

THE OFFICIAL NEWSLETTER OF THE
**NATIONAL COALITION
OF
GAY STD SERVICES**

This Newsletter is published by the National Coalition of Gay Sexually Transmitted Disease Services (NCGSTDS). Although efforts will be made to present accurate, factual information, the NCGSTDS, as a volunteer, nonprofit organization, or its officers, members, friends, or agents, cannot assume liability for articles published or advice rendered. The Newsletter provides a forum for communication among the nation's gay STD Services & providers, and encourages literary contributions, letters, reviews, etc. The Editor/Chairperson reserves the right to edit, correct grammar, syntax, & spelling. Articles for the Newsletter, or inquiries

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ries about membership in the Coalition [Associate/Corporate--\$250/year; Gay or Nongay Group Medical Practice--\$50/year; Gay or Nongay Individual Physician or Other Health Practitioner --\$25/year; Gay STD Service--\$20/year; Individual (not in other categories)--\$10/year; Subscription Only--\$8/year] may be addressed to Mark P. Behar, Chairperson, NCGSTDS, P.O. Box 11532, Milwaukee, WI 53211. Please credit the NCGSTDS when reprinting items from the Newsletter. We're eager to hear from you! All correspondence answered.

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PROCEEDINGS OF NCGSTDS MEETING & STD ROUNDTABLE AVAILABLE ON TAPE

The proceedings of the November 4th NCGSTDS Annual Meeting and the STD Roundtable at the American Public Health Association's Annual Convention in Los Angeles are now available to Coalition members on 3-120 minute cassette tapes. Although an annoying buzz is present for a short time, most of the proceedings are readily audible. All members interested in reviewing the tapes must send 3-120 minute cassette tapes, \$1.50 for 1st class postage, along with your name, address, & zipcode, to the NCGSTDS, POB 11532, Milwaukee, WI 53211. A meeting agenda will also be sent.

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HIGHLIGHTS OF THE ANNUAL MEETING--WE NEED YOU!!

One Task Force and two working committees formed at the November 4th Annual Meeting are searching for additional volunteers. The specific purpose of the Task Force is to draft a position paper to design strategies and guidelines for the implementation of the hepatitis B vaccine among members of the gay community, and to delineate all other problem areas involved with the vaccine. It is hoped that the position paper will be submitted to the Advisory Committee on Immunization Practices (ACIP) at their meeting in January, to serve as a framework for Dr. David Ostrow's presentation in the Pan American/World Health Organization meeting in April (his draft is due in January), and to be presented at the Fourth National Lesbian/Gay Health Conference in Houston in June. Therefore it is crucial that the paper be ready in late December. Anyone interested in this area and willing to work on the Task Force, is asked to contact the Coalition immediately!

Another important project committee will research the time/dates & place of the next Current Aspects of STDs--III Symposium for 1982 and to report its findings to the membership in January. The committee is also empowered to issue a call for papers and to review them, and to organize the Symposium, and to contract with a conference organizer for actually running the Symposium. Three sites are presently under consideration: 1) The site of the next American VD Association meeting, if it will be in the US or Canada; 2) Montreal, in conjunction with the American Public Health Association's Annual Convention; and 3) Key West, Florida. Ideas for additional sites are being solicited, especially if our Symposium could be piggy-backed to another national scientific/medical meeting. Got any other ideas? Anyone interested in this area is asked to contact the Coalition immediately!

The third committee was created to investigate corporate and IRS 501(c)(3) [tax-exempt] status for the NCGSTDS. Anyone working in a gay incorporated (nonprofit) or tax-exempt agency is asked to provide copies of supporting documents and applications (returned upon request). Since regulations for corporate status of not-for-profit organizations differ

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HIGHLIGHTS, Continued

in each state, it is hoped that the Coalition will incorporate in a progressive jurisdiction. We therefore need your help investigating your state's statutes and application procedures. If you are interested in providing this information, please contact us immediately!

If you'd like to assist the NCGSTDS and the American Gay Community in the work of these three vital projects, you are asked to write the NCGSTDS immediately, with your area of interest: NCGSTDS, POB 11532, Milwaukee, WI 53211. We need you!

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GUIDELINES & RECOMMENDATIONS FOR HEALTHFUL GAY SEXUAL ACTIVITY

It was erroneously reported in the last issue of the Newsletter that reprints of Dr. Robert Bolan's modification of the Guidelines & Recommendations (reprinted in the last two issues of the Newsletter) are available at cost, plus postage, but without California sales tax. Bob encourages your own reproduction of the brochure from a local printer for faster more efficient service. A single brochure may be requested to serve as a camera ready copy for your own printer, or you may further modify the contents to meet local needs. It is recommended that you obtain the original Guidelines (also reprinted in past issues; available at no cost from the NCGSTDS if you send a self addressed stamped envelope) for comparison. Please correspond directly with: Robert K. Bolan, MD, 667 Lakeview Av., San Francisco, CA 94112. Gay STD Services & providers are also encouraged to supplement the brochure with a leaflet describing your hours of operation, services rendered, a self-test, etc. Letters of permission to reprint (for copyright) are available upon request from the Coalition.

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CORRECTIONS TO STD SERVICE LIST

On page 7 of the last issue (volume 3 #2), NCGSTDS Member Services, addresses, and phone numbers were printed to encourage intercommunication. The following corrections should be made:

3. The Clinic--Gay & Lesbian Community Services Center. [name change: formerly "Men's Clinic"]
10. Alternative Health Center. 940 W. McNichols, Detroit, MI 48203. 313/861-3079. [name change: formerly "Metro Detroit Gay VD Council"; new address & phone too]
11. Gay Community Services, Inc. 2855 Park Avenue, Minneapolis, MN 55407 [delete "South" from address]
14. Gay Community Services. [incorrectly listed as Gay Community Health; formerly Robert Livingston]
17. The Montrose Clinic. 104 Westheimer, Houston, TX 77006. 713/528-5531 [new address & phone]
18. Seattle Gay Clinic [name change: formerly Seattle Clinic for Venereal Health]

Additional additions or corrections should be mailed to the NCGSTDS immediately; the mailing roster promised for this issue will be in the next issue. Sorry for the delay!

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FDA APPROVES HEPATITIS B VACCINE

The Food & Drug Administration approved the nation's first vaccine against hepatitis B, November 16. The vaccine, called Heptavax-B was developed by Merck, Sharp, & Dohme of West Point, PA, and will be on the market in mid-1982, according to the Associated Press. Merck President John Lyons said that the vaccine will cost between \$75-120 for 3 shots over 6 months, and that the high cost was due to the cost of obtaining human blood plasma. FDA Commissioner Arthur Hull Hayes, Jr. said that the vaccine promised not only to safeguard those at high risk from hepatitis B, but possibly from liver cancer as well. Approximately

[Continued bottom of page 3]

FOURTH NATIONAL LESBIAN/GAY HEALTH CONFERENCE: CALL FOR PAPERS

The theme for the Fourth National Lesbian/Gay Health Conference in Houston, June 4-6, 1982, is: "Survival Issues in Health Care: Lesbian/Gay People as Providers, as Consumers." All health care providers concerned with services by and for lesbians and gay men are invited to submit papers, workshops, and panel presentations. A paper is a prepared formal presentation followed by discussion from the floor (variable time up to 1 1/2 hours). Workshops may be from 1 1/2-3 hours discussion of a topic area, and active audience participation is encouraged. A panel is a topic presented from several points of view. Speaker comments are planned to be brief to encourage dialogue between panel members and audience members (1 1/2 hours). Submit a one page narrative abstract and a topical outline by January 4, 1982, to: FNLGHC, 900 Lovett Bldg., Suite 102, Houston, TX 77006. Presentors will be notified of acceptance of proposals by February 15. The Conference is under the auspices of the National Gay Health Education Foundation, Inc. Individual members and Services of the NCGSTDS are encouraged to submit proposals and are asked to send photocopies to the NCGSTDS to prevent duplication of topics. The NCGSTDS will be hosting its semiannual meeting at the Conference, and tentatively plans on cosponsoring some of the STD related proposals.

DAVID OSTROW TO PRESENT PAPER ON GAY STD TO PAN AMERICAN/WORLD HEALTH ORGANIZATION

The Pan American Health Organization, Washington, DC, will host a meeting of a Scientific Working Group on the Control of Sexually Transmitted Diseases, April 26-30, 1982. The meeting is sponsored by the World Health Organization, Pan American Health Organization, and the U.S. Centers for Disease Control. The findings of the Scientific Group will be published as part of the World Health Organization Technical Report Series and distributed to countries throughout the world.

Experts from both developed and developing countries will be considering STD control topics emphasizing practical approaches to control relevant to different cultural and socioeconomic conditions. Dr. David Ostrow, Research Director of Chicago's Howard Brown Memorial Clinic, has been asked to prepare a background paper on STD control in homosexual groups, which would include details of some specific programs conducted as well as consideration of the principles influencing acceptability of programs to homosexuals. As a draft of Dr. Ostrow's paper must be turned in by January 15, all gay STD Services and providers are encouraged to write to him with suggestions: David Ostrow, MD, PhD, 155 N. Harbor Drive, #5103, Chicago, IL 60601.

Topics to be considered: 1) Definition of an STD Control Program & Barriers to STD Control; 2) Economic Importance of STD & Assessment of Cost Analysis; 3) Establishment & Organization of New STD Control Programs; 4) Modifying Existing Control Programs; 5) National Treatment Recommendations--Technical Aspects & Implementation of Recommendations; 6) Management of Patients with STD Problems--General Clinic Services & Specialty Clinics; 7) STD Information Systems--Epidemiological Issues, Principles of Data Collection, & Specific Data Sets; 8) Contact Tracing; 9) Screening and Case Finding; 10) Laboratory Services; 11) Professional Training; 12) Health Education; 13) Behavioral Aspects: High Risk Groups, Identification & Intervention--Prostitutes, Homosexuals, & Others; 14) Evaluation of STD Control & Methods of Influencing Decision Makers; 15) Control of Syphilis; 16) Control of Gonorrhea; and 17) Control of Other STD.

The address of the Pan American Health Organization/World Health Organization is 525 23rd Street, NW, Washington, DC 20037 (202/861-3200).

FDA APPROVES HBV VACCINE, Continued

300,000 Americans are infected with HBV each year; 200 die of acute hepatitis; 10,000 require hospitalization; and there are about 400,000 total chronic carriers (5-10% of the acutes). It's ironic (but expected?) that of all the press releases announcing the vaccine, none have acknowledged the role of the gay community on its development. More on this in next issue!

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NATIONAL GAY HEALTH COALITION: NETWORKING FOR SOCIAL CHANGE AND POLITICAL ACTION

by Ron Vachon and Dan Pfeffer

The Committee for Social Change & Political Action of the National Gay Health Coalition (CSCPA, NGHC) is calling for health activists in our profession to join in this network created to alert the coalition membership and all gay health workers to the sociopolitical issues at hand. [The NCGSTDS is a member of the NGHC.]

The 18 national gay health organizations which comprise the NGHC created the CSCPA at its spring meeting in response to the Reagan Administration's proposed diversion of federal funds for health and other human needs to increased spending for military purposes. CSCPA has been actively involved with the National People's Congress, the People's Anti-War Mobilization, and the National Organization of Lesbians & Gays.

Our organization has been urged to name liaison(s) to CSCPA, to facilitate communication between us and the Committee. People from various parts of the country are needed in order to make this effort as broad-based as possible. Some of the liaison's responsibilities:

- °monitor the health/political climate of our profession
- °disseminate health politics information to our membership
- °organize political actions in coalition with other minorities

If you deplore the current diversion of federal funds for health and human needs and the concomitant increase in military spending; if you oppose the Reagan Administration's attack on human rights and the erosion of personal choice in this country and abroad; if you can help build the Committee for Social Change and Political Action, contact: Ron Vachon, 506 W. 42nd Street #E5, New York, NY 10036 (212/563-6313) or Dan Pfeffer, 300 Riverside Drive #11E, New York, NY 10025 (212/222-5117).

Any NCGSTDS member or representative from a member Service may volunteer to serve as official liaison to the CSCPA. Please contact the NCGSTDS, POB 11532, Milwaukee, WI 53211.

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CALL FOR PAPERS: JOURNAL OF HOMOSEXUALITY--"ON THEORIES OF SEXUALITY"

The Journal of Homosexuality announces that it will be publishing a special monographic issue devoted to general theories of sexuality. The issue will include articles that systematically analyze basic theoretical assumptions of sexual identity formation models, as well as analyses of new and recent empirical findings. By including theories and studies that combine the consideration of homosexuality and heterosexuality into a broad framework, the issue will aim to provide a benchmark summary of a general perspective on sexuality for both human sexuality theoreticians and mental health practitioners who need to develop a working model for clinical practice. The issue will be published as a special hardbound monograph in the Journal's "Research on Sexuality" series, as well as a special issue of the Journal.

Although consisting mainly of invited papers from leading human sexuality researchers, the Journal will also consider submission of unsolicited empirical findings and theoretical work. Interested contributors should, by March 30, 1982, submit a one- or two-page precis of the proposed contribution to: John P. DeCecco, PhD, Editor, Journal of Homosexuality, Center for Research & Education in Sexuality (CERES), Psychology Bldg., Room 503, San Francisco, CA 94132. A complimentary copy of the Journal is available from the publisher, The Haworth Press, Inc., 149 Fifth Av., New York, NY 10010. Requests must be on professional stationary.

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TRAVELING TO CHICAGO?

All Coalition members planning on visiting Chicago (or Madison or Milwaukee) are urged to contact Mark Behar, NCGSTDS Chairperson, so that he can arrange to visit with you during your stay.*****

MINUTES OF THE NOVEMBER 4th, 1981 ANNUAL MEETING OF THE NCGSTDS

Compiled from notes & audio tape transcriptions by Roger Gremminger & Mark Behar

[Proceedings of the meeting and STD roundtable are available on 3-120 minute cassette tapes. See p. 1 for details.] Number following asterisk below corresponds to agenda items.

*1 The meeting was called to order at 9am by Mark Behar, Chairperson, following a short welcome by our host, Thom Nylund, Administrator of Los Angeles' The Clinic--Gay & Lesbian Community Services Center. Roger Gremminger was appointed notetaker and Ron Vachon, time-keeper. Approximately 20 people attended, with the following Services represented: Los Angeles--The Clinic [formerly The Men's Clinic]--G&LCSG; New York--St. Marks, Gay Men's Health Project, and the Gay Community Services; Milwaukee--Gay Peoples Union/Fairwell Center STD Clinic; Houston--The Montrose Clinic; and Chicago--Howard Brown Memorial Clinic. After brief reports from members there was a brief discussion about pharyngeal gonorrhea (San Francisco city clinics are no longer testing for pharyngeal GC because of budget restraints, however there is probably no evidence to discontinue such culturing, especially since it is thought that pharyngeal GC may result in Deseminated Gonococcal Infection; incidence of pharyngeal GC caused DGI in gay men is unknown) and PPNG (no cases of PPNG identified in gay clinic patients in NY, LA, or San Francisco) and therefore it is not cost effective to pursue routine beta-lactamase testing in these gay Services.

*2 Membership--There are approximately 60 members as of November 1.

*3 Financial Report--A savings account was opened at the Milwaukee Western Bank. Roger Gremminger was appointed as cosigner for the account ("Rep-at-large"). The following financial data is for July 1--November 1, 1981. Income: Membership--\$513, Donations--\$50, Subtotal \$563; Expenses: Newsletter (incl. postage & photocopy)--\$388.53, Office Supplies--\$61.24, Meetings & Refreshments--\$19.13, Postage (excl. Newsletter)--\$66.50, Photocopy (excl. Newsletter)--\$35.34, L.D. Telephone--\$52.88, PO Box--\$10, National Gay Health Coalition & American Social Health Assn. Dues--\$70, Travel Expenses--\$17.20, Subtotal--\$725.89; Savings Account \$1731.36; Income--\$563; Expenses--\$725.89; Net Deficit for Year to Nov. 1--\$162.89; Net--\$1568.47.

*4 Chairperson Compensation--It was moved, seconded, and approved unanimously that the Chairperson be reimbursed for roundtrip airfare to the 2 NCGSTDS meetings held annually. This includes the \$310.50 for roundtrip from Milwaukee to Los Angeles for this meeting.

*5-6 Guidelines & Recommendations for Healthful Sexual Activity & Roundtable Discussion--Discussion was postponed until the afternoon's roundtable discussion, however the membership officially endorsed Bob Bolan's modification of the G&Rs printed in brochure form. [Later in the afternoon, the roundtable discussion was essentially very favorable concerning the G&Rs, however a few people objected to an implicit nondistinction between established fact and opinion or judgemental statements. No examples could be found to document the allegations, however.] Several points were made: 1) the G&Rs represent a gold standard or goal to be attained, and as the state of the art as we know it today, and that as new knowledge is learned, recommendations will undoubtedly change. Bob cited receiving a letter critical of the G&Rs signed by "Vonn E. Gut" It will be printed in the Newsletter to stimulate discussion about the G&Rs. 2) Any health practitioner or Service finding certain passages objectionable may modify the G&Rs to suit their individual community needs. Since the document is copyrighted, the basic ideas must be followed (and appropriate credit to the NCGSTDS be given) and it is asked that copies of the original G&Rs be consulted, along with Dr. Bolan's modification, and that copies of whatever revisions or modifications be sent to the Coalition. In addition, each STD Service or provider could print an insert to the brochure listing their hours of operation, services offered, etc., with a self-test similar to the Berkeley Gay Men's Health Collective Lifestyle Audit. 3) That to ensure immediate review & exposure of the G&R document by the national gay community, it was moved, seconded, & passed that the NCGSTDS initiate contact with the national gay media (especially The Advocate & Christopher Street) to critically and publically review the document. STD Services must followup with their respective local gay media for this to be effective.

*7 Incorporation Proposal--A committee was established to investigate corporate, not-for-profit status, and IRS 501(c)(3) tax-exempt status for the Coalition, especially in light of the anticipated STD Symposium. [See p. 1 for details about the Committee.] Members from different states were asked to obtain & share the necessary regulations from their

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MINUTES, Continued

jurisdictions. Results to be reported in the Newsletter. In the meantime, anyone wishing to take advantage of a tax-exempt credit may do so by "laundering" those donations either through the National Gay Health Education Foundation, Inc., or through Bay Area Physicians for Human Rights.

*8 National Gay Health Education Foundation, Inc.--The membership approved our earlier appointment/nomination of Alice Messing, Director, Philadelphia Community Health Alternatives and also nominated Jeff Richards, San Francisco, for the soon to be selected Board of Directors for that organization, this January. In addition to cosponsoring the Fourth National Lesbian/Gay Health Conference, the Foundation will also publish the National Gay Health Directory (available in May).

*9, 11 Fourth National Lesbian/Gay Health Conference (FNLGHC) & Site of Next NCGSTDS Meeting--The call for papers for the June 4, 5, 6 Conference in Houston was announced (see p. 3 for details). Members rejected the proposal to sponsor a Current Aspects of STDs--III Symposium (CASTDS) in Houston, either piggyback or associated with the FNLGHC because it was felt that real scientific/clinical issues that needed to be investigated would detract from the important social, political, and grassroots mission of the Conference. Members were encouraged to submit abstracts on socio-political issues involving gay health care delivery, as well as clinical issues geared to the lay person. Specifically: a) Ron Vachon, Jeff Richards, and Mark Behar (representing the Coalition) expressed intent to present a workshop on the G&Rs; b) Guidelines for implementation of the HBV vaccine to members of the gay community; c) at the request of National Gay Health Coalition members, an update on Kaposi's sarcoma, Pneumocystis carinii pneumonia, cytomegalovirus, and other opportunistic infections in previously healthy gay men; and d) gay VD clinic operations: volunteers, fundraising, quality assurance, and related topics. Coalition members also agreed that the Houston Conference would be an ideal site for our next official meeting. This was unanimously approved. During subsequent discussions, it was moved, seconded and unanimously passed that the Coalition organize a CASTDS in 1982, and empowered a self-appointed committee to investigate a potential site and date, to issue a call for papers, and review them, to contract with a professional conference organizer for running the Symposium, and to report back to the members in about 60 days. Two sites were discussed--Montreal, the site of the American Public Health Association's annual convention, and the site of next year's American VD Assn.'s meeting if it will be within the US or Canada. Reservations were expressed about meeting in Canada due to much publicized & documented homophobic harrassment by authorities there. [The APHA President, Stan Matek, an openly gay man, is aware of our concerns and we are awaiting an official response, to be reported in the Newsletter.] In considering a Symposium location, we must consider the support structures for such a Conference within a community (eg., gay professional associations, medical schools, etc.). [After the meeting, Key West, Florida, was also suggested as a possible site.] The goals of the Symposium are: a) Generation of scientific & clinical interest in gay STDs; b) Assist in local networking efforts of gay health workers in Montreal & Canada; c) Fundraiser to generate much needed operating expenses for the Coalition.

*10, 14 Importance of National Networking, and Political & Practical Consequences to Gay STD Programs of National and Municipal Support Cuts--Discussions on these topics was regreably deferred due to lack of time. Indirectly they were briefly discussed under other agenda items.

*12 Guest: Dr. Gene Washington, VD Control Division, CDC--Gene talked about the CDC's reorganization into 6 centers: 1) Prevention Services (includes VD Control Division, Div. of Immunizations, and TB Control Div.); 2) Training & Education; 3) Infectious Disease; 4) National Institute of Occupational Safety (still located in Washington, DC); 5) Health Promotion; and 6) Environmental Health. The issue of federal funding for gay STD Service projects (including research) came up. Since the CDC has been hit with the same budget cuts as other agencies, and since states block-grants are the Reagan Administration's preferred method for disposition of whatever funds are available, Services were encouraged to pressure their respective state & local governments for money. Statistics indicating quantity of services utilized must be the responsibility of individual Services. Thom Nylund recounted how Los Angeles County just never rehired those health department clerical positions that compiled VD statistics. In metaphor, there is no smog if you lower the air

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MINUTES, Continued

quality standards. If statistics give us the scope of the problem, than if there are no statistics, there is no problem!! Finally, the issue of the soon to be released hepatitis B vaccine was discussed in detail. A Task Force ^{proposed by David Ostrow, in absentia,} was created to primarily delineate strategies for the overall implementation of the HBV vaccine among sexually active gay men, and to describe all other related issues involving the vaccine. The position paper thus described would be addressed to the Advisory Committee on Immunization Practices (who will publish a paper in Morbidity & Mortality Weekly Report this spring). David Ostrow from Chicago's Howard Brown Memorial Clinic will be attending the Pan American/World Health Organization meeting in April to present on gay STDs (see page 3) and the position paper could serve as a framework for his presentation. Among other topics to be considered are: 1) What individuals within the sexually active gay population are at highest risk for acquiring & transmitting HBV? (Teenagers?) 2) Who'd benefit most with immunizations with regards to spread of the disease? 3) How can we identify & locate these high risk people? [Bath house clientele, eg] 4) For those unable to afford the vaccine (the poor, uneducated, sexually active young person, etc.), which is estimated to cost \$75-150 for the 3 immunization series, how can the vaccine be paid for? [see point 13 below] 5) Why do 5-15% of vaccinees fail to develop immunity to HBV? (Things to consider: vaccine handling/storage conditions; "immunosuppressed group"; age/general health factors; dose of vaccine--20 vs 40ug; who will assume liability for these failures? 6) How long does immunity last, and are booster vaccinations necessary? 7) What are the long term sequellae of chronic HBV infection? Can we "cure" or prevent those sequellae? What about noninvasive techniques to diagnose severity? Dr. Washington agreed that the Task Force was a good and necessary project, and that our proposed plan to involve other CDC officials in its development was a good one.

*13 Representatives from Merck, Sharp, & Dohme expressed regret at being unable to attend at the last minute. Discussion continued about Merck's involvement and investment in the vaccine. Approximately 85% of the vaccine is harvested from gay men in the US, however Merck apparently is seeking foreign sources for the vaccine (from Greece, Poland, Yugoslavia) however plasma harvested from Americans will be used for American vaccine production. The question of how much longer the services of gay men will be needed as antigen harvesters was brought up, as well as Merck's investment in recombinant DNA research for vaccine production (i.e., without gay men). It was felt that it will take at least 5 more years of research before this comes to fruition. Gay STD Service strategy should aim to corner the plasmapheresis market. San Francisco's The Resource Foundation (Jim Mercer) has created a "union of plasma donors" and coordinates clerical & support services for chronic HBV carriers. Thom Nylund reported that a cost benefit analysis reported on in Atlanta that if it costs greater than \$22.50 to test people for HBV antigen, than it's cheaper to mass vaccinate high risk individuals than mass testing them first. Perhaps here's where an agreement with plasmapheresis centers may be worthwhile.

*16 Other Business--There was a brief report on David Goodstein's (of The Advocate) new project, the TRIMENSA Company, which is planning to field test a "VD prophylactic lubricant" for anorectal use among prostitutes. The product is, or is similar to a vaginal spermicidal contraceptive cream. When asked why he didn't want to use gay men for testing the product, he said that the FDA may be more willing to approve the product if it wasn't tested on gay men. The Coalition has expressed interest in working with TRIMENSA. Some uneasy feelings were expressed concerning Dave Goodstein's possible profit-making motivations in this project. Invited TRIMENSA representatives did not attend the meeting. Another question concerning whether the NCGSTDS should get involved in other chronic diseases other than hepatitis--eg, the relationship between liver cancer & hepatitis; the need to study the prevalence of rectal cancer in gay men. We know a great deal about cancer and that it's environmentally related & preventable in many cases. We could have a great impact on the community by educating people about known risk factors, like cigarette smoking. Early detection doesn't prevent cancer. A suggestion to cross index the National Cancer Registry with the subscription lists of The Advocate, Christopher Street, and other gay printed media to see if gay men's names appeared more frequently than expected, was made at the September 15th meeting of officials of the CDC, National Cancer Institute, and private practitioners at the National Institutes of Health. The major questions asked at this meeting about Kaposi's

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sarcoma: Why Kaposi's sarcoma (KS)? Why now? Why gay men? If KS, something else too? Apparently there was a trend in increased numbers of KS and a corresponding decrease in age associated with the disease that began in 1976 but wasn't noticed until this year. Gay STD Services were encouraged to develop affiliations with major medical research institutions in their communities, who have money for research (and perhaps clinic support?) "in exchange" for gay patients (and data you've already collected) willing to assist in research projects, which would benefit the patients and the overall gay communities at large.

*15 Election of Mark Behar as Chairperson, for another term, and Roger Gremminger, as Representative-at-large (cosigner for the bank account) was unanimously approved (by acclimation).

*17 The meeting was adjourned at 12:30 pm. Refreshments (cheese, crackers, donuts, tea) were available during the meeting. A tour of The Clinic followed the meeting.

[Please Note: Those motions explicitly approved will become binding January 1, 1982, if no objections from membership are received by that time.]

THE RESOURCE FOUNDATION

excerped from Foundation Fact Sheet

"Hepatitis B is a common and wide-spread infection. Many infected individuals contract a mild febrile enteric infection and develop life-long immunity without even realizing that they have had hepatitis. However, approximately 5% of those contracting the infection develop a chronic form of the disease. Most of those people will develop a virulent infectious cirrhosis and die prematurely. And now hepatoma, a highly fatal liver cancer, has been linked to this hepatitis virus. It appears that people who carry the virus chronically, whether developing cirrhosis or not, are at high risk for the cancer. HBV is a common sexually transmitted disease in the gay male community and consequently is of epidemic proportions. It is also common among Asian immigrants and highly specialized health care workers, such as dialysis and plasma workers. A vaccine scheduled for release in 1982 which would successfully prevent infection by this type of hepatitis. It is expected to be expensive [see elsewhere in this issue]. The population which is most in need of the vaccine must be identified through HBV screening, and will often be the young and medically naive gay male. Consequently, special educational measures must be arranged. In addition, many of the people in need will be unable to afford and/or reluctant to "come out of the closet" to receive protection from this disastrous disease, presenting a unique medical problem.

"The Foundation was therefore created to stop and prevent the epidemic of hepatitis B in San Francisco through: mass HBV screening, a media education campaign, selected individual counseling, and direct distribution of the vaccine. The Resource Foundation is a non-profit community organization which is seeking community support in undertaking a mass screening of the gay male population for HBV antigen and antibody at no charge to the individual, his physician or clinic. The information received will be sent to the individual and his physician or clinic with the advice that they are either immune and safe, or active carriers of the virus and must seek medical care, or not immune to the virus and therefore in need of vaccination. The Foundation will not be providing medical care.

"Individuals who qualify as donors of plasma for the production of vaccine will be referred to a plasma collection (plasmapheresis) center where they will be paid commercially competitive donor rates. These individuals will also have free on-going laboratory monitoring of chronic cases provided to their physicians. Additional services under consideration include: 1) Development of a support group for chronic hepatitis patients; 2) The planning of audio-visual and lecture programs to be shown to populations which may need the vaccine; and 3) Whole blood drives organized from the group of patients who would qualify as blood bank contributors."

For additional information, please contact Jim Mercer, The Research Foundation, 930 Castro Street, San Francisco, CA 94117 (415/826-4397).