THE OFFICIAL NEWSLETTER OF THE

NATIONAL COALITION OF GAY STD SERVICES

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Articles for the Newsletter, or inquiries about membership in the Coalition may be addressed to Mark P. Behar, Chairperson, NCGSTDS, P.O. Box 239, Milwaukee, WI 53201-0239 (414/277-7671). Please credit the NCGSTDS when reprinting items from the Newsletter. We're eager to hear from you! All correspondence answered.

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ACYCLOVIR AVAILABLE FOR HERPES

Wellcome

Burroughs Wellcome Pharmaceutical Company recently announced the marketing of the antiviral drug acyclovir (ACV; Zovirax®) for herpes simplex virus (HSV) infections. The drug, first synthesized in 1974, is now available as an ointment for topical use in the management of cutaneous herpes labialis and genitalis. Clinical trials have demonstrated an improved healing time and in some cases, a decrease in duration of viral shedding (and infectivity) and duration of pain in initial and recurrent infections.

ACV is only marketed in 15 gram tubes and will cost approximately $15.50 wholesale (a year's supply). In an exclusive interview with NCGSTDS Chairperson Mark Behar, Dr. Ron Kenney, MD, Wellcome Medical Advisor for the Zovirax® Clinical Trials, stated that the vehicle (carrier) of the ointment, polyethylene glycol (PEG), causes unacceptable irritation and may have potential toxicity when applied repeatedly to mucus membranes and should therefore not be used for bucosal, intravaginal, or intrarectal lesions. An oral preparation is expected to be approved by the FDA within one year, for those purposes. He also stated that ACV is clinically effective for recurrent herpes genitalis & labialis, contrary to the product insert (which was a conservative FDA approved statement). Additional information is available from local Burroughs Wellcome representatives.

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HEPATITIS B VACCINE AVAILABLE JULY 1

Merck, Sharp, & Dohme Pharmaceuticals (MSD) is now taking orders for the hepatitis B vaccine through their branch offices (not wholesalers) for initial delivery by about July 1, 1982, three months earlier than expected. A press release officially advertising and announcing the vaccine's availability will be released at that time.

The vaccine will be sold in 3 dose vials, and according to Product Manager Tim Williamson, will cost: $103.50/vial for 1-2 vials ($34.50/dose); $100.50/vial for 3-9 vials ($33.50/dose); $98.50/vial for 10-29 vials ($32.84/dose); and $97.50/vial for 30 or more vials ($32.50/dose). Due to a small inventory, demand will exceed the initial supply, which will result in backordering, however MSD will be taking steps to prevent stockpiling of vaccine by the more affluent and is encouraging the vaccination of high risk individuals as a priority (see related article about the Ad Hoc Task Force recommendations, page). New supplies of vaccine will be available approximately every 4 weeks for the remainder of 1982, and is expected to be increased to about every 3 weeks in 1983.

Gay STD Services and providers are urged to contact their local MSD branch office directly for placing orders. Orders will be accepted and shipped on a first come, first serve basis.

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NCGSTDS ANNUAL MEETING//FOURTH NATIONAL LESBIAN-GAY HEALTH CONFERENCE--RSVP NEEDED!

The annual meeting of the NCGSTDS is scheduled for Friday, June 4, 1982, 1:30 pm (tentative) at the University of Houston/Fourth National Lesbian/Gay Health Conference (exact place and room to be announced in the Conference Program). Workshops scheduled at that time will be repeated on Sunday afternoon, according to Conference Co-Chair Gary Treese. Additional information, a preliminary schedule, fees, registration, and housing is given in the enclosed brochure, or directly from Conference Planning Committee: FNLGHC, 900 Lovett Bldg. Suite 102, Houston, TX 77006, or by calling 713/529-0037.

The following agenda items will be discussed: 1) revision of the dues structure; 2) proposed Current Aspects of STDs--III Symposium in Seattle in conjunction with the European STD Society, June, 1983; 3) election of NCGSTDS chairperson; 4) discussion of the Ad Hoc Task Force for Vaccination Strategies for Sexually Transmitted Hepatitis B (report is enclosed with this Newsletter), and actions; 5) next Coalition meeting during the American Public Health Association's Annual Meeting in Montreal, sometime during the week of November 15-19, 1982; 6) the Acquired Immunodeficiency Syndrome; 7) revised Guidelines & Recommendations for Healthful Gay Sexual Activity; and 8) importance of networking. Additional agenda items are invited, but should be turned in to the NCGSTDS (PO Box 239, Milwaukee, WI 53201) by May 21 in order to be printed on the official agenda. As always, the meeting will be tape recorded on audio cassette for the benefit of members unable to attend. RSVP ON THE ENCLOSED CARD IMMEDIATELY, SO THAT WE MAY BETTER PLAN FOR THE MEETING! (SERVICES ONLY!)

Conference coordinators have kindly (and wisely) scheduled all STD related workshops for Saturday, June 5. Coalition members will be presenting workshops on four topics: 1) Healthful Gay Male Sexual Activity (the Guidelines & Recommendations, revised); 2) The Preliminary Report of the Task Force on Vaccination Strategies for Sexually Transmitted Hepatitis B Infection; 3) A Guide to Gay STD Clinic Operations (with much discussion from Coalition members & friends); and 4) Clinical Update on Acquired Immunodeficiency Syndrome/Kaposi's sarcoma, etc.--we will be participating in a workshop cosponsored by Dr. Peter Mansell of the University of Texas's M.D. Anderson Tumor Institute; our topic will be community education & prevention/health maintenance in light of the theories of the Syndrome. Dr. Jim Curran of the CDC's Special Task Force on Kaposi's sarcoma & Opportunistic Infections will be discussing the CDC's surveillance activities and epidemiological studies. (See related story on page 20.)

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GAY HEALTH CARE WORKSHOP AT FNLGHC

Coalition member G. Barry Gaspard of Denver, Colorado plans to present a 90 minute workshop at the Fourth National Lesbian/Gay Health Conference on "Gay Health Care--Mobilizing Communities Towards Self-Reliance." An abstract follows.

"Most large urban centers are experiencing considerable growth within their gay communities. Along with this growth has come alarming increases in sexually transmitted diseases among gay male populations. Gay communities have been organizing in the past few years, becoming more open, more political, and more self-reliant. The role of governmental agencies in providing free health care to the gay community is compromised by cuts in Federal spending, and greater reductions are inevitable. There is obviously a need for gay communities to give serious consideration to alternate control methods for STDs.

"Given this scenario, Denver's gay community was mobilized to begin taking some responsibility for its STD problem. SAFE WEEK 1981 was both a public relations and an STD Screening campaign conceived and organized by gay men in the hope of fostering good health-care-seeking behavior as an integral part of our onsiderable sexuality.

"Why this was done, how this was done, future scenarios for gay STDs, control of STDs through active gay participation, and reducing gay dependence on external agencies for health care are topics that will be covered through a workshop/discussion. Included will be a historical

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GAY HEALTH CARE WORKSHOP AT FNLGHC, Continued

perspective on gay STD problems (ie, limitations of past and present control methods), and a discussion of alternate approaches. The presentation will include a brief history of Denver's gay community and recent trends in local morbidity, leading to the rationale behind, and the organization of, Denver's first SAFE WEEK. The logistics of organizing and coordinating a community-wide campaign will be the major focus of the workshop."

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GAY & LESBIAN HEALTH CARE TAUGHT AT SF MED SCHOOL

April 12, 1982 marked a momentous turning point in medical education with regard to gay and lesbian health care issues. On that date was the first meeting of the course: A Clinical Approach to Gay and Lesbian Health Care, an elective within the Department of Family Medicine at the University of California--San Francisco Medical School. Aimed at medical students, it presents a comprehensive survey of the medical, psychological, sexual, and social issues that face lesbians and gay men and includes presentations about minority gays, aging gays, drug dependent gays, and tries to present a model to future clinicians for competant, caring, health care. Robert Bolan, MD, a Clinical Instructor at UCSF, is the Coordinator and Faculty Sponsor for the course.

Topics to be presented include: approaching the gay patient: how to take an unbiased history; psychological aspects: homosexuality myths vs. realities--an examination of current concepts in the development of a gay identity and the consequences of homophobia; a historical perspective: the role of organized medicine in the stigmatization of homosexuality; lesbian issues: a discussion of the special lifestyle and health care needs of gay women; psychological aspects: gay lifestyles--an examination of the diversity of gay lifestyles with emphasis on providing psychological counseling; the gay world: a social and epidemiological perspective; medical case discussions: prostato-urethrisis/nasopharyngeo-stomatitis & multiple systemic syndromes, enteritis/proctitis, discrete skin lesions, and the asymptomatic patient; geriatrics: the aging homosexual; violence/sexual trauma: gay men and lesbians are often victims; minority gays & lesbians: the special problems of being a minority within a minority; and alcoholism & substance abuse: a discussion focused on the special problem of drug addiction in the gay community. For suggestions or additional information about the course, contact Dr. Bolan, 667 Lakeview Av., San Francisco, CA 94112.

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HEALTH CARE LOBBYING LESSONS
thanks to David Kessler, MD, Bay Area Physicians for Human Rights (BAPHR)

Dr. David Kessler, MD, from San Francisco's Bay Area Physicians for Human Rights (BAPHR) was one of several individuals instrumental in lobbying the American Medical Association at their Las Vegas meeting to be more alert to the health care needs of gay people. The American Medical News (12/18/81) carried a front page story announcing that, "The AMA will take a leadership role in educating physicians to be attuned to recognize the physical and psychological needs of their homosexual patients."

Six important conclusions about the lobbying efforts are presented, courtesy of the BAPHRON: 1) The squeaky wheel still gets the grease. Change is not likely to take place if no one addresses the issues. Organizations like the AMA dislike controversy, and we can usually count on a number of supporters once we make our position known. 2) Join with friends & allies. In this case, the medical students and house staff, members from the California State delegation, and the Psychiatric Section Council were especially helpful. 3) It helps to be on the inside and to know the system you are trying to effect (relevant organizational & political process). 4) Get in early, and don't stop pushing, but be prepared to compromise at the point where you feel there is nothing more to be gained. The issues that

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HEALTH CARE LOBBYING, Continued

we are trying to influence undergo a lengthy process of education and attitude change. This type of process is not likely to take place quickly and completely. 5) Remember the importance of person-to-person contact. It is better to write a letter than to fume silently. A telephone call may be better than a letter. Best of all is meeting face-to-face so that the other person can begin to know who you are and not only what you have to say. 6) Remember, your mere presence is an education for the others. Even if you don't win any substancial issues, you are in a position to provide information. Because of who and what you are, you are helping to change attitudes. It seems hard to believe, but many of the people you are lobbying havenever knowingly seen or talked to a gay professional.

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MERCK, SHARP, & DOHME CONTRACTS WITH NCGSTDS

The NCGSTDS recently entered into a contract with Merck, Sharp, & Dohme Pharmaceuticals as an independent contractor to provide the names, addresses, and phone numbers of all nonconfidential members and friends for the purposes of improved marketing strategies of their new hepatitis B vaccine (see related article elsewhere). A sum of $1000 was donated to the Coalition, which will assist in the publication and postaging of educational materials (primarily the Newsletter and the Guidelines & Recommendation's brochure). MSD officials decided in favor of the donation/contract rather than affiliating as an associate/corporate member for $250.

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MEDICAL ASPECTS OF SEXUAL ORIENTATION SYMPOSIUM//AMERICAN PHYSICIANS FOR HUMAN RIGHTS

The Second Annual Symposium of Medical Aspects of Sexual Orientation will take place June 25-26, 1982, at the San Francisco Medical Society Auditorium, according to sponsor Bay Area Physicians for Human Rights (BAPHR). The Symposium is designed to increase the practitioner's understanding of the psychological and social functioning of gay men and lesbians, and to increase the practitioner's knowledge of the treatment of medical and psychological problems encountered by gay men and lesbians. Up to 10 hours of category I Continuing Medical Education (CME) is available to physicians.

Topics to be discussed include: research and the gay community; the aging gay; lesbian relationships; proctology; health issues of lesbians; alcoholism in the gay relationship; Kaposi's sarcoma update; more on coupling--gay male relationships; and clinical updates on hepatitis, prostatic disease, & sexually transmitted diseases.

The first annual meeting of the American Association of Physicians for Human Rights (AAPHR) will meet during the Symposium. Cost of the Symposium before and after June 15, 1982 is: $150/175 for MDs, PhDs; $75/100 for house staff, allied professionals; $30/55 for medical students. Additional information and registration is available from: Dr. James P. Krajeski, MD, 2001 Union St., Suite 340, San Francisco, CA 94123, or Dr. Richard L. Andrews, MD, 179 Lower Terrace, San Francisco, CA 94114.

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GAY PHARMACY GROUP

Anyone knowing of information about a gay pharmacist's group, or interested in starting such a group, is asked to contact: Pat Waters, RPh, 721 S. Forest Street #210, Ann Arbor, MI 48104 (313/665-5027). Thanks!

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MONTREAL PRESS'S VD HANDBOOK TO BE REVISED

from press release

The Montreal Health Press has received many requests for a revision of the VD Handbook (3rd Edition, 1977). Authors Donna Cherniak and France Tardif feel the time has come to go a step further: to produce an entirely new book on sexually transmitted diseases, that goes beyond the VD Handbook in both analysis and presentation. Your help is needed to do so. Please send us your favorite article or pamphlet, your most burning concern, your worst horror story, or your funniest joke. If there is a particular point that you feel should be covered, please let us know. As publication is planned for early 1983, research should be completed this spring. Address all inquiries or suggestions to: Donna Cherniak, Coauthor, A Book About STDs, Montreal Health Press Inc., P.O. Box 1000, Station "G", Montreal, Quebec, H2W 2N1 Canada, or phone 514/272-5441.

Proposed topics for the book include:anatomy; basic ideas about infectious diseases; sexual repression; the law; going for treatment; prevention; and the following diseases; vaginitis, chlamydia, herpes, venereal warts, pubic lice, scabies, molluscum contagiosum, gonorrhea, syphilis, nongonococcal urethritis, chanchroid, lymphogranuloma venereum, granuloma inguinale, hepatitis, and intestinal parasites. (NCGSTDS NOTE: The NCGSTDS has already requested that the AIDS and other gay STD problems be addressed in the book. Your reinforcing this proposal will help to insure its adoption!) The authors would also like to discuss bladder infections, toxic shock syndrome, cancer of the cervix, endometrium, breast, & testicles, and hemorrhoids. "And if there's still room. . . the common cold!" according to the authors. Finally, a section on resources with a bibliography is planned.

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HOMOSEXUAL HEALTH REPORT ANNOUNCED

from press release

Mary Ann Liebert, president of Mary Ann Liebert, Inc., has announced a new newsletter, Homosexual Health Report, which will make its debut in April. The publication, edited by Dr. David Ostrow, will focus on health problems related to homosexuality and homosexual behavior. Ms. Liebert said that there is a critical need for the dissemination of information about the medical problems of this group. "In addition to the traditional venereal diseases and the so-called tropical diseases, homosexuals may have certain defective immune responses that are becoming issues of great concern. Such diseases are Pneumocystis pneumonia and Kaposi's sarcoma. Homosensual Health Report will report on research findings, diagnosis, and therapy."

"The increased awareness of medical problems specifically related to homosexuality and the recognition of the psychological problems facing these groups," said Dr. Ostrow, "has been accompanied by the development of health care facilities and concern within the homosexual communities and the recognition by the medical profession at large for additional knowledge regarding problems that are particular to these groups. This newsletter will fill the gap between the rapid rate of new discoveries and improvement of health care services for the homosexual communities." Some problems and topics covered will be: Sexually transmitted disease--traditional and newly identified; psychological problems as a consequence of homophobia; new advances in diagnosis and treatment of infectious diseases; problems of drug use and physical trauma; government policy and regulation. In an exclusive interview with the NCGSTDS Newsletter, Dr. Ostrow stated that he hoped that the Homosexual Health Report will allow for rapid publication of of new and important information that usually takes months or years in the traditional time-lag of the established clinical and scientific journals. David Ostrow, MD, PhD, is the Director of Research of the Howard Brown Memorial Clinic of Chicago, which is the largest gay community sponsored and run venereal disease center. He is also Assistant Professor of Psychiatry and Community Medicine-Epidemiology at Northwestern University Medical School.

Homosexual Health Report will be published quarterly in 1982, and bimonthly in 1983.

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PRELIMINARY REPORT OF THE TASK FORCE ON VACCINATION STRATEGIES FOR SEXUALLY TRANSMITTED HEPATITIS B INFECTION

(The following is a preliminary report from the Ad Hoc Task Force on Vaccination Strategies for Sexually Transmitted Hepatitis B Infections held at the Centers for Disease Control, Atlanta, March 25-26, 1982. The report is the product of 2 days of meetings by experts in hepatology, epidemiology, immunization practices, and STDs. A list of participants follows the report. The report will be discussed in workshops at the Fourth National Lesbian/Gay Health Conference in Houston, June 4-6, at the American Public Health Association's Annual Convention in Montreal, November 15-19, among other places, and will be published in the summer issue of the Journal of Sexually Transmitted Diseases. The Advisory Committee on Immunization Practices (ACIP) will incorporate the report into their recommendations, which will also receive wide medical coverage (viz., Morbidity & Mortality Weekly Report, New England Journal of Medicine, Annals of Internal Medicine, et al.). THE PRELIMINARY REPORT IS EXPECTED TO BE FINALIZED BY THE END OF THE YEAR AND YOUR CRITICAL REVIEW IS THEREFORE NEEDED. PLEASE ADDRESS ALL FEEDBACK TO EITHER: Mark Behar, Chairperson, NCGSTDS, Task Force Secretary, PO Box 239, Milwaukee, WI 53201, or Dr. David Ostrow, MD, PhD, Task Force Organizer, 155 N. Harbor Drive, #5103, Chicago, IL 60601.)

Introduction

Sexual transmission may account for up to 50 percent of all new hepatitis B virus (HBV) infections in the U.S. Homosexually active men are at extremely high risk of contracting HBV infection. Approximately 20 percent of HB cases reported during 1981 in the CDC Sentinel County Study were in homosexually active men. In addition, prospective studies undertaken in sexually transmitted disease clinics in several U.S. cities have reported that the annual incidence of infection in seronegative homosexually active men is 20-40 percent. The annual direct U.S. medical and work-loss cost estimate of HBV infections in homosexually active men is at least $70,000,000.

Because of the high rate of sexual transmission of HBV and the occurrence (approximately 10 percent) of chronic HBV carriers, the homosexually active male population represents a core group of major epidemiological importance. Early immunization of this group with hepatitis B vaccine is therefore a high priority because reduction of infection of this core group would reduce the overall incidence of hepatitis B infection in the U.S.

The availability of the hepatitis B vaccine recently licensed in the U.S. (Merck, Heptavax B) could greatly reduce morbidity due to sexually transmitted HBV infection. However, high cost of the vaccine and sociocultural barriers to health care utilization can decrease the impact of the hepatitis B vaccine in the homosexually active male population. To promote the effective use of the hepatitis B vaccine, a Task Force was organized to make recommendations for the vaccination of persons at risk for sexually transmitted HB infection. The following preliminary guidelines are submitted for consideration and comment.

Public Health Considerations

I. Recommendations

A. Homosexually Active Men. All susceptible* homosexually active men should be vaccinated regardless of current or past sexual habits, age or duration of homosexual activity. The interval between serologic testing and vaccination should be as short as possible to ensure effective utilization of the vaccine.

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VACCINATION STRATEGIES, Continued

B. Susceptible Heterosexual Contacts to Acute HB Cases. Susceptibility* in heterosexual contacts to acute HB cases needs to be determined prior to any post-exposure prophylaxis. Alternatives for post exposure prophylaxis include HBIG, HB vaccine, or both. Concurrent administration of HBIG and HB vaccine does not alter the immune response to the latter. Studies currently underway comparing these approaches may permit more definitive recommendations in the future.

C. Susceptible Heterosexual Contacts to HBV Carriers. Susceptible* contacts should receive hepatitis B vaccine.

D. Prostitutes. The risks and prevalence of HBV infection in prostitutes have not been determined in the US. However, HB vaccination of susceptible* prostitutes is recommended.

E. Homosexually Active Women. There is no evidence for increased risk of sexually transmitted HBV infection in homosexually active women. Routine vaccination of this group is not a priority recommendation.

*Susceptibility of contacts to HBV infection should be determined prior to vaccine and/or HBIG administration by appropriate serologic testing, see II.B.

II. Strategies

A. Identifying and Educating Priority Subpopulations. Because the greatest risk is to those men who most recently began homosexual activity, the major effort must be to inform adolescents of the risks of HBV transmission and the availability of serologic tests and vaccine. Specifically, all school health education programs should communicate to their students the high risks of HBV infection that will be experienced by homosexually active males. In addition, college and community organizations of homosexually active persons and public health departments and clinics should make special efforts to identify high risk individuals and encourage them to seek serologic testing. Publicity and educational programs should include formal and informal methods and may be developed cooperatively with plasma collection centers and the vaccine manufacturer.

B. Tests for Susceptibility to HBV. Because the above recommendations depend upon knowledge of susceptibility to HBV, strategies must be developed for serologic testing. Health care providers should make available the recommended serologic tests (to be determined by the Advisory Committee on Immunization Practices (ACIP) recommendation and test availability and cost) to the above higher risk populations for whom vaccine is recommended. Innovative strategies to help cover the costs of serologic testing in the public sector may include co-payment, donations, and cooperative agreements with plasma service centers.

C. Vaccine Administration. High cost and the requirement for multiple, widely spaced dosing will present formidable obstacles to successful vaccination of high risk individuals, expecially those who are young and of limited financial resources.

1. Public Health Facilities - Efforts should be made to obtain, through existing Federal, State, and local immunization programs, the funding for HB vaccination of high risk individuals of limited income.

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VACCINATION STRATEGIES, Continued

2. **HMOs, Third Party Health Care Providers and Insurers** - These providers and insurers should make vaccine available to high risk enrollees based upon the demonstrated favorable cost benefit considerations.

Community Clinic Considerations

I. Statement of Problem

Free and community clinics and health groups will have financial difficulty in providing serologic testing and vaccine to indigent individuals. Ironically, these clinics serve as the primary health care provider to many susceptible homosexually active men.

II. Recommendations:

Serologic testing and HB vaccine should be provided by such clinics on a sliding scale basis and sources of funding should be developed for providing these services at reduced rates to low income patients.

III. Strategies

1. Any clinic or STD testing site serving the homosexually active male community should be encouraged to develop an HB vaccination program. In those cities where such facilities do not exist, there may be other organizations or groups concerned with the health of homosexual patients who might collaborate with private physicians and the public sector to organize vaccination programs.

2. Because of their demonstrated effectiveness in serving a sector of the homosexually active population not reached by other health providers, these community clinics could have a unique role in implementing a successful HB vaccination program. The program offered by community clinics should include not only serologic testing and vaccination, but should emphasize public education and outreach activities.

3. Public monies for HB vaccination programs should be made available to such community clinics. Clinics may wish to require that patients buy the entire 3-dose series on the first visit, reserving the vial in the clinic dispensary for subsequent visits. Any payment plan should also include the cost of serologic testing. Cooperative arrangements between plasma collection agencies and community clinics can be used to provide serologic testing and limited supplies of vaccine for indigent individuals participating in sliding-scale vaccination programs.

Special Population Considerations

1. Rural Residents

Homosexually active men residing outside major metropolitan areas may be at high risk, but particularly difficult to test and vaccinate. Educational materials identifying testing and vaccination sites should be available at local gathering places for homosexually active men in rural areas. Other information should be published in newspapers, magazines and newsletters directed at homosexually active men residing

VACCINATION STRATEGIES, Continued

in rural areas, and these items should recommend that homosexually active men call a toll-free national or local STD hotline for directions to nearby testing and vaccination sites.

2. Prisoners

Male prisoners may be at higher risk of sexually transmitted HBV infection, and such individuals should be screened and susceptible individuals immunized.

Private Sector Recommendations

1. Physicians in private practice who already serve homosexually active men should establish programs for serologic testing and vaccination of their patients.

2. All physicians should be encouraged to identify and vaccinate susceptible individuals at high risk, including homosexual men, and sexual contacts of acute HB cases or HBV carriers. Physicians preferring to not develop their own vaccination programs should refer susceptible high risk individuals to colleagues, public health or community clinics offering such programs.

3. Groups offering HB immunization programs should make efforts to inform private practitioners about those programs.

Evaluation Strategies

An essential component of any immunization program in high risk groups should be an evaluation of the effect of the vaccine in that group. Specific questions may be addressed, and the results may permit more effective use of the vaccine in the future:

1. What proportion of the high risk group received the vaccine?
2. For those who did not receive the vaccine, what were the reasons for nonvaccination?
3. Is there a decrease in the incidence of HBV infection in the high risk group in relation to vaccination?
4. What proportion of the population at high risk needs to be vaccinated to decrease the incidence of HBV infection in that high risk group to various levels? To zero?
5. What is the cost-benefit ratio for vaccinating the high risk group?
6. What is the risk and nature of untoward effects?

A most comprehensive method of evaluation would be to study a series of cities in which different proportions of the high risk group (e.g. 30, 60, and 90 percent) are vaccinated and the reduction in HB morbidity compared with matched control populations in which no special effort to supply (or prevent) vaccination is made. An intensive surveillance system would be set up in these cities to monitor reporting before and after the vaccination program is started.

An alternative, simple surveillance system that might be especially useful in following trends of HBV incidence in homosexually active men would be to screen both syphilis patients and their contacts for HBV. The trends of both serologic tests might be a crude measure of the effectiveness of the immunization program.

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VACCINATION STRATEGIES, Continued

On a more sophisticated level, a computer model might be developed to simulate the disease process and the effect of immunization programs. If the surveillance in several cities with different levels of vaccination agrees with the levels predicted by the model, then this model might be used as an inexpensive, rapid method to predict disease trends with other levels of vaccination.

At a minimum, surveillance of the numbers of HB cases and numbers of persons vaccinated should be maintained by all metropolitan areas, with special emphasis given to reporting by clinics and physicians serving homosexually active men. Post-marketing surveillance of untoward effects (supported by industry) is also essential. Special efforts must be made to set up measuring systems that are not only precise but consistent.

Future Research Needs

Many questions remain about the epidemiology of sexually transmitted HBV infection, chronic liver disease, and the use of HB vaccine. Although homosexually active men are clearly at high risk for this infection, the risk for heterosexually active individuals, prostitutes, and prisoners is not well established.

Among urban homosexually active men, 3 to 5 percent are carriers of HBV and the long-term outcome for these carriers is unknown. How many will develop chronic active hepatitis, cirrhosis and liver failure or primary hepatocellular carcinoma? Is the prognosis for homosexually active men who are carriers different from other carrier populations? Counselling of chronic carriers concerning infectivity to sexual partners and ways of reducing the potential risk for sexually transmitted HB is currently occurring in a number of major metropolitan communities. Research aimed at evaluating the effects of various counselling and educational approaches to sexual behavior and even disease transmission is of potentially great value for both HB and other STDs with chronic carrier states. The treatment of chronic carriers is controversial. The value of corticosteroids for chronic HB is now being questioned and a role for anti-viral agents (ARA-A), immunotherapy (interferon) or HB vaccine has yet to be established. Further questions remain as well about use of the vaccine. How long will the vaccine protect and when will booster dose be needed? Can the dose be reduced below 20 micrograms per injection without loss of efficacy? Will post-exposure vaccination be effective? Are there as yet undetermined side effects of the HB vaccine? Five to ten percent of vaccine recipients fail to develop an antibody response. Why do they not respond and will they benefit from repeat vaccination? Can we predict vaccine non-responsiveness from genetic and/or immunological testing prior to vaccine administration? Finally, it will be important to determine how effectively HB vaccine reaches groups at high risk of sexually transmitted HBV and whether the incidence of disease is reduced.

Following is a list of Task Force Members: Alfred Baker, MD, Chief, Liver Studies Unit, University of Chicago Department of Medicine; Mark Behar, PA-C, Task Force Secretary, Chairperson, NCGSTDS; William Darrow, PhD, Research Sociologist, Center for Prevention Service, Centers for Disease Control; Don Francis, MD, Chief, Epidemiology Section, Phoenix Hepatitis Laboratories, CDC; Roger Gremminger, MD, Medical Director, Gay Peoples Union STD Clinic; King Holmes, MD, CDC STD Research Center, USPHS Hospital, Seattle; Frank Judson, MD,

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NEWS FROM THE PHILADELPHIA COMMUNITY HEALTH ALTERNATIVES--A LESBIAN & GAY PROGRAM

from press release

Philadelphia Community Health Alternatives (PCHA) congradulates its Executive Director, Alice Messing, for being the recipient of two prestigious awards in one weekend. Alice received DIGNITY's 4th Annual Community Service Award for "Outstanding Service to the Gay and Lesbian Catholic Community," April 3 at the Philadelphia Engineer's Club. PCHA's grand openning at the Metropolitan Community Church, 1706 Fairmont Av., Saturday, May 1. She promised that the PCHA would continue to work in a spirit of cooperation with other community organizations--both religious and secular.

A second award was presented, April 4 for her professional management of PCHA. The Gay News Lambda Award for Businesswoman of the Year was her prize at the awards ceremony held at the DCA Club. PCHA's clinic will continue to bring screening for venereal diseases to the people--at baths, bars, and in the new Gay Community Center of Philadelphia located at Locust and Camac Streets. Research into cytomegalovirus and Kaposi's sarcoma, two increasingly dangerous diseases, as well as a special health maintenance program for women, are among the new projects PCHA is undertaking. Alice also announced that the Philadelphia Department of Public Health has renewed its contract with PCHA this year. PCHA currently provides screening and treatment for venereal diseases at the EROMIN Center, Fridays, 6:30-9 pm (call 215/222-7782 during clinic hours, for appointments; walk-ins also invited). Improved and expanded clinical service is expected soon.

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HAWORTH PRESS ANNOUNCES NEW PUBLICATIONS

Enclosed with this Newsletter is an announcement and order form for several new publications from the Haworth Press. The Research on Homosexuality Book Series covers homosexuality and the law, historical perspectives, a philosphical and scientific inquiry into the nature and causes of, psychotherapy (handbook of affirmative models for practitioners), alcoholism, and homosexuality in literature. For more information, consult the enclosed brochure, or write directly to the Haworth Press, 28 East 22nd Street, NY 10010.

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LONG DISTANCE TELEPHONE EXPENSES

It is estimated that the Coalition will spend around $300 on about 150 long distance telephone calls for the 1981-82 fiscal year and is searching for ways to reduce these expenses. Anyone having experiences with the MCI, Sprint, or other "budget" long distance systems is asked to contact the NCGSTDS to report on cost, quality, and other factors. Tahnks!

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VACCINATION STRATEGIES, Continued from page 10

Director, Disease Control Service, Denver Metro, Health Clinic; Saul Krugman, MD, Professor, New York University Medical Center; Thomas Nylund, Administrator, Men's Clinic, Gay & Lesbian Community Services Senter, Los Angeles; David Ostrow, MD, PhD, Task Force Organizer, Director of Research, Howard Brown Memorial Clinic, Chicago; Gladys Reynolds, PhD, Chief, Statistical Services Section, Center for Prevention Service, Centers for Disease Control, Atlanta; Cladd Stevens, MD, Associate Investigator, Department of Epidemiology, New York Blood Center; and Sumner Thompson, MD, Chief, Clinical Studies Section, Center for Prevention Service, Centers for Disease Control, Atlanta.

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GUIDELINES & RECOMMENDATIONS UNDER REVISION

The Guidelines & Recommendations for Healthful Gay Sexual Activity are presently being revised. The new edition will be included in the next issue of the Newsletter, and will have updates on Kaposi's sarcoma, Acquired Immunodeficiency Syndrome, and more! **********

COMMUNITY ADVOCATE FOR AIDS VICTIMS ENCOURAGED
by Robert K. Bolan, MD

In December, 1981, the New England Journal of Medicine (NEJM) led off with what is just the beginning of the scientific literature on the Acquired Immunodeficiency Syndrome (AIDS), the majority of whose victims are gay men. As an editorial in that same issue noted, the number of combined authors of the included papers comfortably exceeded the number of patients presented.

The clues suggest the possibility of viral human oncogenesis and obviously considerable kudos will go to the researchers who discover significant pieces of the puzzle. Once again, gay men will probably contribute positively to improved understanding and hopefully control of serious disease processes.

Unfortunately, I am enough of a cynic to seriously question whether the general welfare of potentially gravely ill and frightened gay men will be appropriately addressed by competing institutions and, probably more significantly, by competing researchers within a single institution. I suggest that every Coalition member service in whose community there are cases of the AIDS and an institution interested in research pursuits should form a community advocate group which would monitor the adequacy of support services, adequacy of information given to patients, and their understanding of it. Probably the most appropriate way to accomplish this would be to have a patient advocate sit on the human experimentation committee of each institution proposing study on any component of the AIDS. Obviously, the members of such a group must be carefully chosen; they will have to be fairly knowledgeable about the scientific process with which puzzles such as AIDS must be investigated so as not to obstruct inquiry unnecessarily.

If this were instituted, such a Coalition contingent might form a communications network through the Newsletter that might help coordinate inter-institution colloborative studies. Additional thoughts on this proposal may be addressed to Mark Behar of the NCGSTDS, or to myself. Hopefully the issue will be discussed in detail at the Kaposi's sarcoma/AIDS workshop at the June Fourth National Lesbian/Gay Health Conference in Houston.

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MORE ON AIDS/KAPOSI'S--SOCIETY FOR THE STUDY OF SOCIAL PROBLEMS
by William W. Darrow, PhD

At the annual meeting of the Society for the Study of Social Problems, a session will be offered on, "Integrating Sociology, Medicine, and Public Health: The Special Case of Kaposi's Sarcoma Among Homosexual Men." The session will be co-sponsored by the Sexual Behavior Division; the Health, Health Policy and Health Services Division; and the Sociologists' Gay Caucus of the SSSP.

Among the speakers will be Dr. Bob Bolan of the Bay Area Physicians for Human Rights and the NCGSTDS, Dr. Selma Dritz of the San Francisco City/County Health Department, and Dr. Alex Kelter, a member of the Task Force on Kaposi's Sarcoma and Opportunistic Infections at the Centers for Disease Control. Mike Gorman (also a member of the NCGSTDS) will lead the discussion. The meeting will be held Sunday afternoon, September 5, 1982, at the Sheraton-Palace Hotel in San Francisco. Persons attending the American Academy of Family Physicians Annual Meeting and all others are certainly welcome. The registration fee is $15. For additional information, contact Professor Meredity Gould, 54 Leigh Avenue, Princeton, NJ 08540 (609/921-2572).

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MORE ON AIDS/KAPOSI'S--MULTIDISCIPLINARY CLINIC//BAPHR BROCHURE//USE OF POPPERS

*****The University of California San Francisco has organized a multidisciplinary Kaposi's Sarcoma Clinic which includes a psychological support component in addition to the clinical departments of dermatology, immunology, and oncology. Currently they are seeing 22 men

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AIDS/KAPOSI'S, Continued

with Kaposi's (as of April 1, 1982). As is the case in all research centers where there are cases of the adult acquired immune deficiency syndrome (AIDS), UCSF investigators are actively engaged in work trying to piece this frightening puzzle together. Dr. Selma Dritz, Assistant Director, Bureau of Communicable Diseases for the City and County of San Francisco, is the health officer to which all cases of Kaposi's in the Bay Area should be reported; she will then report to the Centers for Disease Control in Atlanta.

*****Bay Area Physicians for Human Rights (BAPHR) is planning a color brochure similar to the one prepared by Drs. Conant and Groundwater several months ago. The new brochure will be aimed to a lay audience.

*****In August, 1981, a gay businessman in San Francisco became interested in the opssible ill effects of long term poppers use. He energetically managed to acquire what is thought to be all the world's scientific and lay literature on amyl and butyl nitrite use. Bay Area Physicians for Human Rights began reviewing the material in October. Recently, they released a statement calling for the labeling (either the product or at the point of sale) of the inhalent nitrites warning users of the known short-term injurious effects of using the volatile nitrites as inhalent drugs and warning them also that long term effects were unknown. BAPHR was concerned about the rat and bacterial data suggesting carcinogenicity and was also concerned about the recent study by National Cancer Institute investigators suggesting a link between reverved helper:suppressor T-lymphocytes, lymphadenopathy and inhalent drugs use. Although that particular study was small and flawed in that other drugs (among other factors) were not looked at and that there was some cross over into the non-adenopathic group, it served to point up the total lack of knowledge about the long term use of poppers. BAPHR also thought it would be appropriate for the manufacturers to fund needed research in the same way that any drug manufacturer would have to under the FDA. Obviously, part of the problem has been the ability of the manufacturers to avoid having the volatile nitrites classified as drugs as long as they don't specifically advertise them that way. BAPHR took the stand that there are enough health concerns that it is time to end the "room deodorizer" game. A statement was prepared with references, by NCGSTDS & BAPHR member Dr. Bob Bolan, and presented to the San Francisco Board of Supervisors Health and Environment Committee on March 23. The City will be deciding on the labeling at the point of sale issue. There was considerable press coverage, and the Food and Drug Administration may be interested in examining the issue. Included with this issue of the NCGSTDS Newsletter is the BAPHR article and report on the popper's controversy.

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MORE ON AIDS/KAPOSI'S--SAN FRANCISCO CHRONICLE LETTER TO THE EDITOR

The following letter to the editor appeared in the March 26, 1982 issue of the San Francisco Chronicle:

"In response to a recent announcement in the local press that the American Cancer Society had awarded a grant of $50,000 to three San Francisco physicians to study Kaposi's sarcoma, we were dismayed to receive a letter, part of which follows:

"'After reading the enclosed news item, I was very angry to learn that the Cancer Society is giving money to degenerates. There will not be any further donations to the Cancer Fund by me, as I expected the Society to use contributions for a more worthwhile purpose.'

"Kaposi's sarcoma is a rare form of skin cancer which, in this country, has shown increasing incidence among homosexual males. The research is to be carried out at the University of California at San Francisco. Let there please be no doubt that the American Cancer Society does not discriminate among the victims of cancer it serves, the research scientists it supports, or contributors to its support, on the basis of sexual preference, race, creed, sex, or political beliefs. When cancer strikes, it does not discriminate. (Signed) --George Yamasaki, Jr. President, S.F. Unit, American Cancer Society."

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CONGRESSIONAL HEARING ON KAPOSI'S/ACQUIRED IMMUNODEFICIENCY SYNDROME
from transcripts & submitted statements

The US Subcommittee on Health and the Environment, chaired by Congressman Henry A. Waxman (D., California) held a hearing on the national epidemics of Kaposi's sarcoma (KS) and other related infections, at the Gay & Lesbian Community Services Center of Los Angeles, April 13, 1982. The Subcommittee received testimony from Federal officials, researchers, public health groups and others, to help identify the causes and epidemiology, ongoing research projects, and clinical experience with the diseases. (The reader is referred to Volume 3 #4, February, 1982 issue of the Official Newsletter for a review of the problems.) The following are excerpts of presented testimony from expert witnesses (edited):

Congressman Waxman openned the hearings with questions concerning the Federal commitment to the continuation of research on these illnesses. In 1982, overall funding for the Centers for Disease Control (CDC) was cut by 20%, with further cuts due to inflation of about 7%, expected in 1983. Furthermore, the Reagan Administration proposes 1000 fewer new research grants in 1983, compared with 1981. With such shortsighted Federal policies of disease control and research, we can only expect slower cures and larger epidemics. CDC and the National Institute of Health (NIH) have begun important work on the new Acquired Immunodeficiency Syndrome (AIDS). The implications for immunology and for cancer research in general are tremendous. "As a nation, we cannot afford to slow down our efforts to understand, control, and cure such disease." The disease afflicts not typical "Main Street Americans" but one of the nation's most stigmatized and discriminated minorities. "There is no doubt in my mind that if the same disease had appeared among Americans of Norwegian descent, or among tennis players, rather than among gay males, the responses of both the government and the medical community would have been different....What society judged was not the severity of the disease but the social acceptability of the individuals affected with it....We can't talk about the 'gay cancer.' There is a cancer which seems predominantly to affect gay men, but it is a cancer and a public health concern for all Americans....I intend to fight any effort by anyone at any level (who tries) to make public health policy regarding KS or any other disease on the basis of his or her personal prejudices regarding other people's sexual (orientation) or lifestyles."

THOMAS NYLUND, Health Services Administrator of the Gay & Lesbian Community Services Center, Los Angeles. What has appeared clear is that most, if not all the victims were homosexually active men. Most were gravely ill. Many have died. More cases are being discovered daily, and there is no assurance that this syndrome will continue to remain exclusively within the gay male community. What has happened to us who provide health care in our own community is that we h ve been flooded with anxious inquiries as to cause, outcome, detection, prevention, and cure of these diseases. We can only tell those callers that we are trying to keep informed, and that we are not ignoring the problem. We are surprised and frankly saddened to hear from some patients what they describe as coldness and antipathy on the part of some of our medical colleagues. Medical research is a highly competitive field where professional standing, prestige, and research grants sometimes assume more importance than the personal anguish of patients. Patients are guarded like laboratory subjects for fear that competitors may steal the edge on research grants and prizes. This agency can offer none of the sophisticated diagnostic or treatment services. We can only offer support; we can listen; we can commiserate; we can raise funds for research; we can help with social services, financial assistance, and moral support. We can lobby the seats of government and we can advocate further research into causes, treatment, and prevention. As we did with hepatitis, we can and we will collaborate in research, not only because these diseases affect our community s dramatically, but also because by doing so we can contribute to the health of the whole population. We may not develop a new vaccine, such as was the case with hepatitis, but we may contribute to some new insight that will ultimately lead to a cure for cancer. We pray it may occur within our lifetimes. Here is a unique offportunity for government and the private sector to cooperate. Here is a chance in an increasingly technical and impersonal age for people to get involved. Fear must be dispelled by knowledge and disease replaced by healing. After dealing so long and so often

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CONGRESSIONAL HEARING ON KS, AIDS, Continued

with distrust and antagonism, we welcome this refreshing new direction and we commend the Committee for its interest in our welfare. For our part, we will do our best to help solve this riddle. Give us the tools. We are eager to begin.

JAMES W. CURRAN, MD, Coordinator, Task Force on KS and Opportunistic Infections, CDC, Atlanta. Within two days after verifying the extent and severity of the problem (KS, Pneumocystis carinii pneumonia (PCP), AIDS), CDC formed a Task Force of staff specialists having expertise in STD research, virology, immunology, pathology, parasitology, cancer epidemiology, and toxicology. In addition, we began working with the National Cancer Institute (NCI) and other groups to pool our information and share each agency's plans for investigation and research. As of April 2, 1982, 300 cases of KS, PCP, or both of these disorders, or serious, life-threatening, fatal opportunistic infections have been reported to CDC. 119 of these persons have died, 40% mortality or case fatality rate. Incidentally, these 119 deaths are more than all of the deaths reported for toxic shock syndrome (TSS) from the beginning of this reporting for this disorder up to the present, plus all of the deaths from the Philadelphia outbreak of Legionnaire's Disease (LD), combined. This 40% fatality rate unfortunately is a gross underestimate of the true fatality rate in the sense that the cases diagnosed prior to 1981 had a fatality rate of about 75%, whereas the cases diagnosed and reported to us in January-March, 1982 have a mortality rate of about 19%. Most of the cases in the last three months are sitll hospitalized. Many of the people are dying. And we believe the fatality rate is probably much higher than the 40%. Two patients exemplify the morbidity and expense associated with these diseases. The first patient was a 33 year old man who was in apparent good health until July, 1981, at which time KS was diagnosed. He was hospitalized for 63 days from July, 1981 til January, 1982. He died of cancer with total hospital expenses of $64,111. The second patient is a 35 year old man hospitalized 4 times in 1981 for PCP and related illnesses. He was subsequently hospitalized twice for infections, and now has KS. Although he was recently discharged from the hospital, he has lost 2/3 of his body weight and remains seriously ill. Hospital costs for his first four admissions were not available; the latter two admissions alone totaled 147 days and costed $54,598. These histories are typical of the clinical course of many of these young men. If costs are typical, at $60,000 each, the first 300 cases account for an estimated $18 million in hospital expenses alone. This is the first, to my knowledge, community-acquired epidemic of immunosuppression in history. Recent studies in New York and California would suggest that this is merely the tip of the iceberg, that there may be tens of thousands of men who have milder breakdowns or compromises in their immune systems. This complex and often fatal syndrome is linked by several key medical and epidemiologic factors. All of the conditions are seen exclusively (or most commonly) among individuals whose immune system are severely compromised. Prior to this epidemic such a profound breakdown in immunity (or resistance) has been noted in only three situations: 1) patients with terminal cancer or other severe underlying disease; 2) patients receiving medications expressly for the purpose of reducing the body's immune responses (eg, kidney transplant recipients or patients treated for "immune disorders"); and 3) patients with very rare inherited disorders of immunity. In order to determine whether these illnesses were truly new and whether the reported cases reflected the true geographical distribution, we have undertaken active and passove surveillance, which include: 1) we have obtained demographic and clinical information for each case reported to the CDC; 2) we contacted epidemiologists responsible for selected tumor registries in NY, California, and Georgia, to examine the incidence of KS before 1980; 3) CDC epidemiologists actively surveyed physicians in 18 major metropolitan areas in the US by letter and telephone to inquire about KS diagnosed in persons under age 60. We also asked for information about opportunistic infections in patients without a known predisposing factor which had occurred since January, 1979. 4) In August, 1981, a formal request was made to all state health departments to notify the CDC of illnesses suspected of fitting the case definition. Several states have begun active surveillance. 5) Since November, 1967, the CDC has supplied the drug pentamidine isethionate under an FDA investigative new drug application to physicians in the US. Pentamidine is used for the therapy of PCP which is unresponsive to trimethoprim-sulfamethozazole, the current drug of first choice. While our surveillance system has concentrated upon specific diseases which can be reliably included in the epidemic,

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CONGRESSIONAL HEARINGS ON KS, AIDS, Continued

recent evidence suggests that other unusual cancers as well as less severe conditions are also occurring in excess among the same populations in the same geographical areas. These include rare lymphomas, aggressive cancers of the tongue, and autoimmune disorders. Reports from studies in progress also indicate laboratory evidence of immune abnormalities in a sizeable minority of homosexual men who have no evidence of clinical disease. These men live in the same cities from which the majority of cases of the more severe illnesses have been reported. Our initial field investigations involved interviews of 35 cases in NY, California, and Georgia. Though no obvious risk factor was identified from these interviews, epidemiological similarities appeared. Many of the men reported use of nitrite inhalents as stimulants. To determine the frequency of the usage of these drugs among control populations, we surveyed 420 persons who did not have these diseases at public clinics in New York, San Francisco, and Atlanta. Over 85% of homosexually active men surveyed reported use of nitrite inhalents within the past five years. However, the frequency & usage of nitrites was closely correlated with frequency of sexual activity and other hypothetical risk factors such as transmissible viruses or bacteria, specific sexual practices, and even attendance at specific social events or places. Although the role (if any) that nitrite inhalants may play in causing this epidemic is uncertain, CDC's National Institute for Occupationsl Safety and Health, the Center for Infectious Diseases and the Center for Environmental Health are conducting a study of the effect of inhaled nitrites on the immune system of mice. Cytomegalovirus (CMV) induces transient abnormalities in cellular immune function in otherwise healthy persons. We are further investigating CMV in cases reported here since serological evidence of CMV infection and active shedding of CMV in bodily secretions have been shown to be more common among homosexually active men than among heterosexually active men of the same age. On the other hand, CMV infection is very common in the US and has not been shown to have such devastating effects on other populations. Since reactivation of CMV frequently occurs among immunocompromised patients, isolation of CMV from persons with KS or PCP will not be conclusive. The complexity of this medical puzzle and the international scope of the problem has required extensive collaboration with physicians and researchers as well as state and local health authorities, other PHS agencies, and concerned community groups. These individuals are responsible for calling our attention to this important public health problem. Continuing close collaboration will be necessary in order to conduct studies which will provide answers regarding the cause of these diseases, their natural history, therapy, and prevention and control.

BRUCE A. CHABNER, MD, Acting Director, Division of Cancer Treatment, National Cancer Institute Department of Health and Human Services, Bethesda. The NCI is extremely concerned about this problem with respect to its epidemic dimensions and the seriousness, and even lethality, of the illness in individuals. It is our intention to do all possible to learn how to prevent the AIDS, to devise new treatments not only for KS but for the underlying condition which may give rise to this rare tumor, and to develop strategies by which recurrence of the cancer can be prevented. The NCI's Division of Cancer Treatment and Division of Cancer Cause and Prevention, and the CDC sponsored a workshop at the NIH on September 15, 1981 (reported on in a past issue of the Newsletter & attended by NCGSTDS member Dr. Bob Bolan). Fifty-four medical scientists from many institutions met at this workshop, representing all areas of biology which seemed germane to our understanding of the problem. The expertise, observations and intuition of these investigators were shared, and plans were developed to initiate concentrated research on the cause, prevention and treatment of the AIDS. The workshop served to heighten interest in, and familiarity with the new disease, and a number of investigators began to divert their established NIH grant funds into KS research. In addition to this ongoing support, the NCI now plans to make new, targeted awards for research on the KS/AIDS. We are coordinating our plans with those of the CDC, the National Institute of Allergy and Infectious Diseases, and other NIH divisions. In coordination with other divisions of the NCI, we have arrived at a plan which involves placing approximately $250,000 in treatment related money as well as $750,000 in basic research money to really go out together, in a single package, to encourage treatment and etiology related research in KS. I know that other institutes at the NIH also have plans for issuing, setting aside money for grants in this area, although I would prefer not to speak to the specifics of their efforts.

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CONGRESSIONAL HEARINGS ON KS, AIDS, Continued

We have recieved concept approval from our Boards of Scientific Counselors for conducting this effort, and we expect the grant announcements to be made in the next few weeks, with awards to be made by October 1. The problem of figuring our what is going wrong here is very difficult, because of multiple factors. There are toxic exposures to inhalents, there is a pattern of viral infection in these patients, both with hepatitis virus and CMV. There is, of course, the point that the malignancy itself is immunosuppressing and could contribute to the poor tolerance to chemotherapy and infections. NCI funds will support innovative approaches to studies on genetic factors, designed to identify those people who may be at a particular risk of developing the KS or AIDS. NCI funds will also support basic research projects on cause and pathophysiology. We are also encouraging the development of new cancer therapy strategies altogether for these patients, and will be very interested in exploring the possibilities of treatment with interferon, anti-tumor antibodies, bone marrow transplantation, and other biological approaches which may not produce further immunological deficiency and which may have a more specific and selective effect on the tumor than conventional cancer treatments. The NCI plans to hold biennial workshops on these subjects for the purposes of updating the scientific and medical communities and encouraging the maximum amount of research collaboration.

JAMES A. LIPSETT, MD, Executive Committee, Southern California Physicians for Human Rights, and Acting Chairman, Radiation Oncology, City of Hope National Medical Center, Los Angeles. First, we are dealing with a very real, totally new phenomenon. Second, this phenomenon is extremely upsetting to the members of the gay community in LA, and indeed the entire country. Third, there may be much to be learned from this phenomenon. We have an example in which the gay community can be of immense benefit to itself, while being of equal benefit to the entire human community. I would like to remind you of the recent development of a vaccine against hepatitis B. This vaccine was developed in the gay community, with the help of thousands of volunteers who donated their time, their bodies, and their blood. The vaccine will directly benefit the gay community, since we are particularly susceptible to this infection, and it will benefit the society as a whole since there may be a link between hepatitis B infection and the subsequent development of liver cancer. Expanded federal funding and cooperation with the medical community and the gay community will be necessary to advance the research to find some speedy answers to questions such as: the causes of cancer; are they environmental, genetic, infectious, or a combination; can cancer be prevented in these circumstances?

BOBBI CAMPBELL, RN, Victim of Kaposi's sarcoma, San Francisco. In September, 1981, I noticed some small purplish spots on the soles of both of my feet. Concern for my health and some reading about these experiences in the media at the time led to medical evaluation of the lesions. Since my diagnosis of KS, I have been through a grueling medical workup which has cost over $10,000. I have weekly chemotherapy treatments which cost approximately $100 a week. I live daily with anxiety, frustration and with hope. In some respects, I am very fortunate. My cancer is thusfar confined to my feet and has not spread to my internal organs. I evidently have an excellent prognosis. I do not suffer physically. And I have every hope, and I certainly want to stress the word "hope," of being cured one day. I am also fortunate to have comprehensive medical insurance. If I did not, I cannot imagine what the financial burdon of this would be for me. At the same time, my cancer and the treatment itself has so suppressed my immune system that I am unable to work as a nurse. During the last year I have contracted herpes zoster, intestinal bleeding, unexplained blood disorders. I have sores in my mouth and tongue. I have had CMV, yeast infections, and facial nerve palsy. Although I seem healthy to you today, this weekend I came down with a fever of 102.2, chills, aches, and some difficulty breathing. If this happened to any of you, you might say, "Drat, I have got the flu." I thought, "I have got PCP, and I am going to die in the intensive care unit." Luckily, I did only have the flu, and I do feel fine today. But I implore each of you to consider the seriousness of these illnesses. I urge you to consider the victims that you do not personally know. I urge you to consider the men you do know who are at risk. And me. I want to survive.

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CONGRESSIONAL HEARINGS ON KS, AIDS, Continued

STAN MATEK, President, American Public Health Association, Washington, DC. The American Public Health Association (APHA) has, for 110 years now, been working in the field of public health and epidemiology, trying to identify public health hazards and create solutions for them. We now have 50,000 public health professional members affiliated with the APHA. We ard concerned about these (KS, AIDS) cases, not only because they have already caused more deaths than Legionnaire's Disease and toxic shock syndrome combined, not only because they lead to loss of life, to loss of productivity, and to the shifting of massive amounts of funds, medical costs, things like that, in our society. We are concerned also because we think they offer the Congress a chance to understand something about some managerial problems within our public health policy as they affect the Centers for Disease Control, and therefore, as they affect the capactiy of this Nation to cope with problems of health and with problems of threatening new diseases. We believe, in short, that the immunoresponse system of this country is weak, and that it needs to be corrected, to be strengthened, and that only Congress can do it. We cannot look to this Administration, a President whose economic priorities would leave us with less coping skill, rather than creating more for problems like this. Our Association is very proud of people like Dr. Curran who are working on these problems; we are proud of the CDC, and the NIH. But we are also worried about them. We don't know how close they are to the end of their rope when it comes to their ability to cope with the problems that are emerging in KS, PCP, and other diseases. In the last two years, the CDC has lost 27% of its coping capacity and its ability to respond to disease problems and contagions in this country. The NIH, which is supposed to be producing the scientific research that guides this Nation's curative interventions has lost 30% of its real funding and this next year can only grant 27% of the approved new and competing research awards. We believe they can not cope with KS and the related syndromes. We believe their coping abilities are so severely handicapped that the Nation's health itself is in peril. There is no guarantee of continuity of effort. Dr. Curran has promised us that he personally will fight to keep the effort going. Unfortunately, he can only speak as an individual technical professional. The issue is beyond and above him and is an issue of money allocation. CDC was threatened with the loss of 300 positions last year. They sofened the blow by shifting money from other sectors of the Public Health Service budget. The epidemic services line item in the CDC is up $5 million, but that is inflation coping only, and it contains no new capacity to deal with new problems. The entire epidemic services line item and the entire epidemic intelligence team budget component, is organized to deal only with outbreaks of known and existing disease. There is no capacity to deal with new problems there. What is going to happen after these preliminary studies in KS are completed? They are going to lead to new needs and new demands, they are going to show us new areas that need research, they are going to identify potential therapies that must be tested. Where is that money going to come from? If it comes from within the CDC, it will come by robbing Peter to pay Paul, by shifting resources. We believe that Congress must reexamine the budget for the CDC, that Congress must provide separate line item capability within the Epidemic Intelligence Services budget to cope with these kinds of new problems, and that money must not be drainable or shiftable. I would say that we could look to the defense budget, and if we just took a couple of helicopters, one B-1 Bomber, two Apache helicopters, one submarine, of a few atomic missiles, we would do more for the health, safety, and welfare of our population than if we have left it in an inflated defense budget. The money must be there to protect the public from current and future contingencies for which it is now unprepared to cope and from which it is now unprotected.

MICHAEL S. GOTTLIEB, MD, Assistant Professor, Department of Medicine, and Member, Center for Interdisciplinary Research in Immunologic Diseases (CIDRID), UCLA School of Medicine, Los Angeles. At UCLA, we have already initiated a number of studies of cause and therapy as well as community activities all the CIDRID. As have workers at other universities, we have established an immunodeficiency Kaposi's sarcom study group composed of specialists in many disciplines. We have initiated epidemiological studies on a pilot level with the School of Public Health at UCLA. Studies of a possible viral cause are under way in our laboratories. We are also working closely with community physicians. An educational work-

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CONGRESSIONAL HEARINGS ON KS, AIDS, Continued

shop for physicians from Los Angeles and surrounding counties is scheduled for May 22. Most of these efforts have so far been funded through CIDRID. However, the center funds are simply not sufficient to sustain our initial efforts and perform the extended long-range studies that are now necessary in the areas of virology, immunology, epidemiology, and therapy. Prompt development of research efforts of this sort at our center and other centers throughout the country could result in preventive measures that have been spoken of and ultimately limit the number of patients who are ultimately affected by this catastrophic illness.

MARCUS A. CONANT, MD, Associate Clinical Professor of Medicine and Co-Director, Kaposi Sarcoma Clinic, UCSF Medical Center, San Francisco. Recognizing the size of the gay community in San Francisco, between 10-20% of the male population, and the unique geographical configuration of our city, my colleagues and I decided to establish a multidisciplinary clinic to study some of the questions that have been raised. We have defined for ourselves four tasks: 1) To teach clinicians on the West Coast to recognize these diseases so that early diagnosis can be made and early treatment initiated. 2) To study the spread of the disease and to bring new research techniques to bear to investigate the factors that have cut off the immune mechanisms of these patients, the viruses that they have acquired and the genetic makeup of each victim. 3) To treat the patients. A variety of therapies immediately come to mind. Should the patients be treated with conventional chemotherapy to destroy the cancer? Should they be given experimental drugs such as Thymazine in an effort to stimulate their lagging immune system? 4) To provide emotional support to these unfortunate individuals. To be 20 years old and told that even though you feel well, you have a malignancy that may be fatal is a devastating emotional experience. Prompt and compassionate expert psychiatric assistance is needed to help these patients deal with their illness. Work has progressed rapidly. We now have 20 patients that we are treating and studying. In this short time we have identified two new diseases--a squamous cell carcinoma of the tongue in the lover of one of the KS patients, suggesting that KS may not be the only malignancy that we will see in these immunosuppressed individuals. We have alos identified a new opportunistic infection, Cryptospirodiosis, which was until recently unknown as an infection of man. We have identified CMV in all of these patients and are preparing a paper for publication which shows that the virus appears to be in the cancers. Work is ongoing in the areas of immunology and genetics in an effort to identify who is at risk and what happens to the patient's immune system. Cooperation from Federal and local agencies has been exemplary. What is needed from the Federal government in the months to come? The answer is simple and straightforward: money in the form of support for our research and a continued participation of Federal agencies. The Federal government, through the NIH, is the traditional and indeed only agency capable of financing research of this magnitude and complexity. Private agencies are often willing to help, but they have neither the resources to make a meaningful contribution or the expertise to decide which of a variety of proposals has merit and which will probably lead down a blind alley. And what will all this money buy? If we can answer the questions that I have posed about these new diseases, it will greatly expand our knowledge of the human immune system and of the role of viruses as a cause of cancer. Answers to these questions should help us understand the immune response to common viral diseases and why some individuals suffer from recurrent yeast infections while others appear immune to this syndrome. If we can understand the role of CMV in the production of KS, we may begin to understand how herpes simplex virus is related to cervical cancer in women with recurrent genital herpes. We have heard that the funds to the CDC may be cut. This would indeed be shortsighted economy. If anything, we should learn from our recent past that our civilization will continue to be visited with plagues and pestilence. In the last 10 years we have seen an epidemic of Legionnaire's Disease among old veterans, and then toxic shock syndrome among young menstruating women, and now KS/AIDS among young homosexual men. With each of these epidemics, the CDC has been there to alert the public, to coordinate the studies and to support the scientists in the field. If the Federal government thinks that KS is the last plague that we will we, we are naive. If we think that we won't need the CDC when the next one strikes, we are indeed foolharty.

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CONGRESSIONAL HEARINGS ON KS, AIDS, Continued

(EDITOR'S NOTE: This concludes excerpts from the Congressional Hearings. More than 150 pages of prepared statements and transcribed testimony were reviewed for this condensation. Much was edited out in an effort to present only the salient points of each speaker. For additional information, contact Mr. Tim Westmoreland of Congressman Waxman's staff, 202/225-3976 in Washington, DC, or 213/651-1040 in Los Angeles.)

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PROGRAM SET FOR KS WORKSHOP AT HOUSTON'S FNLGHC

by Peter W. A. Mansell, MD

The following individuals will be participating in the June 5 workshop on Kaposi's sarcoma and Opportunistic Infections, at the Fourth National Lesbian/Gay Health Conference. Dr. James Curran, MD, Head, KS Special Task Force, CDC, Atlanta: Perspectives on a National Problem; Dr. David Short, MD, dermatologist, and Dr. Adan Rios, Faculty Associate & Instructor, Department of Clinical Immunology, M.D. Anderson Hospital, Houston: The Disease; Dr. Peter W.A. Mansell, MD, Deputy Department Head, Department of Cancer Prevention, M.D. Anderson Hospital, Houston: The Hypothesis; Dr. Evan Hersh, Professor of Medicine, Chairman, Dept. of Clinical Immunology, M.D. Anderson Hospital, Houston: The Experimental Results--Immunology; Dr. Stephen Greenberg, Associate Prof. of Medicine, Microbiology and Immunology, Dept. of Medicine, Baylor College of Medicine, Houston: The Experimental Results--Virology; Helen Schietinger, M.A., R.N., Coordinator, Kaposi's Sarcoma Clinic, University of California, San Francisco: The UCSF KS Clinic; Dr. Roger Enlow, Wolfson Laboratories for Cellular Mechanisms of Disease, New York: Prospective Evaluation and Follow-up of Lymphadenopathy--Relationships to Opportunistic Infections and Malignancies; Mark P. Behar, PA-C, Chairperson, National Coalition of Gay STD Services, Milwaukee: Community Education and Health Maintenance; Dr. Guy R. Newell, Head, Dept. of Cancer Prevention, M.D. Anderson Hospital, Houston: Panel Discussion and Summary. (See related stories on pages 2-3.)

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EDITORIAL: COALITION'S FOURTH ANNIVERSARY

This is the 14th issue of the Official Newsletter of the NCGSTDS, and it marks the end of our 3rd year as a functioning gay organization. In spite of our operating on a shoestring budget, we've managed to accomplish quite a lot. Our most notable accomplishment has been to unite all of the gay STD Services & clinics in a loosely knit coalition and foster an arena of open communication and information exchange in areas of programming, fundraising, patient & staff education, research, procedures & protocols, and public relations, through the Newsletter. We've also tried to communicate the latest information and thought about different STDs and their management, most notably with hepatitis B and the KS/AIDS. The Guidelines and Recommendations for Healthful Gay Sexual Activity have generated alot of thought about disease prevention and have been warmly received. We've also established important contacts with officials at the CDC, the APHA, Merck, Sharp & Dohme Pharmaceuticals, and several publishers. We've done much more. (And in spite of the many typographical errors, I've become quite an accomplished typist! Add that to my resume!)

Personally, I think these accomplishments have benefited not only the national gay community at large but also each and every one of the gay STD Services in their local efforts. But trying to maintain adequate communication with the Services, and individual members has been a very difficult task. I am constantly discovering that one group is struggling to deal with a problem, or a program of some sort, that was eloquently executed by another. Why are we so reluctant to share information and communicate with one another? Such willingness to share information openly and to communicate with the Coalition must be a priority in your Service. We have the tools that can help. And remember, our goals must remain providing quality health care services to the gay community, rather than individual self-aggrandizement, power, and prestige. (These things are ok too, I suppose, if our clientele don't end up with inferior services because of the power hungry.) I know that money, resources, and especially time are short. But let's remember that the big job that lies ahead can best be done by our working together. Do keep in touch! Thanks to all who have helped!

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HOUSTON'S MONTROSE VOICE--STD BOOKLET

The April 9, 1982 issue (#76) of Houston's Montrose Voice featured a special supplement on sexually transmitted diseases. The 24 page booklet reprinted the Coalition's Guidelines & Recommendations for Healthful Gay Sexual Activity in a slightly modified form, along with information about the "gay ghetto life style," poppers (amyl nitrite, etc.) and Kaposi's sarcoma/Acquired Immunodeficiency Syndrome (AIDS). For additional information, contact the Montrose Voice, 3317 Montrose Blvd., #306, Houston, TX 77006 (713/529-8490).

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GAY CLINIC OPENS IN SAN FRANCISCO

excerpted from the Bay Area Reporter, with thanks

Presbyterian Hospital of Pacific Medical Center announced the oppening of its Gay Health Clinic to meet the specialized needs of the gay and lesbian communities. Located at Pacific Medical Center and outpatient clinic at 2324 Sacramento St., the Gay Health Clinic will provide care for those problems which affect the gay population. Health education is a key focus of the care provided. Services are offered at the clinic by gay identified and sensitive staff. According to medical director, Dr. Robert Bolan, MD, "All professional and support staff have undergone training sessions to educate and sensitize them to health and psychosocial issues related to gay lifestyles." Clinic fees are based on a sliding fee scale to help provide a source of medical care for those who cannot afford a private physician. For more information, call 415/563-4321 ext. 2355.

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THE GAYCARE REPORT

thanks to Phil Henway of the Bay Area Reporter

A major survey by San Francisco's GAYCARE Committee has raised concern about fundraising for that city's 55 nonprofit gay organizations, according to the March 25th Bay Area Reporter (volume 12 #12). The report concludes that "...a 'donation gap' of major proportions is developing..." and warns that some organizations are "...tending to overwhelm the community with requests for money...." Although the report is specific to the San Francisco gay community, its conclusions are meaningful to every city with nonprofit organizations providing services to the gay community.

Twenty-eight out of 55 gay organizations were surveyed about their budgeting, planning, and fundraising procedures, and included such groups as the Gay Men's Chorus, Metropolitan Community Church, the Alice B. Toklas & Harvey Milk Democratic Clubs, Gay Freedom Day Marching Band and Twirling Corps, the Gay Olympics and Gay Softball Leagues, the Sisters of Perpetual Indulgence, Golden Gate Business Association, the San Francisco Tavern Guild, the Lesbian Rights Project, Community United Against Violence, Pride Development Center Fund, among many others.

Among the report's warnings: that inflation and government cutbacks are increasing the competition between organizations, and that "a broader donor base of contributors and volunteers in 1982 will be absolutely essential." The amount of donations to several organizations & fundraisers was actually higher than in previous years, but the level of support was overestimated, "...due in part to the lack of information about, or lack of consideration for, the other activities which the community was simultaneously being called upon to support." This, despite the fact that some of the projects had "...participation of ...experienced fund-raising volunteers...." In one instance, GAYCARE lists no less than six major benefits, parties, and fundraising compaigns over a two month period, in addition to four major concerts. The report says gay merchants and restaurants are often generous but few gay bars participate unless there is a direct and immediate increase in business for them.

(Continued)

GAYCARE REPORT, Continued

Numerous block grants have been made to various groups in the past. City funds, United Way, the Playboy and Rosenberg Foundations, Levi Strauss, and Pepsi Cola have made contributions.

Since 1982 is an election year, "National gay political organizations...will be focusing on raising record amounts for the Congressional elections to combat the millions being spent by the Moral Majority and other groups." GAYCARE makes some recommendations for successful fundraising in the future. The study calls for expanding the small philanthropic group, "...who are rapidly reaching the point of saturation, if not overwhelm." Groups should approach future financial planning with extreme caution. "Considerable time and effort should be directed toward consciousness-raising in the community about the value of these programs, the need for the funds and the value of giving," the report says. It recommends organizations share information, cooperate and establish a central calendar of events. "Organizations cannot expect the community to bail them out in the event their programs fail....This year should be a year of planning, organizing, and educating."

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NCGSTDS SELECTS OBSERVERS FOR CDC MEETING

The NCGSTDS has selected Bernard Branson, MD, Medical Director of Baltimore's Gay Community Center VD Clinic, and Bill Sabella, MPH-Student at Yale University, as its official representative-observers at the Centers for Disease Control's national STD treatment recommendations meeting, May 18-20 in Atlanta. A report on the meeting will be published in the next issue of the Newsletter.

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NEXT ISSUE OF OFFICIAL NCGSTDS NEWSLETTER

The next issue of the Official Newletter of the NCGSTDS will be Volume 4 #1, July-August, 1982, and will highlight the Annual Meeting and the Fourth National Lesbian/Gay Health Conference. Please send articles and information for consideration to the NCGSTDS, PO Box 239, Milwaukee, WI 53201-0239, by June 30th. Thanks!

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NGHEF ANNOUNCES NEW BOARD & INSTALLATIONS
by Paul Paroski, MD

The National Gay Health Education Foundation, Inc. recently announced the selection of their new 12 member Board of Directors. The first official meeting of the new Board, which will feature their installations, will take place June 5th, 1982, 9-12pm at the Houston Fourth National Lesbian/Gay Health Conference. Board members are seeking a site for the fifth national conference, tentatively scheduled for 1983. Representatives from any gay health organization is urged to consider their city's resources, and submit requests to the Board: NGHEF, c/o 114 Willoughby Av., Brooklyn, NY 11205. The twelve Board members are: Jeanne Brossart (Brooklyn, NY), Bernice Goodman (New York, NY), Frank Greenberg (Houston, TX), Linda Joseph (Flushing, NY), Harold Kooden (New York, NY), Ernest Lapierre (Winter Springs, FL), Marty Levine (New York, NY), Alice Messing (Ardmore, PA), Paul Paroski, Jr. (Brooklyn, NY), Dan Pfeffer (New York, NY), Dean Pierce (Bronx, NY), and Jeff Richards (San Francisco, CA). Alice Messing and Jeff Richards were both nominated by the NCGSTDS.

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TEXT OF BAPHR ARTICLES ON POPPERS--(REPRINTED WITH APPRECIATION)

the BAPHRON

Bay Area Physicians for Human Rights Official Newsletter

Vol 4 No. 4 April 1, 1982

page 137

BAPHR Makes Big Stink Over Poppers

The "Poppers industry" should "own up to the reality" that its products are being used as recreational drugs and should be required by law to print health warnings, *BAPHR* spokesman Robert K Bolan, MD, told a Board of Supervisors committee last week.

Manufacturers of the volatile nitrites should also be required either to alter their products chemically to make them noxious to the inhalant, or to sponsor appropriate scientific research designed to determine if butyl and amyl nitrate cause cancer, Dr Bolan said

While waiting to determine if poppers are contributing to a widespread outbreak of a rare form of cancer among gay men, the manufacturers should also be required by law "to list in their advertising the known possible injurious short term effects" and "state the absence of long-term safety data" when poppers is used as an inhalant.

"It ought to be made quite clear to the potential users that among the responsible scientific community there are grave concerns over the potential dangers of the more than occasional use of these substances as recreational inhalant drugs," the statement said.

Only then will users be able to make informed decisions about these substances."

The already-known short-term effects of more than occasional poppers use range from minor irritations such as dermatitis which can result when the liquid comes in contact with the skin, to "potentially fatal" consequences such as hemolytic anemia, and methemoglobinemia, both rare, but potentially fatal blood disorders, the statement warned.

Most disturbing, however, is the absence of data on the long term (10-30 years) use of the agents," it continued. "This is a complex issue and it is too early for a clear understanding. There are, however, some data available that should send up bright caution flags.

"The fate of nitrites in the human diet has been a matter of concern and investigation for the last several years." Nitrites are important precursors of compounds known to cause cancer in animals and strongly suspected of causing cancer in humans.

While it has not been proven that amyl and butyl nitrite cause cancer in humans who inhale them regularly, the two are suspected by many as being linked to a number of rare, infectious and cancerous diseases which an increasing number of previously healthy gay men in metropolitan areas are now developing.

The diseases have been grouped together and called "Acquired Immune Deficiency Syndrome." Another phenomenon, generalized enlargement of the body's lymph nodes, may be a subset of this syndrome, the statement said.

"In a preliminary analysis of possible risk factors, inhalant nitrites are being considered as potential cofactors," the document stated. "The above cited animal and bacterial data argues for special attention to these substances in future studies of these patients."

The conclusions reached in the report were based on a review of the available medical and other scientific data on the potential and real effects of the use of the volatile alkyl nitrites as inhalant drugs.

Although a vast literature exists on amyl nitrite, no studies could be found that investigated consequences of its high intensity use, the statement said. The literature on butyl nitrite is "much smaller" since this substance has never been clinically used or studied.

"That the potential toxic effects of butyl nitrite is identical to amyl nitrite has been assumed but is not proven," Dr. Bolan added.

Dr. Bolan stressed that no studies have been made that have measured the amount of nitrite absorbed into the body through its recreational inhalant use or what happens to it once it has been absorbed.

Collaborating with Dr. Bolan on the special task force were Raymond Deicken, William J. Kapla, MD, and Mark Moskowitz, MD.

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ALL ARTICLES and LETTERS for publication should be typed. Letters for publication must contain a statement requesting or allowing publication, must be signed, and an address and phone number are required for confirmation of publication. The writer's name will be omitted upon request. Letters will be published at the discretion of the Editors

The DEADLINE for submitting material to be printed in the BAPHRON will be the 10th of each month for publication in the following month's issue.

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