

THE BAPHRON

Vol. 10, No. 1

Bay Area Physicians for Human Rights Official Newsletter

February 1988

JANUARY GENERAL MEETING DRAWS LARGE AUDIENCE

"Spreading the Word-What Our Community Is Hearing About AIDS"

The first BAPHR General Meeting of 1988 featured a panel of three speakers who informed a large audience of BAPHR members and guests on treatment options and information that the general public is receiving. John S. James, publisher of AIDS Treatment News, and a columnist for the Sentinel, a San Francisco gay newspaper, described his publication and distributed copies of back issues. Following his presentation, Joe Brewer and Martin Delaney, of Project Inform, a national information resource for the public, described their project. Dr. James Campbell, Chair of our Scientific Affairs Committee, moderated the meeting and responded to their comments. A lively question and answer period concluded the meeting. An additional plus was the magnificent Bay and City View from the meeting room and finally, a fireworks display which just happened to coincide with the birthday celebration of Martin Luther King, Jr.

BAPHR GOES TO THE BALLET

BAPHR has acquired a block of 40 tickets in the Dress Circle of the War Memorial Opera House for the opening night of the San Francisco Ballet on Tuesday, February 2. The program will feature three ballets, Balanchine's "Rubies", The San Francisco Ballet Premier of Helgi Tomasson's Ballet, "Ballet D'Isoline", and the United States Premier of David Bintley's controversial "The Sons of Horus", which ignited a rage in Europe last year. Tickets at \$30 each are available from Lenny Simpson, 470 Beacon Street, San Francisco, 94131, while they last.

* * * * *

Renew Your Membership

Dues for 1988 are now due. Don't miss out on an exciting year of activities and your opportunity to continue to support BAPHR's work. Meetings and events for January and February are already scheduled and plans are being made for a Country/Western dance in March.

If you have not yet renewed, we urge you to do so. If you have lost your renewal form or need further information, call the BAPHR office at (415) 558-9353.

BAPHR TO SUBMIT PANELS TO THE 'NAMES PROJECT' WE NEED YOUR HELP!

BAPHR has decided to memorialize and honor its members who have died of AIDS by creating and submitting panels depicting each deceased member's name to the NAMES PROJECT. We hope that a large quilt, each composed of a 3' x 6' individual panel can be fabricated and that this will join the other panels on the national tour to commence in April 1988. At this time the design, material and ultimate final size of the project is in the preliminary stage. The initial thought is that the panel will consist of some twenty names. We feel that this will create a tremendous impact on the viewing public.

Your help in planning, ideas, design, and names to be included, and your assistance is the actual fabrication would be greatly appreciated. No special expertise or talent is required and any assistance offered will be welcomed. The volunteers of the names project have been very helpful and enthusiastic in their support, and in suggestions regarding design, material and a place to work and meet. If you have any suggestions or can offer assistance, please call Lenny Simpson at (415) 641-5845.

BALIF-BAPHR PARTY GREAT SUCCESS

Over 200 BALIF and BAPHR members and friends attended the second annual combined holiday party on December 15 at Albion Hall, the former home of Dr. Tom Waddell, and from comments heard it was a resounding success. By the announced 8 PM closing time, most of the guests were still there and shutting off the bar allowed the residents of the house to regain occupancy. The seemingly endless, tasty, and unique hors d'oeuvres and a complete bar contributed to the festive occasion. With only brief welcoming speeches and announcements of upcoming events, the party continued uninterrupted. This event promises to be a highlight of every future Holiday season.

STOCKHOLM AIDS MEETING TRAVEL PLANS

Winship Travel Company of San Francisco is arranging group travel and accommodation plans for the 4th International AIDS Conference to be held in Stockholm Sweden, June 12-16, 1988. Flight reservations and hotel space will be at a premium and anyone planning to attend should make their plans soon. Individual travel to Stockholm at that time will be quite costly, and anyone desiring to benefit from the group rates should contact Winship Travel Co. 2321 Market St., San Francisco 94114, immediately.

AIDS POLICIES AND POLITICS

by

James Krajcski

The AIDS crisis continues to bring dilemmas to the physician's office. One of the troublesome issues concerns the physician's legal, ethical or moral obligation to warn someone who is engaging in "risk behavior" with someone infected with HIV and the "endangered" individual has no reason to suspect that he/she is at risk. Opinion on what the physician should do under these circumstances ranges from never warning to always warning the endangered party.

There is not sufficient space to discuss the pro's and con's of this issue in detail. Certainly, psychiatrists are aware of a legal precedent that requires breaking confidentiality and warning potential victims of violence. It would seem relatively easy for the courts to find that there would be a similar duty to warn the potentially endangered individuals at risk for HIV even though there are significant differences between the two situations.

The American Psychiatric Association (APA) has been exploring this issue and to my knowledge is one of the first organizations to develop guidelines applicable to dealing with situations involving an unsuspecting endangered third party. The APA did not specifically indicate whether they felt there was a legal duty to warn. Instead APA indicated that it would be ethically permissible to warn under certain circumstances and that laws which prohibit such warnings should be repealed.

If a patient is engaging in risk behavior, warning an endangered third party was deemed permissible under the following situations: 1) the physician has received the convincing clinical information (based on the patient's own disclosure of test results or on documented test records) that the patient is infected with HIV; 2) the physician has advised and worked with the patient either to obtain agreement to terminate the behavior that places other persons at risk of infection or to notify identifiable individuals who may be at continuing risk of exposure; and 3) the patient refuses to agree to change behavior or to notify the person(s) at risk or the physician has good reason to believe that the patient has failed to or is unable to comply with this agreement.

The APA also indicated that physicians have an ethical obligation to recognize the rights to privacy, to confidentiality, and to informed consent of all patients. Therefore, APA indicated that during the initial clinical evaluation, the physician should usually make clear the general limits of confidentiality. If the physician has reason to suspect the patient is infected with HIV (e.g., seropositive) or is engaging in behavior that is known to transmit HIV disease, the physician should notify the patient of the specific limits of confidentiality. Further, if the physician intends to require specifically about a patient's HIV status, the physician should, in such instances, notify the patient about the limits of confidentiality in advance of asking such questions.

Currently in California antibody test results cannot be disclosed without the patient's permission except if "a physician and surgeon who has ordered a test to detect antibodies to the probable causative agent of AIDS, and who has the results of the test, shall not be held criminally or civilly liable for disclosing to a person believed to be the spouse of a patient that the patient has tested positive on a test to detect antibodies to the probable causative agent of AIDS." Because it is not entirely clear what legal standards would prevail if one does not disclose to any endangered third party, it would be wise for a physician to seek legal advice if he or she is in a situation where disclosure might be warranted.

There is no perfect solution to this complicated issue. The APA guidelines may be useful to direct the thinking of all physicians in this controversial area. Ultimately the issue may rest on whether it is in society's best interest for physicians to play the role of sex police. According to the mood of society, the physician's role will be determined by legislatures or courts. It is important that you let your views on this issue be known to BAPHR because this area of California's law will likely be debated and revised in the new legislative session.

BAPHR SYMPOSIUM SCHEDULED FOR JUNE 25

Dr. Ken Mills, chair of the Education Committee is now formulating plans for the annual Symposium. This promises to be a unique and interesting event. There is a need for additional members to work on the planning committee. Contact Ken at (415) 7525290.

* * * * *

**"WE SHOULD KEEP OUR MINDS OPEN
BUT NOT SO OUR BRAINS FALL OUT."**

AIDS REPORTED CASES

from San Francisco Department of Public Health
from July 1981 to December 31, 1987

Total San Francisco Cases	4238
Total San Francisco Deaths	2544
Total SF Cases, December 1987	132
Total SF Deaths, December 1987	87
Total California Case	11,181
Total California Deaths	6,088
Total U.S. Cases	48,606
Total U.S. Deaths	27,317

the BAPHRON

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NOTE: The appearance in The BAPHRON of an individual's name or photograph in no way infers his/her sexual orientation

Letters To The Editors

Financial Remuneration For The Care Of AIDS Patients

Dear Doctors :

The issue of payment for professional services rendered to AIDS patients by private practitioners is a difficult one to address. Nevertheless, I would like to take this opportunity to discuss some of the difficulties that a few of my friends have expressed to me.

All of us recognize that the physician who treats patients with AIDS has accepted one of the most difficult and stressful medical problems imaginable. This is especially true since many of these patients are very much like ourselves in age and life experiences. The magnitude of medical problems of these patients and the additional emotional stresses and feelings of helplessness we often experience as we see the often downhill clinical course makes such care even more demanding.

Several of my friends with AIDS who have chosen private physicians for their care have expressed distress over the high cost to them of medical treatment. They feel that the co-payments and deductibles for which they would be responsible are a very large percentage of their now fixed incomes. AIDS is a diagnosis of loss--multiple, unfathomable losses. One of these is these losses, of course, is financial. Although we physicians in private practice have no control over the deductibles and the co-payments of the insurance policies, I believe it behooves us to openly discuss the financial considerations with our patients as soon as possible following the initial contact. My friends tell me that it is very difficult for them to bring up their financial concerns themselves. I believe it ought to be the physician to be the first to raise such issues of remuneration and to remain sensitive to these issues during the entire length of care for each patient. I would urge every physician to take on this responsibility of acknowledging and addressing financial arrangements with each of his AIDS patients. In so doing, we would, at least, help to alleviate one of the patients discomfords.

When history looks back from the vantage of the 21st century on the initial years of this epidemic, I would hope that the gay-sensitive physicians who have been active in defining the many problems associated with AIDS, would then also be recognized as a group of physicians who were sensitive to the financial needs of their patients as well. Caring for individuals with AIDS is incredibly complex and difficult, and every physician who is involved should be supportive to the fullest degree--emotionally, socially, and financially.

If any of you have any comments regarding this, I would be happy to hear from you.

Sincerely,
Leonard A. Simpson, MD

The BAPHRON welcomes all letters from members or other relevant individuals or organizations and reserves the right to edit for space requirements.

Opinions expressed in the BAPHRON are those of the writer and are not necessarily the position of the Bay Area Physicians for Human Rights unless specifically so stated.

Dr. Paul Duesberg to Speak at Scientific Affairs Committee

Paul Duesberg, PhD, a molecular biology professor at the University of California, Berkeley will speak at the regularly scheduled BAPHR's Scientific Affairs Committee on Thursday, February 4 in the Doctors' Dining Room at Pacific Medical Center, Sacramento and Buchanan Street, San Francisco at 7:30 pm. His controversial theory that HIV is not the cause of AIDS will be the topic of his presentation. All BAPHR members are invited to attend the meeting.

Remarks by Larry Kramer to the Presidential AIDS Commission
9 September 1987

(slightly abridged with the author's kind permission)

The fastest way this horrible epidemic can be stopped is to find a cure. But the field of AIDS research is a huge mess. It's strangled in bureaucratic redtape, inefficiency, and lack of cooperation between people, agencies, and countries.

We fought so hard for money. Congress has finally appropriated money. Now we find this money is either not being spent at all--hard as that may be to believe--or is being spent foolishly. The system set up by Dr. Anthony Fauci, of NIH, of designated hospitals called ATEU's, AIDS Treatment Evaluation Units--is still not functioning tolerably after two years. Money for testing 12,000 patients with promising drugs has been available for over a year. As of July, less than 1000 of these slots were filled. AZT--already approved by the FDA and effective for only half of those taking it--is still the main drug being tested. Other promising treatments are ignored.

The situation at NIH is now so bad that some drug companies and hospitals would prefer not to work with them at all. Couldn't some system be devised where more direct funding is available, bypassing the NIG quagmire? Why must NIH get all the money? We in New York think we've found such a way. We've set up our own Community Research Initiative, with its own Institutional Review Board; the manufacturers of Ampligen--tired of waiting for NIH--are so excited about our CRI they're preparing a \$4 million protocol. We'll provide 200 patients-- they'll provide this most promising drug, personnel and money.

Let us help! Let us be your guinea pigs. You must remember that time is not on our side. Rules and laws that were formulated for slower fatal illnesses, or accidents such as from Thalidomide, simply don't apply with AIDS when patients have only two years to live, and something contagious is going around.

Our desperate circumstances often make us better informed than most doctors. Our grapevine often tells us about effective new treatments first. We pass this information to NIH and we're ignored. Anecdotal evidence is dismissed with holier-than-thou hauteur. AL 721 remains largely untested, even after a glowing report two years ago in the New England Journal of Medicine, as does Colony Stimulating Factors, with similar praise.

We've now learned, by sheer accident, that antabuse--the harmless medication given to help alcoholics--has an apparently amazing ability to raise T-cells. Antabuse, it turns out, is made up of the same molecules as Imuthiol. We've been begging for the testing of Imuthiol for a year. Why is there no mechanism available to immediately begin pilot studies with harmless antabuse? Must we wait two years while Dr. Meyers at NIH develops her protocols and Dr. Fauci's drug-selection committee has meeting after meeting only to arrive--as they often do because they are so big and unwieldy and so timid--at no conclusion.

The FDA is a passive organization: you must go to them and prove everything to them. But often valuable drugs are controlled by inexperienced, poor, or inept companies that don't know how to maneuver the treacherous FDA waters. Why is there no mechanism in place to actively help these companies?

We implore you to investigate these areas. The epidemic will be in its eighth year by the time you report. Yet another precious year lost.

You begin with many strikes against you in the eyes of the world. Right now, we don't expect you to either accomplish much or put aside your personal prejudices. Quite frankly, we think many of you would as soon see us dead.

But sometimes the challenge makes the man or woman. We pray this will be one of those rare and precious occasions.

(Larry Kramer is a New York writer and gay activist. He is the co-founder of Gay Men's Health Crisis and ACT UP- AIDS Coalition To Unleash Power).

The opinions expressed are those of the author, and do not necessarily reflect the views of BAPHR.

LIFE REPORT

The activities of LIFE for 1988 got off to an aggressive start recently in Sacramento. On Jan. 9 the Executive Committee (including Will Warner, the medical advisor to the committee) met to complete the agenda for January Board meeting which was held the following day. On Monday, Jan. 11, the affiliates' representative lobbied with their favorite (or most unfavorable) legislators.

Sacramento is a maelstrom of activity in general, since there are many bills remaining from 1987 which must be passed through their respective committee hearings in January. There is also a push to work on the budget, and bills with appropriations are being pushed to the front of the line as much as possible.

LIFE has authored six of its own bills, some of which already have sponsors. In some cases there are similar bills already in the hopper, and they may be ammended to include LIFE's provisions. Although the space does not permit full descriptions of the LIFE bills, they include a study of prison populations to determine the prevalence of positive HIV-antibody tests, some relaxations of the confidentiality provisions for test result disclosure to other health care professionals involved directly in patient care, prohibition of discontinuance of services to patients with positive test results before appropriate transfer to responsive organizations or individuals is complete, and setting standards for persons and facilities doing HIV testing in regard to counseling and confirmatory tests. The Board voted to postpone their decision on endorsement of the Humane Death Act Initiative until the April Board meeting.

BAPHR members are also working on bills to foster voluntary AIDS education to all California health care professionals, and to set standards for condoms, lubricants, and additives relating to their safety and efficacy in preventing transmission of STD's. The CMA has also drafted a bill which would relax HIV test confidentiality provisions considerably more than the LIFE position, essentially the same as the result of any other laboratory test; that bill had not been filed as of January 15.

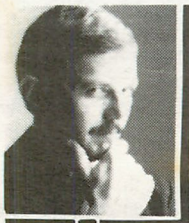
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IN MEMORIAM

HARRY P. KRAMER, MD

* * *

ROBERT D. PALMER, MD

Like many BAPHR members, Bob was not an active member in the sense of being an officer or committee chair, but he did appreciate the organization and helped in such mundane projects as stuffing envelopes and proofreading articles. He also attended meetings when he found time from his many other interests and activities and he enjoyed the camaraderie of our parties and picnics. And when he was diagnosed with his fatal illness, he made a generous contribution to the BAPHR Foundation that helped us meet a matching grant that year. We also recently learned that the Foundation will be the recipient of another generous bequest from his estate. Bob planned wisely and well.

I first met Bob when he was still a resident in medicine. He told me then that he had once considered a career as a concert pianist but he was pragmatic and knew that there were few such opportunities and instead chose a career in medicine where the odds would be better. He achieved that goal and became a superb and dedicated physician.

Bob was truly a renaissance man, a designation that one does not make lightly. His avocation continued to be music, but he was also a sailor who owned his own boat, becoming the commander of his squadron. His second home was a ski cabin on Donner Lake, and he graciously invited BAPHR's use for outings. He loved his computers and even when he was terminally ill he proudly showed me how he kept track of his blood counts while undergoing therapy. As a teacher, his pedagogy extended beyond his practice, including classes in first aid and CPR to a gay outdoors group to which he belonged. Languages were an unending hobby and he always tried to become fluent in the language of a country before visiting it, extending this even to Japanese and Russian.

Most of all, he was a constant and trusted friend to many of us, and we truly miss him.

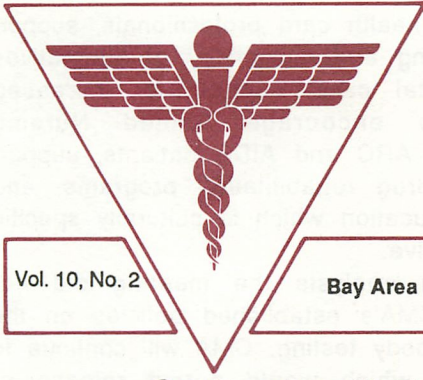
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THE BAPHRON

Vol. 10, No. 2

Bay Area Physicians for Human Rights Official Newsletter

May 1988

Gay Freedom Weekend Plans

A review of selected important proceedings of the Fourth International AIDS Conference in Stockholm, Sweden will be presented on Saturday, June 24 from 5 to 7 p.m. Following this, a reception will be held for all those who attend. The meeting and reception will be held at Cafe Esprit, 16th Street at the Bay, SF. Reservations should be made by calling the BAPHR office indicating how many will attend in order to plan the event. Hors d'oeuvres will be available with a no-host bar.

The following day, members of BAPHR, AAPHR and all friends are invited to march with us again in the annual Gay Freedom Day parade. At this writing, the assembly point for our group has (as usual) not been announced, but you will be able to find us in the assembling area by looking for our banners and faces. A booth will again be set up in Civic Center to distribute information and literature. Volunteers are needed to help organize the march and to staff the booth. You need only to make a phone call to let us know you will help.

Professor Liles to Speak

Don Liles, Professor of English at City College of San Francisco will address a BAPHR general meeting in the summer. He has suggested several topics for his talk which include "Homoerotic components in the *Illiad* of Homer," and "Sappho's poetry and her reputation". Professor Liles, an authority on ancient Greek culture is in Greece until June so that the topic and date of the meeting has not yet been set. BAPHR members will be notified by a special mailing as soon as he returns and plans are firm.

June 25 AAPHR Seminar

Several important events are scheduled for Saturday, June 25, the day before the big parade. In the morning, from 9 a.m. to 1 p.m., a seminar on research on children of gay and lesbian parents will be held at the First Congregational Church of Oakland, 2501 Harrison Street, Oakland. Martha Kirkpatrick, MD, a psychiatrist from Los Angeles will lead the discussion. A donation is requested. A reception will be held the evening before at a place to be announced.

"Names" Quilt and Quilt-a-thon

The BAPHR *Names* quilt committee has started to work on the BAPHR quilt for the Names Project. The design has been approved and fabric for the first eight names has been obtained for the first panel of names.

More help is needed to produce the quilt and anyone who can help should call Lenny Simpson at (415) 641-5845. No experience or talent is necessary for this worthwhile project.

June Symposium Postponed

Because of the large number of AIDS meetings currently scheduled during the months of June and July, the Executive Board decided to postpone the annual symposium scheduled for June 25 to a later date. It appears that many who would ordinarily attend the symposium will be at the International AIDS meeting in Stockholm in June, at a UCSF AIDS Update in July, or the National Lesbian and Gay Health Conference and AAPHR meetings in Boston. The new date for the symposium has not yet been set. Note that a BAPHR General Meeting and Reception are scheduled for June 25th.

Hospice of Marin Project

The Hospice of Marin has been awarded a "Home Health Attendant or Hospice Care Project" grant by the Office of AIDS of the California Health Services Department for persons with AIDS or ARC. The grant will provide attendant and limited intermittent nursing care with zero out-of-pocket payment for eligible patients. The patients personal physicians will remain in charge of medications and determine the necessary level of care. Patients who are residents of Marin and who demand a maximal score of 70 on the Karnofsky Performance Status Scale are eligible. For further information, contact Candace Carter Childs, Hospice of Marin, 77 Mark Dr. #17, San Rafael, CA 94903, phone (415) 472-7490

AIDS Policies and Politics

AIDS was once again a hot topic at the annual meeting of the California Medical Association (CMA). The March meeting brought forth a large number of resolutions for debate. Some of the predictable topics considered were : mandatory antibody testing for hospital patients, reporting of HIV seropositive individuals to health authorities, and declaring AIDS a communicable, contagious and infectious disease. However, there was also a slate of positive resolutions developed by the CMA's Committee on AIDS and Sexually Transmitted Diseases which had already been approved by the CMA Council. These included measures calling for increased funding for AIDS/ARC treatment and prevention and for expansion of educational efforts.

The resolutions were first discussed at a three hour session before a small "Reference Committee" whose members had the unenviable task of synthesizing the resolutions and making recommendations to the House of Delegates. The testimony before the Reference Committee ranged from moralistic preaching to reasoned arguments. The resultant Reference Committee report was superbly done.

Debate of the Reference Committee report before the House of Delegates was extensive. It was evident that there continues to be a very strong desire among physicians to be able to treat individuals for HIV infections without the express consent of the test subject. A proposal was narrowly defeated that would have asked CMA to seek legislation to permit physicians to test patients without consent. The other major testing issue was the testing of surgical patients. On this topic a statement was approved that urged physicians to consider the need for HIV evaluation and counseling of all patients, including those in the office setting as well as those seen in preoperative consultations and hospital admissions. Expansion of mandatory testing was averted. Other measures which passed were a call for increased

AIDS education of health care professionals, support for increased funding and availability of alternatives to inpatient hospital care, support for increased reimbursement to encourage Skilled Nursing Facilities to accept ARC and AIDS patients, support for expansion of drug rehabilitation programs, and support for HIV education which is culturally specific and lifestyle sensitive.

In the final analysis the meeting did not significantly alter CMA's established policies on the major issue of antibody testing. CMA will continue to support legislation which would permit release of antibody test results to certain health care workers and replace the current legal requirement for written consent with informed consent.

The San Francisco delegation played an important role in providing sound guidance during the meeting with support from a few spokespersons scattered around the state. However, what is particularly evident is the need for more gay and lesbian physicians to participate in the House of Delegates and CMA's decision making process. The present lack of gay and lesbian voices within the House of Delegates is a major problem.

Organized medical groups such as CMA wield tremendous influence with public policy makers. If BAPHR and other gay physician groups wish to effectively influence public policy on AIDS issues then we need to join CMA's political process and get elected to offices. Until we accomplish this our fate will depend largely on the kindness of strangers, a tenuous situation at best.

Jim Krajewski, MD

An Apology

To those eagle eyes who read all the fine print in the BAPHRON and noticed that last years' officers were listed on the masthead, our sincere apologies. The names of the current officers had been pasted over the old names (as they were on the previous edition), but somehow a separation occurred. We regret the error.

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BOOK CORNER

Another book on AIDS is fresh off the press; this one is different and original. A plethora of medical/epidemiological questions were posed and many fascinating reasoned out conclusions reached. Its author, ALAN CANTWELL, JR., MD, a well-known cancer researcher from Los Angeles, has worked on the problems of the virus origin for 10 years, and his scrupulously presented research spans twice as many years.

AIDS AND THE DOCTORS OF DEATH reminds me of *INDECENT EXPOSURE*, the latter being an expose of the behind-the-closed-doors politics of Hollywood world; that book markedly altered the ways the cinema business has been conducted since. And with a lucid development of the events of medical/scientific and national politics by a mind of a researcher, it just may happen again that *AIDS AND THE DOCTORS OF DEATH* will markedly alter the ways that the AIDS business will have to be conducted from now on.

The book can be ordered from ARIES RISING PRESS, POB 29532, Los Angeles 90029; the hardcover, tax and postage = \$21.19.

Kosta Stojanovich, MD

Casino Night August 13

BAPHR Foundations third annual Casino Night will be held on Saturday, August 13 at the home of Dr. Larry Silverman in Danville. This promises to be another great party. Details will be published in the next BAPHRON and invitations will also be sent at that time. Save the date.

News From Britain

The Gay Medical Association of Great Britain publishes a newsletter called 'GMA News' which is received in our office. The last newsletter just mentioned 'Clause 28' in the House of Lords and indicated they have sent many letters to the Lords concerning this proposal, and that a large number of their members attended a "Clause 28" march and "candle lit vigil". They state that they plan to advertise on a regular basis in the 'British Medical Journal', 'Dental Practise', 'Nursing Times', and 'Nursing Standard'. At their January 1988 meeting, they heard a presentation on "AIDS in San Francisco". Their annual dinner meeting is scheduled for 21st May 1988. Membership dues are 15 Pounds for full membership and 3 Pounds for student membership.

Among the bits of information in their Newsletter is an item that "current governmental health regulations state that foreign nationals visiting their country who are HIV+ will not be treated free of charge under the NHS", and that "custom officers are being asked to ascertain the financial situation of HIV+ people arriving in Britain".

BAPHR Goes Country

Members of BAPHR and their friends celebrated the IRS deadline at a country dance at Ray Chaulker's Rawhide II on Sunday, April 17. The afternoon began with a performance by the "Saddle Tramps", a precision dance team, followed by dance lessons for beginners and anyone else, then a performance by the Barbary Coast Cloggers, masters of fancy footwork, and general dancing for the rest of the evening. The admission proceeds of \$330, matched by Ray Chaulker, totaled \$660 were presented to Ruth Brinker, founder of "Open Hand", a meal delivery service for persons with AIDS. The party, planned by BAPHR Vice-President Ric Andrews was another success.

Transfusion Risk

The February 25 N.E.J.M. reported details of the 13 transfusion recipients of HIV antibody-negative blood who developed AIDS since the availability of the screening test. The donors had all been recently infected (up to 16 weeks before donation) and were in the "window" of infectivity. Nearly all of the donors were found to have risk factor(s) for infection, including homosexual activities in their histories. One indicated that he donated in order to have the antibody test performed, and another felt obligated to donate because of pressure from his employer.

A computer modeling approach estimates a worse case scenario of 26 per million recipients may be infected per year. The authors, some of them from CDC, called for more effective communication of "risk" concept to potential donors, and FDA has indicated that there will soon be changes made in high risk criteria to be used by blood banks.

Although no disease due to HIV-2 or HTLV-1 has been found in the U.S., steps will be taken by the American Association of Blood Banks to screen by history to restrict donors from Sub-Saharan Africa (for HIV-2) and to test for anti-HTLV-1 as soon as the currently experimental test procedure has been approved. HIV antigen testing has not yet been shown to be useful, but the final decision awaits development of more data.

Will Warner, MD

PAUL FREUD WOTMAN
ATTORNEY AT LAW

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

(415) 864-1900

SACRAMENTO REPORT

Dr. Duesberg v. BAPHR Scientific Affairs

Our Legislative Advocate, Rand Martin, has sounded a warning bell for AIDS legislation and the general gloom in Sacramento this year. This is the current status, although changes occur every day.

As we have known for some time, AIDS is the perfect target for politicians who want to create havoc and advance their personal agendas. As you have no doubt read in the papers, the "Gang of Five", dissident Democratic Assemblymen, are joining with the Republicans to try to unseat Speaker Brown who has been a major advocate of progressive AIDS legislation. He has taken personal responsibility for Art Agnos' AIDS Omnibus bill since Art's departure from the Assembly, but cannot muster enough votes in the Assembly to pass the bill because of the "Gang". There is more bad news.

According to Rand Martin, the Democratic caucus was forced to accept a bill that would include forced HIV antibody testing of prostitutes in order to protect the Speaker. This bill, AB 2319, will probably pass the legislature. Other mandatory testing bills will probably also become law : AB 2153 permits testing without consent of mental hospital patients on order of the chief medical officer; testing of people charged (not convicted) of a crime if it is possible that viral transmission could have occurred; AB 2900, likely to pass, will allow testing for life insurance applicants and possibly for health insurance also. All too often, we find ourselves in opposition to positions the CMA espouses, although the CMA, now reorganizing under the new president, Laurie White, has not yet reached decisions on many of the specifics that will be debated in the next few weeks.

For the most part, our representatives in San Francisco are knowledgeable and friendly to reasonable AIDS legislation, but such is not the case in other counties. Any member with Republican representatives should write or call, expressing your concern for appropriate legislation. Those of us who participate in hearings on AIDS bills have seen all too often the block negative voting of Republicans in any situation where they perceive backing by the gay community. For instance, all Republican members of the Assembly Health Committee voted against setting proper standards for condoms for AIDS prevention for no reason I could see except that the spokesmen were from gay groups.

April 12 is an important date, since most of the AIDS bills for Assembly consideration will be heard in the Assembly Health Committee on that day. BAPHR will be represented to do what we can. Any of you who can join us in lobbying legislators is urged to participate. Doctors do make a difference.

Will Warner, MD

BAY AREA PHYSICIANS FOR HUMAN RIGHTS
P.O. BOX 14546 SAN FRANCISCO, CA 94114

Phone (415) 558-9353

Dr. Peter Duesberg, professor of molecular biology at UC Berkeley, and proponent of the theory that the HIV virus does not cause AIDS, took on the BAPHR Scientific Affairs committee, and lost that round. But that was because Duesberg did not set up ground rules which would limit debate and discussion to virology, his field of expertise. When he tried to respond to clinical questions or comments, or when he made comparisons with other infectious diseases, he was clearly out of his element and lost considerable credibility. Unfortunately, he also left the impression of latent homophobia blaming the epidemic on "lifestyle", but disavowed any prejudice because he stated that "some of my good friends are homosexual".

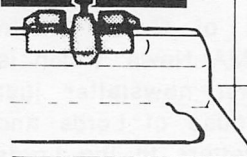
(In a subsequent forum on April 9, sponsored by AmFAR, the American Federation for AIDS Research, a panel of scientists including Dr. Anthony Fauci and Dr. Warren Winkelstein effectively responded to his claims and discredited them.)

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Jonathan Andrew Robertson*

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Telephones: Office () _____ Residence () _____

Please enclose check for dues, payable to BAPHR (see masthead for dues category) \$ _____

Please send me information about BAPHR membership _____ ; about Referral Panel _____ ; AAPHR _____ .



THE BAPHRON

Vol. 10, No. 3

Bay Area Physicians for Human Rights Official Newsletter

July 1988

Classical Greek Scholarship Feature of July 17 General Meeting

The Homoerotic Components of the Iliad

During the past two and half millenia, a broad spectrum of cultural assumptions and convictions regarding same-gender physical and emotional bonding have prevailed in Homeric criticism. An examination of these attitudes and the evidence of the Iliadic text, the subject of this talk, is one of the most invigorating developments in recent Classical scholarship.

Professor Don Liles, recently retired from the faculty of City College of San Francisco, has taught Classics, and Homer specifically, since 1950. He was a student of the Classics at Texas, Oklahoma, the Sorbonne, UC Berkeley, and Stanford, and has been a Fulbright professor at the University of Athens. His specializations include the erotic lexicon of ancient and modern Greek. At the present time, he is writing a study of the modern Greek poet, Constantine Cavafy.

Don is a long-time friend of BAPHR and this talk promises to be an illuminating and entertaining event. The meeting will take place at 7 pm on Sunday, July 17 and will be hosted by Dr. Ken Everts in the famous party penthouse suite, 2200 Sacramento Street, #1604, San Francisco. All members and their guests are cordially invited.

BAPHR 'NAMES' QUILT IN PROGRESS

The first 16 panels of the names of BAPHR members who have died of AIDS has been completed on BAPHR's own quilt by Dr. Lenny Simpson and his crew. Those who are working on the project include Bob Scott, Ken Mills, Rick Andrews, Dave Kessler, Jerry Goldstein, and Sam Thal. Another panel of 16 names has been started but help in completing the project is still needed; anyone who can help should contact Lenny (415)641-5845). Plans have been made to "unveil" the quilt on June 25 during the Esprit Cafe reception. At that time the completed quilt will be transferred to Cleve Jones, Director of the "Names Project". A designated donation from the BAPHR Foundation will also take place at that time.

BAPHR FOUNDATION CASINO NIGHT

To be held August 13 in Danville

The third annual BAPHR Foundation Casino Night will be held on August 13 at the estate of Dr. Larry Silverman, 181 Lowell Drive, Danville, beginning at 7 p.m. Those who have attended these in the past will recognize this as the social event of the season, even more spectacular and certainly more fun than the opening of the Opera. For the \$75 tax-deductible contribution there will be casino gambling with professional equipment and dealers and \$200 in gambling chips, a superb buffet, entertainment, and dancing. There will also be the opportunity to win prizes with odds never dreamed of in the California Lottery. The first prize will be airline tickets for 2 to Hawaii, and other prizes will include a VCR, fine restaurant dinners, theatre tickets and more. The proceeds go to the many worthwhile organizations funded by the Foundation.

Invitations will be mailed early in July or tickets may be obtained from any Foundation Board Member or by calling any of the following: Sam Thal (415) 285-6845, Ken Everts 346-7070, Peter Middendorf 626-3187 or by writing the BAPHR Foundation, P.O. Box 15005, San Francisco, CA 94115.

New Antibody Test Position Paper Published

"Should I Take The Test?"

The Scientific Affairs Committee has revised BAPHR's position statement on Antibody Testing and the draft has been approved by the Executive Board. The new position considers options for prophylaxis of those who test positive for HIV which were not available when the first position statement was written. In addition, experiences obtained over the years that the test has been available and the implications of a positive test were considered in writing the new paper. The position paper was released to the press and copies may be obtained from the BAPHR office.

Gay Pride

Declaring Our Sexual Identities

by Robert Stern, MD

A group of students approached me recently to contribute an article for the Gay Pride Week issue of the Synapse. At first I was reticent. Then I realized as a health professional, and particularly as a teacher, that it was important for me to be utterly honest. I really could not have declined their request--I see many of them in the lectures and laboratories of the various pathology courses on campus. I believe that it is part of my duty as an educator to be a role model. Turning down this offer to submit an article would diminish in some small way, for the students and myself the pride that this week is all about.

Everyone needs a sense of pride. Gay people should not have to make a special plea for respect. Our sexual orientation is a vital piece of information, important for every gay person to be able to declare. Denial of one's identity means imprisonment within a false facade. It is extraordinarily tiring to constantly play a role or try to be what one is not. Asserting our gay identity not only provides the world around us with proper information; it gives us permission to be who we are. Withholding that information causes an incalculable loss of creativity that we simply cannot afford.

Our openness about our sexuality also educates the people we deal with including students and faculty. I believe this information should be available to them as health providers and as individuals, to help them deal in future situations with other gay men and women.

In many subtle ways, the heterosexual majority demands that we remain invisible; their price for tolerating us. The myth is that everything will go smoothly if we just keep quiet, so that they do not have to confront us directly. If we are quiet and out of sight, we are supposedly more likely to succeed. But when we acquiesce to the demand for invisibility, we reinforce their definition of us as marginal people and we participate in the crime. To dehumanize one segment of the population is to dehumanize all people. It cannot be tolerated, for the sake of heterosexuals as well as for ours.

Two months ago, a law was passed in England forbidding the use of public funds for teaching about homosexuality in the school system. The argument was that parents did not want their children exposed to the idea of homosexuality as a valid alternative lifestyle. But a society must not take a segment of the population, declare its experience invalid, and consign it to oblivion. It is inhumane and immoral in a free society to declare any group marginal within that society or for one group to presume the power to grant legitimacy to another. We have seen in Germany the effects of declaring a segment of society marginal: German physicians during World War II were all too ready to be duped into accepting and legitimizing that marginality. Once human dignity is stripped from any group, once they are perceived as "different", it was a simple step to atrocities and genocide.

Another reason for writing this piece is a purely academic one. I feel that the gay experience is an extraordinarily rich one. Our history remains to be written, and the responsibility is ours to write it. We cannot permit the majority, the heterosexual community, to write our history, to define unilaterally who we are and where we have been.

It is a legacy of the Puritan tradition that prudery, conformity and cowardice set the limits of what is normal and acceptable and what men and women do legally with their bodies. Frequently the middle class heterosexual community attempts to define what is normal in itself by trying to define the "abnormal" in others. This subtle form of exploitation is one in which health professionals also participate, often unknowingly.

No realistic conceptual framework yet exists for the human need to experience love, bonding, and sexuality, regardless of gender choice. Humility and charity are prerequisites for the serious examination of our sexual selves, with a willingness to be courageous, to be vulnerable, to be humane, and to accept as equally valid the enormous varieties of human experience.

Robert Stern, MD is a professor of pathology at UCSF. This article was published in SYNAPSE, a weekly newspaper at the University of California San Francisco, and is reprinted with the author's permission. Dr. Stern is also a member of BAPHR.

the BAPHRON

The BAPHRON

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Sam Thal, MD, Editor
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c/o BAPHR's Box 14546, S.F. 94114

Subscriptions

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

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Categories

Sponsors.....\$200
Physicians.....\$135
Dentists, Podiatrists. \$100
Friends.....\$60
House Staff.....\$40
Med. Students.....\$20

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

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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

BAPHR FOUNDATION
Statement of Receipts and Disbursements
For the Year Ended December 31, 1987

	General Operating Fund	Endowment Fund	Total
Balance 12/31/86	<u>\$ 3,231</u>	<u>\$184,570</u>	<u>\$184,801</u>
Receipts			
General Donations		13,683	13,683
Directors' Dues	1,417		1,417
Interest Income	262	14,732	14,994
Specific Bequest		5,000	5,000
Upscale Auction (net)		3,679	3,679
Casino Night (net)		<u>14,373</u>	<u>14,373</u>
	<u>1,679</u>	<u>51,465</u>	<u>53,144</u>
Disbursements			
Specific Bequest		1,000	1,000
Grants			
Hospice Home AIDS Program		5,000	5,000
18th Street Services		1,800	1,800
BAPHR Symposium		2,500	2,500
Coming Home Hospice		2,000	2,000
Contra Costa AIDS Task Force		2,000	2,000
Harvey Milk AIDS Education Fund		2,000	2,000
Lesbian Health Conference		2,500	2,500
Lyon-Martin Womens' Clinic		1,500	1,500
Operation Concern (GLOE)		700	700
San Francisco Suicide Prevention		500	500
Shanti Project		1,662	1,662
Womens' Cancer Center		1,100	1,100
Womens' Recovery Assoc. of San Mateo		1,200	1,200
Printing	1,001		
Post Office Rental	44		
Postage	285		
Services	600		
Other	340		
	<u>2,270</u>	<u>25,462</u>	<u>27,732</u>
Balance 12/31/87	<u>\$ 2,640</u>	<u>\$ 207,573</u>	<u>\$210,213</u>

**BAPHR FOUNDATION
FINANCIAL STATEMENT**

Balance Sheet
December 31, 1987

ASSETS

Cash in Empire of America	\$ 61,930
Certificate of Deposit - Hibernia Bank	50,000
Pacific Coast Savings	60,000
Barbary Coast Savings	50,000
Interest Receivable	2,737
Bequests Receivable	<u>10,000</u>
	\$ 234,675
	=====

LIABILITIES & FUND BALANCES

Liabilities	
Grants Payable	\$ 19,462
Fund Balances	
Endowment Fund	207,573
General Operating Fund	<u>2,640</u>
	\$ 210,213
	=====
	\$ 234,675
	=====

Book Corner

Strategies for Survival

A Gay Men's Health Manual for the Age of AIDS
St. Martin's Press, New York, 1987. \$10.95

Martin Delaney and Peter Goldblum with Joe Brewer, all AIDS activists from the onset of the epidemic, have written a book that could be useful for every gay man everywhere. *Strategies for Survival* is unusual in several ways. Although it imparts information, as all books do, it does not stop there. It demands, in an intelligent, caring, sometimes humorous manner, that the reader become an activist for his own well-being and for the health of the community. It is a programmed text, not just on one subject, but on life and living fully as a gay man in a community in the age of AIDS.

Strategies for Survival is divided into seven major sections beginning with a detailed description of the different levels of health, written in a lucid prose devoid of jargon and psychobabble. After the opening chapter, there are chapters on sexuality and sexual practices, substance use and abuse, stress, social support, and exercise and nutrition. The final chapter, "Fighting for Our Lives", covers important emotional topics such as rage and helplessness, making medical decisions (e.g. to take the HIV antibody test or not, and for PWA's and friends, lovers, families of PWA's when to let go of the struggle and move towards acceptance of death) and other topics that round out the book.

Each chapter is designed so that the reader is given some basic information; for example, which specific sexual practices are most likely to result in viral transmission, and which are not, or what constitutes a healthy diet and healthful exercise regimen. Then the reader is asked to actually write down "Where am I now", an honest appraisal of his current activities, diet, etc. From this assessment, it is on to "where do I want to be - goal-setting", followed by a detailed plan for action. The book guides the reader through the rocks and hard places in an optimistic, non-judgemental fashion.

I envision *Strategies for Survival* as an adjunct to any type of therapeutic regimen, be it strictly medical or psychotherapeutic or some combination of both. Clinicians could actually assign their clients/patients certain chapters and help them clarify their current status and define their goals. Some clinicians might also use the book as a centerpiece for a group process, and some men can certainly use it as an exploratory tool on their own.

Strategies for Survival is a welcome addition to the fight against AIDS. It will prove useful for the entire gay community; men currently diagnosed with AIDS, men who are uninfected, men who are immobilized with fear, anger, grief, internalized homophobia, men in denial, in short, everybody. *Strategies for Survival* is about survival, not just physically, but emotionally, spiritually, and politically as well.

Joseph Engelman, M.D., M.P.H.
San Francisco Department of Public Health

**President's AIDS Commission Repudiates
Reagan Administration AIDS Policy**

President Reagan's AIDS Commission criticized the Administration for its inadequate response to the AIDS crisis and proposed federal law to ban discrimination against people with AIDS. The 13-member panel, chaired by retired Admiral James Watkins, submitted its voluminous final report which Watkins estimated would cost the government \$3 billion a year, three times what it is spending this year to combat the disease. The commission which included a number of conservative members also added a recommendation that doctors be required to report the names of patients who test HIV positive, and that public health officials be required to notify sexual partners of infected patients. The final report, unanimously approved, makes almost 600 recommendations, ranging from ways to make experimental AIDS drugs more easily available to plans encouraging home care for patients.

Antibody Test Trainings Offered

The AIDS Health Project announces that they are offering AIDS antibody test training for physicians. With more doctors offering antibody testing, these trainings provide an opportunity to enhance knowledge and counseling skills. The trainings include pre and post-test counseling, psychosocial aspects of HIV, medical and epidemiological information, and legal and ethical issues. The trainings can vary in length and are tailored to fit the needs of those in attendance. For further information contact Jackie Brookman, Training Specialist, UCSF AIDS Health Project (415) 476-6430

AIDS Family Project

The AIDS Family Project is a new program of the Operation Concern (an outpatient psychiatric clinic of Pacific Presbyterian Medical Center, mainly serving the lesbian/gay population). This new program appears quite exciting : generously funded by the James Irvine Foundation for three years; staff hiring has been completed; and, the assessment/outreach phase has started. Ken Pinhero, LCSW, Program Coordinator, and Cathy Cassel, LCSW, Program Psychotherapist, have begun their PR work.

The AIDS Family Project will have three major service components : 1) Outreach to hospitals and other agency/medical settings where families of affected patients gather; 2) Direct services to family members in the form of couples, family, group therapy and case management; 3) Training and consultation to community members and health professionals. The Project was developed in response to the needs of lovers, parents, friends, siblings and children of the AIDS/ARC sufferers. For further information or referral please call Ken Pinhero or Cathy Cassel at 626-7000.



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**MEETING FOR GAY PSYCHOTHERAPISTS WORKING
WITH AIDS, ARC and HIV**

Operation Concern will sponsor a networking meeting for gay psychotherapists working clinically with the wide spectrum of HIV infection including asymptomatic seropositives and people with ARC and AIDS. Issues for discussion will be countertransference, grief, bereavement, depression, addiction and spirituality. There will be small and large group discussions and there will be a follow-up report to attendees.

The event will take place on Saturday, July 23, 9:00am to 1:00pm at Operation Concern, 1853 Market, call 626-7000 to RSVP.

**BAY AREA PHYSICIANS FOR HUMAN RIGHTS
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MEMBERSHIP APPLICATION

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Address _____

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Telephones: Office () _____ Residence () _____

Please enclose check for dues, payable to BAPHR (see masthead for dues category) \$ _____
Please send me information about BAPHR membership _____; about Referral Panel _____; AAPHR _____.



THE BAPHRON

Vol. 10, No. 4

Bay Area Physicians for Human Rights Official Newsletter

Sept 1988

BAPHR RETREAT '88

SEPT. 30 TO OCT. 2 AT WILDWOOD RESORT

This year BAPHR is going back to Wildwood Resort for our Retreat from Friday, 30 September to Sunday, 2 October 1988. This was the site of two of our successful retreats in the past but there will be changes this year which should make this even more enjoyable and productive. The views, gardens, private pool and hot tubs are still as spectacular but the lodge facilities have been improved. Most important this will be a getaway weekend with emphasis on relaxation, stress reduction and meeting new friends as well as rekindling old friendships. Wildwood is 75 miles north of SF and allow 2+ hours driving time on Friday afternoon.

Amidst this serene setting we will have some short, optional meetings to discuss BAPHR'S future. Since our first retreat at Sea Ranch six years ago, many changes have occurred, and it is time to re-examine what we want from BAPHR and what the organization is capable of doing.

The retreat is open to all members, their friends, interested and prospective members, as well as those interested or involved with the BAPHR Foundation. The cost for the weekend is \$120 per person which includes 2 nights lodging (double occupancy), all meals, starting with Friday dinner at 8 PM, through Sunday lunch. Tax and gratuities are included. For housestaff who prefer tents, the cost is \$100, and for medical students, \$80 per person. Rooms will be on a first come, first serve basis.

Application forms with check (payable to BAPHR) should be send to Ric Andrews, MD, 179 Lower Terrace, San Francisco, CA 94114. Home Phone (415) 621-6291 after September 11. Feel free to call with any questions.

We hope you can be with us for this special weekend together.

ELECTION TIME AGAIN

By the time you receive this issue, members of BAPHR will have received a ballot to vote for BAPHR officers for the next year. The nominating committee has proposed a slate which includes the following: President--Richard L. Andrews, MD, Vice-president--Robert C. Scott, MD, Secretary--Kenneth J. Mills, MD, and Treasurer--Leonard A. Simpson, MD. Members of the Board at Large--James T. Krajewski, MD, and Patricia Robertson, MD. The ballot contains spaces for additional candidates for each office. Members may nominate themselves or any member who will accept the nomination. Officers will be inaugurated at the annual banquet tentatively scheduled for November 4, 1988.

PROP 102, DANNEMEYER-GANN ON NOVEMBER BALLOT

Proposition 102, called the Dannemeyer-Gann initiative has qualified for the November general election. If passed, it will end anonymous HIV testing in California and institute forced reporting of all HIV positive tests and contact tracing of the sex partners of those testing positive. It would dismantle the State's anonymous HIV testing system and require doctors and blood banks to report anyone they "feel might have AIDS or might test positive for the disease". It requires mandatory tracing of the sexual contacts of people testing positive, gives health insurers and employers access to the results of HIV tests and provides criminal penalties for people who violate the provisions of the initiative. Attempts to stop the initiative from appearing on the ballot were unsuccessful in Sacramento Superior Court and a coordinated effort is now required to defeat the initiative. Californians Against Prop. 102 has been formed to fight the initiative, which is a threat to all efforts to prevent HIV infection. Even though the initiative has been opposed by almost all major health organizations and individuals including political candidates, a major effort will be required to defeat it. The "No on Prop. 102" address is 10 United Nations Plaza, Suite 410, San Francisco, CA 94102. Phone (415) 621-4450.

COMING HOME SUPPORT SERVICES

ARC DEFINITION CHALLENGED

The Coming Home organization has opened its new direct services program to provide daily money management, legal support and protective services for individuals with life-limiting conditions such as AIDS/ARC, chronic illness and/or advanced age. It is designed especially to meet the anticipated needs of those persons who are at-risk of the debilitating effects of dementia.

The new program, called Support Services, will assist clients with the tasks of banking and bill paying, getting their affairs in order, preserving their assets, and in assuring that the disposition of their estates is carried out according to their wishes. This array of money management and protective services is available to clients in their own homes, in hospital settings, as well as at the Coming Home Hospice. Support Services provides the following:

Daily money management such as banking and bill paying, timely submission of benefits claims forms, analysis of income and expense changes, inventory of personal assets, and tax preparation.

Legal support and protective services. When requested or necessary, the Support Services agency may be designated to assume personal financial and legal responsibilities as: representative payee, durable power of attorney, conservator of estate, or executor.

Where relatives or friends are so-designated, the Support Services program is available to assist them in carrying out essential money management and protective services for their loved ones. This support is especially valuable for those nominated individuals who do not reside locally, or who do not feel prepared or qualified to assume such complex fiduciary responsibilities.

Services are provided to clients on a relatively low-cost, fee-for-service basis. For persons with only limited funds, contributions are being sought from individuals, corporations, and foundations.

For further information, contact: David Jonson, Program Director, COMING HOME SUPPORT SERVICES, One Sansome Street, Suite 2000, San Francisco, CA 94104. (415) 951-4644

BAPHR's scientific affairs committee was requested by the San Francisco AIDS Foundation to revise the proposed definition of "ARC" (AIDS Related Condition) for its updated brochure *COPING WITH ARC*.

The committee recommended that the title of the brochure be changed to *COPING WITH HIV INFECTION* and that the CDC four stage classification be used in the brochure with an explanation of each stage.

BAPHR had proposed a definition of ARC in 1986 which was published in the brochure by the San Francisco AIDS Foundation. Investigators, clinicians, and social service agencies have all employed various definitions for purposes such as treatment protocols and access to disability benefits. Furthermore, the CDC has broadened its classification of AIDS to include certain ARC entities such as wasting syndrome and neurologic disease which will help certain individuals to obtain the social and economic benefits of an AIDS diagnosis.

The committee recommended that an introductory discussion in the brochure should include the history of the nomenclature of various syndromes associated with HIV infection with historical references to the original criteria for AIDS developed by the CDC for surveillance and statistical purposes. A discussion of various laboratory parameters now commonly used to stage HIV infection should be included.

James Campbell, MD
Sam Thal, MD

BAPHR GETS CME APPROVAL

BAPHR has been awarded reaccreditation and certification to grant Category 1 Continuing Education Credit by the California Medical Association. The Accreditation Council for Continuing Medical Education (ACCME) has designated BAPHR as a provider for credit until June 1990. BAPHR's track record of quality medical education programs was instrumental in obtaining this approval. Monthly meetings of the County Community Consortium have been accepted by the BAPHR executive committee to receive credit for those who request it and who sign the registration form at the meetings.

the BAPHRON

The BAPHRON

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NOTE: The appearance in The BAPHRON of an individual's name or photograph in no way infers his/her sexual orientation

DEFEND THEIR RIGHT TO SPEAK ...

Project Inform and the entrepreneurial John James were given a BAPHR podium recently for presenting their controversial, off-beat views of how anti-AIDS drugs should and should not be investigated from their biased standpoint. While their goals are probably, hopefully, largely altruistic, their scientific naivete and private activist leanings render their advocacy questionable at best.

Project Inform's stated purpose was to "expose" the clinical trials of new drugs in order to increase the inclusion of AIDS patients into protocols no matter how valid, especially those using preparations of uncertain origin, on the assumption that, if anybody (regardless of qualifications) thought they might work, people should volunteer to expose themselves. John James has advocated at various times the use of such congestibles as Chinese mushrooms and extracts of cactus promoted by commercial food distributors or elizir compounders because they were available without scientific oversight. And implicit in all these promotions has been the lack of controls which are the basis for scientific advance and the accumulation of verifiable data that can produce true findings of significance. The approach also asks and expects gay men to put their lives on the line, expose themselves to unknown and unwarranted risks for no good purpose, just "to be doing something".

The lack of support from the Reagan administration for speedy drug trials cannot be questioned, and the avid profit motive of some drug companies has also been clear. But to throw away all our scientific objectivity because of these transgressions is equally reprehensible. A balance between compassion for those in despair and the development of meaningful data to help all AIDS sufferers must be maintained objectively. While BAPHR shows its tolerance for divergent philosophies by allowing these mavericks to speak, the organization should go no further, in my opinion, to give credence to their projects or respectability to their viewpoints.

W. L. Warner MD

EDUCATION UNNECESSARY (?)

The California Medical Association now feels that AIDS is no different from any other disease, and there are no special needs for education or additional physicians for handling AIDS cases, now or in the future. So was the blunt answer when the CMA was asked to support a bill in Sacramento for AIDS education of health care professionals.

For more than a year, an *ad hoc* committee has been deliberating and spending long hours in devising an educational program that is voluntary and essentially painless in order to encourage health care workers to become more knowledgeable about AIDS for their own as well as their patients' benefit. This was in response to the CMA's adamant refusal to support a mandatory educational program in which a minimum of education on AIDS would be required for license. The voluntary program put forward by the Health Professional Education Committee was approved by the state AIDS Advisory Committee, and has the support of many professional organizations throughout the state.

Senator Quentin Kopp, at first interested in carrying this legislation, withdrew when the CMA expressed opposition. The bill was then taken up by Assemblyman Mike Roos, replacing his mandatory education bill, but with the present reactionary climate in Sacramento, he now feels that there is little hope for passage this year. In the meantime, most communities who are thinking ahead in regard to stresses on the health system in years to come realize that more trained professionals will be crucial. It has been estimated that, of the more than 700,000 health professionals in the state, fewer than 50,000 possess the rudiments of AIDS knowledge sufficient to advise their patients on risk assessment. Apparently the CMA likes it that way.

W. L. Warner MD

The third annual Casino Night at BAPHR member Larry Silverman's estate in Danville exceeded the already high expectations engendered by the two previous successful productions of Casino Night. This year's edition added slot machines to the usual array of gaming options, the "boat board" silent auction, a lively vocal trio to the TONGUE 'N CHIC Orchestra, and a revamped menu. Casino Night '88 was a sell out as 370 tickets were sold and 340 people actually attended. The attenders were a wonderful mix of straight and gay; young and old; physician and non physician; male and female; all there to have a good time, a good meal, and support the fight against AIDS.

The financial success of the event mirrored the artistic success as \$21,000 was raised to be divided between the Contra Costa County AIDS Task Force and the BAPHR Foundation. This sum was a \$6,000 increase over last year's net proceeds!

BAPHR member Phil Charney won the trip to Tahoe, a fellow from the East Bay won the trip to Hawaii; BAPHR VP Ric Andrews walked away with the coveted (really!) long eared rabbit from Dakin; and yours truly's boat came in on the silent auction as I won the VCR donated by Clint Schoen. In all there were 29 prizes distributed to lucky winners!

As usual the biggest thank-you goes to Larry Silverman for producing this extraordinary event! We would also like to thank Tony Lantzy and the volunteers from the Contra Costa County Aids Task Force for staffing the event; Chris Kollaja and Mary Wright who respectively led the BAPHR Foundation and CCCATF boards in soliciting donations of door prizes. Much credit goes to Loren Rohr (invitations), Affairs & Foods of Walnut Creek (caterers), B&G's Town and Country Liquors of Castro Valley, The HUB bar, DJ's bar, Just Rewards bar (all of Walnut Creek) and Friedman's Appliances of Oakland. A special thank-you goes to Marissa Bennett, co-owner of the Just Rewards bar, for donating back the \$580 she won in the half & half raffle.

The generosity of the 29 door prize donors, the 30 table sponsors, and all of you who came to the event made Casino Night '88 the success that it was. Thanks and see you next year!

Peter Middendorf

FOUNDATION ANNOUNCES
'88 GRANTING CYCLE

BAPHR Foundation will accept applications for grants for 1988 until September 20, 1988. Applicants must be 501(c)3 tax-exempt or have a tax-exempt sponsor to qualify. 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 (staff salaries, overhead expenses, etc.) endowments, or clinical research projects. For grant application forms, write BAPHR Foundation, P.O. Box 15005, San Francisco 94115 or call (415) 558-9353 or 346-7070.

LIFE BOARD MEETS

The Directors of the Lobby for Individual Freedom and Equality met for their quarterly Board meeting in Santa Ana last month. In conjunction with this scheduled meeting was an organizational meeting for those wishing to become active in the struggle against Prop. 102, the Dannemeyer Initiative.

Rand Martin reported a gloomy picture for some of our most important pieces of legislation, and the frequent lack of support or actual antagonism of the California Medical Association. All AIDS bills had been postponed as political ploys, brought on in part by the Gang of Five, forcing them all into the closing weeks of the session when there would not be time for careful consideration of amendments or budgetary factors. More and more, LIFE is forced to take the "expedient" position in order to gain a part of our stated goal. Through it all, the increasing respect for LIFE as a viable and worthwhile source of information and assistance is becoming clearer.

The Board voted for the hiring of another lobbyist to assist in our program in Sacramento. The number and complexity of bills involving AIDS requires more than one person. Interviews will be organized within the next few months, and it is hoped that another person will be added to the staff before January, 1989. The number of affiliates continues to grow, although BAPHR and SCAPHR remain the only medical organizations. The increasing budget cannot be entirely offset by new affiliates, and strong pleas were put forward to encourage the expansion of the LIFE Associates program.

W. L. Warner MD

FOCUS ON DEMENTIA

BAPHR, along with the SF AIDS Foundation and the Lobby for Individual Freedom and Equality, will sponsor an evening seminar on the impact of AIDS dementia on the medical, political, and public health handling of AIDS patients. The date is October 27 from 7 - 10 PM, and the place is to be announced. The medical findings in dementia will be presented, and a report from the Non-Acute AIDS Services Committee, which has been working for months to formulate plans for services for AIDS patients over the next five years, will report on the impact of dementia in their plans. One focus of this committee has been the role to be played by the PHS Hospital, soon to become available to the City.

Rand Martin will report on this year's successes and failures in Sacramento for LIFE, and the new LIFE Associates program will be described. There will be a panel discussion at the end for questions and comments from the audience.

IN MEMORIAM

RENATO DE LEON, M.D.
STEPHEN YARNELL, M.D.

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Please enclose check for dues, payable to BAPHR (see masthead for dues category) \$ _____
Please send me information about BAPHR membership _____; about Referral Panel _____; AAPHR _____.



THE BAPHRON

Vol. 10, No. 5

Bay Area Physicians for Human Rights Official Newsletter

Nov 1988

ANNUAL AWARDS MEETING AND BANQUET SET

The BAPHR Eleventh Annual Meeting and Awards Banquet is set for the evening of Friday, November 18th in the Gray Pearl Room of the Hotel Nikko, located at 222 Mason Street at O'Farrell in San Francisco. We will be officially recognizing Admiral James D. Watkins and the work of the Presidential Commission on the HIV Epidemic. Also receiving an award and speaking to the assembled will be Kristine M. Gebbie, R.N., M.N., Member of the Presidential Commission and AIDS Committee Chair of the Association of State and Territorial Health Officials.

The following additional awards will also be presented:

Community Service Awards to Organizations:

AIDS Treatment News
Project Inform

Community Service Awards to Individuals:

Steve Heilig, M.P.H. of the San Francisco
Medical Society
Sari Staver of the California Medical Association

Community Service Awards to BAPHR Members:

Don Abrams, M.D.
Jim Krajeski, M.D.

Appreciation Award:

Larry Silverman, M.D.

Award to Past President:

David Kessler, M.D.

Please join us for this elegant evening. Cocktails will begin at 6:30 pm with dinner being served at 7:30 pm. If you have not received a formal invitation, reservations can be made by calling Art McDermott, Executive Coordinator, at the BAPHR Office (558-9353). Members and guests are attending at \$60.00 each, house staff at \$40.00 and medical students at \$25.00. RSVP by November 12, 1988.

THE ART OF BAPHR

BAPHR welcomes Art McDermott, our new half-time Executive Coordinator. As the consummate Gemini, Art also works half-time with the Haight-Ashbury Free Clinics as an AIDS researcher. His career in non-profit agencies and in the disability rights movement spans ten years. Originally from New York and Virginia, Art held positions with the National Association of the Deaf, the American Coalition of Citizens with Disabilities and the American Council of the Blind. Art also served on the Organizing Committee of the AIDS Education Fund of the Whitman-Walker Clinic in Washington, DC. Between 1984 and 1987, Art was the Director of Education for the Sacramento AIDS Foundation, serving 18 counties in northern California. Art earned his Masters degree in Adult Education and Human Development from the George Washington University. Art now studies "rebirthing," and lives with his cat, Chakra, in downtown Oakland, overlooking Lake Merritt. He's an accomplished mime, and one of the last surviving members of the East Coast performing ensemble, "Mime's Bigger Than Yours." Oh, yes, his lover's name is Bill, a retired Air Force pilot. Some guys have it all!

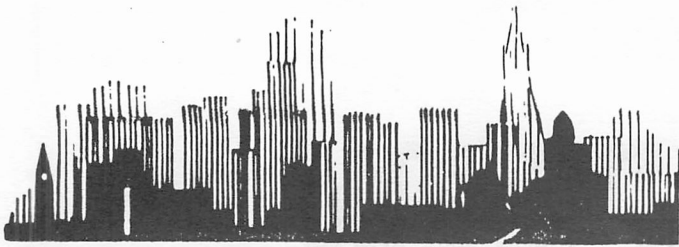


Kristine M. Gebbie, R.N., M.N.

BAPHR-BALIF HOLIDAY PARTY

The third annual BAPHR-BALIF Holiday Cocktail Party is tentatively scheduled for Tuesday, 13 December 1988 from 6 to 8:30 p.m. The wonderfully open, spacious, and festive room named "OZ". ("No, Dorothy, we are not in Kansas anymore!") at the top of the St. Francis Hotel overlooking Union Square has been reserved. A full menu of cold and hot Hors d'oeuvres, music, and a no-host bar will be provided for the advance cost of \$17.50 for members and friends (\$12.50 for medical and law students). We also plan on having "Santa Claus" and "Sarah Claus" available for fun photo opportunities and to hear our holiday wish lists. This will be a great opportunity to socialize with our fellow professionals and friends in a relaxed spectacular room, letting 'our hair down' (i.e. whatever few strands may be left) for a couple of hours. So please circle your calendar for Tuesday, 13 December, 6 -8:30 and look for a formal invitation in the mail in the next few weeks.

Len Simpson, MD



PROGRESS NOTES

by Ric Andrews, M.D.

ACTIONS SPEAK LOUDER THAN WORDS

Hello again. It's been six years since I first wrote in this column, and I find it doesn't get any easier with time. I had planned to use the title above by referring to the articles in this issue from each of the officers and our staff, as well as the numerous "Letters to the Editor," etc., as a way of saying, "Look, I'm better at organizing and doing things than writing things so let the activity of the past month speak for itself." But this theme had new meaning for me when, last night, as I sat down to write this column to meet the *BAPHRON* deadline, I got a call about the protest march that would begin momentarily in the Castro as a response to Deukmejian's endorsement of Proposition 102. At the time I did not know this would be a three hour journey through the city but I would not have missed it.

As we walked up Market Street to Van Ness the march filled both sides of the street. We stopped cars and buses in spite of 20 or so motorcycle police trying to re-route both directions of traffic. We shouted chants and blew whistles and beat pans with spoons and felt good about demonstrating non-violently our outrage at the governor's ignorance and even malice. We walked up Van Ness past the Dukakis headquarters and past Davies Hall where the balcony was packed with curious observers. Many bystanders, motorists and people hanging out their apartment windows applauded our efforts.

We walked to the Bush headquarters on Bush Street chanting, "Shame! Shame!" From nowhere 30 riot police circled the entrance to the building and we moved on, up California Street to Nob Hill, past the well-heeled from the Fairmont and Mark Hopkins; even there some cheered us on. We walked down Powell Street, stopping cable cars jammed with bewildered, even frightened tourists. But they could see we were no vengeful mob. No, we were basically 'kind and gentle people' who needed to ACT UP to make a statement.

We walked back to Civic Center and the State Building (more riot police), and then turned down Market again, still stopping all traffic, and headed back to the Castro, back to 'home.' We made a huge circle that filled the intersection of Castro and Market, repeated our chants, basked in the satisfaction of our accomplishment, and then ran to the center to embrace each other and say good night. I saw many old activists friends. Cleve Jones, one of the primary organizers, was carrying Harvey Milk's old bullhorn. It was a night to remember, one of those 'only in San Francisco' kind of nights.

When I got home that evening, and pulled off my shoes, I knew I would not make the deadline for this article, but I understood the title in a new, even more dramatic way. By the time you read this I hope we are all looking back with relief at the defeat of Prop 102. But either way, we still have a long, long road ahead of us, to the time and place where we can all learn to live together with peace and understanding and respect. We may never completely make it to that 'Promised Land' so it's got to be the journey, together, that will sustain us.

This year I'm privileged to make my 'journey' into BAPHR with such a bright, committed, enthusiastic, supportive, group of fellow officers and a very talented, personable, responsive, creative staff person, Art McDermott. It is a **great team**. Starting with the Wildwood Retreat, we already have events planned for the next five months. We are extensively reorganizing the office, our files, our procedures, and financial matters. We plan to streamline the committees so we can do a few things and do them well. I want to focus special energy on the Membership/Support and Publication Committees.

We welcome and invite your input and involvement. All of us are personally and professionally struggling with the ever-increasing demands of the Epidemic and Overload; and, for many, organizational involvement is an additional burden and not a supportive resource. For you, we hope to offer some entertaining diversions, some useful educational meetings, and most of all an opportunity to just come together for some mutual emotional support. And for the rest of you, we hope that this newsletter and just the awareness of our ongoing efforts will serve as some support. In return, we hope you can support us with your membership, your occasional presence, or maybe even three sentences in a "Letter to the Editor." We are not out to build an empire, we won't be able to tackle every issue, but we will do what we can to help the community and ourselves during these draining times.

Fate and Faith, two personal guiding principles I mentioned years ago, continue to prevail. Whatever lies before us, I have faith we can make it if we stick together and use our hearts as well as our minds. Once again I ask you to join us.

William F. Owen, Jr. MD Receives ASIM Special Recognition Award

Dr. William Owen, founding member of BAPHR and former secretary, received a special recognition award from the American Society of Internal Medicine at the Society's Annual Meeting in Atlanta. The award was presented by William R. Smith, MD, ASIM President for Dr. Owen's "compassion and dedication to the practice of internal medicine, most notably illustrated by his years of tireless commitment to caring for patients with AIDS".

the BAPHRON

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ELECTION RETURNS!

By October 15, 1988, a total of 66 ballots were returned by BAPHR members electing the following slate of Executive Board Officers for 1988-1989:

President: Richard L. Andrews, M.D.

Vice President: Robert C. Scott, M.D.

Secretary: Kenneth J. Mills, M.D.

Treasurer: Leonard A. Simpson, M.D.

The BAPHR membership extends congratulations and thanks to our new Executive Board. Your contributions of time and energy will no doubt foster the continued growth and leadership of BAPHR.



From left to right: Art McDermott, Executive Coordinator; Ken Mills, Secretary; Bob Scott, Vice President; Lenny Simpson, Treasurer; and Ric Andrews, President.



BAPHR FOUNDATION PARTY

To Honor Major Donors

December 4, 1988 4:00 - 7:00 pm

Hosted bar: Champagne, wine, soft drinks
Bountiful Hors d'Ouvres

Special Performance of Don Pippin's Pocket Opera

In the beautifully restored mansion at
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\$25/person (to cover costs)

THIS WILL BE A SPECTACULAR HOLIDAY AFFAIR!

All members invited. Please send your check to:

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San Francisco, CA 94115

POSITIVE ACTION HEALTHCARE AND ViRx TO MEET BAPHR

Creative formats are the theme for BAPHR's 1989 education projects. A general membership meeting in January will feature informal presentations by two highly advertised and somewhat controversial private organizations providing monitoring, care and research of the San Francisco HIV community. Positive Action Healthcare offers aggressive monitoring and treatment of HIV patients including the asymptomatic seropositive. ViRx is recruiting patients for specific pharmacologic research protocols. This forum should provide us the opportunity to decide how these organizations may aid us in the total care of our patients. Details as to the exact date and location of this meeting will be forthcoming in a flyer sent under separate cover.

Ken Mills, MD

RETREAT '88: BAPHR RETURNS TO WILDWOOD

Six miles of bumpy blind-turns up a dusty road from the Russian River, Wildwood Resort snuggles into a lushly gardened mountaintop, looking as if the word "drought" was never heard in these parts. A closer look however shows that water shortage is a fact of life here too, it's just that Wildwood seems to have figured out how to live with it, and how to live well! The living well is epitomized elsewhere in this place, where they seem to know how to acknowledge limits, and still thrive. One can see it in the food they serve three times a day: simple and sensible, yet healthy and delicious. It's seen in their balanced scheduling--they invite no less than a full house of guest for a weekend, then reserve the week just for themselves. And also it's seen in the kind of clientele that Wildwood seems to prefer, groups like Shanti volunteers, PWA's or BAPHR, those who know that relaxation and revitalization provide the natural corrective balance for intense devotion and commitment. It would be hard to imagine a better setting for the Retreat in 1988.

Organized with a light touch by Ric Andrews, the Retreat this year followed an urgent yet practical agenda. The meetings were schedule to leave the mid-day free for members to enjoy the charms of Wildwood on what proved to be a beautiful weekend. As the fog was lifting away from the mountain, the group first met after breakfast on Saturday morning. Ric shared his perspective on the Retreat, tracing the evolution of BAPHR through its eleven years in the vanguard of gay medicine and civil rights, and noting some of its many accomplishments, including its immersion in so many aspects of the AIDS crisis in recent years. Ric noted that BAPHR now functions within a family of other groups, some its own progeny, which together meet the external challenges that continually arise. He charged those present with the task of re-examining BAPHR's mission in 1988 in light of the needs and wishes of its own members and the community, and with an eye to our resources and practical limitations.

The BAPHR Questionnaire

Prior to the Retreat, BAPHR mailed to all of its members a brief narrative questionnaire, the results of which were tabulated as input to the small group discussions which were the focal point of the Retreat. By the time of the Retreat, 39 of the questionnaires had been returned with responses to the four general questions asked.

The first question question sought input from members about the overall purpose or mission of BAPHR at the present time. The majority of responses stressed that support of members should remain a primary mission of the organization. Education (for members and others) was also seen as an important priority. Also ranking highly in the number of responses was the desire to see BAPHR taking positions more forcefully on political and social issues. Other less frequent responses included the hope that BAPHR would become more visible outside of San Francisco. A small minority expressed the opinion that BAPHR should avoid taking political positions.

The second entry in the questionnaire asked what it is that members personally want and need from BAPHR. The majority of responses were in tune with the first question, i.e., most treasured the camaraderie that BAPHR has always offered. Education in AIDS and in other problems of medicine was very often mentioned. A few of the respondents specifically stressed their wish for more involvement in BAPHR by women, and by non-San Francisco physicians. Several noted that they valued BAPHR as a force to combat homophobia.

The third issue raised in the questionnaire was addressed to members whose level of participation in BAPHR has changed in recent years, and asked the reasons for this change. Three members replied that they had become more involved because of AIDS issues, but 14 became less involved due to retirement, a geographical move, or through simply becoming too busy.

Question number four sought member's opinions on which BAPHR projects or events they felt were the most valuable. Consistently, social events topped the list of responses, followed by educational meetings. Much less commonly mentioned were the BAPHR Foundation, the Referral Service, AIDS-related support groups, the Names Project Quilt, community outreach, networking with lesbian physicians, programs for AIDS burnout, and press conferences.

General comments among responses to the questionnaire included praise for the organization as a crucial presence in the gay and medical communities. Only one respondent questioned whether BAPHR may no longer have a useful purpose.

The Retreat Discussions

Following Ric's opening remarks at the Retreat, the meeting broke up into three smaller discussion groups to facilitate communication. In these groups, BAPHR's mission was validated in much the same terms as the questionnaire had reflected, but in more detail. This mission was conceptualized into the categories of Social and Support for members, Education to members and to the community, and Outreach to the community.

Social and Support Functions: It was the unanimous conclusion of the discussions that efforts to support its own members in various ways should be BAPHR's first goal. One aspect of this would involve improving communication within the membership. An even greater commitment to the BAPHRON newsletter could help in this, as would recruitment of more members into the communications/publications functions of BAPHR. It was felt that membership in BAPHR should be more official, yet personalized, by providing membership cards and personal contact at the times when a person joins or renews membership. Specific events for new members, and a well planned calendar of coming events were also urged as a way to demonstrate a greater visibility and consistency to the membership.

Another support function suggested was the establishment of therapeutic support groups for BAPHR members who wish them, especially for AIDS care-givers. Where desired, the groups could be provided with skilled, professional facilitators. A specific proposal was made that during the coming year BAPHR might sponsor a special weekend support workshop on the topic of physician burn-out. Such a conference could be open to BAPHR and non-BAPHR physicians, with Wildwood as a possible site.

Education: The educational role of BAPHR was emphasized as well, particularly in the area of AIDS information at this time. Kudos were given to the stalwart Scientific Affairs Committee and its Chair, Jim Campbell, for their constancy and dedication. The guidance and advice which BAPHR provides to others through this committee is much appreciated.

Education through regularly schedule seminars and symposia were also endorsed in discussions.

Outreach and Liaison: Outreach to the community and liaison with other groups were also indispensable functions for BAPHR. Improvement may even be needed in some of the obvious liaisons, such as with the BAPHR Foundation and with AAPHR. Outreach using public position statements on relevant topics (including political issues) was supported by some, but only staying within an organizational consensus on the issue, so as to avoid some of the divisiveness of the past.

After the meeting of Saturday afternoon had ended, the rest of the retreat weekend was played out at a leisurely pace. Still, the renewed spirit and enthusiasm within BAPHR was easy to see. It felt good to be reminded of where we are going and why, and that the devotion to BAPHR of its members remains unbroken. An affirmation of BAPHR occurred here, and at the pure and basic levels of its essential purpose, and its relevance to its members and to others. With this as a foundation, the BAPHR Board will elaborate the details of its goals with a renewed vitality in the coming weeks.

Bob Scott, M.D.

LETTERS

The misconceptions, "hostile labeling", and derogatory remarks made by one of BAPHR's members regarding Project Inform and John James (*AIDS Treatment News*), that appeared in the September 1988 edition of the BAPHRON cannot be ignored.

It appears inconceivable to me that any individual would come to any of these highly inflammatory and incorrect conclusions if they had truly listened to and read, both Project Inform's statement, as well as John James' excellent summaries contained in *AIDS Treatment News*. It is not in the scope of this reply to expand on this further other than to direct anyone interested to read both Project Inform's articulate newsletter, and John James' monthly editions of *AIDS Treatment News*.

Suffice to say that in the midst of this deadly epidemic, traditional medicine (and all the good associated with it), should be secure enough to hear, incorporate, and not be threatened by alternative ideas. One must also recognize that much of the information contained in *AIDS Treatment News* and contained in Project Inform's publications are traditional, well recognized data that is supported by the traditional medical community.

BAPHR cannot ignore the need for any individual, threatened by the horrors of HIV infection, to take responsibility for their medical decisions. This, of course, among many decisions, involves gathering as much information as possible, gaining access to treatment modalities of their choice, and generally taking an active role with some small measure of control, rather than standing by as victim. It is admirable that both P.I. and *AIDS Treatment News* serve this purpose nobly. Our organization should strongly applaud their efforts, even if at times we may scientifically disagree with some of the information transmitted. Are we physicians so insecure that we cannot recognize, listen to, and respect alternative viewpoints?

L.A. Simpson, MD

I joined BAPHR in 1977 because of the desire to meet other gay physicians socially and professionally. My main interest was social events.

In 1982, I became more active because of the AIDS epidemic. At that time few were seeing AIDS patients except BAPHR doctors and there was an urgent need to exchange information, especially in educating the gay community on modes of transmission of the "virus". Since messages from other sources were often misleading and ambiguous, i.e. "avoid anonymous sex", "reduce the numbers of your sex partners" etc. In 1982-83, blood donation and sex risk reduction guidelines evolved from BAPHR as well as advice on medical evaluation of persons at risk. Since 1983 numerous organizations such as the San Francisco AIDS Foundation, LIFE, Mobilization Against AIDS, County Community Consortium--to name a few, have taken leadership in carrying out the missions which were largely BAPHR's responsibility in the early days. It is easy to allow this to happen since they are usually of the same opinion as BAPHR.

In the past two years many of us who were so active in the AIDS educational and political front in the earlier days, are overloaded with patient responsibilities and are finding less time for volunteer work.

BAPHR needs to continue to support the physician in these times of impending burnout by continuing the social and professional network in the medical community and offering emotional support groups for AIDS care-givers and those concerned with health problems. It is wonderful to attend meetings now--the problem is finding people with the energy to plan them.

James Campbell, MD

This BAPHR retreat, my 5th, was substantive, for I sensed the beginning of efforts to align BAPHR with the problems currently facing our membership and our community. The planning was practical and centered on known resources including the BAPHR Foundation. I am optimistic that BAPHR can again be a force in advancing social and medical wellness.

Kent Sack, MD

As an AIDS caregiver new to the Bay Area and new to BAPHR, I found the retreat last weekend to be a heartening opportunity to meet other gay medical professionals, to share common concerns informally, and to get renewed. Enclosed are some additional comments.

I feel the role of BAPHR as a potent social vehicle to allow for informal networking, mutual sharing and support should not be underestimated. In these "plague years" we desperately need a safe place to share, to bond, to cry and to recharge. This may imply intermittent seminars or weekends to fight "burnout" but even more important, it must provide a comfortable environment for gay men and women in medicine to interact with each other on an ongoing minimally structured basis.

As an organization of health care professionals, I believe BAPHR has an obligation to strive to be at the forefront of gay health issues. These leadership responsibilities include: looking at and scrutinizing complicated health care issues and needs, helping to coordinate aspects of AIDS care and education, and trying to anticipate needs and issues as they evolve in the arena of gay medicine. This leadership role implies an ability to look critically at services already in existence, and when pertinent, endorse such operations, offer criticisms and suggestions when pertinent, and identify existing gaps.

I am aware that controversy has been a source of significant pain in the evolution of BAPHR. While fear of potentially destructive controversy is a valid concern, lack of willingness to deal with it could quickly kill BAPHR or make it utterly impotent to deal with gay health care issues.

With respect to BAPHR's scientific role, in this age of AIDS data proliferation, we all struggle as caregivers to sift through considerable information to determine what is most relevant and current. A journal club or even a printed quarterly update to include pertinent abbreviated summaries or editorials about issues relevant to gay health care concerns in our respective disciplines (psychiatry, medicine, surgery, ophthalmology, dermatology, dentistry, etc.) could prove invaluable to ourselves and also to others.

In getting to know more about BAPHR and its history from many who have been involved over the years, I see many looking back with nostalgia to a time when the group was young and fresh, and had more spontaneous creative energy. I think the key to re-infusion of this kind of fresh creative spirit depends on our willingness to support each other as individuals and nurture a true sense of community, and be receptive to looking at new and perhaps different ways to lead in areas of gay health care, especially as the needs of the gay community change along with the evolution of the AIDS crisis.

Tom McDermaid, MD

It was great to see the many new and old faces at the Wildwood retreat. I regret that some did not take advantage of it but perhaps the next one coming up will meet their schedule. The weather, swimming, food, and company was most enjoyable.

Ken Evert MD

The "renewal factor" is bound to become this year's buzz word. Certainly the concept is essential for personal as well as corporate well being. The BAPHR retreat addressed renewal in global and specific terms and I am confident will emerge from the weekend revitalized and more focused.

This is the first BAPHR function I have attended in several years (since the Vancouver meeting, if memory serves) and I was delighted to personally witness BAPHR's rededication and willingness to change, evolve, and restructure its efforts to meet the needs of the membership at large, as well as the medical well-being of gays and lesbians in general.

Let Motifs of 1) *Support of members* i.e. recognizing, treating, and preventing burnout, 2) *Social functions* to stimulate body, mind, and soul, 3) *Scientific affairs*--to review and possibly adopt or amend AAPHR's position papers on crucial affairs as well as formulate position statements on local or State issues--i.e. Proposition 102 etc. Also to critique currently available HIV treatment centers--i.e. Positive Action, ViRx, etc. 4) to heal rifts between the Foundation and BAPHR and recognize our unanimity. 5) To reach out to our membership with a specific and delectable menu of services, both educational and social.

BAPHR, like any organization, can never be all things to all people but I'm convinced this year's goals are very reasonable and will be accomplished to benefit all of us. I encourage all previous members who like myself experienced some disillusionment with the organization over the past several years to take another look--its true, "We've come a long way, Baby" and I for one feel the time is ripe for *Renewal* of not only our mission, but of old friendships and common dreams. Welcome to BAPHR II -- The Sequel !

Bob Frascino, MD



Bay Area Physicians for Human Rights

2940 16th Street, Suite 309 San Francisco, CA 94103 (415) 558-9353

BAPHR

29 October, 1988

George Deukmejian, Governor
State Capitol
Sacramento, California

Honorable Governor,

Our organization is appalled at your support of Propositions 96 and 102. With very few exceptions, every single health organization in the State and other interested national organizations have strongly denounced the intent of both these propositions. We cannot conceive that you or your advisors would support these ballot initiatives if you truly understood the pernicious consequences of these propositions. The informed and educated medical community is not divided on these issues.

We disapprove and must denounce your support of these dangerous initiatives.

Sincerely yours,

Richard L. Andrews, M.D.
President

Kenneth Mills, M.D.
Secretary

Robert C. Scott, M.D.
Vice President

Leonard A. Simpson, M.D.
Treasurer

GENERAL PRACTICE FOR SALE

General Practice, Foster City, California, established since 1974, only G.P. or Internist in community. Fully equipped office suite, recently redecorated. No O.B. or pediatrics, mostly young adults, some AIDS. Flexible terms, good income. Rare opportunity for Private Practice in mid-peninsula area. Will introduce. Day: (415) 349-0646.

CALANDAR OF EVENTS

EVENT	DATE	TIME	LOCATION
AIDS Grand Rounds County Community Consortium	Nov 2	5:30	Childrens Hospital San Francisco
BAPHR Executive Board Meeting	Nov 6	6:00	Hotel Nikko 222 Mason Street San Francisco
Scientific Affairs Committee Meeting	Nov 10	7:30	Drs. Dining Room Pacific Med Ctr 2333 Buchanan San Francisco
County Community Consortium	Nov 16	5:30	SF Medical Society 250 Masonic San Francisco
BAPHR 11th Annual Meeting and Awards Banquet	Nov 18	6:30	Gray Pearl Room Hotel Nikko 222 Mason Street San Francisco
BAPHR Foundation Party to Honor All Donors and Fund-Raisers	Dec 4	4:30	Residence at 2960 Broadway San Francisco
AIDS Clinical Grand Rounds County Community Consotrium	Dec 7	5:30	VA Hospital Clement Street San Francisco
Clinical Care of the AIDS Patient. Sponsors: UCSF and SFGH	Dec 5-6		Sheraton-Palace Hotel San Francisco
BAPHR-BALIF HOLIDAY PARTY	Dec 13	6-8:30	"OZ" Room St. Francis Hotel Union Square, SF
BAPHR Executive Board	Dec		Call Office
BAPHR General Meeting Positive Action Meets ViRx	Jan		Details to Follow
BAPHR Dinner Meeting Speaker: Steve Morin, PhD	Feb 16		Details to Follow
Retreat/Workshop on Physician Burnout	June 16-18		Wildwood Resort Russian River

BAY AREA PHYSICIANS FOR HUMAN RIGHTS
P.O. BOX 14546 SAN FRANCISCO, CA 94114

Phone (415) 558-9353

MEMBERSHIP APPLICATION

NAME _____ Degree/Specialty _____

Address _____

City _____ State _____ Zip _____

Telephones: Office () _____ Residence () _____

Please enclose check for dues, payable to BAPHR (see masthead for dues catagory) \$ _____

Please send me information about BAPHR membership _____ ;about Referral Panel _____ ;AAPHR _____ .