

The OFFICIAL NEWSLETTER

of the

**National Coalition of
Gay STD Services**

December, '79--January, '80 #3

This Newsletter is published by The National Coalition of Gay STD Services. Suggestions for articles on sexually transmitted diseases in gay people, questions about VD, and inquiries about membership in the Coalition (\$10/year for individuals (nonvoting), and \$20/year for STD clinics, organizations, services, & programs may be addressed to: Mark Behar, Chairperson, NCGSTDS, 2161 N. Pierce St. #9, Arlington, VA 22209, (703) 525-0771.

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NOVA: "The Elusive Illness"

What could possibly link Aborigines in Australia, woodchucks in Pennsylvania, the Nobel Prize in Stockholm, and the gay community in New York and other cities? The answer is Hepatitis, a serious disease that effects the liver. What causes Hepatitis? How is it spread? How do you get rid of it? These are but a few of the questions NOVA considers in its examination of this mysterious disease in "The Elusive Illness," January 15, 1980, 8 pm (EST) on your local PBS television station.

A substantial portion of the hour long film is devoted to the contributions of the gay community in fighting the disease and testing the vaccine, which is now undergoing field trials in several cities.

NOVA is produced by WGBH Boston for PBS, and is made possible by grants from TRW Inc., the National Science Foundation, and public television stations (producer: Robin Bates; executive producer: Mick Rhodes). For more information, contact your local Public Broadcasting Station, or contact Jean Williams, WGBH Boston, 125 Western Av., Boston, MA 02134, (617) 492-2777. (Compiled from news releases.)

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Reprints Available: STD's in Gay Men

Ostrow, David G. Spotting and treating sexually transmitted diseases in gay men. Modern Medicine, 47(12), June 30-July 15, 1979, pp. 42-47.

David Ostrow discussed the 5 most common STDs in gay people--gonorrhoea, nongonococcal urethritis, syphilis, hepatitis B, and genital herpes simplex. Address requests for reprints to Dale Shaskey, Director, Howard Brown Memorial Clinic, 2676 N. Halsted St., Chicago, IL 60614.

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Coalition's Next Meeting & "Current Aspects of STD's--II" & 3rd Lesbian/Gay Health Conference

The 3rd meeting of the National Coalition of Gay STD Services (NCGSTDS) will be held during the 2nd annual symposium on Current Aspects of STD's--II and 3rd annual National Lesbian/Gay Health Conference at San Francisco State University, June 19-22, 1980. Exact date, time, and place will be announced in a future newsletter.

The symposium will provide an opportunity to share the most up-to-date knowledge about sexually transmitted diseases in gay people with clinicians, other providers of services, scientists, and public health officials. It is hoped that the meeting will result not only in increased understanding of the specific STD's, but also in improved therapeutics, epidemiological management, and prevention methods.

The goal of the Third Annual Lesbian/Gay Health Conference is to improve overall health care for lesbians and gay men in our communities. To achieve this goal, the conference will provide a forum to further clarify and to educate one another about gay and lesbian health issues, to organize for social change in the health care delivery system, and to construct communication networks.

Current Aspects of STD's--II is sponsored by the NCGSTDS, a group of gay STD service centers and individuals with national representation. The Third National Lesbian/Gay

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Health Conference is sponsored by the National Gay Health Coalition, and local gay and lesbian organizations and individuals.

The STD Symposium will tentatively address epidemiology (what works & what doesn't); gonococcal and nongonococcal infections (urethritis, proctitis), and syphilis; enteric diseases (shigella, salmonella, & campylobacter; entameba, giardia; and hepatitis A & B); and cytomegalovirus, hepatitis non-A--non-B, herpes II, and condyloma accuminata (venereal warts).

An important workshop on establishing guidelines for informed responsible sexual decisions to reduce the spread of STD's will also take place at the symposium, along with other workshops on staff and patient education, and standardization of operations, procedures, & protocols.

CALL FOR PAPERS: Those who wish to be considered for a place in the formal program of either the STD Symposium or the General Conference are invited to submit an abstract. A research abstract should indicate the kind and scope of work, general methods used, results and conclusions drawn. A workshop abstract should describe the scope of the topic, general teaching or problem solving methods to be used, and where appropriate, conclusions or goals. For workshops, please indicate whether you are submitting for the General Conference or the STD Symposium. All abstracts must be limited to 250 words and must reach the STD Symposium Director no later than March 1, 1980, at the address given below. Authors of abstracts selected for delivery will receive notification by April 1, 1980.

Registration for the STD Symposium will provide automatic registration for the General Conference. A second mailing with the final program schedule, registration and lodging information will be mailed around April 1, 1980. Information about continuing education credit for MDs, RNs, and PAs will be announced later. Please address all inquiries and abstracts to: Robert K. Bolan, MD, STD Symposium Director, 2252 Fillmore St., San Francisco, CA 94115, (415) 921-5762.

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FUNDRAISING: MASTERCHARGE/VISA for Your STD Service?

MASTERCHARGE/VISA charge cards are one of the easiest ways to pay for services, and gay STD services around the country are realizing that clients are eager to use charge cards for their donations as well. All the client need do is indicate the amount of his/her donation, provide a card (or number) and sign their name.

What must the agency do? The financial officer of your service should request a merchant's application form from your bank. Hopefully, they are a cooperating institution with the MASTERCHARGE/VISA people (may be listed in phone book as "Foremost Card Services"). If your service has acceptable credit, the application is forwarded to MASTERCHARGE/VISA for further credit checks. Presumably, your agency is evaluated solely on the basis of financial responsibility, rather than on social or political issues. If approved (a 2-3 week process at most), your agency is assessed a yearly membership fee (about \$15) to cover expenses of forms, the imprinter, etc., and a transaction charge--2% of each donation for nonprofit, tax-exempt agencies, and 4% for each transaction with retail merchants. Thus, a patient donating \$20 to your nonprofit clinic will result in a net donation of \$19.60, with the remainder 40¢ (2%) being the transaction fee to MASTERCHARGE/VISA. It is recommended that legal counsel be consulted first, to clarify local laws or regulations.

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BELATED HOLIDAY VD CAMPAIGN IDEA--Wondering what gifts to give your friends for the holidays? Don't give a dose to the ones you love most! Get a routing VD checkup every 3 months if you are sexually active, and encourage your friends to do so too!

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Minutes of the November 3, 1979 Meeting of the NCGSTDS
compiled by Gary Carr & Mark Behar

****IMPORTANT!**** Topics set off by asterisks below, require immediate action by member services. Mail any comments, questions, criticisms or objections to Mark Behar, Chairperson, NCGSTDS, 2161 N. Pierce St. #9, Arlington, VA 22209 by February 1, 1980. You will receive an acknowledgement of your response by February 10--if you don't, please call (703) 525-0771! If no comments are received, than I will assume that there are no objections to the discussions and decisions made and policy will be made following the recommendations of the members present. Cassette recordings of the 2nd meeting are available for your review. Please send two blank 120 minute cassette tapes to the Coalition, and they will be recorded & returned with an official agenda of the meeting.

The second meeting of the NCGSTDS was convened at the New York Gay Men's Health Project, 74 Grove St. #2RW, at 4:30 pm, by Mark Behar, Chairperson. Gary Carr (St. Marks Clinic) took minutes for the meeting. The following individuals were present: Mark Behar, Gary Carr (St. Marks Clinic), Bopper Deyton (Gay Public Health Workers Caucus of the American Public Health Association), David Ostrow, Dale Shaskey, J. Prucha, and K. Mayer (Howard Brown Memorial Clinic), and Dan William (Gay Men's Health Project). Absent were representatives from the Milwaukee Gay Peoples Union Venereal Disease Clinic, Gay Community Services Center VD Clinic of Tucson, Fenway Community Health Center of Boston, and the Pittsburgh Free Clinic. Finances (7/79-11/79): income, \$200 from membership dues; expenses, \$81.98 for mailings, telephone expenses, photocopying, etc. The next issue of the newsletter is scheduled for December, 1979. (This paragraph describes agenda items 1-4; items 5-24 follow as business items.)

5a) Gay Health Conference in San Francisco, June 19-22, 1980 (Specifically, "Current Aspects of STD's--II," June 19-20, 1980, at San Francisco State University. Continuing education credits will be available to MDs, RNs, PAs; more on that in the next newsletter. See elsewhere in this mailing for the Call for Papers, etc.

****5b)** NCGSTDS affiliation with the National Gay Health Coalition (NGHC). NGHC is a coalition of 10-15 national gay health organizations; it is not a membership or dues collecting group per se, according to Bopper D. (Some of the affiliates are: Gay Nurses Alliance; Gay Public Health Workers of the APHA; Gay People in Medicine of the American Medical Student Association; American Psychiatric Assn.'s Gay, Lesbian, & Bisexual Caucus; Assn. of Gay Social Workers; American Assn. of Sex Educators, Counselors & Therapists--Gay, Lesbian, & Bisexual Caucus; and others). According to Bopper, the major committment of affiliates is to send representation to a semiannual meeting for dealing with issues of national significance. The Third Annual Lesbian/Gay Health Conference immediately follows the Coalition's Current Aspects of STD's--II Symposium in June, 1980. All three NCGSTDS member groups in attendance agreed that the Coalition should request affiliation with the NGHC. The remaining 4 groups are asked to provide feedback and participate in the decision to request affiliation. Please consider that if a NGHC semiannual meeting is held near your location, you will be asked to represent the Coalition!**

6) Volunteers were solicited to represent the Coalition in a meeting with Paul Wiesner of the CDC, arranged by the Gay Public Health Workers (of the APHA) to discuss the relationships between the CDC and gay health concerns. David Ostrow and Dale Shaskey volunteered. David refered to Frank Judson's provocative article, "How to control gonorrhoea: The view of a local public health officer," (Sexually Transmitted Diseases, 6(3), July-September, 1979, pp231-34.) as a guide to read before talking with CDC officials. Reprints of this article from Franklyn N. Judson, MD, Disease Control Service, Denver Department of Health and Hospitals, 605 Bannock St., Denver, CO 80204, or from the Coalition--please enclose SASE. Dan W. suggested that we be prepared to present discrete proposals rather than general "demands." Further discussion involved how CDC's strict epidemiological approach effects gay STD problems, encouraging the CDC to hire a gay health professional (RN, PA, MD, MPH, etc.) to work directly with the gay clinics. (Details of the meeting are described in Newsletter #3.)

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7) Bopper discussed the relationships between the Coalition and the STD Task Force of the Gay Public Health Workers Caucus (Ron Vachon couldn't attend for personal reasons). The following points were made: the Caucus' main purpose is to influence policy within the APHA. The STD Task Force was created to temporarily fill a void that is now filled by the NCGSTDS. For this and other reasons, the STD Task Force will probably be disbanded (isn't it amazing when a bureaucracy can disband itself?!). The Caucus and the NCGSTDS will strive to maintain regular communication and will seek out the other's assistance when needed.

8) The "Responsible Sexual Health/Behavior" Platform was discussed in detail. It was felt that if the topic wasn't handled just right, misunderstandings may develop. An absence of research describing the factors that contribute to not getting an STD was cited as a major problem. It was decided to postpone immediate action on developing such a platform until the June meeting and to solicit experiences, research data, and specific recommendations concerning exactly what individuals can do to diminish the acquisition and spread of the STDs from health care providers from around the country. (The June Symposium's Call for Papers (enclosed) appropriately entitles the project, the "Workshop on Guidelines for Informed, Responsible Sexual Decisions to Reduce the Spread of STD's." See also enclosed news release, and please provide a copy of the release to your local gay media representative!)

9) Utilization of the (modified) Hospital Diagnostic Code for STDs was briefly discussed. Robert Bolan's explanatory letter was given out. (Enclosed, for Coalition Member Services)

10) Fundraising ideas: Dale S. described the formation of "The Brown Society" for supporters of the Howard Brown Memorial Clinic of Chicago. They found that soliciting the entire community wasn't nearly as efficient as defining a group of regular contributors, and setting donation goals for them, and honoring them for their philanthropy through The Brown Society. It was also noted: a) that if clients know you and feel good about your services, they're more apt to contribute if you ask them; b) make it easy for clients to say yes about donating--give them a MASTERCHARGE/VISA or pledge form with a self-addressed, postaged envelope; and c) that it is easier to mobilize money when there is a real (or perceived) threat of some kind.

11) It was suggested that the CDC could develop a computer system for data storage and retrieval compatible with gay STD services for the purposes of accumulating data for research. If a computer is used in this manner, violations of client's confidentiality couldn't occur because names are never entered into the computer as they probably would have to be if computers were used for epidemiological followup and contact tracing. Client's/Patient's confidentiality must be protected at all cost! Reference was made to another article by Judson, et al. (Judson, F.N., and Maltz, A.B. A national basis for the epidemiologic treatment of gonorrhea in a clinic for STDs. Sexually Transmitted Diseases, 5(3), July-September, 1978, pp. 89-92. Contact Judson or the Coalition for reprints (include S.A.S.E.), and see #6 above for addresses.)

12) Gay Men's Health Project and Howard Brown Memorial Clinic described their affiliations with drug companies, and their associated hepatitis B vaccine programs.

13) No political lobbying has taken place; nor are their immediate or long range plans for lobbying.

14) Howard Brown & St. Marks Clinics are independently developing a standardized operations, procedures, & protocol manual. It was suggested that they lead a workshop at the June Conference on sharing the SOP's and protocols of the different clinics.

15) Establishment of a malpractice contingency fund for STD services was described as prohibitively expensive and impractical, since every state has different laws. For example, in some states "free clinics" can't be sued, although this issue has never been

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convincingly tested in court (as best as anyone could remember).

16) All gay STD services represented at June's Conference should be encouraged to bring in samples of their patient education literature for review. The value of single sheets for each disease (like hospital emergency rooms) vs. brochures vs. pamphlets was discussed.

17) The issue of businesses "courting" STD services was brought up (e.g., a drug company approaching a clinic to sponsor a drug trial; or a publisher wanting to sponsor a conference if we allow their sales reps to canvass freely, etc.). It was felt that irresponsibly advertised and/or unsafe sexual or medicinal products should never be endorsed. Other such "relationships" should be seriously evaluated on merit and ethics.

18) After dissatisfaction with the Coalition's stationary, a new letterhead will be developed.

19-24) The next meeting will be at the June Conference. Particulars to be announced later. Suggestions for development of a membership form-questionnaire and a "fact sheet" on the Coalition were made (see enclosures). A social gettogether with members of the Gay Public Health Workers was described. "Guided" tours of the Gay Men's Health Collective concluded the meeting (at 8 pm).

(My sincere heartfelt thanks to Gary Carr for his help with the minutes. They have been supplemented with my notes from the tapes. —M. Behar.) Please address all correspondence about the meeting to the NCGSTDS before February 1, 1980 (address above).

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GAY REPRESENTATIVES MEET WITH CDC'S DR. PAUL WIESNER

by David Ostrow, MD (transcribed from tapes, by Mark Behar)

Representatives from the Gay Public Health Workers' Caucus, the National Coalition of Gay STD Services, and independent gay clinics and agencies met with the Center for Disease Control's (CDC) Director of Venereal Disease Control, Dr. Paul Wiesner, November 5 at the American Public Health Association's New York meeting.

Although direct funding of nonmunicipal clinics is not likely, a new program of "collaborative agreements" between the CDC and nongovernmental, nonprofit VD groups (gay or nongay) will make available about \$2 million for STD research and public information & education projects. The monies will be awarded not on the basis of a traditional peer review system, which would favor the large, established research facilities & scientists rather than the clinics, but by a review of project proposals by Wiesner and his staff. This is not necessarily to the advantage of smaller VD programs however, because of the greater competition for funds--as soon as the issue (to award the monies) appeared in the Congressional Record, over 300 inquiries were received by Wiesner's office.

Although the CDC will probably consider a proposal dealing with any relevant area, they are not as interested in funding chronic or comparatively unserious diseases such as paracitic infections or vaginitis, however important these may be. They are interested in concentrating on areas causing tremendous morbidity, where something could be done with the money-- areas such as hepatitis, gonorrhoea, etc. Consideration of proposals dealing with epidemiology, computer services, and other nondisease entities will also be given, however Wiesner cautioned that existing programs and services should be used wherever possible, and to "not reinvent the wheel."

Dr. Wiesner also reiterated his interest in recruiting gay health professionals to work with the CDC in their visiting scientist program. This program allows a qualified health care worker to virtually write their own job description for a 1-2 year CDC salaried position. Presumably, a person could work as the CDC's liason with all gay STD services as a part of the program.

For more information about the collaborative agreement program or the visiting scientist program, please contact the office of Dr. Paul J. Wiesner, MD, Director, Venereal Disease Control Division, Center for Disease Control, Atlanta, GA 30333. All Coalition members are asked to communicate with the NCGSTDS about favorable or unfavorable responses, so that this information can be shared with other members. * * * * *