

# NATIONAL COALITION OF GAY STD SERVICES

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. 21st Road, #9, Arlington, VA 22209, or by phoning (703) 525-0812. Please credit the Coalition when reprinting items from the Newsletter.

Volume 1 #5

June, 1980

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## NCGSTDS's Annual Meeting, Saturday, June 21

The NCGSTDS will celebrate it's first anniversary in San Francisco, Saturday, June 21, after the 2 day STD Symposium. Exact time and place will be announced at the Symposium. The Coalition now has twelve organizational members (every gay VD service in the country that we know about, except for Whitman-Walker in DC) and sixteen individual members from the states of California, New York, Louisiana, Wisconsin, Pennsylvania, Illinois, Alaska, and Maine.

The following agenda items will be discussed. Additional items may be submitted up to the day of the meeting (but may not be printed). 1) Membership & Financial Report, including a revised dues schedule proposal; 2) Review of year's activities, with recommendations; 3) Goals for 1980-81; 4) Chairperson nominations & elections; 5) Review of STD Symposium & recommendations for next year; 6) Implementation of recommendations from the Symposium's Workshop on Behavioral Issues & Control of Infectious STDs in Gay People; 7) Relationships with the CDC; 8) Conference phone calls for Newsletter; 9) NCGSTDS's affiliations with the National Gay Health Coalition; 10) Dates of semiannual meeting (proposed: at the October American Public Health Association Annual Meeting) and the second annual meeting in 1981; 11) Publication of Proceedings of the STD Symposium; 12) Etc.

Important Note! All representatives of Gay STD Services attending the Symposium and/or the NCGSTDS Annual Meeting, are urged to bring samples of their patient education literature, diagnosis & treatment protocols, P.R. fliers & posters, etc. for review and display! Thanks!

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## Behavioral Guidelines Workshop

One of the highlights of this year's Current Aspects of Sexually Transmitted Diseases--II Symposium (details elsewhere in this Newsletter), is a Friday afternoon workshop on "Behavioral Issues and Control of Infectious STD's in Gay People." A panel will be defining the problem from the perspectives of the clinician, public health-federal control official, and the consumer. Behavioral factors (epidemiology, etc.) will then be discussed, and finally, a formulation of guidelines on sexual behavior and their implementation. The following reading materials are recommended in preparation for the Workshop. Although some of these materials are enclosed, they (or the nonenclosed materials) do not imply indorsement of ideas, procedures, techniques, etc. by the Coalition. Please come to the Workshop well informed and with open but critical minds! This is a sensitive and potentially very controversial area!

Not Enclosed: \*Darrow, W. & Wiesner, P. Personal prophylaxis for venereal diseases. JAMA, 233(5), August 4, 1975, 444-46. \*Wynder, E. (Guest editorialist.) Disease prevention: Asking the right questions. Science, 202(4365), October 20, 1978, 265. \*Judson, F. How to control gonorrhea: The view of a local public health officer. Sexually Transmitted Diseases, 6(3), July-September, 1979, 231-34. \*Judson, F. & Maltz, A. A rational basis for the epidemiologic treatment of gonorrhea in a clinic for sexually transmitted diseases. Sexually Transmitted Diseases, 5(3), July-Sept., 1978, 89-92. \*Judson, F. Editorial: Sexually transmitted disease in gay men. Sexually Transmitted Diseases, 4(2), April-June, 1977, 76-78.

continued

Behavioral Guidelines Workshop, continued

Enclosed: \*Goodstein, D. Opening Space (Editorial on responsible sexual behavior). The Advocate, issue 287, March 6, 1980. Reprinted with permission. \*Giteck, L. Getting it on responsibly as well as responsively. (Article & interview with Dr. John Gilmour.) The Advocate, issue 287, March 6, 1980. Reprinted with permission. \*American Foundation for the Prevention of Venereal Disease, Inc. The New Venereal Disease Prevention for Everyone. Eighth Revised Edition, 1980. (Thanks to the publisher & Ross Peacock for donating the booklets.)

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Employment

Primary Care Internist or Family Practitioner Wanted; FT or PT; August 1; Busy community health center serving the gay & lesbian communities; excellent salary and fringe benefits; Send C.V. to Michael Lambert, MD, Fenway Community Health Center, 16 Haviland St., Boston, MA 02115.

Education

2nd year George Washington University Physician's Assistant Student seeking MD preceptor for 6 week rotation elective and/or an 8 week preceptorship for spring-summer, 1981. Opportunity for employment possible after graduation in August, 1981. Address inquiries to Mark Behar, 1637 N. 21st Rd. #9, Arlington, VA 22209.

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Newsletters, Information & Ideas

VD National Hotline: The Hotliner. The American Social Health Association's VD National Hotline Newsletter, Hotliner was recently premiered as a quarterly publication about VD and VD telephone counseling. Please write them for mailing information: The Hotliner, ASHA, 260 Sheridan Av., Palo Alto, CA 94306. Phone: National 800-227-8922; California 800-982-5883; and Business Office 415-327-6465.

Bay Area Physicians for Human Rights: BAPHRON. BAPHRON is a monthly publication of medicine and social issues concerning the health needs of gay men and lesbians. The May, 1980 issue reports on the Los Angeles study of rectal gonorrhea in gay men (Lebedeff, D. & Hochman, E. Rectal gonorrhea in gay men: Diagnosis and treatment. Annals of Internal Medicine, 92:463, 1980) that recommends the 4.8 aqueous procaine penicillin G (IM) + 1 gram probenecid (PO) regimen over ampicillin or tetracycline. Another study from San Francisco (Sands, M. Treatment of anorectal gonorrhea infections in men. JAMA, 243:1143, 1980) recommends the above 4.8 APPG + 1 or 2 grams spectinomycin (IM) as the preferred therapies, with the least number of treatment failures for rectal GC. It should be noted that the Bay Area Physicians for Human Rights (BAPHR) was recently granted a 2 year accreditation by the California Medical Association to offer Category 1 approved Continuing Medical Education (CME) courses and is cosponsoring the Current Aspects of STDs--II Symposium with the NCGSTDS. Congratulations

Center for Disease Control: VD Interchange. In addition to the several other CDC publications of interest to VD personnel (Morbidity & Mortality Weekly Report, STD Abstracts and Bibliography, for example), VD Interchange is an exchange of educational ideas & materials on venereal disease. The April, 1980 issue reports on a regularly changing taped telephone message on VD (415-495-OGOD) in San Francisco; screening for STD's in Puerto Rican Prisoners (a great community service outreach program for your clinics, with special emphasis on gay inmates--Ed.); and programs in Chicago, Birmingham, Los Angeles, Jacksonville, and other places. One project, in Birmingham, AL, attempted to improve County Health Dept. relations with the gay community by setting up a more personalized, "by appointment" system for VD testing, counseling & interviewing to reduce the syphilis morbidity in the area. For more info about the project, write: Gary Meadows, Jefferson County Health Dept., POB 2646, Birmingham, AL 35202. Write to VD Interchange, CDC, Attn: Technical Information Services Bureau of State Services, Atlanta, GA 30333 to request placement on their mailing list.

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STD's Etiological Agents Now Number Twenty

According to King Holmes, MD, of Seattle's Public Health Service Hospital, twenty disease carrying agents are now known to be transmitted by sexual contact. Can you think of others, or do you disagree with the following list?

<u>Agent</u>		<u>Disease</u>
Nine Bacteria	Neisseria gonorrhoea	Gonorrhoea
	Haemophilus ducreyi	Chancroid
	Calymmatobacterium (donovania) granulomatis	Granuloma inguinale
	Corynebacterium vaginale (Haemophilus vaginalis)	C. vaginale vaginitis (Haemophilus)
	Ureaplasma urealyticum (T. mycoplasma)	NGU, NGP, NGC
	Treponema pallidum	Syphilis
	Chlamydia trachomatis	Lymphogranuloma venereum, NGU, NGP, NGC
	Shigella species	Shigellosis
	Salmonella species	Salmonellosis
Five Viruses	Herpesvirus hominis type II	Herpes genitalis
	Poxvirus group	Molluscum contagiosum
	Papovavirus group	Condylomata acuminata
	Hepatitis B virus	Hepatitis
	Cytomegalovirus (CMV)	Cytomegalic inclusion disease
Three Protozoa	Trichomonas vaginalis	Trichomoniasis
	Entamoeba histolytica	Amebiasis
	Giardia lamblia	Giardiasis
Two Paracites	Phthirus pubis	Pubic pediculosis
	Sarcoptes scabies	Scabies
One Fungus	Candida Albicans	Candidiasis

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Professional Pamphlets Available

Does satisfying sexuality continue after an ostomy? We all probably shutter when thinking about counseling an ostomy patient about sex, or worse, having to deal with an ostomy in ourselves or loved ones. The United Ostomy Association has several booklets for the patient, family, and professional. Specifically recommended, are, "Sex and the Male Ostomate," "Sex, Courtship and the Single Ostomate," and "Sex, Pregnancy, and the Female Ostomate." Write them for ordering information: The United Ostomy Association, Inc., 1111 Wilshire Blvd., Los Angeles, CA 90017 (213/481-2811).

The American Cancer Society publishes a professional education booklet on "Testicular Cancer--staging & classification, diagnosis, and treatment choices and controversies." For more information, contact The American Cancer Society--National Office, 777 Third Av., New York, NY 10017.

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Journal of Homosexuality

The Spring-Summer issue of the Journal of Homosexuality will be devoted to last year's Current Aspects of STDs--I Symposium in Chicago. Don't miss it!

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UPDATE: Current Aspects of STDs--II Symposium & The Third National Lesbian & Gay Health Conf.

The Second Current Aspects of STDs Symposium will be held June 19-20, 1980 at San Francisco State University Student Union Building and is cosponsored by the NCGSTDS and Bay Area Physicians for Human Responsibility (BAPHR) in conjunction with the Third National Lesbian & Gay Health Conference, June 19-22. Continuing medical education (CME) credits are available for MDs, and CME for PAs and RNs is still pending approval.

The exciting two day program includes talks and discussions by many reknown STD researchers & clinicians, public health & epidemiology officials, representatives from gay and nongay VD programs from around the country, and prominent members of the gay business community. (See program enclosed with this newsletter.)

Dr. Paul Wiesner, MD, Director of the VD Control Division, Bureau of State Services, Center for Disease Control, will be the keynote speaker, and David Goodstein, publisher of the Advocate, America's largest circulation gay newspaper, will be the luncheon speaker on Thursday. Thursday's luncheon incidentally, will be a served, sit down affair at the San Francisco State University Student Union Building. Bill Jones, owner of the Sutro Baths in San Francisco, will address the role of gay business as one of the guest panelists during Friday afternoon's workshop on behavioral issues (see related article elsewhere). Both Goodstein and Jones have been active members of the gay business community for many years.

Proceedings of the Symposium may be published, depending upon the quality of the papers, the availability of sponsorship funds from pharmaceutical companies or others, and whether NCGSTDS members sanction it's publication, according to Symposium Director, Dr. Robert Bolan. This issue will be discussed at the Coalition's meeting (see elsewhere in newsletter). Efforts will be made to tape record the entire Symposium. Details about the success of this endeavor will be announced in the next newsletter.

Since a large number of registrations have already been received, early preregistration is strongly encouraged because attendance will be limited to 350.

The Third National Lesbian & Gay Health Conference also promises much excitement. It should be noted that STD Symposium participants are encouraged to attend and are registered for the general Conference. The Conference begins with a general session Thursday evening featuring Morris Kight, PhD, who will be speaking on the history of the gay/lesbian health movement; Josette Mondanaro, MD, who will be speaking about the challenges for lesbian and gay health care in the '80's; and Pat Norman, who will be speaking about lesbian/gay health care administrators working within the government.

Over 100 workshops on Friday and Saturday (regretably and unavoidably in conflict with Friday's STD Symposium) will address issues such as mental health (counseling, family, etc.), political, advocacy, and support topics, legal issues, physical health, and holistic and nontraditional health care topics. A social get-together Saturday evening will feature special entertainment. Finally, individual caucuses will meet on Sunday (the NCGSTDS will meet late Saturday afternoon, however; see elsewhere for details) with summary workshops facilitated by previous workshop presentors. Wrapup sessions will formulate political action statements, indications of research needed, and the state of the art in gay/lesbian health care.

Between 500-1000 people are expected to attend the General Conference. New editions of the National Gay Health Coalition's Gay Health Directory, will be available during the Symposium and Conference.

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STD Symposium Hospitality Suite Available

A Hospitality Suite will be available at the Holiday Inn on Market Street for STD Symposium participants and friends for Thursday & Friday of the Conference.

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Clinic News

Tucson: Al Obermaier reports the unfortunate closing of VD services by the Tucson Gay Community Services. Details in the next newsletter.

Chicago: Tom McKeon, Jr., newly appointed volunteer coordinator of Howard Brown Memorial Clinic, is seeking information on volunteer development & services from other gay STD services. Areas of particular interest include: volunteer recruitment & scheduling; orientation and continued

Clinic News, continued

and training program development; volunteer--paid staff relations; benefit packages for volunteers, utilization of specific and/or unusual volunteer skills; social activities/programs for volunteers; and award programs to recognize volunteer service. Please write Tom McKeon, Jr., c/o HBMG, 2676 N. Halsted St., Chicago, IL 60614 with your ideas!

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NCGSTDS Address Corrections & Additions

Please make the following corrections and additions to your organizational mailing list, sent with the March Newsletter (volume 1:4).

- \* Al Obermaier, Gay Community Services of Tucson (VD testing services no longer in operation), POB 2807, Tucson, AZ 85702 (Delete Toole St. address & zipcode).
- \* Ron Valdiserri, MD, Pittsburgh Free Clinic, 121 S. Highland Av., Highland Building, 2nd Floor Pittsburgh, PA 15206 (Delete Highland & Alder address).
- \* Renaissance/Blue Bus Gay VD Clinic, 913 Spring St., Madison, WI 53715 is now a Coalition member! Welcome!
- \* Ross Peacock, American Foundation for the Prevention of VD, Inc., 985 Madison Av., New York, NY 10021 (Address correction, substitute 985 for 485).
- \* BAPHRA/BAPHRON, Bay Area Physicians for Human Rights, POB 14546, San Francisco, CA 94114 (New addition).
- \* On the gay periodical list: Nuestro Cuerpo, c/o Frente Homosexual de Accion Revolucionaria, Apartado Postal 13, 320 Mexico, 13, D.F. (Address corrected).

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Coalition Chairperson Nominations & Elections at June Meeting

Elections will be held at the June 21 meeting of NCGSTDS for the position of Chairperson for the 1980-81 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.

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 modification 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 100-200 words) 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 21 business meeting in San Francisco. Absentee ballots from the official liasons of Services unable to attend must be received by June 12. Send to NCGSTDS, 1637 N. 21st Road, #9, Arlington, VA 22209, Attn: Ballot (Letters received with this designation will remain sealed until the election, so mail separately if business must be attended to).

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

Only one statement, that of the current chairperson, was submitted: "I have been serving as the Chairperson of the NCGSTDS since its formation in June, 1979. I am also enrolled in a full time Physician's Assistant (PA) program at George Washington University in Washington, DC (finishing first year of a two year program). Prior to appointment as Chairperson, I served as Director of the Milwaukee Gay Peoples Union VD Clinic from 1977-79. I have strongly

continued

Coalition Chairperson Nominations, Continued

believed in the Coalition's goals--communication of ideas, research, etc., between gay STD services; and liason between the CDC and the Coalition, and have published 5 newsletters to help facilitate the sharing of this information among the services. The amount of time and energy I am able to devote to the Coalition in 1980-81 depends upon the intensity of my second year of PA training, which will involve 8-6 week rotations, some of which will be out of the Washington DC area. This will undoubtedly effect my speed and efficiency in accomplishing my responsibilities. Things will get done, but perhaps not as promptly as you or I would like. I am anxious to continue working with the Coalition. With your help and understanding we can build a stonger NCGSTDS. My sincere thanks to those members and friends of the Coalition who helped me with my job this year. And a very special thanks to Bob Bolan, who gave so much of himself for this year's STD Symposium." --Mark Behar

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Oversight Corrected

In the last newsletter (March, 1980, volume 1:4), Al Obermaier's name was inadvertantly omitted as author of the article critical of the CDC's role in the gay Hepatitis program. Al served as director of Tucson's Gay Community Services VD Program. Sorry about the oversight!

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Dr. Paul Wiesner, MD, Director of the Venereal Disease Control Division, Bureau of State Services, Center for Disease Control is the featured keynote speaker, Thursday, June 19 at the Current Aspects of STDs--II Symposium, cosponsored by the National Coalition of Gay STD Services and the Bay Area Physicians for Human Responsibility. Details on page 4.

# Opening Space

What is responsible sexual behavior? Are questions of responsibility relevant in an age of increasing sexual freedom? These are issues our community is confronting more and more, and The ADVOCATE looks at them, starting on page 18.

I often begin an analysis of a problem by referring to the dictionary, since clearing up definitions can help to discover answers. "Freedom," according to the *American Heritage Dictionary*, is defined as "The condition of being free." "Free" means "At liberty; not bound or constrained." "License" means "Excessive or undisciplined freedom." "Responsible" means "1) Involving personal ability to act without superior authority; a responsible position. 2) Being the source or cause of something (with *for*). 3) Able to be trusted or depended upon; reliable. 4) Accountable; answerable (with *to*).

I believe that we gay people are responsible for our own experience. We create it, and it includes how we are perceived in the world—by each other as well as by the rest of humanity. I also believe that one of the most important philosophers of the 20th century is Mame Dennis Burnside, whose philosophy is summarized by her statement, "Life is a banquet, and most poor sons of bitches are starving to death."

But just as that is true, it is also true that one can overindulge at a banquet and live to regret it. So we cannot escape the issues of responsibility, for if we attempt to, freedom only deteriorates into license. There are three main questions pertaining to the issue of responsible sexual expression: *What behavior is responsible? Where is it responsible? When is it responsible?*

Even before we can get to these questions, however, each of us has an even more fundamental question we cannot escape: What is my life about? My experience with gay people assures me that most of us do not live primarily for the next sexual encounter. We make full lives for ourselves, even paying mortgages and raising children. A few of us have centered our lives around serving others.

Many of us hide our gayness, except in places where we know we are meeting other gays. We do not often expose our gayness in the world at large, where we often make our greatest contributions. This hiding leaves us largely responsible for the image we allow others to create of us—that we are male, young and blatantly sexual. That will continue to be our primary image as long as we only reveal our sexuality at parties, bars, baths, toilets, parks and in the streets, where we parade for each other's visual delectation.

There are gay men whose entire lives are about their next orgasm and/or their next drug high. There are times when all of us turn into lust machines. All people are sometimes dominated by their genitals. But even at those times, the three issues of responsibility remain.

The ADVOCATE has never been able to avoid those three questions, because our advertisers raise them in every issue. Out of our more than 12 years of experience with all of this, we've come up with some workable answers that support partaking in the banquet of life—sex included—without getting indigestion or a hangover. The following are guidelines that assist me; I offer them not as dogma or rules, but rather as points of reference from which to start your own analysis.

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. Our bodies warn us when what we do is not healthy. Consent, therefore, cannot be free when those involved are under the influence of mind-altering drugs or chemicals that limit their consciousness of pain. Nor can consent be freely given by people too young, naive or inexperienced to have a realistic estimate of the risks involved. Furthermore, if what I do sexually in any way invalidates me or makes me feel less alive, then I reconsider doing it again.

Where is sex responsible? Any place where people who do not care to be involved remain uninvolved. Thus, I believe sex in public places is not responsible. That includes anywhere an unsuspecting bystander *might* come upon the happening, such as parks, public toilets or beaches. Sex can be responsible in private bedrooms, the baths and the "back rooms" of bars; bystanders and participants must make a conscious decision to be in those places. Then too, we have to decide about the aesthetics of where we choose to perform sexually. I personally feel demeaned by putting my member through a hole in a wall, so I don't go to back rooms. I have friends who love the sleaziness and excitement of such places, and I respect that.

When is sex responsible? Often, this is the most difficult question to answer. Sex is clearly appropriate when the people involved have rendezvoused for that purpose. It might be responsible at some parties, but it is not responsible at others; that depends on the ground rules set by the host. I doubt that sex can be responsible on the job, unless one is a prostitute. In my opinion, 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 where the feelings of a third person are involved.

Sex is neither wrong nor right. As long as we insist on making it one or the other, we will be dominated by it and feel that our survival depends on it. When our survival is at stake, we do not experience love, health, happiness or full self-expression from the sex we have. What we *do* get is dissatisfaction, depression and invalidation. On the other hand, when we experience sex as a natural expression of our humanity, it enlivens us, our partners and the people around us. Choosing responsible sexual behavior sometimes seems like dancing on the edge of a razor blade. Just like the rest of life.

Enjoy The ADVOCATE!



## Healthy Habits or Hazardous Happenstance?

# Getting It On Responsibly as Well as Responsively

by Lenny Giteck

**WARNING: The Surgeon General Has Determined That Recreational Sex Is Dangerous to Your Health**

**T**HAT ADMONITION does not yet appear on douche bags, jars of lubricant or vials of liquid incense, but in light of the current epidemic of venereal disease among gay men, it may soon need to be added. From easily curable cases of "crabs"—you never feel as though you're really alone—to more serious bouts with hepatitis—at its worst, it can be fatal—gays are contracting with alarming frequency one or more of 43 known sexually transmitted diseases.

There are alternatives, to be sure. Masturbation, for example. Unfortunately, it tends to quickly grow stale. Monogamy.

Some would argue it also tends to grow stale, and besides, it implies one has somebody to be monogamous with. Finally, monasticism, which may save the soul, but does not necessarily cause limpness in the libido.

With that in mind, we recently visited John Gilmour, a San Francisco physician who has a large number of gay patients, to find out if there isn't a better way to "take the worry out of being close." Gilmour assured us there is indeed a better way, and claimed it could significantly reduce the health risks involved in sex.

What can people do to lessen the chances of contracting sexual diseases?

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Gilmour slowly sank back into his chair and thought for a moment. "A few minor adjustments can actually make all the difference in the world," he said. "Basically, it's just good sexual hygiene. Before sex, there should be adequate cleansing from the previous partner. You've got to make sure you and your next partner are clean before you begin."

Although that advice might seem rather obvious, anyone who has visited a bathhouse knows that what is logical in theory is not always put into practice. Lust can do funny things to people's judgment.

"A thorough washing with soap and hot water gives a fairly good cleansing," Gilmour continued. "You should take a bit of soft soap—when it sits in the tray, the soap gets a little softness at the bottom—and rub it into the urethra. Then urinate. The soap will cause some burning, but doing all that will reduce the chances of contracting disease by perhaps tenfold."

Still, we wondered, suppose you find yourself someplace where soap and water are not readily available? And what if you can't urinate?

"If people have sex in backrooms or in tearooms, I advise them to use a premoistened antiseptic towelette to wipe off with. Squeeze the towelette and get a little bit of the solution into the urethra and then urinate. It may not be as good as using soap and hot water, but it sure beats doing nothing."

"As far as urinating goes, there's usually something left in the bladder. If you can just relax, you can probably get a little bit out. Even just a few drops will help wash out the urethra, and the urine itself is toxic to bacteria. But time is a factor; the longer you wait, the greater the chances you'll get infected."

Gilmour noted that uncircumcised men should take special care when washing themselves. After they've washed, they should retract the foreskin until the area is dry. "The reason," he observed, "is that most of these organisms are sensitive to the air. To wash and immediately put the foreskin forward again only adds to the danger." Some men cannot pull back the foreskin; if they frequently contract venereal disease, Gilmour recommended that they undergo corrective surgery.

When a lubricant is employed during sex, the effectiveness of later washing largely depends on the nature of the product used. Petroleum-based lubricants are never fully washed away, and what remains actually protects bacteria and viruses in the pores. Therefore, Gilmour advised using water-soluble lubricants. The doctor also noted that mixing widely available antibiotic creams into the lubricant—one part antibiotic to ten parts lubricant—can provide added protection against venereal disease. Such antibiotic creams—which contain bacitracin, neomycin and polymixin-B—act both against bacteria and fungi.

Gilmour gave us some other tips about sexuality and good health.

On rimming: "In terms of danger, rimming is probably one of the worst things to do. Douching and washing thoroughly at least reduces the risk. When you're showering after sex, it's a good idea to insert soap up the anal canal with a finger."

On fistfucking: "Fistfucking is also quite dangerous. The main causes of problems have been rings, bracelets and untrimmed fingernails. How the hand is

inserted and pulled out is very important because of the risk of ripping the sigmoid curve and the bowel. Unfortunately, many people engage in fistfucking while they're on drugs—particularly MDA—which blunt natural pain. Consequently, they don't know when to stop."

On gonorrhea: "A lot of people hold that gonorrhea is benign—that it can't really hurt them. But gonorrhea is not benign. It can develop into arthritis, and if the discharge gets into your eyes you can go very blind very quickly."

On poppers: "Amyl- and butyl-nitrite are fairly harmless. They reduce blood pressure, however, and thus may cause some people to pass out. Also, they can stimulate heart arrhythmias in people with a history of heart problems."

On how often to be checked for VD: "I recommend to my patients who are highly sexually active—those who have more than two sex partners a week—to have a blood test for syphilis every three months. They should be checked for gonorrhea at the same time."

In light of all the potential sexual pitfalls Gilmour outlined, we wondered why people didn't give up sex altogether and switch to some safer pastime—like going over Niagara Falls in a barrel.

Gilmour just chuckled. "People are going to have sex regardless of the possibility of disease, but being a little more conscious can make all the difference in the world. There's a lot of joy in being responsible about sex. A sense of pride. Carrying around VD and knowing you're transmitting it to other people—you pay a price for that in your life. You may not be aware of it, but you do pay a price."

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## Current Aspects of Sexually Transmitted Diseases - II Symposium

PROGRAM	THURSDAY	JUNE 19, 1980
8:00 - 8:45	REGISTRATION	
8:45 - 9:30	Opening remarks Keynote address	Robert Bolan, MD Paul Wiesner, MD
9:30 - 9:45	Therapy of anorectal gonorrhea in gay men	Michael Sands, MD
9:45 - 10:00	Rectal gonorrhea in men: a prospective study	Elliott Hochman, MD
10:00-10:20	The microbiology of gonorrhea: a common disease and an unusual organism	Deborah Draper, MA
10:20-10:30	Discussion	
10:30-10:45	BREAK	
10:45-11:00	Chlamydial proctitis: two case reports	Robert Bolan, MD
11:00-11:15	Neurological findings associated with herpes proctitis	Paul Paroski, Jr., MD Stanley Read, MD, PhD
11:15-11:30	Cytomegalovirus infection in homosexual men	Lawrence Mintz, MD
11:30-11:50	Discussion	
11:50 - 1:30	LUNCH with Address	David Goodstein, Publisher of the <u>Advocate</u>
1:30 - 2:30	Amebiasis, giardiasis, shigellosis: epidemiology, clinical presentation, diagnosis, serology	Robert Goldsmith, MD Selma Dritz, MD
2:30 - 2:45	Amebiasis, giardiasis, shigellosis: treatment	Daniel William, MD
2:45 - 3:00	Discussion	
3:00 - 3:15	BREAK	
3:15 - 4:15	Hepatitis A: epidemiology Hepatitis B: vaccine program, laboratory, epidemiology	Donald Francis, MD
4:15 - 4:45	Discussion	
4:45	ANNOUNCEMENTS/CLOSE	Robert Bolan, MD

## Current Aspects of Sexually Transmitted Diseases - II Symposium

Symposium Director:  
Robert K. Bolan, MD  
2252 Fillmore Street  
San Francisco, CA 94115  
(415) 921-5762

NCGSTDS:  
Mark Behar, Chairperson  
1637 N. 21 Road, #9  
Arlington, VA 22209

Symposium Secretary:  
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The National Coalition of Gay STD Services

Bay Area Physicians for Human Rights

As an organization accredited for Continuing Medical Education, the Bay Area Physicians for Human Rights designates this continuing medical education activity as meeting the criteria for 8 credit hours in Category 1 of the Certification Program of the California Medical Association.



Continuing education accreditation for nurses and physician assistants is under application.

The National Coalition of Gay STD Services will be meeting during the course of the Symposium; time and place will be announced. All are welcome.

## Current Aspects of Sexually Transmitted Diseases - II Symposium

PROGRAM	FRIDAY	JUNE 20, 1980
8:30 - 8:45	OPEN/ANNOUNCEMENTS	Robert Bolan, MD
8:45 - 9:00	Condylomata accuminata - one approach	Roger Gremminger, MD
9:00 - 9:20	Therapeutic experiences with anti-mitotic drugs on penile condylomata accuminata	George Von Krogh, MD
9:20 - 9:45	Office management of anorectal problems in gay men	Marvin Kirchner, MD
9:45 - 10:00	Discussion	
10:00-10:15	BREAK	
10:15-10:30	Syphilis serologies: update	Paul Wiesner, MD
10:30-10:45	Gynecologic health care needs of lesbians	Patricia Robertson, MD
10:45-11:00	Doxycycline: a small clinic's experience	Alfred Obermaier
11:00-11:15	Methods for risk factor identification in gay men	Norman Altman
11:15-11:30	Ineffectiveness of traditional epidemiological followup of early syphilis cases identified through field screening at gay bath houses	Hernando Merino, MS
11:30-11:45	Discussion	
11:45 - 1:15	LUNCH	
1:15 - 4:30	WORKSHOP: BEHAVIORAL ISSUES AND CONTROL OF INFECTIOUS STD'S IN GAY PEOPLE	
1:15 - 1:30	Introduction of panel Journal of Homosexuality, CENTER FOR HOMOSEXUAL EDUCATION, EVALUATION AND RESEARCH	Robert Bolan, MD Stuart Kellogg
1:30 - 2:15	<b>Session 1: Defining the problem</b>  From the clinician's point of view From the public health-federal control point of view From the consumer's point of view  Discussion	Dan William, MD Paul Wiesner, MD TBA
2:15 - 3:00	<b>Session 2: What do we know about behavioral factors in STD's?</b>  Epidemiology overview Gay Report on STD's  Discussion	David Ostrow, MD, PhD Donald Barrett, MS Michael Gorman, PhD
3:00 - 3:15	BREAK	
3:15 - 4:30	<b>Session 3: Proposals for sexual behavior recommendations</b>  In what form would guidelines be effective?  Gay business responsibility Discussion and formulation of guidelines	Jeff Richards Stephen Morin, PhD Bill Jones, Owner of the Sutro Baths in S.F.
4:30 - 4:45	SUMMARY AND RECOMMENDATIONS	
4:45	ADJOURNMENT	