



# THE BAPHRON

Bay Area Physicians for Human Rights Official Newsletter

Vol. 9, No. 1

January-February 1987

## LIFE Holds Annual Meeting

The annual Board of Directors Meeting and election of officers for the Lobby for Individual Freedom and Equality (LIFE) was held on the U.C. Irvine campus in November.

There are now twenty member organizations, most of them from Los Angeles and Orange County. The Southern California Physicians for Human Rights (LA) has also joined as the second medical organization to be represented. Of a great variety of legislative issues warranting priority in 1987, the top five were selected as requiring immediate attention: AIDS education in schools, non-discrimination against AIDS patients; patient care issues such as hospice, the homeless, etc.; insurance issues and care relating to insurance carriers; and the definition of ARC and service provided ARC patients.

Anne Jennings (ACLU, San Francisco) and Diane Himes (MECLA, Los Angeles) were reelected Co-Chairs and Don Disler, Esq. (San Francisco) was reelected Treasurer. Other members of the Executive Committee are representatives from L.A. Outreach, ECCO (Orange County), Log Cabin (Orange County), Gay & Les-

bian Press (Los Angeles), and Christopher Street West (Los Angeles). Will Warner from BAPHR will again represent the medical organizations on the Committee.

The Executive Committee meets monthly (sometimes by telephone conference call) to manage the details of the organization, and the entire board meets quarterly. LIFE intends to be pro-active as well as re-active in the new legislative session, and will develop plans for specific bills and sponsors at its Executive Committee meeting in January.

The financial condition of the fledgling operation is of concern. The Executive Director and lobbyist, Rand Martin, was authorized to find office space near the capitol and hire secretarial assistance. Although membership donations are set at \$1000 yearly, the projected budget is at least \$50,000 per year more than current revenues. All member organizations are being asked to provide additional funds, probably through fund raisers, to assure a functioning body through the current fiscal year ending June 30, 1987.

## Impact of AZT

The expanded investigational program for use of AZT is now underway, and it is expected to have significant impact on practically all aspects of care for AIDS/ARC patients.

The current estimate is that as many as 1000 patients in the Bay Area may fall under that protocol. At the present, the only solid expectation is that life spans will be prolonged. The possible curative potential is unknown. This means that increasing numbers of patients will receive the drug in the coming months, imposing new stresses on the health care delivery system on many fronts.

From the initial study, it is estimated that perhaps 25% of all treated patients will require transfusion support, up to one unit per week, because the drug suppresses bone marrow progenitor function. Irwin Memorial is already strained beyond comfort to supply blood for required surgery and emergencies, and this added need will require an approximate 15% increase in blood from sources still unidentified.

Nursing care requirements will also increase since the drug must be taken around the clock (it has a short half-time), but this change is more difficult to predict. The impact on ARC patients will also be studied for the first time in significant numbers, and the toxicity pattern may introduce problems not previously identified.

AZT is almost certainly not a cure but at least it is a step forward. We will have to deal with these problems—we have no choice.

## BALIF-BAPHR Holiday Party at Comstock Club

The elegant new Comstock Club was the site of an historical occasion, the first combined BALIF (Bay Area Lawyers for Individual Freedom), and BAPHR Holiday Party on Monday, December 22nd. The ground breaking social gathering of doctors and lawyers in the same room was a pleasant occasion with minimal speeches and no known arguments from either side. In their place were drinks, food, and good entertainment. It promises to be the first of many such occasions.

## New Officers Installed at Annual Banquet

The slate of officers elected for the upcoming year were installed at the annual meeting and banquet which was held at Lily's Restaurant in San Francisco on October 25, 1986. Will Warner, M.D. was installed as President, Ian Barlow, M.D., Vice-President, James Campbell, M.D., Secretary, and Ken Everts, M.D., Treasurer.

Assemblyman Art Agnos, representing the 16th Assembly District, was the guest speaker and the recipient of the BAPHR Annual Special Service Award. Awards were also given to James Campbell, M.D., Larry Silverman, M.D., and to Ben Schatz, esq., of The National Gay Rights Advocates.

# President's Progress Notes

By the time you read this, the holidays will be past and the New Year under way. Have a great one!

We did not have a New Year's Day Brunch this year, but a holiday party with BALIF instead. Would like to hear your reactions to this change in the schedule. Would you prefer both?

In the previous issue I mentioned our discussions with the Nurses Coalition On AIDS and the possibility of establishing a Nurse Caucus. That idea has been abandoned, since the nurses did not think that it would be beneficial to them. I detect the persistence of old prejudices, the continuation of the (to me) outdated idea of adversarial relationships between MDs and nurses, and this is disappointing in these days of team approaches to medical care.

The most recent financial statement for BAPHR is of concern, since it indicates a loss of assets of approximately \$5000 for the past year, a deficit that can only be corrected through increased membership, increased fees, or—and this is the point, through directing donations through the United Way to BAPHR for those contributing in this manner. Please give this serious thought when it is time to sign up. Insist on a direct donation form and designate BAPHR as a recipient. Thanks to Keith Fenton for his hard work in maintaining and presenting our rather complicated financial affairs. They will soon be on computer in the office, and this should ease that burden somewhat. The committee chairs are submitting their budgets now for 1987.

Speaking of committees, there are many vacancies on all committees, especially Programs, Publications, and Membership. Please call the office or the respective Chair if you have a little free time (it doesn't require much) and the interest.

Will Warner, MD

# 1987 Membership Drive and Renewals

The Membership Committee urges you to send in your renewal dues, if you have not already done so. We also want to remind you that if your dues are received with the dues of a former lapsed member or a new member you will receive a 10% discount on your membership dues.

There are many doctors out there who should belong to BAPHR. If each member were to interest one of these physicians in membership we would double our membership and enhance the organization's programs and positions in 1987.

# Member Notes

Dennis McShane, M.D., was the subject of an extensive interview in an article on AIDS treatment published in *Stanford Medicine*, in the Fall issue of this year. The magazine is a publication of the Stanford University Medical School and is distributed to Stanford alumni and friends.

William Kapla, M.D., and James Krajcski, M.D., were elected as delegates of the San Francisco Medical Society to the California Medical Association.

The *American Medical News* featured a second article, in the November 7th issue, on Dr. Bill Owen and the treatment of AIDS patients. The first article appeared in the August 8th issue. Several favorable letters appeared after the publication of the first article.

Harvey Bartnoff, M.D., presented a lecture on AIDS to the student body and the public, at City College of San Francisco, in November. The talk was co-sponsored by the Student Health Service at the college.

# Is There a SNiF in Your Future?

Although San Francisco is known generally as a model for other cities to emulate in terms of care of AIDS/ARC patients, some analysts feel that it could be improved.

While care mechanisms are in place essentially from original diagnosis to terminal care, rough spots have occurred in some instances when the patient requires almost constant attendance or supervision but does not require hospitalization. This level of care is difficult if not impossible in the home, despite heroic efforts by lovers, friends, and family. Thus the Skilled Nursing Facility is under consideration to fill that gap, which is becoming even more apparent as more dementia appears as a complication of the Syndrome. These facilities, as part of an acute care hospital, may become an important element of the system.

During December, the BAPHR AIDS/ARC Consortium of physicians participated in a questionnaire project to determine 1) how many patients may be appropriate for SNFs, 2) what percentage would come from earlier discharge from hospital, 3) what percentage would be removed from the home care programs, and 4) how many ARC patients would benefit from this facility. Preliminary impressions at press time are that perhaps as many as one-third of AIDS patients and 10% of ARC patients would be candidates for skilled nursing facilities.

Concurrently the expected costs are being calculated, with an eye toward Sacramento and the anticipated struggle with the state budget.

# the BAPHRON

## The BAPHRON

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.

## Officers of BAPHR

W.L. Warner, MD ..... President  
 Ian Barlow, MD ..... Vice President  
 James Campbell, MD ..... Secretary  
 Kenneth Everts, MD ..... Treasurer  
 W.J. Kapla, MD ..... Past President

## BAPHR Administrative Offices

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

Communications may also be sent to:

BAPHR  
 Box 14546, S.F., CA 94114

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

## Staff of The BAPHRON

Sam Thal, MD, Editor  
 Send communications to The BAPHRON  
 c/o BAPHR's Box 14546, S.F. 94114

## Subscriptions

All BAPHR members and persons who contribute as members of other categories (q.v. below) receive The

BAPHRON. Dues and contributions to BAPHR are entirely tax-deductible.

## Dues and Contributions

Category	
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. 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.

# BAPHR Foundation Report

As 1986 draws to a close, we on the board of the BAPHR Foundation feel it is appropriate to report to you on the progress of the Foundation over the past 14 months. With hard work by the members of the board of the Foundation and your generosity we can report the following:

1) Since fundraising began in earnest in October 1985 the Foundation Endowment has increased from \$60,000 to a Current balance of \$155,000.

2) By the end of 1986 the Foundation will have distributed or allocated \$19,200 to projects impacting both gay and lesbian health projects in five Bay Area counties. Your contributions have gone to work! A list of recipients will appear in the January BAPHRON.

3) A very successful, upscale auction was held in May in conjunction with San Francisco Arts and Athletics (sponsors of Gay Games II) for the benefit of both organizations. Donors received tax deductions, buyers received bargains and the two organizations divided \$12,000 in net proceeds.

4) Dr. Larry Silverman, in conjunction with the BAPHR Foundation and the Contra Costa County AIDS Task Force, hosted a brilliantly executed Casino Night in Danville. This August event raised \$10,000 for the Foundation and various AIDS organizations.

5) BAPHR itself donated \$2,500 from its La Cage benefit proceeds to the Foundation. This sum was disbursed to the Coming Home Hospice capital campaign.

6) The BAPHR Foundation negotiated its first corporate grant, a \$10,000 grant from Caremark. This grant positions the Foundation to solicit corporate grants from other corporations who wish to (or should) contribute to gay and lesbian health. The BAPHR Foundation is the only multipurpose foundation dedicated exclusively to gay and lesbian health over the geographic range of the Bay Area.

7) The Foundation accepted a donation of a computer system and software valued at \$3,000 which it placed in the BAPHR office to "computerize" BAPHR and, hence, to improve the office's efficiency.

8) The operating costs of the Foundation continue to be supported out of directors' dues allowing 100% of your contributions to go to work supporting gay and lesbian health!

9) All endowment funds have been deposited in government insured C.D.'s and accounts in accordance with our conservative investment philosophy.

10) The Foundation established an advisory board of community members.

As you can see it has been a busy year for all the Foundation Board. We would like to take this opportunity to thank all of you for your support in 1986 and hope that 1987 will be a year of health and prosperity for you and yours. And, of course, with your prosperity we urge you to remember our mutual cause.

Happy New Year!

The BAPHR Foundation Board

## Office Notes

A new Savin copier has been donated to the BAPHR office by Dr. Bill Owen to replace the previously donated machine which is less efficient and in need of major repairs. Thanks, Bill.

Dr. Ken Everts donated nine Italian style chairs to the office. The room is now suitable for small meetings and conferences. The last Executive Board meeting was held in the office, rather than in a member's home. The results were mixed.

The office is in need of one or two file cabinets. Anyone having such a cabinet, which they can donate, should call the BAPHR office. A four drawer metal cabinet is preferred. The donation will, of course, be tax deductible.

## Baphr Foundation Distributions 1986

The BAPHR Foundation board of directors is pleased to announce the following organizations have been awarded grants in fiscal year 1986.

- ARIS Project of Santa Clara County (AIDS)
- BAPHR (symposium 87 support)
- Coming Home Hospice, S.F. (June/'86) (capital campaign)
- Contra Costa County AIDS Task Force (Emergency Fund)
- Diablo Valley Parents FLAG (counseling parents of lesbians and gays)
- East Bay AIDS Project, Alameda County (AIDS)
- East Bay AIDS Project, Contra Costa County (AIDS)
- East Bay AIDS Fund, Alameda County (AIDS)
- 18th Street Services, S.F. (substance abuse—drugs and alcohol brochure)
- 18th Street Services, S.F. (substance abuse— "speed" brochure)
- Ellipse/Peninsula AIDS Service, San Mateo County (AIDS)
- Lyon-Martin Clinic, S.F. (Lesbian Health project)
- St. Pauls Hospice, Walnut Creek (AIDS)
- San Francisco AIDS Foundation, S.F. (Spanish language AIDS education project)
- Sequoia YMCA, San Mateo County (Confined Youth AIDS Education Project)
- Speakers Workshop, S.F. (Women's Disability tape presentation)

A total of \$19,200 has been allocated and/or distributed in 1986. These funds came from four sources: BAPHR Foundation endowment income, BAPHR (La Cage Benefit proceeds), Caremark's grant, and The Casino Night In Danville. All eligible grants received by The Foundation were allocated funding. No grant requests were received from Marin, Napa, Solano, or Sonoma Counties.

## Reward

The Publication Committee which puts out your now world-famous newsletter, the BAPHRON, has suffered a serious loss with the elevation of Will Warner as BAPHR President. Will was your invaluable co-editor for the past three years and although he will continue to write for the BAPHRON, he has had to give up some of his other duties.

Anyone interested in filling this void by writing, editing, or in any other way helping on this committee is asked to call Sam Thal, 285-6845 as soon as possible. No experience is needed. The need is urgent. (The reward will be discussed when you call.)

## AN APPEAL TO LESBIANS

If you are a lesbian who has used donor insemination since 1979, we urge you to take part in an AIDS study conducted by the **Lesbian Insemination Project**. The study is trying to answer questions that women from all over the country have asked about insemination and the AIDS virus:

- Have any lesbians been infected with the AIDS virus from using donor insemination?
- Have any children conceived through donor insemination been infected with the AIDS virus?
- What techniques should lesbians use to screen donors?
- What should a woman know if she wants a man in a high risk group for AIDS to be her donor?

**The study needs** a small amount of blood and 30 minutes of your time.

**The study does not need** your name, address, phone number or Social Security Number.

**Your anonymity and confidentiality are our top priorities.**

For more information, call the **Lesbian Insemination Project—(415) 863-3819**

Or if calling from outside the Bay Area, call **(800) 852-1818** during work hours, Monday–Friday.

# Gay Youth Topic at November General Meeting

Paul Gibson, former director of Hicklberry House in San Francisco was the featured speaker at the BAPHR General Meeting. He is an authority on adolescents and sexuality issues and a consultant to many local and national agencies.

In his talk on the topic of gay youth and suicide, he indicated that gay and lesbian youth belong to two groups at high risk for suicide: youth and homosexuals. A majority of suicide attempts by homosexuals occur during their youth and gay youth are two to three times more likely to attempt suicide than other young people. They may comprise up to 30% of completed youth suicides.

Some of the factors which contribute to this high incidence of gay youth suicides are a negative self image, lack of accurate information about homosexuality, physical and verbal abuse and rejection and isolation from family and peers. As a result of these pressures, gay and lesbian youth are more vulnerable to psychosocial problems than other youth including substance abuse, depression, school failure, relationship conflicts and rejection by their families to survive on their own prematurely. They are often at high risk for AIDS.

Ethnic minority gay youth face discrimination as both homosexuals and ethnic minorities as well as lack of acceptance by their own ethnic group and present a significant risk factor for suicide.

He concluded by discussing some of the psychological, social, and legislative needs which should be addressed to alleviate the problem. The need to make a conscious effort to promote a positive image of gays at all levels of society and to provide youth with better lesbian and gay adult role models was stressed. Schools need to include information about homosexuality in their curriculum and protect gay youth from abuse and to ensure they receive an equal education. Helping professionals need to accept and support a homosexual orientation in youth, and social services developed to address their needs.

## Letters

★ This letter was sent to Surgeon General Koop, Public Health Service, Department of Health and Human Services, 200 Independence Avenue, SW, Washington, DC 20201.

Dear Surgeon General Koop,

The Bay Area Physicians for Human Rights, an organization of more than three hundred physicians in the San Francisco Bay Area, applaud your recent recommendations regarding the crucial role of education in combating AIDS. We, too, recognize that education, including explicit and detailed sexual information, is the primary and currently the most important method of curtailing this deadly epidemic. We also realize what a courageous and admirable stand you have taken in this regard, resisting the apparent pressures from uninformed individuals and organizations who advocate other avenues that have no basis in fact.

Our organization has learned that education involving explicit and detailed sexual matters is often very unpopular. However, after living with and fighting this dread disease for the last five years, we too have concluded that this is the only effective course now available.

We also want to applaud your sensitivity in recognizing the dangers of bigotry and prejudice surrounding AIDS.

If we can be of any help to you in this struggle, please do not hesitate to contact our organization.

Enclosed are copies of some of the pamphlets we have put together.

Greatfully,

Robert Akeley, MD  
Chair, Social Concerns Committee

### IN MEMORIAM

Gregory Cuda, M.D.  
Harvey Thompson, M.D.  
Eric Ekstedt, M.D.

### AIDS Statistics

#### Cases diagnosed in San Francisco

YEAR AND QUARTER	NEW CASES	YEARLY TOTAL	CUMULATIVE TOTAL	NEW CASES PER DAY	MORT RATE
1981		24		0.10	25.0
1982		94	118	0.41	30.9
1983		249	368	0.82	42.2
1984		502	870	1.62	52.2
1985 - 1	192		1062	2.13	
- 2	184		1246	2.02	
- 3	193		1439	2.12	
- 4	192	761	1631	2.09	53.3
1986 - 1	240		1871	2.42	54.7
- 2	281		2152	3.09	57.7
- 3	278		2428	3.05	57.2
Oct.	119		2548	3.84	54.1
Nov.	108		2656	3.60	57.2





# THE BAPHRON

Bay Area Physicians for Human Rights Official Newsletter

Vol. 9, No. 2

March-April, 1987

## LETTER TO CDC

*The following letter was prepared for the Conference at CDC on Feb. 24 and 25, and incorporated into the joint San Francisco presentation.*

Dear Dr. Mason:

BAPHR is a group of 200 physicians from the San Francisco Bay area who have had a major responsibility for the care of patients with AIDS and ARC in San Francisco during the last five years. In response to the call for public comment regarding mandatory HIV antibody testing:

We are at an ominous moment in the history of our nation, when our leaders are recognizing that all citizens are endangered by this epidemic, not merely some easily labeled and easily separated, perhaps easily dismissed, groups. We are collectively frightened and feel a strong need to take action.

The action most compellingly needed now is a broad and aggressive program of public education about the epidemic, led by the government and involving the public media, teaching in the schools and by physicians in their offices. Until now the government action has been fragmented and in conflict with itself.

The strongest public health tool we have is an informed, responsible citizenry. Mandatory testing will not stop the spread of the epidemic. Only informed and responsible citizens can slow the transmission of the virus at the present state of our knowledge.

Antibody testing on a voluntary basis, provided it is strictly anonymous and accompanied by sensitive counseling, is a necessary element in providing a maximal amount of useful information to the public.

Mandatory testing provides the illusion of taking definitive action. Force, however, is always poor public health policy. In this particular crisis it is even more likely to be counterproductive since public identification of those whose test is positive threatens such destructive consequences. Adverse effects of reporting test results to governmental agencies have already been demonstrated in the state of Colorado. Unless safeguards are in place regarding insurability and job and housing discrimination, those who test positive will potentially be subjected to unpredictable, adverse results of public hysteria. Further, the discovery that one has a positive test presents a critical emotional and spiritual issue and can provoke severe psychiatric manifestations. The mental health consequences of this phenomenon on a major scale have not been assessed, although we are all too familiar with serious individual situations developing after anonymous testing.

In contrast to mandatory testing, VOLUNTARY, ANONYMOUS TESTING WITH COUNSELING can be extremely useful. It is unburdened by the discriminatory political, social, and economic consequences of public disclosure; and truthful and supportive counseling can be provided immediately.

From a physician's viewpoint, informed and responsible patients are best able to marshal their own healing forces when critically threatened.

The experience with voluntary testing in California appears to support this form of testing. Anonymity apparently can be assured, individuals have been able to inform themselves of their status in this

Continued on page 370

## RUTHERFORD ADDRESSES BAPHR

Dr. George Rutherford, head of the AIDS Office for the City Health Department, reviewed the formation of the now-famous "S.F. Hepatitis Cohort" and the plans the Department has for clinical trials with volunteers from this group. The occasion was the February general meeting at Ralph K. Davies Auditorium.

The "Cohort" are volunteers originally contacted through the STD City Clinic in the late 70s who participated in clinical trials of the Merck hepatitis B vaccine. Since serum samples from these men were maintained frozen, they constitute a valuable source of information, retrospectively, for AIDS antibody tracing over the years. Some have already been studied since the antibody test became available, with the informed consent of the participants. It has been established that a significant number of these men have developed AIDS or ARC, and it is thought that they are at unusually high risk for these conditions in the near future.

Plans call for recruiting as many as 400 of these men, if they can be contacted, to volunteer for trials of AZT which may be combined with acyclovir in one group. It is hoped that preliminary suggestions of enhanced efficacy through use of the combination may hold true, and there may be an opportunity to prevent the onset of disease in these high risk individuals.

The trials are still in the planning stages, but will be supported by Burroughs Wellcome and NIH. They will probably begin in the summer.

## COMING HOME HOSPICE OPENS

Coming Home Hospice hosted several groups of invited supporters to show them the fruits of the labors of many volunteers in renovating the former Convent for hospice patients. While it is difficult to envision a group of nuns swishing through the bright halls of the tastefully done home, it is easy to see that the gracious building should lend itself to the comfort and support of the dying, most expected to be patients with AIDS.

Those who can afford to pay for their rooms and meals will pay as they are able, but there are provisions for those without funds beyond public support. With only fifteen beds, however, it is expected to be full almost as soon as it opens. It is located on Diamond Street, between 18th and 19th streets. It will be closed to tours after the opening date, March 2.

## L. A. HEALTH CONFERENCE

The National Lesbian/Gay Health Conference will be held at the Sheraton Universal Hotel in Los Angeles from March 25 to March 29. The organizers expect over 1000 participants to discuss a great variety of topics. The final program is not yet available, but already scheduled are panel discussions on "AIDS: Urgent National Issues in Politics, Civil Rights and the Law" and "Lessons from the Recent Past: What Gay Men and AIDS Service Providers Might Learn from the Women's Health Movement."

BAPHR President Will Warner will conduct a one hour session on lubricants as sexual adjuncts, including safety for the user and efficacy of disinfecting chemicals against the AIDS virus.

# PRESIDENT'S PROGRESS NOTES

We are entering an era of intense political activity which is sure to affect us all as individuals and providers of health care.

On the Sacramento scene: Legislators are rushing to put their numerous bills into "legaleze", which is really done for them, largely, by the Legislative Counsel's office. Of particular interest will be Art Agnos' AIDS Omnibus bill, AB 87, which Agnos has reported to be a legislative restatement of the reports by Surgeon General Koop and the N.A.S. Institute of Medicine. He has had many hours of discussion with those groups in Washington on the specifics. Dr. Bill Filante (Assemblyman-Marin) will introduce a bill to encourage education in AIDS for health care providers, although the method of enforcement has not been determined. Although stories of poor care, missed diagnoses, and inadequate education of high risk patients by health care providers continue to accumulate, there seems to be little support from such groups as the California Medical Association to require physicians to become knowledgeable about AIDS, and they have already stated that they would not support such a requirement under CME rules. Sen. Doolittle has introduced several bills that attempt to reactivate the LaRouche Initiative through legislation in many of its facets. And the society of health officers of California are considering guidelines for isolation of certain persons suspected of spreading HIV (see "Health Officers' Position" in this issue).

On the national scene: The CDC has proposed requiring applicants for marriage licenses and patients admitted to hospitals to undergo mandatory testing for the HIV antibody. Meetings, both public and closed, have been held in Atlanta on these questions, and BAPHR submitted a letter stating our opposition in general to mandatory testing (see "Letter to CDC" in this issue). Dannemeyer, our old enemy from the South, has proposed a hodge-podge of restrictive bills similar to the LaRouche ideas.

Locally the politicking for the vacant seat in the House of Representatives hinges, for many of the gay voters, on positions taken in regard to AIDS research and care provision by the various candidates who all seem anxious to convince us of their sincerity and commitment to "the cause". The City Health Department has submitted their budget for the new year to the Health Commission after extensive review and comment from the minority groups of the City who are members of the Minority AIDS Advisory Committee.

BAPHR is called upon to comment on many of these developments. I represented BAPHR on a panel on Channel 2 to enunciate our views in opposition to mandatory testing, and our brochure "The Pros and Cons of HTLV-III Antibody Testing" has gone into second printing because of the resurgence of interest in the subject. More and more the issues relate as much or more to the straight communities as to ours, and they are now, hopefully, beginning to see the pitfalls of knee-jerk epidemiological approaches without safeguards of civil liberties.

It seems to me that the time is right to use the evidences of discrimination against gays and lesbians to point out the potential problems straights with AIDS will have to face, and to point out the value in eliminating anti-gay discrimination. If there were no discrimination against those with AIDS and ARC, there would be far fewer problems in using standard epidemiological approaches, whether straight or gay. Sen. Cranston has again introduced his bill to eliminate anti-gay discrimination nationally. Maybe this time it will receive more attention.

Will Warner MD

## NEW LOOK ?

If *The BAPHRON* looks different to you, it's because it is, in a way. This is the first issue keyed on our office Macintosh and printed in original by our LaserWriter Plus. Since we haven't yet sprung for the very expensive PageMaker program, we then paste-up the copy and the entire issue is printed normally. All this is to save money, of course, something that is in short supply in BAPHR's coffers at the moment. This issue cost about 15% of the previous one.

Although there are some glitches here and there, we are just learning and one of these days we hope to get it right. Bear with us.

## LIFE BOARD MEETING

The Board of Directors of LIFE (Lobby for Individual Freedom and Equality) met on Feb. 1 and 2 in Sacramento for the quarterly update and meeting with legislators. Since this is the beginning of the legislative year, February is the most appropriate time to assess our positions in regard to pending legislation and hopefully to influence the structure and wording of proposed legislation before it is set in "legaleze stone".

The first day was spent in discussion of LIFE's Governmental Affairs Platform for 1987 (a copy is enclosed with this issue) and developing support-watch-oppose positions for bills already introduced. Since some bills were not in final form, we may be able to influence the drafters for more advantageous wording.

The second day included a discussion by Art Agnos on AB 87, the "AIDS Omnibus Bill" still in draft form, and visiting some legislators thought to be particularly influential or amenable to consideration of our positions. Of particular importance was the letter signed by over 30 legislators sent to Bill Honig, Super. of Education, indicating their abhorrence of his plan to mention the homosexual lifestyle in a neutral fashion as part of the AIDS educational curriculum.

We have a long way to go, but there is considerable evidence that we as a credible Lobby are being listened to.

# the BAPHRON

### The BAPHRON

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.

### Officers of BAPHR

W.L. Warner, MD ..... President  
 Ian Barlow, MD ..... Vice President  
 James Campbell, MD ..... Secretary  
 Kenneth Everts, MD ..... Treasurer  
 W.J. Kapla, MD ..... Past President

### BAPHR Administrative Offices

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

Communications may also be sent to:  
 BAPHR

Box 14546, S.F., CA 94114

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

### Staff of The BAPHRON

Sam Thal, MD, Editor  
 Send communications to The BAPHRON  
 c/o BAPHR's Box 14546, S.F. 94114

### Subscriptions

All BAPHR members and persons who contribute as members of other categories (q.v. below) receive The

BAPHRON. Dues and contributions to BAPHR are entirely tax-deductible.

### Dues and Contributions

Category	
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. 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.

## AIDS STATISTICS

### CASES DIAGNOSED IN SAN FRANCISCO

YEAR AND QUARTER	NEW CASES	YEARLY TOTAL	CUMULATIVE TOTAL	NEW CASES PER DAY	MORT. RATE
1981		24		0.10	25.0
1982		94	118	0.41	30.9
1983		249	368	0.82	42.2
1984		502	870	1.62	52.2
1985		761	1631	2.09	53.3
1986		1129	2760	3.09	58.3
1987 - Jan.	93		2853	3.00	54.8
-----					
1986	TOTAL CALIFORNIA		6795		45.8
	TOTAL U.S.		28593		57.0

### SEEKING EMPLOYMENT PHYSICIAN ASSISTANT

with strong AIDS-related background  
seeking work in clinical area and/or research field

**RICHARD GOLDMAN, P.A.-C.**  
(415) 641-7481

#### Transmission Categories

#### Age Groups

##### Adults:

Transmission Category	Count	Age Group	Count
Homosexual/Bisexual Male	2325	0 - 19 years	12
Homosexual/Bisexual, Drugs	351	20 - 29	393
Other IV Drugs	24	30 - 39	1392
Hemophiliac/Transfusions	21	40 - 49	701
Heterosexual Contact(s) Only	11	50 +	262
None of Above/Other	11		

##### Children:

Transfusions	3
High Risk/AIDS Parent	4

### BUILDING A FAMILY

Stable gay couple with lifetime commitment, both doctors, seek to adopt healthy infant. Will provide happy, secure loving home. Confidential. Legally allowed expenses paid. Call 334-7635.

### PARADE NEEDS DOCTORS

The Health Committee for the 1987 San Francisco Lesbian and Gay Freedom Day Parade are in need of volunteered medical supplies and volunteer doctors for the day of the Parade, which will be held on June 28th. If you are interested in helping call John at 753-3179 or Janet at 695-1204.

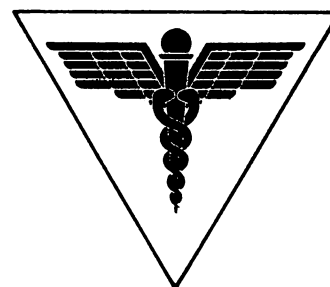
#### Ethnic Groups

#### Causes of Death

Ethnic Group	Count	Cause of Death	Count	Mort. Rate
White	2380	KS without PCP	314/645	48.7
Black	160	PCP without KS	839/1465	57.3
Hispanic	183	Both KS and PCP	302/388	77.8
Asian/Pacific Isl.	35	Op. Inf., no KS or PCP	153/262	58.4
Others	2	Totals	1608/2760	58.3

### PSYCHIATRIST WANTED

The AIDS Health Project, an AIDS risk reduction and mental health promotion program of the University of California, San Francisco and the San Francisco Department of Public Health announce a quarter time position for a psychiatrist interested in the neuropsychiatric problems of people with AIDS. Applicant must have some academic interest in the area, good clinical assessment skills, willingness to provide consultation to community based groups and public speaking skills. Scheduled for April 1, 1987, the position may later be increased to half-time. Minority applicants are encouraged to apply. Applicants should send a resume with letter of interest to: James W. Dille, MD, Project Director, UCSF AIDS Health Project, Box 0884, San Francisco, CA 94143-0884



epidemic without public branding, and they have been able to form knowledgeable and responsible bonds with their healthcare providers. State law forbids discrimination on the basis of the antibody test for insurance, housing, and employment. Information about antibody testing and HIV transmission is furnished to marriage license applicants. Physicians can obtain antibody test results for patients whose care may be affected by the information, but the patient's informed consent must be obtained before testing is performed.

We propose that, as part of a broad and aggressive education campaign centrally coordinated by the federal government, there be federally financed testing centers at which citizens can be tested voluntarily, anonymously, and with appropriate counseling.

In addition, all physicians should be urged to inform all their patients regarding the facts about transmission of the virus and about the effects of the infection on health and procreation, so that their patients may learn how best to manage themselves.

Ultimately our nation's health depends most on all of us being as fully informed and responsible as possible.

Sincerely, The Social Concerns Committee, the Scientific Affairs Committee, and W.L. Warner, MD, President.

## CDC MEETING REPORT

According to those returning from the Feb. 24-25 meeting called by CDC in Atlanta, the future may not look as bleak as was predicted in terms of political activity in the Public Health arena.

CDC originally called the meeting with the announcement that they were considering mandatory HIV antibody testing for applicants for marriage licenses, hospital admissions, and possibly some other situations. Part of the meeting would be open to the public for discussion of the principles, and certain individuals were scheduled to speak as spokespersons for known positions. Although their original expectation was for approximately 200 attendees, over 800 appeared, all with strongly-held opinions. The meeting was divided into workshops, and spokespersons from each workshop then presented the consensus of their group.

Not only was there not much support for the idea of mandatory testing for the instances cited, there was overwhelming demand for establishment of anonymous test centers, strict confidentiality of test results, and encouragement of education regarding risk factors and significance of the test. It was generally agreed that counseling was a vital factor to accompany testing. There was even some urging of review of "obsolete" laws in some states which accentuated the discrimination associated with AIDS, an indirect reference to sodomy laws as having an adverse impact on control of the epidemic.

Some observers felt that most at CDC did not seriously consider mandatory testing, but needed a public forum to put the idea to rest. The CDC is not obligated to accept the decision of the great majority, however. Their final action in this regard is expected to appear in the MMWR within a few weeks.

## POLITICIANS PANEL IN MARCH

On March 22, Sunday, at 7 PM, the March General Meeting will be held at Ralph K. Davies Auditorium. We are inviting the candidates for Congress to address the audience and answer questions from the floor. While the number of candidates who will choose to appear is unknown at this time, there are fourteen avowed candidates for the position. It is unlikely that all will be able to insert the meeting into their rather frenetic schedules, but there should be enough to spark some lively debate. BAPHR as an organization will not endorse any particular candidate.

For this special meeting, the members of BALIF (Bay Area Lawyers for Individual Freedom) have been invited to join us.

## MEMBERSHIP RENEWALS - SECOND NOTICES

During the last week of February, notices went out to those of you who have forgotten to renew your memberships. If you have not yet renewed for 1987, please do so as soon as possible. The Membership Committee thanks you for your response.

## HEALTH OFFICERS' POSITION

*This is a solicited article by Dr. Carl L. Smith, Health Officer for Alameda County, to whom we express our gratitude.*

In November, 1986, the California Conference of Local Health Officers adopted a position paper, "The Prevention and Management of HIV Infection in California: A Guide for Local Health Officers." This paper suggests public health management principles and defines the scope of responsibility of the Local Health Officer. Issues addressed in the guide include the need to preserve confidentiality, the development of local plans, education, research, comprehensive services, the coordination of HIV related services, and the existing legal authority of the Local Health Officer. This latter section discussed in general terms how the Local Health Officer might use existing legal power to control communicable disease. After this document was adopted and distributed, several Local Health Officers asked for clearer direction on what steps they should take when confronted with the recalcitrant patient with AIDS or AIDS Related Conditions. Examples of problems which faced them included a prostitute with an AIDS related condition who continued to do business and an IV drug user with AIDS who announced that he planned to continue to share his works. Local Health Officers were going to be using their authority in the coming months and the conference believed that it was imperative that these actions be consistent and whatever actions were taken be of the least restrictive required for any situation.

In response to these requests the Conference's Epidemiology and Disease Control Committee, which I chair, agreed to attempt to develop guidelines for the Local Health Officer when he or she is called upon to take action in these situations. The Committee developed an initial draft which was presented to the Board of Directors of CCLHO in early February. This draft presented a series of actions which the health officer might take after all educational and counseling efforts had failed. The emphasis in the first draft and in subsequent drafts has been to provide due process and to protect the constitutional rights of the individual. The draft proposed four actions of increasing limitation. The first was to include an attempt to convince the patient to refrain from high risk activity, try to address social issues (such as unemployment) which might be contributing to the continued dangerous behavior, and the offer of counseling and support. The second action was to issue "an order to appear for examination". This order would allow the health officer to meet the individual, verify the diagnosis, and to assess the capability of the individual to comply with voluntary measures. If the Local Health Officer decided that the behavior of the individual should be limited, he or she would then issue an order of "modified isolation". Such an order would not involve isolation at a particular site but would include requirements for participation in counseling and the prohibition of high risk activities. If this failed the most limiting action a health officer could take would be "strict isolation". This would involve restriction of movement and designation of a site where the individual was to remain (home, hospital, or other care facility). Each of these steps allow for representation of the patient by an attorney and periodic review (at least every six months).

When this concept was presented, there was criticism from organizations and interested individuals. These concerns can be summarized as follows: The first draft did not have enough emphasis on the steps which should be taken before invoking the health officer powers. The wording suggested to some readers an attempt to circumvent existing laws regarding confidentiality of HIV antibody testing. Several spokespeople expressed concern that procedures which were designed to deal with the recalcitrant patient might be applied to the general population of HIV infected individuals. At least one individual stated that we should avoid commenting on the issue at all. Because of the significance of these concerns the Board of Directors referred the guideline back to the committee for reworking. When the Epidemiology and Disease Control Committee reconsiders the issue on Feb. 25, a new draft will be developed which I believe will correct the problems which were identified in the first draft.

\* Available from the California Conference of Local Health Officers, Office of Advisory Liaison, Dept. of Health Services, 714 P St., Room 1376, Sacramento 95814.

Carl L. Smith, MD  
Health Officer, Alameda County





# THE BAPHRON

Bay Area Physicians for Human Rights Official Newsletter

Vol. 9, No. 3

May-June, 1987

## SHOULD INVESTIGATIONAL DRUGS BE RELEASED EARLY?

### FOR

The early release of AZT is good news to many for several reasons:

- 1) The natural history of AIDS presenting as opportunistic infection is abundantly clear; without antiviral treatment, medical survival is less than one year, and over 90% are dead within two years. The necessity for a placebo in this group of patients is therefore unclear.
- 2) The natural history of "severe ARC", i.e. less than 200 helper cells, is almost as bleak; over 50% will have an AIDS defined opportunistic infection within one year.
- 3) The natural history of seropositivity is less clear but recent data from the San Francisco Hepatitis B cohort study reveals a sharp increase in percentage of AIDS cases occurring between five and nine years of seropositivity with 36% developing AIDS at 88 months of seropositivity.
- 4) Preliminary data on Phase I and II AZT recipients indicate an increase in longevity and decrease in viral and P24 antigen recovery in those of AZT versus those on placebo.

Given the information about the natural history of HIV infection and preliminary data on AZT, it is easy to understand why many HIV infected persons are willing to pay exorbitant prices to take a drug which is incompletely tested and therefore has known toxicity, not to mention unknown long range toxicity.

Fortunately, it is possible to monitor the known toxic effects and withdraw the drug if necessary.

Lastly, there is psychological benefit for the patient and his doctor to participate in making a choice about therapy with knowledge that there may be an effective drug available to some, but not to be able to get the drug because of the requirements of a protocol is an overwhelmingly frustrating situation.

James Campbell MD

### JUNE SYMPOSIUM PLANNED

The theme of this year's annual Symposium is "AIDS Affects Us All". It will include discussions on the impact of HIV infection and disease on health care delivery and the community, and will be held on Saturday, June 27, at the San Francisco Medical Society Auditorium.

While not intended as an update on AIDS, it will address the impact that AIDS has had on the individual, secondarily on the community composed of individuals, and on the provision of health care in terms of individual physician involvement and burn-out and the delivery of health care. The latter will highlight the changes in health care systems and the expanded use of hospices and home-care. It will conclude with the latest in therapeutic advances as gleaned from the International AIDS Symposium held earlier in Washington, DC.

The keynote address will be given by Dr. Michael Gottlieb, Medical Director for the American Foundation for AIDS Research. Other speakers will include local and regional authorities and Persons With AIDS.

Following the Symposium, a cocktail party will be held at 6 PM, location to be announced. The awards for the winners of the Safe Sex Art Competition, sponsored by BAPHR and the Artists for Community life, will also be presented.

### AGAINST

The proposed rule for legalizing sale of investigational drugs for AIDS and ARC leaves one with the uneasy feeling of returning to the pre-1963 days of controlled drug testing and the attendant toxicity problems which affected many in this country. If we learned our lesson, we should be very cautious about changing the proven *status quo*.

There is little argument regarding early release of AZT, since the Phase 2 trials were quite convincing in regard to mortality although the duration of observation was short. Similar trials in patients with ARC have not been reported. The ribavirin studies were not convincing, although this drug seems to have been one of the inciting elements in the proposed relaxation of regulations, and in fact FDA has finally determined that the early data do not warrant wide-scale testing. The other candidate drugs are even more problematical.

The frustration and anxiety of both physicians and patients in this present no-cure situation are understandable, but we should look at the alternatives. The repropounded rule would allow drugs to be sold and used with little regard for protocol before even Phase 2, the time for establishing the optimal dosage and dosage schedule, has been completed. These drugs will not have been shown to be effective, and without a set protocol, the physician/patient will be relatively free to use the drug in whatever manner they decide, whether it makes sense of not. I believe it will be very difficult for physicians to embark on a treatment regimen that can hope to benefit most patients, to say nothing about avoiding unacceptable toxicity, without much more information than will be available.

Then there is the very practical problem of the means of obtaining good data once the drugs are available commercially. Even if the sponsor (and FDA) were able to develop a protocol that is thought (read "guess") to make best use of the drug, doctors are free to change the recommended usage of any drug, once it is released for sale. The resulting experience will end in a hodge-podge of testimonial information that will only poorly advance the state of the art and even delay eventual understanding for usage of the drug, all to assuage the hysteria of patients and doctors. It will not be possible to do placebo-controlled trials if the drug is freely available to those who can afford to buy it. What about those who can't? The cost of drugs will not be reviewed by FDA before going on sale, but the agency retains the option of withdrawing the privilege if the price is eventually considered outrageous.

I believe the end result of this revolutionary change in drug research will be the delay of solid data to permit the educated use of effective drugs, and causing significant toxicity along the way, perhaps with the needless sacrifice of patients, all to relieve our anxiety. The Hippocratic oath has its practical side, too - "above all, we shall do no harm".

W.L. Warner MD

## PRESIDENT'S PROGRESS NOTES

The biggest news this month are the proposals from the California Medical Association which would modify considerably the status of antibody testing in California (and possibly country-wide), and the proposal from FDA to allow the sale of investigational drugs for treating AIDS patients.

Taking the California proposal first, a few of our members participated in discussion at the CMA Annual Conference in Anaheim as part of the San Francisco delegation. From their reports it appears that there are many physicians in the state not only ignorant on the medical questions, but also misled into approaching the AIDS epidemic in the same manner that they are used to doing with other public health threats - test everybody and let physicians handle the confidentiality in the ways they have always done; try to trace all the sexual contacts of people who test positive; and tell anybody they (the doctors) choose the results of the antibody test in the name of good public health. They also urged the introduction of these proposals to the AMA House of Delegates at their June meeting.

Drs. Jim Krajewski and Bill Kapla, members in the thick of the discussions in Anaheim, consider us lucky to have the present proposal rather than alternates which were even more depressing and unenlightened. We owe a debt of gratitude for their unstinting efforts on behalf of the gay/lesbian community. Whether the plan carries any weight with the California legislature remains to be seen.

Another bit of information from the Anaheim conference, passed on by Mark Madsen of the CMA staff, was the horrifying lack of understanding many physicians have regarding the medical facts and epidemiology of AIDS, many convinced that the virus is carried by mosquitos, that it is dangerous to the physician to treat AIDS patients because of the possibility of casual transmission, etc. These factors have fueled my own involvement in the Education Sub-Committee of the California AIDS Advisory Committee (chaired by Dr. Richard Hamilton, a former BAPHR member now in L.A.) and working with legislators to set up a state-wide educational program for all health care professionals. These are the people usually expected to educate patients and the worried well, but many are apparently ill-equipped to do so.

The FDA proposal to allow companies to sell investigational drugs is in response to organizations who have pressed for release of drugs with potential for therapeutic effects, such as Project Inform, Citizens for Medical Justice, etc. In my opinion this is a return to the pre-Kefauver days when there was little restriction on use of drugs in a so-called investigation as long as there was an impression that the drug was not overtly dangerous. Some say that the proposal would even allow companies to make a profit on such use, although the data are inadequate to establish any expected benefit. BAPHR has joined many other organizations in requesting an extension of the period for response to this proposal (an additional 45 days) in order to formulate a complete analysis.

In the meantime, we continue to note new invasions of the disease into our membership, and increasing "burnout" among those on the front lines in treatment situations. Kipling's exhortation to "keep our heads" is very appropriate these days.

Will Warner, MD

## WARNER TESTIFIES IN SACRAMENTO

President Will Warner, speaking for BAPHR and as a Director of Lobby for Individual Freedom and Equality, testified on March 17 at the Assembly Health Committee against AB 250 (Hughes), which would eliminate liability of physicians for disclosure of the results of the HIV antibody test to the spouse of a patient on a discretionary basis. Points made include:

1. Such disclosure is contrary to the call for strict confidentiality as expressed in the Surgeon General's report and the NAS report, "Confronting AIDS" and the consensus of the group convened by CDC considering these questions.
2. The mechanism for disclosure to a spouse in a loving, intimate relationship is in place, that of "informed consent". The bill must then be aimed at those estranged or in some non-functional relationship where sexual transmission should not be a question. Such disclosure would then feed into legal maneuvers inimical to the patient, such as the deprivation of visitation rights attempted in the Chicago case
3. False positive and false negative reactions to the test are ignored, and could lead to unnecessary trauma for both patient and spouse.
4. The discretionary nature of the disclosure places physicians in an untenable, adversarial position in regard to the confidential relationship with his/her patient, tending to suppress truthful exchanges and discussion of risk and to drive patients underground, away from their health-care provider. Physicians do not want, nor is it in the best interests of the profession to have, such discretionary powers which are always bad, whether in the hand of law enforcement officers or others.
5. The potential threat to patients would be deleterious to the control of the AIDS epidemic.

## MAY MEETING CHANGED

It was originally planned to hold a general meeting in May to discuss the proposals recommended by the delegates at the recent convention of the California Medical Association regarding the confidentiality of the HIV antibody test. These plans have been changed in order to encourage dialogue among officers of the various groups, particularly BAPHR and the San Francisco Medical Society, with participation of Public Health authorities and medical ethicists, as a first stage.

It is hoped that a general meeting may follow, devoted to discussion of these issues and education of the membership, perhaps in early June. Notices will be sent to all members as plans are finalized.

# the BAPHRON

### The BAPHRON

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.

### Officers of BAPHR

W.L. Warner, MD ..... President  
 Ian Barlow, MD ..... Vice President  
 James Campbell, MD ..... Secretary  
 Kenneth Everts, MD ..... Treasurer  
 W.J. Kapla, MD ..... Past President

### BAPHR Administrative Offices

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

Communications may also be sent to:  
 BAPHR

Box 14546, S.F., CA 94114

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

### Staff of The BAPHRON

Sam Thal, MD, Editor  
 Send communications to The BAPHRON  
 c/o BAPHR's Box 14546, S.F. 94114

### Subscriptions

All BAPHR members and persons who contribute as members of other categories (q.v. below) receive The

BAPHRON. Dues and contributions to BAPHR are entirely tax-deductible.

### Dues and Contributions

Category	
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. 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.

## AIDS STATISTICS

### CASES DIAGNOSED IN SAN FRANCISCO

YEAR AND QUARTER	NEW CASES	YEARLY TOTAL	CUMULATIVE TOTAL	NEW CASES PER DAY	MORT. RATE
1981		24		0.10	25.0
1982		94	118	0.41	30.9
1983		249	368	0.82	42.2
1984		502	870	1.62	52.2
1985		761	1631	2.09	53.3
1986		1129	2760	3.09	58.3
1987 - 1	208	237	3086	2.31	59.8

---

1987 - 1	TOTAL CALIFORNIA	7490	54.6
	TOTAL U.S.	33482	57.9

---

### RISK REDUCTION GUIDELINES

The State AIDS Risk Reduction Guidelines Committee, composed of representatives of agencies involved in education of people throughout the state, a representative of the State Office of AIDS (Dr. Robert Anderson, former BAPHR member), and a representative of the medical profession (Will Warner), have reached agreement on the salient messages to be included in all Risk Reduction brochures approved by the State. This final step has taken literally one year to accomplish.

Although the final signoff will come after review by the State AIDS Task Force, the messages will include the statements that transmission of HIV is by blood, semen, and vaginal secretions contacted through anal and vaginal intercourse or through exchange of blood; always use a condom for intercourse; do not use IV drugs, but if you do, clean your works; if you want to know whether you have been infected, the HIV antibody test can be used reliably, but counseling and education are essential; there are rare instances of transmission in addition to intercourse and blood exchange, and this should be discussed with a health-care provider.

It is important that education be standardized throughout the state, since, especially recently, various authoritative and non-authoritative sources have been interpreting the guidelines differently. The brochures will emphasize the safety of casual contact and sexual contact that does not lead to deposition of semen or vaginal secretions in body cavities.

### NSI Services, Inc.

Home Health Care  
Total nursing care in the home  
Attendants, LVNs, RNs  
RN supervisor 24 hours per day  
921-8360

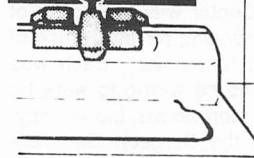
### MEDICAL PRACTICE AVAILABLE

Seattle : Exceptional internal  
medicine practice available  
due to illness. Interesting  
patients. Excellent hospital  
and support facilities nearby.  
Call (206) 322-7395

### COMEDY NITE - A CABARET

Marga Gomez transformed herself, with a touch of fluff on her head and a pair of designer glasses, into whomever suited her fancy and with accent to match. Danny Williams claimed to be disturbed by the recent publicity caused by his romance with one Jim Bakker, but that didn't interfere with his usual zany performance. Such was the ambience at the El Drisco Hotel on April 27 for the BAPHR Comedy Nite II.

The intimate atmosphere and congenial staff of the El Drisco turned the good food and good friends into a combination hard to beat. It was generally agreed that the "Cabaret" should be an annual event.



*Carl Heimann  
gives good  
insurance!*  
**(415) 673-9340**

## 4 M : W O R D S E R V I C E S

**6 2 6 - 3 7 4 3**

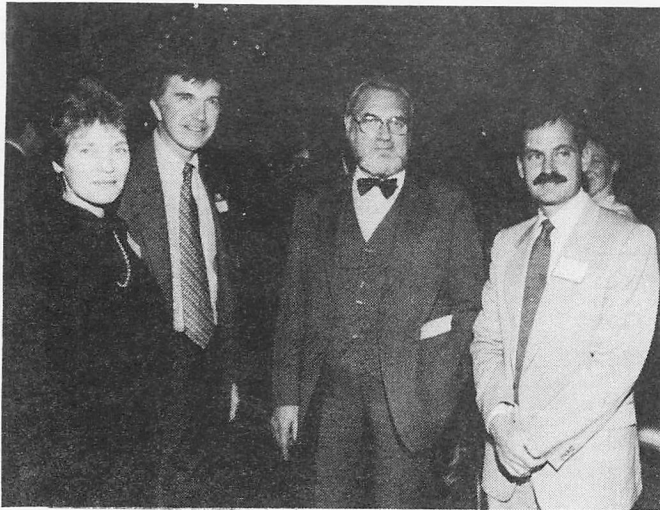
### MEDICAL TRANSCRIPTION

- Reasonable rates*
- For individual doctors or groups*
- Convenient turn-around time*
- Free pick-up and delivery*
- Professional quality documents*
- Phone lines to be available soon*

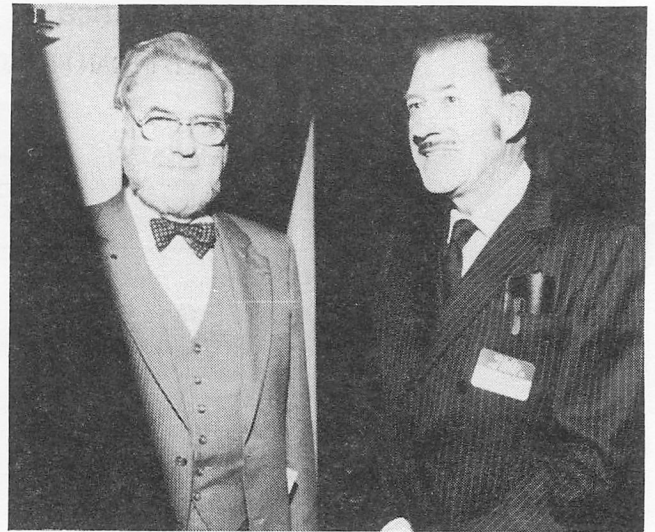
### POSITION WANTED INTERNIST

AVAILABLE FULL TIME JULY '88 POST-  
RESIDENCY, PART-TIME POSSIBLE  
IN INTERIM. SEEKING LOCATION  
IN CALIFORNIA OR HAWAII.  
FOR CV CONTACT:

JOY SHAFFER MD  
544 Groth Place  
San Jose, CA 95111  
(408) 629-3176



Scenes from reception for Surgeon General C. Everett Koop in San Francisco during his visit in March



### L.I.F.E. FUNDRAISER

As reported previously, the fledgling Lobby for Individual Freedom and Equality is developing an important presence in Sacramento in regard to the dozens of proposed bills involving AIDS and the rights of people in risk groups, but it takes money to operate such an organization. Starting out in the home of a full-time professional lobbyist, Rand Martin, offices are now established in a dignified building close to the Capitol and interviews are being conducted for a full-time Secretary to handle the growing demand for printed materials and information. The entire operation operates on donations from participating organizations which now number 28 throughout the State.

All locales involved (northern CA, L.A., Orange County, and San Diego) are hosting fundraisers this spring in order to provide the necessary funds. The first San Francisco affair will be a cocktail party at the home of John Newmeyer, 2004 Gough St., S.F., on Thursday, May 28, six to eight PM. Additional information will be included in a later mailing. This is the time to show your support for the multiple activities this political organization is doing on behalf of improved health care for gays and lesbians.

### QUESTIONABLE QUOTES

"Homosexuality is not prevalent in the black community, and we want to keep it that way." Ezola Foster, executive-director of the Black Americans for Family Values. (SF Chron. March 12, 1987)

Patients with AIDS, ARC, and who test positive for HIV antibody have been forbidden to use the swimming pool, spa, and group kitchen facilities at the Institute of Pennsylvania Hospital, and are required to sign a disclosure form that allows doctors to reveal an AIDS diagnosis to other patients. (Phila. Gay News)

Responding to recommendations from the Santa Clara County AIDS Task Force: "Allowing condoms would sanction sexual activity which is prohibited behind bars. I feel that our efforts should be concentrated on avoiding this behavior," said Sheriff Robert Winter. (SF Chron.)

A former White House stenographer claimed a moral victory after receiving an admission that his homosexuality was the reason his security clearance was revoked. The General Counsel for the White House added that the White House has a policy of nondiscrimination for gays. (Au Courant, Phila.)

AIDS Therapy Update- The High Priest of a Japanese fertility shrine in Kawasaki offered prayers for people with AIDS, using pictures of a Samurai warrior slashing off an AIDS-infected penis from horseback and of a stern god crushing an AIDS victim in his hand. Ten thousand visitors crowded into the shrine to see blacksmiths forging an iron penis to present to the shrine's god. (SF Chron., April 26)

*Contributions to this column are welcomed from our readers.*

### 1987 AAPHR ANNUAL MEETING

AAPHR'S Annual Meeting will be held in Minneapolis from August 4-7. Some of the highlights of the scientific meeting are :

\*Working With Gay Adolescents - Gary Ramifedi, MD

\*Current Clinical Treatment of AIDS - Don Abrams, MD

\*Neuro-psychiatric Complications of AIDS - David Ostrow, MD

On August 6th, Mathilde Krim will receive AAPHR'S Achievement Award, and Friday August 7th will be devoted entirely to an AIDS Update. During the meetings there will be programs for significant others and many different forms of entertainment from which to choose. Complete information on the conference including fees, registration materials and hotel accommodations will be available by mid-April. A brochure will be mailed to all BAPHR members at that time.

Preceding the AAPHR Meeting, the Fourth National Lesbian Physicians Conference will be held. This is also being held in Minneapolis, from July 30 to August 2. A brochure will be mailed to members in mid-April.

### POLITICAL PANEL MEETING

The auditorium in Ralph K. Davies Medical Center was the scene of give and take (of a mild sort) for candidates running for the House of Representatives from the Eighth District on March 22. Each was given two questions to address: Would he/she be willing to work for extension of civil rights for lesbians and gay men across the country; and Would he/she support the concepts in the Surgeon General's Report of AIDS and the report from the NAS Institute of Medicine, "Confronting AIDS", including the funding proposals.

Eight of the candidates appeared and gave an 8 minute presentation, followed by a 5 minute period for questions from the floor. Supervisor Harry Britt could not attend due to other commitments out of town. Nancy Pelosi, the eventual victor, spoke and appeared to have her facts well in hand in regard to the important questions on AIDS and health care. Doris Ward and Harriet Ross indicated that they would attend, but did not appear. Others speaking were Kevin Wadsworth, Tom Spinoso, Mike Garza, Sam Grove, Carol Ruth Silver, and Bill Maher.

The audience appeared to be about half BAPHR and half BALIF, for the first joint meeting of the two groups.



# THE BAPHRON

Vol. 9, No. 4

Bay Area Physicians for Human Rights Official Newsletter

July-August 1987

## 'For Evil To Flourish, Good Men Must Only Do Nothing'

### AMA CONSIDERS AIDS POLICY BAPHR MEMBERS PARTICIPATE

The AMA House of Delegates began gathering in Chicago on Saturday, June 20th for its semi-annual meeting. On its agenda were various AIDS policy resolutions, including those submitted by the CMA. BAPHR members Jim Krajewski and Dave Kessler were present, in addition to a few members of AAPHR.

Several days before the meeting was scheduled to begin, the AMA Board of Trustees released its proposals on the subject. They were presented to the media, and the word was out that a political 'steam roller' was in the works. It was rumored that pressure was being applied to ensure that this report was adopted, the AMA hierarchy feeling that it could delay no longer in coming to grips with the multitude of thorny AIDS policy questions.

It was learned that the Board of Trustees report had been hastily written by two individuals. One was a physician with no special AIDS expertise and the other was a lawyer. We were told that the two men could not agree between themselves, and that apparently there had been little or no outside consultation. Members of the AMA's own AIDS Task Force had not even been informed.

The report was a mixed bag. While calling for mandatory HIV testing for immigrants, prisoners, and the military, it opposed, for the present, broad extension of mandatory national testing. It gave lip service to the need for AIDS education, and for counseling and confidentiality in HIV testing, but "encouraged" testing for health care workers, hospitalized patients, applicants for marriage licenses, and all gay men and IV drug users and their partners.

It centered most of its attention on HIV testing, and on high risk groups rather than high risk behavior. The report was ambiguous regarding informed consent for testing, and seemed to advocate "routine" HIV testing for patients in STD and drug abuse clinics, pregnant women, and surgical patients. (this latter proposal was specifically endorsed by the Surgeon General, who was present.)

Also significant was the failure of the report to suggest a high level AMA AIDS Policy Commission or other mechanism to ensure a more thoughtful and continuing process of considering such policy decisions in the future.

The BAPHR and AAPHR members prepared their arguments and tried to line up support over the weekend from members of the CMA and psychiatric delegations. Testimony was heard on Monday morning, and about 30 to 40 people commented. A considerable majority offered either specific or general criticisms. In addition to the two BAPHR members, David Ostrow, president of AAPHR and a member of the AMA AIDS Task Force spoke, denouncing the manner in which the report had been prepared. Another forceful critic was Dr. Laurens White, president-elect of the CMA.

Subsequently the report underwent some revisions for the better. It was adopted later in the week by the House of Delegates and now represents official AMA policy. As such it will be referred to by state medical associations, medical specialty societies, and other groups as providing a presumably scientific and medically sound set of guidelines. The final draft has only recently been made available, and will require further study. The issues it addresses will inevitably become more heated, emotional, and political, as the AIDS epidemic spreads, and as the elections of 1988 approach.

David Kessler, M.D.

### LIFE TESTING PLATFORM

Testing for the AIDS antibody has become the single most important issue for health care providers as well as every person at risk. At their quarterly Board meeting in May, the Lobby for Individual Freedom and Equality adopted a new platform to keep abreast of current developments, and to act as a guide for our lobbyist in reaction to proposed bills in Sacramento:

*So long as statutory provisions against discriminatory use of antibody test results exist and the test results are protected from unauthorized disclosure, support the availability of voluntary and anonymous testing, provided that testing is done with the full knowledge, understanding and consent of the subject, that the subject is aware of the option of alternative test sites, comprehends the difference between anonymous and confidential testing and is cognizant of the fact that confidential medical records can be accessed by courts and by insurance companies, and that counseling the subject on the test and the ramifications of its result is an integral component of any testing protocol.*

### NOMINATIONS FOR OFFICERS NOW DUE

Nominations for new officers for BAPHR for the next year to begin in October 1987 are now being accepted by the nominating committee which is chaired by Dr. William Kapla, Past President. To be elected are President, President-elect, Vice President, Secretary, and Treasurer. Any member is eligible for nomination for any officer and a member is welcome to nominate himself or herself for any office.

### FOUNDATION TO HOLD CASINO NITE

The BAPHR Foundation will hold its second annual Casino Nite benefit on Saturday, July 25, from 7 p.m. until midnight at the home of Dr. Larry Silverman in Danville. The \$75 tax-deductible contribution entitles you to 5 hours of casino gambling with professional equipment and dealers, with \$200 worth of gambling chips, wonderful food, and dancing as well as entertainment. You will also have a chance to win thousands of dollars in prizes which include a one-week trip for 2 in Hawaii, airfare for 2 to Las Vegas, scenic blimp ride over San Francisco for 2, theatre and opera tickets, 3 nights at the Woods Resort, and free dinners at fine restaurants. Group bus transportation will depart from and return to San Francisco from S.F. Medical Society, 250 Masonic Ave. Departure time is 6:15 p.m.

Tickets may be obtained from any Foundation Board member or by calling the BAPHR office : 558-9353, or in the evenings or weekends call Sam Thal ( 285-6845 ) or Larry Silverman ( 820-5049 )

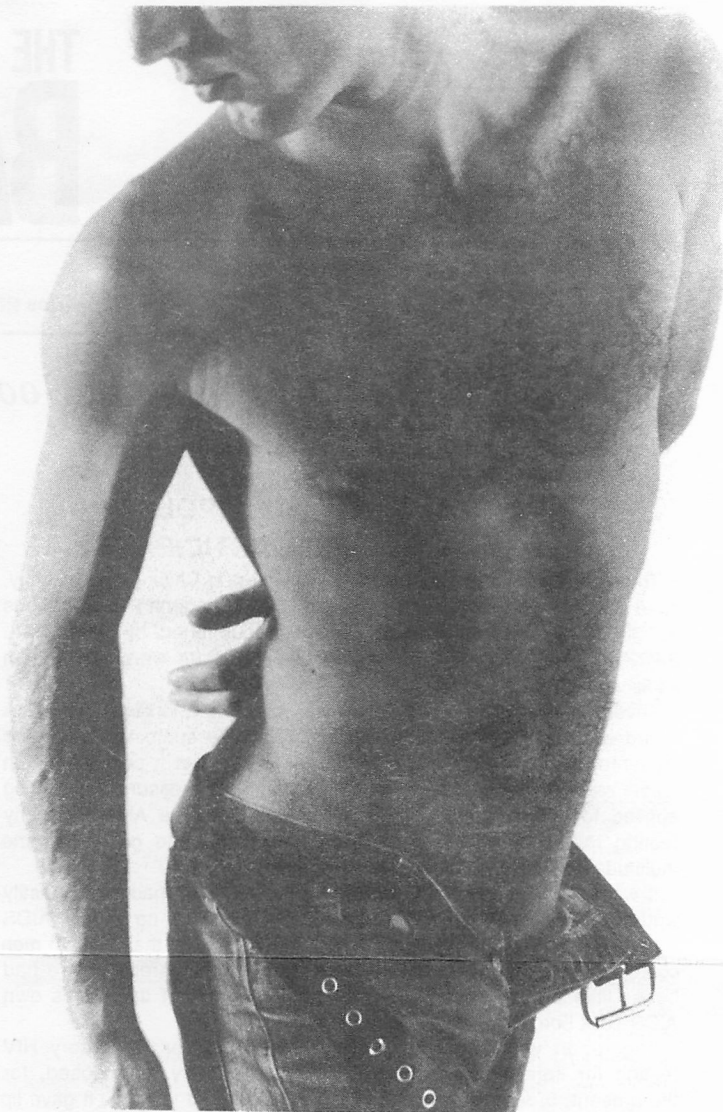
Having recently returned from the International AIDS conference in Washington, my mood is a mixture of optimism for the future (because of the tremendous involvement of thousands of skilled researchers and therapists) and pessimism in regard to the political ramifications that attend the subject.

Once the President found the courage to use the word "AIDS" in public, the disease took on political significance and its sufferers or potential victims became targets. The prohibition of mandatory testing, universally supported by all federal agencies and independent spokespersons, is being eroded and even being supported to some extent by our "friends" as political expediency. This is happening on the state as well as federal level in the guise of "doing something" rather than trusting education to accomplish its task.

On the other hand, there is a danger in health activist groups to adopt a knee-jerk response to all legislation and legislators who are admittedly reactionary on the subject, such as State Senator John Doolittle who introduced ten bills this year relating to AIDS. Most but not all these bills, as amended, are retrogressive; we cannot afford to fail to reason together on each issue as it surfaces, since there are medical justifications for some actions that carry confidentiality or anonymity requirements intact. U.S. Rep. Dannemeyer has established himself as a buffoon to any reasonable person when he is trotted out to present the conservative viewpoint.

The AMA in its ponderous wisdom supported mandatory testing of prisoners and immigrants, and went part-way toward supporting routine testing of patients admitted to hospitals for surgical procedures as well as for pregnancy and family planning.

It is hoped that, through a firmer connection for dialog with the CMA (see article on CMA/AMA in this issue), we can induce deeper understanding of problems confronting PWA's and of physicians treating PWA's on the State level at least. To reap the harvest of all the scientific and medical effort demonstrated in Washington, we must also adhere to our convictions for using the scientific tools supplied.



The above picture is part of an advertising campaign of the Amsterdam Jacks, a safe-sex J/O club which meets monthly at Koggestraat 4-6. Doors are open from 9 to 10 PM.

Apparently they were not aware of the statement by Monsignor John Woolsey, Director of the Office of Christian and Family Development for the Archdiocese of New York, who said, "The ads (for condoms) portray an out-and-out endorsement of sexual promiscuity and mislead people into thinking that there is such a thing as safe sex". Speak for yourself, John.

**MAKE YOUR TRAVEL PLANS NOW !!!**  
**MARCH WITH BAPHR AT**  
**THE NATIONAL MARCH ON WASHINGTON**  
**FOR LESBIAN AND GAY RIGHTS**  
 WASHINGTON, D.C.  
 SUNDAY, OCTOBER 11, 1987

**the BAPHRON**

**The BAPHRON**

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.

**Officers of BAPHR**

- W.L. Warner, MD ..... President
- Ian Barlow, MD ..... Vice President
- James Campbell, MD ..... Secretary
- Kenneth Everts, MD ..... Treasurer
- W.J. Kapla, MD ..... Past President

**BAPHR Administrative Offices**

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

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

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

**Staff of The BAPHRON**

Sam Thal, MD, Editor  
 Send communications to The BAPHRON  
 c/o BAPHR's Box 14546, S.F. 94114

**Subscriptions**

All BAPHR members and persons who contribute as members of other categories (q.v. below) receive The

BAPHRON. Dues and contributions to BAPHR are entirely tax-deductible.

**Dues and Contributions**

Category	
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. 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.

**AIDS STATISTICS**  
**CASES DIAGNOSED IN SAN FRANCISCO**

YEAR AND QUARTER	NEW CASES	YEARLY TOTAL	CUMULATIVE TOTAL	NEW CASES PER DAY	MORT. RATE
1981		24		0.10	25.0
1982		94	118	0.41	30.9
1983		249	368	0.82	42.2
1984		502	870	1.62	52.2
1985		761	1631	2.09	53.3
1986		1129	2760	3.09	58.3
1987 - 1	208	237	3086	2.31	59.8
April	106		3190	3.5	59.4
May	117		3307	3.4	59.5

**PERSONAL NOTES ON III INTERNATIONAL  
AIDS CONFERENCE**

This correspondent's first contact with the Conference was walking into the lobby of the Washington Hilton June 2nd afternoon and running into Larry Kramer, the New York gay writer and activist. He had his little dog in tow, and was frantically trying to telephone a lawyer. He was trying to secure the release of a PWA who had just gotten into a scuffle at the exhibition booth staffed by supporters of the notorious homophobic psychologist, Paul Cameron. The PWA had been arrested and taken in shackles to D.C. General Hospital for a "medical examination" after he had revealed that he had AIDS.

Larry and several dozen others had themselves been arrested earlier that day after they staged a sit-down protest in front of the White House. They were nabbed by the D.C. cops wearing long bright yellow gloves. The Lavender Hill Mob, a NY guerrilla theatre group, immediately started chanting, "It'll be on the evening news / that your gloves don't match your shoes."

Meanwhile Cameron's group was continuing to demand the quarantining of gay men, and claiming that the average gay man "ingested the fecal material of 23 different men...per year." Someone must be getting my share.

NIH was responsible for planning the conference. About 3500 people were expected; actually nearly twice that number arrived. By the second day, registration had been closed because of overcrowding, and latecomers wandered around, wondering how they could arrange to be admitted. Even Dr. Michael Gottlieb, the "discoverer of AIDS" was turned away.

The scientific sessions were jammed, and eating facilities resembled feeding time at the zoo. Considerable gender and ethnic confusion was generated as people got hold of any badges they could. Women wore badges with mens' names and men wore womens'. One BAPHR member having arrived late and being denied registration eventually became "Herculano Siqueira" of Brazil. He, a native of Brooklyn, was complimented later by several strangers for his ability to speak relatively unaccented English. Some people were unkind enough to remark that NIH had planned for the Conference about as well as it had for the AIDS epidemic.

At a session on legal issues, Ben Shatz of NGRA said that some insurance companies were attempting to avoid writing health insurance coverage for gay men. They were doing this by "redlining" individuals in non-strenuous occupations, such as hair-styling and interior decorating. Ben wondered whether they had considered adding insurance actuaries to this category.

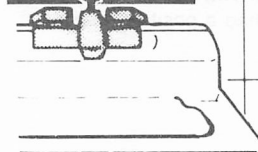
During the week of the meeting the U.S. Senate rushed through a bill providing for mandatory testing of immigrants and exclusion of those found to be seropositive. The vote was 96-0. So much for the influence of medical facts, thoughtful discussion, not to mention the 2-party system, in a time of panic and politics.

At the closing session, Dr. Otis Bowen, Secretary of HHS, addressed the gathering. Several hundred people stood silently in protest as he spoke. When he stated that "I want to assure you that the AIDS issue has the President's undivided attention", loud jeers and boos resounded through the large hall. (Earlier in the week the President and Vice-President had met similar receptions.)

Also at the closing sessions, Dr. Don Abrams was briefly given the microphone to read a resolution urging political leaders to heed the opinions of the responsible medical and scientific AIDS experts. This resolution had been written hurriedly the previous afternoon, and over 1400 signatures had been gathered in a few hours. (Several BAPHR members assisted.) Don received the longest and loudest ovation of any of the speakers.

Next June's meeting: Stockholm.

Dave Kessler, MD



*Carl Heimann  
gives good  
insurance!  
(415) 673-9340*

## INTERNATIONAL AIDS MEETING

A sizable contingent of BAPHR members attended the intense and provocative AIDS Conference in Washington DC June 1 to 6. The meeting was approximately 95% medical/scientific and 5% politics, although to some the politics outweighed the science in terms of significance.

The political activity began the evening before the conference when President Reagan, in addressing a banquet sponsored by American Foundation for AIDS Research, made a point of espousing mandatory testing of some groups, especially immigrants and inmates of prisons. The following day, Vice President Bush echoed this policy and stated that such decisions were political rather than medical issues. Both were booed by the spectators who were largely scientists and physicians involved directly in AIDS research and caring for AIDS patients. During the closing ceremony, HHS Secretary Bowen, reportedly having stripped out from his speech mention of these issues, was also booed when he stated that AIDS had received the prime attention of the administration.

No two reporters of five days of concurrent sessions of papers and reviews on the multiple facets of AIDS would produce very similar summaries. To me the salient points were as follows: The epidemic in some parts of Africa is spreading at an even more alarming rate than previously reported, largely through heterosexual spread including female prostitutes. The transmission of AIDS in the perinatal period may not be quite as frequent as previously reported, although seems to be related to socio-economic groups studied. AIDS is frequently transmitted through contaminated blood in countries that cannot afford antibody testing (largely African). The mode of transmission most worrisome in the northeastern US is through needles in IV drug abusers. The probability of contracting AIDS through blood transfusions in the US may be slightly higher than originally calculated.

Amphotericin B as a possible treatment for AIDS/ARC no longer seems worthwhile and appears quite toxic (even in France). The ribavirin trial frequently quoted in the past as demonstrating efficacy in the highest treatment group was severely criticised by Dr. Frank Young, Commissioner of FDA, who indicated that the randomization was improper in that patients placed in the placebo group were significantly sicker than those in the 800 mg treatment group, thus making that dose appear to be effective. Foscarnet is thought to be effective for PCP, but more data are needed. While there were several groups working on vaccines, there was not much in the way of data to establish hope at the present. The NIH simian study was not successful. And Robert Gallo announced a new AIDS virus, although hastened to say it had not been shown to be important as yet.

The mixture of medicine and politics produced an explosive atmosphere, especially for gay physicians and healthcare providers. In spite of attempts to avoid the issue by the convenors, Dr. Don Abrams, BAPHR member and researcher at UCSF, presented a petition signed by over 1300 attendees to the effect that the government should consult with medical and scientific experts in forming their political responses to AIDS. This resolution stimulated a standing ovation, one of the few of the conference. Some BAPHR members were involved in collecting signatures for that petition.

Next year's meeting will be held in Stockholm, and the 1989 meeting will be in San Francisco.

W.L. Warner MD

## OWEN SERIAL CONTINUES

BAPHR's founding member, William Owen, Jr. M.D. was again featured in the American Medical News, June 12 issue in the fifth of a continuing series on his practice and AIDS. The articles, written by Sari Staver of the News staff has had a positive response from readers.

## SYMPOSIUM AGAIN A WINNER

Once again BAPHR's education committee produced a successful symposium in conjunction with the San Francisco Medical Society and AAPHR at the Medical Society Auditorium. The committee, chaired by John Baker ably assisted by Steve Helig of the Medical Society staff produced a varied program under the heading "AIDS Affects Us All". Speakers ranged from persons with AIDS, John Lorenzini and Steve Yarnell, M.D. to AIDS treatment updates by Donald Abrams, M.D. and Mark Jacobson, M.D. In addition John Newmeyer, Ph.D. spoke on AIDS among Intravenous Drug Users, and David Werdegar, M.D. spoke on projections for San Francisco and the Bay Area Counties over the next four years. James Dilley, M.D. presented the UCSF AIDS Health Project Video entitled: "The Other Crisis, AIDS and Mental Health". Jim Row, PA-C, FNP gave a presentation on changes in home health care resulting from the AIDS epidemic. Elizabeth Harrison, M.D. discussed the impact of AIDS on the Health Care Worker, and James Campbell, M.D. gave an update of the evolution of safe sex guidelines.

The keynote speaker, Michael Gottlieb, M.D., co-chair of the American Foundation for AIDS Research and UCLA, who first described severe infections in patients with immune suppression in 1981, which subsequently became known as AIDS, gave a capsule history of the disease.

The symposium was followed by a most enjoyable cocktail party at Cafe Esprit, partly funded by Carmark, attended by the participants and many other guests. Our thanks go to all those who helped make this conference a success, especially to our own, Pierre Ludington, who coordinated the conference, and to Will Warner, without whose inspiration, persistence, and effort it could not have occurred.

## SAFE SEX ART AWARD

This year BAPHR sponsored a Safe Sex Art Competition in conjunction with a volunteer artist group, Artists for Community Life. BAPHR members judged the entries for appropriateness of the subject, and artists judged the artistic merits of the works.

The winner of the competition was Frank Lostaunau of San Francisco, for his rather epic poem, "Starmap for Safe Sex". A check for \$100 was awarded to Mr. Lostaunau at the post-Symposium cocktail party at the Caffe Esprit on June 27.

The works are now being reviewed for possible use in promoting safe sex in various media.







# THE BAPHRON

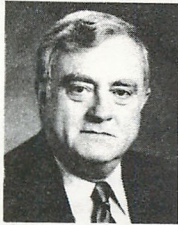
Vol. 9, No. 5

Bay Area Physicians for Human Rights Official Newsletter

Sept/Oct 1987

## 'If You Can Do No Good, At Least Do No Harm'

**10th Anniversary Banquet To Be Held  
October 23 at Stanford Court Hotel  
Dr. Laurens White to be honored**



**Laurens P. White, MD**  
President-Elect, California Medical Association

For our 10th anniversary awards banquet and installation of officers, we return to the Stanford Court Hotel in San Francisco where we held our memorable third annual awards banquet in 1982. Cocktail hour will begin at 6:30 PM with dinner at 7:30 PM. Invitations will be mailed the last week in September. The cost will be \$50 per person. Dress: Black Tie, Optional.

Dr. Laurens P. White, President-Elect of the California Medical Association will be honored for his long time support of BAPHR which began in 1978, when as president of the San Francisco Medical Society, he invited us to use the facilities of the Society Headquarters for our meetings and functions. This amicable relationship has continued through the years and has helped BAPHR in gaining international recognition. At our first meeting at the Medical Society he addressed us on the topic of "Survival", which is now a more timely topic than ever before. He also became a member of BAPHR in that year.

Dr. White is a graduate of Washington University School of Medicine in St. Louis and trained at the Massachusetts General Hospital. He is in private practice of Internal Medicine and Oncology in San Francisco and is Clinical Professor of Medicine at UCSF.

Additional awards as well as entertainment will be announced later. Save the date for this special evening, Friday, Oct. 23 !

### **BAPHR Foundation Announces Granting Cycle**

The BAPHR Foundation, the fund-raising and grant-making arm of the Bay Area Physicians for Human Rights, has announced the beginning of its 1987 granting cycle. Grant applications will be accepted through September 30, 1987. To qualify for consideration, an applicant must be 501(C)3 tax exempt organization or have a tax exempt sponsor.

The Foundation will consider grants for specific, clearly identified projects affecting Gay and/or Lesbian health and wellness issues within the nine counties of the San Francisco Bay Area. The Foundation does not fund operating budgets, endowments, or research. Grants will not be made this year without an application.

For grant application forms, please write the BAPHR Foundation, P.O. Box 15005, San Francisco, CA. 94115, or call (415) 558-9353 or 346-7070.

### **BAPHR TO MARCH IN WASHINGTON --MARCH 11**

BAPHR is encouraging its members and friends to join activists from cities and towns across the U.S. who are organizing their communities for the second National March on Washington for Lesbian and Gay Rights, to be held next month. The March on October 11, 1987, with the theme, "For love and for life, We're not going back!", is merely a part of an unprecedented four day gathering of hundreds of thousands of lesbians and gay men, with events from October 9 through 13. Other events include a mass marriage of lesbian and gay couples, a concert of lesbian and gay bands, a Veterans Memorial at the Tomb of the Unknown Soldier in Arlington Cemetery, a group sit-in at the Supreme Court to register opposition to sodomy laws, the placement of Harvey Milk's remains in the Congressional Cemetery, a national congress of lesbian and gay activists, and a congress of lesbians and gay men of color. On the day of the March, a National AIDS Memorial will unfold across the Capitol Mall in the form of a huge quilt of three by six foot panels, each representing a member of our community who has died of the AIDS virus. The panels for the Memorial will have been designed and completed by friends, lovers and families of persons across America who have died of AIDS or ARC.

Transportation and housing accommodations for the National March on Washington are filling up quickly. Members are encouraged to make their reservations soon. A local hotline has been set up to inform the community of specific travel agents who are helping with travel and housing arrangements, and who are contributing a share of their commissions toward travel expenses for persons with AIDS. The hotline number is (415) 330-5106.

The March organizers are working out a system of assembly points for participating groups such as BAPHR. BAPHR members and friends should mark their calendars for our own planning meeting and send-off on Thursday evening, October 1 (see enclosed membership calendar for time and place).

#### Reminders:

For information on making commemorative panels for the National AIDS Memorial contact The Names Project at (415) 863-5511. Panels must be completed and received at their San Francisco headquarters by September 15, 1987.

For travel and lodging information, call (415) 330-5106.

Whether you can be there or not, contributions are urgently needed for this event, as well as to subsidize travel for some who could not otherwise attend. To contribute you can call (415)486-0269, or simply send your donation to The March on Washington, P.O. Box 3491, Oakland, CA 94609.

See you on October 1, and ON TO WASHINGTON!

Robert C. Scott, MD

Several professional medical meetings are scheduled in Washington at about the time of the March in October. These include the American Society of Internal Medicine, October 14-18 (14 CME credit hours.) and the National Institute of Health (NIH) Centennial, October 15-18. Research should uncover other meetings during that time.

## President's Progress Notes

For my final report to the membership as President of BAPHR, I will follow the examples of my predecessors to review the year's progress on the many fronts we faced as gay-sensitive physicians and affiliate dentists and podiatrists. BAPHR's tenth year has been jam-packed with developments, and I will only attempt to touch on the high points.

The reported success of AZT in extending the life span of AIDS/ARC patients led to its release early in 1987. Aside from its staggering cost (up to \$10,000 per patient per year), its use has not resulted, to my knowledge, in disillusionment in its expected benefits. It has resulted in increased HIV antibody and T-cell testing in those concerned, and those results have sometimes been pretty shocking to individuals involved. Meanwhile, the number of AIDS cases in San Francisco exceeded 3,000. Aside from SF General, it is still BAPHR physicians who see the great majority of these patients. It will be some time before it can be determined if AZT is having a noticeable effect on survival times, now reported to be 11.2 months on average.

We were visited and praised by Surgeon General Koop on his whirlwind tour of San Francisco and Sacramento in support of the Agnos AIDS Omnibus Bill, which has now been passed virtually intact by legislative committees. We continued to play an active role as affiliates and medical advisors to L.I.F.E.; the activity of the lobby has been frenetic because of the proliferation of discriminatory bills in Sacramento, proposed by Sen. Doolittle. Due in part to this activity, the more progressive of those bills have been rejected by the legislature. In addition, we supported efforts of the many political and social organizations to aid in defeat of the infamous LaRouche initiative. We are participating with other L.I.F.E. affiliates in formulating two new bills relating to AIDS for the 1988 legislative session.

Within the organization, we were rebuffed by the local nursing group when affiliation was proposed. Our dental and podiatry caucuses continued in place with no specific leadership. Our membership remained more or less at the same level, far below the optimum of potential, despite our best efforts. We co-sponsored a successful symposium in June, which also further solidified our relationship with the co-sponsoring San Francisco Medical Society. Our members participated in deliberations of the California Medical Association and the American Medical Association in developing positions on AIDS and antibody testing, efforts that resulted in less reactionary provisions than would have been embraced otherwise. Our attempts at closer liaison with the CMA on a continuing basis have had questionable success. We are also working with CMA and other state-wide organizations in planning "AIDS Awareness Month" for October of this year.

An updated version of "Medical Evaluation of Persons at Risk of HIV Infection" was published by the Scientific Affairs Committee. We have also given permission for the text of our Safe Sex cards, used during the Gay Pride Festival, to be imprinted on T-shirts - a previously neglected form of education. Our Publications Committee began using the computer system donated through the BAPHR Foundation for desk-top publication of The BAPHRON at considerable savings. Our Membership Committee developed an updated membership information booklet. And the BAPHR Foundation completed its first granting cycle to organizations involved with lesbian and gay health care.

Months ago, I promised the members a bang-up birthday party for our Tenth Anniversary. Coincidentally, the founding of BAPHR occurred at about the same time as the launching of Voyager, which has now travelled over 2 billion miles and is still functioning. BAPHR has also gone a long way and appears healthy. Our celebration is finally in the works, to coincide with our annual banquet and installation of new officers. It will be a time to look back at our cumulative accomplishments as well as for a forward look at what may be in store. I hope to see you all there, whether new members or long-term practitioners, house staff, or students; activists or background supporters. I want personally to thank all those who have helped in so many ways during the past year, and look forward to even better days in the coming one.

W.L. Warner, MD

## FOUNDATION REPORT

**Casino Night a Huge Success (Again)** - Dr. Larry Silverman has orchestrated another successful Casino Night in Danville. There were 258 attendees representing 8 of the 9 Bay Area counties. The event raised \$15,000 for the BAPHR Foundation. As was the case last year there was a wonderful mix of Gay, Straight, Lesbian, physician, non-physician, young, old, married, and single attendees. All were united by their common desire to combat the AIDS epidemic.

The honor of "Top Gambler" and associated prize went to an attendee who parlayed his \$200 in play money into \$10,000 by the end of the evening. The other prizes were awarded as the result of periodic drawings during the evening. Dick Carroll, a BAPHR member, won the Grand Prize of a week for two in Hawaii.

Whether lucky at the tables or not, all who attended seemed to count themselves winners. The buffet tables were piled high again this year with delicious food from Moishe's Pippic Deli of San Francisco and desserts from various East Bay sources. Those who wished to dance did so to the lively music and vocals of the "Tongue 'N Chic" band.

Good food, good drink, good fun, good company, and a good cause; what more could one ask for? A heartfelt thank you to Larry Silverman, Ben, and the staff for their incredible effort! Thanks also to you who attended, and in particular to those of you who generously sponsored the tables. See you next year!!! ( P.S.- A cryptic note. For those who wondered, as did I, I am told that the push pins were glued on!)

# the BAPHRON

### The BAPHRON

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.

### Officers of BAPHR

W.L. Warner, MD ..... President  
Ian Barlow, MD ..... Vice President  
James Campbell, MD ..... Secretary  
Kenneth Everts, MD ..... Treasurer  
W.J. Kapla, MD ..... Past President

### BAPHR Administrative Offices

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

Communications may also be sent to:  
BAPHR

Box 14546, S.F., CA 94114

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

### Staff of The BAPHRON

Sam Thal, MD, Editor  
Send communications to The BAPHRON  
c/o BAPHR's Box 14546, S.F. 94114

### Subscriptions

All BAPHR members and persons who contribute as members of other categories (q.v. below) receive The

BAPHRON. Dues and contributions to BAPHR are entirely tax-deductible.

### Dues and Contributions

Category	
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. 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.

**AIDS STATISTICS**  
**CASES DIAGNOSED IN SAN FRANCISCO**

YEAR AND QUARTER	NEW CASES	YEARLY TOTAL	CUMULATIVE TOTAL	NEW CASES PER DAY	MORT. RATE
1981		24		0.10	25.0
1982		94	118	0.41	30.9
1983		249	368	0.82	42.2
1984		502	870	1.62	52.2
1985		761	1631	2.09	53.3
1986		1129	2760	3.09	58.3
1987 - 1	208	237	3086	2.31	59.8
- 2	306	514	3402	3.63	59.6
July	143	651	3545	4.29	59.0

---

1987 - 1	TOTAL CALIFORNIA	7490	54.6
	TOTAL U.S.	33482	57.9

---

**Transmission Categories**

**Age Groups**

Adults:

Transmission Category	Count	Age Group	Count
Homosexual/Bisexual Male	2325	0 - 19 years	12
Homosexual/Bisexual, Drugs	351	20 - 29	393
Other IV Drugs	24	30 - 39	1392
Hemophilic/Transfusions	21	40 - 49	701
Heterosexual Contact(s) Only	11	50 +	262
None of Above/Other	11		

Children:

Transfusions	3
High Risk/AIDS Parent	4

---

**Ethnic Groups**

**Causes of Death**

Ethnic Group	Count	Cause of Death	Count	Mort. Rate
White	2380	KS without PCP	314/645	48.7
Black	160	PCP without KS	839/1465	57.3
Hispanic	183	Both KS and PCP	302/388	77.8
Asian/Pacific Isl.	35	Op. Inf., no KS or PCP	153/262	58.4
Others	2	Totals	1608/2760	58.3

**New AIDS Case Definition To Expand Reportable Case**

The CDC has revised its case definition of AIDS that will increase the number of reportable cases of AIDS and change AIDS statistics to some degree. The revised definition expands the number of diseases included in its arbitrary definition from 15 to about 20 diseases. The revised definition now includes HIV encephalopathy (AIDS dementia), HIV wasting syndrome ("slim disease"), disseminated coccidioidomycosis, and disseminated tuberculosis.

The new version also accepts a presumptive diagnosis of some AIDS associated diseases in HIV seropositive patients where invasive diagnostic procedures are not performed. These include candidiasis of the esophagus, CMV retinitis with loss of vision, Kaposi's sarcoma, and certain pediatric conditions.

The new definition will be published in the Morbidity and Mortality Weekly report in August and will take effect at that time.

SAN FRANCISCO  
 DEPARTMENT OF PUBLIC HEALTH

**National Conference**  
**AIDS: Health Department Leadership**  
**And Community Response**  
 November 4-7, 1987: San Francisco, CA

**Program focus:** Developing a comprehensive system for AIDS education, prevention and care.

Presentations will address the central role of the local health department in cooperation with community agencies to: plan, organize, coordinate and allocate resources to assure the quality of the community's overall AIDS program.

**Session Topics**

Public Education

Community-wide involvement and planning

Financing AIDS programs

Health department/school system coordination

Hospital and community-based care and support services

Antibody testing

Mental health and substance abuse services

Jail health services

Maternal/child health services

Epidemiology studies

Minority community issues

Legal, ethical and policy issues

**Conference participants:** State and local public health administrators; health program managers, educators and planners; healthcare and hospital administrators; mental health and substance abuse program managers; providers of AIDS care (including physicians, nurses and home care); community-based organizations; public officials and staff.

**Conference fees:** \$125 (before September 15); \$175 (after September 15) 20% discount for four or more registrants from same agency or organization.

Limited number accepted in the following registration categories:

Community-based agency staff: \$50

Individuals with special circumstances: \$50

Persons with AIDS/ARC: Complimentary

CE Credit in process: \$50 extra fee

Conference registration contact:

SFDPH AIDS Conference, c/o KCMS

207 Day Street, San Francisco, CA 94131

## Doolittle AIDS Bills Derailed; Agnos Moves Ahead

Proposed legislation which would have widened mandatory HIV testing and increased penalties for certain HIV-related activities was effectively side-tracked in hearings at the State Capitol during the week of August 17.

Bills introduced by Sen. John Doolittle would have required testing of prisoners, prostitutes and involuntary psychiatric patients, and would have made it a felony for HIV-positive persons to knowingly donate blood or be convicted of sex offenses.

At the sometimes acrimonious hearings before several legislative committees, speakers denounced the measures as unnecessary, punitive, and counterproductive. Various groups were represented, including the California Medical Association, which had earlier voted not to support any of the Doolittle bills.

Favorable committee action was taken on the omnibus AIDS bill introduced by Sen. Art Agnos, which would essentially carry out the recommendations contained in the Surgeon General's report.

The hearings had been preceded by strenuous lobbying and educational efforts. Present in Sacramento for these activities were BAPHR Pres. Will Warner, Seth Charney, Jim Krajewski and Dave Kessler, together with CMA Pres.-Elect Laurens White.

Dave Kessler, MD

### Thanks from L.I.F.E.

*The barrage of AIDS legislation before the California State Legislature during the week of August 17 was fielded with enormous success. L.I.F.E. is grateful and proud of the community's response to our call to arms.*

*With efficient use of L.I.F.E.'s information and guidance, every major region of the state witnessed massive letter writing campaigns, rallies, and press conferences targeted in legislators' districts, and individual meetings with every key legislator on the policy committees. Over fifty people from all over the state traveled to Sacramento at their own expense to "work the halls" of the Capitol in support of a responsible AIDS program.*

*The rewards were great! Not one onerous measure passed its policy committee while every single positive bill did. The recent success in legislative politics marks a new political sophistication for the gay and lesbian community. But until the war is won, we must continue to force elected officials to sit up and take notice that the gay and lesbian community has claimed its stake in the battle against AIDS.*

( Excerpted from "An Open Letter of Thanks" by Rand Martin.)

## AN OPEN LETTER TO CALIFORNIA LEGISLATORS

At its July meeting, the Social Concerns Committee issued a statement (signed by Drs. L.A. Simpson, D. Kessler and W. Warner) to all our legislators expressing deep concern with the wording and the potentially unfortunate consequences of the recently proposed "Hughes Bill". The portent of this legislation was that all physicians MUST inform "the endangered third parties" of the seropositivity of their patients.

The Committee reasoned that this Bill would likely remove an individual patient's sense of responsibility for his/her behavior of the past and in the future; this could give a false sense of security to the third parties (partners usually) if they are not informed that their mate was HIV-antibody positive. Similarly, such sense of security could become blatantly unreal for the contacts of the patients who happened to test HIV-antibody negative.

Perhaps the most alarming was the unnecessary and unreasonable suggested middleman position of a physician who is to act as an informant without due permission, a policeman, an investigator, and as a prosecutor. Confidentiality of the physician-patient relationship could thusly be either damaged or destroyed. What in the Bill is called an "option to inform" could easily become an obligation to inform any and all "endangered third parties" and the health officials WITHOUT any real option. Legal and ethical liabilities of the physicians could be greatly increased as it would almost be impossible to clearly delineate the lines of their responsibilities.

More than any confusing piece of legislation, sorely needed are : physician and public education, medical research, and effective treatment modalities.

Kosta Stojanovich, MD

## PAST PRESIDENT RUNNING FOR MED SOCIETY BOARD OF DIRECTOR

A former President of BAPHR has been nominated as a potential member of the Board of Directors of the San Francisco Medical Society.

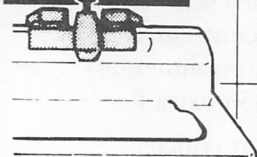
Dr. William J. Kapla was nominated by Dr. Laurens P. White who is a former President of the San Francisco Medical Society and currently President-elect of the California Medical Association. Dr. White has frequently been supportive of the BAPHR role and philosophy including encouragement of use the Medical Society's facilities during BAPHR's formative years. He also has frequently encouraged BAPHR participation in Medical Society activities.

The nomination of Dr. Kapla will be voted on by San Francisco Medical Society members during a mail election in October. Results will be known by late October.

Dr. Kapla is board certified in Family Practice and holds an appointment of Assistant Clinical Professor in the Department of Family and Community Medicine at University of California San Francisco. He has a gay-oriented practice at Davies Medical Center, and like so many gay practices has an overwhelming involvement in AIDS and its diseases. His hospital staff activities are many, especially those involving AIDS at the Medical Center.

In addition Dr. Kapla has been nominated as a candidate for the Nominations Committee of the Medical Society as well as a Delegate to the California Medical Association convention in March 1988. His Medical Society Activities include membership for eleven years, Professional Relations and Ethics Committee for five years, and Alternate Delegate to the CMA convention last year.

This is the first time that an openly Gay Physician has been a candidate for these offices, and Dr. Kapla urges any BAPHR members who are not members of the Medical Society to become members so that our entire community presence can be visible and active in organized medicine.



*Carl Heimann  
gives good  
insurance!  
(415) 673-9340*



# THE BAPHRON

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

Nov/Dec 1987

## 'Above All, To Yourself Be True'

### NOVEMBER MEETING NAMES PROJECT AND BAPHR SLIDES

On Sunday, November 29, the general membership meeting will be held at the newly remodeled home of Dr. Leonard Simpson and Peter Bradley from 5 to 7 PM. We are pleased to have Cleve Jones as our guest. He is a former aide to Harvey Milk and others, a longtime community activist and leader, and the creator of the Names Project. In addition Sam Thal will present a quick slide show from his collection featuring a retrospective of 10 years of BAPHR. Refreshments will be served. Details on the meeting place are listed in the membership calendar.

On Friday, November 27 at dusk, the traditional Harvey Milk Candlelight March will be held starting at Castro and Market Streets and proceeding to City Hall. BAPHR members are invited to join our marching group.

### HOLIDAY PARTY WITH BALIF December 15

The Second Annual Holiday Party will be held with the Bay Area Lawyers for Individual Freedom (BALIF) on Tuesday evening, December 15 from 5 to 8 PM at Albion Hall (formerly the home of Dr. Tom Waddell) at 141 Albion Street, near 16th Street and Valencia. This will be an informal social get together with our legal worker friends. There will be live music, holiday food and a no host bar. The cost will be \$10 for members and \$5 for medical student members in advance, or \$12 /\$6 at the door. Checks for reservations should be mailed to Carl Wolf, 414 Gough Street #4, San Francisco 94102, before December 11. For more information call 558-9434.

### LIFE GETS ADVISE

The Executive Committee of LIFE (Lobby for Individual Freedom and Equality) met on October 31 with invited experts from around the state to obtain their counsel on issues to address during the 1988 legislative session.

Accentuating the need for becoming proactive rather than simply reacting to bills proposed by advocates of the reactionary elements, the Committee heard discussions of a great variety of problems facing the gay/lesbian communities and AIDS risk groups. These subjects will be presented to the full LIFE Board meeting in San Diego on November 14 and decisions will be made on approaches to drafting bills for advocacy by the Lobby in Sacramento.

Among the numerous issues are: implementation of existing law to prohibit discrimination against AIDS patients in housing, employment, and business dealings; requiring of County-organized educational programs and prohibition of denial of services on the basis AIDS condition or HIV positivity; prenatal counseling and testing; plans for study of HIV positivity in prisons and for equal facilities of HIV positives; testing of rape victims for HIV-positive semen, etc. LIFE affiliates are already working on bills for standards for condoms and lubricants and for state-wide health professional education.

It is expected that three initiatives will be presented to the voters over the next year or two that will attempt to remove confidentiality provisions for HIV test results and provide for quarantine of HIV positives, all of which will require massive educational campaigns to deflect.

Will Warner, MD

### MEMBERSHIP RENEWAL TIME

For those members who have not prepaid their dues and for new members, dues for 1988 will soon be due. There is only a slight increase in dues this year to \$135 for physician members, the only increase in the past four years. Dues for housestaff and medical students remain unchanged.

If you have any doubt about the value of the organization and your membership dues which support it, read Dale McGhee's article in this issue which outlines some of our accomplishments. Without your membership, none of this could have happened. And without your dues, we could not continue.

BAPHR, unlike many other organizations is not supported by any government agency, and can therefore act independently and responsibly. This makes your membership even more vital.

If you are not now a member, this copy of the BAPHRON is complementary and this is an invitation to join us in the membership category that fits you. And BAPHR is still a 501c3 organization to which contributions are tax deductible.

### JUNE SYMPOSIUM NEEDS HELP

It is not too early to begin thinking about ideas for BAPHR's annual symposium which will be held in June during Gay Freedom Weekend. Plans are to hold it again in conjunction with the San Francisco Medical Society. Dr. Ken Mills has agreed to chair the Education Committee and will need to marshal the support of all members with skills in this kind of project or anyone willing to work on it. The agenda and program have still to be decided and all ideas are welcome. Contact Dr. Ken Mills, (415) 752-5290.

## AIDS Policies and Politics

### Jim Krajleski, MD

This year has been a mixed one for AIDS politics and policies. The Presidential Commission on AIDS typifies the bungled Federal response to AIDS. The lack of commitment to a sound coordinated Federal program is scandalous. The most disheartening aspect of this is the lack of attention to prevention efforts and the ludicrous arguments over the content of public information and education programs. Most recently the vote in the Senate to prevent Federal funds from being used to pay for certain kinds of specific educational materials aimed at gay men demonstrates the need for education of Congress. Particularly disappointing was the vote of nearly all of our usual Democratic allies, including Senator Cranston. The precarious nature of our support and the marginal understanding of prevention issues was clearly evident.

When it comes to medical politics some aspects of the medical profession have not been any shining examples of enlightenment, either. The California Medical Association (CMA) which previously had a good record on AIDS issues has ended this past legislative season with a particularly confused and inconsistent approach to AIDS. The American Medical Association (AMA) proposed a set of guidelines in June which were in some respects amateurish and poorly thought out, though they were subsequently amended and significantly improved. (Not wishing to be unfair to either the CMA or AMA I would point out that the position statements and policies on AIDS are predominantly good ones.)

The perseverance on antibody testing is one of the major shortcomings of our medical organizations. CMA has adopted position statements that clearly support more funding for research and education. Yet, CMA's political energy was directed at changing consent requirements for antibody testing, an action which is not likely to assist in controlling or preventing AIDS. CMA was flip flopping all over the place on the Agnos bill (AB 87) before finally obtaining the amendments that they wanted and then taking no position on the bill. This action certainly contributed to the failure of AB 87 in 1987. The occasionally bizarre and ever changing policies of CMA would make interesting if not disconcerting reading. However, the real issue is what went wrong.

The major problem in medical organizations dealing with AIDS is the lack of a well thought out process for policy development. As near as I can ascertain the AMA is attempting to make AIDS policies directly through the Board of Trustees. While those individuals may be experienced leaders of medicine, they are not necessarily attuned to the intricacies of AIDS issues. AMA does have a small group of well qualified experts in "scientific" AIDS issues, but according to one member of this group they were not consulted in developing AMA's AIDS policies. The CMA has a highly qualified group of AIDS experts, but it appears that their advice is largely ignored. Certainly, the opinion of the experts has not been clearly and forcefully introduced into the CMA House of Delegates where policies are made.

There is no doubt that organizations such as AMA and CMA carry great weight in public policy decisions on AIDS. The problem is how to influence these organizations in a positive way and stimulate them to take thoughtful reasoned positions. No matter what BAPHR might decide on its own, its opinions are not going to carry the political clout that AMA or CMA carry. But BAPHR physicians can significantly influence CMA and AMA policy if they will join these organizations and most importantly if they will let the leaders of the organizations know what they think. CMA is concerned about the views of physicians on issues. Currently many of the leaders perceive that the CMA membership is in favor of what many of us would consider draconian measures. Therefore, it is essential that individual BAPHR members let their medical organizations know what they think should be done regarding AIDS.

It is easy for many of us to be incensed over something, but it seems hard for many of us to take some constructive action to do something. Writing letters and making telephone calls as AIDS issues arise is extremely important. Complaining among ourselves will not accomplish what needs to be done. A colleague recently said, if we are not part of the solution, then we are part of the problem. If you haven't contacted your legislators, medical leaders, media, etc., within the last month, then it is time to become part of the solution. Make your views known!

### CONSULTATION

#### AMERICANS AGAINST HUMAN SUFFERING

"AIDS affects us all." How true this is as the epidemic continues. All of us have taken refuge in safer sex, gone to many fund raisers, and given until it hurts. Some of us have experienced the despair of the disease itself, all of us know someone who has. What more can we do?

Americans Against Human Suffering needs your financial and political support. We are a small group working to change the law regarding death. Our interest is in promoting the Humane and Dignified Death Act which would make doctor-assisted death an option for terminally ill patients.

Currently we are raising funds to buy petitions. The forms will be used to gather 500,000 signatures of registered voters in California between December 15, 1987 and May 15, 1988. We need money now and we will need volunteers to pass petitions in the future. If we can collect the needed signatures, the Humane and Dignified Death Act will appear on the November 1988 ballot. Pollsters tell us that it will pass with better than 60% support.

If you want to help or get more information please call me at (415) 647-6446.

Stephen Yarnell, MD

*This is the first of a projected series of invited editorials, from BAPHR members and others, intended to be informative, controversial and thought-provoking. The author of this first opinion piece is Dr. Stephen Yarnell, a psychiatrist and BAPHR member.*

# the BAPHRON

#### The BAPHRON

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.

#### Officers of BAPHR

David Kessler, MD ..... President  
 Richard Andrews, MD ... Vice President  
 Robert C. Scott, MD ..... Secretary  
 Leonard Simpson, MD ..... Treasurer  
 W.L. Warner, MD ..... Past President

#### BAPHR Administrative Offices

2940 16th Street, #309  
 S.F., CA 94103  
 (415) 558-9353  
 Communications may also be sent to:  
 BAPHR  
 Box 14546, S.F., CA 94114  
 Note: For referral to BAPHR-member physicians, call (415) 673-3189.

#### Staff of The BAPHRON

Sam Thal, MD, Editor  
 Send communications to The BAPHRON  
 c/o BAPHR's Box 14546, S.F. 94114

#### Subscriptions

All BAPHR members and persons who contribute as members of other categories (q.v. below) receive The

BAPHRON. Dues and contributions to BAPHR are entirely tax-deductible.

#### Dues and Contributions

**Category**  
 Sponsoring.....\$200  
 Physician.....\$135  
 Dentist, Podiatrists \$100  
 Affiliate (friend).....\$ 60  
 Housestaff.....\$ 40  
 Student.....\$ 20

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. 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

## A Decennary Reflection

By Dale McGhee, MD  
Past-President

Dear Brothers and Sisters,

Year by year the memory of the persons who made this organization fades as if slowly enveloped by fog, until eventually a few disembodied names alone, or perhaps a few curious old photographs, will remain to link the past to the present.

On a Sunday afternoon in July 1977, I was one of 17 physicians and medical students who gathered together in the apartment of Doctor Bill Owen near UCSF, where he was then a resident, to meet each other and to talk about starting an organization for gay men and lesbians in medicine. The concept was Bill's, inspired by a medical student, Paul Paroski, who had established a gay and lesbian wing within the American Medical Student Association.

During the course of that first meeting we spoke in turn about our lives and our experiences and concerns about being gay within the profession of medicine, and as the threads of common experience became apparent from these stories, a number of those present began to realize that they had as much to contribute to as to gain from the neonatal Bay Area Physicians for Human Rights, born that Sunday afternoon on the slopes of Mt. Sutro.

Those were the persons, along with others who joined soon thereafter, who made this organization. A year later, through their guidance and inspiration, and catalyzed by coalescing gay and lesbian reaction against the concurrent homophobic campaigns of Anita Bryant and California State Senator John Briggs, BAPHR had grown to almost 300 members. That first year, and the several that next followed, were heady times for us. We made our public "debut" by marching in the 1978 San Francisco Gay and Lesbian Freedom Day Parade. In doing so we received the astonished and uproariously enthusiastic response of more than 375,000 spectators along the parade route, because, I believe, of the statement about the variety and balance of the gay and lesbian community that the novelty of our presence made that day.

Through that event we attracted the interest and attention of local, national, and international news media, both gay and straight, and a few of us thus achieved a degree of celebrity. The celebrity was sort of fun, and encouraging to those of us who, one year earlier, could not have imagined ourselves speaking publicly on behalf of the gay and lesbian community, but I don't think most of us took it very seriously beyond its utilitarian value. By that time BAPHR had acquired a corporate structure, and had defined its corporate mission of education: educating ourselves, educating the gay and lesbian community, educating the mainstream medical community, and educating the general public. Throughout BAPHR'S 10 year history the thrust and effectiveness of this mission has varied with the individual priorities and personalities of its successive presidents, with shifts in historical need, and with the availability of resources, but the mission has remained nevertheless constant.

From BAPHR's earliest days its leaders understood that for more than a century the profession of medicine had played a pivotal role of influence upon the social, political, and clinical health of gay and lesbian people. The history of that role was mostly dismal and embarrassing. We also understood that as gay and lesbian people assumed greater personal responsibility for their own social and political health, they also needed to assume greater personal responsibility for their own clinical health. During our first five years we sponsored health fairs, lectures, symposia, brochures, interviews, and media advice columns and editorials, through which we publicized the problems of sexually transmitted diseases that were increasing in those giddy days of sexual liberation, and we counselled about the need for greater responsibility, caution, and restraint in sexual behavior, particularly among gay men. Sometimes the messages and counsel were met with appreciation and sometimes with resentment, but neither we nor anyone else knew then of the simmering deadly challenge of AIDS that since has exploded within our society and challenged BAPHR for the second half of its history.

The enormity of the AIDS epidemic has preoccupied BAPHR for its most recent six years and has so exceeded the resources of a volunteer organization such as ours that we have happily shared leadership in the battle with a number of other groups whose resources or talents have

been greater or better suited to specific needs. BAPHR nevertheless has much to be proud of in its role in this epidemic. It was a BAPHR member who recognized and first reported a case of AIDS to the C.D.C. It was BAPHR that sponsored the first national conference concerning the subject of AIDS. It was BAPHR that first drew up guidelines on blood donations, safe sex practices and risk reduction guidelines, and publicized these to the community. BAPHR produced informational brochures and sponsored meetings on the "Worried Well" and HIV antibody testing for the profession and for the public. Position papers were developed on antibody testing for health care providers, insurance companies and the military. The BAPHR Foundation was established and it is now the largest health care foundation in the world providing grants targeted specifically for the welfare of lesbians and gay men. Additional publications include one on a definition and diagnostic criteria of ARC, and a now widely distributed booklet on "The Medical Evaluation of Persons at Risk of HIV Infection". Symposia have been held for dentists, nurses and other health care workers as well as for physicians. BAPHR provides medical and scientific consultants to the Lobby for Individual Freedom and Equality (LIFE), and is frequently an advisor to members of the Legislature, the San Francisco Public Health Department, and other government officials and agencies. San Francisco is internationally recognized as a role model for AIDS treatment programs, and it has been predominantly members of BAPHR who have been providing that care.

We have not neglected other topics such as gay and lesbian parenting, lesbian health issues, gay youth, and substance abuse. A referral panel was early established and it continues to provide names of physicians, dentists, and podiatrists sensitive to gay men and lesbians. We provided medical advice and care during both gay games in San Francisco. We were instrumental in June 1981 in forming the American Association of Physicians for Human Rights. Politics have not been neglected as we addressed each crisis that confronted us. Our awards banquets have honored such notables as Dr. Judd Marmor and Dr. Evelyn Hooker, as well as distinguished political leaders. And we have had fun, too, with numerous parties, picnics, entertainment events and dinners. Most memorable were several "costume" parties at the home of a prominent physician, and of course our annual holiday parties.

I believe that BAPHR is a remarkable, vital, and important organization whose time had come when it was founded 10 years ago and whose time is here even more today. Of those founders who have faded into the fog, most of us have done so voluntarily, because it was time for us to move on to other roles and to make room for newer faces in BAPHR. But I am extremely pleased to see three of those early leaders, Dave Kessler, Ric Andrews, and Bob Scott, reemerging from the fog to take over the reins of BAPHR again. Together with the help of long time BAPHR supporter Lenny Simpson, their combined team reassures me that the next decade of BAPHR will be bright. And in 1997 perhaps someone will haul me out of mothballs one more time to write A Bidecennary Reflection.

Happy Birthday, BAPHR.

Warmly,

---

### In Memoriam

Don Baker, MD  
Ralph Baumring, MD  
Louis (Bud) Boucher, MD  
Douglas Branch, MD  
George Brown, MD  
Norman Bru, MD  
Patrick Buchanan, MD  
Rex Burnham, MD  
Charles Carrington, MD  
Gregory Cuda, MD  
Robert Dickenman, MD  
Eric Ekstedt, MD  
William Gerrard, MD

Stephen Glaser, MD  
James Holloran, MD  
Leo Leva, MD  
Jack Mangum, MD  
Paul Miller, DDS  
Roger Novack, DDS  
Robert D. Palmer, MD  
George Riley, MD  
Harvey Thompson, MD  
C. Bruce Thrasher, MD  
Thomas Waddell, MD  
Will Wilner, MD  
Claude Gadbois, DDS

Membership in BAPHR is confidential unless members have given permission to be identified as members of BAPHR. The above is therefore only a partial list of those we remember in this memorial.

## LOOKING BACK ON "THE MARCH"

Robert C. Scott, MD

In the week surrounding October 11, 1987, an event of tremendous significance occurred in our nation's capital, one which I believe signals the emergence of a new level of gay political consciousness across this country. The event? The National March on Washington for Lesbian and Gay Rights.

Taking part under the BAPHR banner one could not help but be struck by the obvious and open-hearted solidarity of gay men and lesbians in great numbers, and by the potential for our future success that this portends. Together in numbers never before witnessed--over one half million of us-- we were out and visible, united in spirit and strengthened not only through our individual commitment, but by the contagious energy of our mutual support and love.

The familiar targets of this remarkable human force were specific and almost palpable there in Washington. They took form in the varied institutional and human incarnations of Oppression, Injustice and Ignorance which we regrettably know so well.

The March was a highlight of a full calendar of events. To begin with, the occasion served as an opportunity for reunion and conclave among individuals and groups from across the country. The earliest days of the week were devoted especially to lobbying elected representatives on the concerns of the Lesbian/Gay community. Later, in a celebration called "The Wedding", hundreds of same-sex couples affirmed their relationships in a non-sectarian ceremony, while lovingly encircled by the thousands of their gay and lesbian family, joined hand-in-hand. At the Congressional Cemetery the ashes of Harvey Milk were interned in an especially moving tribute to him. A memorial service for gay and lesbian veterans was held at the Tomb of the Unknown Soldier. The Gay and Lesbian Bands of America held a concert at, of all places, DAR Constitution Hall. On the day of the March, the "Names Project" solemnly unfolded across the Capitol Mall, a massive patchwork memorial to those whose lives have been lost to AIDS or Arc-- an emotional, personal and political statement of indescribable dimension. Then came the March itself, five hours long and five thousand strong, winding through the cheering streets of Washington to rally at the foot of the Capitol. The week ended in a protest demonstration through civil disobedience at the Supreme Court, where 850 protesters were arrested, "Out and Outraged" at the oppression of our right to be ourselves.

You will not have read about these events in your recent Time or Newsweek, in fact at best, fleeting notice was taken by all of the media. As a result, the nation as a whole is yet to appreciate what Gay America has learned from the March On Washington. We are reminded first-hand of the immensity of our potential strength. We have affirmed for ourselves our ability to mobilize with unanimity of purpose, and with extraordinary and surprising power. It takes little imagination to see this potential becoming activated into an effective force, at all levels of American political life--a force that would not be denied.

The theme of the March was "For Live and for Life, We're not going Back!" To me this seems too modest. Far from going back, the March was proof that we indeed are moving forward, our strength barely tested, determined as never before.



**AIDS STATISTICS**

**CASES DIAGNOSED IN SAN FRANCISCO**

YEAR AND QUARTER	NEW CASES	YEARLY TOTAL	CUMULATIVE TOTAL	NEW CASES PER DAY	MORT. RATE
1981		24		0.10	25.0
1982		94	118	0.41	30.9
1983		249	368	0.82	42.2
1984		502	870	1.62	52.2
1985		761	1631	2.09	53.3
1986		1129	2760	3.09	58.3
1987 - 1	208	237	3086	2.31	59.8
- 2	306	514	3402	3.63	59.6
- 3	362	876	3785	3.93	59.0

**San Francisco County Community Consortium (CCC)  
by James Campbell, MD**

The CCC meets the third Wednesday of each month at 5:30 pm at the San Francisco Medical Society Building. It is chaired by Dr. Donald Abrams of the AIDS Clinic of San Francisco General Hospital. About 40 physicians who manage AIDS patients in private or academic practices attend each month.

Thus far the CCC has enrolled 400 individuals in an aerosolized pentamidine protocol with three arms: 1) 30 mg. every two weeks, 2) 150 mg. every two weeks, and 3) 300 mg. every four weeks. Included in the study are persons with previous history of treated pneumocystis carinii pneumonia, Kaposi's Sarcoma without pneumocystis, and AIDS related condition with thrush. Enrollment is closed and data is currently being managed through the AIDS Clinic at San Francisco General Hospital.

The CCC has proposed the establishment of the Bay Area Consortium of AIDS Clinics (BACAC) which would assist in data collection in upcoming projects. These include UCSF Adult Immunodeficiency Clinic, Children's Hospital, Mt. Zion Hospital and Medical Center, SFGH AIDS Clinic, and Peralta Hospital in Oakland. Each BACAC will have satellite hospital physicians who may submit data to their respective BACAC; e.g. French Hospital, St. Francis Memorial Hospital, and St. Mary's Hospital physicians would submit to Children's BACAC.

An upcoming CCC protocol is a randomized controlled prophylactic study of Clotazamine in prevention of Mycobacterium Avium-complex in patients with history of pneumocystis carinii pneumonia. This protocol has been prepared by Dr. Martin Mass.

Another proposed CCC protocol is the retrospective and prospective data collection on patients who have received Zidovudine (AZT) for conditions other than status post-pneumocystis carinii pneumonia. Since Burroughs Wellcome has extensive data on the latter, it is felt that it may not be necessary to reduplicate their effort. However, several hundred (or thousand) persons in the Bay Area have taken AZT for a variety of AIDS related conditions since March 1987, and many more will be given prescriptions in the next months. Burroughs Wellcome has no mechanism for monitoring such patients. We desperately need to learn from this preliminary experience with AZT. So far, twenty community physicians have expressed an interest in data submittal. Those interested should contact Dr. James Campbell at (415) 781-1605.

**NOTES FROM THE OFFICE**

The mailing for membership renewal will be going out the first week in December. Each packet will contain copies of the membership brochure that you will be able to hand out to prospective members. The success of any membership campaign counts on the personal contact a person in an organization has with someone he or she feels can benefit from membership in their group. BAPHR is no different. We do not have the resources for media blitzes or ad campaigns so the membership core must take the time for one on one recruitment. If each member made a resolution to themselves to interest one other person in membership BAPHR's size would double, as would income; which would enable BAPHR to strengthen its standing programs and to consider new ones.

Also, on the membership renewal form is a blank for information on the Referral Panel which a member may check. The Panel is receiving more and more calls from outside of San Francisco and we would urge people in the outlying counties to sign-up. Pierre Ludington

**LIFE ASSOCIATES OPPORTUNITY**

The Lobby for Individual Freedom and Equality (LIFE), a consortium of health and other professional and political groups interested in AIDS legislation and civil rights, has recently announced the formation of its new "LIFE ASSOCIATES" program. The status of "Associate" is open to any individual who contributes \$100, \$250, or \$500 to the Lobby. Regular affiliation with LIFE begins with contributions of \$1000 or more. The new categories allows people to participate in the Lobby's programs of education, public information, and legislative advocacy without having to make financial commitment for full affiliate status.

For further information of the benefits of each category of membership, write to LIFE, 926 J Street, Suite 1020, Sacramento, CA 95814, or call the LIFE office at (916) 444-0424, or from LIFE's treasurer, attorney Donald Disler, (415) 392-2800. LIFE is a California non-profit benefit corporation and all contributions are tax deductible as permitted by law.

Donald Disler, Esq.  
Will Warner, MD

## LETTER TO THE EDITOR

Being in a more-or-less emeritus position now, I feel freer to express my concern for the depressing path our country is taking in these perilous days, spotlighted dramatically by the recent March on Washington. Although Larry Kramer's strident warnings have been largely ignored in the past, his predictions are proving more accurately prognostic every day, it seems.

As a life-long Republican, I was slow to accept the now-obvious avoidance of AIDS and its impact on the gay community by the Reagan administration - the withholding of federal funds for research, bias of federal agencies toward impact on the largely-uninvolved straight community, and resistance to coverage of AIDS by insurance companies. But the clear discriminatory actions by Reagan, Meese, and Helms in education of groups at risk, the declared war on pornography appealing to gay men (to some extent effective in promoting safer sex), appointment of ignorant cronies to the AIDS Commission, budget manipulation to deflect needed funding, Supreme Court decisions to reestablish the closet as our true home, and reported personal anti-gay and racist approaches by the White House and Justice Department administrations, lead to the conclusion that there is a form of genocide operating at the federal level. It is clear that these powerful individuals would be happier if this entire generation of gay men, drug abusers, and "promiscuous sexers" would simply disappear.

More, local elected officials have also collaborated. The Deukmejian administration tries desperately to find excuses for avoiding the AIDS issue for gay men and drug abusers, and repeatedly vetoes non-discrimination bills. Mayor Feinstein, now that she doesn't need us anymore, joins the bandwagon to advocate mandatory testing for unrealistic reasons.

There are some bright spots, individuals who accept humanity in its diversity and proceed along logical paths - Surgeon General Koop, Dr. Laurens White, Senator Weicker, Representative Waxman, Art Agnos, and a few others. But basically our approach to elected representatives must change from expecting good leadership to monitoring their every move and forcing them, in one way or another, to face facts and accept individual differences as the basic strength of our country. And that requires each of us to take a stand, to stop drifting in our isolated rut, expecting things to turn out all right. We must become political in order to counter those political actions which would deprive us of our basic human rights, even though we are not by nature political or activist. It requires constant vigilance and frequent intercession. We have proven that involvement works in Sacramento through our efforts with L.I.F.E., instrumental in killing or indefinitely postponing regressive Doolittle bills this year, not to mention successful efforts against Anita Bryant, John Briggs, and Lyndon LaRouche.

As we look forward to BAPHR's adolescence (quoting Dave Kessler), we must begin to act like adults, taking control of our destinies instead of expecting others to do it for us.

W.L. Warner, MD

## Letter to the Editor

On behalf of the Lobby for Individual Freedom and Equality, we wish you success with your Tenth Anniversary Banquet. Your leadership in health concerns for gay men and lesbians, especially with AIDS, has been a hallmark for the medical community.

We are especially grateful for Bay Area Physicians for Human Rights' partnership with LIFE in the battle for effective, responsible, and sane State policy related to AIDS. Your dedication to the cause is an example of the spirit and unity necessary in the gay and lesbian community to ensure that the AIDS epidemic is fought in the public health arena, not the hysterical environment manufactured by politicians and others who seek political mileage out of a savage disease.

Again, our best wishes for your banquet and plaudits for your continued good work on behalf of gay men and lesbians in the Bay Area and elsewhere.

M. Anne Jennings  
Diane Himes  
Co-Chairs, LIFE

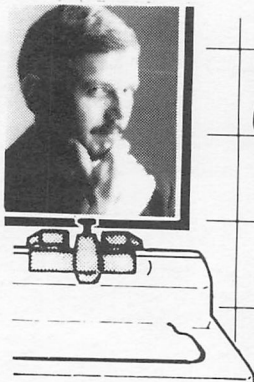
## BAPHR BIRTHDAY

Over one hundred members and friends gathered on October 23rd in the ornate ballroom of the San Francisco Stanford Court Hotel to celebrate the Tenth Anniversary of the first medical organization formed to advance the cause of medical care for lesbians and gay men. The spirit of love and camaraderie, typical of BAPHR functions, was even more palpable than usual, and hugs replaced handshakes throughout the evening.

Ten year awards were presented to deserving members with brief plaudits from Past President Will Warner, President Dave Kessler, and Vice-President Ric Andrews. Dr. Bill Owen received the first-of-its-kind Distinguished Founder Award, since it was his vision that sparked the organization. Peter Middendorf and Keith Fenton received the Distinguished Affiliate Awards; Drs. Sam Thal and Kent Sack received the Distinguished Service Award; and Dr. Ted Winn warranted the A'Round Award. The Distinguished Community Service Award was presented posthumously to Dr. Tom Waddell. Dr. Will Warner received the Past President Award.

After receiving the Distinguished Speaker Award, Dr. Laurens White, President-Elect of the California Medical Association spoke glowingly of the contributions and importance of the gay-sensitive physicians' group. With his characteristic candor, Dr. White touched on many issues of concern to California physicians relating to sexual discrimination, political progress, and professional practice problems. Because of his refreshing expertise and balanced approach, Dr. Kessler suggested he should next consider the presidency of the American Medical Association.

There was whole-hearted concurrence with Dave Kessler's final toast for BAPHR--"Goodbye childhood, here's to our adolescence!"



*Carl Heimann  
gives good  
insurance!  
(415) 673-9340*

PAUL FREUD WOTMAN  
ATTORNEY AT LAW

LAW OFFICES OF  
PAUL WOTMAN  
25 VAN NESS AVENUE, PENTHOUSE  
SAN FRANCISCO, CA 94102

(415) 864-1900

SF practice seeks lesbian physician; PT/FT; IM, GYN, emphasis on prevention. Contact: Bonita Palmer, MD, 1144A Pacific, San Francisco, 94133; (415) 771-4040. Dec. '87.