

NATIONAL COALITION OF GAY STD SERVICES

Volume 1 #4

March, 1980

This Newsletter is published by the National Coalition of Gay Sexually Transmitted Disease Services (NCGSTDS). Suggestions for articles on sexually transmitted diseases in gay people, questions about the venereal diseases, 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, 1637 N. 21 Road, #9, Arlington, VA 22209, or by phoning (703) 525-0812.

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Coalition Chairperson Nominations & Elections at June Meeting

Elections will be held at the June meeting of NCGSTDS for the position of chairperson for the coming year. Although the issue of annual elections for this position was not previously addressed, it was felt that other qualified Coalition members should have the opportunity to express their leadership creativities. The current chairperson, Mark Behar, will seek reelection
Candidate Requirements: Be an individual member of the Coalition or a representative from a member organization, clinic, or service.

Responsibilities: Day to day business as outlined in the goals & objectives of the NCGSTDS; maintain an accurate record of expenses & income; regularly publish the Official Newsletter; official spokesperson of the Coalition with all members and with outside interests; chair two meetings a year; take care of other business as is expected or directed by a majority of voting members. This list is subject to revision upon review by members.

Nominations: All nominations (self or otherwise) should be accompanied by a statement describing the candidate's (your) qualifications, interests, objectives for the Coalition if elected, etc., suitable for publication (ie, typed, & limited to about 100 words) in the May Newsletter. These statements must be received by May 23 in order to be published in the Newsletter. Note: Nominations will be accepted on the floor, at the business meeting. All candidates should be prepared to give a short statement and to field questions at the meeting.

Balloting: Official balloting will take place as the last agenda item at the June business meeting in San Francisco (tentative date June 21). Absentee ballots from the official liasons of Services unable to attend must be received by June 12.

Voting Requirements: Only one vote from the official liason of each member organization/ service will be allowed. Individual members are considered non-voting, unless deemed otherwise at the meeting.

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Computer Based Patient Data System Proposed

Chicago's Howard Brown Memorial Clinic recently submitted a letter of interest to Center for Disease Control (CDC) officials, suggesting development of a computer based patient data system for statistics, research, and epidemiology at the local clinic level.

CDC's response was to send several officials from their Clinical Research Section to Chicago to discuss the proposal and to suggest alternate funding sources (such as the Health Systems Agency (HSA) and foundations interested in funding health care projects). The CDC is unwilling to fund patient management data systems pending their own study of the role of computers in the overall management of venereal disease programs, which has just begun and will take about one year to complete.

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IMPORTANT ANNOUNCEMENTS: * Effective immediately, the new mailing address & telephone number of the Coalition is: Mark Behar, Chairperson, NCGSTDS, 1637 N. 21 Road #9, Arlington, VA 22209, (703) 525-0812. *The next issue of the Newsletter (volume 1 #5) will be published late in May. All contributions must be received no later than May 23, 1980. This will be the last issue before the June meeting in San Francisco!! * * * * *

NGGSTDS June Meeting in San Francisco

The official agenda for the NCGSTDS's annual meeting, June 21, Saturday, is now being constructed. The Coalition's goals & objectives for the coming year will be formulated, as well as reviewing the past year's activities and accomplishments, and election of Chairperson (details on p. 1). As only STD Service (ie, not individual) members may vote in elections or for policy making decisions at the meeting, applications for membership must be received by June 1 in order to be eligible to vote. Agenda items must be received no later than May 23.

Programming Ideas:

The Tucson Gay Community Services Center recently held a "Cut-A-Thon" Haircut Benefit for their VD Clinic. The Newsletter will try to report the outcome of the Benefit in the next issue.

The Men's Center of Planned Parenthood of Metropolitan Washington, DC recently celebrated their Second Annual Rubber Disco as the culminating program of National Condom Week, February 14-21. DC Mayor Marion Barry officially proclaimed the week to "...help make Washington safe for loving." According to Gary Simpson of the Men's Center, about 160 people of all ages were given educational pamphlets entitled, "How Much Do You Know About Condoms," and were encouraged to blow up the rubbers as a kind of desensitization therapy. A condom blowing up contest awarded \$25 to the first person blowing up the rubber til it popped, clearly demonstrating the claim that "one size fits all." Free condoms were available to take home. The condoms were donated by Ortho Pharmaceuticals (Conceptual Shields), Professional Service Division, Raritan, NJ 08869; Young's Products (Trojan's), address unavailable; People's Drugs, a local pharmacy chain, and Planned Parenthood of Metropolitan Washington.

EMPLOYMENT

Job Wanted: Physician Assistant with many years experience in Gay Health Services. Contact Ron Vachon, PA, Fenway Community Health Center, 16 Haviland St., Boston, MA 02115, or call (617) 426-3268.

Position Available: The Howard Brown Memorial Clinic of Chicago reports having received approximately 25 applications for the newly created position of Clinic Executive Director, however applications will continue to be accepted through March, 1980. Final selection will be made by the end of April, after an interview process.

Applicants should possess dynamic leadership skills, managerial experience preferably in health services, gay community services direction, and grant project development, and will have ultimate responsibility for guiding the Clinic's expansion programs, project development, and ongoing operations. Salary is negotiable, depending upon education and prior experience, and includes liberal fringe benefits including life, health, and disability insurance.

Send resumes to: Search Committee, HBMC, 2676 N. Halsted, Chicago, IL 60614 by March 31, 1980. For more information, call the Clinic at (312) 871-5777, Monday evenings, between 6:30-10:30 pm.

1980 APHA Meeting in Detroit; STD Papers Saught

The 1980 meeting of the American Public Health Association will be held in Detroit on October 19-23, and Christine Pattee, Program Chair of the Caucus of Gay Public Health Workers has asked whether Coalition members would be interested in putting together a session on STDs for that meeting.

Sessions are usually 1½ hours in length and consist of three or four papers on a specified topic, usually followed by a question or discussion period. Anyone interested in representing the Coalition at the Convention should contact Mark Behar, Chairperson, NCGSTDS, 1637 N. 21 Road, #9, Arlington, VA 22209, (703) 525-0812 as soon as possible. * * * * *

VD National Hotline

At the suggestion of Al Obermaier, Director of Tucson's Gay VD Clinic, the NCGSTDS has requested the VD National Hotline (formerly Operation Venus) to list all of the gay STD services in their resource manuals for referral of hotline callers.

The Hotline is sponsored by the American Social Health Association and is financed in part by The United Way and the Center for Disease Control. They are located at 260 Sheridan Av., Palo Alto, CA 94306 (415) 327-6465, and the toll free VD Hotline number is (800) 227-8922 (in California, (800) 982-5883). Why not give them a call to see if your clinic is listed already?

The Coalition is preparing an annotated listing of all NCGSTDS member services for distribution to the VD National Hotline, the National Gay Task Force, the National Gay Health Directory, and other interested concerns. Since the information will be compiled from the membership application forms submitted when your service joined, it is crucial for this information to be turned in if not already done so, and to be updated as needed.

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Coalition Receives Anonymous Gift

The NCGSTDS recently acquired three books on Granting Agencies from an anonymous donor. The Foundation Directory (5th edition, 1975), The Foundation Grants Index (1977), and Annual Register of Grant Support (9th edition, 1975-76). Although these volumes are not current editions, they can be helpful on shedding light on the complicated process of applying for private or government grants and by identifying the many companies, foundations, and programs that grant funds to nonprofit agencies. In order to learn more about the intricacies of grant proposal writing, contact your community's university or college to find out about classes on "Successful Proposal Writing." Moreover, many university libraries have foundation & grant special collections that are available to the public.

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Special Offer for Coalition Members! . . .

Bill Cohen, Editor of the Haworth Press is kindly offering a \$5 reduction in the subscription price of The Journal of Homosexuality for all NCGSTDS members (coupon enclosed in this mailing for Coalition Members only). The Journal is devoted to a wide range of empirical and archival research pertaining to human sexuality, sexual preference, and social sex roles, according to a flier enclosed with this Newsletter. The spring issue of J. of H. will be devoted to the June, 1979 Chicago Conference on Current Aspects of STDs.

. . . and Advance Publication Notice

The Haworth Press has recently announced the publication of Homosexuality and Sexually Transmitted Diseases, by Coalition Member David G. Ostrow, MD, PhD, and Terry Alan Sandholzer (Editors), to be available in the Fall, 1980. David is currently Director of Research at Howard Brown Memorial Clinic in Chicago. Both he and Terry worked extensively (perhaps an understatement) with the Current Aspects of STDs--I Symposium last June in Chicago, representing HBMC, in conjunction with the University of Chicago.

The book brings together leading experts who provide the latest information on the recognition and treatment of over 20 STDs often infecting gay and bisexual clients. Written specifically for the primary care provider, this volume provides comprehensive chapters dealing with the sexual practices that are important for the clinical picture. There is a special emphasis on taking the appropriate sexual practices history from the client, and utilizing this information in establishing an appropriate diagnostic and treatment protocol. The Coalition has also been asked to contribute a chapter on the gay VD programs. The prepublication price is \$24.95 and may be ordered directly from The Haworth Press, 149 Fifth Avenue, NY, NY 10010, using the form on the enclosed flier. * * * * *

Hepatitis B Virus & the Vaccine: Gay Clinics and the CDC

The following articles emphasize the role of the NCGSTDS in generating communication between gay VD services and the Center for Disease Control (CDC). The first article and the responses have been edited to conserve space, however no attempt has been made to alter the viewpoints. The views expressed herein do not necessarily represent those of the Coalition, it's Newsletter, or any of it's members. Thanks to the writers for their contributions in generating thought provoking dialog.

***** The recent spate of interest by the CDC, drug companies, and others in the "STD laden" gay community is something that we, as gay health workers should view with a little concern. In particular, the CDC's new hepatitis program keeps conjuring up a Tuskegee deja vu.

Has the CDC once again found a strain of guinea pigs who "know their place"? To many, my fears may seem paranoid and ludicrous. However, can anyone say for sure that these thoughts have never crossed the minds of the CDC's bureaucrats? I believe that in our eagerness to procure grants from these "interested" institutions, we may well be compromising our major objective--the health and well being of our clients.

My objections to the hepatitis program are as follows: The lack of provision for long term care and followup studies (ie, at 5 and 10 year intervals); the lack of funding for trackdown of volunteer subjects who leave the program before it's completion; the lack of guarantee of security for the volunteers and health providers (re: The Federal Freedom of Information Act); the lack of legal recourses available to the volunteers, ie, methods of obtaining compensation for malpractice, injury, etc., without revealing the sexual orientation of the volunteer. Has anyone calculated the risk factors for the hepatitis vaccine? Their are currently over 4000 claims filed for ill effects (and death in some cases) of the Swine Flu Vaccine program. Imagine a group of homosexuals trying to get a fair malpractice hearing against the government! Furthermore, gay VD clinics are in a very tenuous position with both the straight and gay communities. A fiasco involving gay VD programs with drug or vaccine programs could be disasterous.

I fear that by unquestioningly jumping at the chance to receive funding we are giving tacid approval to the CDC's contention that the "promiscuous" gay community is a veritable cesspool of disease, ripe for epidemiological studies. I'm suspicious of a government agency that has blatantly ignored the health needs of the gay community since its inception, and then makes a 180 degree turn in policy. The benign, often criminal neglect of gay health problems by the government and the medical profession can no longer be allowed. Let's check out our gift horses for gingivitis!

*****Response from Paul J. Wiesner, MD, Director of the VD Control Division, Center for Disease Control.

"CDC has been one of the prime movers in the collaborative multicenter evaluation of the Merck Hepatitis B Vaccine (HBV). We are directly supporting this evaluation among gay men attending several VD clinics because hepatitis is a major health problem for this population. We expect the vaccine to be very effective and, to my knowledge, there are no reasonable questions about its safety. The vaccine is being evaluated in other populations also.

"CDC's active involvement with this vaccine study reflects only our long term interest in solving health problems and nothing else. I am certain about this because I have been personally involved in the decision to pursue this evaluation. My main regret with regard to the study is the delay in getting it started. A fact that I don't regret, however, is that some of the delay is a result of very careful and strict clearance procedures for studies directly involving people.

"CDC personnel and personnel from several clinics in your Coalition collaborated in the development of the protocol for the study....

"Committees which review human participation in research studies reviewed this study both here at CDC and at each of the participating clinics. No committees recommended or required a 5 or 10 year followup and the research team itself does not believe that extending it is necessary. Every reasonable effort will be made to ensure followup of all study participants at the same time respecting their right to withdraw from the study at any time. Followup among participants in the pretrial has been excellent. No personal identifiers are recorded in the data base and therefore cannot be made available through the Freedom of Information Act. Should a participant desire to take legal recourse for one reason or the

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Hepatitis: Response from Paul Wiesner, MD, continued

the other, his sexual orientation need not, to my knowledge, be revealed.

"...Certainly, the issues raised here are best faced in an open and frank way. If there are reasonable suggestions for change we will accept them because only the study and the gay communities could benefit. Thank you for the chance to comment. I am enclosing some copies of the complete protocol, consent forms, and data forms of this study for your perusal."

Copies of the 30 page protocol, consent & data forms are available from the Coalition for \$2.50 (photocopying & postage).

*****Response from David G. Ostrow, MD, PhD, Research Director of Howard Brown Memorial Clinic, one of the gay clinics involved in the HBV trial.

"The letter regarding the vaccine trial is very interesting & worth talking about.... The writer...has two levels of concern. One for the CDC's attitude towards the gay community & our health needs; the other with regards to the advisability of being a subject in any vaccine or new drug trial.

"Both are valid areas of concern. Of course the CDC has not made a 180 degree turn in it's policies--what interest they now have in gay people's health has evolved over the past 10 years, and is largely the result of the community's activities to enlist interest and support in our problems.... Yet, on the whole, I believe that the CDC's interest in & support for efforts in the gay community is stronger and more solid than is local or state health department's. It is important to remember that Los Angeles's Gay Community Service Center's VD Clinic was started with CDC funds, and the CDC (namely Dr. Wiesner) pushed for direct funding of the Howard Brown project in large part because of their frustrations over the difficulties dealing through the Department of Health in Chicago.

"Still, on an administrative level, there are plenty of persons in and out of the CDC who could care less about our community or the clinics, and deal with us only because of the need to do their work "where the action is." Yet isn't that what we are asking for when we ask them to help us in combatting illnesses such as Hepatitis, parasites, etc., in the gay community? What is important is that we work as hard as possible to maintain our independence and the right to say "no" if we don't like a particular policy or technique. Throughout the development of the HBV project, I have worked very hard to have input into the design of the project. This has been a very frustrating and often futile experience for me. It was recently made all the more frustrating by discovery that the government had made a last minute change in the HBV project protocol, which removed coverage of participants for HBV medical treatment and replaced it with diagnostic coverage only. We are still arguing with the CDC officials over this, who in turn say it was HEW's lawyers and not the CDC which made the switch. In fairness to the CDC, I have since been in contact with the persons there and at Merck and see them trying very hard to make the coverage for persons as broad as possible without breaking the HEW's legal restraints.

"Thus, we are trying to deal with a system which operates on different levels, often times with contradicting rules, regulations, and efforts. But this is the case in doing business with the government in any area, and certainly isn't limited to gays....

"As to the other question, I think the person...is overreacting.... Any new drug or vaccine trial involves risks, and either you take legitimate risks or you forget about developing new drugs or vaccines. Comparing the HBV to swine flu is absurd--swine flu vaccine was a political decision foisted on the US public by the Administration, against the advice of medical experts. In this case, the CDC hasn't come to us with the vaccine and said, "take this." We've gone to them and said, "Let's work together to do something about this awful plague," and have encouraged them to speed up progress towards developing an effective prophylaxis. Either one wished to protect oneself against Hepatitis or one wants to take the risks of infection--it's an individual decision and doesn't invoke issues of genocide, oppression, etc. And we have the experience of the New York trial to know what those risks are and to make an educated decision based on those facts. Education and truthfulness are the key to this process working....

"What should be NCGSTDS's role in all this? By all means, encourage debate.... A major goal of the NCGSTDS should be to get the various clinics together (perhaps a round table discussion at the San Francisco meeting) to develop a joint policy for dealing with government agencies, CDC or otherwise, in regards to government funded research projects

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Hepatitis: Response from David Ostrow, MD, PhD, continued

as well as treatment priorities, etc. A common technique has been to take advantage of the individual, small, and often times unsophisticated local group. They say to us, "Why are you insisting on this or asking for that when such and such a gay VD clinic isn't?" If we had a common policy, and negotiated as a unit, they couldn't do this as effectively.... It's interesting to note that the Washington, DC Whitman-Walker Clinic dropped out of negotiations with the CDC in regards to being clinic #6. Was this because of the red tape, problems negotiating money or protocol details, or what? Such a Coalition policy as I've suggested might make it easier for individual clinics like Whitman-Walker to get what they want and to meet the requirements of the bureaucracy.

"This is an important area for further discussion, and I hope the NCGSTDS will encourage such discussion...."

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NIH Developing Research Priority List in Venereology

The National Institute of Health (NIH) was recently requested by Congress to recommend a research and funding priority list in venereology, primarily to develop more sensitive and less cumbersome diagnostic tests and more efficacious treatment schedules, according to Dan William, MD, from the New York Gay Men's Health Project, who participated in developing some of the recommendations. "The problem with many of the current treatment schedules are that many of them are based on research done 20 years ago in foreign countries," he stated. "There is a tremendous need for individual clinicians to develop thoughtful protocols for evaluating treatment regimes in the treatment of such sexually transmitted illnesses as amoebiasis," he concluded.

(Transcribed from tapes.)

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UPDATE: Current Aspects of STDs--II Symposium

The second Current Aspects of STDs Symposium will be held June 19-20, 1980 at San Francisco State University in conjunction with the Third Annual Lesbian/Gay Health Conference, June 19-22. Paul J. Wiesner, MD, Director of the Venereal Disease Division of the National Center for Disease Control, will be the keynote speaker.

Dr. Wiesner also serves as Associate Editor of the Journal of the American Venereal Disease Association, and has been with the CDC since 1972. He has published over 30 articles on the venereal diseases.

Registration materials (including the program, housing, and transportation information, etc.) will be mailed from San Francisco during the first week in April. All nonmembers of the Coalition who would like to receive registration materials, please write to Robert K. Bolan, MD, 29 Lupine Av., Apt. D, San Francisco, CA 94118. Watch your mailbox for further information.

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Conference Calls Planned

The Coalition is arranging a telephone conference call within the next few months among members who are researchers or clinicians to discuss research plans and/or programming. The conference would be taped, transcribed, and reported in the Newsletter. Details, later.

COMMENTARY: The Advocate Speaks Out for Responsible Sexual Behavior

The Advocate, a national gay newspaper published in San Mateo, California, reintroduced the issue of responsible sexual behavior for gay people in David Goodstein's Opening Space column in the March 6, 1980 issue (#287). Also in that issue, San Francisco

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COMMENTARY: The Advocate, continued

physician John Gilmour was interviewed by assistant editor Lenny Giteck, for a feature article on STDs.

Although it is not known what prompted the Advocate's interest in sexual health, the NCGSTDS's January 1980 newsrelease announcing the June STD Symposium and a workshop on establishing guidelines for informed, responsible, sexual decisions to reduce the spread of STDs may have been a factor. According to David Ostrow of the Howard Brown Memorial Clinic, Mr. Goodstein has been asked to participate in that workshop, addressing the role of business and the gay media. Although Coalition members are urged to acquire the March 6 Advocate for review, this Newsletter will attempt to paraphrase the salient features of the articles. Dan William, MD, of New York's Gay Men's Health Project, then offers a commentary on the interview with Dr. Gilmour.

*****In his editorial, Mr. Goodstein talks about the three questions of sexual responsibility: what, where, and when?

"What is responsible sexual behavior? Any and all forms of human sexual expression that are not harmful to health can be appropriate, so long as the people involved freely consent to them." Consent involves considering whether the persons are too young, immature, intoxicated (by whatever means), or inexperienced to realize the risks involved.

"Where is sex responsible? Any place where people who do not care to be involved remain uninvolved." This may include sex in public places such as baths, bars, bushes, beaches, public washrooms, etc. as long as unsuspecting bystanders are unable to stumble upon the activities, without the conscious decision to do so.

"When is sex responsible? . . . Consideration for others is an important part of responsibility, so I'd make a date for later, rather than go off in the middle of an event when the feelings of a third person are involved."

Mr. Goodstein goes into considerable detail elaborating on these and related sexual responsibility issues. He concludes by stating that many people feel dominated by sex and feel that their survival depends upon it, rather than ". . . experiencing sex as a natural expression of our humanity." Rather than experiencing dejection, depression, and dissatisfaction, we could be having warm, positive, fulfilling, and truly loving relationships.

Thank you, David Goodstein and the Advocate, for speaking out about these important feelings. Hopefully, with your leadership and the help of gay business and media across the land, the NCGSTDS and its members, and gay organizations everywhere can help to talk up the role of sexual responsibility in promoting satisfying and disease-free sexuality and its contribution to love.

*****In the feature article entitled, "Responsible Sex Practices," Advocate Assistant Editor Lenny Giteck interviewed San Francisco physician Dr. John Gilmour, who spoke about several sexual practices (eg, rimming, fistfucking, etc.) and suggested ways to reduce the risks of contracting and spreading the STDs. It is these suggestions which may raise some eyebrows in the gay medical community.

Although he states such things as "soap in the urethral meatus," "urination after sex," use of "water soluble lubricants preferably with antibiotic creams," and "douching and washing before rimming," as potentially useful methods for reducing the risk of acquiring STDs, according to Dan William, MD (see commentary following), and Robert Bolan, MD, former Medical Director of the Gay Peoples Union Venereal Disease Clinic in Milwaukee, and currently Symposium Director of the Current Aspects of STDs--II in San Francisco, their has never been research to delineate exactly what factors can reduce the chance of acquiring and spreading the venereal diseases, and clinical or anecdotal observations just aren't uniformly correct.

Ross Peacock of the American Foundation for the Prevention of Venereal Disease, Inc., disagrees however, and claims that improved personal hygiene (as in washing immediately before and after sex) can and does contribute to a reduced incidence of acquiring & spreading VD. The May issue of the Newsletter will elaborate on this controversy.

That's precisely why a workshop on "Guidelines for Informed, Responsible Sexual Decisions to Reduce the Spread of STDs" is planned for the June STD conference. Their is a great need to bring together the country's gay VD clinicians (whether MDs, PhDs, RNs, NPs, PAs, etc.) to discuss exactly what will reduce the morbidity without spreading

COMMENTARY: The Advocate, continued

misconceptions or mythologies. The workshop may very well prove the impetus to begin research on some of the very things Dr. Gilmour talks of.

*****Commentary by Dan William, MD, also sent to the Advocate's Letter to the Editor:

"Your March 6th article on responsible sexual behavior touched on the only true hope for turning the tide on the epidemic of gay sexually transmitted diseases. No amount of antibiotics, VD testing, or clinical services can control these diseases unless disease transmission is interrupted. I fully concur with Dr. Gilmour's recommendations for a thorough cleansing before all sexual encounters. It seems quite probable that many cases of amebiasis, giardiasis or shigellosis could be prevented by the adequate "decontamination" of one's genitalia following anal intercourse with an infected sex partner.

"Unless one has a truly monogamous relationship with a disease free companion, rimming certainly is potentially hazardous to one's health. Any intestinal infection, including such devastating diseases as typhoid fever, cholera, or polio can be rapidly spread by rimming.

"Although Dr. Gilmour's recommendations concerning the use of antibiotic creams potentially may be useful, I would hope that objective evidence of their effectiveness were available before recommending their use. My same skepticism exists for the value of douching in decreasing the risks of rimming.

"I would also like to add the following additional suggestions to diminish the transmission of gay STDs. Every sexually active person should be keenly aware of the health of their bodies. At the very first sign of any abnormal symptom, he should abstain from sex. I found infected, he should be sure he is fully treated and cured before returning to the sexual arena. It's also a good idea to visually check out your partner. Take a rain check if you find any sores, growths, rashes, or discharges. When possible, try to exchange some identifying information with all sex partners. If symptoms should develop later, it's your responsibility to notify your sex partner.

"Since the notification of at-risk contacts is impossible with anonymous sex, men engaging in these activities have a special responsibility to be more frequently checked for VD. It's also prudent to widely space in time one's anonymous encounters to allow time for symptoms to appear.

"Finally, it is simply impossible to have intimate contact with many sexual partners and all of their bodily orifices over a brief period of time and not risk the rapid transmission of one or more of the growing list of sexually transmitted diseases. This is not a moral judgement, just one of those unfortunate facts of life we all have to face for what it is: the truth."

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Coalition's Members

The following is a list (alphabetized by state) of all National Coalition of Gay STD Services (not individuals), and official representatives, as of 03/15/80.

- 1) Gay Community Services VD Clinic of Tucson (Al Obermaier), 345 E. Toole, Tucson, AZ 85701;
- 2) Berkeley Gay Men's Health Collective (Lupine Loughborough), 2339 Durant Av., Berkeley, CA 94704;
- 3) Men's Clinic--Gay Community Services Center (Thomas Nylund), 1213 N. Highland Av., Los Angeles, CA 90038;
- 4) Howard Brown Memorial Clinic (David Ostrow), 2676 N. Halsted St., Chicago, IL 60614;
- 5) Gay Community Center VD Clinic of Baltimore (Bernard Branson), 2133 Maryland Av., Baltimore, MD 21218;
- 6) Fenway Community Health Center (Ron Vachon), 16 Haviland St., Boston, MA 02115;
- 7) Gay Men's Health Project (Dan William), 74 Grove St., Room 2RW, New York, NY 10014;
- 8) St. Marks Clinic (Gary Carr), 44 St. Marks Place, New York, NY 10003;
- 9) Pittsburgh Free Clinic (Ron Valdiserri), South Highland & Alder, Pittsburgh, PA 15206;
- 10) Seattle Clinic for Venereal Health (Dennis Fargen), 105 14th Av., Suite B, Seattle, WA 98122;
- 11) Gay Peoples Union STD Clinic (Susan Dietz), 1568 N. Farwell Av., Milwaukee, WI 53202.
