DAY
1981-3	15		15	
4	9	24	24	
1982-1	12		36	0.13
2	20		56	0.22
3	25		81	0.27
4	37	94	118	0.40
1983-1	58		179	0.64
2	51		228	0.54
3	65		293	0.71
4	75	249	369	0.83
1984-1	103		472	1.13
2	110		582	1.21
3	143		725	1.55
4	149	505	874	1.62

AIDS Risk Groups

San Francisco

	NUMBER	PERCENTAGE
Gay/Bisexual Men	853	98.3
IV drug users (heterosexual)	5	0.6
Haitian	1	0.1
Heterosexual partners, male	2	0.2
Heterosexual partners, female	1	0.1
Transfusion recipient	1	0.1
Pediatric	2	0.2
No known risk	3	0.3
	868	

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	414	19.2
2	2118	310	14.6
3	2165	372	17.2
4	2047	276	13.4



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MANY VOICES

The gay community, and in particular the gay physicians' community, has been under siege from the curse of AIDS for three years. We are being tested with the greatest imaginable heat. We have for the most part maintained remarkable unity and equanimity in the face of this monstrous threat, this slow killer spreading among us.

Human communities under attack tend to respond initially with unity and solidarity. If the attack persists, however, people may fall to bickering among themselves, pointing their fingers at each other in frustration and blame.

If a community becomes mired in intramural squabbling at this stage, energy is dissipated, strength is wasted, and defeat invited.

A healthier course occurs if the people of the community can confront this stage openly and willingly, experience its conflicts, and work them through; disagreeing honestly with each other and, through disagreeing, refining what they think, clarifying what they see and strengthening themselves by the process, both as a community and individually.

Something like that process may have been occurring on February 10 when fifty-five members and friends met for a "forum" ("an assembly for the discussion of public matters or current questions"—Webster). The program was titled: "Community in Crisis: What is BAPHR's Role?"

The meeting was a direct outgrowth of the perception that the membership was restive because of recent public actions taken by BAPHR leaders. It was hoped that a forum would provide the opportunity for the expression of competing and conflicting views, would inform the leaders about the opinions of the members, and would educate all of us about the many sides of the complex issues with which we all grapple day after day.

The guidelines for safe sexual practices, a "position paper" on the bathhouses, and recent public recommendations about HTLV-antibody testing have thrust BAPHR into the public arena. Those actions, and the wearying cacophony about what should or shouldn't be done about the baths have raised questions about 1) whether BAPHR should be taking public positions at all, and 2) if so, what positions are acceptable.

As is usually the case with volunteer groups, those who gravitate to leadership roles are likely to be of more "activist" frame of mind than the average member. Therefore among most board and committee members it has appeared that our existence as a "human rights" group by definition commits us to taking some public or "political" stance. Furthermore, the current crisis has at its center a medical, public health matter. It is not analogous to wartime when a physician is expected to heal the sick, treat the wounded, and disregard the politics. The nature of the crisis is such that our silence would deprive the community of useful knowledge that we have. Some of us further contend that the health of our community and quite possibly its very survival demand that we address very respectfully the civil rights and symbolic issues so inextricably bound to this problem.

At the forum on Sunday evening four of our recent and current leaders led off with statements reflecting their particular experience with and perception of the crisis. Ric Andrews de-

scribed the polarization that has occurred, with its wasteful effects; Jim Krajewski emphasized the complexity of the issues with their multiple ramifications; Jim Campbell concentrated on the most recent scientific revelations; and Bill Lipil forcefully presented the effects of bigotry on planning, financing, and treatment. Each of the speakers then led simultaneous group discussions, after which we gathered again as a large group.

It appeared to be the general consensus (though it was by no means unanimous) that we must involve ourselves in the public health and the civil rights issues, and that public positions are acceptable, especially if we admit the limits of our knowledge.

There appeared to be no longer any serious disagreement regarding safe sex practices and blood donation deferral.

The baths question still generated the most intense emotion, although the climax of that issue may now be behind us.

The most current and not yet resolved issue is the public health need for research versus the civil rights need for confidentiality. Those doing research contend that confidentiality is well protected; those sensitive to civil rights maintain that still greater legal safeguards are needed to protect participants from likely loss of insurance, possible loss of jobs, . . . and more, should the pogrom come.

The questions of an AIDS hospital, the specter of quarantine and the possible usefulness of spermicides were not addressed in my presence.

I was left with the impression that the baths quarrel has been our first major battle and is now past its peak. Dare I hope that the intense controversy created by it may have strengthened us for the tests ahead?

*Robert Akeley
Education Committee*

CHANGES IN NEWSLETTER

Largely for financial reasons, *The BAPHRON* will be published only six times per year (every two months) instead of monthly. The calendar will be presented for at least two months so that important meeting dates should not be missed. With increases in postage costs and the generally high costs of publishing (the newsletter is the largest single budget item of the organization), the savings should be significant.

Another step which should save money is the computerization of input as well as typesetting by Cole Valley. To take full advantage of this capability, the Editors must submit computer diskettes with all the text of articles along with commands that the typesetting computer uses to format the articles. In this issue, most of the articles and letters were entered in that mode. It requires more effort and time by the Editors, which means "please don't wait until the deadline for submission of items and letters!" The deadline for the March/April issue is Feb. 15, and the issue should be mailed early in March.

So if this issue looks a little strange, blame it on the IBM!

MARCH GENERAL MEETING NEW HEALTH COMMISSIONER

The March 17th general meeting will provide members with an opportunity to meet with and hear the newly appointed member of the City Health Commission, Jim Foster. Mr. Foster, a San Franciscan for 25 years, is a political consultant and master fundraiser who has been active in the gay movement for over two decades. He has been prominent both locally (as founding president of the Alice B. Toklas Gay Democratic Club) and nationally (as field coordinator for the 1982 Human Rights Campaign Fund).

San Francisco citizens voted in November to install a seven-member health commission to oversee all public health activities in the City, including San Francisco General Hospital, psychiatric services, and AIDS programs. As all of us know, Dr. Mervyn Silverman resigned as Public Health Director and the new commission will oversee his successor.

Mr. Foster will doubtless be chiefly responsible on the commission for articulating the health needs of the gay community. He is looking forward to describing to us the beginnings and plans of the new commission and anxious to develop a working dialogue with BAPHR. We are honored and pleased to have him as our guest as he begins his new task.

Please note that the general meeting is the *third* Sunday of this month, March 17 (see calendar for details).

1984 HEALTH AWARE FAIR

This year BAPHR is working in conjunction with the Golden Gate Business Association and Health Center #1 to produce the annual health fair, to be held the weekend of April 27 and 28 at Health Center #1 and Sanchez School. It is BAPHR's responsibility to coordinate the medical staffing.

This is BAPHR's biggest public service project of the year and volunteers are needed in all areas. If you can help in any capacity, please call Doug Carner at the BAPHR office (558-9353) to sign up as soon as possible. This is a good opportunity to donate a little time and expertise to our community, and enjoy doing it.

BAPHR MD SURVEY PUBLISHED

A summary of the results of a questionnaire completed by 36 BAPHR physicians regarding military experience has been published by Dr. Stanley Harris (JAMA 252 (24): , 1984).

Twelve served in the Army, 19 in the Navy, one in the USMC, one in the Air Force, and 4 in the PHS. Since 1942 they served a total of 169 years in field, hospital, and ship environments around the world; five are still on active duty. According to their own rating by Kinsey scale, they are presently almost exclusively homosexual (average rating of 6.4 out of 7). Thirty felt that their sexual orientation had no effect on their ability to perform military duties, four reported a beneficial effect, and two claim an adverse effect.

Dr. Harris concluded: "The Department of Defense should consider these physicians' experience and observations when reassessing its policy on sexual orientation. Further studies are needed to understand the medical care needs of homosexual and bisexual military personnel, including physicians, who serve their country in an organization that denies their very existence."

MEDICAL OFFICE SPACE to share. Ideally suited for female physician, psychologist, chiropractor. Castro Medical Clinic, 533 Castro Street, 861-3366.

PHYSICIAN. H-A Free Clinic. Med. Dir. Your clinic-gd people. \$23K yr. Mon-Fri. Per cent time negot. Gd Fringes/ins. 431-1716.

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House Staff \$40
Student \$30

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

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Requirements

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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.

Letter to the Editor

This is a letter of support to you from our own organization and also giving you a little Australian news.

A.G.M.A., or the Australian Gay Medicine Association, was formed in 1983 and functions through the efforts of doctors in the individual states meeting together, usually informally, and keeping in touch with our interstate counterparts by way of a newsletter (The National Co-ordinator is Dr. David Thorne, P.O. Box 161, Glenelg, South Australia, 5045). We have already held a lively two day conference in Melbourne in November which several interstate doctors attended.

Our membership, Australia-wide, is 120 at present, and limited to qualified doctors and medical students interested in the care of the homosexual patient. We have encouraged heterosexual doctors to join in, and we work together with the view that practising within the specialty of 'Gay Medicine' does not require homosexual preference in the individual.

As with your group, A.I.D.S. has been a major catalyst, and I myself regret the lack of time I can give to other important infectious diseases and psychological problems.

A.I.D.S., A.R.C. and lymphadenopathy syndrome became notifiable diseases at a state level in August this year, and names, occupations, etc. of the patients must be submitted on a 'Schedule One' form. The patients are then each asked to help, voluntarily, fill in a form (Schedule Two) with more intimate and personal information such as their sexual orientation, drug usage and cities in Australia visited. The anonymity of the second form is tenuous, despite the patient's name not appearing, and there is naturally widespread reluctance to having these forms submitted, both by doctor and patient, for fear of, say, eventual discrimination in employment or exposure via the press. There is, in fact potential 'linkage' of this material, should outside malevolent individuals get hold of this material; but fortunately our current state laws do not allow the handing on of this information beyond a small number of responsible health officers. HTLV3 antibody status is at present not notifiable, by the way. Our definitions of the different A.I.D.S.-related illnesses are almost identical to your own.

Unfortunately for Australia as a whole, and our gay brothers in particular, the incidence of HTV related illness is now resembling that of, say, San Francisco in 1981. Our present number of A.I.D.S. cases nationwide is between 30 and 40 and doubling every six months. The numbers of those with L.N.S. is not at all clear partly because of its being made notifiable only recently. . .

Please let your members know that they would be made very welcome in Australia should they take the plunge and visit our shores. It would be practical if they wrote to our National Co-ordinator or myself before arrival, so that we could make arrangements to meet them. Australians love showing off their country (and Men!) to visitors. Finally, are there any particular features of the Australian Gay health situation, including A.I.D.S., that your members might like to hear of and have printed in, say, *BAPHRON*?

Please extend the warmest of wishes for the New Year to your members from all of us.

*Dr. Rex Melville. MB, BS
Secretary, V.A.G.M.A.
(Victorian branch of A.G.M.A.)*

Letter to BAPHR

We want to thank the members of the Bay Area Physicians for Human Rights for the extraordinary sensitivity they have shown toward persons with AIDS. Overall, San Francisco health care professionals have led the nation in providing quality medical care to persons with AIDS. We are especially proud of the role the medical community has contributed toward that leadership.

We have, however, had examples of medical care brought to our attention that we believe need to be addressed. One of those examples concerns an individual who was laying on a guernsey at 2:00 PM without having eaten all day, who was awaiting a medical test that had nothing to do with his personal diagnosis or health care but solely for research purposes. When the patient protested that he wished to return to his room he was told that he was required to "cooperate". Another patient who was diagnosed with AIDS was also lectured at the time of diagnosis about his morals. In a third example, a patient who was discussing his treatment was told by the physician that the patient would either follow his (the doctor's) rules or find another physician.

These are all examples of a problem that we feel involve patients' rights. In light of these situations we would like to offer some guidelines that could provide improved care for both the patients and their physicians. We sincerely believe that the best care includes a partnership between the physician and the patient. With the advent of AIDS we have an unusual circumstance whereby the patients have made extraordinary efforts to inform themselves and stay medically current. This phenomenon can become a successful advance in medical treatment which will change the patient/doctor relationship in a more favorable manner in the future.

The following guidelines are suggested as rights inherent to patients receiving medical care:

1. The right to expect a full and complete diagnosis and prognosis in terms understandable to a non-medically trained patient.
2. The right to a full explanation of all recommended medical procedures and the risks involved.
3. The right to refuse specific treatments without jeopardizing the relationship between the patient and health care professional.
4. The right to be released from institutional in-patient care upon request.
5. The right to refuse to participate in research-oriented treatment or studies without jeopardizing the treatment relationship between the health care professional and the patient.
6. The right to patient anonymity, privacy and confidentiality.
7. The right to quality medical treatment and quality social services should not be compromised because of discrimination in any form, including sex, sexual orientation, economic status, diagnosis, race, religion, political or other beliefs.
8. The right to informed choices at the time of admission for medical care so that the patient can continue his choice of the use of extraordinary measures to prolong life, or to discontinue treatment that the patient feels no longer provides a quality of life worth living.
9. The right to accept dying without guilt of failure or a judgment that this decision is somehow wrong.
10. The right to the choice of "immediate family" member treatment for those the patient may designate.

*John Lorenzini
Director, People With AIDS
519 Castro #M46, San Francisco
553-2509*

STATEMENT ON ANTIBODY TEST

A Gay community statement on the HTLV-III antibody test was released on Jan. 11, 1985, in preparation for the imminent licensing of the test by FDA.

It is recommended that the test be used only in the context of screening blood donations and as part of research programs that guarantee strict confidentiality. Individuals should be aware that the test results do not provide answers about the individual's health—that it is not a test for AIDS—and that no matter what the result, the future implications for tested individuals is unknown. The importance of following prevention guidelines was underscored, as was the continuance of blood donation deferral by members of high-risk groups or sexual partners of such members. The latter definition has been restated to include all males who have had sex with more than one male since 1979, and males whose sexual partners have had sex with more than one male since 1979.

Individuals in high-risk groups should not be tested, they recommend, but if they insist on being tested, they should not use the blood banking system for obtaining the test since this could contaminate the blood supply if a significant false-negative rate applies to the test. In addition there are several risks: denial of life and health insurance if the test result becomes a part of the medical record; denial of employment if the test is used as a surrogate for homosexuality, or when misapplied to applicants for positions in such careers as health care, food handling, or child care; adverse psychological pressures of devastating proportions in light of the hysteria about AIDS. Participation in research programs where strong guarantees of confidentiality are assured is to be encouraged.

Sixteen leading gay organizations endorsed the statement, including the American Association of Physicians for Human Rights, the National Gay Task Force, the AIDS Foundations of San Francisco and Atlanta, the Gay Men's Health Crisis, the Gay Rights National Lobby, and the Lambda Legal Defense and Education Fund.

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.

The majority of Radial Keratotomy patients obtain near normal vision without optical correction.

Robert E. Neger, M.D. offers this corrective refractive surgery.

Robert E. Neger, M.D.
Eye Physician & Surgeon

Diplomate of The American Board of Ophthalmology

415/647-7730

AIDS Statistics

Cases diagnosed in San Francisco

YEAR AND QUARTER	NEW CASES	YEARLY TOTAL	CUMULATIVE CASES	NEW CASES PER DAY
1981-3	15		15	
4	9	24	24	
1982-1	12		36	0.13
2	20		56	0.22
3	25		81	0.27
4	37	94	118	0.40
1983-1	58		179	0.64
2	51		228	0.54
3	65		293	0.71
4	75	249	369	0.83
1984-1	103		472	1.13
2	110		582	1.21
3	143		725	1.55
4	143	499	868	1.55
1985-January	62		930	2.00
February	62		992	2.20

Mortality: 473 dead (47.7%)

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	414	19.2
2	2118	310	14.6
3	2165	372	17.2
4	2047	276	13.4

AIDS Risk Groups

San Francisco

	NUMBER	PERCENTAGE
Gay/Bisexual Men	914	98.3
IV drug users (heterosexual)	5	0.5
Haitian	1	0.1
Heterosexual partners, male	2	0.2
Heterosexual partners, female	1	0.1
Transfusion recipient	2	0.2
Pediatric	2	0.2
No known risk	3	0.3
	930	



THE BAPHRON

Bay Area Physicians for Human Rights Official Newsletter
Vol. 7, No. 3

May/June, 1985

International Conference

Many BAPHR members were among the over 2000 attendees at the International Conference on AIDS held in Atlanta April 14-17. There were three days of intensive simultaneous sessions on clinical management of AIDS patients, epidemiology, virology, immunology, prevention, and blood transfusion, as well as poster sessions all three days.

While no major breakthroughs were announced, the epidemiological picture involving apparent heterosexual spread of AIDS in Africa and Haiti was enforced, as well as additional information on transmission to marital partners of hemophiliacs. There is increasing pressure in some quarters (CDC) for use of the antibody test (anti-HTLV-III) as a primary transmission indicator in all risk groups, and a suggestion that test results may be applied to choice of sex partners. Heating of Factor VIII concentrates in the dry state appears to be effective in at least reducing the risk of AIDS transmission by that route. The various viral proteins and antibody specificities have been studied in detail. It would appear from rather extensive studies that the average incubation period of AIDS may be about five years, but the onset of the initial illness after transfusion of contaminated blood products may occur within a few weeks. The experimental drug HPA-23 can eliminate the virus from blood, but the virus can still be identified within cells. There were frequent reminders of the apparent irony that the gay participants could be classified as criminals, since homosexual acts are illegal in Georgia.

Secretary Heckler (HHS) again stated that AIDS was #1 priority with the USPHS "before it spreads to the heterosexual community", and gave no recognition to gays or gay medicine for any contributions to the present state of knowledge. Dr. Brett Cassins, current President of AAPHR, deplored her "vacuous" comments, but cautioned against those who speak outside their areas of expertise. Former head of the USPHS, Dr. Edward Brandt, complimented the gay physicians and other representatives for their dedication and thanked them for assistance to him during his tenure. Dr. Cassins also mentioned that, according to ICD-9 for disease classifications, homosexuality was still listed as a mental disorder; this classification is that of WHO, co-sponsor of the Atlanta meeting.

Along with the obvious paradoxes mentioned above, the meeting was unusual for the remarkable mixture of participants—doctors and scientists of almost every discipline rubbing elbows with gay activists and media personalities. The unlikely combinations led to comments about "strange bedfellows", but there is no proof of the reality of that phrase.

Copies of the abstracts of the presentations and posters may be obtained from the BAPHR office.

BAPHR Conference in June

Plans are well underway for a national AIDS Conference to be held on June 29 (the Saturday of Gay Pride Weekend) at the San Francisco Medical Society Auditorium. In a departure from the usual annual symposium format, the Conference, entitled "AIDS: A Worldwide Epidemic", will be an intensive one-day tutorial and discussion meeting covering the basic science of AIDS, epidemiology, association with blood transfusion and antibody testing, management of the malignancies and infectious diseases associated with AIDS, AIDS-related conditions, societal implications and public health issues, and research funding. AIDS appearance in and spread to heterosexual groups will be stressed from the epidemiological data now available.

National and local experts in the fields mentioned have accepted the invitation to speak to what may be the largest physician and student audience ever assembled for a BAPHR function. The San Francisco Medical Society is a co-sponsor. There will be a wine-and-cheese reception following the Conference to which significant-others are invited (for a \$10 fee). Lunch is included in the registration fee for participants.

A brochure including a registration form is included with your issue of *The BAPHRON*. Additional registration forms are available at the BAPHR office. Since the capacity of the SFMS Auditorium is limited, members are urged to register early to avoid a closed-out situation which might occur in June.

Health Fair '85 A Success!

Health Fair '85 was held April 27, 28 at Health Center #1 and Sanchez School. This year, the Health Center was the major sponsor and the medical component was supplied by members of BAPHR with Dr. Dow Covington in charge. Thanks to all the many members of BAPHR who participated; it was one of the best Fairs yet, with over 638 persons being screened. Target populations this year were the senior citizens and the hearing impaired, plus the gay and lesbian communities. There was a dramatic increase in attendance by all segments of the community, which proves this is still a valuable community service.

Several non-medical friends of BAPHR members, GGBA, the Lyon-Martin Clinic, and the Gay Fathers were also involved. This is yet another example of the community working together!

Doug Carner
Non-Medical Coordinator

Meetings and Benefits

AAPHR meets in Vancouver

The annual meeting of AAPHR will be held in Vancouver, B.C., Canada from August 7 to 10 at the Denman Hotel, located near one of the most beautiful parks in the area and the scenic English Bay. In addition to the scientific and administrative program, several social events and pre- and post-convention tours are available. Information on the meetings is available from the AAPHR office in San Francisco (Doug Carner), and travel arrangements are being handled by Story Travel Ltd., 820 Bidwell St., Vancouver, B.C. V6G 2J8, Canada.

Alcoholism Professionals Meet

The first meeting of the National Association of Lesbian and Gay Alcoholism Professionals will be held September 26-29, 1985 at the Holiday Inn Mart Plaza, 350 N. Orleans St., Chicago. Further information may be obtained from NALGP, 1208 East State Blvd., Fort Wayne, Indiana, 46805.

AAAS Meeting on Homophobia

A Symposium entitled "Homophobia and Social Attitudes: Their Impact on AIDS Research" will be held at the annual meeting of the American Association for the Advancement of Science on May 29, 1985 in Los Angeles. It is open to interested members of the general public. For further information, contact Walter Westman, 260 Hartford St., San Francisco 94114 or Amy Ross, P.O. Box 39582, Los Angeles, CA 90039.

Benefit for AIDS Foundation

Circus Vargas will donate all the proceeds from their opening performance on May 30 to the San Francisco AIDS Foundation. It begins at 8 PM at the Big Top at the corner of 4th St. and Howard in San Francisco. Call 753-0670 for more information.

Support for Experimental Drug

David Kessler, MD, Past President of BAPHR, has called attention to the good preliminary results with the use of the experimental drug, HPA-23, at the Pasteur Institute in treating AIDS. The drug has been reported to eliminate the AIDS virus from the blood stream, and may improve the underlying immune deficiency without significant side effects, Dr. Kessler reports.

In a letter to federal legislators and health officials in the most affected cities, San Francisco, New York and Los Angeles, Dr. Kessler urged consideration of FDA for investigational clearance, and pointed out the need for sufficient funding and laboratory facilities for virus cultures, which are very laborious and time-consuming. Several papers were presented on this experimental approach at the recent International AIDS Conference in Atlanta.

A procedure is now in place by which tax-deductible contributions can be funneled to the Pasteur Institute via the AIDS Medical Foundation. Checks should be made payable to the AM Foundation, 230 Park Avenue, Suite 1266, NY 10169, with the stipulation that the money be used exclusively for the Pasteur Institute's HPA-23 AIDS treatment program. Inquires to Mr. Terry Beirn at the Foundation.

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the BAPHRON

The BAPHRON

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Stephen Walters, MD Vice President
Sam Thal, MD Secretary
John Wilkie, MD Treasurer
William Kapla, MD President-elect
Kent Sack, MD Past President

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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.

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

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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	
Sustaining	\$200
Sponsoring	\$150
Physician	\$125
Professional Associate	\$100
(Dentists, Podiatrists)	
Affiliate	\$60
House Staff	\$40
Student	\$30

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BAPHR Foundation

The BAPHR Foundation will be unveiled Gay Freedom Day week-end with a reception to honor its original founders; the original founders being those who worked so hard to create the original endowment fund in 1981. Also premiering over Gay Freedom Day week-end will be the BAPHR Foundation brochure and logo.

The Foundation has been under development for a year-and-a-half and has been the subject of many reports to the BAPHR Board of Directors and periodic reports to the BAPHR membership via articles in the *Baphron*. I will be pleased to make a presentation of the technical aspects of the Foundation at the reception honoring the founders.

The purpose of this report is to place the BAPHR Foundation in the context of BAPHR itself and the community of which BAPHR is an integral part.

First and foremost, the Foundation is and will remain a structural component of BAPHR itself and will be dependent on BAPHR for its tax exempt status. The Foundation will ultimately report to the Board of Directors of BAPHR. The Foundation will have its own Board composed of BAPHR and non-BAPHR members and will act as the fundraising and grant-making arm of BAPHR. The Foundation will be independent within BAPHR and will have as its responsibility the raising of funds, the management of Foundation assets, the setting of granting guidelines, and the allocation of grants.

The independence of the BAPHR Foundation within BAPHR was created to ensure consistency in fundraising, expertise in asset management and freedom from political and priority fluctuation within BAPHR itself. The Foundation will be dedicated to

the goal of improving Gay and Lesbian health care in the nine county Bay Area. It will act as a funding source for BAPHR and non-BAPHR projects that share the common goal of improving Gay and Lesbian health care.

Currently, the Foundation has an endowment of \$49,000.00, which ranks it second among endowed foundations in the Bay Area dedicated to Gay and Lesbian concerns. It is the goal of the Foundation to raise an additional \$450,000.00 in endowment over the next three years.

The uniqueness of the BAPHR Foundation lies not only in its size, but in its broad mission. There are a number of worthy organizations in the Bay Area dedicated to one or a few specific health concerns. In the era of AIDS, it is sometimes forgotten that the Gay and Lesbian communities have a broad range of health concerns. The BAPHR Foundation can be expected to fund projects aimed at other physical and mental health problems, as well as the health related service and educational needs of our community.

Improving Gay and Lesbian health care is one of the principle goals of BAPHR and is the mission of the BAPHR Foundation.

While honoring those whose original work made the BAPHR Foundation possible, the reception will announce the Foundation, and will be an elegant and fun affair. When your invitations arrive we hope you will schedule this event into your Gay Freedom Day week-end plans.

*Peter Middendorf
Chair, BAPHR Foundation*

AIDS: A WORLDWIDE EPIDEMIC

The San Francisco Medical Society and the Bay Area Physicians for Human Rights are co-sponsoring a one-day tutorial and discussion conference on AIDS with national experts in the field, with special emphasis on spread to the heterosexual community.

Saturday, June 22, 1985

**San Francisco Medical Society Auditorium
250 Masonic Avenue, San Francisco, California**

Subjects to be covered include:

AIDS virus(es) and transmission
Worldwide epidemiology
San Francisco epidemiologic studies
Management of opportunistic infections

Public health and societal impact
Transfusion AIDS
Antibody testing

Management of malignancies
AIDS-related conditions
AIDS research programs and funding
Chemotherapeutic agents

**Registration Fee: \$85.00 (\$95.00 after June 15)
\$70.00 for medical students with proof of status**

Registration includes Lunch and a Wine and Cheese Reception at 5:30 PM



**Bay Area
Physicians for
Human Rights**

**FOR MORE INFORMATION
Call the SFMS (Steve Heilig)
at (415) 567-6230
or the Bay Area Physicians
for Human Rights
at (415) 558-9353**



**San Francisco
Medical Society**

BAPHR and AAPHR to March in Parade

Gay Freedom Day in San Francisco on June 30 will again include marching units from BAPHR and AAPHR. This event has been an exciting and rewarding experience for our members and friends since 1979. An information booth will be located in Civic Center at the end of the parade route. Details for assembly time and place will be available by calling the BAPHR office, and will be announced at the AIDS Conference on June 29.

If you have not marched with the organization in the past, you have missed an opportunity for personal satisfaction in presenting a united front for gay medicine, especially important in these days of medical and political crisis. Come join us.

Nominations Invited

It is not too early to start thinking about new BAPHR officers for the next year. The executive board, sitting as a nominating committee, invites nominations for the offices of president-elect, vice president, secretary, and treasurer. 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. Communications should be made to the executive board of BAPHR.

Author Speaks at April Meeting

Judy Grahn, author of her new book, *Another Mother Tongue*, was the guest speaker at the April 30 BAPHR general meeting. The book unravels the rich origins of gay culture and expressions, delving into literature, history and myth. The dinner meeting, held at the El Drisco Hotel, was enjoyed by a capacity audience.

AIDS Statistics

Cases diagnosed in San Francisco

YEAR AND QUARTER	NEW CASES	YEARLY TOTAL	CUMULATIVE CASES	NEW CASES PER DAY
1981-3	15		15	
4	9	24	24	
1982-1	12		36	0.13
2	20		56	0.22
3	25		81	0.27
4	37	94	118	0.40
1983-1	58		179	0.64
2	51		228	0.54
3	65		293	0.71
4	75	249	369	0.83
1984-1	103		472	1.13
2	110		582	1.21
3	143		725	1.55
4	146	502	871	1.59
1985-1	193		1064	2.14

AIDS Risk Groups

San Francisco

	NUMBER	PERCENTAGE
Gay/Bisexual Men	1040	98.0
IV drug users (heterosexual)	7	0.7
Haitian	1	0.1
Hemophilia	0	0.0
Heterosexual contacts	3	0.3
Transfusion recipient	5	0.5
Pediatric	2	0.2
No known risk	3	0.3
	<u>1061</u>	<u>100.0</u>

Will Willner MD

Active BAPHR member, died on April 25 of Pneumocystis pneumonia. Memorial contributions can be sent to the Pasteur Institute, Paris.

In Memoriam

Louis (Bud) Boucher, M.D.

Douglas Branch, M.D.

MEDICAL ASSISTANT seeks position with MD, prefer working with AIDS patients. Martin H. Jones, MA, 207 Gough St. #37, San Francisco 94102. (415) 863-2301.

GAY-ORIENTED INTERNAL MEDICINE PRACTICE opportunity in Sacramento. Downtown office, six years. Harvey Thompson, M.D. 912-A 21st Street, Sacramento, CA 95814. (916) 441-2636.

INVESTORS WANTED, SIX FIGURES AND UP. Tax-advantaged investment brokerage house. Extremely profitable, safe. Call Steven or George, (415) 552-7246.

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
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4	3573	1317	36.9
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4	2115	430	20.3
1984-1	2154	414	19.2
2	2118	310	14.6
3	2165	372	17.2
4	2047	276	13.4
1985-1	1817	226	12.4



THE BAPHRON

Bay Area Physicians for Human Rights Official Newsletter
Vol. 7, No. 3

May/June, 1985

BAPHR's Best Show Yet

BAPHR's spring symposium, staged annually on Gay Day in June, for the first time this year was co-sponsored by the San Francisco Medical Society. The occasion for the co-sponsorship was the threat that AIDS poses to the heterosexual community. Publicity was deliberately aimed at ten California medical societies in an attempt to provide superior education to those who will apparently increasingly need it. About 150 attended. The program was absorbing and densely packed. The faculty, led by Dr. Jay Levy, discoverer of the AIDS-associated retrovirus (ARV), was of extremely high quality and in remarkably good form.

It was a historic conclave of heterosexual and homosexual medical professionals meeting in an atmosphere of cooperation and mutual respect. And, despite the tragic proportions of the subject, a mood of enthusiastic dedication to the task at hand prevailed. About one-quarter of attendees were from outside the Bay Area, and included almost 50 non-MD's, about half of these nurses. Dr. Will Warner was the chief architect of this superb program and his committee included both BAPHR and SFMS members. Expenses and profits or losses are to be equally shared by BAPHR and SFMS.

Aside from the extremely high quality of the program the most notable element to me was the almost complete absence of overt homophobia. It is true that the president-elect of the medical society, when referring to persons with AIDS or to those at risk for AIDS as "these people", conveyed the idea that he felt that he was speaking of people who were radically different from and probably inferior to himself. But most others on the panel had no difficulty with the words "gay" or "homosexual" and it even appeared that many had no illusions that the heterosexual condition was somehow morally superior to the homosexual.

Levy defined AIDS as a new sexually transmitted disease caused by an agent which perhaps previously resided in an African mammal and which has infected both human genders equally in parts of central Africa, whose spread to the Western Hemisphere and Europe was abetted in considerable part by political upheavals in Africa and technologic advances facilitating easy travel. Dr. Sam Broder, of the National Cancer Institute, added, "AIDS is not a gay disease".

Both representatives of the NCI, Dr. Broder, an oncologist, and Dr. Robert Biggar, an epidemiologist, were impressive in their grasp of the material, their devotion to the task, and their lack of the usual bigotry. I was stunned, however, as many have been before me, at the open expression of competition between the various groups of researchers. (Broder, for example, unashamedly plumped Dr. Robert Gallo's "cause". One wondered if he thought he had to do so to keep his job.) One was angered, too, that there is no work being done in this country with the most promising anti-viral agent, HPA-23. And why is there no mention of attempts to treat those with signs and symptoms of early infection, before the damage has become so great as to become classified as AIDS?

There was only one hint of good news: Dr. Warren Winkelstein,

General Meeting for Issues Discussion

An important general meeting for all members will be held at Ralph K. Davies Auditorium at 7 PM on July 21. This is the second in a series of meetings to develop consensus through open discussion of issues of vital importance to the Gay community and to BAPHR as its medical spokespersons.

The issues on the agenda are **The HTLV-III Antibody Testing and Quarantine of AIDS Patients.**

As the BAPHR year draws to a close and new officers prepare to assume their duties, it is vital that members contribute through their participation in discussions on issues such as these. Only through such participation can the officers represent the organization and viewpoints of the members. Try to attend and add your voice (or forever hold your peace!).

Dental-Medical Dinner Meeting

The Dental Caucus of BAPHR will sponsor their first major event on July 25, a dinner meeting at the Hyatt Hotel, Union Square. The topic will be "Oral Lesions", and will include presentations by Drs. Debra Greenspan, U.C. Oral Medicine Dept., and Peter Jacobson, U.O.P. Oral Medicine Clinic. According to Dr. Paul Miller, Chairman of the Dental Caucus, the accent will be on Kaposi's sarcoma and hairy leukoplakia, two important lesions of interest to both dentists and physicians. The discussion will center on general soft tissue problems with emphasis on immunosuppressed patients and AIDS. The speakers are currently engaged in research on these lesions in association with ARC and AIDS.

The number of BAPHR member dentists has greatly increased this year. The February general meeting was a good opportunity for dentists, podiatrists, and physicians to share an informative and entertaining evening. All interested professionals including dental staff are invited to the dinner meeting.

Reservations should be made by completing the form sent to all members in a special mailing. The social hour will begin at 6:30 PM with cocktails and hor d'oeuvres followed at 7 PM by dinner, presentations, and discussion. The cost is \$35 for members and \$40 for non-members. Continuing Dental Education credit will be available. Reservations should be made by July 19; additional information may be obtained from Paul Miller, 861-0205.

Continued on page 312

AIDS Foundation Ready for Divorce?

An Editorial

The history of the San Francisco AIDS Foundation is inextricably bound to BAPHR. Although the day to day nitty-gritty work of the Foundation was performed first by non-medical volunteers, some of them later replaced with paid professionals, the medical input so vital to the operation has been consistently furnished gratis by BAPHR, especially through the consistent and sometimes sacrificial efforts of the Scientific Affairs Committee in producing Risk Reduction Guidelines, and appearances of many of us on panels and discussion groups for educating the Gay community. Most of the BAPHR publications on AIDS have been published sooner or later by the Foundation, thereby achieving broader circulation than would have been possible otherwise. It was clear that BAPHR was the functioning medical department for the Foundation.

When the Foundation operation grew to exceed support from voluntary sources, the City stepped in with budgetary assistance augmented by State funds. As we have all experienced, governmental agencies doling out taxpayers' money feel strongly about adherence to the party line, whether or not that coincides with the taxpayers'. The "party line", when it comes to AIDS in the Gay community, does not always coincide with BAPHR's position (the bathhouse issue was a glaring example), and the question of whether or not to have the anti-HTLV-III test appears to be critical in this regard. Although BAPHR is represented on the Health Director's AIDS Advisory Committee, our views are generally ignored, as they are being ignored on the test question. But since the City holds the pursestrings, it would seem that their view is to be expressed by the AIDS Foundation.

A Scientific Advisory Committee was set up within the Foundation some months ago. That was a clear indication that a divorce from BAPHR was contemplated. It would now appear that the action is underway, since the recently-released Foundation pamphlet on AIDS Antibody Testing apparently tries to remain neutral rather than reflecting the negative attitude expressed by BAPHR. Some would say that a neutral position is an affirmative position ("If you're not for us, you're against us?"). And perhaps the most revealing indication of the schism is the failure to mention BAPHR's Referral Panel of gay-sensitive physicians, substituting the recommendation to call the S.F. Medical Society for referral to a physician knowledgeable about AIDS. Even the monthly Gay tabloid, *Coming Up!*, advised against following the AIDS Foundation's recommendation regarding confidentiality.

The rift between the two organizations appears significant and perhaps fatal for the relationship this time. Any volunteers for a marital counselor for this couple?

Lighting Candles—An Opinion

A Letter to the Editor

Let me share with the membership one of my favorite quotes. "I would rather light candles than sit and curse the darkness." I would urge BAPHR members to consider the meaning of this with regards the AIDS Crisis. BAPHR is and must remain intimately involved in this medical crisis. Great questions arise of both a medical and societal nature. BAPHR, in my opinion, cannot divorce itself from dealing with either the medical or societal implications of AIDS. To do so would be a disservice to the culture and community in which we live and ultimately a disservice to each of us and our friends.

One of the greatest strengths of BAPHR is the pool of wisdom and knowledge of its members. This resource should be available to the leadership of BAPHR when it grapples with issues and takes a stand. The best decisions of both individuals and organizations are made when knowledge of the issues at hand is most complete. BAPHR has and will continue to take stands. Some of these stands will be controversial and some will not.

You of the membership have energy, wisdom, and knowledge. Please share it! There are a number of options available. You are encouraged to participate in BAPHR's committee structure. You can attend board meetings and share your views. You are encouraged to write articles for (or letters to) *The BAPHRON* on issues that concern you, and finally you are invited to attend and participate in the general meetings.

On Sunday, July 21, there will be a general meeting addressing two currently developing issues, Antibody Testing and Quarantine. Periodically there will be further issues-oriented general meetings as new issues arise.

There is no guarantee that you will agree with all the stands or that all decisions will go your way, but is it not better to participate, to light candles, than to sit and curse the darkness?

Peter Middendorf

Poppers illegal in NY

According to the June 23 New York Times, Governor Cuomo of NY signed into law a bill making it illegal to possess or sell "hazardous inhalants", including amyl and butyl nitrites, that cause intoxication. From another source we learned that this action caught many in the gay community unawares, there being no publicity on the consideration of the bill until the final approval had been granted.

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.

BAPHR's Best Show Yet

Continued from page 310

Professor of Epidemiology at UCB, reported that in his prospective San Francisco Men's Health Study the rate of increase of those testing positively for antibodies appears to be slowing. Too many factors cloud this issue for one to feel any certainty but it may reflect positive results of preventive education and may signal an eventual slowing of the rate of AIDS diagnoses.

It's my own opinion that we have been exceedingly fortunate to have a humanist of Dr. Mervyn Silverman's quality and conviction in our community. He was at the BAPHR Foundation party Friday evening, the symposium on Saturday, and the parade on Sunday. And in his presentation at the symposium, in which he described the S.F. public health program, he gave no hint of prejudice against our community, instead praising, as he has before, the striking changes that have occurred in local sexual practices as reflected in rectal gonorrhea rates. I was, however, disappointed that he focused on the past instead of sharing with us his vision of the future.

What of the spread to the heterosexual community? Despite the conference title, the question was addressed directly hardly at all. Dr. Herbert Perkins of the Blood Bank said he doubted that the disease would spread out of the present groups at risk. Dr. Neil Schramm, recent president of AAPHR, however, pointed out that it has already been reported that 3.5% of straight men attending a New York City STD clinic are antibody positive. He emphasized in his talk on the "lessons to be learned" from the experience of the gay community that psychological *denial* is a powerful human force. Fear and wishful thinking can persuade us that we do not see what we see. The presumed barrier that some imagined existed between homosexual and heterosexual communities has been crossed. Women are apparently easily infected through vaginal intercourse. We should perhaps expect heterosexual politicians outside San Francisco, Los Angeles, and New York to be blinded still by denial but apparently nationwide public health physicians and officials have still not recognized the enormity of the threat in terms of widespread morbidity, mortality, and financial burden.

Treatment news was hollow and vaccines weren't mentioned at all. Though considerable time was devoted to discussing antiviral agents and "immunomodulators", no hope of a healing treatment was visible. Levy commented: "no sexually transmitted disease has even been controlled". Winkelstein added, "AIDS will probably become endemic".

Prevention becomes the only course of immediate action. The best prevention in this case means education—education perhaps primarily in three areas: initially, widespread dissemination of objective information about the mode of transmission of the virus. (Biggar twice mentioned that his studies reveal that anal receptive intercourse is by far the most likely route of transmission. He said he doubts that oral transmission is an important route.) Secondly, attempts to change or limit sexual practices that carry high risk. Schramm emphasized the need first for physicians "in a homophobic and sexophobic society" to learn to talk with each other and with their patients about sexual orientation and sexual practices. There was little willingness at this conference to do that explicitly. (At one point Levy said that "hypersexuality" was an "immunocompromiser"; when asked later what he meant specifically by hypersexuality he ducked the question and the moderator, Dr. Volberding, let him get away with it.)

I share Dr. Schramm's presumption that probably the most potent way to alter one's sexual practices is to learn to talk about them. The willingness to bring them to the light of conscious attention and to look at them seriously, and to do so preferably in the presence of another, can be a powerful, healing act and can bring with it some sense of mastery over one's sexual self and behavior.

Finally, prevention in terms of what one might advise about

Continued

avoiding predisposing oneself to infection with the virus was not expressly addressed. Dr. Levy stated flatly that "AIDS is an opportunistic infection", that the immune system must first be compromised before AIDS can take hold. In addition to "hypersexuality", such general factors as infection with other organisms, "stress" and lack of sleep were mentioned but, for example, what constitutes such stress or what might be the mechanisms of action at the cellular level by which stress compromises the immune system or what psychological or emotional states might typically predispose to AIDS, what might be a typical psychiatric prodrome, if there be one, were not addressed.

What advice, then, do we have to share with the heterosexual community? Perhaps: "Moderation in all things." Learn what sexual practices are high risk and learn to talk about your sexual nature and behavior: with yourself, your partner(s), and your physician.

Robert Akeley, Education Committee

NGTF Alert

The National Gay Task Force calls our attention to the July meetings of congressional appropriations committees for voting on AIDS funding within the Public Health Service. Congressman William Natcher, Chair of the House Labor-HHS Appropriations Subcommittee, and Senator Lowell Weicker, Chair of the Senate Labor-HHS Appropriations Subcommittee, are the chief targets for urging support for increased funding for AIDS Prevention and Research.

The AIDS Action Council package being urged includes an additional \$27 million to CDC for education activities and increased epidemiology and surveillance; an additional \$175 million to NIH for research into treatment and vaccine development; an additional \$2.5 million to FDA to assure rapid and widespread use of new chemotherapeutic and screening products. Letters should be addressed to "The Hon. --, U.S. (House or Senate), Wash. DC 20510".

Quarantine Statement Drafted

The BAPHR Scientific Affairs Committee has drafted a position statement regarding quarantine of AIDS patients. Although the final wording had not been approved by the Executive Board at press time, the Committee felt that there is no scientific basis for quarantine of Persons With AIDS, ARC, or persons at risk for AIDS, since transmission has only been demonstrated through intimate (sexual) contact, sharing contaminated needles, and receiving contaminated blood or blood products. Similarly, these persons should not be excluded from any type of work or other activities.

The Committee stressed the continuing recommendations that all individuals with AIDS, ARC, or at risk for AIDS refrain from donating blood and plasma, and practice only safe sex as outlined in the Risk Reduction Guidelines.

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"Hot Tub Under The Stars"

Are you the kind of person who likes redwood mountain scenery, secluded cozy hideaways, hot tubs and swimming pools, good wholesome cooking, and the camaraderie of friends? You guessed it, BAPHR's fourth annual retreat is all set for August 23-25th at the Wildwood Resort at the Russian River. In addition to a welcome break from busy practices, this is a chance to reexamine BAPHR's role in the gay community and offer your valuable input to the organization—to outline the direction of BAPHR for the coming year. The retreat has been a great forum for strengthening old friendships and in kindling new ones.

Meals from dinner Friday night to lunch on Sunday plus lodging are provided at a cost of \$110 per person for shared accommodations in the bunkhouse, double-bed rooms, rooms with one double and one single bed, and tents with one double bed; the cost is \$95 per person for students and those with their own tent. Be sure to bring your own towels, liquor, mixes, etc., because Wildwood is five tough miles from the nearest store. It is best to arrive before dark; dinner on Friday will be served at 9 PM. Car-pools will be organized.

Instructions for driving to Wildwood and a registration form are enclosed with *The BAPHRON*. Make your reservation early, since the retreat is limited to the first 60 registrants. If you have any questions, call Sam Tucker at 928-2443. Come share in this renewing and delightful experience!

New Nominees Announced

Nominees for the 1986 slate of officers were announced by Dr. Kent Sack, past president and chairman of the nominating committee. They are:

President	William Kapla
President-Elect	Will Warner
Vice-President	Ian Barlow
Secretary	James Campbell
Treasurer	Jack Wilkie
Board Members at Large	Don Brown
	Walter Blumenfeld
	Lisa Caplidini

Dennis McShane will become past-president. Balloting of the membership will be carried out by mail in September and the new officers will assume their duties on Oct. 1. The ballot will include blanks for write-in candidates as usual.

Antibody Tests At Alternative Sites

Beginning July 1, alternative (as contrasted with blood banks) test sites have been activated in San Francisco and neighboring counties for performing anti-HTLV-III testing. Public meetings have been held by health departments to explain the workings of the facilities to the professional and lay public. Anonymity has been assured by using codes for making appointments and for identifying the blood samples. Counseling regarding the advisability of having the test performed as well as explaining the result of the test is available.

There is not unanimity among medical professionals on the advisability of large scale testing. While some physicians seeing AIDS-suspect patients frequently feel that the result of the test may assist them in making some decisions or recommendations to the patients, the eventual ramifications of knowledge of the result leave many uneasy. At the first public meeting at the Health Department in San Francisco, lawyer Matt Coles outlined the new laws in California that tend to protect individuals from discrimination by employers, insurance companies, etc. by making it illegal to divulge the results of the test, but pointed out that there is no protection at a federal level. He advised Gays and bisexuals to make sure they had good insurance coverage before having the test performed, if they wanted to have the result of the test at all. While it is possible to avoid recording the result in the patient's file in the private office (thereby preventing discovery through subpoena), Dr. William Moncrief (President-Elect of the San Francisco Medical Society) pointed out that there is no provision for anonymity or confidentiality if the test is ordered in the hospital.

BAPHR's position is to discourage Gay men and bisexuals from having the test performed unless their physician feels the result is important to the management of the individual patient. To paraphrase the position, "assume you are infected and infectious, and adhere to safe sex guidelines".

Perhaps the toughest questions relate to prostitutes, both male and female. Since it is assumed that a positive test result indicates that the person is infectious, prostitution by infected individuals is not only illegal but a possible public health threat of significant proportion. At the present there is no provision for using the test result to enforce any particular restriction on prostitutes, nor can the test be performed except as a research tool and with the informed consent of the involved persons. It is likely that any attempt to curtail male prostitution activities by police would be seen as homophobia by the Gay community, and there does not appear to be a strong interest in controlling female prostitution, at least until some dramatic development demonstrates the need.

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Ric Andrews, 861-5756.

AIDS Survey Interim Report

Although not a major presentation, an interim progress report of the BAPHR AIDS Survey study, ongoing since January, 1983, was presented at the AIDS Conference on June 29 by Will Warner, the monitor of the survey. The two tables give the pertinent summary information.

Some of the over 300 patients entered have been followed for two years or more, and some for only short periods. In most cases there were no clear signs of AIDS on entry, but the contributing physicians had suspicions of impending trouble because of history, lifestyle, or symptom complexes. Most had lymphadenopathy when first seen, and these signs typically diminished as immunodeficiency progressed. Nearly half the 35 developing AIDS have died, most from pneumocystis carinii pneumonia or Kaposi's sarcoma with or without opportunistic infections.

The study will be concluded in December, 1985.

BAPHR AIDS SURVEY January 1983 to June 1985

TOTAL PATIENTS ENTERED:	307	
PRESENTING SIGNS AND SYMPTOMS:		
	No.	%
Fatigue	103	37
Unexplained fever	68	22
Diarrhea	66	21
Night sweats	63	20
Anorexia	21	7
Neuro. (dysesthesias)	18	6
LYMPHADENOPATHY:	206	67
Axilla	176	85
Cervical	140	68
Groin	101	49
Generalized	10	5
Biopsied	12	6

BAPHR AIDS SURVEY January 1983 to June 1985

DEVELOPED AIDS:	35	11.4%
DEFINITIVE MANIFESTATIONS:		
	No.	%
Pneumocystis pneumonia	21	60
Kaposi's Sarcoma	11	31
Mycobacterium infection	5	14
Lymphoma	4	11
CMV infections	4	11
Cryptococcal infections	4	11
Hepatitis B/NA, NB	3	8
Toxoplasmosis	2	6
Cryptosporidiosis	2	6
Salmonellosis	1	3
Campylobacter infection	1	3
LYMPHADENOPATHY AT DIAGNOSIS:	16	46
DIED FROM AIDS:	17	49

Rio, Anyone?

Are you interested in spending about two weeks in Brazil in late December (for New Years) or early February (for Carnival) with optional side trips elsewhere in Brazil or to Macchu Picchu in Peru? If there is enough interest among members and friends, let's arrange a group. Contact Jack Wilkie, MD, at 431-9165.

Letter to the Editor

If Dr. Helen Caldicott can trace the origins of the nuclear arms race to acute missile envy, then perhaps a similar psycho-drama is acted out in other fields of technology. Certainly the field of medicine is replete with psycho-sexual allusions which accentuate, and even actuate, a steadily rising medical industrial complex. The quest for a magic bullet that will suddenly cure a disease is only more explicit in its psycho-sexual content than is the concept of a cure itself. The idea that a physician, usually male, can dispense a sudden and permanent healing upon a duly expectant supplicant is itself pregnant with sexual overtones. What is more, if the physician has "more on the ball" than his colleagues, then the expectation of a miraculous cure is seductively enhanced—little wonder that one-upmanship is a popular game in medical school and the other citadels (ivory towers) of academia.

The idea that healing does not often happen as a cure strikes at the heart or at least the virility of modern medicine. Many such conditions which are resistant to the physicians' arsenal are often dismissed as psycho-somatic or functional. This absolves the physician and medical science of the possibility of impotence. Competing modalities of healing are similarly kept in safe abeyance. It becomes a matter of pride to dismiss diet, exercise, herbs, acupuncture, or homeopathy as ineffectual, mysterious, and at best anecdotal. Instead modern medicine prefers the "big guns"—and the big bucks that usually attend that arsenal; gentamycin, pentamidine, NMR, etc. To recommend jogging for the control of hypertension is tolerated by modern medicine—after all, it enhances sexual prowess—but to advocate yoga is tantamount to a declaration of effeminacy.

Rather than being attenuated in gay medical circles, this techno-phallic chauvinism is often accentuated. This should come as no surprise considering the sexual imagery of gay culture; indeed the desire to prove virility in the technological arena is intensified. This serves both the usual male ego needs as well as proving that gay docs are as good as straight docs at brandishing their stethoscopes.

If there is any redeeming feature, it comes out of the sheer buffoonery of this situation. At least a gay person should have a head start in knowing when the emperor has no clothes. What's more, he should be the first to notice whether the naked emperor is a eunuch. Such an image seems especially fitting when describing the impotence of modern medicine in dealing with—let alone curing—AIDS. This is not to say that modern medicine will never find a cure for AIDS—after all, God save the king—but it does imply that for now, all the king's horses and all the king's men combined haven't got the curative powers of an irradiated blow fly.

Perhaps it is time for gay physicians and gay men generally to recognize and to claim our own gayness as part of the solution to AIDS rather than trying to emulate the straight medical world. By claiming our gayness, I mean claiming our androgyny (Cosmic Lady's phrase, gender blend, comes to mind), which in effect means claiming our effeminacy, our frailty, and our intuition while preserving our strength, confidence, and abilities at the same time.

As gay physicians, this also means recognizing that healing is more circular than linear, often gestational rather than orgasmic, and that healing is ultimately more mysterious than it is scientific. This in turn means considering the possibility that AIDS may respond better to a carefully planned nutritional, psycho-social, and herbal (wholistic, if you will) approach than it has responded to vinblastine, HPA-23, and Dr. Gallo's test tubes combined. Such a policy of claiming our gayness, rather than assimilating it, may be a clue to controlling not only AIDS, but also the medical arms race and other products of acute missile envy.

Keith Barton, MD



BAPHR Foundation Receives Challenge Grant

The BAPHR Foundation was formally introduced to 95 BAPHR members and supporters of the community at a sumptuous cocktail party held June 28 at 2200 Sacramento. Between circulating hot and cold hors d'oeuvres and visits to the seafood and liquor bars, short speeches of welcome and inspiration were given by Drs. Kent Sack, Dennis McShane, and Bill Kapla (past, present, and future presidents of BAPHR). Debra Friedland, a BAPHR Foundation board member and executive director of the Lyon-Martin Clinic, issued an impressive plea to those attending to include the BAPHR Foundation in their charitable giving plans.

Peter Middendorf, BAPHR Foundation Chair, introduced the current Foundation board and gave a brief structural explanation of The Foundation and how it relates to BAPHR, its parent organization. In addition to the unveiling of the BAPHR Foundation logo and descriptive brochure, there were two highlights of the evening.

First was the presentation of plaques to the eight original founders of the BAPHR Endowment Fund. Present to be honored were Drs. David Kessler, Ken Everts, Robert Scott, Richard Andrews, Robert Akeley, and William Kapla. Honored *in absentia* were Drs. Dale McGhee and James Krajieski. It was the vision and work of these dedicated BAPHR members who, in 1981, started what has evolved into The BAPHR Foundation.

The second highlight was the announcement by Peter Middendorf that the BAPHR Foundation will be a recipient of a \$20,000 challenge grant if it succeeds in raising a minimum \$50,000 in contributions by December 31, 1985. The current endowment totals \$51,000. To qualify for the \$20,000 grant, the Foundation endowment must exceed \$101,000 by January 1, 1986. The challenge grant is from a donor whose wish is to remain anonymous. The donor is a non-physician and not a member of BAPHR. It is indeed gratifying that this donor puts such a high priority on health and wellness of our community and reposes such trust in BAPHR and the BAPHR Foundation's ability to influence significantly health care in the nine counties of the San Francisco Bay Area. This grant, one of the largest single donor grants in the history of our community, kicks off a fundraising year in which the Foundation board plans to add \$200,000 to the endowment fund.

The Foundation's logo (see above) combines multiple images of symbols reflecting the BAPHR Foundation. The triangle shape communicates the gay/lesbian orientation and complements the existing BAPHR logo while taking on its unique identity, much as the Foundation is taking on its unique features while maintaining its relationship to BAPHR. The "stripes" in the triangle represent the "layers" of people and organizations composing the gay/lesbian community; the large triangle is supported by one small triangle at the base representing the importance of even the smallest individual contribution (the individual being the basis for effective action). The stripes also suggest the water (waves) of the Bay or horizon lines. The seagull, in flight, appears to be "watching over" the earth; seagulls are common in each of the Bay Area counties served by the Foundation. Some species of seagulls are known for their tendency for same-sex pairings in percentages similar to humans.

As Peter Middendorf summarized, "We have a dream, a dream of wellness in our community, a dream we hope every member of BAPHR shares. This dream of health can be achieved, and must be achieved, and with your help, will be achieved."

AIDS Statistics

Cases diagnosed in San Francisco

? Plateau

YEAR AND QUARTER	NEW CASES	YEARLY TOTAL	CUMULATIVE CASES	NEW CASES PER DAY
1981-3	15		15	
4	9	24	24	
1982-1	12		36	0.13
2	20		56	0.22
3	25		81	0.27
4	37	94	118	0.40
1983-1	58		179	0.64
2	51		228	0.54
3	65		293	0.71
4	75	249	369	0.83
1984-1	103		472	1.13
2	110		582	1.21
3	143		725	1.55
4	146	502	871	1.59
1985-1	193		1064	2.14
2	184		1248	2.02

Total Deaths: 627 (50.2%)

AIDS Risk Groups

San Francisco

	NUMBER	PERCENTAGE
Gay/Bisexual Men	1223	98.0
IV drug users (heterosexual)	9	0.7
Haitian	1	0.1
Hemophilia	0	0.0
Heterosexual contacts	3	0.2
Transfusion recipient	7	0.6
Pediatric	2	0.2
No known risk	3	0.3
	1248	100.0

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	1093	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	310	14.6
3	2165	372	17.2
4	2047	276	13.4
1985-1	1817	226	12.4
2	1765	178	10.1

Incidence of Gonococcal Proctitis is 12% of maximal incidence in 1980.

Antibody Test Explained

The famous Room 300 at the S.F. Health Department, 101 Grove St., will be the scene of two educational programs, at 3 PM on July 24 and August 28, to inform health professionals about the test and the alternative test site operation. In addition to explaining the procedures the subjects will follow when anonymously volunteering for the anti-HTLV-III test, Drs. Donald Abrams and David Lyman will discuss "educating your patients" and Matt Coles, Esq. will cover the legal issues for doctor and patient.

The panel will be introduced by Dr. Werdegar, Director of the Health Department, who are co-sponsors along with the S.F. AIDS Foundation and the S.F. Medical Society. For additional information, call 863-AIDS.



THE BAPHRON

Bay Area Physicians for Human Rights Official Newsletter
Vol. 7, No. 5
September/October, 1985

Insurance Industry Launches Attack

As predicted by BAPHR some time ago, the insurance industry is attempting to obtain permission to order the HTLV-III antibody test for applicants for Life, Health, and Disability insurance in order to deny coverage to those testing positive. This in spite of the restriction imposed by FDA that the test was approved only for testing donated blood and not for population screening.

Sacramento insurance lobbyists have prepared a 5-page "white paper" to justify their stand. It complains that the negatives will pay increased premiums for the increased risk of the positives. It highlights the increased risk in those who are not married, have "sexual encounters" with multiple partners, and live in "those metropolitan areas that have large 'gay' communities". Some application forms already ask if the applicant has been tested for HTLV-III antibody and what the result was. Now they want to be able to require the result of the test before considering the application. They promise to keep the result of the test confidential. Of course the next step would be to insert the question, "Have you ever been refused insurance because of a positive HTLV-III antibody test?"

As Matt Coles, Esq. and many BAPHR speakers have pointed out, when considering whether or not to take the test, the person should make sure he has good insurance coverage. At the present time, use of the test as the insurance companies request is contrary to the FDA-approved use, and it is doubtful that this can be circumvented without some fancy legal maneuvering. However, if a person chooses to be tested, there is no protection from disclosing the results to appropriately worded insurance applications short of fraud, it would seem.

Legal Problems for Blood Banks

AIDS has caused a new spate of legal problems for blood banks. The Florida Supreme Court will soon consider a case of alleged AIDS from transfusions where the donors' names have been demanded. The military has also demanded names of military donors who tested positive for HTLV-III antibody. Blood banks have pointed out that such demands are contrary to some state laws, and it has recently been decided by the US Supreme Court that local regulations supercede federal regulations in this regard unless they are in conflict with the federal rules. The blood banks have long fought the concept of "strict liability" for blood transfusions, which would tend to make them liable for any problem stemming from a transfusion, and the inability to test for AIDS has made that rule even more difficult.

A recent article in JAMA (253 (23), 3419-3424, 1985) criticized blood banks for not going far enough; the authors asserted that the blood bank should ask direct questions about the donors' sexual preference and encourage "directed" donations, presumably from family members, both of which could be quite disturbing to gay potential donors, of course. It is predicted that legal activity in the area of informed consent and notification of donors regarding antibody test results will occur in the near future.

BAPHR Picnic—Back by Popular Demand!

An Octoberfest... of Sorts

The annual BAPHR picnic will be held at the home of Larry Silverman on Saturday, Oct. 5 from 12 noon offered for our use. He also has a *faaaabulous* pool, jacuzzi, and wet bar. In addition, last year's reigning "Queen of Croquet", Denny McShane, has issued a challenge for anyone to try and dethrone him. Further details will be provided in an upcoming mailing in September.

Keep this date open, and we'll see you there.

Paul Winkel, DO

Retreat is Therapeutic

Over thirty BAPHR members communed with nature and with each other at Russian River's Wildwood Ranch over the Aug. 23 - 25 weekend.

Bill Kapla, newly-elected BAPHR president, gave equal emphasis to R&R and planning for the future activities of BAPHR, feeling that the members needed time for the soothing balms of sunbathing, swimming, and hot-tubbing. It was also obvious that the attendees felt a committment to healing of organizational wounds sustained over a year of gay-health turmoil and membership fatigue.

Saturday sessions, limited to two 2-hour periods between playtime breaks, focused on the big picture—the "what", "why", and "where" of BAPHR, and then "zoomed in" on parameters and issues pertinent for the coming year. Sunday's session was devoted to developing an "action agenda", including one and five year goals for BAPHR and the BAPHR Foundation. The only specific health topic addressed was the pernicious attack by the insurance companies attempting to introduce legislation for denying coverage to those testing positive with the HTLV-III antibody test, a development predicted by BAPHR before the test was introduced to the public. Times and sites of the Executive Council and Executive Board meetings for the coming year were selected at the close of the meeting.

President Bill Kapla will attempt to synthesize the innumerable points recorded on the innumerable sheets of butcher-block paper in a summary article for the next issue of *The BAPHRON*. We all wish the new administration the greatest success for the troubled year ahead.

Banquet Scheduled

The annual BAPHR banquet has been scheduled for Nov. 9 at 7 PM, so mark your calendars.

It is at the yearly banquet that the new officers are officially ensconced, awards are presented for outstanding service to BAPHR and the community, and the social camaraderie with other members is at its peak. Although the final plans and site have not yet been announced, Dr. Steve Walters, again in charge of the arrangements, promises this year's event will be outstanding.

Invitations with the juicy details will be in the mail soon, so don't miss it!

Book Review

Hot Living. Erotic Stories about Safer Sex. John Preston, Ed. Alyson Publications, Inc., Boston, 1985 (Paperback \$7.95).

While we have not recently reviewed books in this journal, we think this one is worthy of attention in these days of adjustment in sex practices, for ourselves and our patients. It is an anthology, short stories by such well-known serious and pornographic writers as Phil Andros, T.R. Witomski, Max Exander, John Preston, and about a dozen others, which is certainly the best format for presenting safe sex in scenes to fit the broad assortment of readers to be amused and benefitted.

I have frequently heard the complaint that safe sex is bland and unsatisfying. After some experience with the risk reduction rules, I privately think, when I hear such gripes, that "he was probably never a very good lover anyway". Imagination is the key to good sex and good loving, and if one is so tied up in a particular activity that no other can substitute, it must be a rut, and his only satisfied partners must be in a parallel rut, in my opinion. This book sets out to prove that point, it seems to me, and does a damn good job of it. The assortment of stories should fit almost any taste, from "vanilla" to "rocky road", from phone sex to S & M, tit-work to arm-pits, and if you and/or your patients are wont to self-manipulation while reading pornography, there should be many satisfying orgasms before you finish 177 pages of explicit fun.

John Preston introduces the book by discussing the guidelines for safe sex, taken from BAPHR's Risk Reduction Guidelines (although he credits the N.Y. Gay Men's Health Crisis and the NGTF who adopted our guidelines), and indicates that, although the responsibility is the reader's, the guidelines leave room for ways to have sex that are enjoyable and desirable in this "psychic winter" from which we are currently recovering. The contributors then proceed to tweak your erogenous zones with tales of meeting, action, and fantasy which put safe sex on a positive plane far beyond lecturing and prohibitions. The only thing I do not find entirely appropriate about the book is the title; there should be a better, more informative and descriptive title than "Hot Living", but I haven't thought of one myself either. Royalties are to go to the Gay Men's Health Crisis in NYC.

While we have spoken publically about using porno video as an adjunct to safe sex play, there are still many who are stimulated by the written word. I think this book can be helpful to the patient who keeps straying from the safesex path by suggesting a niche for his own preferences, and possibly suggesting some activities which he has been reluctant to try for fear of ridicule from the hardened core. It might even be helpful for physicians having difficulty "healing thyself".

Will Warner MD

Ballots Being Counted

There is still time to cast your vote for BAPHR officers for the new year, but at press time there appeared to be an overwhelming approval of the slate proposed by the nominating committee from ballots already received. Unless there is a last minute reversal, the officers for the 1986 year will be:

President
Bill Kapla
President-Elect
Will Warner
Vice-President
Ian Barlow

Secretary
James Campbell
Treasurer
Jack Wilkie
Board Members at Large
Don Brown
Walter Blumenfeld
Lisa Capaldini

Mailing List Is Confidential

As we have mentioned in the past, but will repeat it occasionally to allay concern, the names of BAPHR members are confidential, and the membership mailing list is never given out to any individual or organization. Rarely a worthy gay/lesbian health issue judged individually suitable for a special mailing is sent to the membership, but when this occurs, the mailing piece is furnished to BAPHR in a sealed, stamped envelope to which the BAPHR mailing label is attached by the BAPHR office staff and mailed directly by them. The list or addressed envelopes are never in the hands of an outsider.

Confirmation Not Always Confirmatory

According to Dr. Paul Holland et al of Sacramento in the current issue of TRANSFUSION (Vol. 25 (4):395-397, 1985), the two most popular approved anti-HTLV-III test kits reacted quite differently when used to test 1380 coded sera. Agreement was good with 100 samples from high risk groups, both Abbott and Electronucleonics kits missing one positive out of 52 and giving one false positive result of 48 samples. Reproducibility of results in low risk samples when testing was repeated was quite different for the two kits, being 25% for Abbott and 56% for ENI.

The authors conclude that 1) IFA should not be used alone as the only confirmatory test, 2) that the first step in attempting to confirm a positive might be to use a test kit of another manufacturer, 3) Western blot is still the most reliable confirmatory test, and 4) donors should not be told they have a reactive test until confirmatory evidence is firm, which should include informing the physician of what tests were used and in what sequence.

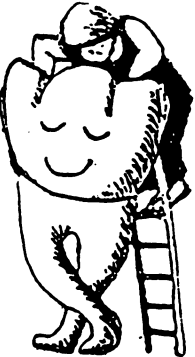
the BAPHRON	The BAPHRON	BAPHR Administrative Offices	contribute as members of other categories (q.v. below) receive The BAPHRON. Dues and contributions to BAPHR are entirely tax-deductible.	for members: Classified ads, \$20 for up to 20 words, plus 50¢ for each additional word. Display Ads: \$20 per column-inch. All ads must be camera ready. Additional charge for typesetting, camera and/or artwork. Payment must accompany ad and should be sent to BAPHR administrative office. For information call 558-9353.
	The BAPHRON is published bi-monthly by Bay Area Physicians for Human Rights, a non-profit research and educational organization with tax-exempt status under IRS Section 501(c)(3) & California law. © 1985. All rights reserved. Membership is open to physicians and medical students. BAPHR is accredited to provide Category I Continuing Medical Education by the California Medical Association.	2940 16th Street, #309 S.F., CA 94103 (415) 558-9353	Dues and Contributions	Requirements
	Officers of BAPHR	Communications may also be sent to: BAPHR Box 14546, S.F., CA 94114	Category	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 20th of alternate months.
	William Kapla, MD President Ian Barlow, MD Vice President James Campbell, MD Secretary John Wilkie, MD Treasurer W.L. Warner, MD President-Elect Dennis McShane, MD Past President	Staff of The BAPHRON	Sustaining \$200 Sponsoring \$150 Physician \$125 Professional Associate \$100 (Dentists, Podiatrists)	
	W.L. Warner, MD, and Sam Thal, MD, Co-Editors Denny McShane, MD Circulation	House Staff \$40 Student \$30		
	Send communications to The BAPHRON c/o BAPHR's Box 14546, S.F. 94114	<small>Note: Names of members and contributors are kept strictly confidential.</small>		
	Subscriptions	Advertising: Classified and Display advertising may be purchased by individuals, organizations, and businesses but acceptance is at the discretion of the BAPHRON Staff. Rates		
	All BAPHR members and persons who			
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.				

Think Before You Report

Carl Heimann, account executive for Schmidt & Schmidt Insurance, and probably San Francisco's sharpest insurance executive for the gay community, has brought attention to problems caused by physicians submitting reports to Life, Health, and Disability insurers, so called APS (Attending Physician Statement).

The questions asked are intentionally vague to be all-encompassing. It is *not* necessary to be compulsively complete in your answers. For instance, Carl points out, narrative descriptions like "handsome sexually-active homosexual" are not really necessary, especially since it is an opinion (not medically established) and homosexuality is still illegal in many states. What constitutes "sexually active"? Once a week, five times per week, five times per day? With whom, you might ask? Whose business is it? Do you know that for a fact, or might the patient be exaggerating? Unless asked specifically, is it necessary to mention that the patient has been known to use recreational drugs? Are you suggesting that his hernia operation ten years ago was the result of a too full sex life? Or that he contracted mononucleosis in college because his immune system was compromised? Just the facts, please—medically pertinent and verified.

We are all aware that homophobia is growing as the epidemic expands. The insurance industry is already attempting to use HTLV-III testing as justification for denying insurance coverage. Even living in the 94114 zip code may be enough to have one's insurance cancelled "without cause". Let's not add to the problem by loose reporting; you are certainly not serving your patient by demonstrating to the insurance company how thorough your history-taking has been. If it's not asked for, don't give it—this is no time to be "chatty" or unnecessarily complete.



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Support Groups Available

Are you interested in becoming a member of an ongoing group in which you can talk about matters that concern you, professional or personal? If so, BAPHR can help you find or create such a group. There are already three functioning groups, and new ones can be organized as needed. Call Don Brown, 771-0988.

erratum

It is probably obvious to those who read their newsletter carefully that the date of the last issue was in error. Since this is the September/October issue, and the issue previous to the last one was published in May/June, then the last issue must have been the July/August issue, not the May/June issue, right? It is clear, now, that the last issue should have been labeled the July/August issue, isn't it? Anyway, that little goof pointed out to the editors that they should proofread the banner as well as the text. We would suggest you correct the mistake on your copy to keep your file straight (unless you promptly throw them away). Sorry about that.

Controller's Commentary

Overall, the membership for Fiscal Year 1985 fell 18% below 1984 and was 21% below the budget projection of 340 members. Notably, there was a 200% increase amongst the Professional Affiliates principally as a result of the dentists joining the Dental Caucus. The physician membership as a whole declined 15%.

The operating expenses for the office account for approximately 83% of the total costs of running the organization, and are on track with the budget. However, because the membership has declined versus a year ago, a higher percentage of the membership dues must go to pay for normal fixed operating expenses such as salaries, rent, postage, telephone, and *The BAPHRON*. While the budget assumed that 91% of total membership dues would pay for office expenses, the actual results as of June show these expenses at 119% of dues. BAPHR must now dip into its savings since all income for the year has been received and there are six more months of operational expenses.

Bottomline, BAPHR needs more members! Most of the special events such as the Banquet operate on a break-even level. The real "freebies" such as the New Year's Day Party, the BAPHR picnic, and especially *The BAPHRON* cost the organization a tremendous amount of money which cannot be covered entirely by your dues.

BAPHR is in the process of planning its membership drive for 1986. Renew your commitment and participation early—and please, tell a friend.

Keith S. Fenton

BIOFEEDBACK—I am a licensed psychotherapist practicing Biofeedback treating psychophysiological/stress-related disorders. I would like to make contact with and work in conjunction with gay physicians. Call Shimon Attie, MFCC, at 922-3478.

IN MEMORIAM

Norman Bru, M.D.

August 1985

Antibody Testing and Sequelae

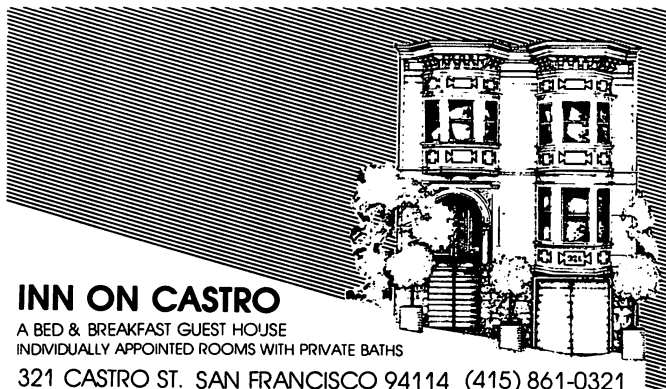
It has been reported in the Gay press that the numbers of people seeking the HTLV-III antibody test at the alternative test sites set up by the Health Department are lower than anticipated. There is some concern that the program will not use all the facilities and resources set aside for this purpose, anathema for bureaucrats. The mild response is almost certainly a result of the opposition to the test for Gays expressed by many responsible groups, including BAPHR, and may be in some respects a repudiation of the S.F. AIDS Foundation which purports to remain neutral.

Most recently large ads have appeared in both the Gay and straight press, still pretending a neutral attitude, but obviously promoting the test for purposes other than its FDA-approved intent. When promotion was suggested, BAPHR voiced its objection to the use of funds for the purpose, since large scale testing was not the intent of the alternative test site project; the only reason for the existence of the facilities was to relieve the blood bank of the potential problem, if there was a crush for the test. That concept is still operational, since false negative blood donations could be deleterious to the blood supply.

The City Health Department has requested BAPHR to advertise the availability of anonymous testing of samples submitted from doctors' offices by the Department of Public Health Laboratory. They correctly point out that the patient must give his informed consent (since the test is not approved for this purpose), and they will supply consent forms. The sample must be delivered to the laboratory by messenger. They indicate that either Western Blot or IFA (immunofluorescence assay) will be used "as needed as supplemental tests" (see article on *Confirmation* in this issue). To obtain a packet explaining the applicable legislation, test interpretation, counseling resources, "sample" consent forms, and laboratory submittal forms, a request must be sent on letterhead to the Public Health Laboratory, 101 Grove St., Room 419, San Francisco 94102 (Dr. Arthur Back, Dr.P.H.).

Before doing this, the physician should be aware of the consequences. Obtaining truly informed consent is not a simple task, and the physician is legally liable if the patient later claims that he did not fully understand all the implications in his participation. Are you sure the consent form supplied by the City is adequate? When it comes time for interpretation, the physician should be prepared for some time-consuming and aggravating situations which he may not be capable of handling by himself. The counseling resources available under the present grant are minimal to say the least. And the question of what you do with the written results must be answered. Most agree that it would be harmful to the patient to include the information in his chart because of risk of subpoena. Do you set up a "sub-rosa" chart? And remember, it is against the law to reveal the results to anyone without the patient's special express permission.

It is BAPHR's position that there are situations in which the result of the test may be useful in patient care, but they are rare for Gays. Be sure you really need the test results; if you do, the City test facilities can be used anonymously and free of charge.



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AIDS Foundation Responds

A response to an editorial

Dear Editor:

Borrowing from Mark Twain's response to reports of his death, we hope that reports of a "divorce" between BAPHR and the San Francisco AIDS Foundation (*The BAPHRON*, July/August, 1985) are greatly exaggerated!

No one associated with this organization, past or present, underestimates the immense value of BAPHR's contribution to this organization. The knowledge, courage, foresight and wisdom of BAPHR lie at the heart of all the Foundation's educational materials and programs.

It became appropriate last year for the Foundation to set up its own Scientific Advisory Committee (which includes prominent members of BAPHR) in part to give the Foundation its own independent medical advisory group, and in part to avoid continuing to overburden BAPHR with our constant need for medical information and opinions on an ever-increasing number of issues. The Foundation hoped to avoid a continuation of what your own editorial called the sacrificial efforts of BAPHR's Scientific Affairs Committee.

Our oversight in failing to list BAPHR as a referral source in the original Antibody Testing brochure is certainly a cause of apology (sic). Upon discovering that inadvertent and embarrassing error, we immediately corrected and reprinted the brochure.

A victory over this disease requires a strong and independent San Francisco AIDS Foundation working in cooperation and partnership with a strong and independent BAPHR. We don't always have to agree on every issue, but it is vital that we continue to "live together" with or without a marriage license. How about a reconciliation?

Sincerely,

Robert K. Bolan, MD
President, Board of Directors
Timothy R. Wolfred
Executive Director

Mitch Bart
Deputy Director
Jackson Peyton
Education Director



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BAPHR Foundation Reports

Spurred on by a \$20,000 challenge grant, the BAPHR Foundation enters a major fundraising phase of its growth and development. The Foundation has until Dec. 31 to raise the \$50,000 that will qualify it for the challenge grant. The Foundation Board members are in the process of organizing a number of fundraising events that we hope will facilitate the donation of the funds required.

It is worth reminding the membership that every \$2500 contribution will actually result in a \$3500 gain for the Foundation when the challenge grant contribution is added in. A portion of each donation will thus be diverted from state and federal taxes to support gay and lesbian health care.

While raising the funds for the challenge grant, we are not forgetting the importance of deferred giving. We of the Board encourage you to consider the BAPHR Foundation in your estate planning and as a possible beneficiary of insurance. Another form of deferred giving involves a multi-year pledge. If it is your desire to give to the Foundation but funds are currently limited, then a pledge payable over a multi-year period will help assure continued growth of the endowment in future years.

The Foundation fundraising goals for the next three years are \$50,000 by the New Year, \$200,000 by July 1, 1986, and a total endowment of \$500,000 by July 1, 1988. This is a lofty goal but the purpose is worthy.

Peter Middendorf,
Chair, BAPHR Foundation

Studies Need Help

Rectal CA cases sought

Two years ago, members of BAPHR helped the Northern California Cancer Program develop a questionnaire for its epidemiologic study of anal and rectal squamous cell carcinoma. The study is seeking etiologic clues to the cause of this disease that has a higher incidence rate in single males in San Francisco than in single males in the other Bay Area counties. The study began in October, 1983 and continues through September, 1986.

Dr. Elizabeth Holly, principal investigator for this NCI study, has obtained human subjects clearance and her group has been interviewing patients. Due to administrative delays between diagnosis and receipt of patient names, many patients have died or moved before they could be interviewed. BAPHR physicians can help by providing names of their patients (after patients have signed informed consent forms) earlier in the course of their disease (as soon as diagnosed). If you would like more information, please call Dr. Holly collect at the Northern California Cancer Program at (415) 497-7431. She will be happy to answer any questions you or your patients have about this study. Patient consent forms will be provided.

Venereal warts study

The Division of Infectious Diseases at San Francisco General Hospital is conducting a study on the treatment of resistant and/or recurrent perianal Condyloma accuminata. For more information or patient referral, please call Dr. John Mills, Chief, Infectious Diseases, at 431-0790.

Oral Lesion-aire Well Fed

The July 25th dinner meeting at the Hyatt Hotel to discuss oral lesions including those associated with AIDS was attended by approximately 60 people and was entirely successful. This was the first function organized by the Dental Caucus, and bodes well for the future of that group within BAPHR. About 40% of the attendees were physicians, confirming the shared interests of the dental and medical members. There were also some new potential members of the Caucus in attendance as well as some dental staff members.

Of particular interest was the presentation by Peter Jacobson DDS of the U.O.P. on hairy leukoplakia. He is interested in working with physicians seeing patients with this unusual finding.

AIDS Statistics

Cases diagnosed in San Francisco

YEAR AND QUARTER	NEW CASES	YEARLY TOTAL	CUMULATIVE CASES	NEW CASES PER DAY
1981-3	15		15	
4	9	24	24	0.10
1982-1	11		35	0.12
2	20		55	0.22
3	25		80	0.27
4	38	94	118	0.41
1983-1	59		177	0.66
2	52		229	0.57
3	64		293	0.70
4	75	249	368	0.82
1984-1	102		470	1.12
2	109		579	1.20
3	142		721	1.54
4	149	502	870	1.62
1985-1	192		1062	2.13
2	184		1246	2.02
1985-July	64		1310	2.06

AIDS Risk Groups

San Francisco

	NUMBER	PERCENTAGE
Homosexual/bisexual men	1284	98.0
IV drug users (heterosexual)	9	0.7
Heterosexual contact	3	0.2
Transfusion	7	0.5
Babies of high risk parent	3	0.2
Unknown risk	4	0.3
	1310	100.0

Billie Sings for GGBA

The members of five groups in the gay and lesbian community will gather in mid-October for an evening of musical theater to see the award-winning new play/opera "Billie's Song", based on the life of jazz singer Billie Holiday. The evening is a benefit for the Golden Gate Business Association Foundation, which makes quarterly grants to worthwhile gay or lesbian non-profit organizations in the Bay Area. In addition to BAPHR and GGBA, the members of Bay Area Career Women, Bay Area Lawyers for Individual Freedom, and Black and White Men Together, are special invited guests.

"Billie's Song" is an original musical by Danny Duncan, a San Franciscan who has written nine original theater works. Originally produced locally last year, the show won six Bay Area Theater Critics Circle awards, including: Best Overall Production, Best Choreography, Best Direction, Best Score, and several acting awards. Phillip Elwood, theater critic for the San Francisco *Chronicle*, praised the production as "a musical and theatrical masterpiece... a gem of a show".

The benefit performance will be on Thursday, Oct. 17 at 8 PM at the Alcazar Theater in San Francisco. Tickets are only \$15.00 per person and sales are only handled through the GGBA office, not the theater. You may charge tickets by VISA or MasterCard by calling GGBA at 956-8677 during business hours. Or you may send your check payable to GGBA to: GGBA, 500 Sutter St., #703, San Francisco 94102. To assure preferred seating, reservations should be made by Sept. 25. A special section of preferred seats will be blocked out for BAPHR ticket holders.

Referral By SFMS

In the last issue it was mentioned that the recently-released S.F. AIDS Foundation brochure discussing the HTLV-III antibody testing advised calling the San Francisco Medical Society (rather than BAPHR) for referral to a knowledgeable (gay-sensitive) physician. This advice was nearly as disturbing to the SFMS as to BAPHR, since they have no such referral list and have no intention of constructing one according to their usual criteria. According to Dr. Bill Kapla, BAPHR president-elect and a member of the SFMS AIDS Task Force, the Medical Society is advising and will continue to advise callers to call BAPHR for such a referral.

We understand that the next printing of the brochure will include BAPHR and the Referral Panel number.



THE BAPHRON

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

November/December, 1985

BAPHR Honors Senator Marks

Milton Marks, distinguished California State Senator and long-time advocate and supporter of the gay community, will be honored at the Sixth Annual Awards Banquet on Nov. 9.

A graduate of Stanford University and the San Francisco Law School, Senator Marks became a member of the California Assembly in 1958. In 1966 he was appointed by Governor Edmund Brown to the Municipal Court, and soon thereafter he began his illustrious career in the State Senate.

As an energetic public servant, Senator Marks is a member of the powerful Senate Finance Committee, Chairman of the Committee on the Disabled, and Chairman of the Senate Local Government Committee. He is also Vice-Chairman of the Senate Committee on Housing and Urban Affairs. He has received numerous awards, including recently being voted "Outstanding Senator" by the League of California Cities and The County Supervisors' Association.

Senator Marks has been active in much of the very important legislation pertaining to gay rights and more recently AIDS. He was co-author, in 1983, of AB-1, which was vetoed by the Governor. He also co-authored the 1975 Consenting Adults Bill. Regarding AIDS, he is author of the 1983 AIDS Education Funding Bill, the first such bill, and was co-author of SB-1251, the AIDS Funding Bill. He co-authored SB-910 which created, in 1983, the important AIDS Advisory Committee and is the author of the AIDS Research Confidentiality Law which is currently on Governor Deukmejian's desk.

He has other interests and duties too numerous to mention, but he still finds time to devote to his wife Caroline, whom many of us know because of her close work with the Senator, and his three children: Carol, David, and Milton.

The Senator has supported BAPHR since its inception, finding time each year to come to our banquet and occasionally to greet us from the podium. It is, therefore, our great honor and pleasure to present to Senator Marks the 1985 BAPHR Annual Award.

Stephen R. Walters, MD

Antibody Test Position

The Scientific Affairs Committee has drafted its position paper on "Use of the HTLV-III Antibody Test by Insurance Companies and Military," and the BAPHR Board has approved it in principle.

In summary it states that BAPHR agrees with the FDA that the test be used only for the screening of donated blood, and that there is presently insufficient scientific or actuarial data to make a determination of health or life risk based on presence of the antibody to HTLV-III. Such measures as compulsory testing, marital status, sex, sex orientation, or neighborhood of residence are discriminatory to homosexual and single heterosexual men. Similarly BAPHR is opposed to the use of the antibody test for military recruits or active duty military personnel. Agreement is expressed with the California laws which require confidential treatment for results of the test regardless of the site of testing, i.e. alternative test sites, clinic, blood bank, hospital, private medical office, or research study.



Annual Awards Banquet

BAPHR will hold its Sixth Annual Awards Banquet and Installation of new officers at Ghirardelli Square's Maxwell's Plum Restaurant on Saturday, November 9.

Our honored guest this year is our own State Senator Milton Marks, always supportive of gay issues and causes (see accompanying article). In addition to the installation of officers, we are pleased to honor this year the entire Board of the BAPHR Foundation — they will not all give speeches, however! Several of our own members will also be receiving surprise recognition.

Cocktail hour (no-host) will begin at 7 PM in the Pavilion Room, followed by a delicious dinner at 8 PM. The Pavilion Room, with its Baccarat chandeliers, beautiful view of the San Francisco Bay, and elaborate floral decor should provide a lively atmosphere for an entertaining evening.

Stephen Walters is coordinating the banquet again this year for his fourth time. The invitations should be in your hands (they are the same color as the Pavilion Room). Please send your reservations and checks in early. Seating is limited to 120. We need the reservations by October 31.

Maxwell's Plum will validate parking for one hour in the Ghirardelli Square garage if you will bring your ticket to the Pavilion Room. We have kept the price the same as last year; \$40 for members and guests, \$25 for medical students.

Stephen R. Walters, MD

AIDS and GC Statistics

The incidence of gonorrheal proctitis diagnosed in the City Clinic has now fallen to less than 15% of that seen in 1980 and 1981, although slightly higher than last quarter's figures. The proctitis figures for the year are somewhat parallel to those reported for AIDS diagnosis, in that both sets seem to plateau for the year so far. The City Health Department cautions against optimism, since quasi-plateaus have been noted before (the increased incidence of AIDS during 1983 was not striking), only to take off again when the next tally was taken. Dr. Dean Echenberg reported that 15% of the 1984 seronegative group of the hepatitis cohort dating from the 1978 study converted to positive in 1985, and estimated that as many as 5000 new infections may have occurred in San Francisco during the last year.

The leveling off of GC prostatitis "is not what we had in mind", and could be an indication of what some of us have privately observed—that we may be down to a hard core of unsafe sexers who may be keeping the AIDS pot boiling, although at a lower level. Gains from less rectal sex and fewer partners may be more than offset by the higher prevalence of incubating infections in the population. It only takes one contact, as we have said before.

Perhaps the community is ripe for a new educational push, a new tack to nail home the terrible truth that statistics don't provide. It is awkward to wear a Safesex hankerchief with a bare ass.

Will Warner MD

Letter

On behalf of the Board of Directors of San Francisco Arts & Athletics, I wish to thank you for supporting us as a business sponsor at the level of \$250.

Gay Games II, scheduled to be in San Francisco during August 9-17, 1986, is less than a year away. Your donation at this crucial stage in our development will help make it possible for us to achieve our goal of hosting 5,000 participants and many thousands more visitors during that nine-day period.

Shawn P. Kelly, Executive Director
Gay Games II

In Memoriam

Charles B. Carrington, MD

Blood Fund Established

The Harvey Milk Lesbian & Gay Democratic Club, in conjunction with Irwin Memorial Blood Bank of San Francisco and Most Holy Redeemer Catholic Church, has established a Group Account (# 02-27-0000) for blood transfusions to benefit persons with AIDS.

The account was established by donors primarily from the lesbian community within the Bay Area. It may be recalled that BAPHR suggested such a move in February, 1983 as part of the gay/lesbian community's response to the "gay blood" crisis. On Aug. 17, 1985, 115 units were donated at a blood drive at Most Holy Redeemer Church to start the fund. Additional units may be donated at any time at Irwin Memorial and will be credited to the account as long as that is stipulated. The transfused patient is credited \$30 for each unit transfused from the account. The plan is applicable to any area served by Irwin Memorial or any blood bank belonging to the American Association of Blood Banks.

When blood is needed, furnish the patient's full name, hospital, and date of hospitalization to Lenore Chinn, Harvey Milk Club, at (415) 863-6761.

AAPHR Urges CDC

Dr. Alvin Novick, President of AAPHR, has urged the CDC to release information to the public to substantiate their conclusions that AIDS is not spread through casual contact. It is apparent that the public, including President Reagan, is not convinced by the generalities presented on this point by "medical authorities". CDC has data on families in which one member has AIDS which would substantiate the low risk of close family contact, but the data have never been published or released in detail. Dr. Novick also specifically advised against use of the term "body fluids" as a short-hand for specific risk reduction information, as long as there are no data indicating spread via urine, saliva, or sweat.

It would appear that CDC prefers to remain somewhat obtuse because of fear that, at some time, transmission may actually be documented by routes other than semen and blood, and they do not wish to be criticized when and if that occurs. In the meantime, parents are concerned about their school children, and the military has certainly not helped the situation by indicating their concern for spread among servicemen in close living conditions. While it is likely that lawsuits would proliferate, brought by families of servicemen who contracted AIDS, if no attempt was made to test military personnel, the military's action has not helped in dispelling confusion among the general public.

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.

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Category	
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Sponsoring	\$150
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Professional Associate	\$100
(Dentists, Podiatrists)	
Affiliate	\$60
House Staff	\$40
Student	\$30

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Advertising: Classified and Display advertising may be purchased by individuals, organizations, and businesses but acceptance is at the discretion of the BAPHRON Staff. Rates

for members: Classified ads, \$20 for up to 20 words, plus 50¢ for each additional word. Display Ads: \$20 per column-inch. All ads must be camera ready. Additional charge for typesetting, camera and/or artwork. Payment must accompany ad and should be sent to BAPHR administrative office. For information call 558-9353.

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 20th of alternate months.

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.

Study Protocols

As a service to physicians practicing in the Bay Area, the Scientific Affairs Committee has reported a list of protocols, active and in preparation, in the various institutions in the City to which patients may be referred.

Pacific Medical Center — AIDS retrovirus isolation in persons with antibody to HTLV-III/LAV/ARV and longitudinal study of those with positive viral cultures. Some may receive immunostimulator therapy (Thymopoetin) or placebo or possibly anti-viral therapy with immunostimulator. Contact Drs. Daniel Thor, John Klock, or Harold Mielke, 563-4321, ext. 4634.

San Francisco General Hospital — 1. Alpha-2 interferon in benign reactive lymphadenopathic syndrome (still open).

2. Trimethoprim-sulfamethoxazole prophylaxis in Kaposi's Sarcoma (open protocol).

3. Suramin in early Kaposi's Sarcoma and lymphadenopathy (no one enrolled recently).

4. HPA-23, 20 patients with either KS or opportunistic infections stratified in dosages in 4 ascending levels (not officially enrolling yet).

5. Dapsone vs. Septra in first episode of PCP (protocol pending).

6. Ribavirin in AIDS-Related Conditions (protocol pending).

7. Spiramycin in cryptosporidiosis (double-blind study, protocol pending).

Contact person for any protocols at SFGH is Deborah Hahn, 821-5531.

Children's Hospital — Immunoabsorption with Protein A in Kaposi's Sarcoma, and plasmapheresis. Contact person Dr. D. Kiprof.

R. K. Davies Medical Center —

1. DFMO—for pneumocystis, treatment failure with other alternatives, available on compassionate release. Contact Drs. Follansbee and Drennan, 641-4328.

2. Clofazimine, ansamycin—for atypical mycobacterial infections, available on compassionate release. Contact Drs. Follansbee and Drennan, 641-4328.

3. DHPG—for CMV infections, either life threatening or vision threatening (encephalitis, pneumonitis, colitis, hepatitis, retinitis). Available on compassionate release. Contact Drs. Mehalko and Follansbee, 626-4800.

4. Spiramycin for cryptosporidiosis infections. Contact Drs. Mehalko and Follansbee, 626-4800.

University of California Hospital —

1. Prospective study of persons at risk for AIDS with specific emphasis on AIDS Related Conditions. UC Task Force on AIDS, Dr. Harry Hollander, 666-3226.

2. AIDS related neurological problems. Dr. Jay Levy, 666-4071.

It is the Committee's plan to keep current with the studies being planned or executed at all Bay Area institutions and keep the membership informed to assist in the studies and provide the most information for prospective study participants. The Committee would appreciate notification of studies omitted above or future studies as they begin.



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A & B Support Group

Marshall Hale Memorial Hospital has announced the sponsoring of an on-going Eating Disorders Support Group for family, friends, and individuals with anorexia nervosa and bulimia as a free community service. The group meets twice a month at the hospital. Call (415) 666-7856 for more information.

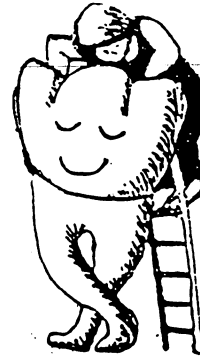
ERRORS FOUND

Some omissions and a few duplicates were discovered in our mailing list, and these are being corrected. We apologize for any inconvenience to our members. If you need copies of *The BAPHRON*, missed in recent months, please contact the office at 558-9353.

BIOFEEDBACK—I am a licensed psychotherapist practicing Biofeedback treating psychophysiological/stress-related disorders. I would like to make contact with and work in conjunction with gay physicians. Call Shimon Attie, MFCC, at 922-3478.

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Alternative Tests Reports

Alternative sites for anonymous HTLV-III testing have been in operation since July 1 at Health Center #1 and starting a few weeks later at Health Center #5. It is acknowledged that the popularity of the free test has been less than expected, as also reported in other similar sites across the country. According to Tom Mossmiller, City AIDS Activity Office, the following has been the experience of San Francisco for the first three months of operation:

Month	Number of Tests Performed	Percentage of Positives
July	517	31.5
August	1006	28.8
September	1188	25.8

A little arithmetic thus indicates that there have been about 759 positive results in 2711 samples found in three months of testing. Although an optional demographic questionnaire is included in the registration packet for testees, Tom indicated that there will probably be no reliable information forthcoming from analysis of those data. They have good reason to believe that much of that information was falsified, and many of the participants did not complete that section. That would appear to indicate that the participants remained suspicious of the confidentiality and anonymity provisions stressed in the design of the program.

The funding of the original project was linked to closure of the program as of Oct. 22. At press time it was not clear what would happen after that date, nor what would be done with the remaining funds unused because of the low response rate. It was hoped that one test center could be kept open for a remaining period, or possibly indefinitely, as a continuing protective mechanism for maintaining a safe blood supply at Irwin Memorial. CDC has requested permission from Office of Management and Budget to use the funds remaining to keep Health Center #1 open until January, but no response has been received. Very few participants have taken advantage of the counseling program set up for post-test support.

Establishment of alternative test sites around the state has been spotty. As of early October, no test sites had been opened in Los Angeles County except in the Long Beach area because of arguments over costs of the procedures between State and County officials. Interpretation of positive results also continues to be questionable. It is likely that some positive reactions in women who have previously been pregnant are due to white cell antibodies rather than HTLV-III. Not all blood banks are using the same confirmation procedures before notifying donors of positive reactions, but the procedure of notification itself activates the placement of the blood donor on the state registry. Alternative test site results are not subject to registry.

Test Statement Approved

The following statement on use of the HTLV-III antibody test, drafted by the Scientific Affairs Committee, was approved by the Executive Board on Sept. 8:

The Bay Area Physicians for Human Rights agrees with the Food and Drug Administration that the HTLV-III antibody tests should be used only for the screening of donated blood. At present, there is insufficient scientific or actuarial data to make a determination of health or life risk based on presence or absence of the antibody to HTLV-III. Moreover, such measures as compulsory HTLV-III antibody testing, marital status, sex, sex orientation, or neighborhood of residence are discriminatory to homosexual men and single heterosexual men.

We agree with the current California law that results of HTLV-III antibody tests remain confidential regardless of the site of testing, i.e., alternative test site, clinic, blood bank, hospital, private medical office, or research study. We are opposed to the use of the HTLV-III antibody test for military recruits and active duty military personnel.

AIDS Statistics

Cases diagnosed in San Francisco

YEAR AND QUARTER	NEW CASES	YEARLY TOTAL	CUMULATIVE CASES	NEW CASES PER DAY
1981-3	15		15	
4	9	24	24	0.10
1982-1	11		35	0.12
2	20		55	0.22
3	25		80	0.27
4	38	94	118	0.41
1983-1	59		177	0.66
2	52		229	0.57
3	64		293	0.70
4	75	249	368	0.82
1984-1	102		470	1.12
2	109		579	1.20
3	142		721	1.54
4	149	502	870	1.62
1985-1	192		1062	2.13
2	184		1246	2.02
3	193		1439	2.12

Total deaths: 741 (51.5%)

Total U.S. cases: 13,402; deaths: 6830 (50.9%)

AIDS Risk Groups San Francisco Oct. 1985

	Male	Female	Total	Percentage
Homosexual/Bisexual	1406		1406	9.7
IV Drug Users (Heterosexual)	8	2	10	0.7
Heterosexual Contact	2	1	3	0.2
Transfusions	7	3	10	0.7
Child of High-Risk Parent	0	3	3	0.2
Unknown/Other	5	2	7	0.5
Totals	1428	11	1439	100.0

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	1093	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	310	14.6
3	2165	372	17.2
4	2047	276	13.4
1985-1	1817	226	12.4
2	1765	178	10.1
3	1941	183	9.4

Incidence of proctitis is 14.6% of that recorded in the corresponding quarter in 1980.

Antibody Ad Spotted

The October 10 issue of *Sentinel USA* carried a full page advertisement for "The Home AIDS Test Kit" which purports to "provide you with discrete personal care which allows you to test yourself in the privacy of your own home" for a mere \$108.95.

When an inquiry was made to the tabloid, John Wetzel, Editor, stated that the company had satisfied *Sentinel USA* that they were legitimate, but he obviously did not understand the difficulties when queried on specific points in carrying out ELISA tests. To obtain the kits, a customer must furnish his initials and full address, of course. It was Mr. Wetzel's understanding that a blood sample would be sent to Baton Rouge, LA for performance of the test.

The matter has been referred to the FDA, and thence to the FTC, for federal investigation.



THE BAPHRON

EXTRA

Bay Area Physicians for Human Rights Official Newsletter
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December, 1985

Questionnaire Results Analyzed

In August a survey questionnaire asking the membership of what they thought about ten subjects of importance to operation of BAPHR. The rate of response was better than anticipated (45%). Usually a return rate of 30 percent is considered excellent. 225 questionnaires were mailed to all current members and affiliates. 101 completed surveys were returned for analysis, including 91 from voting members and 10 from affiliate groups. For actual response numbers, please, refer to the enclosed tabulations.

MEMBERSHIP AND DUES: All the reasons for membership questioned were considered significant. The highest responding areas included representation in decision-making, social events, and education. Although full-voting status was appealing for the professional affiliate groups, the voting membership is not currently in favor. Recruiting and participation of Lesbian physicians were strongly endorsed. Dues were considered about right by 70% and surprisingly seven percent thought the dues were too low!

BAPHR OFFICE AND STAFF: Two-thirds of the membership have dealt with the BAPHR office with favorable reaction. Many did not feel sufficiently informed to comment on salary or time commitments.

BAPHRON: Virtually every member responding reads the BAPHRON regularly and 85% rated the content good to excellent. There was some trend suggesting more emphasis on medical information including Gay and Lesbian issues. It was of some concern that 18% did not feel free to express their opinion in *The BAPHRON*. (Note: ALL members are ENCOURAGED to express their views in *The BAPHRON*.) Two-thirds of the respondents would like to see *The BAPHRON* monthly, but only one-third would be willing to pay the extra cost. Despite instituting several cost reducing measures in production the newsletter continues to be the largest single budgeted item other than the office. Many feel that *The BAPHRON* is the most important single benefit of BAPHR membership.

REFERRAL PANEL: There was overwhelming support for the Referral Panel and its continued operation. Nearly half of the members of the Referral Panel (29/70) responded to the questionnaire. Four people felt their contribution was not worthwhile.

SOCIAL AND MEMBERSHIP ACTIVITIES: Responses in this category are difficult to analyze. There seemed to be four general groups: Those with no opinion (15%), those who are satisfied with the current mix (about half or more), those who are primarily interested in social functions, and those who are primarily interested in medical functions. The last two categories are about evenly represented. In general the diversity of our membership is reflected in their preference for and attendance at different types of BAPHR functions.

COMMUNITY ACTIVITIES: There was an overwhelming support for BAPHR's continued participation in community service projects. This is a bit surprising considering the underwhelming numbers of volunteers each year to support these projects.

BAPHR'S POSITIONS AND ROLES: There was near unanimous support for BAPHR to assume a health leadership position in the community as well as speaking out on Gay and Lesbian health

Continued on Page 326

Notes on Wildwood Retreat

Before the winter snows set in, here are some thoughts on the BAPHR retreat.

This year, ten percent of the BAPHR membership were able to block out the weekend of the August Retreat. The 25 participants consisted of BAPHR members and interest friends. The attendance was not as large as we have had in the past, and this might reflect that the location is losing its appeal.

The setting has only improved. The vistas were grand, the stars were crisp, the food was tantalizing, the staff was engaging, and the weekend began with everyone feeling a sense of camaraderie, purpose and dedication.

The purpose of the retreat is for planning the future of the organization. With the rather low turnout, the stage was set for a discouraging weekend; however, if you could have attended the retreat you would know that we have a bright future ahead. The participants, with their thoughts and input, worked to create a sense, a shape, and a renewed direction for the organization.

The format was structured to maximize the input from everyone present. Various thoughts and suggestions were listed and an attempt was made to prioritize and summarize the more important issues.

Initially, time was spent defining what BAPHR is. There was consensus that BAPHR continues to exist as a support and educational organization. There was also recognition of BAPHR's political responsibilities. Some people felt the organization is shifting from an original emphasis of social to a more medically oriented presence.

We also tried to answer the question of why should BAPHR exist. There was a sense that the organization is a "unique talent" that can express the Gay and Lesbian medical concerns. There continues to be a need for validation of Gay and Lesbian physicians and sense of obligation to return our talents and resources to the community at large.

After attempting to define what BAPHR is and why it exists, we tried to establish some tangible ways to accomplish our purpose and goals:

Continued on Page 326

1986 HEALTH AWARE FAIR

This year BAPHR is working in conjunction with the Golden Gate Business Association and Health Center #1 to produce the annual health fair, to be held the weekend of April 27 and 28 at Health Center #1 and Sanchez School. It is BAPHR's responsibility to coordinate the medical staffing.

This is BAPHR's biggest public service project of the year and volunteers are needed in all areas. If you can help in any capacity, please call Doug Carner at the BAPHR office (558-9353) to sign up as soon as possible. This is a good opportunity to donate a little time and expertise to our community, and enjoy doing it.

Questionnaire Results Continued From Page 325

issues. There was a significant number of members who expressed reluctance to speak-out on G/L civil rights issues. (Note: There appears to be a contradiction under general suggestions where only 15% would have us less "activist" or "silent" on civil rights issues.) In general there is solid support of the BAPHR positions on antibody testing and quarantining. It was noted that 13% favored quarantine for people with AIDS who persist in engaging in unsafe sex with unknowing partners. When the closing of the bathhouses became an issue, there was general support of the membership for BAPHR's position against closure. Now there is a 53/42 split in opinion favoring the closure of the bathhouses. Generally there seems to be satisfaction with the positions taken by BAPHR.

BAPHR FOUNDATION: At the time of the survey, 25% of respondents were not familiar with the Foundation, and even more were not familiar with the Foundation's goals or its relationship to BAPHR. 30 people did not support the concept of the Foundation, but 25 of those had no familiarity with the Foundation; these 25 were also part of the 55 respondents who were not considering donating. 69% support the concept of the Foundation.

It seems clear that more medical meetings and activities are desired, that BAPHR should maintain a health leadership position, and should speak out on medical issues affecting the G/L community and medical AIDS issues. There is reluctance to mix into the political arena although 33% feel BAPHR should be "more activist". Activists feel strongly that BAPHR should be in the forefront of gay medical issues, particularly if membership can be polled to develop a consensus. There seems to be no real pressure for a shift from medical to social, but more opportunities of whatever type for peer interaction. Proponents of activism are found in both the "social" and the "medical" camps. 55% of BAPHR's members did not respond to the survey.

There were many suggestions and opinions for long range direction. These include more liaison with gay rights advocate groups as well as "straight" medical groups; a higher profile leadership role with press releases; reactivate the speakers' bureau and provide more educational programs for the community; have more frequent forums on medical issues; more outreach for physicians outside of San Francisco proper; more outreach programs for chemically dependent physicians; more support for military physicians; and to address the future of Gay and Lesbian medicine in general.

Appreciation is expressed to all those who took the time to complete this survey. Most everyone felt that the questionnaire approach was an excellent concept. It is very difficult to gauge the feeling of members without some means such as this survey. Again, Thanks.

Wm J. Kapla, M.D.
President

Wildwood Retreat Continued From Page 325

AS A SUPPORT ORGANIZATION

- Continue to introduce new members into the organization
- Revise member brochure
- Recognize individual efforts and contributions
- Continue a fun attitude and atmosphere.

AS AN EDUCATIONAL ORGANIZATION

- Anticipate issues and positions
- Continue internal education to our membership
- Participate in the medical society and various task forces
- Continue the Symposium.

BAPHR GOALS FOR THE COMING YEAR

- Increase the efficiency of opinion and dissemination
- Increase and facilitate the membership of women physicians
- Increase our marketing (simply positive public recognition)
- Increase our humanness, caring, and empathy
- Reach out beyond San Francisco into the Bay Area.

GOALS FOR ORGANIZATION BUILDING

- More communication between leadership and the members
- Consider questionnaires to establish opinions/feelings
- Have representatives participate with other organizations
- More recognition of people, their talents and efforts

GOALS FOR PROFESSIONAL INTERFACE

- Have a public affairs office
- Create a list of contacts and regular follow-through, i.e. The AIDS Foundation, State Task Force, S.F. Medical Society.

GOALS FOR THE BAPHR FOUNDATION

- Give monetarily to the Foundation
- Give more recognition to the Foundation and its Board
- Recognize each gift.

LONG RANGE PLANNING (FIVE YEAR GOALS)

- Efficient and solvent business operation
- Full time executive director
- BAPHR and its Foundation—an unconditional recognized community voice
- Increase community and scientific advisory role
- *And every good comrade wishes for 20 more tractors.*

As I begin the first month of the office of President, I reflect back with pride on the level of excitement and dedication that was present at the retreat. I look forward in the coming months to your participation, at whatever level, and BAPHR's participation in not only the Gay and Lesbian community, but the established medical community as well.

Bill Kapla

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