

# NATIONAL COALITION OF GAY STD SERVICES

Volume 2 #4

May, 1981

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## FIRST STD WORLD CONGRESS

The first STD World Congress, cosponsored by the Centers for Disease Control, United States Public Health Service Region II, National Institute of Allergy and Infectious Diseases--National Institute of Health, World Health Organization, Pan American Health Organization, International Union Against VD and the Treponematoses, Latin American Union Against VD, International Planned Parenthood Federation, American Venereal Disease Association, American Social Health Association, and the Department of Health of Puerto Rico and the Medical Sciences Campus of the University of Puerto Rico. The Congress is scheduled November 15-21, in San Juan, PR, ten days after the American Public Health Association's annual meetings in Los Angeles, November 1-5. (The American VD Association (AVDA) has traditionally met with the APHA.)

The Congress will provide an opportunity to share the most up-to-date knowledge about the STDs with scientists, clinicians, and public health officials from around the world. It is hoped that the meeting will result not only in an increased understanding of these diseases but also in improvements in their therapeutic and epidemiological management. The Congress will stress the theme: "Prevention of STD and their effects on mothers and children, through Research, Epidemiology and Primary Health Care."

Clinicians, scientists, and public health officials who are actively involved in research, prevention, or control of STDs are invited and encouraged to pre-register by September 1, 1981. (A registration fee of \$50 plus STD workshop fees, if selected, must accompany the preregistration form.)

Those who wish to be considered for a place on the formal program are invited to submit an abstract in 2 of the official 3 languages of the Congress--Spanish, French, and English. Abstracts should be related to the following areas: 1)Basic Research (pathological mechanisms of bacterial & viral STDs & development of vaccines; original research in herpes simplex--II, N. gonorrhoeae, C. trachomatis, Group B streptococci (!!), CMV, syphilis, and other STDs.); 2)New Developments in the Clinical Aspects of STDs (STD therapy, complications, consequences); 3)STD Epidemiology, Control and Education; 4)Legal-Ethical Issues Affecting the Management and Prevention of STD; and 5)Training/STD Update (STD Workshops designed to update clinical & diagnostic skills; breakfast or lunch with an STD expert). Abstracts must be postmarked by June 1, 1981. For more information write to: 1st STD World Congress, Call Box STD, Caparra Heights Station, San Juan, Puerto Rico 00922.

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## THIRD ANNUAL NATIONAL SYMPOSIUM: SEXUALITY AND DISABILITY

The Third Annual National Symposium on Sexuality and Disability is being cosponsored by the Coalition on Sexuality and Disability, the New York University School of Education, Health, Nursing, and Arts Professions; the University of California--San Francisco Human

(Continued)

This Newsletter is published by the National Coalition of Gay Sexually Transmitted Disease Services (NCGSTDS). Suggestions for articles on STDs in gay people, questions about the venereal diseases, and inquiries about membership (Associate/Corporate membership--\$250/year; Gay or Nongay Group Medical Practice--\$50/year; Gay or Nongay Individual Physician or Other Practitioner--\$25/year; Gay STD Service--\$20/year; and Individual (not in other categories) --\$10/year) may be addressed to: Mark P. Behar, Chairperson, NCGSTDS, 1637 N. 21st Road, Apt. #9, Arlington, VA 22209, or by phoning 703/525-0812. Please credit the Coalition when reprinting items from the Newsletter.

THIRD ANNUAL NATIONAL SYMPOSIUM, continued

Sexuality Program, Department of Psychiatry; Planned Parenthood of New York City, Inc.; Sex Information and Education Council of the U.S. (SIECUS); Task Force on Sexuality and Disability, American Congress of Rehabilitation Medicine; Disabilities Unlimited; and World Rehabilitation Fund, and is being held June 19-21 at New York University's Loeb Center.

In celebration of the International Year of Disabled Persons, the Symposium will give attention to the goal of "full participation and equality" can be implemented in regards to sexuality and disability. Some of the topics include sexual expression and pleasuring, sex education, sexual health care and responsibility, mental retardation and sexuality, sexual exploitation of the disabled, mainstreaming sexual health care, and sexual function in physical disability, among others. The Symposium will be of value to educators, counselors, therapists, health practitioners, and consumers in the sexual health care and rehabilitation fields. Interested participants may also attend the Fifth World Congress of Sexology (June 21-26) and the Post-Congress on Applied Sexology and Disability (June 28-29) being held in Israel.

General admission is \$100 (\$25 for full time, certified students). For more information, write: Third Annual National Symposium on Sexuality and Disability, New York University, 25 West 4th Street, Room 506, New York, NY 10012, or call 212/598-3242.

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INTERNAL MEDICINE PRACTICE OPPORTUNITY

Sacramento, California is rapidly growing and has only one openly gay primary care physician. In less than two years, there are over 1000 gay men and lesbians from a population of one million in the greater metropolitan area who have become my patients. Another internist is sought to split the call schedule and office over-head. It would be ideal for someone wishing to work less than full-time with a 3 or 4 day work week.

Theoretically, there should be over 100,000 homosexual men and women who might prefer a physician of the same lifestyle, and the office is undergoing constant expansion. "Midtown" Sacramento is a wonderful place to be with its tree-lined, quiet streets and large gay population. The office is not chrome and glass but a warm home-like setting, well organized and respected. Three community hospitals are available to admit patients, and the medical community seems to have accepted the office's presence.

If you would be interested in discussing this practice opportunity, please call (916) 441-2636 or write to Harvey Thompson, MD, 912 A 21st Street, Sacramento, CA 95814.

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FUNDRAISING IDEAS NEEDED--AN OPINION

We are entering a new era of economic restraint from federal, state, and local governments. No longer can we depend on CETA, or other available public monies to help finance gay STD services. We must familiarize ourselves with alternate, private funding sources and apply for them to supplement community support. However, the bulk of the responsibility ultimately lies with gay people. We must impress upon each gay community the importance of STD health services and encourage support of individual gay clinics and programs. Each community must be committed to the survival and growth of gay STD (and other health and social service) programs and be willing to support them financially. Our communities must assume responsibility for the continuation of the services we worked so hard for in the last decade. Please share your Service's (or community's) fundraising ideas with others. Submit to the NCGSTDS for publication in the Newsletter.

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A JOINT STATEMENT ON THE RESPONSIBILITIES & RELATIONSHIPS BETWEEN NGHC AND NGHEF

The National Gay Health Coalition (NGHC) is the mechanism used by the national gay health organizations to exchange experiences and views and to coordinate independent and joint activities. The interests of the NGHC are, therefore, both as broad and as focused as those of the national gay health organizations which comprise it. Most of these interests arise out of the special circumstances of lesbians and gay men who either work in the health field or use mainstream health services. Other interests are generic to the health field (non-gay, per se) or generic to the gay/lesbian community (non-health per se).

Professional education has proven to be an interest which the national gay health organizations have given high priority to and which has required or greatly benefited from being done jointly by most of the national gay health organizations. The national lesbian/gay health conferences, a gay health journal and other types of professional education are seen as highly desirable joint activities for the foreseeable future. Therefore, to optimize the quantity, quality, and range of such activities, the national gay health organizations have established an educational resource center which would be expert, stable, and properly financed. This is the National Gay Health Education Foundation, Inc. (NGHEF).

Accordingly, the NGHC does not carry responsibility for professional education and can devote its attention to the organizational, legislative, and other interests of the national gay health organization. Conversely, the NGHEF can devote its attention to professional education and refer to the NGHC other issues and tasks which emerge in the course of its educational activities.

In other words, the NGHEF and the NGHC are independent organizations which by design have mutually exclusive responsibilities and close relationships and which are both accountable to the national gay health organizations and through them to all gay/lesbian health workers and the gay/lesbian community at large.

The formal (legal) connection between the NGHC and the NGHEF is properly limited to the composition of the NGHEF's governing body and does not deal with the NGHEF's policies and functioning. Specifically, the NGHEF's By-Laws provide that its Board of Directors be comprised primarily of persons nominated by the national gay health organizations which comprise the NGHC.

However, the functioning of both the NGHEF and the NGHC is enhanced by an active, extensive but informal (non-legal) connection which insures full sharing of information and ample opportunity for consultation. This includes: a) the provision by each to the other of copies of policy and goal statements, minutes of meetings, work programs, literature, and similar basic written material, and b) the designation by each of a liaison person (and alternate) to the other who is expected to be a regular, non-voting participant in the other's governing body meetings.

Submitted for approval, April 5, 1981. (The NCGSTDS is a voting member of the NGHC.)

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NOMINATIONS FOR BOARD OF DIRECTORS OF THE NATIONAL GAY HEALTH EDUCATION FOUNDATION

Nominations for the Executive Board of Directors of the National Gay Health Education Foundation (NGHEF) will soon be accepted from the gay community (see related article, above). The Board will be tentatively comprised of 10 individuals representing national gay health organizations (members of the National Gay Health Coalition) and 3 nonaffiliated individuals. The NCGSTDS will be allowed to turn in two nominees (as will all of the other constituent members of the NGHC--over 20 groups). Ultimately, Board Members will be selected by lottery from the names submitted. The only requirements are that the nominee must be a member of the NCGSTDS (or represent a member service) and must assume responsibility (transportation) for attending regularly scheduled meetings (probably 2-4 times/year) to be held somewhere in the Northeastern part of the country (ie, Washington, Baltimore, Philadelphia, New York, Boston,

(Continued)

NOMINATIONS, continued

etc.) Incidentally, one of the major projects of the Foundation between now and 1982 will be assisting in the sponsorship of the National Gay & Lesbian Health Conference in Houston. Anyone interested in further information, or in submitting their names for nomination, should write Mark Behar, Chairperson, NCGSTDS, 1637 N. 21st Rd. #9, Arlington, VA 22209.

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FINAL ACCOUNT OF THE CURRENT ASPECTS OF STDs--II, June 19-20, 1980, San Francisco  
 by Robert K. Bolan, MD, Symposium Director

Expenses

Printing (including typesetting, folding)	
Announcements (Call for Papers)	\$ 110.76
Letterhead & second sheet (200)	31.95
Press Release	11.98
Program	262.26
Registration Forms	38.98
Photocopying	9.59
Attendance Certificates	27.69
Signs (hand lettered)	20.33
Registration Supplies (folders, paper, pens, etc.)	152.81
Stamps	84.00
Express Mail	7.90
 San Francisco State University	
Barbary Coast Room Rental (@\$75/d)	150.00
A-V Technician (@\$5/h x 20 hours)	100.00
Lunch (@\$5 x 148)	740.00
Coffee (@\$5/gal x 10 gal)	50.00
Tea (@\$5/gal x 3 gal)	15.00
Donuts (@\$4/doz x 20 doz)	80.00
Danish (@\$6/doz x 10 doz)	60.00
Sales Tax	61.43
Petty Cash, Audio cassette tapes	100.00
Honoraria	
Guest Speakers (@\$40 x 2)	80.00
Symposium Director	200.00
Symposium Secretary	100.00
Telephone	<u>126.61</u>
 Total Symposium Expenses	 \$2621.29
 Total Deposits to Account	 \$5190.00
Initial Contribution from Bay Area Physicians for Human Rights (BAPHR)	50.00
Total Symposium Receipts	5140.00
 Total Profit	 \$2518.71
 Disbursement of Profit	
Contribution to BAPHR	1000.00
Contribution to NCGSTDS	1518.71

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ANNOUNCEMENT

Occasionally events of significant importance or interest occur at times irrespective  
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ANNOUNCEMENT, continued

of this Newsletter's printing schedule. It is for this reason that Coalition service members may receive unsolicited announcements of seminars, grant applications, etc. This occurred in March, when the Coalition requested James Curran, Chief of the Operational Research Branch of the CDC's VD Control Division to mail copies of guidelines for application for research, demonstration or education project funds under 318(b) of the Public Health Service Act to all Coalition Services. Hopefully, this will clear up any resultant confusion from this mailing. Further questions may be directed to the NCGSTDS. ~~See also page 8.~~

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COLONIC IRRIGATION

The March 13, 1981 (Volume 30:9) issue of Morbidity & Mortality Weekly Report reported an association between amebiasis and colonic irrigation because of improperly disinfected machines in a Colorado chiropractic clinic. Colonic irrigation is a type of deep enema performed by a machine to "wash out" the colon, a practice that has been gaining popularity among chiropractors, naturopaths, and nutritional counselors. Several patients developed a fulminant amebiasis and developed bowel perforation and in a few cases, death. Heavy contamination with coliform bacteria was also discovered even after routine cleaning of the machines.

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POSTAGE INCREASES

Due to the recent increase in postage rates for US mail, and additional anticipated increases before the end of the year, the NCGSTDS will be revising the membership fee structure withing the next 8 months. Details forthcoming in a future Newsletter.

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VD INTERCHANGE

The NCGSTDS was recently promoted in the December, 1980 issue of VD Interchange, a publication of the CDC's VD Control Division. To receive future issues of VD Interchange, write: Technical Information Services, Bureau of State Services, Centers for Disease Control, Atlanta, GA 30333, or call Joyce H. Ayers, Chief, at 404/329-2580.

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NEWS FROM THE GAY COMMUNITY CENTER OF BALTIMORE VD CLINIC

by Bernard M. Branson, MD, Medical Director

The Clinic will soon be relocating to the new location of the Gay Community Center, at 241 W. Chase Street. Two new physicians have joined our staff, and our utilization continues to increase. We have recently been asked to participate in the Baltimore City Health Department's training program at the newly established STD Training Center in the Richard D. Young Clinic. Our initial involvement will be to present a short seminar on "The Influence of Social Parameters on Sexually Transmitted Diseases" to various health professionals and agencies. We have been approached regarding the training of STD workers on-site, to provide a more broad based experience in dealing with gays. Hopefully, the facilities at the new Center will afford us the luxury of using some of our examining space for training.

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1981 INTERNATIONAL SYMPOSIUM ON VIRAL HEPATITIS

The 1981 International Symposium on Viral Hepatitis was held in New York City, March 30-April 2, 1981, with several representatives from the NCGSTDS in attendance. David Ostrow (Howard Brown Memorial Clinic, Chicago), Dan William (Gay Men's Health Project, New York), and Thomas Nylund (Men's Clinic--Gay & Lesbian Community Service Center, Los Angeles) filed this report on their session, Passive and Active Immunization and Treatment:

"Hepatitis B infection is of epidemic proportions in gay men and specific risk factors have now been identified. In response to this major health problem, gay community clinics, in particular the Howard Brown Memorial Clinic of Chicago, the New York Gay Men's Health Project, and the Los Angeles Gay and Lesbian Community Service Center STD Clinic, have been instrumental in the design and conduct of the major HBV vaccine efficacy studies. As a direct result of the gay community's extraordinary degree of cooperation and compliance in those studies which have been reported upon today (April 1), the Merck HBV vaccine will be ready for licensure within the year. The same community, by virtue of the high rate of asymptomatic chronic infection in gay men, will be a major if not the principle source of the high-titre surface antigen-positive plasma used in the manufacture of the HBV vaccine in the United States.

"Gay community clinics provide an optimal site for the conduct of vaccination programs aimed at high risk individuals and for follow-up studies of vaccine efficacy and the natural course of chronic infection. We are here today, representing the three community clinics involved in the exciting vaccine development and efficacy demonstrations just described, with the following questions. Will the unique collaborative partnership between Merck Laboratories, the Centers for Disease Control, the New York Blood Center and our clinics be continued so that we can formulate and implement vaccination programs specifically aimed at high risk individuals in the gay community? Will research continue to be supported aimed at determining the long term consequences of chronic HBV infection in gay men? Will the ethical, social, and scientific implications of this unusual fusion of professional and minority group needs be addressed by this Conference?"

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MORE ON THE NGHC: COMMITTEE FOR SOCIAL CHANGE AND POLITICAL ACTION

The April 5, 1981 meeting of the National Gay Health Coalition (NGHC) in Newark, NJ, established the Committee for Social Change and Political Action (CSCPA) for several reasons. In the past, the NGHC has been involved in health politics primarily through the efforts of Dr. Walter Lear. Walter recently testified before a Congressional Committee on the inappropriateness of Dr. C. Everett Koop for the position of U.S. Surgeon General; various grassroots organizations activated against federal budget cutbacks and the Reagan Administration's foreign policy, particularly in El Salvador, have asked for the NGHC's participation; and meetings such as the Lesbian and Gay Rights National Conference (Los Angeles, April 24-26) and the National Peoples Congress Steering Committee formation meeting (New York, April 25-26) have requested NGHC representation. In response to the political climate of the country, and because many NGHC members are unable to mount protests in the name of their organizations for various reasons, the NGHC's CSCPA was created. The following statement of purpose was recently released:

"The National Gay Health Coalition's Committee for Social Change and Political Action exists to alert the NGHC membership and all gay health workers to the socio-political issues at hand and to take a stand on these issues.

"The NGHC deplors and opposes the Reagan Administration's proposed diversion of federal funds for health and human needs to increased spending for nuclear weapons and other military purposes.

"The NGHC deplors and opposes the Reagan Administration's attack on human rights and erosion of personal choice in this country and abroad.

"The NGHC endorses the May 3rd March on Washington, DC for Peace, Human Needs, and Against War, and urge members and all gay health workers to march under the NGHC banner.

"The NGHC endorses the call for local demonstrations on May 9th issued by the Nationwide Action for a Fair Budget and urges all gay health workers to support such events in their own cities.

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COMMITTEE FOR SOCIAL CHANGE AND POLITICAL ACTION, Continued

"The NGHC will be represented at the National Peoples Congress, and at the National Lesbian and Gay Rights Congress.

"For more information, contact Dan Pfeffer (212/798-6476 before May 1) or Ron Vachon (212/473-5731)."

CSCPA will be represented at the National Peoples Congress by Dan Pfeffer (Lesbian & Gay People in Medicine--American Medical Student Association), and at the Lesbian and Gay Rights National Conference by Ron Vachon (Gay Public Health Workers--American Public Health Association, Lesbian & Gay Physician's Assistants--American Academy of Physician's Assistants, and the National Coalition of Gay STD Services).

The next step is to give birth to a viable CSCPA to carry on this crucial work and to create the network needed to have impact. If you would like to serve on this committee with Dan and Ron, or if you would like to share your ideas, encouragement, and energy, the next meeting of CSCPA will be at Dan's, 18 E. 18th Street, #6B, New York, May 16, at 2 pm. Those unable to attend due to the time or location are still urged to contact Dan (212/798-6476) or Ron (212/473-5731). Future meetings may be scheduled in other cities. Funding this venture, even just postage costs, is an issue with which we have yet to deal. Contributions are needed. Please make checks payable to Ron Vachon.

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STD BOOKS

Probably the only book addressing the issues of gay STDs was The Advocate Guide to Gay Health, by R.D. Fenwick (1978, New York: E.P. Dutton Press, \$10.95) which was pretty comprehensive although flawed with such statements as receiving 2.4 million units of aqueous procaine penicillin G as protection against gonorrhea and syphilis (p. 75) instead of the recommended 4.8 million units; the harmlessness of enemas (p. 76), safety of anal intercourse (p. 78), and the recommendation of hand lotions as lubricants (p. 79), among others. (Please see the NCGSTDS's "Guidelines and Recommendations for Healthful Sexual Activity," attached to this Newsletter, for information about risks, etc.)

A new reference, entitled, STD--A Commonsense Guide, by Maria Corsaro and Carole Korzeniowsky (1980, New York: St. Martin's Press, \$9.95) also addresses STD prevention, but in great brevity. The book is written on the "self-diagnosis" concept: look up the symptom, find the disease, and read the appropriate chapter(s). The book functions best as a patient's advocate, informing and educating the interested person to make the most out of the health care team. One last point--it is written for all sexually active people: hetero-, bi-, and homosexual, and emphasizes STDs affecting women. Both books are important additions to your clinic's medical library.

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NCGSTDS'S GUIDELINES & RECOMMENDATIONS FOR HEALTHFUL SEXUAL ACTIVITY

The Coalition's "Guidelines and Recommendations for Healthful Sexual Activity" has been reprinted and attached to this issue of the Newsletter, due to popular demand. Please distribute the report to your staffs, and send copies to your local gay media. Ron Vachon, formerly of Boston's Fenway Clinic and now director of the Robert Livingston Health Center in New York, will be writing a column in Boston's Gay Community News about the Guidelines. What about your city's gay media?

Lupine Loughborough, coordinator of the Berkeley Gay Men's Health Collective, has printed a "Sexual Lifestyle Audit" for clients, modified from the Guidelines to help assess the risk of acquiring or transmitting STDs based on activities. How has your clinic helped to inform the gay community of the NCGSTDS's Guidelines & Recommendations for Healthful Sexual Activity Let us know!!

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ADDRESS CORRECTIONS & ADDITIONS (\* = NCGSTDS MEMBER; \*\* = FRIEND)

SEATTLE CLINIC FOR VENEREAL HEALTH *	NATIONAL ASSN. OF BUSINESS COUNCILS **
111 Eastlake Ave., East	1911 Southwest Freeway, Suite 100-C
Seattle, WA 98109	Houston, TX 77098
GAY PEOPLES UNION STD CLINIC *	ROBERT K. BOLAN, MD *
P.O. Box 208	667 Lakeview Av.
Milwaukee, WI 53201	San Francisco, CA 94112
LAVENDER HEALTH *	RON VACHON, PA *
P.O. Box 7259	135 Greene St., 2nd Floor
Philadelphia, PA 19101	New York, NY 10012
ATLANTA GAY CENTER--PHYSICAL HEALTH COMMITTEE *	PAUL PAROSKI, MD *
931 Ponce de Leon, NE	114 Willoughby Av.
Atlanta, GA 30324	Brooklyn, NY 11205
GAY-LESBIAN RAPLINE **	ANTHONY J. AMODIA, RN *
P.O. Box 14543	324 West 77th Street, #1
Omaha, NE 68124	New York, NY 10024
PERSONAL RIGHTS ORGANIZATION OF TOLEDO **	COMMITTEE ON GAY CONCERNS--SOCIAL & ETHICAL
P.O. Box 4642 Old West End Station	RESPONSIBILITY OFFICE
Toledo, OH 43620	AMERICAN PSYCHOLOGICAL ASSOCIATION
	Dr. Virginia O'Leary
	1200 17th Street, NW
	Washington, DC 22206

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LIMITED TIME--SPECIAL OFFER FROM THE JOURNAL OF HOMOSEXUALITY

Thanks to a kind donation from Bill Cohen, publisher of the Journal of Homosexuality, the NCGSTDS is including a free copy of the spring, 1980 issue (volume 5:3) containing synopses of papers from the Conference on Current Aspects of STDs--I Symposium, June, 1979, Chicago to all member services with this Newsletter. All other members interested in receiving their free copy of this valuable edition may write directly to the Coalition, 1637 N. 21st Road #9, Arlington, VA 22209, with \$2 for 1st class postage. Nonmembers may purchase the issue for it's regular price (\$9.95). As limited copies are available, this offer is in effect for a limited time only. Additional information or questions about this offer may be directed to the NCGSTDS.

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RECENTLY PUBLISHED GAY MEDICAL & STD ARTICLES

Felman, Yehudi M. and Nikitas, James. Adverse drug reactions: part 2--The less common STDs. Sexual Medicine Today, January 14, 1981, Volume 5:1, pp. 14-15.

Felman, Yehudi M. Hepatitis from oral-anal sex. Medical Aspects of Human Sexuality, Jan., 1981, vol. 15:1, p. 30.

Handsfield, H. Hunter. Preferred regimen for gonorrhea in homosexual males. Medical Aspects of Human Sexuality, Jan., 1981, Vol. 15:1, p. 48.

Joseph, Patrick. Gaining ground on gonorrhea: update on Dx and Rx. Modern Medicine, March 15-30, 1981.

(Lutz, Brobson) A single dose of rosoxacin is effective against various gonococcal strains, including those resistant to antibiotics. The Journal of Clinical Therapeutic--Drug Therapy. December, 1980, Vol. 10:12, P. 37.

Potterat, John J., & King, Richard D. A new approach to gonorrhea control--The asymptomatic man and incidence reduction. JAMA, 2/13/81, vol. 245:6, pp578-80.

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RELOCATION TO PHILLIE

Marjorie Love is relocating this summer to Philadelphia from Auburn, Maine and is seeking gay/lesbian friends & mentors. Formerly an epidemiologist and clinic manager, Marjorie will be seeking employment as an educator/trainer/consultant in the area of reproductive & sexual health, sexuality, & relationship communications. Her lover, a registered physical therapist, will also be seeking employment. Please write: c/o Sussman, 312 Pemberton St., Philadelphia, PA.

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NEWS FROM MILWAUKEE

by Roger Gremminger, MD, Medical Director, GPU STD Clinic

The Gay Peoples Union STD Clinic has experienced several major changes recently. First, a new location: 2578 N. Booth Street, Milwaukee, WI 53212 (mailing address will remain at PO Box 208, Milwaukee, 53201), sharing facilities with the "West of the River Community Clinic," a feminist-community health clinic. We were fortunate to enter into a 6 month agreement with West of the River, since our former building's (The Farwell Center) new owners asked us to leave by April 15th. Several fund raisers were held at different bars, but not enough money was raised to acquire our own facility. The search continues!

Chuck Poulson, RN, has succeeded Sue Dietz, RN as administrative director, who recently resigned for personal reasons. Sue had been at the clinic for 4 years, serving as Administrator for two (she had also been the first woman to do syphilis and gonorrhea testing at the baths!). Chuck also has considerable experience, serving as director of staff and training at the clinic for 2 years, and prior to this as a volunteer screener for about a year and a half.

We have reorganized and reclarified our structure and goals and now hope to rebound with increased energy!

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TROUBLES IN TUCSON, AZ

In the last issue of the Newsletter (Volume 2 #3, January, 1981), we reported that the Gay Community Services VD Testing Center of Tuscon had disbanded, and that the Pima County Health Department had established "The Alternate Lifestyle VD Clinic" in its place. Now, the Alternate Lifestyle VD Clinic is in danger of closing, not because of funding problems, but because of poor attendance by gay men and women. The clinic has been seeing only 5-6 patients each Wednesday, and is in danger of having the US Public Health Service stop funding due to the lack of interest. Pima County, Arizona is estimated to have about 40,000 gay men and women. The clinic is staffed by persons who are sympathetic to the needs of gay people.

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UPDATE: CDC SPONSORED MEETING

It had been previously announced that the VD Control Division of the Centers for Disease Control would be sponsoring a working meeting of 6-8 gay STD service providers (clinicians, researchers, administrators) during the summer in Atlanta to establish a gay STD research priority list to aid CDC, NIH, NIAID, and other officials in the allocation of research monies. As of the publication of this Newsletter, a firm commitment from the CDC has not yet been received, due to the Reagan Administration's slashing of human service needs from the Federal budget (which includes CDC funds) and the current noncommittal negotiations presently going on in the House and Senate. It would be foolish to think that the CDC will be spared the budgetary axe, unless it is quickly restructured to be a subunit within the Department of Defense. How the anticipated budetary cuts will redefine the CDC's and the VD Control

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UPDATE, continued

Division's programming priorities has not yet been decided (or at least been made known to the public). Details will be made available as they are learned, through the Newsletter.

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TRAINING VOLUNTEERS IN GAY STD SERVICES

The following is a schedule of topics for consideration & discussion for the training of volunteers in STD services in six 2-3 hour sessions. It is provided by Lupine Loughborough of the Berkeley Gay Men's Health Collective.

- 1) Introduction. Background into Collective--its history, philosophy of care, goals & objectives. Overview of the training sessions--schedule of classes, skills & roles to be learned, and expected commitment of trainees. Gay men and the STDs--rates and reasons, role of rectal sex, and the sexual lifestyle audit (see page 2 above, last paragraph on the page). Reading assignment for the session includes male anatomy & physiology in the VD handbook, and a handout on the genital & rectal examination.
- 2) Physical Examination. Male anatomy & physiology; genital and rectal exam, with demonstration & practice; and a self-examination technique for clients. Reading assignment: gonorrhea, nongonococcal urethritis, culturing and paperwork in appropriate sections of VD Handbook and Training Manual. Trainee sign-up for next clinic as observers.
- 3) Gonorrhea. Introduction to chart and lab book. Lecture on gonorrhea & NGU. Introduction to culturing materials, with demonstration of culturing techniques & procedures. Practicum involves each trainee performing all cultures at least twice (cultures, paperwork, incubation of specimens). Reading assignment: Syphilis in VD Handbook, Herpes, and venipuncture in Training Manual.
- 4) Syphilis. Lecture on syphilis & herpes; introduction to venipuncture materials with demonstration & practicum. Reading assignment: Review history & physical examinations and the sexual lifestyle audit.
- 5) Communication & Counseling Skills. Interviewing technique for history & physical exam. Communication skills to improve rapport, get information, and help client relax and open up. Problems that come up and how to deal with them: fear, guilt, and misinformation about the STDs; fear of blood, needles, fainting; relationship hassles; contact tracing and referral for prophylactic (epi) treatment; the straight client; etc. The referral system. Role Playing (demonstration & practice). Reading Assignment: Warts, crabs & scabies, enteric infections, and gram staining in the Training Manual.
- 6) Potpourri of STDs and Wrap-up. Lectures on enteric infections, warts, crabs, & scabies; Introduction to the enteric infection diagnostic kits and demonstration of gram staining with practice. Wrap-up and evaluation to include review commitment and explanation of "intern" period to follow; medic and physician roles and the roles of other staff & volunteers written evaluation of the training; and sign up for the following month's clinic sessions. A "graduation" and pot luck dinner at someone's home is a good way to end the training.

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## GUIDELINES & RECOMMENDATIONS FOR HEALTHFUL SEXUAL ACTIVITY

4th Revision, 1980

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This report addresses specific guidelines & recommendations (G & R) that may help to significantly reduce the acquisition and transmission of the sexually transmitted diseases associated with sexual activity. It was prepared by a special Task Force of gay physicians and other health practitioners, behavioral & medical research scientists, administrators, and lay people from around the country, organized by the National Coalition of Gay Sexually Transmitted Disease Services (NCGSTDS) at the Current Aspects of STDs--II Symposium, San Francisco, June 21, 1980, and at a special meeting at the American Public Health Association's Annual Convention, Detroit, October 21, 1980. These G & Rs are based on common sense, clinical observations, and/or empirical data. Occasionally they may represent what is thought to be a good idea but what isn't really known for sure. Therefore, these G & Rs are subject to modification when new knowledge becomes available. Considerable effort will be made to announce the G & Rs in a positive, nonjudgemental manner, stressing "pride in health," rather than the "shame of disease."

Need for Knowledge & Education: Sexually active people must be well informed about the signs & symptoms of the sexually transmitted diseases (STDs) and should abstain from sexual activities if they recognize such signs or symptoms in themselves or their partners, until medical diagnosis, treatment, and retesting confirms the absence of disease. The importance of a complete course of treatment with follow-up testing must be emphasized, and trying to treat or prophylactically treat oneself is definitely discouraged. Sexually active people should also be aware of the increased risk factors associated with different sexual practices (see below). For example, a person having frequent sexual contact with different people should thoroughly wash themselves inbetween partners and should "space" their next sexual activities by several days to allow for the development and recognition of signs & symptoms of the STDs, if they had been infected previously. STD service providers should anticipate an increase in client-visits due to such reeducation & awareness programs and should teach the relative incidences of the STDs. Representatives of the gay media must be encouraged to participate in these reeducation programs. Consumers need to be educated to know what type of medical services to ask for, in case they do not have access to knowledgeable health providers. Considerable attention must be devoted to research on educational intervention to encourage healthful living, especially with regards to the STDs. Will educational efforts actually result in a decrease in STD morbidity?

Healthy Attitude: Health means more than the avoidance of STDs. It is the human condition in which the physical, mental, and emotional needs of a person are in balance. Healthful sexual behavior is an expression of one's natural sexual drives in satisfying, disease-free ways.

The Sexual Encounter: Always exchange your name and telephone number to facilitate contact in case signs or symptoms of an STD are later discovered or recognized. It is also best to tactfully bring up health before sexual activity begins. If the person just got over hepatitis, make it a friend's encounter without sex, since you may be susceptible. When you do go to bed with someone, undress in a lighted area and casually inspect for growths, sores, or rashes, especially around the genitals. If no reasonable explanation is given, postpone the encounter!

Hygiene: Medical opinions differ on the value of washing the perianal & genital areas with soap & water before and after sex. Although it's effectiveness in reducing the incidence of STDs has not been definitely proven, good hygiene is still recommended by most authorities. It is generally believed that washing (showering) of genitals may decrease the risks of acquiring certain STDs. Similarly, urinating may also reduce the risks for acquiring certain diseases, however the role of intraurethral installations of antibiotics, soaps or other agents are not known and may be hazardous. Rectal douching (with tap water) may be aesthetically pleasing, however this method has not been shown to be an effective prophylaxis against disease; there is some evidence that such douching may be associated with increased risk for acquiring hepatitis B, possibly by altering the rectal mucosal membrane barrier. Unscented lubricants are recommended to prevent a chemically induced proctitis (inflammation of the rectum), therefore the use of hand lotions for these purposes are discouraged. One

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clinician teaches his patients to do a self-digital rectal examination in the shower, to detect tissue irregularities & lesions such as anal condyloma (warts). It is not known whether the following activities have any role in reducing the acquisition or transmission of the STDs: hydrogen peroxide or other mouthwash gargling to control pharyngeal gonorrhea; soap in the urethral meatus to control urethral gonorrhea & non-gonococcal urethritis; bacteriocidal & bacteriostatic creams, lubricants, suppositories, for intraurethral & intrarectal use; water soluble vs. edible vs. petroleum lubricants (eg, KY vs. Crisco/Lube vs. Vaseline) for rectal intercourse.

Sexual Practices: Many factors must be considered when determining a person's risk for acquiring or transmitting an STD. Seven major categories are listed below, describing the relative risk factors as high, medium, or low:

- 1) Frequency of sexual contact.
  - High risk: More than 10 different sexual partners per month
  - Medium risk: Between 3-10 different sexual partners per month
  - Low risk: Less than 3 different sexual partners per month
- 2) Type of sexual encounter.
  - High: Primarily one-night only encounters; group sex
  - Medium: Dating, or several nights with the same person; sex within a small group of friends.
  - Low: Primarily monogamous sexual activity for both you and your partner.
- 3) Place of sexual encounter.
  - High: Bathhouses; bookstores
  - Medium: Public restrooms; parks; bars; motor vehicles
  - Low: Private homes
- 4) Hygiene. Answer these questions as Always (low risk), Occasionally (medium risk), or Rarely (high risk):
  - Do you wash with soap & water before and after having sex?
  - Do you urinate after having sex?
  - Do you gargle with hydrogen peroxide, glyoxide, or another mouthwash before and after sex?
- 5) Drug use. Indicate frequency of use before during, or after sex with any of the following agents (Frequent = high risk; Occasionally = medium risk; Rarely = low risk):
 

"Poppers" (amyl/butyl nitrite, Rush, etc.)	Barbiturates
Marijuana	Hallucinogenics (LSD, mescaline, etc.)
Alcohol (beer, wine, or hard liquor)	PCP ("angel dust")
Cocaine or amphetamines	Others (specify)

(It is thought that use of mood or consciousness altering drugs or medicines before, during, or after sex may effect decision-making abilities that may contribute to less awareness about the sexual activities practiced, having sex with more people, etc.)
- 6) Geographical area where you and your sex partner live and have sexual encounters.
  - High: New York City, Los Angeles, San Francisco, Chicago, foreign countries
  - Medium: Other large urban areas
  - Low: Small cities & towns, or rural areas
- 7) Types of sexual activities practiced since last VD examination.
  - High: Active or passive rectal; rimming (oral-fecal/rectal); "scat;" fist fornication. Major surgery may be required to repair injuries sustained from fist fucking (fornication); any type of oral-fecal contact carry a high risk for contracting hepatitis, pinworms, giardiasis, amebiasis, shigellosis, etc.
  - Medium: Active or passive oral (fellatio; passive has greater risk than active)
  - Low: Masterbation only (J/O, mutual, etc.); body rubbing, water sports; touching only. (It should be stressed that any type of anal contact, but especially oral-anal/fecal contact ("rimming," or "scat") is definitely associated with increased risk for acquiring & transmitting diseases such as amebiasis, giardiasis, hepatitis, and others.

Questions still unanswered: Since amebiasis and giardiasis are difficult to both diagnose and treat, should we limit ourselves to treating just the small group of symptomatic patients, or should we treat contacts epidemiologically, regardless of their symptomatology? Can specific screening recommendations be formulated?

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