



THE BAPHRON

Vol 13, No.1 Bay Area Physicians for Human Rights Official Newsletter, February 1991

SAFETY OF ORAL SEX REVISITED

When our organization first issued the Safe Sex Guidelines, it had been thought that oral sex was relatively safe. However, preliminary results of recent ongoing epidemiology studies suggest that transmission of HIV may occur during unprotected oral sexual activity. Warren Winkelstein, Phd, at a Community Consortium AIDS Clinic Grand Rounds held at San Francisco Children's Hospital in November, 1990, presented extremely interesting and thought-provoking preliminary results suggesting transmission of HIV during oral sex in a significant number of previously HIV negative men. In the December 1990 issue of the American Journal of Public Health, Alan Lifson, MD, reported on the transmission of HIV in two men who had practiced receptive fellatio. Although all of the facts are certainly not established and issues remain to be resolved, and although one must be extremely cautious in drawing conclusions from preliminary epidemiological evidence, this information obligates us to re-examine our safe or safer sex guideline recommendations. Current studies suggest that HIV may be transmitted during unprotected oral sex (especially receptive fellatio), and we should advise our patients accordingly.

AMA HIV POLICIES AMENDED BY HOUSE OF DELEGATES

The AMA House of Delegates has adopted several amendments to its HIV policies which appear troublesome. Although some of the amendments passed (e.g. those urging medical schools to provide health insurance for their students) are commendable and should be supported, at least two of the amendments appear disturbing. The first amendment recommends that HIV should be categorized as a sexually transmitted disease with the implication that informed consent provisions would be eliminated. The second amendment calls for all 50 states to make HIV infection (rather than a diagnosis of AIDS) a reportable disease for purposes of contact tracing and partner notification.

BAPHR has serious reservations on how these two amendments will affect the continued compassionate care and treatment of those infected with HIV. BAPHR's Social Concerns Committee will address this issue in an upcoming meeting. We urge our readers to keep abreast of this important issue and write AMA (with a copy to BAPHR).

AAHPR ANNOUNCES NEW PROGRAM

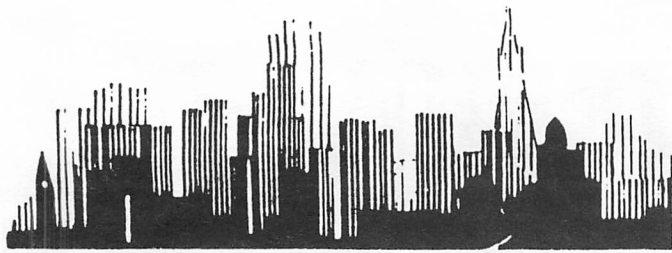
The American Association of Physicians for Human Rights (AAHPR) has announced the creation of a national program to assist physicians with HIV disease. The project, the Medical Expertise Retention Program, will be directed by Benjamin Schatz, a noted AIDS civil rights attorney. The program has two primary goals: advocacy of sound, non-hysterical policy, and the provision of counseling, retraining and placement services to physicians who are unable to continue working in their fields of expertise.

Yale University biology professor Alvin Novick, MD and Southern California psychiatrist Audrey Mertz, MD are co-chairs of the AAPHR committee overseeing the program.

The issue of HIV-infected health care workers has been the subject of heightened controversy since July, 1990, when the CDC released a report detailing the possible transmission of HIV from an infected dentist to a patient. Although the CDC noted that there is no conclusive evidence of transmission in the case, the publicity surrounding it has led some to call for sweeping restrictions on the ability of HIV-infected health professionals to continue working. The CDC is expected to propose new guidelines within a short time. For more information on AAPHR's program, call AAPHR at (415) 255-4547 or write: AAPHR - 2940 16th St., Suite 105, San Francisco, CA 94103.

BAPHR RETREAT SCHEDULED

BAPHR has scheduled a weekend retreat for members and guests in Palm Springs from April 19th through 21st. The retreat will be held at the Desert Palms Hotel (which offers rates of \$90/room [queen bed] for 1 or 2 and two double-bed rooms for \$96). The hotel will provide a complimentary buffet dinner on Friday evening and will offer brunch on Saturday and Sunday. A special evening out (with dinner at *Shame On The Moon*) is planned for Saturday. Plans call for departure from San Francisco at about noon on Friday the 19th and return in the early afternoon of Sunday the 21st. For those interested in a weekend of great fun by the pool (in addition to a planned program which will be announced later), call the office for more details. You will have to make your own hotel reservations by calling Gary at the Desert Palms Hotel (619) 324-5100.



PROGRESS NOTES

from the President

As I sit and write this to you tonight, my thoughts are focused on the Middle East and how this recent involvement reflects on our seemingly never-ending war on AIDS. I am saddened when I think of how rapidly and energetically the American public has responded to this unfortunate set of circumstances, and how difficult it has been during the past decade to fight the lack of concern, money, or compassion and the indifference to the awful ravages of AIDS. It makes me both angry and sad to realize that this country, if it chooses, can mobilize incredible resources in a short period of time but has continued to drag its feet in adequately and rapidly responding to the AIDS epidemic. BAPHR members have been in the midst of a war for over a decade—one with as terrible consequences as any war, and one with no end in sight. We providers need each other for camaraderie, for mutual understanding, and for friendship.

Despite the usual lull associated with the December holiday season, BAPHR's activities and visibility have remained high. Many of us attended the superb holiday party at Russell Kassman's new, elegant showroom. It was an opportunity to honor the BAPHR Foundation's major contributors as well as a great excuse to get together. As usual, Tommy Taylor outdid himself.

In early December, I did attend and spoke at a timely and interesting conference at the New Jersey University Medicine and Dentistry. The conference featured issues about the HIV+ healthcare worker. This 'charged' and controversial issue is one we will be dealing with during the next few months.

On January 17th, the AMA issued a policy statement which I believe most of us will oppose. The policy recommendations for the HIV-infected physician are vague, unclear and are based on potential or theoretical risk rather than actual or significant risk. We all need to think about the harmful 'secondary derivatives' of a policy which would discourage physicians to engage in medical practice in high prevalence areas, which would ruin the professional lives of many compassionate providers, which would foster fear, and which may very well not serve to protect the public from HIV. These issues are explosive and BAPHR (and hopefully each of you) will be involved in exploring them and speaking out.

On a lighter note, I want to remind you of our upcoming Spring Retreat in Palm Springs in April. I urge each of you to consider joining us for a weekend of sharing, rest, and unwinding in the warm sunshine. More information can be found elsewhere in this issue of the BAPHRON. Please contact Brian if you are interested.

Our membership renewal has been proceeding quite well and I want to thank all of you who have renewed early and remind those of you who have not renewed to do so. I want to mention that many of you, at the request of Ken Mills, have sent in a generous contribution to BAPHR. Thanks!

The issues BAPHR will be facing are profound, I am concerned that the vast majority of BAPHR's energy and work is being handled only by a few members. I urge each of you to get involved in any way you can. For some, perhaps a letter to our office regarding an issue that concerns you would be a way; for others, perhaps a phone call to Brian or myself to let us know what you would like to see BAPHR address would be appropriate. I do hope some of you will consider attending our monthly Executive Board meetings - usually held on the 1st Tuesday of the month at our new, comfortable, cozy office in the heart of the Castro. A light dinner is available at 6:30pm with the meeting commencing at 7pm and usually over by 8:30 or 9pm. Your presence is welcomed and encouraged. We need your energy, we need to hear about your concerns, and we need your ideas. Hope to see you soon at a meeting or at a BAPHR function.

Lenny Simpson, MD, President

YOUR COPY

from the Executive Committee

to the SF Sentinel and Bay Area Reporter:

The recent editorial opinions expressed by Michael Ward, doctor of chiropractics, reflect beliefs and misconceptions surrounding HIV that are simply not supported by overwhelming medical evidence. That evidence demonstrates that AIDS is indeed causally related to the HIV retrovirus, which has been clearly identified and extensively studied. To express opinions that this dreadful disease is not caused by this virus and to disregard effective medical treatment modalities does an extreme disservice to those who are attempting to understand and combat the effects of HIV.

Our organization, which has been involved in fighting the ravages of AIDS since the beginnings of the epidemic, is all too aware of the frustrations surrounding a disease for which no cure has yet been found. Nevertheless substantial progress has been made so that diagnosis and early treatment interventions are available to extend lives and decrease complications.

Of course, all the facts surrounding AIDS and HIV infection are not yet completely known and any responsible individual must support continued research. Still, given what we now know, it is not only folly but also harmful to promote denial of the currently accepted medical facts. Such denial does an immense disservice to those living with HIV, who will benefit from early diagnosis and treatment.

HIV DEMENTIA UNIT TO OPEN

An eight bed subacute medical-psychiatric unit for persons with AIDS who suffer from moderate to severe AIDS-related dementia is to be opened in February at St. Mary's Hospital and Medical Center in San Francisco. This new unit, funded by a grant from the U.S. Public Health Service and a contract with the San Francisco Department of Public Health AIDS Office, will provide the following services:

- o a "stepped-down" level of care for persons with AIDS dementia who are recovering from acute medical or psychiatric illnesses and who need a secured environment to accommodate dementia-related behavioral problems;
- o emergency medical care and specialized diagnostic and therapeutic services as needed;
- o case management services, including post-hospitalization placement arranged in conjunction with the community neuropsychiatric liaison;
- o technical assistance to other community AIDS care providers based on the experiences gained (including a Fall, 1991 symposium on medical and psychiatric care of persons with AIDS-related dementia);
- o research into both the cost-effectiveness of this level of care as well as the development and testing of specific behavioral interventions.

More detailed information regarding the opening date of the unit, admission criteria and the referral procedure will be available directly from St. Mary's Hospital and Medical Center.

KAIROS HOUSE ANNOUNCES MARCH CAREGIVERS CONFERENCE

"Empowerment for Caregivers" is the theme for the first Bay Area conference for people who care for HIV-affected persons to be held Friday and Saturday, March 1 and 2, 9:30 am to 4:00 pm at the Conference Center of St. Mary's Cathedral in San Francisco. The conference is sponsored by Kairos House, a community resource for AIDS caregivers, and is partially funded by a BAPHR Foundation grant.

Designed for the staff of agencies providing AIDS-related services as well as partners, friends, family members and volunteers, the conference will feature Roger Radley, PhD, founder/director of New Creations Caregivers Institute in New York. Dr. Radley will provide an opportunity for in-depth examination of the tools for effective caregiving which grew out of his 3-year study of over 2,500 caregivers.

Registration is \$20/day (advance) or \$25/day (at the door). To register, mail registration fee to Kairos House, 114 Douglass, San Francisco, CA 94114 or call (415) 861-0877.

BAPHR FOUNDATION PARTY A SUCCESS

The Sixth Annual Donor Appreciation Celebration for the BAPHR Foundation was held in conjunction with the BAPHR Holiday Party on Sunday, December 2nd at R. Kassman Piano in San Francisco. A buffet dinner, catered by Tom Taylor, was accompanied by a hosted bar and selected wines. Entertainment was provided by *Menage*, a vocal group conducted by Pat Parr. Special awards were presented to Dr. Edward Winger, Walter Leiss, Estelle Fenton, Dr. Larry Silverman, Russell Kassman, Dr. Ken Everts, Dr. Gordon Larsen, Dr. Bill Owen, Dr. Richard Poley, and Dr. Richard Wolitz. The estates of Dr. Stephen Walters, Clint Shoen, and Peter Middendorf were recognized. Memorial presentations in honor of Peter Middendorf were made to Carter Middendorf, David Lumadue, and Lobelia Breland. This successful event was arranged by Dr. Ted Winn, Dr. Dick Graham, and Rose Mary Mitchell with the assistance of Keith Fenton, Chris Kollaja, Dr. Dick Poley, and Dr. Sam Thal. Special thanks to Russell Kassman for providing the superb setting for the party.

REFRIGERATOR WANTED

The BAPHR office needs an immediate replacement for its loyal (but terminally-ill) refrigerator. If you have a small (counter-top height) unit in good working order, we can use it. Please call the office at (415) 558-9353.

SHANTI SEMINARS FOR AIDS CARE PROVIDERS

The Shanti Project is offering two-day interactive seminars for AIDS care providers. The program is designed to offer personal and professional growth to support the work being done in the AIDS/HIV crisis. Topics to be covered include ways to avoid emotional burnout, the impact of grief and loss, cultural difference, death and dying, sexual orientation, addiction and injection drug use, and the challenges of dementia. The first of three programs for 1991 will be held on February 7-8. The program is recommended for all staff working with HIV disease, including physicians, nursing staff and office clerical staff. For those of us with employees, it is obvious that many of our office staff do not have outlets available for dealing with their own feeling of grief and loss as they cope with HIV on a daily basis. A seminar like this can be of great assistance to them. A \$100 fee is being charged, with a sliding scale available for those with limited income. For more information and to register, contact The Shanti Project at (415) 777-2273.

The **BAPHRON** is the official newsletter of the Bay Area Physicians for Human Rights, a non-profit educational and research organization with tax-exempt status under IRS Section 501(c)(3) and California law. It is published bi-monthly and is sent to all members. BAPHR is accredited to provide Category 1 Continuing Education by the California Medical Association. The **BAPHRON** is copyrighted.

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Brian Dobrow, MPH

Administrative Office

4111 - 18th Street, Suite 6
 San Francisco, CA 94114

Physician/Dentist Referral

(415) 673-3189

Membership Dues

Physicians	\$150
Affiliates	\$100
Friends	\$ 75
Housestaff	\$ 50
Medical Students	\$ 20

Names of members and contributors are kept strictly confidential and are not sold or otherwise provided to any other group or individual. The appearance of names of individuals in the **BAPHRON** in no way infers sexual orientation.

MAJOR RISK MEDICAL INSURANCE PROGRAM UNDERWAY

California's new Major Risk Medical Insurance Program got underway in January in an effort to help those who cannot get medical coverage for such diseases as cancer and AIDS. The program, funded by tobacco tax revenues, was set up to subsidize the cost of standard commercial medical insurance to a level that would persuade participating insurance companies to cover high-risk individuals with long-term illnesses.

Currently, many people with AIDS, cancer or other long-term illness are refused coverage by insurance companies. The program puts the state Major Risk Medical Insurance Board, which runs the program, in the role of broker for high-risk applicants, negotiating premiums with private insurers such as Blue Cross or Kaiser. The applicants buy their own coverage through the program and pay no more than 125% of what someone without a serious medical problem would pay for the same coverage. That translates into a monthly premium for individual coverage of about \$240. The state budget for the program will allow coverage at this rate for only about 10,000 people.

At this time, there is some question about how many people know the program exists. Since the State Board, in an effort to save money, has not publicized the program, physicians and potentially eligible people have had little or no information on which to proceed.

Only California residents not eligible for Medicare or group coverage are eligible. They must show proof that they were unable to secure adequate private insurance at 125% of standard cost or less, or show that they had coverage denied or involuntarily canceled within the last year.

Physicians who have patients who might be eligible for coverage under this program should inform them to request an application from the *California Major Risk Medical Insurance Program, 744 P Street, Room 1077, Sacramento, CA 95814.*

MARK YOUR CALENDARS NOW!!

The BAPHR Annual Dinner will be held on Saturday, October 19th on the 52nd floor of the Bank of America headquarters building in San Francisco. This year's event promises to be an elegant culinary treat.

A Seminar on California's Major Risk Medical Insurance Program will be held on Friday, February 22nd at the Oakland Airport Hilton A \$10 donation is requested to cover lunch Contact: Strategic Health Systems P.O.Box 127, Yorba Linda, CA 92686

BAPHR FUND CAMPAIGN PROGRESS

Spearheaded by Dr. Ken Mills, the campaign to raise monies for the **BAPHR FUND** has produced funds amounting to nearly one-half of the projected \$10,000 goal. As of mid-January, the campaign had raised a total of \$4,650. If you have not already sent in your contribution to the **BAPHR FUND**, please do so. Send your check to BAPHR at 4111 - 18th St., Suite 6, San Francisco, CA 94114.



Golden Gate Business Association

Invites

Bay Area Physicians For Human Rights
to



900 North Point Street • Top of the Mustard Building • Ghirardelli Square, (415) 775-1173

6:00pm ~ 10:00pm

6:00 ~ 7:00

Cocktails, Food, and Maggie Page at
the piano.

7:00 ~ 7:15

Installation of 1991 Board and
Member Service Awards

7:15 ~ 10:00

PARTY... PARTY... PARTY

8:30

Raffle Drawing

FREE PARKING

In the Ghirardelli Square Parking Garage,
enter from Larkin

Tuesday, February 12, 1991

Buffet Dinner

(Partial Listing)

Poultry

Sesame/Ginger Chicken

Fish

Salmon Mousse on Cucumber Slice

Vegetables

Battered Eggplant with Mint Sauce

Dessert

Berries Dipped in White Chocolate

And Much, Much More!

GGBA DINNER REGISTRATION FORM

I plan to attend the February 12, 1991 Dinner at *Bay One Cafe*.

Name: _____

Address: _____

City: _____

Phone: _____

_____ tickets @ \$8.00 (GGBA Members)

_____ tickets @ \$12.00 (BAPHR and Guests)

Please mail this slip to: **GGBA, 1550 California St., Suite 1L, San Francisco 94109**
or call (415) 441-3651 to charge by phone (\$1.50 surcharge)

CALENDAR OF EVENTS

EVENT	DATE	TIME	LOCATION
BAPHR Executive Board	2/5	7:00pm	BAPHR Office, S.F.
AIDS Caregivers Seminars (The Shanti Project)	2/7-8	am	(contact Shanti) 415 777-2273
GGBA/BAPHR Dinner & Party	2/12	6:00pm	<i>BAY ONE CAFE</i> , S.F.
AIDS International Summit & Forum	2/13-16		Hotel Del Coronado San Diego
Community Consortium	2/20	5:30pm	SF Medical Society
AIDS Caregivers Seminar (Kairos House)	3/1-2		St Mary's Cathedral Conference Center
BAPHR Executive Board	3/5	7:00pm	BAPHR Office, S.F.
BAPHR General Meeting: Women and AIDS	3/21	7:00pm	To be Announced



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CDC FINDS NO SUPPORT FOR TESTING

When the Centers for Disease Control February 21-22 session on the proposed mandatory testing of healthcare workers for HIV infection got underway, it was obvious that there was virtually no support for such testing among the attendees.

Instead, the hundreds of doctors, dentists, nurses, technicians, labor representatives, and AIDS advocates who addressed the meeting urged more education of healthcare workers in barrier practices and the use of better techniques in invasive procedures (such as retractable needles and flexible scalpels).

Speakers representing the American Medical Association and the American Dental Association urged their members to voluntarily seek testing and if the results are positive to stop performing procedures that could transmit the virus to their patients.

Many of the doctors who testified said that testing for AIDS would be ineffective because of the lag between the time a person is infected and the time he tests positive. Testing also would have to be repeated constantly. Additionally, the cost of testing in a large hospital could run into the hundreds of thousands of dollars and identify few, if any, cases of HIV infection.

Dr. June Osborn, chair of the National AIDS Commission, took a strong stand opposing the AMA and the ADA for urging healthcare workers to seek testing and if positive, voluntarily stop performing procedures that could transmit AIDS to patients. Dr. Osborn said this would discourage health professionals from treating AIDS patients and lead to calls for testing patients themselves.

THE HIV-INFECTED HEALTH CARE WORKER

Leonard A. Simpson, MD

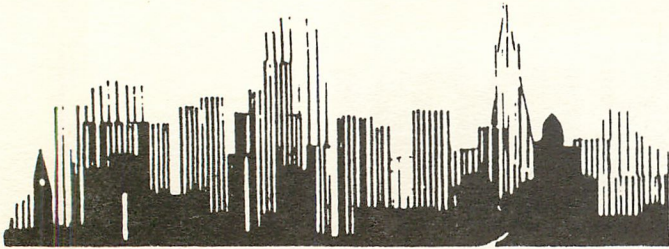
More than sixty providers attended BAPHR's January General Meeting, and I was pleased not only with the attendance, but the intensity and enthusiasm shown during the meeting. This topic, above most, seems to demand our attention. BAPHR did send a letter to the AMA voicing our dismay at their January 17, 1991 Statement and we did receive a reply (*printed elsewhere in this newsletter*) which I feel does not adequately address the issues we raised.

As many of you are aware, the Centers for Disease Control did hold a two-day meeting on February 21 and 22. Dr. Andy Zysman, speaking both for BAPHR and ACT-UP Golden Gate, articulately and effectively challenged the hypocrisy of the AMA Policy Statement. Other BAPHR members also were present and were able to voice their concerns and offer their input on this difficult issue. The vast majority of those speaking at this meeting, noting the theoretical risk of HIV transmission from a healthcare worker to a patient is extremely minute, advocated no mandatory testing of health professionals, and urged that no policy be adopted that would restrict the surgical or medical practice of the seropositive provider. The CDC is accepting written comments until March 22, and I urge each and every one of you to write - even if it is only a brief one or two sentence statement. *Send your comments to: William Roper, MD, Director, CDC - 1600 Clifton Rd., Atlanta, GA 30333.*

The issues will be debated and clarified during the next several months. BAPHR, I hope, will play an important role in formulating policy and response. We will keep you abreast of developments.

4TH NATIONAL AIDS UPDATE

The National AIDS Update Conference will be held in San Francisco from May 19-22 at the S.F. Civic Auditorium. The theme of this year's conference is: **HIV: The Changing Face of an Epidemic**, and will reflect the changing nature of HIV and AIDS-related care. For more information and registration, contact: AIDS Conference Registrar, 555 DeHaro St., Suite 200, San Francisco 94107-2348 Or call, (415) 255-1297



PROGRESS NOTES

from the President

After just returning from close to a three week vacation, I find it difficult to sit down and attempt to come up with an illuminating, articulate and worthwhile opening column for this issue. Peter and I spent a wonderful two weeks on an RSVP cruise, sailing around the Caribbean with over 800 gay men and lesbians. It was a time to forget the tensions associated with medical practice, enjoy the companionship and laughter unique to gays and lesbians; and, above all, to temporarily leave the pain of AIDS issues behind. It is remarkable to me that on this medium-sized ship there were eight current members of BAPHR, who also seemed to be successful in forgetting for one or two weeks, the rigors associated with the practice of medicine. If I had the foresight, we probably could have held a brief medical meeting and then counted the vacation as CME credit. Ironically, there were more members on this particular cruise than usually have been present at our recent executive board meetings. This leads me to reflect on the need to encourage the majority of our members to come forward and offer your suggestions, ideas, and, hopefully, your presence. Most of the work at BAPHR has been, to date, accomplished by only a handful of members, and I am fearful that if some of you do not become more active in the organization that it very well may cease to be a meaningful association.

Hopefully, some you will consider attending one of BAPHR's monthly executive board meetings (held on the first Tuesday night of each month from approximately 7 to 9 pm at the BAPHR office). I would welcome a note or a letter letting me know what issue(s) you would like BAPHR to address. Perhaps a phone call to Brian Dobrow, or to me or any one of the officers, will alert us to the issues you would like BAPHR to address.

Anyhow, hope to see more of you at one of our monthly or general meetings. If not, please phone or write us, and let us know what your concerns may be.

**** IN MEMORIAM ****
PAUL BARNES
PATRICK FLANAGAN, DDS

DOCTOR INDICTED

In late 1989, a 36-year old male from West Hollywood, who was infected with HIV and symptomatic (but who had not yet developed AIDS) died two weeks after beginning daily intravenous infusions of an unknown, untested medication. Friends of the patient called the Los Angeles County Health Department. The California Medical Board was notified, investigated promptly, and brought charges against the Orange County doctor who provided the substance. Last month (February, 1991) the State of California indicted Dr. David Stephen Herman on 16 felony counts for promoting and distributing for profit an unapproved, untested, and possibly lethal drug. Manslaughter charges were considered but not filed.

Information is limited but the following appears to be true. Dr. Herman was trained in radiology but does not now practice his specialty. He reports that he designed and manufactured, at his own home laboratory, a substance he calls *Viroxin*, which he presumes to be an antiviral against HIV. He is quoted as saying the he himself has lymphoma and he gives himself the drug; and that the death of a stepson from AIDS in 1987 prompted his research and discovery. He has stated that he spent \$3 million developing the drug.

Dr. Herman saw patients in his home in Orange County. He is reported to have advertised in the gay press in Southern California; and perhaps 100 gay patients went to see him at his home - where he usually spoke to patients in groups. He also has promoted his invention in Florida and Europe and sends supplies of it to associates in those places. He sold a one month's supply of the drug for \$300.

The patient who died, Mark Snider, traveled to Dr. Herman's home to obtain the drug. Dr. Herman did not administer the material himself. The patient took the tiny, unmarked brown bottles containing a clear liquid with him to his own physician, who implanted a central venous catheter and provided him with a large supply of needles, heparin, saline solution, and hydrocodone with instructions on how to medicate himself at home. Mark was admitted to the hospital two weeks later in a terminal condition.

Autopsy disclosed that he died of staphylococcal septicemia, perhaps due to breakdown of sterile technique during administration, perhaps because the drug itself was contaminated. No official report has been published about the nature of the compound.

Robert N. Akeley, MD

YOUR COPY . . . from the Executive Committee

to the American Medical Association:

C. John Tupper, MD, President
M. Roy Schwarz, MD, Sr. Vice President

Dear Drs. Tupper and Schwarz:

The Bay Area Physicians for Human Rights, an organization of over 200 health care providers who have been on the frontlines of HIV treatment since the beginning of the epidemic, is deeply concerned and troubled by the AMA Statement released on January 17, 1991.

We, of course, are in total agreement with the basic obligation that physicians, above all, should do no harm. Our organization, knowing all too well the ravages of AIDS, also insists that the public be protected from HIV infection, but we have great concern about the mechanisms for achieving this. We respectfully question whether this newly released AIDS Policy Statement is based more on a public relations response to the serious problems rather than upon a sound scientific or epidemiologic one. There are harmful ramifications or secondary derivatives that can be projected from these AMA recommendations. They will destroy many professional careers, and drive both infected and non-infected health care providers away from high HIV prevalence areas. They will, we believe, do more harm than good.

The AMA Statement bases its recommendations for restrictions on the concept of "identifiable risk" but offers no guidance or illumination in identifying what this risk is. It is our contention that any modification of medical, dental or surgical practices should be based on significant risk; not theoretical or potential risk. We too are concerned regarding the implications of the unfortunate circumstances in the cases of dentist Acer; but, whatever the tragic breach of technique or practice may have been that resulted in infection within that office, it has not yet been defined or demonstrated. No link has been, or may ever be, shown that would implicate as dangerous the practices of other medical caregivers, or even other dentists. Based on more than a decade of experience, and based on the retrospective studies of several surgeons who have died of AIDS, our organization has no reason to doubt the effectiveness of present Universal Infection Precautions as the best protection for healthcare providers and consumers alike. These precautions require practitioners to assume the possibility of HIV infection (or, for that matter, hepatitis B) in all cases, and to act accordingly.

We further find the Policy Statement vague and unclear in recommending antibody testing for "physicians who are at risk of acquiring HIV infection and who perform invasive procedures..." Does this imply that any healthcare provider should be tested who performs an invasive procedure on a patient who is HIV+ or who may be HIV+? We submit that this would involve virtually every single physician who practices medicine or surgery in this country. Furthermore, won't this requirement rapidly result in pressure to require mandatory testing on every patient who seeks health care? If the AMA policy is adopted as proposed, how would you advise a practitioner who may have been exposed to HIV and does not yet know the results of an antibody test? Should a physician in such a predicament refrain from practicing further invasive procedures for at least several months until one, or possibly two, antibody test result is negative? Many more questions can be raised than answered.

(continued)

The CDC guidelines for the HIV+ healthcare professional are still under debate and consideration, and for good reason, as the issues are complex.

We further understand that the CDC will hold another "consensus" meeting on February 21 and 22, 1991. We question the timing, the wisdom, and possibly the motive of this AMA Policy Statement. We feel it currently does little but foster public misunderstanding and raise unwarranted fears of risk of HIV transmission.

We urge that the AMA reconsider the serious consequences, the harmful ramifications, and the ambiguities of this premature policy statement.

from the American Medical Association:

Dear Dr. Simpson, et al:

Your letter of January 18th has been transmitted to me for response. We appreciate your input. As you may have guessed, we have had a significant amount of input from many sources, both before and after the issuance of our policy concerning HIV infected health care workers.

I am enclosing a copy of the letter I sent to the San Francisco Medical Society. This will answer most, if not all, of the issues you raised, except possibly the issue of "timing, the wisdom, and possibly the motivation" in your letter. I would address these as follows:

Timing - The public's concern over Dr. Acker was dramatically increasing as the Board of Trustees were considering what to do. Based on calls we had received, speeches our people had given to public groups, media inquiries, talk shows and feedback from our members, the Board of Trustees felt it essential that some statement be made to reduce the anxiety of the public. They also felt that this Statement had to be made quickly because of the increasing concerns that we were receiving.

Wisdom - The judgment on whether or not our Policy represents wisdom is like beauty . . . it is in the eyes of the beholder. Very strong differences of opinion exist on this issue. The Board felt that it was wise to make our posture clear.

Motivation - This issue is much more critical because it implies some ulterior motive on the part of the AMA. Although you may not choose to believe this, in the final analysis the Board moved out of a concern for the welfare of the patient. It would have been much easier and politically safer for members of the Board to assume a posture that could have been interpreted to show the AMA protecting its self-interest (i.e. physicians), not concern about patients. The AMA didn't do that. The Board opted for maximized protection of patients until the science is clear. I suspect that, if they were placed in a similar situation in the future, their reaction would be identical.

Again, thank you for writing. We appreciate very much hearing from all concerned people, and especially physicians. I would again advise that the AMA policy not be considered as capped in concrete. It will evolve as the scientific data evolves and as people are comfortable with the meaning of that science.

M. Roy Schwarz, MD - Sr Vice President-Medical Educ & Science

The following letter was sent to J. Alfred Rider, MD, President of the Medical Board of California in response to his column in the Board's Action Report of December 1990. In his "President's Column," Dr. Rider expressed support for a system of mandatory universal HIV testing and reporting, which he considered an essential aspect of effective prevention and efficient early treatment for AIDS.

Dear Dr. Rider:

Bay Area Physicians for Human Rights is an organization of over 200 physicians who have been involved in the treatment of HIV disease since the beginning of the AIDS pandemic. We feel impelled to respond to some of your comments reported in the "President's Column" in the Medical Board of California Action Report dated December 1990.

We are in total agreement that prevention is an essential goal in the fight against HIV disease; in fact our organization has been in the forefront of support for educational efforts to prevent further transmission. We, however, would question your statement that universal testing and reporting of the HIV virus would be a successful measure in preventing transmission of this devastating disease. Our organization has serious concerns about the harmful ramifications of mandatory testing and reporting proposals. We support programs to collect accurate and timely epidemiologic and clinical data, but, given the nature of this particular disease, are concerned regarding issues of confidentiality. We also are very concerned that our own experience, and much of the medical-epidemiological literature tells us that mandatory reporting will drive potential patients away from the health care system rather than encouraging them.

Additionally, we fear that mandatory testing would set up an adversarial relationship between potential patients and medical professionals. Most of all, we are concerned that some misguided healthcare providers will deny needed treatment modalities based solely on a patient's HIV status.

We too are insistent that both the public and healthcare professionals be protected from HIV infection, but we have great concerns about the mechanisms for achieving this. We do not believe that mandatory testing of patients will assist healthcare providers in preventing transmission of this virus from patient to caregiver. We firmly believe that enforcement of universal infection precautions, as outlined by the CDC in 1987, as well as support for the development of safer invasive techniques, such as impermeable gloves, masks, eye guards, and other measures, will be more beneficial than a universal testing program, or a mandatory reporting program.

Our organization does strongly support early detection and early treatment wherever possible, and we agree that this may delay the onset of progression of HIV disease. However, it is our firm conclusion that a generally applied program of mandatory testing and mandatory reporting would not further this goal.

We also take issue with your statement, "... and the disease is ultimately fatal to all those who contract it." Epidemiological studies at San Francisco General Hospital, under the direction of Andrew Moss, PhD, and the experience of the San Francisco Cohort Study have shown that a small number of infected individuals have remained symptom-free for over a decade with no alteration of various serological markers associated with progression of disease. Although the number of these hopeful survivors of HIV disease is small, it may very well be significant beyond the

psychological benefit it brings to those infected. We would advocate that this always be recognized in discussing the natural course of this disease.

We would be happy to discuss our concerns with you, and appreciate the opportunity to address these issues.

Following is the full text of the AMA Statement on HIV Infected Physicians as released January 17, 1991

"Physicians who are HIV positive have an ethical obligation not to engage in any professional activity which has an identifiable risk of transmission of the infection to the patient. Many patients have been treated by HIV infected physicians and there have been no documented cases of transmission from physician to patient.

However, the recent cases of possible dentist-to-patient transmission have caused some uncertainty about the risk of transmission from physicians to patients under certain circumstances. In cases of uncertainty about the risks to patient health, the medical profession, as a matter of medical ethics, should err on the side of protecting patients.

The health of patients must always be of paramount concern of physicians. Consequently, until the uncertainty about transmission is resolved, the American Medical Association believes that HIV infected physicians should either abstain from performing invasive procedures which pose an identifiable risk of transmission or disclose their sero-positive status prior to performing a procedure and proceed only if there is informed consent.

As a corollary, physicians who are at risk of acquiring HIV infection, and who perform invasive procedures, should determine their HIV status.

Some invasive procedures pose no identifiable risk of transmission, e.g., a bronchoscopy. Others, such as surgical procedures, cannot, with the same conclusiveness, be said at this time to pose no identifiable risk of transmission given the current analysis of the Centers for Disease Control regarding three patients of a Florida dentist.

The American Medical Association further believes that physicians who are HIV positive and who must restrict their normal professional activities have a right to continue their career in medicine in a capacity that poses no identifiable risk to their patients. The AMA pledges its support and protection of these physicians and believes the profession and the public have a need and an obligation to ensure that they continue to be productive as long as they practice medicine safely and responsibly."

from: American Medical News (March 18, 1991)

As a long-standing AMA member, and holding great respect for the intelligence of my fellow physicians, I found the contents of the AMA policy statement on HIV testing an embarrassment.

As a physician in private practice, involved with the ravages of AIDS since the inception of the pandemic, I find the implications of the AMA statement an affront to physicians who have courageously continued to provide compassionate care for seropositive individuals. At best, the statement was premature with the knowledge that the issue is still being debated by the CDC. At worst, it is poorly conceived and raises more issues than it solves. I hope the AMA will reconsider the serious consequences, harmful ramifications, and ambiguities of this premature and ill-conceived policy.

Leonard A. Simpson, MD

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BAPHR FOUNDATION REPORT

A party to honor Dr. Kenneth Everts for his contributions to BAPHR, the BAPHR Foundation and the community was held on March 14th. Ken Everts is a founding member of the Foundation and served as co-chair of the Board of Directors. Many of his friends were present to honor him. It was announced that the most worthy grant awarded each year by the Foundation would be designated as the Kenneth Everts Grant. He will serve as director emeritus of the Board.

The Foundation has set a goal of \$100,000 to be raised in the next year to increase the endowment fund. Each member of the board of directors has been given project assignments to help reach this goal. In addition, a committee chair has been appointed for various projects and long-range planning has been instituted.

The booklet, "Where Its All At", produced by the Foundation to assist in estate planning will be mailed to all BAPHR members in the near future. Additional copies will be available to physicians and other professionals who wish to give them to their patients or clients. They may be requested by calling the BAPHR office (415 558-9353) or writing to the Foundation at PO Box 15005, San Francisco 94115.

Two vacancies now exist on the Foundation's Board of Directors. Applications are now being reviewed with the plan to fill these seats by May.

AAPHR WOMEN IN MEDICINE CONFERENCE SCHEDULED

Lesbian physicians, medical students, and their significant others will gather June 6-9 in Taos, New Mexico for the 8th annual national lesbian physician conference. The Native American and hispanic traditions of the area will be featured. Bobette Perrone and Victoria Krueger, PhD will describe their process in assembling their book - Medicine Women, Curanderas and Women Doctors. Georgina Herrera, MD and Elena Avila, RN, MSN will give their views on curanderismo. A number of videos will be shown including one about a Obibwe nurse combining traditional beliefs and western medicine as she copes with her own illness.

Several of BAPHR's women physician members will be featured speakers during this three day event organized by AAPHR's Women's Issues Committee. For more information on the Women in Medicine Conference, contact: AAPHR Women in Medicine, PO Box 6103, Los Osos, CA 93402.

AIDS CAREGIVER STUDY SEEKS PARTICIPANTS

The AIDS Care Study is a collaborative research project of UCSF, the AIDS Office of the San Francisco Department of Health, and the Community Consortium. With funding from the National Institute of Mental Health, Dr. Leonard Pearlin (principal investigator) will conduct a study designed to examine the day-to-day experience of caregivers who actively provide informal care or assistance to persons with AIDS or symptomatic HIV infection. Dr. Pearlin has previously conducted studies of caregivers for people with Alzheimer's disease and is now turning his attention to caregivers of people with AIDS. The study will examine the experiences of a diverse sample of people to learn more about the physical and emotional costs borne by those members of the community actively providing care. Respondents will be questioned about their own physical and emotional health as well as their use of medical and community resources in coping with the demands they face in their caregiving role.

Direct services for persons with AIDS and their care partners are among the most important factors that shape the experiences of those who provide informal care. This study will examine barriers to access and utilization of existing services and identify programs or services currently available that could better serve the needs of PWAs and their caregivers.

Four-hundred-fifty AIDS/HIV caregivers will be recruited over the next 12 months. It is hoped that BAPHR members will play an integral role in this collaboration by referring potential participants from their practices. Project participation consists of three interviews, each approximately 1.5 hours long. Participants will be interviewed 6 months after the initial interview and once more at the end of 12 months. They will be followed even if their caregiving ends for any reason. Participants will be paid \$25 for each interview. There are no laboratory tests or other requirements for participation. All information obtained will be kept strictly confidential.

The study is currently recruiting men and women who are providing the majority of informal care for someone with AIDS or symptomatic HIV infection. The PWA must be living in San Francisco County. The study is not including professionals, other paid staff or trained agency volunteers. If you know of individuals who might be eligible for participation, have them call the AIDS Care Study directly. They may contact Lisa Hoffman or Doug Sebesta at (415) 476-7733 or Linda Wardlaw at (415) 476-7732.

LATINO GAY, LESBIAN & BISEXUAL HEALTH & LEADERSHIP CONFERENCE

A statewide bilingual conference on Latino gay, lesbian and bisexual health has been scheduled for August 2 and 3 in San Francisco at the Holiday Inn Golden Gateway.

With funding from the Federal Office of Minority Health and fiscal coordination by the California Association of AIDS Agencies, this program is designed to promote and develop disease prevention skills for gay and bisexual Latino men; to train Latino caregivers and health care providers in the health care needs of Latino gays and bisexuals; and to develop the leadership skills/potential of Latina lesbians and Latino gays and bisexuals.

Sponsors are requesting program proposals targeted to one or more of the aims of the conference. They are interested in workshop type presentations that provide experiential exercises to enhance skills.

Persons interested in submitting program proposals should contact: Fernando Gutierrez, EdD, c/o CURAS, 347 Dolores Street, Suite 113, San Francisco 94110. Phone: (415) 878-9096

DAVIES OPENS SKILLED NURSING HIV FACILITY

The first skilled nursing facility in San Francisco (designed exclusively for HIV patients) opened at Davies Medical Center on February 19th. Located next to outpatient services and near the medical office building, the facility currently has room for nine patients and will eventually be expanded to include as many as nineteen beds. The new facility was filled to capacity on the first day it opened. RNs and LVNs are still being encouraged to apply to work at the new facility.

SPECIAL ISSUE ON KAPOSI'S SARCOMA

The twice-monthly publication *AIDS Treatment News* has just released a special issue devoted entirely to the treatment of Kaposi's sarcoma. The issue, dated March 1, covers treatments available now, plus an update on research that could have far-reaching implications for future anti-HIV and anti-cancer work. This report is available at no cost by writing *AIDS Treatment News*, PO Box 411256, San Francisco, CA 94141, or by calling (415) 255-0588.

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OFFICE FOR RENT in handsome rebuilt Victorian at 1700 Pierce street (corner of Sutter). Lovely office in therapists' suite, with waiting room, kitchen, air conditioning, elevator. Rent \$600 + utilities. Available May 1. Call Alvin Baum, LCSW, (415) 563-0290.

ACCOMMODATIONS NEEDED:

Resident in Emergency Medicine doing electives at SFGH from May 23 - June 8 needs housing. If you have space and would be willing to work something out, please contact:

Don Melady
418 Wellesley Street East
Toronto, Ontario M4X 1H6
Phone: (416) 969-9507

MARK YOUR CALENDARS NOW!!

The BAPHR Annual Dinner will be held on Saturday, October 19th on the 52nd floor of the Bank of America headquarters building in San Francisco. This year's event promises to be an elegant culinary treat.

FOR SALE

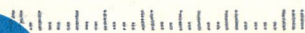
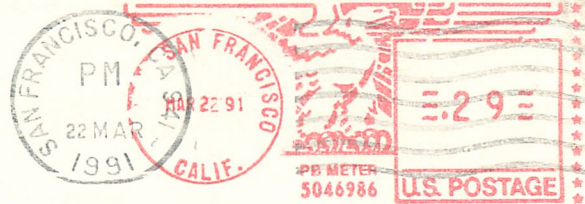
One (1) share of almost 1,000 acres Napa Valley land (4 lakes, meadows, hills & woods) by Dr. Eugene Eisenberg. There are seventeen (17) shares owned by fifteen (15) men. Current community housing & private building sites available. Most of ranch is undeveloped except for cattle-grazing and vineyard. Current equity calculated at \$80,000. For Details, call: Steven or Wayne at (707) 253-2717.

CALENDAR OF EVENTS

EVENT	DATE	TIME	LOCATION
BAPHR Executive Board	4/2	7:00pm	BAPHR Office, San Francisco
Community Consortium Clinical Grand Rounds <i>Relevance of HTLV I/II to the AIDS Epidemic</i>	4/3	5:30pm	St. Mary's Hospital Morrissey Hall, San Francisco
BAPHR Executive Board	5/7	7:00pm	BAPHR Office, San Francisco
4th International AIDS Update <i>The Changing Face of An Epidemic</i>	5/19-22	tba	Civic Auditorium San Francisco
AAPHR Women In Medicine	6/6-9	tba	Taos New Mexico



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THE BAPHRON

Vol 13, No. 3 Bay Area Physicians for Human Rights Official Newsletter, May 1991

BURROUGHS WELLCOME FUNDS MERP

AAPHR has announced that it has received \$25,000 from Burroughs Wellcome Company to support its Medical Expertise Retention Program (MERP), a new national program (directed by Ben Schatz) for HIV positive physicians. According to AAPHR, the donation constitutes the largest single contribution ever made to the national gay and lesbian physicians' organization. The grant will allow the program to provide direct assistance, information and advocacy to help ensure that HIV infected physicians are able to continue working in medicine despite growing hysteria about the issue.

"We are delighted by Burroughs Wellcome Co's generous contribution in support of the Medical Expertise Retention Program," Ben Schatz said in announcing the grant. "We hope that other corporations will follow Burroughs Wellcome Co's lead in helping to guarantee that HIV-positive physicians are able to continue serving the public."

Anyone interested in obtaining services or information from the Medical Expertise Retention Program (or making a tax-deductible contribution) may call MERP at (415) 864-0408.

MERP SEEKS DONATIONS

AAPHR's Medical Expertise Retention Program (MERP) needs all kinds of office furniture and equipment for its new offices. If you have usable items, please call Ben Schatz at (415) 864-0408.

AIDS LOBBY DAY HELD

On Monday, May 6th, the LIFE Lobby, CA Association of AIDS Agencies, AIDS Service Providers Association of the Bay Area, AIDS Project Advocacy Services, and the San Francisco AIDS Foundation, sponsored an AIDS Budget Lobby Day in Sacramento. Bay Area service providers, people with AIDS, and others assembled at the State Capitol for discussions with legislators and a Press Conference which helped make the voice of reason and compassion heard in the Legislature.

HELP INCREASE AIDS FUNDING

Over the next several weeks, Congress will be making critical decisions regarding Federal AIDS funding for fiscal year 1992. Congress needs to be convinced that AIDS is still a crisis and needs dramatically higher funding - just to keep up with the growth in the epidemic.

The AIDS Action Council indicates that President Bush has asked for an increase of only \$65 million in AIDS spending for the next year, as part of an overall AIDS budget of nearly \$2 billion. None of that included increases for the Ryan White CARE Act Programs. The CARE Act provides disaster relief to the high incidence cities; state grants for consortia of care emphasizing out-patient, community-based programs; and early intervention diagnostics and drugs to accompany all community based programs; and early intervention diagnostics and drugs to accompany all federally funded HIV counseling and testing. Together, they represent the potential for a comprehensive response to the AIDS crisis. AIDS Action Council is demanding that Congress meet its commitment in declaring AIDS a national emergency by fully funding the CARE Act at the \$881 million level authorized, rather than the \$350 million request by President Bush.

Every contact with a member of Congress counts. As soon as possible, write your Senator and Congressperson about your concerns. Urge them to be informed and to take action to assure full funding for the CARE programs in San Francisco and elsewhere.

AIDS CANDLELIGHT MEMORIAL MARCH

Mobilization Against AIDS has announced that the 1991 AIDS Candlelight March will be held on Sunday, May 19th in San Francisco. This year's event will be expanded into a major volunteer/donor recruitment effort for AIDS organizations. This effort will, in effect, "mobilize" people for continuing involvement beyond the Candlelight March. The march will begin at 8:15 pm at Castro and Market Streets and will continue to City Hall. BAPHR is again a sponsor of this annual event and will have members participating in the march. Make an effort to be there and join us in remembering our lovers, friends, and others who have been lost to AIDS.



PROGRESS NOTES

from the President

Peter and I, Ric Andrews, Bob Scott and Rick Lewis have been spending as much time as our schedules have allowed at our 'country retreat.' I hope you will allow us to share a day with you there. Hopefully, see you then. Take care!

Lenny Simpson, MD

CDC GUIDELINES FOR HIV-INFECTED HEALTH WORKERS: STATUS REPORT

Officials at the CDC continue to disagree over devising guidelines for health care workers who are infected with HIV. Recently, Assistant Secretary for Health James Mason, MD declined to okay a draft CDC proposal relying on voluntary HIV testing of health workers and local review boards. He indicated that he wants more options to be presented.

The rejected plan, released in draft form on March 25th, was praised by public health and AIDS advocacy groups for its "even-handed approach" to the issue of worker testing. CDC Director, William Roper, MD approved the plan, which in addition to opposing mandatory HIV testing would rely on local review committees to decide whether an HIV infected health worker should be allowed to continue practicing invasive procedures. Some medical groups, including the American Medical Association and the American Dental Association, had been pushing for HIV-infected workers to exclude themselves from invasive procedures on the basis of their HIV status alone.

CDC has been working for almost six months on guidelines for health care workers. Since 1988, the government has followed a policy based on use of "universal precautions" under which workers use gloves and other protection with all patients. But the case of an HIV-infected Florida dentist who apparently infected three of his patients during treatment put added pressure on CDC to revise the rules. Some professional groups have urged mandatory testing of health workers.

Other groups, including BAPHR and the American Public Health Association, oppose such a move. Doctors who perform "exposure prone" procedures "have a responsibility to know their HIV antibody status," says the CDC's draft rules. Those who are HIV positive should refrain from performing invasive procedures. If such a worker wants to continue performing those procedures, CDC suggests advice from an expert review panel. Responsibility for these local review committees should rest with state and local government. The draft rules also say that health workers whose practices are modified because of HIV infection should be provided opportunities to continue "appropriate" patient care activities.

Today I found out that yet another long-term friend and BAPHR member died of AIDS at the young age of 38, bringing the total number to well over 40 member physicians who have succumbed to HIV disease. He was a personal friend of mine, and a few years ago, he and his lover traveled with Peter and me to Europe. I remember him as a vital, fun-loving, witty, energetic and caring person; and it was both hard and difficult to watch the ravages of HIV destroy his body and mind; but even now more difficult to accept that he is dead.

I would like to think that our mission and goal in BAPHR is to deal with all health issues that affect gay men and lesbians, but on days like today, it does seem that the overwhelming losses and demands associated with HIV disease take up just about all the time and energy of BAPHR's officers. Perhaps we should not feel so apologetic about this commitment and direction. While it is true that we have attempted to address other health care concerns such as:

- a) marching down Market Street last year in support of women's right to choose abortion.
- b) lobbying various health officials about the growing concern of gay and lesbian teen suicide.
- c) speaking out time and again for anti-discrimination legislation.
- d) supporting and speaking out in favor of domestic partners rights.

to name a few. It is obvious that the AIDS epidemic has demanded the vast majority of our time, energy and funds.

These past two months we have written the FDA regarding our concerns in making Foscarnet available as soon as possible, sent a congratulatory letter to Oregon's governor Roberts thanking her for so eloquently supporting an anti-discrimination bill, and written the State Office of AIDS regarding our concerns over the new repayment rules for AIDS treatments. We have been working with the LIFE organization, have been in contact with the San Francisco Medical Society AIDS Task Force, and have been involved in discussions with the San Francisco AIDS Office. One of our continuing primary issues remains the seropositive health care provider.

Surrounded by so much loss and involved in heated and controversial issues, we physicians need to make an effort to decompress and support each other. This leads me to again mention BAPHR's upcoming day-long retreat on Sunday, May 26th. It will be held at a magical place for me: "Pig Hill Farm", a 40-acre parcel of land atop one of the coastal hills midway between Cazadero and Fort Ross).

YOUR COPY. from the Executive Committee

to Governor Barbara Roberts of Oregon

Bay Area Physicians for Human Rights, founded in 1977, and currently comprised of 200 healthcare providers, is dedicated to the goal of promoting and supporting the health concerns of gays and lesbians.

We would like to take this opportunity to applaud your efforts to extend protection against discrimination to all citizens in Oregon, no matter what their sexual orientation be. We applaud your eloquent and articulate comments supporting this legislation.

Here in the State of California, our own anti-discrimination bill - AB 101 - awaits Governor Wilson's decision. We hope that he will take a cue from your enlightened position, and we anxiously await the outcome, not only here in California, but also in Oregon.

Again, thank you for your dedication to human rights.

If we may be of any assistance to you in the future, please do not hesitate to contact this organization.

response from Governor Roberts

Thank you for writing to me supporting Senate Bill 708. It's terrific to hear that many others feel as I do—that we must not tolerate discrimination based on sexual orientation.

I have always supported gay rights bills, and I was thrilled to become the first governor to testify in favor of a rights bill. Senate Bill 708 is very simple and very important. It would add "sexual orientation" to the laws that already prohibit discrimination based on race, religion, color, sex, marital status, national origin, age or disability.

It appalls me that discrimination based on sexual orientation — the most private of matters — is still legal. We must all realize that if any group of Americans faces the loss of civil rights, dignity, access to housing and jobs, all of our rights are threatened.

The Senate committee passed the bill. It now moves to a floor vote in the Senate, where it should pass. I am less optimistic about the bill's chances once it reaches the House.

We cannot stand silently by and pretend that discrimination and injustice are acceptable behavior against any Oregon citizen.

to the San Francisco Chronicle/Examiner, Bay Area Reporter and Sentinel

Bay Area Physicians for Human Rights was extremely pleased to hear Oregon Governor Barbara Roberts articulate and eloquent remarks in support of an anti-discrimination bill to protect all Oregon citizens no matter what their sexual orientation be.

We hope that Governor Pete Wilson will be positively influenced by Governor Roberts enlightened position, and will decide to sign California's anti-discrimination bill - AB 101.

to President George Bush

The Bay Area Physicians for Human Rights, founded in 1977 and comprised of over 200 health care providers is dedicated to promoting equity in health care for lesbians and gay men. As providers of AIDS care and on the frontlines of the battle against HIV infection, we urge you to support Secretary Sullivan's recommendation regarding the removal of HIV seropositivity from the list of communicable diseases requiring exclusion of travelers to the United States.

With the exception of active tuberculosis, none of the other diseases on the medical exclusion list pose either a real or potential threat to the public's health. There are no epidemiologic or medical reasons for including HIV infection or any of the other diseases which were on the exclusion list. Those diseases are not spread by casual contact and control measures which attempt to isolate individuals with such disease will do little, if anything, to stop the transmission of such diseases in the United States.

We are particularly supportive of the fact that the proposed immigration regulations will bring an end to the INS policy of marking HIV status on visas and passports. We strongly believe that policy was a violation of human rights and represented a serious breach of confidentiality.

We strongly urge you to support Secretary Sullivan's recommendations and bring an end to a policy based on irrationality rather than reason.

to President George Bush

The Bay Area Physicians for Human Rights, founded in 1977 and comprised of over 200 health care providers is dedicated to promoting the health benefits of lesbians and gay men. We urge you to rescind the military's archaic and cruel policy of banning gay men and lesbians from serving in the armed services.

Psychological, medical and historical studies have shown, beyond a doubt, that lesbians and gay men have not only played an integral role in the armed services over the years, but have served as honorably as any other group. The Pentagon's claim that homosexuality is "incompatible with service," that homosexuals would undermine morale as well as hinder recruitment and that homosexuals are a security risk is clearly disproved by the many years of patriotic and dedicated service performed by untold thousands of men and women.

Correcting this injustice is long overdue. Our organization urges you to favorably consider the letter authored by Representative Gerry Studds and signed by 39 other members of the House of Representatives.

***** IN MEMORIAM *****

**Thomas Henry Brzozowski, MD
Steven P. Borkovic, MD
Tony Taboada, MD**

to Wayne Sauseda, Chief, State Office of AIDS

BAPHR, founded in 1977 and currently comprised of over 200 health care providers, has been intimately involved in the treatment of HIV disease since the beginning of the epidemic. We are writing to you to voice our concerns regarding the anticipated financial hardship that will undoubtedly occur as the provisions of AB1724 are implemented.

It seems quite evident to us that requiring repayment (or co-payments if AB665 is enacted) for medications to combat HIV disease will bring intolerable financial crises to many individuals whose annual incomes, ranging from the designated \$26,374 to \$50,000 level, are already fully committed to urgent personal and family needs. We are aware that State Law (AB1724) does have written provisions under Section 188.2D to provide "reconsideration" in specific instances where the burden of repayment (co-payment) is onerous. However, it is also our understanding that a mechanism to implement this procedure is not yet in place.

Our organization strongly urges that the process to implement reconsideration be immediately established and published. We would urge that, as it is being formulated, care be taken to assure that the mechanism be made simple, accessible, and easily understandable to all individuals affected by this repayment (co-payment) schedule.

to Suzanne Shaw (KRON-TV)

We would like to take this opportunity to thank you and your staff for the outstanding program you produced and aired on Saturday evening, March 23rd. That excellent program was both articulate and entertaining.

Bay Area Physicians for Human Rights, as you may know, is an organization of more than two hundred physicians and dentists in the San Francisco Bay Area. The organization is dedicated to the goal of improving the health care available to lesbians and gay men as well as advocating for their rights. Your program did much to help in attaining that goal.

We particularly wish to thank you for your courage and unrelenting honesty in depicting the problems faced by young people as they attempt to "come out" in our society.

BAPHR looks forward to other presentations similar to yours in the months to come. Our members and staff are willing to work with you as a resource as you wish. If you wish to take advantage of our offer please let us know. Again, thank you for your efforts.

to Louis Sullivan, MD, Secretary of Health

The Bay Area Physicians for Human Rights, an organization comprised of over 200 health care providers, has been involved in combatting the ravages of HIV disease since the beginning of the epidemic. We are very pleased to learn of your proposal to remove HIV from the list of communicable diseases of public significance. Our organization believes that this decision reflects not only sound epidemiologic principles, but is consistent with just and ethical considerations.

We sincerely thank you for your efforts and hope that your proposal is enacted into law on June 1, 1991.

BAPHR MEMBER HONORED BY ACLU

David McEwan, MD, a pioneer in treating AIDS patients and Chief of Family Medicine at the Honolulu Medical Group, received the American Civil Liberties Union of Hawaii Allan F. Saunders Award for civil liberties at its annual awards dinner in late April.

Dr McEwan, who has led AIDS education and prevention efforts in Hawaii, diagnosed Honolulu's first case of AIDS-related complex. He is co-founder of the Life Foundation, a nonprofit organization dedicated to helping people with AIDS. He is also co-founder of the Community Consortium of AIDS Physicians in Hawaii.

BAPHR adds its congratulations to Dr. David McEwan for this recognition.

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Medical Students	\$ 25

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ddi/DAPSONE WARNING

The US Division of AIDS has issued a warning to physicians that patients using ddi and also using dapsona, a drug for pneumocystis prophylaxis, should not take the drugs within two (2) hours of each other. The problem is that dapsona requires an acid environment in order to be dissolved but ddi cannot tolerate an acid environment so it is taken with a buffer to neutralize stomach acidity. The lack of acidity blocks the absorption of dapsona. This problem could also affect other drugs which require an acid stomach (e.g. ketoconazole) for effective absorption.

The Division of AIDS and Jacobus Pharmaceutical Company (the manufacturer of dapsona) recommend that clinicians contact their patients who are receiving both ddi and dapsona by telephone and advise them to take dapsona two hours prior to taking ddi. The recommendation also states that if patients cannot take dapsona at least two hours before ddi, they should wait until two hours after. In any event, the two drugs should not be ingested within two hours of each other. For further information about this recommendation, contact Ms. Karen Helfert at (301) 496-8213.

BAPHR FOUNDATION REPORT

Casino Night for 1991 has been cancelled because of neighbor's complaints about noise and traffic last year. An alternative event is being discussed for later in the year. The Foundation will participate in Gay Freedom Day and will march with BAPHR. All health care providers and their friends are cordially invited to join us. Several proposals to reorganize the structure of the Foundation are being considered and a joint meeting of the Foundation Board with the BAPHR Board of Directors was held. This will be pursued at subsequent meetings and the Foundation Board has scheduled a retreat in June to discuss this in more detail. On a personal note, it was reported that Ken Everts is doing well at home and that Kent Sacks is recovering from surgery at Mount Diablo Hospital.

LESBIAN AND GAY, AIDS CONFERENCE SCHEDULED

The National Lesbian and Gay Health Conference and the National AIDS Forum will be held in New Orleans from July 24th to 28th. Information on the conference is available from NLGHF, 1638 R St., Suite 2, Washington, DC 20009.

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HIV+ health care providers: Support group forming soon. A confidential, private setting for health care providers to discuss personal concerns related to living with HIV. No fee. The group will be facilitated by a professional associated with the AIDS Health Project. To join, or for more information, call Barb Adler at (415) 476-3902

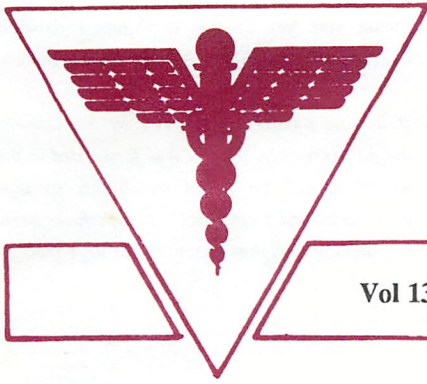
CALENDAR OF EVENTS

EVENT	DATE TIME	LOCATION
BAPHR Retreat	5/26 11-5	"Pig Hill Farm" Cazadero
BAPHR Executive Board	6/4 7:00pm	BAPHR Office San Francisco
Community Consortium Executive Board	6/5 7:30am	Consortium Office San Francisco
Community Consortium AIDS Clinical Grand Rounds (<i>Update on Oral Ganciclovir</i>)	6/5 5:30pm	Mount Zion Hospital San Francisco
Community Consortium General Meeting	6/19 5:30pm	Medical Society Auditorium San Francisco
4th International AIDS Update <i>The Changing Face of An Epidemic</i>	5/19-22	Civic Auditorium San Francisco
AAPHR Women in Medicine	6/6-9	Taos New Mexico
AAPHR Annual Symposium	8/22-24	Provincetown Massachusetts



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THE BAPHRON

Vol 13, No.4 Bay Area Physicians for Human Rights Official Newsletter, August 1991

BATTLE OVER HIV+ PROVIDERS MOVES TO THE HOUSE

Senate approval of the Helms Amendment regarding HIV positive health care workers on July 18th marked another of the efforts of congressional conservatives to commence what some have already labelled a "witch-hunt" intended to identify and oust seropositive health providers. Responding to public hysteria, more than two-thirds of the Senators voted in favor of the Helms amendment which introduced criminal penalties for failing to inform patients of seropositivity into the debate.

The debate now moves to the House of Representatives where another conservative, Rep. William Dannemeyer from Orange County has already drafted a bill that would restrict the practices of health care workers infected with HIV and two types of hepatitis. Under Dannemeyer's plan, HHS would have to publish a list of diseases that pose a risk to the public health, along with a list of medical and dental procedures that infected health workers could not perform. He also would require infected providers to get written consent from each patient before performing a high risk procedure; patients would have to be told of possible exposure to a disease. His proposal also would give providers the discretion to test, without a patient's consent, for those diseases if they had "a reasonable basis" for believing that the patient might be infected or that the patient is at risk.

BAPHR continues to take a strong stand opposing any requirements for mandatory testing and disclosure of health care workers HIV status. Individual BAPHR members and friends are urged to contact their members of Congress on this issue and to strongly oppose the imposition of restrictions on medical practice.

**** IN MEMORIAM ****
L. J. NEMETH, MD

REFERRAL SERVICE TO END

The BAPHR Physician/Dentist Referral Service, which has been in effect since the early eighties, will be phased out commencing in September, 1991. Increasing costs, declining participation of physicians and dentists, and the potential of legal actions have persuaded the Board of Directors to end the program at this time.

On a monthly basis, the BAPHR Referral Service (operating through a telephone answering service) currently provides 200-250 referrals to less than 40 physicians and dentists in San Francisco, Marin, Alameda, Santa Clara, and Contra Costa Counties.

Plans are underway to have this service picked up by another San Francisco-based organization.

FOUNDATION GRANT CYCLE OPEN

Applications for grants from the BAPHR Foundation are available from mid-August until September 20th. Applicants must be 501(c)(3) tax exempt (or have a tax exempt sponsor) and apply for a project that is related to gay or lesbian health or well-being in the nine San Francisco Bay Area counties. The Foundation does not provide operating funds (such as staff salaries or office expenses) and does not provide grants to other endowment funds or clinical research projects. Applications must be received by September 20th, 1991. Application forms are available from the BAPHR Foundation, PO Box 15005, San Francisco, CA 94115.

NOMINATIONS SOUGHT

The Board of Directors has begun the process of soliciting officer nominations for 1992. A slate of nominations will be approved by the Board at its September 3rd meeting. Mail ballots will be sent to the membership by mid-September with an October 4th deadline for receipt of the completed ballot. Any member, new or long-term, who wishes to help guide BAPHR's future is encouraged to submit a nomination before September 3rd.

"NARROW MARGIN"

BAPHR is facing financial hard-times. Even in the face of major cost containment efforts and resource management, BAPHR may barely make it through the year financially.

Over the past five years, BAPHR has never been flush and always has required some sort of fund-raising event or educational project to make ends meet. Erosion of the membership base due to illness or death and normal inflation of operating costs have narrowed the margin.

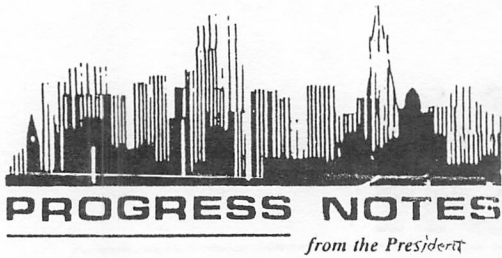
At any cost, your Board of Directors feel BAPHR must continue to exist. **To this end, there are several efforts underway to stabilize the fiscal picture:**

- ** We must maintain and expand our loyal membership rolls. This may include hospital and corporate affiliations. We must reach out to house officers and younger physicians.
- ** We need to consider further development of the BAPHR Fund for interest revenue to offset budget deficits. Perhaps we can develop a matching donation program.

At this time we will be implementing further cost-cutting measures. This will probably result in sharing of office space and less staff time. However, we will keep the organization responsive to your needs. We are soliciting input from all of our members to deal with these issues. *Our membership is our most valuable asset!* All ideas are welcome.

YOU CAN HELP!

Send your tax-deductible check to: BAPHR
Fund: 4111 - 18th Street, Suite 6, San Francisco,
CA 94114



Greetings!

HIV issues again and again consume most of BAPHR's recent efforts.

It appears to me that during the first decade of this epidemic, due in large part to the articulate, intelligent and persevering efforts of many BAPHR members, sound medical principles prevailed over the constant damaging political pressures directed to HIV issues. Unfortunately, recent developments reveal how fragile this trend has been, and how much more time and effort we still need to combat the ravages of this disease. It is evident, more than ever, to all of us involved in this war that one cannot treat HIV disease without also confronting and combatting the political and social pressures directed outwardly against HIV issues [and more ominously and subtly against homosexuals and other minorities]. Jesse Helms, with his vindictive, judgmental, retrogressive and evil legislation is only the most blatant example of one of the people and issues we need to continually confront.

The CDC recently (July 1991) issued its long-awaited recommendations for the HIV and Hepatitis B infected Health Care Worker. Although, on first perusal, these guidelines may appear quite permissive, and, as some well-intentioned physicians have said, "... the best possible policy given our political climate," make no mistake, the implementation of these guidelines will profoundly and drastically affect each one of us fighting this disease. Although the guidelines do not call for "mandatory testing" -- only so-called "voluntary" testing of health care workers -- it is quite clear that there will be rapid and constant administrative and legal pressure for all providers (physicians, nurses, dentists, technicians, etc.) who are in any way involved in invasive procedures (can anyone define what is and what is not invasive?) to be tested and retested to allow them to continue their medical practice with little or no benefit in protecting the public health. The witch-hunt has already begun, and many of us are aware of several physicians who have either given up their practices, or who have been forced to resign.

At this point, the CDC guidelines are "history", and it seems that we need to direct our efforts to "damage control." I urge each of you to become familiar with the issues; educate your patients, friends, neighbors, and the public whenever possible. We do have the opportunity of influencing exactly how the CDC

guidelines will be implemented here in the Bay Area, on a local level, and on a statewide level. With this in mind, BAPHR has been working with the S.F. Medical Society, the S.F. AIDS Foundation, with AAPHR (and its Medical Expertise Retention Program), meeting with the media, and offering itself as a resource for various efforts (such as those carried out by the LIFE Lobby). The battle will be a difficult one, but I believe we can positively influence the outcome.

Lastly, I want to remind all of you about our Annual Dinner on Saturday night, October 19th at the Banker's Club in the Bank of America headquarters building in downtown San Francisco. We will be honoring several special people in addition to enjoying a fine dinner in a spectacular setting. I hope to see many of you there. *Please circle your calendars and set aside this date!*

YOUR COPY ... from the Executive Committee

Much of the outgoing correspondence in June/July was directed to the Federal Government regarding the two major issues of day: Guidelines on Seropositive Health Care Workers and Immigration Rules for HIV+ travelers. Copies of similar correspondence have been printed in the March and May, 1991 BAPHRONs and will not be reprinted in this issue. Correspondence on one significant issue has not been previously recorded here. AB 101 (the bill which would help protect lesbians and gay men from discrimination in employment and housing) is moving through the California Legislature and BAPHR is doing what it can to facilitate that process.

(the following letter was sent to all members of the Assembly Ways and Means Committee)

Dear Assemblyman Vasconcellos:

On behalf of the Bay Area Physicians for Human Rights (an organization of more than two hundred physicians and other health care providers in the greater San Francisco Bay Area), I wish to urge your (continued) support of AB 101 when it comes to a vote in the Assembly Ways and Means Committee.

This bill represents a major step forward in the campaign for human rights and equal treatment in employment and housing for all persons regardless of age, sex, sexual orientation, race, national origin, or religious affiliation.

Please vote yes on this important legislation in the interests of equal rights and non-discrimination.

(following passage of AB 101 by the Committee and the full Assembly, the bill was forwarded to the Senate where it will be heard in August in the Senate Appropriations Committee. Letters have been sent to key Senators on that committee to urge their favorable vote.)

CDC CONFIRMS AIDS IN WOMEN ON THE RISE

The percentage of women infected with AIDS has nearly doubled since 1985 according to a study by researchers at the Centers for Disease Control.

"Between 1986 and 1990, the absolute number of women with AIDS increased in all racial and/or ethnic groups," CDC reported in a recent JAMA article. The percentage of adult AIDS cases that occurred in women increased from 6.6 percent to 11.5 percent during the four-year study period.

The proportion of women with AIDS who are Black did not change significantly during the study period but the proportion of Hispanic women increased from 18 percent to 25 percent.

The researchers also compared AIDS-infected women to heterosexual men with the disease and found the groups similar in age, race, geographic distribution and survival time from AIDS diagnosis. Eighty-five percent of those women diagnosed with AIDS were of reproductive age.

AIDS POLICY INSTITUTE SET

On October 30th in Los Angeles, AIDS Action Council will hold its second AIDS Policy Institute for AIDS activists and service providers. The aim of the Policy Institute is to bring people involved in the fight against AIDS up-to-date on federal policy issues, and to provide training on strategies and tactics.

There will be workshops and panels on current issues, coalition-building, communications, lobbying "cans" and "cannots" for non-profits, and more. Speakers and presenters will include congressional staff members, activists, community-based advocates and Washington lobbyists.

The Policy Institute will precede the skills-building conference sponsored by the National Minority AIDS Council and the National Association of People with AIDS. For more information, call Karen Ringen at AIDS Action (202) 293-2886, ext 16.

The BAPHRON is the official newsletter of the Bay Area Physicians for Human Rights, a non-profit educational and research organization with tax-exempt status under IRS Section 501(c)(3) and California law. It is published bi-monthly and is sent to all members. BAPHR is accredited to provide Category 1 Continuing Education by the California Medical Association. The BAPHRON is copyrighted.

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Physicians	\$150
Affiliates	\$100
Friends	\$ 75
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CALENDAR OF EVENTS

EVENT	DATE/TIME	LOCATION
AAPHR Annual Symposium	8/22-24	Provincetown Masachusetts
DPH Grand Rounds <i>Seropositive Health Care Workers</i>	8/28 at 3:30 pm	DPH 101 Grove St. Room 300 San Francisco
BAPHR Executive Board	9/10 at 7:00 pm	BAPHR Office San Francisco
Community Consortium General Business Meeting	9/18 at 5:30 pm	Medical Society Auditorium San Francisco
BAPHR Executive Board	10/1 at 7:00 pm	BAPHR Office San Francisco
CA Public Health Association <i>Hepatitis B Symposium</i>	10/10 (9 - 5)	Hs Lordships Restaurant Berkeley Marina
BAPHR Annual Dinner (Awards Banquet)	10/19 at 6:30 pm	Banker's Club (52nd Floor) Bank of America, San Francisco



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THE BAPHRON

Vol 13, No.5 Bay Area Physicians for Human Rights Official Newsletter, October 1991

PLANNING/BUDGETING MEETINGS UNDERWAY

As we come to the close of 1991, BAPHR's officers have taken on the project of reviewing the status of our organization. Through a series of regular meetings, they plan to make a critical and comprehensive appraisal of BAPHR, including its purposes and goals, its structure, its organizational procedures, and its personal and financial assets. When completed, this effort should assure that BAPHR meets the needs and expectations of its members without exceeding its available revenues or the volunteer resources of its members. Through increased efficiency in its operations, it is hoped that BAPHR can offer even more activities and events, and with greater variety.

The officers will need to hear from members in order to proceed with priorities and choices. They need to know what members value most in the organization, what they may be able to do without, whether there are new directions that BAPHR should take or old ones it should discontinue. With the aim of giving everyone a voice in this process, a questionnaire is being prepared for the membership. Additionally, each of the officers would welcome comments or ideas in any form from any of you.

With these efforts, BAPHR should enter 1992 with renewed vitality and focus. It promises to be another rewarding year.

BAPHR FOUNDATION REPORT

The Foundation received 43 grant applications totaling \$159,000 for this granting cycle. Following initial screening, interviews will be held for those selected, and the final selection will take place in November. This was the largest number of applications ever received by far, and we regret that there will be a number of disappointed applicants with good projects due to the limited funds available for distribution.

Keith Fenton, a member of the Board of Directors of the Foundation, generously offered the Board a challenge grant of \$10,000. The Board successfully raised funds to meet this challenge.

New members elected to the Board of Directors are William Kearney, MD and Marj Plumb. There are several additional vacancies on the Board and an effort is being made to fill these as soon as possible. Membership on the Board requires considerable commitment of time and effort as well as annual Board membership dues.

The annual Donor Recognition Dinner is scheduled for February 9, 1992 at Patio Espanol (the Spanish Cultural Center) on Alemany Boulevard in San Francisco. Mark your calendar for this event!

AZITHROMYCIN EXPANDED ACCESS

Pfizer Laboratories has announced an expanded access program for Azithromycin, entitled *An Open Label Study of the Use of Azithromycin in Patients with Symptomatic Disseminated Mycobacterium avium - Intracellulare Complex (MAC) Infection Failing Current Therapy.*

To be eligible for this program patients must have documented MAC and must have one or more of the following symptoms: fever, night sweats, anorexia, weight loss, fatigue or malaise. Patients must have been treated for at least two months with available combination MAC therapy or, if treated less than two months, must have had unacceptable adverse side effects. AST and ALT must be less than five times the upper range of normal and bilirubin must be less than 3.0 mg/dl. There is no age restriction for the program. The use of any other investigational drug is prohibited, except those available through a treatment IND program, such as ddI or ddC. Physicians may call 203/441-5941 to register eligible patients.

**** IN MEMORIAM ****

James R. Brown, MD
Stephen Wright, MD

Greetings!

Governor Wilson's unexpected and cruel veto of AB 101 was greeted with swift, universal and appropriate outrage by our community and those who support us. BAPHR had attempted to influence the successful outcome of this important legislation by working with the LIFE Lobby, and by repeatedly contacting the governor's office. Our organization did submit a letter to the editor of several newspapers, and this did appear as the lead letter in one edition. Although our efforts and this legislation are currently dead, the rapid mobilization and reaction of our community may ultimately serve not only to facilitate passage of an anti-discrimination bill, but also function to stimulate many of us to further action. I trust BAPHR will play a significant role in supporting further efforts to enact measures outlawing discrimination against lesbians and gays.

On somewhat of a more optimistic note, the U.S. Congress did approve legislation that hopefully effectively killed the awful Helms amendments and Dannemeyer's ridiculous proposals.

BAPHR also has been active in this area, and we have continued to speak out for sane policy in regards to HIV issues. A recent letter, combatting the troubled and disturbing images and message of Kimberly Bergalis was published, and hopefully helped in this seemingly never-ending battle. As I understand the current Federal proposals, each of the 50 states will be required to enact legislation within 12 months that follows the recently released CDC guidelines. This hopefully will effectively deal with the whole issue of restriction and testing of patients and health care workers. BAPHR will continue to have an important role in this area.

This past week I and several of the current BAPHR officers attended the annual Shanti awards dinner. It proved to be an inspiring evening with some smiles and some tears, but I believe we all left there with a renewed sense of family and dedication. I hope our upcoming annual dinner will be as successful, and will also serve to 'renew' the officers and perhaps stimulate some of the members to become more active in BAPHR issues. So far, response to the invitations has been much better than expected and I am optimistic that we will have the largest turnout to date. Since there is the distinct possibility of reaching a maximal capacity and therefore having to limit the number of attendees, I urge all of you who are considering to attend to either promptly send in your response or call the BAPHR office.

Lastly, let me remind you of an upcoming general meeting to be held on Thursday night, November 21 at my house from 6:30 on. Susan Williams from AIDS Benefits Counselors will be present to discuss issues surrounding benefits for our patients. We also will spend time presenting an update on developments surrounding the HIV and HepB positive health care worker.

Enclosed with this issue of the BAPHRON are ballots to indicate your choices for officers for the coming year. Since no other nominees have been submitted, it would appear that, barring an unforeseen and unexpected event, we current four officers, with your approval, will serve an addition year. I hope that I will meet your expectations during this next year, and will be able to serve the BAPHR membership effectively. I do need all of your support and more important, your input. Hopefully some of you will become more active in the organization and help us officers respond to the many issues facing us.

Hope to see each of you at our annual dinner and at the upcoming meetings. Thank you for your past confidence and support.

Lenny Simpson, President

YOUR COPY ... Letters from the Executive Committee and others

The accompanying letter was received from a friend of BAPHR and we decided to share it (heavily edited) with members. The author contends that professional literature such as the book he criticizes is on the rise, and that the decision to promote this book tends to confirm that trend.

Cathleen Esposito, Managing Editor
Psychotherapy Book Club

Dear Ms. Esposito:

When I saw the August Psychotherapy Book Club mailing, I was deeply concerned at the selection, Reparative Therapy of Male Homosexuality by Joseph Nicolosi. Your book club (which advertises itself as "#1 with mental health professionals") has - by selecting this book - endorsed it and apparently sanctioned its view of homosexuality.

That you have sold other books that do not reflect this opinion does not justify publishing a book that espouses an extremely biased view. Homosexuality was removed from the diagnostic manual of the APA in 1973 - 18 years ago! - and the debate about "ego-dystonic homosexuality" as a disorder led to its removal shortly after its appearance.

The author's perspective is not consistent with his expressed premise that his only concern is to help those homosexuals who find their orientation "ego-dystonic". Rather, he pathologizes all homosexual and bisexual men. He speaks of "the limitations of homosexual love", "the refusal to acknowledge pathologic elements"; and adds: "As a result of treatment, many men have been supported in their desired commitment to celibacy, while others have been able to *progress* (italics added) to the goal of heterosexual marriage.

This book, by treating homosexuality as an intrapsychic issue, ignores the extensive literature on the impact of stigmatization and homophobia in our society.

Your support of this book means that some therapists will accept this destructive clinical stance as "therapeutic". They will see homosexual and bisexual men who are unhappy and self-hating. These men, who

need support and affirmation, will find support only for the notion that their lack of self-acceptance is justified.

I urge you to withdraw this book and to acknowledge the error in judgement that led to its choice.

Jay Paul, PhD.
UCSF, Center for AIDS Prevention Studies

(The following letter was sent to the Editors of the SF Chronicle and Examiner)

To the Editor:

We members of Bay Area Physicians for Human Rights, an organization of some 200 healthcare providers dedicated to promoting the health concerns of lesbians and gays, are all too familiar with the steady number of discriminatory incidents encountered by our patients and friends in the quest for quality medical care.

Having witnessed, and in some cases having experienced, significant hardships due to the discriminatory practices surrounding medical coverage, especially in relationship to HIV disease, we physicians can only imagine the degree of discrimination that exists in fields outside of medicine and dentistry (professions that many consider enlightened).

We healthcare providers fervently hope that Governor Wilson will not heed the narrow-minded and bigoted advice of the State Republican Convention, but be persuaded to uphold the individual rights of a group of citizens that has been unfairly treated. By supporting and signing AB-101 outlawing discrimination based on sexual orientation, we healthcare providers believe that Governor Pete Wilson will be adhering to the highest moral principles upon which both major parties rest, i.e., the ethical obligation to protect the rights of all citizens.

We are looking to you, Governor Wilson, to demonstrate moral leadership that rises above political concerns.

(The following letter was sent to Governor Wilson)

Dear Governor Wilson:

Bay Area Physicians for Human Rights (BAPHR), a thirteen-year old organization of Bay Area physicians and other health care professionals who concern themselves with health-related issues affecting the gay and lesbian community, urge you to sign AB-101.

We believe that legally countenanced discrimination damages the general health of any community. AB-101 presents us with an opportunity to provide needed legal protection from discrimination in employment and will in turn improve health. There is no evidence to indicate that there will be increased legal actions as a result of implementation of this law.

We look forward to your support of AB-101.

(The following letter was sent to all members of the Senate Committee on the Judiciary)

Dear Senator:

We are a group of physicians and other health care workers who have concerned ourselves since 1977 with the health of the gay and lesbian community.

Nothing we have seen or heard suggests to us that Judge Clarence Thomas, if appointed to the Supreme Court, would be compassionate or tolerant about homosexuality or gay and lesbian civil rights.

Therefore, in view of our concern for the health of the members of the gay and lesbian community, we have no choice but to urge you to reject his nomination.

(The following letter was sent to John Grant, Director of the Public Broadcasting System)

Dear Mr. Grant:

We are a group of physicians and other healthcare workers who have concerned ourselves since 1977 with the health of the gay and lesbian community.

We are alarmed at the appearance of a pattern of censorship at PBS. Three recent shows by gay people about issues affecting both the gay

community and the health of the community at large have been restricted or cancelled (Tongues Untied, Son of Sam and Delilah and Stop the Church).

It is especially disturbing that this is happening at PBS, a presumably independent voice.

Needless to say, we are disappointed in what you appear to be doing. Can you tell us what's happening?

We'll be very grateful for as clear an answer as you can give us.

(the following letter was sent to the editors of the New York Times, San Francisco Examiner and was printed in the SF Chronicle)

Editor:

The image of Kimberly Bergalis is deeply disturbing, and her disease is a tragedy for her, her family and friends; but no more so, or less so than for any of the other 200,000 Americans diagnosed with AIDS.

We healthcare providers of the Bay Area Physicians for Human Rights, an organization of some 200 healthcare providers, have been at the forefront battling the ravages of this epidemic since 1981. Having witnessed progression of this horrible disease leading to the death of many, many patients, peers, friends and fellow physicians, we too are dedicated to preventing one more case of HIV infection.

After very careful deliberation, including our many years of experience with the disease, we member physicians have concluded that the only effective means to prevent further infection would be clear, concise education of all individuals, including explicit material regarding sexual transmission and strict adherence to universal infection control practices.

Despite the emotional appeal of Ms. Bergalis and her family, we healthcare providers are firmly convinced that mandatory testing of patients or healthcare providers will not serve to protect the public.

Both Representative Dannemeyer, in sponsoring the so-called Bergalis legislation, and Senator Helms are again politicizing this disease and are performing a disservice to the public.

continued on page 5

BAPHR
GENERAL MEETING

AIDS BENEFITS COUNSELORS
(a discussion about the work of ABC)

and

**UPDATE ON HIV SEROPOSITIVE HEALTHCARE
WORKERS GUIDELINES**

Featuring:

Susan Williams (ABC)

and

Leonard A. Simpson, MD

Thursday, November 21

6:30 p.m.

Leonard Simpson's home

470 Beacon Street (near Diamond)

San Francisco

We physicians who are attempting to combat this disease, and who ourselves are willing to place ourselves at some occupational risk in serving our patients, are convinced that mandatory testing will only hinder progress in defeating the ravages of HIV disease. Policy must be based on sound medical principles, as so eloquently and articulately restated and re-emphasized last week by the National Commission on AIDS. We fervently hope that policy will not be based on emotion, but upon sound reason.

(The following letter was written by Belinda Ann Mason and sent to President Bush shortly before her death from AIDS in September. Ms. Mason, a member of the National Commission on AIDS, is one of BAPHR's 1991 Award Recipients.)

Dear President Bush:

Two years ago you appointed me to the National Commission on AIDS because you agreed that it was important to have a "person with AIDS" on the panel. I have written you personally just once before, about seeing the "Names Project" quilt.

At this point in my life, there is little that you or anyone else can do for me, but I have no bitterness, and I'll spare you the terrible details of this late stage in my disease.

If we are to limit the toll that AIDS will take on our society, we must all work side-by-side in the clear light of reason rather than with fears and dark suspicions.

Mr. President, doctors don't give people AIDS—they care for people with it. The blanket screening of health care workers will create the false illusion that people with AIDS are a threat to others. The use of HIV status as a criterion for immigration into this country feeds the same unjustified fear. In fact, people with AIDS in the U.S. and all over the world are often the leaders in education and prevention efforts related to HIV.

Mr. President, there's no time for me to do much more about any of this. In these days, which may be my last, my family has become my respite from the storm. But there is time for you. Help Congress quickly clear up the testing and the immigration issues so we can resume the attack on the virus itself. We need

your leadership so we won't be distracted from the tougher jobs such as how to care for the thousands more who are about to become ill, or how to finance that care, or stop the drug epidemic that is fueling a new wave of HIV infection, or educate our kids about how AIDS has changed some things forever.

After more than ten years of the AIDS crisis, it is disheartening to realize that some people are still pointing fingers and looking for a place to lay blame. Only our effort as a united people has any hope of slowing the epidemic and avoiding the further human tragedy that statistics tell us we will all surely face one day.

Mr. President, those who come after me are counting on you.

Your appointee, Belinda Mason

(The following letter was sent to Blue Cross of California)

To Whom It May Concern:

BAPHR, founded in 1977, and currently comprised of some 200 healthcare providers, is dedicated to promoting the healthcare concerns of gays and lesbians.

We have been intimately involved in the battle against HIV-disease since the inception of the epidemic.

As individual healthcare providers, and as an organization dedicated to promoting effective care for those inflicted with HIV-disease, we are concerned regarding the limitations announced limiting coverage of outpatient infusion therapy to a maximum of \$25,000 per year, effective November 1, 1991. Our experience here in the San Francisco Bay Area teaches us that many individuals fighting HIV-disease require longterm outpatient infusion therapy - whether it be antibiotics such as DHPG, or nutritional supplements. As each of these therapies can run at least several hundred dollars a day, it is quite clear to us that individuals who require maintenance for at least a number of months - and hopefully longer - will exceed the \$25,000 maximum per year quite rapidly.

Although we are very concerned regarding the high costs of medical care, we certainly do not want to see a patient denied needed coverage, especially for devastating diseases such as HIV and/or neoplasms.

Our organization would suggest that it would serve our patients well, as well as serving Blue Cross of California, that the policy be individualized to allow those patients who require outpatient infusion therapy to receive the care which they need.

The BAPHRON is the official newsletter of the Bay Area Physicians for Human Rights, a non-profit educational and research organization with tax-exempt status under IRS Section 501(c)(3) and California law. It is published bi-monthly and is sent to all members. BAPHR is accredited to provide Category 1 Continuing Education by the California Medical Association. The BAPHRON is copyrighted.

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Membership Dues

Physicians	\$150
Affiliates	\$100
Friends	\$ 75
Housestaff	\$ 50
Medical Students	\$ 25

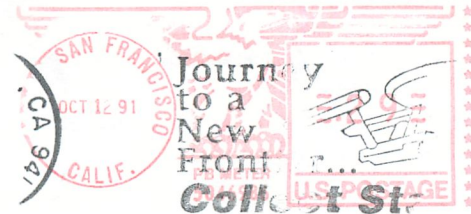
Names of members and contributors are kept strictly confidential and are not sold or otherwise provided to any other group or individual. The appearance of names of individuals in the BAPHRON in no way infers sexual orientation.

CALENDAR OF EVENTS

EVENT	DATE/TIME	LOCATION
BAPHR Annual Dinner (Awards Banquet)	10/19 at 6:30 pm	Carnelian Room Bank of America, San Francisco
DPH Grand Rounds HIV and Gynecological Issues	10/23 at 3:30 pm	DPH 101 Grove Street San Francisco
BAPHR Executive Board	11/5 at 7:00 pm	BAPHR Office San Francisco
Community Consortium AIDS Clinical Grand Rounds "New Insights in AIDS Pathogenesis" - Luc Montagner	11/6 at 5:30 pm	California Pacific Medical Ctr California Campus
Community Consortium General Business Meeting	11/20 at 5:30 pm	Medical Society Auditorium San Francisco
BAPHR General Membership Meeting (AIDS Benefits Counselors)	11/21 at 6:30 pm	470 Beacon Street San Francisco
ACT-UP Golden Gate Reception	12/9 at 6:30 pm	Ivy's Restaurant San Francisco



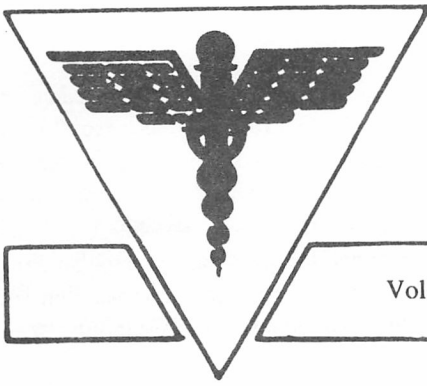
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THE BAPHRON

Vol 12, No.6 Bay Area Physicians for Human Rights Official Newsletter, December 1991

INCREASE IN HEPATITIS A IN SAN FRANCISCO

In early December, the San Francisco Department of Public Health announced that it had noticed an increased incidence in cases of Hepatitis A. Of particular note to us is that this increase in cases has occurred in gay men, some of whom are employed as food handlers. It seems that this would be an appropriate time to remind physicians to take extra time with patients to encourage avoiding behaviors that will transmit enteric pathogens.

It is possible that anal-oral sexual contacts (or any sexual contact that might bring feces to the partner's mouth, via fingers, toes, or condoms) may be on the increase. These sexual practices have been presented as less unsafe from the standpoint of HIV transmission and therefore the community may be engaging in them more frequently.

It is quite clear that not only can Hepatitis A and Hepatitis B be transmitted via fecal-oral contact, but also amebas, giardia, and a group of significant bacterial pathogens particularly Shigella, Salmonella, and Campylobacter. It should be noted that these bacterial infections can be more symptomatic in individuals already HIV positive and immunocompromised.

It is important for physicians to remind patients of the risks of rimming and of the need for careful hand washing if there is contact between fingers and the anus. Food handlers again should be reminded of the need for scrupulous hand washing.

Walter Krampf, MD

BAPHR FOUNDATION NAMES RECIPIENTS

BAPHR Foundation, the grant making arm of the Bay Area Physicians for Human Rights, has awarded \$30,500 to nine Bay Area gay and lesbian organizations. These nine were selected from forty-three applicants. This represents the largest number of applications received since the Foundation was established in 1983. Over \$150,000 now has been given for eighty projects.

The 1991-92 grants were awarded to the following:

SFUSD/Gay/Lesbian Youth Support Services* (for Gay/Lesbian Youth Project Outreach)

Bay Area Physicians for Human Rights (for a Symposium for HIV + health care workers)

Lyon-Martin Women's Health Services (for purchase of EKG and computer for new clinic)

Most Holy Redeemer Support Group (for speakers for community education on HIV)

Operation Concern/LYRIC (for Gay/Lesbian youth recreation and information)

STOP AIDS Project (for a brochure on AIDS prevention in Spanish)

Community United Against Violence (for a brochure on gay men's domestic violence)

BANGLE (Bay Area Gay/Lesbian Educ) (to produce a video on "Gay Youth" for suicide prevention)

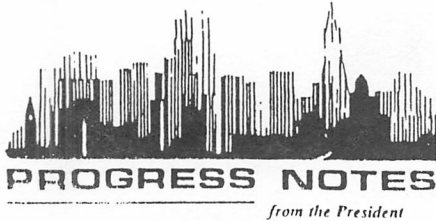
Davies Medical Center, HIV Institute (for a computer search on HIV clinical drug trials).

* Each year, the Board of Directors also selects one grant application it considers the best of those received and designates it as the "Dr Kenneth Everts Award", named in honor of a founding director and past president of the Foundation. The grant selected this year for this honor is the Support Services for Gay and Lesbian Youth of the San Francisco Unified School District.

BAPHR/AAPHR SPONSOR ACTIVIST FUNDRAISER

Ivy's Restaurant was the site of a fundraising event on December 9th, sponsored by BAPHR, AAPHR, and a number of local physicians and health care professionals. The event provided an opportunity for physicians and activists to meet, and to share ideas and perspectives, while also helping ACT-UP Golden Gate defray some of the costs of sending a contingent to the recent meeting of the AIDS Clinical Trials Group.

The event was highly successful on all counts, thanks to the efforts of its organizers, Sari Staver and Dr. Andy Zysman. The net proceeds came to over \$6,000, and the enhanced communication should work to the benefit of us all in our work against HIV disease.



Greetings,

The rapidly approaching end of another calendar year unavoidably forces me to reflect upon this past year

BAPHR has been quite active during the year, especially in voicing our concerns regarding the CDC's and the public's reaction to the HIV seropositive physician. At this time, it appears that the CDC has capitulated to mounting criticism from organized medicine, and has backed down on its previously released July "guidelines." Our organization can take credit for our participation in this battle. In the upcoming months, BAPHR again will have to remain as vigilant as there may very well be an effort on the individual state level to curtail seropositive physicians's practices.

During this past year, our organization has been active in speaking out on a number of issues, including the need for a sane clean needle exchange program, for advocating that the military lift its ban on participation by gays and lesbians, and has been active in attempting to provide support and camaraderie for our individual members. There was a successful day-long retreat at a magical place up in Cazadero, and our annual awards dinner high atop the Bank of America Building was an extremely successful event for all of us.

On December 9th, Sari Staver and Andy Zysman co-hosted a cocktail party at Ivy's Restaurant for Act-Up Golden Gate. This was an extremely successful get-together where physicians and activists freely intermingled and exchanged goodwill and ideas, as well as successfully raising quite a bit of money for ACT-UP. BAPHR and AAPHR were

responsible for co-hosting the event. When I first mentioned that BAPHR should co-sponsor this event, some members of our Executive Board initially voiced concern that support of this activist organization - ACT-UP Golden Gate - might be too controversial for some of our members. This issue forced me to weigh my role as President of BAPHR, and to weigh what role BAPHR itself should play in controversial issues. I felt comfortable that as President of this organization, I could gently push our membership slightly to the "left of center" in advocating and supporting activists, especially in relationship to AIDS issues. If any of you have any feedback regarding this, I would be more than happy to listen to it, and I would urge you to write me or BAPHR.

On Sunday, December 15th, Jerry Goldstein and Tommy Taylor hosted a party at their beautiful home for Home Care Companions and for BAPHR. This, too, was a wonderful event where volunteers and administrators of Home Care Companions, - notably Celi Adams, RN, intermingled with various members of BAPHR. The setting and the food were exceptional as we have almost routinely become accustomed to expect from Tommy and Jerry. I, personally, want to thank them for their efforts, and for all the support they have shown to BAPHR and to the BAPHR Foundation. I also need to acknowledge Ken Mills for organizing this party for BAPHR.

Finally, I would like to remind you of the upcoming Executive Board Meeting at the BAPHR office on Tuesday, January 7th, 1992 at 7:00 p.m. and urge the new members to attend.

Ric Andrews has been busy arranging a monthly general meeting that will be held on Wednesday, January 29th at the McCormick & Kuleto's Restaurant at Ghirardelli Square. Laurie McBride (of L.I.F.E.) will be our featured speaker that night. The room can hold a maximum of 45 BAPHR members and guests so I

urge each of you who wishes to attend to respond as rapidly as possible. Attendance will be limited to those who sign up first. McCormick & Kuleto's is a spectacular restaurant with great views, serving great food, and this should prove to be a unique evening.

The renewal drive for membership has been quite successful to date. Over two-thirds of you have renewed your membership, and quite a few of you signed up as sustaining members or sponsors at a considerably higher fee than the standard dues. Thank you all! I would also like to thank everyone for signing up so rapidly, and remind those who have not yet renewed their membership to do so as rapidly as possible.

Again, I look forward to seeing many of you in the upcoming year; hopefully, a number of you at our January 29, 1992 meeting at McCormick & Kuleto's. I am confident that BAPHR will play a significant role in this coming year, and your continued participation is encouraged.

Yours very truly,

Lenny Simpson

CONSORTIUM HONORED

The Community Consortium has been selected to receive the Assistant Secretary of Health Award for Outstanding Achievement in AIDS. The Consortium was nominated for the award by the American Foundation for AIDS Research (AmFAR)) for its leadership in community-based clinical trials and advocacy for HIV care providers and patients. BAPHR wishes to add its congratulations and express its collective wish that the Consortium continues its outstanding work in the community. We are all proud of our association with the Community Consortium.

BAPHR ENDS PHYSICIAN REFERRAL SERVICE

After nearly a decade of operating its physician/dentist telephone referral service, the BAPHR Executive Board has decided to terminate the service due to declining member participation and the inability to meet community service requests in all but San Francisco County. The program was officially ended on September 30th.

YOUR COPY ... Letters from the Executive Committee and others

the following letter was printed in the NY Times

Dear Editor:

How ironic it may seem that our organization, dedicated to promoting the health concerns of lesbians and gays, within the larger context of peace and acceptance among people, strongly advocates the immediate acceptance of homosexuals in the military. We applaud your recent editorial concluding that the military "shed its unjust and short-sighted opposition to homosexuals." Several recent studies have clearly dispelled the myth that lesbians and gays represent a security threat, or that the presence of homosexuals will adversely affect military morale or camaraderie. There simply is no rational, social, medical, or ethical basis for continuing this unjust discrimination.

After President Truman issued an Executive Order in the late 1940s, ending a long and embarrassing military policy of segregating African-Americans, the eventual full acceptance of all people of color in the US Armed Services helped pave the way for the rest of society's long-awaited, but very welcomed acceptance of integration. One might even conclude that the military policy of ending segregation helped fuel the civilian civil rights movements, and influence the 1954 landmark Supreme Court decision ending school segregation.

We physician members of Bay Area Physicians for Human Rights expect that the full, rightful acceptance of gay men and lesbians in the military will also help to promote society's eventual tolerance and acceptance of all people in the military no matter what their sexual orientation.

As a medical organization, in the forefront of combating the ravages of HIV disease since 1981, it is increasingly obvious to we physicians that, in order to defeat the AIDS virus, we and society will have to confront not only the difficult medical issues, but also social, political, and ethical issues associated with this epidemic. The military's acceptance of reality will immeasurably help in this regard.

President Bush, we urge you to take a moral stand, as President Truman did so effectively nearly a half-century ago, and end this unjust discriminatory policy.

the following letter was written in response to an invitation to BAPHR from the US Olympic Committee

To Dr. Robert Leach, Chairman, US Olympics Sports, Medicine and Science Committee

We have received your letter of September 1991 inviting us individual physicians to join the Sports Medicine Program associated with the U.S. Olympic Committee.

We appreciate the invitation, but must decline. As individual physicians, and as members of BAPHR, founded in 1977, and comprised of 200 medical professionals, we are committed to promoting the health concerns of lesbians and gay men. The U.S. Olympic Committee, in its decision to oppose the concept of the "Gay Olympics," has done much harm to this effort. Their action to single out the "Gay Olympics" as the only specialty olympics they oppose, and to pursue this issue as far as the U.S. Supreme Court emphasizes the profound degree of discrimination and bigotry directed toward sexual minorities.

Until the U.S. Olympic Committee accepts and supports the full open participation of gays and lesbians in our society, and in the Olympic Games, we have no choice but to oppose involvement and cooperation with this organization.

We hope that individual physicians associated with the U.S. Olympic Committee will recognize our deep concern, and will heed the moral and ethical imperatives of our medical profession. We hope that they will serve to further educate the Olympic Committee regarding issues of sexual orientation.

the following letter was sent to Dr. Ray Baxter regarding clean-needle exchange

Dear Dr. Baxter:

The Bay Area Physicians for Human Rights, founded in 1977, and currently comprised of some 200 physicians, has been involved in combatting the ravages of HIV disease since the beginning of the pandemic.

We are writing to you at this time to urge the Department of Public Health to adopt an effective plan as soon as possible for clean-needle exchange. Our organization has recognized the value of this for quite some time and have been involved in advocating this in the recent past; and while the law may lag behind in supporting the legality of this, we physicians are convinced that this has been shown to be a proven and effective method ;in curtailing the spread of HIV among intravenous substance abusers.

Our organization would be prepared to offer its support in implementing such a program.

Scuba Diving



Escorted trips for members of the Gay and Lesbian community

Non-divers, domestic partners welcome.
Call or write for details.

**415-398-2189
Fax 415-398-7983**

291 Geary Street, Suite 619
San Francisco, CA 94102

SEEKING OPTIONS

Full-Time Primary Care Physician with HIV emphasis is open to suggestions: merge, employment, share space, etc. I have staff and space to share or would even consider relocating. Any ideas, no matter how speculative, are appreciated and will be treated confidentially. Pat McGraw, MD - 45 Castro St., B200, San Francisco 94114 (415) 863-3366.

CALENDAR OF EVENTS

EVENT	DATE/TIME	LOCATION
BAPHR Executive Board	1/7 at 7:00 pm	BAPHR Office San Francisco
Community Consortium General Meeting	1/15 at 5:30 pm	3180 - 18th Street, 2nd Floor
DPH Grand Rounds <i>Caring for the Caregiver</i>	1/22 at 3:30 pm	DPH 101 Grove Street San Francisco
Stanford Health Policy Forum (415 725-2243) <i>A Healthy Response to AIDS: Policy Priorities for Medicine</i>	1/25	Fairchild Auditorium Stanford University
BAPHR General Membership Meeting <i>Featuring: Laurie McBride (L.I.F.E.)</i>	1/29 at 6:00 pm	McCormick & Kuleto's 900 Northpoint Street San Francisco
BAPHR Executive Board	2/4 at 7:00 pm	BAPHR Office San Francisco
Community Consortium AIDS Clinical Grand Rounds (Topic to be announced)	2/5 at 5:30 pm	Carr Auditorium San Francisco



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