THE OFFICIAL NEWSLETTER OF THE

NATIONAL COALITION OF GAY STD SERVICES

Volume 6 #2 October-November, 1984

 Articles for the Newsletter, or inquiries about membership or subscriptions may be addressed to Mark P. Behar, PA-C, Chairperson, NCGSTDS, PO 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, and will try to answer all correspondence! The NCGSTDS is the proud recipient of the National Lesbian/Gay Health Education Foundation's JANE ADDAMS-HOWARD BROWN AWARD, for outstanding effort and achievement in creating a healthier environment for lesbians and gay men, June 12, 1983.

GAY PRESS ASSOCIATION

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NEXT NEWSLETTER IN FEBRUARY: ARTICLES DUE 1/25

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TABLE OF CONTENTS (ALPHA): AIDS

GAY PUBLIC HEALTH WORKERS MEET IN ANAHEIM FOR 112th APHA MEETING

"Shaping the Nation's Health Agenda" is the theme for this year's American Public Health Association's (APHA) 112th annual meeting, which has drawn in past years upwards of 6000 attendees. Gay Public Health Workers (GPHW) will be cosponsoring several presentations, social events, a hospitality suite and an exhibition booth. GPHW's hospitality suite will be at the Jolly Roger Inn, 640 W. Katella, Anaheim. The day-by-day schedule is as follows (look for last minute changes at the suite or the booth):

Sunday, November 11--Exhibit Hall Opens! Educational booth "Planning the Lesbian and Gay Health Agenda" at the Anaheim Convention Center. The booth will be open all exhibit hours through Wednesday. Sign-up sheets for the GPHW Fundraising Dinner at booth. Hospitality Suite at Jolly Roger Inn, open this evening.

Monday, November 12

2-3:30 pm DEVELOPING SERVICES FOR OLDER LESBIANS & GAY MEN--Hilton/San Simeon A
Presider: Jere Kelly, MD; Panelists: Sharon Raphael, PhD, Frank Galessi, PhD, Mina Robinson, MA

4-5:30 pm LESBIAN & GAY PARENTING--Hilton/San Simeon A
Presider: Kathleen Fagan, MD; Panelists: Roberta Achtenberg, Esq., Dana Gallagher, and a representative from the federation of Feminist Women's Health Centers, Chico, CA

6-7:30 pm SOCIAL HOUR (No host bar)--Hilton/Pool Deck (if rain: Carmel)
Dinner on your own!

Tuesday, November 13

8:30-10:30 am PROGRAMS AND SERVICES FOR GAY YOUTH--Convention Center/Pacific #5
Presider: Jon Herzstam; Panelists: Aaron Fricke, Frances Hanckel, Joyce Hunter, Father Albert Ogle

8:30-10:30 am ANTI-GAY/LESBIAN VIOLENCE--Convention Center/Pacific #6
Presider: Frances Hanckel, PhD; Panelists: Diane Zabarte-Christensen, Wayne Wooden, PhD; Terry Gock, PhD

2-3:30 pm IMPACT OF AIDS ON THE LESBIAN & GAY COMMUNITY: I. DEVELOPING A CONTINUUM OF CARE FOR PEOPLE WITH AIDS: THE SAN FRANCISCO RESPONSE--Conv. Ctr./Gard. Grv.4
Presider: Ron Sable, MD; Panelists: Paul Castro, Gary Titus, MSW, Cliff Morrison, CNS, MS, Jim Geary, Steven Pratt, MSW

4-5:30 pm IMPACT OF AIDS ON THE LESBIAN & GAY COMMUNITY: II. PUBLIC HEALTH EDUCATION AND AIDS RISK REDUCTION: TWO MODEL PROGRAMS--Conv. Ctr/Garden Grove 4
Presider: Brian Dobrow; Panelists: Eric Bjorkland, RN, Mitch Bart

Wednesday, November 14

8:30-10 am HOSPICE FOR LESBIANS & GAY MEN--Hilton/San Simeon B
Audiovisual Presentation!

8:30-10 am GUIDELINES FOR HEALTHFUL GAY SEXUAL ACTIVITY--Hilton/San Simeon A
Presider: To Be Announced; Panelists: Mark Behar, PA-C, To Be Announced

12-1:30 pm GPHW BUSINESS MEETING--Hilton/Monterey
All Invited! Elections. Bring your own lunch.

2-3:30 pm PLANNING FOR THE LESBIAN & GAY HEALTH AGENDA--Convention Ctr/California B
Presider: Walter Lear, MD; Panelists: Frances Hanckel, PhD, Gary Titus, MSW, Fran Miller, MPH, Joyce Hunter, MSW, Sharon Raphael, PhD, Jon Herzstam, Carole Migden, MA, Roberta Achtenberg, Esq. Reaction: Stanley Matek, MS

7-??pm GPHW ANNUAL FUNDRAISING DINNER--(Location To Be Announced)

For more information about the Caucus, or for membership information, write: GPHW, c/o Don Tarbutton, Treasurer, 8822 Ferncliff Av., NE, Bainbridge Island, WA 98110.

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MEMBERSHIP LIST TO BE PRINTED

The next issue of the NCGSTDS Newsletter will have the revised nonconfidential membership & mailing list included to help facilitate communications between Coalition members. Please notify the NCGSTDS immediately if you have any address corrections, or if you wish to revise your status (confidential to nonconfidential, vice versa): NCGSTDS, PO Box 239, Milwaukee, WI 53201 or call 414/277-7671.

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CONDOMS: GAY MEN TRY THEM ON FOR SIZE

"I don't know how to use these things," one of the men in the test said. "I've never tried a rubber in my life, and it shows. I can't even put one on." The frustrated man was one of seven asked by the AIDS Committee of Toronto (ACT) to try using condoms and to tell us how they worked. Many gay men have never tried them before, including all of our testers. So it was a new exeprience for them and some were more successful than others. It must be emphasized that there aren't any guarantees. Nobody knows for sure that a condom is going to prevent AIDS, but the chances are fairly good. We do know they are tested by various means, including filling samples with water to see if they leak, or by inflating them with air and checking for defects. [ED NOTE: These procedures are never recommended before actual use!] And we know that water and air molecules are about 1000 times smaller than, say a herpes virus, so it's unlikely for such a virus to pass through. When we definitely find out what causes AIDS [only HTLV-III??], then more definite advice can be determined. In the meantime, however, we can say that condoms probably help prevent AIDS, as well as all sorts of other sexually transmitted diseases, like gonorrhea, syphilis, and hepatitis. But thinking that the use of a condom might be a good thing and actually using one are two different matters. That's what our testers found out, at every step of the way, from buying them to rolling them on. First, your corner drugstore. When you get there, you'll find a lot of different packages featuring soft-focus photos of heterosexual couples. That's not much help, but neither is much of the information printed on the boxes. Lubricated, non-lubricated? Sensi-shape, reservoir tip, lambskin membrane? What's the difference? The first thing to remember is that you're a gay man, these things weren't made for you, and you're using someone else's toys. Don't avoid a package simply because it looks more heterosexual. In fact, one of the most neutral looking boxes, the one containing Fourex Quatr-X, had no photo on it at all and seemed the least offensive to gay men, but fared the worst in both the tests conducted by our gay male volunteers and in tests conducted by Canadian Consumer magazine in 1982. One of our testers had a lot of trouble buying his condoms. "I've been out of the closet for years, and I don't have any problems dealing with sexual matters, but I just couldn't buy them. It all seemed so silly, somehow, so heterosexual." The only advice for this situation is to get over it. Who cares that you're buying these things? It's certainly not the business of the staff in the store, and they sell enough condoms in a week that they're not going to be phased one bit. Force yourself to ask a clerk where the condoms are. Once you've done that, spend as much time as you want perusing and making up your mind. The next thing to do is to go home and try them out. On yourself. Alone. Condoms do take some getting used to, and you can't expect them to work if you're testing them out for the first time during a sexual encounter. Three of our testers were asked to try them alone, and even then they found various problems getting used to their new toys. Unfortunately, they don't come with instructions [this may vary by municipality]. "First, I unrolled one and then tried to put it on," said Bill. "Big mistake! Then I figured out that you're supposed to place it on the end of your penis and unroll it onto the [erect] penis. But the second time, I got the nipple backwards and it didn't go on. [No big deal; nipple easily everts.] Finally, I figured out that you're supposed to place it on the end of the cock, with the nipple sticking out, and then roll it on." And it worked, but not the best. Bill found the condom to be too baggy, and it bunched up and moved around a lot. This was, in fact, the most common problem encountered by our testers. One solution might be the use of Ramses Snug-fit brand. This is different than the Ramses regular brand, and was preferred by most of our test group. Canadian Consumer magazine conducted a test in October, 1982, of ten of the most common brands of condoms available. The nine made of rubber latex were ranked "acceptable." The lambskin membrane condom, Fourex Quatr-X, was deemed "unacceptable" due to leakage. The gay men in our test found it less than aceptable too. The main problem was the size--they're just too big and baggy. In addition, some objected to the odor. As for the other nine condoms, nobody can tell you which one would work best for you. Some of our testers preferred, for example, the ribbed variety. Others thought that a condom should be as unobtrusive as possible, and ribs prevented that. In other words, you have to be the judge. Other problems reported? Some said they didn't like the smell of the latex condoms, but more than half our testers didn't mind. One person unrolled a condom too far and got a pubic hair caught in it. "It was a very sharp pain," he said, "so I was more careful the next time." All of them found the lubrication to be insufficient, so they had to use their own. A very important point: only use water soluble lubricants, like K-Y, because petroleum-based products weaken the condoms made of latex. Then there's sexual

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CONDOMS, Continued

stimulation. Almost all of our testers loved rolling them onto partners and found this sort of playing around to be quite fun. Some of them also liked them for oral sex, but those who didn't try that said they wouldn't want to, and to reduce their risk of AIDS would simply avoid swallowing cum. As for anal sex, which is the type of activity that you'd most likely want to use them for, the results varied. Those who were getting fucked didn't seem to mind at all. For those doing the fucking, the fact is that condoms do reduce sensation somewhat. Some of the testers just couldn't reach orgasm, but that was probably due to the fact that it was their first time using them, and they hadn't tried during solitary masturbation beforehand. In a recent "Advisor" column in The Advocate, Pat Califia responded to a gay man who wrote that "my spirit is willing, but my flesh is weak." He tried to use condoms for the first time with a trick, but couldn't maintain an erection. Califia wrote: "Wear a rubber the next time you are jacking off. Don't try to come in it--in fact, the first few times you try this, take it off before you come. It might also help to read some porn that includes men using rubbers. [Is anything available? --ED] When you can successfully masturbate while wearing a condom, try wearing one at least part of the time you are with a partner. Remember, it takes time to change any sexual pattern, so if you have problems keeping an erection, take the performance pressure off. Either revert to masturbation, or just remove the rubber until your erection returns. It might be sexy if your partner was wearing one as well and did some mutual exhibition and j/o with you. Eventually, the rubber won't bother you...so keep trying--just don't expect instant perfection." The last hurdle is introducing them during sex. At some point, you're going to have to say that you want to use a condom, and it's not unlikely that your partner hasn't tried one before. You'll have to figure out what sounds more convincing coming from your own mouth, but maybe you could try a variation on the following: "I just want to try one, that's all. They're kind of fun, and they certainly can't hurt." Be prepared to answer some silly questions. "What kind of disease do you have?" Say the truth in a straight-forward manner: "None." As one of our testers said, "Since it seems more likely that the person getting fucked is at more risk of getting AIDS than the person doing the fucking, the guy getting fucked has the right to say, 'Hey look, if you want to fuck me, you're going to have to wear this.'" There are more diplomatic ways of saying it, of course, and if your partner still balks, you could try engaging in mutual masturbation instead. And if everything's right, then lust will win out. An remember, they really aren't that bad, and they really can be kind of fun.

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NO HEPATITIS B VACCINE FOR GAY MEN IN ONTARIO

by Sue Hyde, with thanks to Boston's Gay Community News, 11/3/84

The refusal of the Ontario Ministry of Health to subsidize a hepatitis B vaccine has left in the lurch many gay men here who hoped the vaccine might be available for substancially less than the going rate of $125 per vaccination, according to The Body Politic. Staff members of Toronto's Hassle Free Clinic, a clinic serving the gay community, learned in early 1984 that a large portion of the Ontario province's supply of Heptavax B was unused and would expire in April, 1985. They proposed a joint project with the board of health to acquire enough vaccine at reduced cost to immunize 600 gay men. But the Ontario health ministry had earmarked its 10,000 three-dose vials of the vaccine for specific high-risk groups, namely health care workers and certain patients at provincial institutions. This policy was set in 1982, despite the recommendations of an advisory committee convened by the Ministry, which suggested that 10% of the vaccine be distributed to gay men. A government spokesperson maintained that preventive health medication for the general adult population "is not normally funded by the Ministry." But one health worker pointed out that if a disease is serious enough, exceptions are made, as in the cases of polio, tetanus and diptheria. "It's completely irresponsible for the government to refuse to extend the coverage to gay men," declared Robert Trow, a counselor at Hassle Free. "After AIDS, hepatitis B is the most serious health hazard in the gay community. I don't think that the decision has anything to do with the mandate of the Ministry. It's pure political cowardice." Studies have shown that up to 68% of urban gay men have been exposed to hepatitis B. Although hailed as a breakthrough, gay men and other risk groups have been slow to accept the vaccine because of its high cost on the open market.

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BOOK REVIEW: SEXUALLY TRANSMITTED DISEASES

Enclosed with this Newsletter is an advertising brochure and ordering information for Sexually Transmitted Diseases, by King Holmes, MD, PhD, Per-Anders Mardh, MD, PhD, P. Frederick Sparling, MD, and Paul Wiesner, MD (New York: McGraw-Hill, 1984, 1079 pages, $50). It's unusual for the NCGSTDS to offer to review a book (as opposed to reprinting a publisher's review), but this resource was extraordinary, and deserves special mention! Sexually Transmitted Diseases (STD) is an absolutely essential resource for every STD clinic and provider. Although the enclosed brochure thoroughly details the book's 81 chapters, I will highlight a few of the more noteable accomplishments. STD is divided into nine sections, beginning with the history of STDs which reviews the evolution of medical and societal attitudes, knowledge of STDs, and venereology as a medical specialty. Behavioral & epidemiologic aspects include chapters on adolescents, the military, homosexuality, prostitution, child abuse, sexual assault, and other topics, and how they relate to STDs. Part 3 reviews anatomy and physiology of the male and female urogenital systems and has outstanding and unique electron photomicrographs, including the attachment of colonizing bacteria to the urethral mucosa. Although anorectal anatomy is briefly discussed, it would have been helpful to approach that system as a modified sex organ neurophysiologically. Bacterial, chlamydial, mycoplasmal, viral, ectoparasite and protozoal infections are then discussed in detail. The chapters on chlamydia were right on target, providing the latest information including the recently described mucopurulent cervicitis. The chapter on gardnerella and nonspecific vaginitis (bacterial vaginosis) was surprisingly up-to-date, even mentioning the alleged putative anerobic agent, the mobiluncus, which has only very recently been described. The chapter on venereal warts was also very comprehensive (the best of any that this reviewer has read), however there were several notable omissions: 1) mention of the role of cercical colposcopy and related techniques (e.g., acetic acid) in diagnosis of warts; 2) Mention of the role of laser in treatment (it is mentioned in other chapters) and the controversy regarding the efficacy of cryotherapy (human papilloma virus may be resistant to freezing). It was gratifying that the author (J.D. Oriel) acknowledged the potential for malignant transformation of anal warts into intraepithelial and squamous cell carcinoma but this was not emphasized. (When will this be seriously researched??) In addition to describing each of the STDs by their etiologic agent, a large section is devoted to common clinical syndroms. A chapter on lower genital infections in women by editor King Holmes generally conforms to the information in preceding chapters describing the vulvovaginitides. The chapter on proctitis, proctocolitis, and enteritis had a surprising statement: "The concept that rectal gonorrhea in homosexual men is usually asymptomatic is a misconception that is analagous to the old misconception that most women with gonorrhea do not develop symptoms. These misconceptions are based on sample biases in studies that used STD clinic populations (p. 675)," according to authors Thomas Quinn and King Holmes. The section of the chapter on anorectal condyloma (pp. 683-4) does not comment about the association with cancer as noted above in another chapter. The chapter on AIDS was written by James Curran, Jonathan Gold, and Harold Jaffe, and is a good review of the history, epidemiology, and clinical spectrum of the disease. The extent of prevention guidelines offered is disappointing, especially since the authors (especially Curran) have worked extensively with the gay community on risk reduction guidelines. The author's guidelines fall short of what gay health workers have been saying for some time now--it is unacceptably simplistic for health providers, especially those who are not gay-sensitive, to tell their patients about "avoidance of sexual contact with known or suspected AIDS cases, minimize numbers of sexual contacts, and refrain from donating blood or plasma" [paraphrased]. Jim Curran should know better!! Several chapters on laboratory diagnosis and pharmacology provide concise and up-to-date information that is appreciated. Although not necessarily presented in cook-book fashion, instructions for collection of specimens and various diagnostic procedures are clear. Detailed pharmacology, including drug interactions, sensitivity data, bio- and pharmacokinetics, mode of action, adverse side effects, metabolism & excretion, and mechanisms of resistance are offered for almost all medications (yes, including podophyllin) used for treating STDs. The final section deals with STD control strategies, and jim Curran authored a chapter on prevention of STDs. Although very much inclusive of many of the popular methods of prophylaxis, including chemoprophylaxis, use of the intraurethral antiseptics promoted during the world wars by the military, and hygiene--the first time I read such a comprehensive review by someone from the CDC!--again, their are glaring omissions of the role of gay health workers in STD and AIDS risk reduction & education that could serve as important models for heterosexuals as well. These "guidelines

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BOOK REVIEW: STD, Continued

for healthful gay sexual activity" have been in existance since at least 1980, and serve as the basis (and gold standard) of many AIDS risk reduction recommendations now promoted by community health groups. Other sections of the book worthy of mention are the CDC's Treatment Guidelines --1982 in the appendix (disappointingly, nothing new here) and an excellent section with 105 color plates on 12 pages--although the photos are small (less than 2x3" generally), they are of high quality for the most part and cover clinical signs, microscopic and special laboratory procedures for almost every STD. Overall, STD is truely an asset. Although only a few of the chapters were reviewed in superficial detail, I am impressed with the depth, scope, and clarity of presentation. The few examples of surprising omissions especially on gay health issues will hopefully be remedied in a future edition. On a scale from 1-10, this text rates at least an 8.5 or 9; I recommend this book strongly. Let me know what you think! Address comments to the NCGSTDS, PO Box 239, Milwaukee, WI 53201. Reviewed by Mark Behar, Chairperson, NCGSTDS.

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REQUEST FOR PROPOSALS: CHLAMYDIAL INFECTIONS AND VAGINOSIS

[ED NOTE: The NCGSTDS infrequently receives notices from funding agencies about availability of grants for STD related research; when we do, however, we try to pass it on to our readers immediately.] The National Institute of Allergy & Infectious Diseases (NIAID) invites applications for regular research grants for the purpose of conducting studies on the subjects of: 1) chlamydial infections in males and females; and 2) vaginosis (vaginitis). Applications for research in all areas of chlamydial infections and in vaginosis are encouraged through this announcement. Note the following numbers in your request: P.T. 34, 22; K.W. 1200670, 1201360, 1002023, 1201335. Applicants are encouraged to advise NIAID of their intent to submit an application and to seek advice regarding the type of application and the nature of their intended research. Application kits may be obtained from: Office of Grant Inquiries, Div. of Research Grants, NIH, Westwood Bldg., Room 448, Bethesda, MD 20205 (301/496-7441); additional information or advice can be obtained from: Milton Puziss, PhD, Chief, Bacteriology & Virology Branch, Microbiology & Infectious Diseases Program, NIAID, 5333 Westbard Av., Westwood Bldg., Room 748, Bethesda, MD 20205 (301/496-7728).

Some suggested areas of research are suggested below, however they are not to be considered as excluding other areas where needs and opportunities also exist: A1) Rapid & specific diagnostic tests for chlamydia. A newly developed & licensed rapid diagnostic test (Microtrak--SYVA Corp.) may be of great value in asymptomatic diagnosis, however other tests should be developed. A2) Expansion of knowledge on the basic biology & immunology of chlamydia is an urgent need, to increase understanding of the pathogenesis of chlamydial infections. This will include studies on: surface structures and functions; antigen characterization and isolation; host immne responses. The problem of persistent or chronic infections should be included. A3) Animal model systems are also an area of much needed research, to provide better understanding of the pathogenesis of genital infections and of PID in humans. A4) The role of chlamydia in perinatal disease and in complications of pregnancy needs further definition. B1) Increasing understanding of the vaginal ecosystem. Multiple microbial species are involved and interact with one another and with the local environment, causing subtle changes associated with menstrual cycle phases, contraception, and possibly sexual activity. Study of the host immune responses and of the fundamental microbiology and biochemistry of the causal organisms provide wide opportunities for research. B2) Increased knowledge of trichomiasis and development of newer methods of therapy are needed. The current treatment of choice is potentially toxic and drug resistant strains have also been reported. Alternative chemotherapies, virulence factors and host defenses are areas of research needed. B3) Increased understanding of nonspecific vaginitis is needed. The roles of gardnerella vaginalis, other anaerobic bacteria, yeasts, and mycoplasmas need further clarification. Microbial synergism is not well understood in this milieu, particularly as related to etiology and pathogenesis. B4) The existence of recurrent or chronic disease, the nature of host immune responses, and the interaction of complex vaginal factors need clarification.

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VINEGAR HELPS DIAGNOSE RECTAL WARTS

On the suggestion of Swedish dermatologist Geo von Krogh, clinicians at Milwaukee's Brady East STD (BEST) Clinic are using white table vinegar (acetic acid, 3-5%) to help visualize otherwise hard to identify rectal condylomata accuminata (venereal warts). Acetic acid 3-5% has been used to accentuate areas of leukoplakia (cervical condyloma, dyslasia) in colposcopy in gynecologic practices. Acetic acid not only helps to coagulate mucus, which can then be easily removed, but it also causes the tissue to swell and the transparency of the epithelium is greatly reduced. Metaplastic, dysplastic and in situ epithelium will usually take on a whitish appearance over a fairly well-demarcated area. Areas of slight vascular and cellular atypia may take on an even more atypical appearance on cervix uteri according to Kolstad and Stafl, authors of Atlas of Colposcopy (2nd ed., 1977, Baltimore: Univ. Park Press). The effect of acetic acid is transient, yet gives an excellent opportunity to visualize otherwise hard to view rectal warts. And it isn't anymore uncomfortable than a slight stinging with the blanching complete within 30 seconds. Although untested and unproven in scientific trials [ED NOTE: No one seems to be interested! We've tried to get experts in Seattle and elsewhere interested in the role of colposcopy and use of acetic acid for anorectal pathology, but still no luck. Anyone out there want to do it?!], anecdotal evidence has clearly demonstrated the technique's efficacy, with apparently normal rectal mucosa under direct visualization "lighting up like a christmas tree" to reveal clusters of very small punctate warts after swabbing with vinegar, in several patients in Milwaukee, according to Mark Behar, PA-C of BEST Clinic. Although unwilling to comment about its use on rectal mucosa, colposcopy experts in Milwaukee recommend table vinegar packaged in glass, rather than plastic bottles, to prevent untimely decomposition of the product. Anyone interested in exploring this unique technique are encouraged to contact the NCGSTDS immediately! The NCGSTDS has only received one letter of interest from an east coast researcher/clinician about collaborating on some sort of wart study. Let us know!

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GENITAL ULCERS CAUSED BY EPSTEIN-BARR VIRUS

excerpted from New England Journal of Medicine, 10/11/84, pp. 966-8

A recent issue of the New England Journal of Medicine (vol. 311:15, Medical Intelligence section) features a case report entitled, "Recovery of Epstein-Barr Virus from Genital Ulcers," by Joseph Portnoy, MD, et al. The authors describe an otherwise healthy young woman in whom painful genital ulcers develop during an episode of serologically and virologically confirmed primary infectious mononucleosis. None of the usual causes of genital ulceration (e.g., syphilis, herpes simplex, chancroid) were found, and Epstein-Barr Virus was recovered from the lesions. They conclude that EBV infection should now be included in the differential diagnosis of genital ulcerations, particularly when other more common causes have been excluded. Further, transmissibility by a venereal route is possible, especially after the demonstration of cytomegalovirus in semen and cervical secretions. Epstein-Barr is one of several viruses belonging to the herpesvirus family: EBV, cytomegalovirus (CMV), herpes simplex 1 and 2, and varicella zoster (VZ).

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LESBIAN HEALTH NEWS

by Nathan Fain, with thanks to The Advocate, 8/21/84

There's a lot of work to salute in the lesbian and gay community beyond AIDS, as anyone who was at the recent international health gathering in New York will tell you. For example, a new organization called Lesbians in Health Care (LIHC) has begun publishing an excellent newsletter, Lesbian Health News. Two quarterly issues have appeared with a third expected in the fall. "LIHC is comprised of women with a plethora of talents and skills not limited to health care," notes the newsletter, above a listing of women willing to perform any number of helpful services. The News talks about lesbian parenting and provides referrals to a speakers bureau, women who will address interested groups about the many problems lesbians face in the health-care-provider world. Information about LHN is available by writing to: Jo-Ann Shain, 14 Fiske Pl., Brooklyn, NY 11215 (212/787-4101).

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WASHINGTON CLINIC HIRES ATLANTA LESBIAN ACTIVIST

by Lou Chibbaro, Jr., with thanks to The Washington Blade, 9/28/84

Officials of Washington's Whitman-Walker Clinic announced the hiring of lesbian health activist Caitlin Ryan of Atlanta, to replace John Hannay as program manager of the Clinic's AIDS Education Fund. Ryan is executive director of AID Atlanta, an organization that assists persons with AIDS and provides educational programs about AIDS to Atlanta's gay community. Ryan holds a masters degree in social work, with a specialization in human sexuality and clinical social work. She has been praised by gay & lesbian health activists for her work at AID Atlanta and for her role as organizer of a lesbian & gay health conference in Atlanta earlier this year which attracted both gay and non-gay health professionals. She is also president-elect of the National Lesbian Gay Health Foundation (formerly National Gay Health Education Foundation) and project coordinator of the National Lesbian Health Care Project. Gary Hensler, Whitman-Walker's vice-president, said the Clinic decided to reevaluate the position of program manager of the AIDS EDucation Fund this summer after determining that the number of AIDS cases in Washington is expected to dramatically increase in the next year, creating greater demands on the Fund. Ryan's duties with the AIDS Education Fund will include establishing expanded patient services programs, which will include coordinating volunteers and working with hospital officials, social workers, and social welfare agency employees, and will also coordinate the Fund's community education and public awareness programs and fundraising efforts.

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HUMOROUS LOOK AT SEXISM IN MEDICINE

What if suddenly the sex roles in the health care system were reversed? Turning Around, gives you that perspective! Turning Around is an 18 minute color film/videotape based on actual experiences of health professionals, students, and patients. But the sex roles have been reversed--bringing brand-new, tongue-in-cheek perspective to such characters as the over-inquisitive med school interviewer, or the patronizing professor of surgery. If you've wondered whether women medical students, doctors, nurses, professors, and patients really are treated differently, this film will be an eye-opener. Maureen Longworth, MD, is the filmmaker, and is also a family practice resident. She is available to present workshops on sexism in medicine, including the showing of the film, for your institution or group, for a sliding-scale fee and transportation costs. Turning Around is available on 16mm film (purchase $395; rental $75) and video (3/4" U-matic, ½" VHS or Beta; purchase, $220). Address inquiries to: Maureen Longworth, MD, PO Box 881532, San Francisco, CA 94188-1532.

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FOR SALE: T-SHIRTS, PROGRAM BOOKS, & VIDEOTAPES FROM AAPHR AND NCGSTDS

The August, 1984 Chicago Current Aspects of STDs Symposium-III and Medical Symposium of American Association of Physicians for Human Rights (AAPHR) and NCGSTDS is over, but there are several items still available for purchase. A fantastic gray T-shirt with blue printing and 5 cute little monkeys, illustrating "see no, hear no, speak no evil" and the fourth and fifth primates covering their front and rear privates; it is 50/50 cotton/poly, in small, medium, and large, $10 each. The design was created (and copyrighted) by Susan Kaetz of Seattle (remember the 5th International Meeting of the Society for STD Research?). The Proceedings book of the 1984 Annual Scientific Meetings of AAPHR & NCGSTDS, professionally bound with shiney blue cover, $12 each. Order both for $20! Send order form and remittance to: David Ostrow, MD, PhD, Northwestern Memorial Hospital, 259 E. Erie, Room 100C, Chicago, IL 60611; Make checks out to "AAPHR PROGRAM." Videotape cassettes are available for almost the entire conference; each 60 minute tape costs $40; the summary program (90 minutes) costs $90. All 16 tapes ($690 value) costs $575, plus shipping and handling. Address inquiries to: AAPHR Vido Tapes, PO Box 14366, San Francisco, CA 94114.

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MICROCOMPUTER GROUP FOR AAPHR MEMBERS FORMING

Several members of the American Association of Physicians for Human Rights (AAPHR) would like to identify other members with networking capability on their microcomputers. If interested, send your name, address, phone, system type and communications package type to Chris Mathews, 4621 Vista St., San Diego, CA 92116.

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CRISISLINE APPEALS FOR FUNDS

an open letter from Paul Popham, New York Gay Men's Health Crisis

Dear Friends: This year one of our best friends is in trouble and urgently needs our help. The National Gay Task Force is in the position of either quickly raising enough money to make ends meet or begin cutting vital programs. During the past 13 months, the GMHC has given funds totaling $12,000 and pledged an additional $6000 to the NGTF's AIDS Crisisline. GMHC's Board of Directors has made these grants during a period of serious financial constraint for our organization [see related article on this page]. We are experiencing a sizeable operating deficit for this fiscal year. Nevertheless, we strongly feel that the national importance of the Hotline and the other efforts undertaken for all of us by the NGTF necessitates making finanical sacrifices. I am asking you now to consider what NGTF has done for you, for me, for all gay men and women to make this country an easier place to live in, and what the quality of our like would be like without them to fight so many of our battles for us. The NGTF needs our help to survive this present economic hurdle. We at GMHC are giving our share. Will you give yours? Address to: NGTF, 80 Fifth Av., New York, NY 10011.

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HEALTHY SEX IS GREAT SEX--A BROCHURE

by Nathan Fain, with thanks to The Advocate, 8/21/84

A new brochure has appeared to guide gay men toward healthier sexual practices. Written by the Safer Sex Committee of New York, the brochure is being published and distributed by Gay Men's Health Crisis' Department of Education, headed by Federico Gonzalez (Box 274, 132 West 24th St., New York, 10011). The brochure bears cartoons by Howard Cruse, an artist for The Advocate. It is called "Healthy Sex Is Great Sex," a slogan you may want to roll around in your mind for awhile. The idea is to oppose an image lodged in many people's mind, that during a killer epidemic wven the very thought of sex is deadly. A coalition of gay men in New York including those who are battline AIDS themselves, have gone in for blunt talk in their literature. In using the more clinically "correct" "bodily fluids exchange" artist Cruse once parodied in a comics panel showing two clones in clandestine backstreet commerce, trading Mason jars of liquids under trench coats.

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BRANDT RESIGNATION ANNOUNCED

with thanks to AIDS Update, National Gay Task Force, 10/12/84

Assistant Secretary for Health, Dr. Edward Brandt has announced his resignation, effective December. National Gay Task Force (NGTF) responded to the news with "regret," noting "Gay and lesbian community--and the Public Health Service's work--has benefitted from Dr. Brandt's commitment to working with our community on AIDS and other health concerns. While our respective roles sometimes placed us in an adversarial relationship, we were always confident that we were dealing with someone of competence and high integrity." An acting Assistant Secretary will be named before a new permanent replacement is nominated when Congress returns in January. Before a confirmation vote by the full Senate, the nominee will face hearings before the Senate Subcommittee on Labor and Human Resources, of which Senator Warren Hatch of Utah is the ranking Republican and current chairman, and Senator Edward Kennedy is the ranking Democrat. NGTF will monitor the selection process to ensure that there is input from the gay/lesbian community.

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CORRECTION

In the last issue of the Newsletter (volume 6:1, p. 29), there was an error in the "Warning to Users of Inhalants" article, brought to our attention by Bob Bolan, MD, President of the San Francisco AIDS Foundation: "At the end of the warning statement on use of nitrite inhalants you have indicated that the warning is copyrighted by Pacific Western Distributing Corp., manufacturers of Rush. This is inaccurate. I wrote that language at the request of the San Francisco Board of Supervisors. They then passed the ordinance mandating the prominent posting of this warning anyplace in San Francisco where poppers are sold. Hank Wilson's Committee to Monitor Poppers is to be credited with their persistence in keeping this issue beofre us all so that finally some reality could be introduced into the ridiculous regulatory standoff the lawyers of nitrites manufacturers have managed to engineer for the past several years due to loopholes in federal & state drug regulating legislative rules."

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TORONTO STUDY SEEKS SEXUAL CONTACTS

A large prospective research study in Toronto, Canada, is recruiting 420 gay men into a study of AIDS. Each volunteer must be known to have had sexual contact with a man now diagnosed as having either AIDS or pre-AIDS (including AIDS-related complex (ARC) or persistant lymphadenopathy syndrome (PLS)). The sexual contact should have taken place within a year preceding the onset of any signs and symptoms in the man with a diagnosis of AIDS or pre-AIDS. If you are ill with AIDS or pre-AIDS, you might suggest to any traceable Toronto-based sexual contacts of yours that they volunteer for this study by calling Toronto, 416/595-4940, for further information. The study needs your support to ensure its success.

Men inducted into the study will be followed medically at 3 month intervals for up to 3 years. The study will address the question of why some men are more susceptible to AIDS than other men. It will also provide estimates of incubation time and degree of infectivity. The project leader is Dr. Colin L. Soskolne of the Ontario Cancer Foundation andThe University of Toronto. All information will be treated in the strictest confidence.

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AIDS EPIDEMIOLOGY/SURVEILLANCE UPDATE

abstracted from AIDS Weekly Surveillance Report, CDC AIDS Activity

As of October 15, 1984, the Centers for Disease Control AIDS Activity reports a total of 6402 cases of AIDS in the United States (CDC definition). Homosexually active men account for 73% of all cases; 17% from IV drug users; 4% from Haitians; 1% from hemophiliacs; and 5% from those in no apparent risk/unknown risk group. [The CDC has received much criticism for this atypical "hierarchical" listing--some of the homosexually active men may also be IV drug users but are only counted in the top, i.e., homosexual category. This confuses and misrepresents the data, which the CDC has admitted.--ED] 23% are from individuals aged 29 or less; 47% from ages 30-39; 21% from ages 40-49; and 9% from ages 50 and older. 59% of the individuals are white; 25% are black; 14% are hispanic; and 2% belong to other/unknown racial & ethnic backgrounds. Forty-seven states including the District of Columbia and Puerto Rico have reported cases to the CDC [funny, it was 48 states back in July]; New York and California have the most cases, with 40% and 22%, respectively; Florida, 7%; New Jersey, 6%; Texas, 5%; Pennsylvania, Illinois, and Massachusetts each have about 2%; all other states have less than 2% each. Overall mortality remains high--47%, which reflects an increased case-mortality since the last Newsletters (45.6% and 43.3%, in volumes 6:1 & 5:5 respectively). AIDS cases per million of population for the entire US is 28.3, ranging from 258.5 per million in New York City and 225.8 cases per million in San Francisco, 164.8 cases per million in Miami, 89.0 cases per million in Newark, and 69.5% cases per million in Los Angeles. These figures represent only those cases meeting the CDC's strict criteria of case definition.

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FUNDING FOR AIDS EDUCATION BECOMES AVAILABLE THROUGH CONFERENCE OF MAYORS

with thanks to AIDS Update, National Gay Task Force, 10/12/84

At the urging of National Gay Task Force (NGTF) and other gay groups, $150,000 was included in the 1984 budget supplemental appropriations of Congress to enhance the public education program of the Centers for Disease Control by expanding the cooperative activities involving the National Hemophilia Foundation and community-based AIDS education groups. This funding will be made available through the U.S. Conference of Mayors to organizations committed to AIDS education; AIDS services organizations in the gay/lesbian community would certainly be eligible. A request for funding proposals (RFP) will be issued by the Conference of Mayors in November or December. [ED NOTE: The NCGSTDS has requested that the Conference of Mayors send RFPs to all of its member services & clinics as soon as they are available; if you do not receive any word by December 7, call them: 202/293-7330.] It is expected that an additional larger amount will become available as part of fiscal 1985 spending. Dr. Edward Brandt, Assistant Secretary for Health, included $2.5 million in his May memorandum for risk group education, a portion of which whould be expected to go directly to community-based groups. NGTF will continue to monitor the allocation of these education funds and will inform AIDS service organizations on how they may apply for them once that information becomes available.

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CONDOMS, ALCOHOL, CHLOROX, DRYING, ULTRAVIOLET, HEAT AND HTLV-III

an open letter to Dr. Edward Brandt, Assistant Secretary for Health, from Bruce Voeller, printed in Boston's Gay Community News, 11/3/84

"Dear Dr. Brandt: 1) Toward the end of the meeting we had in your office last July 30th, I stepped outside my official role there to express my ongoing concern that laboratory studies ought to be conducted to evaluate the degree of leakage of HTLV-III through condoms. As I indicated, the rationale for this lies in two areas: a) There has been widespread promotion of the use of condoms in gay circles through their free distribution at bath houses and through the so-called "safe" sex brochures which have been extensively circulated by gay doctors' groups and other gay health educators. This promotion of condom use (which I support) carries with it an unintended but implicit encouragement to engage in risky sex acts...provided a condom is used. The presumed efficacy of condoms has lulled many men into participating in high risk practices they might otherwise avoid. b) All of this would be fine if we had more than just "common sense" information about condom efficacy. However, although I haven't made an exhaustive literature search, it seems fairly evident from what I've done that there is little or no published information addressing the viral efficacy of condoms. (See Barlow, D., 1977 LANCET, p. 811; there are also unpublished studies of condoms and herpes virus by Frank Judson, as well as by Marcus Connant, and ones I've heard of with CMV.) Much as I and others think that condoms at least reduce the risk of some sex acts, there is no substitute for actual data. Such is particularly true when our "scientific" advice leads to an increase in high risk acts, rather than merely offers a degree of greater safety for those who have been engaging in them despite the known risks. At our meeting two months ago, you indicated that you would look into this matter and see what was being done, or could be done, to obtain efficacy data within the Public Health Service. I would be very grateful for any results you have gathered.

"2) I'm also very interested in the lability of HTLV-III when it is exposed to various reagents, antiseptic agents, to heat, ultraviolet (UV), etc. All such information can be of relevance in prevention of AIDS. Washing the hands, penis, or sex toys with 70% ethanol, between sex partners, would be a profoundly important preventive step to recommend, if alcohol is effective in killing HTLV-III. The data available to most of us are conflicting, however. The well known fact that some viruses are untouched by alcohol has been widely circulated within the medically sophisticated gay community. That has been generally interpreted to mean that HTLV-III is untouched by ethanol or isopropyl alcohol; absent specific HTLV-III data, the advice is wise. But my laboratory contacts at various PHS HTLV-III research units tell me that 70% ethanol, 10% commercial Chlorox, or a four minute heat treatment at 60 degrees Centigrade [140 degrees Fahrenheit], each gives complete kill of the virus, whether in highly purified form or when the virus is protein protected. The only published data I know of relates to general viral decontamination techniques, from a period prior to the identification of HTLV-III and LAV (MMWR, volume 31:83, 11/5/82). My PHS research contacts also tell me that HTLV-III is remarkably stable to drying and to exposure to UV. If this information is correct, some of us have again been dangerously misinformed. Specifically, at a recent public meeting of influential AIDS care providers and opinion molders in Los Angeles, I raised a question about HTLV-III decontamination and the virus' lability. A prominent AIDS researcher authoritatively assured us that all retroviruses are highly labile to drying, leaving us with the belief that once dry, contaminated objects are safe. Can you confirm the information I've been given about the sensitivity of HTLV-III to drying, UV, hypoclorite (Chlorox), 70% alcohol, and 60 degree C heat treatment, and any other possibly similar laboratory data which might be useful in formulating decontamination guidelines? Would it in fact not be useful to publish such information in MMWR? It seems to me that many people in =health care would benefit, not to mention the expanding ranks of those conductin AIDS research.

"Last but not least, I want to express my admiration for you, as well as my appreciation for the tough job you have done so well. Thanks! I, perhaps more than most, know how regularly we hear from those with criticisms of our work and how sparse the thanks are. Having taken issue with you before Congress and elsewhere when I felt that was required, I would be badly remiss if I failed to shout 'Bravo!' for so much done so well. Sincere regards, Bruce Voeller, Pasadena, California."

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STATE OF THE ART CONFERENCES ON AIDS IN CHICAGO, NOVEMBER 30, DECEMBER 1

Two all day conferences on AIDS are planned for Friday, November 30 and Saturday, December 1, 1984, at The Hotel Continental--Grand Ballroom (505 N. Michigan Av.), Chicago by Northwestern University Medical School, DePaul University Department of Nursing, Chicago Area AIDS Task Force and other Illinois associations, community organizations and agencies in cooperation with the National Institutes of Health/National Institute of Allergy & Infectious Diseases. Although there is no registration fee, preregistration is required (details below). The Friday, November 30 session is directed to health and public service personnel and is accredited by the Illinois Nurses' Association and the Illinois Dental Hygienists' Association. The first session begins at 7:30 am with an introduction to AIDS (Robert Murphy, MD), an overview of current research findings & future directions (Harry Haverkos, MD), HTLV-III recent developments & implications (Jerome Groopman, MD), AIDS Immunology (John Phair, MD), and AIDS epidemiology (David Ostrow, MD, PhD). Session II on safety/risk reduction/infection control begins with a talk on infection control precautions for persons who have direct contact with patients, patients' body fluids and tissues (Don Bille, RN, PhD); blood products and blood-banking (John Petricciani, MD); counseling and referring the person at risk (Jerry Soucy, PhD, and Don Bille, RN, PhD). Session III discusses psychosocial issues, beginning with psychosocial aspects of AIDS (Jill Joseph, PhD, Mary Baumgart, RN); addressing the fears and anxieties surrounding AIDS (Bill Mannion, RN); legal confidentiality (James Alexader, Esq., Doris Polys, RN); ethical issues (Russel Burck, PhD); and a personal experience with AIDS (to be announced). The final session describes the resources for the person with AIDS, and begins with community support services (Jerry Soucy, PhD); financial support (Will Henderson); and legal issues (Marilyn Pearson, Esq., James Alexander, Esq.). Ample opportunity for discussion and questions and answers will be given, with adjournment scheduled for 5 pm. Saturday's session is oriented to the primary care provider (MD, PA, NP) and is identical to Friday's sessions with the following exception: in place of the session on resources for the person with AIDS, a session on medical management will be offered; it will include diagnosis, management and treatment of opportunistic infections (John Phair, MD), reconstitution of the immune system (Jerome Groopman, MD), and discussion. Lunch on both days is on your own. For more information or to preregister (DUE NOVEMBER 22!) send your name, address, phone, profession/medical specialty and social security number to: Laura Coats, AIDS Symposium, 259 East Erie, #108, Chicago, IL 60611, or call 312/649-4694. As a large attendance is anticipated, get your preregistration in early--there is limited seating. The courses are directed by David Ostrow, MD, PhD, and Don Bille, RN, PhD. (Footnote: Saturday's course is accredited by 6 credit hours in Category I by Northwestern University Medical School.)

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GAY HEALTH LEADERS DISCUSS AIDS HEALTH EDUCATION WITH CDC

Members of several national and community-based gay & lesbian health organizations met with officials from the Centers for Disease Control (CDC) in Atlanta, October 2-4, 1984, to discuss the role of the CDC in developing and promoting health education programs in AIDS risk reduction. More than 30 CDC personnel attended the 2½ days of meetings in an effort to identify major obstacles to the effective development and implementation of AIDS health education. Representing gay & lesbian health organizations were: Mark Behar, PA-C (National Coalition of Gay STD Services); Robert Bolan, MD (San Francisco AIDS Foundation); Brett Cassens, MD, Neil Schram, MD, and Alvin Novick, MD (American Association of Physicians for Human Rights); Federiço Gonzalez (New York Gay Men's Health Crisis); and Caitlin Ryan, MSW (National Lesbian & Gay Health Foundation). Joining those gay health leaders as consultants were Rebecca Ranson, a Pennsylvania playwrite who recently released the play "Warren," about a gay friend who died of AIDS; Jack Whitescarver, Assistant Dean of Emory University's School of Medicine, formerly with the National Institute of Allergy and Infectious Disease; and Harry Haverkos, MD, of the National Institutes of Health. Participants formulated proposals for improving trust and communication between government health officials and the gay & lesbian community by encouraging active CDC staff programs to reduce homophobia, greater exchange of information to minimize frustrations and defuse misconceptions, and the assignment of a high priority to health education for AIDS risk reduction. Strong recommendations were made for the firing of gay and gay-sensitive health consultants to help plan and develop AIDS education and risk reduction projects. It is hoped that icreased emphasis on prevention will lead to greater CDC technical and financial support to community-based AIDS organizations. A written summary of the group's recommendations will be prepared and distributed by the CDC shortly. A followup meeting is anticipated in April, 1985.

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"HAIRY" LEUKOPLAKIA NOTED IN MOUTHS

with thanks to Hank Wilson

The October 13, 1984 Lancet describes a new form of oral leukoplakia (white plaque-like lesion usually signifying abnormal growth) in homosexually active men ("Oral 'Hairy' Leucoplakia in Male Homosexuals: Evidence of Association with Both Papillomavirus and a Herpes-Group Virus," by D. Greenspan, J. Greenspan, M. Conant, V. Petersen, S. Silverman, Jr., and Y. DeSouza, p. 831 -34). This "hairy" leukoplakia (HL) has been principally found on the lateral borders of the tongue and is thought to presage AIDS, many of the patients showing evidence of immunosuppression. Although candida (thrush) was often found in the lesions, both Human papilloma virus (HPV) and a herpes-type virus were also frequently noted, and may offer clues to the pathogenesis of other forms of oral epithelial hyperplasia and dysplasia. The HL lesion is of interest for several reasons: several cases of oral cancer in homosexually active men have been described, and recent reports suggest a previously unsuspected and possibly widespread role for HPV in oral epithelial hyperplasia, dysplasia, and even oral carcinoma. HPV has been related to cancer of the uterine cervix and the skin. HPV and other herpes viruses (cytomegalovirus, herpes simplex, Epstein-Barr virus) can all transform cells and act as oncogenic agents. The HL lesion closely resembles certain skin warts and genital condyloma, which are more common during immune suppression. Some as yet ill-understood interaction or even hybridization between HPV or a part thereof, and a herpes-type virus may be involved, according to the authors.

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INTERNATIONAL CONFERENCE ON AIDS

An important International Conference on AIDS is being sponsored April 14-17, 1985 in Atlanta, by the Department of Health and Human Services, Public Health Service (Alcohol, Drug Abuse, and Mental Health Administration, Centers for Disease Control, Food and Drug Administration, Health Resources and Services Administration, and the National Institutes of Health), and the World Health Organization, in cooperation with the Emory Univeristy School of Medicine and morehouse School of Medicine. The Conference is scheduled to take place at the Georgia World Congress Center, 285 International Bldv., NW, Atlanta, GA. The purpose of the meeting is to exchange scientific information on the epidemiology, virology, immunology, hematology, oncology, clinical manifestations, treatment, and psychosocial and behavioral issues of AIDS and to review strategies for the prevention and control of AIDS. The deadline for receipt of abstracts of papers to be considered by the Program Committee is December 10, 1984. Among the distinguished members of the program committee are: Brett Cassens, MD, David Ostrow, MD, PhD, Cladd Stevens, MD, Donald Francis, MD, James Curran, MD, Richard Krause, MD, David Sencer, MD, and Kenneth Sell, MD, PhD. The tentative schedule of meetings is: Sunday, April 14, Registration & Social; Monday, Apr. 15, Plenary session, poster sessions, & concurrent sessions; Tuesday, Apr. 16, plenary, poster, and concurrent sessions, and an evening social; Wednesday, Apr. 17, concurrent sessions, panel discussion/summary, and adjournment. The deadline for advance registration is March 15, 1985; the fee is $50 (after March 15, $75). For more information or abstract forms, address inquiries to: International Conference on AIDS, CDC, Bldg.1 Room 2047, 1600 Clifton Rd., NE, Atlanta, GA 30333.

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ARCHIVES FOR AIDS REQUESTS INFORMATION

The International Gay and Lesbian Archives is collecting materials on AIDS, and is requesting that the many AIDS related organizations send them materials about their structure and programs, studies and problems, and printed materials and newsletters. The Archives would also welcome personal memoirs from people with AIDS or their close friends. Please contact them: IGLA, 1654 N. Hudson Av., Hollywood, CA 90028 (213/463-5450).

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MANUAL FOR PERSONS WITH AIDS DEVELOPED IN SAN FRANCISCO

The University of California, San Francisco AIDS Clinical Research Center in cooperation with other AIDS service organizations has developed a manual for persons with AIDS. It is available to not only provide information on services within the Bay Area for PWAs, but also to provide a model of a resource manual that could be developed in your area. The process of networking with the various service organizations was very helpful in strengthening the collaboration between the organizations. For a copy, or to share your ideas & thoughts, write: Ernesto Hinojos, MPH, KS Clinic, UCSF A-328, San Francisco, CA 94143.

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FIVE YEAR-OLD CHILD WITH AIDS REJECTED FROM SCHOOL

by Sue Hyde, with thanks to Boston's Gay Community News, 10/13/84

A 5 year-old boy with AIDS has become the third publicized case of a person with AIDS rejected by a public school. The superintendent of schools in New Haven, CT, John Dow, Jr., has not allowed admission to school or arranged for tutoring for the child until the state provides appropriate guidelines for handling students with AIDS, according to the Boston Globe. In June, a set of triplets with AIDS were denied admission to Miami public schools, and recently New York City preschool children were refused entrance at day care centers. In both cases, however, school officials arranged for home tutoring. [ED NOTE: Another case involved a child in California, and was documented by television's 60 Minutes.] The Connecticut boy is a patient at Yale-New Haven Hospital, but is well enough to leave and attend school as soon as a foster home is found for him. Dow said his presence in school "poses potentially serious health and labor problems" for the school system. Dow said he asked the Connecticut Education Commission for guidance and received a form letter reply stating his "legal responsibility" to educate a child with AIDS, the same as any other. Dow resents that he "was given a stock reply in the face of a unique situation." The boy's doctor, John Dwyer, chief of immunology at the Yale-New Haven hospital, said "there is no medical reason why the child shouldn't go to school," adding that proper precautions can be taken to protect his fellow students and faculty. Lorraine Aronson, deputy director of the state's Education Commission, said a task force is being formed to look at the problem of AIDS patients in schools and that "reasonable and creative ways" to provide them with school will be found.

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HAITIAN TRIPLETS WITH AIDS SYMPTOMS BARRED FROM MIAMI PUBLIC KINDERGARTEN

by Sue Hyde, with thanks to Boston's Gay Community News, 9/29/84

A set of Haitian triplets who show early symptoms of AIDS have been barred from attending public kindergarten and wil be tutored at home in Miami, according to an AP dispatch. Citing the fear that the unidentified triplets could infect their classmates, the school system's health coordinator said, "Let's not take a chance." The children, apparently infected with AIDS while in their mother's womb, do not have any of the opportunistic infections associated with AIDS.

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IMPACT OF AIDS SHOWN ON BOSTON CABLE TV

by Sue Hyde, with thanks to Boston's Gay Community News, 9/29/84

A 30 minute video program entitled, "To Life" and featuring two local men with AIDS and one person with AIDS-Related Complex will air on public access Channel 3 on Boston Cable TV, Sept. 27. Conceived and produced by Susan Fleichmann, the program is a personal look at how AIDS has impacted on the lives of the three men. Appearing on the show will be Howard Dill and Jim Carlton, both men with AIDS, and Bob Andrews, a member of the AIDS Action Committee who has been diagnosed with ARC. The program was produced in conjunction with the Studio No collective.

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WHEN A FRIEND HAS AIDS...

by Nathan Fain, with thanks to The Advocate, 8/21/84

A psychological counseling group in New York has published an excellent leaflet titled, "When a Friend Has AIDS...". Written by Michael Shernoff, CSW, ACSW, the text is based on materials provided by New York's Gay Men's Health Crisis, a self-help group for the terminally ill known as Make Today Count, and also on the work of Shanti Kilaya, an organization founded by Dr. Elizabeth Kubler-Ross. Shernoff's Chelsea Psychotherapy Associates publishes the brochure, and will send a free copy by writing to them at 80 Eighth Av., Suite 1305, New York, 10011. The opening point alone makes the leaflet worthwhile: "Don't avoid him. Be there--it instills hope. Be the friend, the loved one you've always been, especially now when it is most important." Another vitally important thought: "Don't permit him to blame himself for his illness. Being gay didn't give him AIDS. Remind him that lifestyles don't cause diseases, germs do. Help him through this one. It may be especially hard for him." Cleanly designed in soothing blue on gray, the brochure makes one of the most positive contributions yet to staving off fear and ignorance.

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LEGAL INFORMATION FOR AIDS

by Sue Hyde, with thanks to Boston's Gay Community News, 10/13/84

A comprehensive information sourcebook on new legal problems associated with AIDS is available from the Lambda Legal Defense and Education Fund. Staff members of Lambda and cooperating attorneys collaborated to write The AIDS Legal Guide: A Professional Resource on AIDS-Related Issues and Discrimination, a 121 page document geared to lawyers, health professionals, researchers, and civil rights advocates. It includes information on provision of services, powers of attorney and wills; medical insurance; discrimination; housing; confidentiality; military; immigration; prisons; and public health benefits law. An increased caseload of legal work related to the AIDS epidemic has been reported by gay & lesbian legal service groups in cities with the highest incidence of AIDS. Lambda's managing attorney, Abby Rubenfeld, also an editor of the sourcebook, said, "AIDS-related legal work is quickly becoming its own legal specialty." Copies of the guide are available for $15 each. Make checks payable to: LLDEF, AIDS Guide, 132 W. 43rd St., NYC, 10036.

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SURVIVOR OF TRANSFUSION-RELATED AIDS SUES

by Sue Hyde, with thanks to Boston's Gay Community News, 10/13/84

The survivor of a woman who died of transfusion-related AIDS intends to file suit against the blood bank from which the contaminated blood was obtained, according to the Gay News (San Francisco). Mary Richard Johnstone died early in September, and received a blood transfusion during surgery in 1982 at the University of California Medical Center in San Francisco. Johnstone was given 20 units of blood during surgery, one unit of which had been donated by a man who later was diagnosed with and died of AIDS. Johnstone's husband, William, faults the blood bank for not screening out potential donors from groups at high risk for AIDS. Johnstone's death was the 75th due to blood transfusions; at the beginning of 1984, there were just 20 such cases, and federal officials expect that number to continue to rise.

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AIDS DISCRIMINATION SUIT SETTLED IN NEW YORK

Lambda Legal Defense and Education Fund and New York Attorney General Robert Abrams announced that they have reached what they termed an "extremely favorable" court settlement on behalf of a doctor who was threatened with eviction because he treats persons with AIDS. The suit was filed last year after the board of a New York City (Greenwich Village) cooperative sought to evict Dr. Joseph A. Sonnabend, an acknowledged expert in immunology and a pioneer in the search for a cure for AIDS, where he had resided since 1977. Under the settlement, the co-op will award Sonnabend $10,000 in damages, provide him with a new one-year lease, and pay the Attorney General's office $1000 in legal costs. The co-op board, while not admitting to past discrimination, has also agreed to refrain from discriminating against disabled persons in the leasing of its office space. The suit had charged that the eviction would have constituted discrimination against ADIS patients in violation of New York's Civil Rights Laws which protect disabled persons. Abby Rubenfeld, Lambda's managing attorney, stated, "...The calous discrimination by landlords, employers, school officials and even morticians is shocking. The Sonnabend case should let all persons know that blatant and cruel discrimination of this sort will not be tolerated."

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GUIDE FOR PEOPLE WITH AIDS AVAILABLE

Allan O'Hara of Key West's AIDS Education Programs in affiliation with Florida Keys Memorial Hospital has announced the fourth edition of A Guide for People with AIDS, intended to provide answers to questions about what to expect from others and oneself, nutrition, exercise, health care, issues about sex, coming out & not wanting to come out of the closet, financial considerations, and preparing for the future. The ten page booklet is available without charge for people with AIDS; others are asked to send $2 per copy to: PO Box 4073, Key West, FL 33041.

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LAWSUIT FILED IN DETROIT AIDS FIRING

with thanks to ...into the courts, The Newsletter of National Gay Rights Advocates, Fall, 84

National Gay Rights Advocates (NGRA) has filed a $5 million discrimination suit against a Detroit employer, alleging that Advanced Underwriters Insurance Agency (AUIA) fired Timothy Trueman solely because he is a gay man with AIDS. David Piontkowsky, NGRA's cooperating attorney in Detroit, said that he expects the first court hearing to occur this fall. NGRA is confident of setting some new legal precedents in this case. AUIA has violated several state laws as well as a local ordinance. It is NGRA's position that Trueman's firing is legally indefensible. NGRA is taking a stand against AIDS discrimination. Gay men and women are entitled to equality in employment opportunities and the irrational fear of AIDS will not be tolerated as an excuse for discrimination. NGRA has been at the forefront in successfully litigating these issues in other parts of the country. For more information about NGRA or to contribute much needed revenue, address: NGRA, 540 Castro St., San Francisco, CA 94114, 415/863-3624. NGRA is a 501(c)(3) tax exempt non-profit agency.

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HYSTERIA IN NEW YORK COURT DUE TO AIDS

by Sue Hyde, with thanks to Boston's Gay Community News, 11/3/84

Despite an explanation from the city's health commissioner that AIDS is not transmitted through the air, court officers donned surgical masks and gloves on October 23 as jury selection began in the murder trial of a 34 year old man who has AIDS, according to the New York Times. The judge and court clerks did not join the four officers in wearing protective clothing, but the defendant wore a surgical mask. At the start of the session in State Supreme Court, the City Health Commissioner, Dr. David J. Sencer, explained to 125 perspective jurors they did not have to fear contracting AIDS from the defendant, Eddie Coaxum. After Sencer spoke, Justice Arnold G. Fraiman said he would excuse perspective jurors who did not want to be considered for the case; about half accepted the offer. Later in the proceedings when Coaxum began to cough, Justice Fraiman again offered to excuse worried candidates; about ten took up that second offer. The president of the court officers' union, Matthew O'Reilly, said he would ask Justice Fraiman to permit the officers to wear surgical gowns. "With AIDS, everything goes wrong," he said. "The germs are spreading all over in the court. I'm very concerned about the officers." Coaxum's lawyers asked Justice Fraiman to force the court officers to remove the gloves and masks, saying the protective clothing would harm their client's case by worrying jurors. But the justice denied the request. Coaxum is accused of stabbing a man to death in April, 1983 during a drug-related dispute in an East Harlem "shooting gallery." He was diagnosed in June, 1984 with AIDS and has only a short time to live, according to his doctors.

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ACLU REPRESENTS AIDS PATIENT IN FORT LAUDERDALE

by Sue Hyde, with thanks to Boston's Gay Community News, 11/3/84

The Broward County (Fort Lauderdale, Florida) chapter of the American Civil LIberties Union (ACLU) has voted to represent an AIDS patient fired from his job in the county government because he has AIDS, according to The Weekly News. Todd Shuttleworth was fired in September by his supervisor, John Canada, because he couldn't be given 100% assurance that AIDS is not casually transmitted, thus risking spread of the disease to Shuttleworth's co-workers. Although Shuttleworth was physically able to continue work, he was left with no job, no medical insurance and no other means of support. Allen Terl, the Ft. Lauderdale attorney overseeing the case, said, "Everone [agreed] that Todd has suffered absolutely inexcusable discrimination, which we feel reaches a constitutional issue."

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SACRAMENTO AIDS FOUNDATION SEEKS COUNSELOR/HEALTH EDUCATOR

The Sacramento AIDS Foundation is a non-profit organization providing information and assistance to people with AIDS, their significant others, families and loved ones, and to the general public as well. The Foundation has a position open for Counselor/Health Educator. This person will provide one-to-one counseling for persons with AIDS and persons concerned about AIDS, educate members of high risk groups, healthcare providers and the general public. Applicants must have a bachelor's degree in counseling, psychology, or related field, and have a knowledge of AIDS. Send cover letter and resume to: Kate Guzman, Executive Director, Sacramento AIDS Foundation, 2115 J Street, #3, Sacramento, CA 95816, 916/448-AIDS.

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ANTIBODY TESTS FOR HTLV-III UNDER DEVELOPMENT

excerpted from Connecticut Epidemiologist, volume 3:4

Three serologic procedures are being developed for the detection of antibody to HTLV-III/LAV: 1) an enzyme-linked immunosorbent assay (ELISA) to whole disrupted virus; 2) a radioimmunoprecipitation assay (RIPA) to the presumed major core protein (p25) of LAV; and 3) assay of antibody to major viral antigens by the West blot technique (MMWR, 1984, vol. 33, p. 377-79). In general, these tests appear to be fairly sensitive and specific. However, they do differ from one another. Compared to the RIPA, the experimental ELISA test appears to be the most sensitive. Correspondingly, it may also have the greatest tendency to cause false positive titers. Sera from high-risk populations are being tested by the National Cancer Institute, the Institut Pasteur, and Centers for Disease Control to determine the frequency of exposure by each of these tests to HTLV-III/LAV and to correlate seropositivity with current infection, signs & symptoms, and prognosis. Preliminary data suggest that seropositivity is common and increasing in certain populations. Antibody prevalence to LAV (RIPA) has increased among sera samples from homosexually active men attending an STD clinic in San Francisco; 1% (1/100) in 1978, 25% (12/48) in 1980, and 65% (140/215) in 1984. Eighty-six recent heavy IV drug users in New York City were tested for antibody response to LAV. Using the ELISA test, 87% demonstrated antibody, while 58% showed antibody by RIPA. Among a group of long-term methadone patients used as controls, fewer than 10% of 35 patinets had antibody to LAV detected by RIPA. The high prevalence of antibody to HTLV-III/LAV among these groups not only supports the hypothesis that it is the etiologic agent, but also demonstrates that exposure to the virus is much more common than AIDS itself among populations with increased incidence of the disease. These data suggest that the host response to infection may cover a wide spectrum. It has been postulated that the primary event of T-lymphotropic retrovirus infection must be followed by immunogenic stimulation to bring about AIDS. Antigenic stimuli, such as hepatitis B virus infection or frequent infusions of plasma products, may elicit T-cell proliferation including that of lymphocytes with latent infection. This activation could trigger viral expression in these lymphocytes increasing their diffusion in the population of helper T-cells (Lancet, 1984; I:353-57). While the serologic tests appear to be sensitive and specific enough to be of value in estimating the frequency of infection in certain populations and in determining information about the natural history of the disease, the implications of a positive test result are less clear for the individual. In some individuals, the result may be a false positive (i.e., cross-reaction with an antigenically related virus or non-specific test factors). The predictive value of the test must still be established, particularly for individuals who do not belong to any known AIDS risk groups (e.g., most blood donors) and in whom the prevalence of true infection with HTLV-III/LAV is expected to be low. For individuals in populations at greater risk of acquiring AIDS, a positive serologic test will probably indicate infection at some time with the virus, but will not differentiate between recent or past infection (i.e., immunity). Furthermore, it will not give specific information on who is viremic and capable of transmission. Carefully planned studies are required to resolve these issues.

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HOUSE FOR PEOPLE WITH AIDS IN DC SOON TO OPEN, POLICY ESTABLISHED

by Danny Gossett, with thanks to The Washington Blade, 9/7/84

The board of trustees of the Robert N. Schwartz, MD, Memorial House, a soon-to-be established home for people with AIDS (PWAs) who are displaced either because of eviction by a roommate or landlord who is afraid of AIDS, or because of financial problems, announced plans for the facility's scheduled opening in mid-October. The board approved the house's statement of policy that requires residents of the house to have been diagnosed as having AIDS by a qualified physician, have a legitimate financial and/or displacement need, and have the ability and willingness to participate inthe house according to the admissions agreement. The board also agreed to hire a part-time residence manager for the house, which is being named agter Dr. Robert N. Schwartz, who served as the first clinical director of Washington, DC's Whitman-Walker Clinic's AIDS Education Fund. Dr. Schwartz died in February at the age of 32. Each resident will pay no more than 24% of his or her adjusted income for rent. Rental fees will be waived for those without income. According to Mike Ferrell who was appointed to act in the voluntary capacity as house director, the house wil have an operating expense budget of $30,000 for the first year, with funding by the public. Over $16,000 has already been raised to help fund the establishment that is expected to house up to four PWAs at a time. Although the group currently has a house in northwest Washington, the exact location will be kept a secret. Board member Effie Barry, said the group should be prepared to address problems from local residents if and when local residents found out that PWAs occupied the house. Barry suggested that the group call on the area churches to assist in its public relations effort.

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BOSTON AIDS HOUSING

by Sue Hyde, with thanks to Boston's Gay Community News, 9/22/84

The Boston AIDS Action Committee (AAC) has secured a housing site for people with AIDS (PWA) who need temporary housing. Media coordinator Bob Andrews said the committee is leasing space in a private residence which can accommodate up to four people. AAC members worked about 200 hours to prepare the house for occupancy. The housing is partially subsidized by a grant from the city of Boston. While there is housing space for only four people at the AAC house, the Committee will continue to make arrangements for all people with aIDS who are in a housing crisis. Many businesses and individuals generously donated major appliances, wall art, lamps, rugs, furniture and cash for the house. For more information or to make a donation, call the AIDS Action Line, 617/536-7733.

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FARO HIRES FULLTIME LOBBYIST

by Mark Scott, with thanks to The Washington Blade, 9/28/84

U.S. Foreign Service officer and Gay Activists Alliance Education Project Director Gary Mac-Donald has accepted appointment as full-time lobbyist for the Federation of AIDS-Related Organizations AIDS Action Council (FARO), beginning November 1. The nine-year Foreign Service veteran currently oversees the exchange of cultural programs and information between the United States and the Arabian peninsula countries, a job he said has prepared him for lobbying Congress and the administration for more AIDS money. "My business has been communicating across cultural barriers. A lobbying job is basically communicating information effectively and in a timely fashion," he stated. MacDonald will use this year's final months to make contacts in Congress and federal agencies, then will begin lobbying for more AIDS funding once fiscal-year 1986 budget planning gets underway in January. MacDonald will be working in concert with FARO co-chair Jeff Levi (also of the National Gay Task Force) and the the Gay Rights National Lobby, and hopes to get other gay and AIDS-related groups around the country involved in "forming grass-roots support" for FARO's funding initiatives. Until now, FARO has retained lobbyist Gerry Connor on a part-time basis.

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REVIEW OF NATIONAL AIDS AGENDA REQUESTED

by Mark Scott, with thanks to The Washington Blade, 9/7/84

The leaders of several national gay organizations are mulling over a letter sent by New York City's Gay Men's Health Crisis President Paul Popham, which suggests that a consultant's review of their organizations is "critical" to defining and defending a national gay rights agenda. A professional study of the groups' goals, administration, and fund-raising capacity is especially urgent, according to Popham, because of the "threat" posed by the coming blood test for exposure to the HTLV-III virus (the putative AIDS agent). The letter, dated August 29, was sent to the leaders of the National Gay Task Force, the Gay Rights National Lobby, the Human Rights Campaign Fund, the National Gay Rights Advocates, and the Lambda Legal Defence and Education Fund. Exposure to the virus, which researchers have named as the "probable cause" of AIDS, has been detected in large percentages of gay men tested in San Francisco and New York. The blood test for antibody to the virus could be used to single out gay men, Popham's letter said. "Are we prepared to deal with each of the cases of discrimination certain to come? Are our present organizations properly staffed with qualified experts? Are these organizations funded sufficiently to take on these tasks? No on all points, and I don't believe we can afford any longer having to say 'no'." Popham proposes that professional consultants be hired to review all our organizations against the framework of a true national agenda. "We must determine what tasks are being undertaken, where effort on them is being duplicated, which organizations are understaffed and underfunded for them to do their work," Popham concluded.

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WORRIED WELL GROUP FORMS IN DC

by Danny Gossett, with thanks to The Washington Blade, 9/21/84

The AIDS Education Fund of Washington, DC's Whitman-Walker Clinic will be offering a program to help healthy gay and bisexual men cope with the increasing threat of AIDS. The program, entitled "Worried Well" will seek to build support groups and to lessen the emotional stress of AIDS as well as to promote more healthful sex practices. Trained facilitators will teach techniques such as yoga and message, as well as focusing on particular topics related to stress reduction land preventive health in 90 minute sessions lasting 90 minutes each. According to program manager John Hannay, the program will begin as soon as enough men sign up. If interested, call 202/332-5939.

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MEDICAL ANSWERS ABOUT AIDS: PAMPHLET

Gay Men's Helath Crisis has recently announced the availability of a 24 page booklet, Medical Answers About AIDS, prepared by Lawrence Mass, MD, intended to serve as a general rather than comprehensive guide to what is presently known about AIDS--for patients, for those close to them, for those at risk, as well as for health care providers. For a free copy (donations greatfully appreciated), write: Gay Men's Health Crisis, Box 274, 254 W. 18th St., New York, NY 10011.

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MANAGING MANIA OF HERPES & AIDS

Do you want to conduct your own workshop on "Herpes and AIDS: How to Manage the Mania?" How effective are you in helping clients cope with these diseases? Would your office or clinic benefit from up-to-date, thorough, and understandable patient education handouts? Are you searching for objective reference materials which cut through the sensationalist hype? For any health professional troubled by the "mania" which has been generated over herpes and AIDS, this resource will be invaluable. Selections include a workshop training design, patient literature addressing both medical and psychological aspects, bibliography and resources, as well as an "illuminating look at the mania." Although the primary focus is herpes, the information is relevant for any hysterical reaction to diseases such as herpes & AIDS. To order the packet, send $10 to Art Hoffman, Title X Family Planning Program, HED/HSD, PO Box 968, Santa Fe, NM 87504-0968. Make check payable to: Center for Health Training."

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SAN FRANCISCO SEX BUSINESSES CLOSED BY CITY

by Christine Guilfoy, with thanks to Boston's Gay Community News, 10/20/84

San Francisco's Director of Public Health, Mervyn F. Silverman, announced the closing of 14 of the city's commercial sex establishments. Sixteen establishments were allowed to remain open following undercover inspections by public health officials. The establishments closed includes bathhouses, bookstores, sex clubs, and theatres. At the October 9th press conference, Silverman stated, "Today I have ordered the closure of 14 commercial establishments which promote and profit from the spread of AIDS, a sexually transmitted fatal disease. These businesses have been inspected on a number of occasions and demonstrate a blatant disregard for the health of their patrons and of their community.... The places I have ordered closed today have continued in the face of this epidemic to provide an environment which encourages and facilitates the multiple unsafe sexual contacts which are an important factor in the spread of this deadly disease.... Make no mistake about it, these 14 establishments are not fostering any gay liberation. They are fostering disease and death." Gary Titus, the director of AIDS activity at the health department said that the activity of patrons at these establishments was the critical factor in closing, as opposed to management compliance in providing "safe sex" materials. "There will continue to be regular investigations," said Titus. "If places are fostering unsafe sex practices, or allowing them to continue, they will be closed." Several of the establishments ordered closed have refused to close their doors, and Silverman is obligated, by law, to go to court to pursue the matter. Owners of the establishments are preparing to go to court also, believing that Silverman's action will not hold up. There are gay and lesbian groups supporting both sides of the controversy.

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INSURANCE POLICY FOR AIDS OFFERED

with thanks to The Washington Blade, 9/28/84

An insurance company in Dallas is test-marketing the first medical policy designed specifically to cover AIDS, according to the Associated Press. The Provident American Insurance Company began offering the $180-a-year policies in September, with plans to sell them nationwide if it proves profitable. Reaction in the Dallas gay community, where the policies have been advertised, is mixed. Some Dallas gay leaders said they have bought the policy, but others were more cautious. "My concern is that it possibly might be capitalizing on the AIDS fear," said Howie Daire, who runs a local AIDS counseling program. "Why not take out a major medical and supplemental policy?" he queried. Another Dallas resident, currently battling AIDS, said his $50,000 in medical bills have been covered by group medical insurance. Daire said he plans to see how Provident handles AIDS claims before making a judgement, fearing the company could reject claims as coming from a pre-existing condition.

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NGTF DISTRIBUTES INFORMATION ABOUT SOCIAL SECURITY TO AIDS GROUPS

from NGTF AIDS Advisory, 9/17/84

The National Gay Task Force (NGTF) has recently distributed several items of relevance to Social Security benefits for Persons with AIDS, to AIDS service organizations. Please write NGTF if you have not received them: 80 Fifth Av., New York, NY 10011 (212/741-5800). A list of Social Security AIDS coordinators for your city or region, to serve as liaisons and ombudspersons. A Social Security memo dated 6/27/84 on processing AIDS claims outlines some of the regulations and procedures that are applicable to AIDS related claims. The third item is an SSA program circular on disability insurance, dated 7/18/84, and intends to clarify the disability evaluation procedures for people with AIDS. NGTF issues regular AIDS Advisories; if you do not already receive them, write or call to request placement on their mailing list.

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PHYSICIANS SURVEYED ABOUT AIDS IN JACKSONVILLE, FLORIDA

excerpted from Awareness Jacksonville, September, 1984

Through the summer of 1983, the Bold New City Coalition for Human Awareness (BNCC) in Jacksonville, Florida sent almost 200 surveys about AIDS to area physicians. Twenty-four responses were received. Five questions were asked: 1) Do you suspect you have a patient with AIDS (yes-4, no-19); 2) Would you be willing to be on a published list as a referral physician? (yes-6, no-15); 3) Are you currently on a mailing list for information on gay health problems? (yes-4, no-23 [more than 24 total responses]); 4) Would you like to be on such a mailing list? (yes-14, no-9; note that of the affirmative responses, BNCC received only 8 return addresses); 5) How would you suggest the gay community of Jacksonville can better prepare for the AIDS crisis? Some of the replies: "As you are trying to do with education and uniting the doctors and the public. If we could get a fair break from the local cable health network plus a quarterly update lectures...." "Physicians should have some sensitivity to the gay community. Gay individuals need to be educated about the warning signs both in themselves and in potential contacts." "...Generating awareness, encouraging prompt medical treatment, and open dialogue on sexual practices between patient and physician." For more information, contact BNCC, PO Box 27061, Jacksonville, FL 32205.

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LOS ANGELES SHANTI FOUNDATION SEEKS FUNDS

by John Summers

The Los Angeles Shanti Foundation is seeking financial assistance to address the psychosocial and emotion problems confronting people with AIDS and their loved ones. Shanti is a non-profit, tax-exempt organization providing free counseling wherever it is needed, in the home, hospital, or other care facility. Please address inquiries or donations to: LASF, 1752 North Fuller Av., Los Angeles, CA 90046 (213/874-2030).

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AIDS DISABILITY CLAIMS HAVE 95% APPROVAL RATE

with thanks to Cruise, 9/14/84

The Social Security Administration (SSA) is engaged in a national effort to inform people with AIDS (PWA) that they probably qualify for monthly Social Security Disability Benefits and/or Supplemental Security Income Benefits if a claim for such benefits is made. The disability claim allowance rate for AIDS cases is extremely high at approximately 95% nationwide. Any AIDS claim filed with SSA receives streamlined development, and a full range of special claims-taking procedures is considered. Realizing that AIDS can be very incapacitating, and that it may be difficult for its victims to come into the office, SSA is prepared to complete an application based on a telephone call (teleclaims), or to work with a friend or relative of the disabled individual. Because Social Security Offices also operate an information and referral service, interviewers are also alert to other needs of the applicants and can often suggest additional community assistance. Social Security Offices administer two separate disability benefit programs. The monthly benefit under the program paid for through Social Security taxes may fo as high as $885 to an individual who had been regularly employed with high earnings. For those who may not have been regularly employed, but who meet the criteria of financial need, the Supplemental Security Income (SSI) Program may assure a monthly income of at least $346.40. Government regulations provide for confidentiality of all information supplied in connection with claims, unless an applicant specifically authorizes such disclosure.

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WISCONSIN HOSPICE ASSOCIATION ISSUES STATEMENT ABOUT AIDS

An organization representing hospices in Wisconsin has issued a statement of willingness to serve those people dying of AIDS. James Ewens, past-president of the Hospice Organization of Wisconsin, stated, "...There is great fear and misunderstanding about this disorder, and we want the public to be aware these patients can receive care just like any patient." The group will be working with Wisconsin's Governor's Council on Lesbian & Gay Issues to provide educational opportunities on issues of concern to the terminally ill gay and lesbian patient.

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ANXIETY ABOUT AIDS STUDIED AT GEORGETOWN

by Dave Walter, with thanks to The Washington Blade, 10/19/84

Two Georgetown University Medical Center psychiatrists are seeking volunteers from the metropolitan Washington, DC gay community to participate in an AIDS-related research study they say is the first of its kind. Drs. Richard Filson and Charles Tartaglia, specialists in behavioral medicine and psychosomatic illness, are conducting a study to determine the dimensions of "AIDS anxiety." "The amount of publicity regarding the disorder AIDS has stirred a considerable amount of concern, particularly among individuals who are part of the several populations at risk for developing the illness," the researchers say in a letter sent to prospective volunteers. "While some degree of concern is appropriate, in a number of instances the degree of anxiety appears out of proportion to the known risk. Efforts to assist persons with such anxiety are limited by a current lack of information regarding its characteristics. This project has been designed to gather information about the various facets of this AIDS anxiety." Filson was reluctant to elaborate on the AIDS anxiety phenomenon, saying that if research subjects know more about what he and Tartaglia are looking for, they might give biased answers to survey questions, thereby invalidating the study. For more information, contact: Filson at 202/965-6119.

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VIDEO TAPES ON AIDS FROM TORONTO

Two videotapes on AIDS produced by the Ontario (Canada) Advisory Committee on AIDS are available from the AIDS Committee of Toronto. AIDS: A Challenge to Health Care Professionals, is a 29 minute videotape released January, 1984, and includes the proper appraoch to patients (gloving, gowning, etc.), handling of specimens, issues in dentistry, the Canadian blood banking system, casual contact, single agent theory, community response and support to people with AIDS. AIDS: After the Fear, is a 20 minute video intended for lay audiences, and was released March, 1984. It covers relevant aspects of transmission of AIDS, casual contact, the Canadian blood banking system, issues for hemophiliacs, unwarranted discrimination against members of especially affected communities, support to people with AIDS, and a comparison with the cholera epidemic of 150 years ago. For more information, contact: AIDS Committee of Toronto, PO #55, Station F, Toronto, Ontario M4Y 2L4, or call 416/926-1626.

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GAY MEN'S HEALTH CRISIS NEEDS DONATIONS

New York City's Gay Men's Health Crisis is the largest private agency dealing with AIDS, providing services for people with AIDS, education for affected communities and the general public, and support for research and advocacy for AIDS-related issues. In New York alone there are over 2000 cases, with GMHC caring for about 1000, compared with 200 in August, 1983. Much of last year's public hysteria about AIDS was dispelled by public information programs initiated by GMHC. Sadly though, contributions have declined severely as public attention has waned. Although costs have been cut and operations streamlined despite the crushing caseload, GMHC faces a shortfall upwards of $100,000 by the end of this year, in spite of the fact that government funding accounts for barely 25% of the budget. More people need help every day, but without a real rise in contributions, reserves will soon be exhausted. "We're achieving so much and helping so many people taht we simply can't afford to stop caring now," said GMHC's Executive Director Rodger McFarlane. "The epidemic is worse than ever." Although most of the services are geared to New York and New Jersey, the entire country benefits from the outstanding educational brochures and public information services freely shared by the GMHC. They have also been a major contributor to the National Gay Task Force's AIDS Crisisline, which has provided invaluable services to people nationwide. Donations are tax deductable! Address your donation to: Gay Men's Health Crisis, PO Box 274, 132 W. 24th St., New York, NY 10011, or call 212/807-6572 to find out how you can help.

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WOMEN AND AIDS: A NEW BROCHURE

The San Francisco AIDS Foundation (54 Tenth St., San Francisco, CA 94103-1360, 415/863-AIDS) has recently released a brochure describing women who are at risk for developing AIDS, and what they can do about it. Contact the Women's AIDS Network at the Foundation for a copy of the brochure (send self-addressed stamped legal-sized envelope).

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MINORITIES, THE FAMILY, COFACTORS AND AIDS

by Michael Helquist, with thanks to San Francisco's Coming Up!, October, 1984

Does anyone still believe that AIDS is a "white disease?" While most Americans probably recognize Haitians and Haitian-Americans as one of the originally designated high risk groups, Black Americans and Hispanic people with AIDS only recently appear to be commanding media attention. Statistics from the Centers for Disease Control (CDC) and from state and local health departments reflect the ongoing incidence of AIDS among minorities. And, yes, lesbians have been diagnosed with AIDS. Pat Norman, coordinator of Lesbian/Gay Health Concerns for the San FRancisco Department of Public Health, revealed at the 3rd National Third World People of Color Lesbian/Gay Conference recently held in Berkeley that five lesbians in New York City have been diagnosed with AIDS. All of them however, were IV drug abusers and were classified under that category by the CDC. *Getting Well Again by Carl Simonton, MD, and Stephanie Matthews has become one of the standard resources to which many seriously ill people turn. Simonton is known for the step-by-step visualization process for patients to focus the power of their minds to eradicate cancer cells in their bodies. As a result of their work with hundreds of "terminal cancer" patients, the Simontons believe very strongly that the patient's family plays a crucial role in the healing process. Stephanie Simonton found the role of families so important that she has now written a new book titled, The Healing Family (Bantam Books, $14.95 hardcover). To her credit, Simonton clearly recognizes that the term "family" is no longer just a biological description. Her many practical suggestions are as relevant to the lesbian/gay family as they are to the nuclear family. Simonton addresses the crusial issues of emotions (anger, grief, fear, love, depression) with a keen understanding. She also brings a clear focus to the need for managing stress, supporting recovery, dealing with doctors, and expressing affection. *If you have totally absorbed all the possible implications and uses of that ungainly phrase "bodily fluids," be prepared for the next awkward term that will probably describe the focus of further AIDS research and therapy: "co-factors." Medical researchers continue to struggle with the questions: Why do some people with impaired immune systems develop full-blown AIDS while others remain in a stable condition? why do some patients succumb quickly to AIDS diseases while others fight off a variety of opportunistic infections? John L. Ziegler, MD, professor at a San Francisco area VA medical center and ADIS researcher, has stated that "if ever there was a disease directly connected to co-factors, it's AIDS." Co-factors are simply those conditions or external influences which contribute to the body's susceptibility to a given disease and to the development of that disease. Co-factors can include hereditary traits, the hygiene of one's surroundings, or one's nutritional intake. Within the context of the AIDS epidemic, the following continue to be considered possible co-factors: substance abuse, poor nutrition, excessive stress, use of "poppers" (inhalant nitrites), and other recreational drugs, trauma that can occur as a result of a few sexual practices (i.e., fisting), and a history of sexually transmitted diseases and possibly the drugs prescribed to treat them.

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HTLV-III ISOLATED IN SALIVA & SEMEN

excerpted from Science, volume 226, pp. 447-56, October 26, 1984

The long awaited Science magazine articles that were leaked to the press weeks before actually appearing have finally appeared. Very simply, in summary, HTLV-III antibody and antigen (the actual virus) were found in peripheral blood leukocytes (white blood cells) and saliva from people with diagnosed AIDS, AIDS-related complex (ARC), and healthy homosexually active men at risk for AIDS. HTLV-III virus was isolated from semen in people with AIDS but not from healthy heterosexual men; the virus has also been isolated in the semen and blood of one healthy homosexually active man whose blood serum contains antibodies to the HTLV-III. It should be noted that these studies used very small numbers of people. One additional study demonstrated the presence of LAV antibodies (LAV is thought by many to be identical to HTLV-III) in healthy and patients ill with AIDS from Zaire, one of the African countries thought possibly to be a point of origin of the AIDS virus. What does it all mean?? It suggests that the virus may be present in saliva as well as semen, in healthy (immune? incubating?) as well as AIDS and ARC people, and to consider the possibility of transmission by saliva as well as semen; the possibility of an asymptomatic, virus-positive carrier state which may be important in the dissemination of the virus and AIDS; the possibility of the virus being present (and antibody) as early as 1977, without the development of disease, suggesting a hepatitis B-like state of immunity.

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RED CROSS RECALLS PLASMA DUE TO DONOR'S AIDS SYMPTOMS

by Mark Scott, with thanks to The Washington Blade, 10/12/84

The American Red Cross announced a recall of almost 2000 vials of a blood clotting substance used by hemophiliacs, after learning that one of the donors whose plasma was used to make the substance is experiencing AIDS symptoms. Twelve regional blood centers received the suspect vials, and were all notified to recall the product. The recall will not result in any shortage of Factor VIII, which hemophiliacs must receive by injection about 40 times yearly. The 1931 vials recalled are only a small percentage of the product, according to Red Cross spokesperson Pat Kicak. About 100 of the total over 6400 AIDS cases diagnosed in the United States since 1981have been linked to transfusions of blood products.

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ANTI-AIDS DRUG BEING INVESTIGATED BY NATIONAL CANCER INSTITUTE

by Mark Scott, with thanks to The Washington Blade, 10/12/84

A drug used to treat African sleeping sickness and other parasitic illnesses may be therapeutically helpful to people with the early stages of AIDS, according to the Associated Press. Researchers from the National Cancer Institute indicated that the drug suramin (Bayer 205, Antrypol) stops reproduction of the HTLV-III virus, which most believe is the causative agent responsible for AIDS. Suramin may also stop the virus from killing certain white blood cells essential to the body's immune system, laboratory tests indicate. Testing of suramin is still in a very early stage, and can be very toxic. [ED NOTE: An interesting side note--another treatment for the early stages of sleeping sickness (trypanosomiasis) is pentamidine, one of the treatment choices for pneumocystis carinii pneumonia, an opportunistic infection common in people with AIDS.]

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SALIVA NOT THOUGHT TO BE SIGNIFICANT AS "CARRIER" OF AIDS VIRUS

by Dave Walter, with thanks to The Washington Blade, 10/12/84

A newly-disclosed study has found that HTLV-III, a virus thought to be the primary cause of AIDS, has been found in the saliva of eight research subjects. Health officials, however, were quick to downplay the finding, saying there is little cause for alarm. The study was conducted by Dr. Robert Gallo, the National Cancer Institute scientist who has been closely involved in HTLV-III research, and Dr. Jerome Groopman of Boston's New England Deaconist Hospital. Their findings are to be reported in a November issue of the journal, Science, but details of their research began appearing in the mass media in October. The virus was reportedly isolated in 8 of 18 people who did not themselves have AIDS, but who exhibited AIDS related complex symptoms, or had contact with persons who had AIDS. Transmission of the virus by "heavy" kissing is thought to be only a theoretical possibility. Assistant Secretary for Health Dr. Edward Brandt said, "...Epidemiologic patterns of transmission consistent over the past three years lead us to believe that AIDS is transmitted only through blood, blood products, and semen. Over [a period of] more than three years and more than 6000 cases in the US, we have not seen a case where saliva seems to be the plausible route of transmission." Brandt pointed out that the hepatitis B virus is often present in saliva, but that the disease is not transmitted through saliva. Dr. Peter Hawley, a clinical pathologist and medical director of Washington, DC's Whitman-Walker Clinic, agreed that the exchange of saliva through kissing is not likely to transmit the AIDS virus. "You still need access to the bloodstream," he said, "and you can't gain access to the bloodstream that way." Hawley admitted that there still could be a "one in a million" chance that someone with bleeding gums or sores in the mouth might contract AIDS through saliva in which HTLV-III is present. He added that he does not believe that even swallowing semen is a high risk factor for AIDS. New research data presented at the Interscience Conference on Antimicrobial Agents and Chemotherapy supported what researchers had already suspected: that the primary way gay men contract AIDS is through receptive anal intercourse.

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HOUSTON'S AIDS AWARENESS

by Michael Wilson, President, KS/AIDS Foundation

In the style of our "AIDS Play Safe Week 1983," we have just completed the "AIDS Awareness Week 1984," here in Houston. It was such an overwhelming success from the standpoint of money awareness, and energy raised in the celebration of "safe sex," I would like to share with you some of the highlights of the activities. It was kicked off with the "Safe Sex Promotional Kit for Gay-Oriented Businesses;" this in itself appears to have been successful beyond our wildest imagination. Bars and baths are in love with the concept and are calling us for consultations on how to make their place a safe place. Even the owners of the sleaziest baths are gung-ho on promoting "play safe" themes. We have a workshop on "safe sex" promotion for gay-oriented businesses here soon, because they requested it. The climax of the week was our Mr. PlaySafe PlayMate Contest for 1985. A capacity crowd jammed into one of the area disco's to see the unveiling of the 13 PlaySafe PlayMate contestants. A winner and runners-up were selected for our 1985 PlaySafe PlayMate Calendar, now available for $7 (plus $1 postage & handling) from the Foundation. It will be an educational peice as well as visually pleasing. During the Contest, we raised $16,600 in donations. We are very much pushing the checkered design and checkered flag (above) as the "cruising" signal and logo for "safe sex" and "play safe" promotions. It has truely caught on here like wildfire; t-shirt shops are incorporating checkers into designs and businesses have checkers in their ads and bars are decorated with checkers and checkered flags.. We have produced a "play safe" bandana with the checkered flags in a black & white checkered pattern and the "Play Safe!" slogan in the four corners. We literally cannot print them fast enough to keep up with demand. We hope it will catch on nationally; they are also available fro sale for $5 (plus $1 p/h), so please help up to promote a national symbol of Play Safe. And finally, the word is folks up north are interested in regional and national PlaySafe PlayMate contests. Meat, muscle, and skin really do motivate the boys to Play Safe! Address inquiries to: KS/AIDS Foundation of Houston, 3317 Montrose Box 1155, Houston, TX 77006 (713/524-AIDS).

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SHANTI PROJECT OFFERS TRAINING VIDEOTAPES

San Francisco's Shanti Project was founded in 1974 as a non-profit organization, providing free, volunteer, counseling to people facing life-threatening illness, to their loved ones friends and family, and the bereaved. Since November, 1981, Shanti has worked individually with people with AIDS and has provided ongoing emotional support and counseling to their lovers, friends, and family members. Through the financial help of the California Department of Health and Human Services, Shanti has developed a set of 22 videotapes on different aspects of volunteer counselor training. These videotapes can be used by any group wishing to start an organization to provide volunteer counseling to people with AIDS, their friends & loved ones, as not only a resource by the organizers of a new group, but also in the training of volunteer counselors. Price of the videotapes range from about $30-60, depending on the quantity purchased; a training manual to accompany the tapes is also available. For more information, contact: Shanti Project, 890 Hayes Street, San Francisco, CA 94110 (415/558-9644).

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SAN DIEGO AIDS PROJECT GETS BUILDING LEASE

with thanks from Chicago's GayLife, 10/18/84

The San Diego County Board of Supervisors approved a one-year lease on a community building for the San Diego AIDS Project, despite strong fundamentalist opposition. "AIDS is the result of living a perverted lifestyle," said representatives of the San Diego Evangelical Association. "Use by these people [of the building] endangers the moral integrity of the County of San Diego." Supervisor Leon Williams countered that gays "...are human beings...born by the same God as the rest of us. I would not presume to render God's judgement on anyone."

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HASTINGS CENTER ISSUES GUIDELINES ON CONFIDENTIALITY AND AIDS RESEARCH

"Under no circumstances should personally identifiable information about the subjects of research or surveillance on AIDS be given to any individual, organization, or agency where there is a reasonable expectation that the use of the information might be harmful to the interests of the subjects." This admonition is contained in a set of guidelines developed by The Hastings Center to protect the confidentiality of subjects of AIDS research. While encouraging the conduct of that research, it would preclude releasing identifiable subject records to the Departments of Justice or Defense, the Internal Revenue Service, or the Immigration and Naturalization Service; to local or state law enforcement agencies; or to employers, landlords, or other private institutions or individuals. The guidelines, which were developed by a multidisciplinary group representing diverse professional, public, and social interests, are designed to provide the basis for cooperation between the research community and the subjects of AIDS research. They are directed at researchers, public health officials, legislators, members of Institutional Review Boards (IRBs), subjects, and organizations that represent subjects' interests. The guidelines were published in the November/December issue of IRB: A Review of Human Subjects Research, a publication of The Hastings Center, and supported by a grant from the Charles A. Dana Foundation. Representatives of the gay, Haitian, research, and public health communities signed the guidelines. Among the 18 co-signers are: Michael Callen (Persons with AIDS); Christopher Collins, Cooperating Attorney (Lambda Legal Defense Fund); Jean Eveillard, MSW (Bedford-Stuyvesant Mental Health Center); Mathilde Krim, PhD (Sloan-Kettering Institute); Jeffrey Levi (National Gay Task Force); Robert J. Levine, MD (Yale University School of Medicine); Robert Newman, MD (General Director, New York Beth Israel Medical Center); David Ostrow, MD, PhD (Northwestern University Medical School); Mervyn Silverman, MD (San Francisco Director of Public Health); and Joseph Sonnabend, MD (AIDS Medical Foundation). The guidelines were written by Hastings Center staff Ronald Bayer, Carol Leving, and Thomas Murray. In addition, several officials from public health agencies at the federal, state, and local level contributed to the development of the guidelines. The need for a set of guidelines arose because the identification of AIDS three years ago created a crisis of confidence. Persons with AIDS and other who might be research subjects have recognized that research is essential to understand, treat, and prevent this devastating disease, yet they are concerned that information divulged for research purposes may be used in ways detrimental to their interests. Unless they have confidence in the system designed to protect their privacy and in the people to whom personal information is entrusted, they may provide invalid or incomplete data. The problem confronted by the group of experts assembled by The Hastings Center was: What procedures and policies will both protect the privacy interests of research subjects and enable research to proceed expeditiously? Among the 24 recommendations contained in the guidelines are:

*No individual, organization, or agency should have access to any personally identifiable information gathered in research or surveillance on AIDS for any purpose other than AIDS research or surveillance without the consent of the individuals who are the subjects of the information. *Researchers should resist subpoenas that seek the compulsory disclosure of identifiable information. *In order to protect fully the confidentiality of research subjects in AIDS studies, administrative and statutory safeguards should be created at federal and state levels to prevent both unjustifiable voluntary and involuntary disclosure of personally identifiable data. *At both federal and state levels the unjustified disclosure of research records by those responsible for their protection and the obtaining of these records under false pretenses or theft should be prohibited by statute and subject to legal sanctions. *Jurisdictions that mandate reporting of AIDS cases for public health purposes should adopt stringent safeguards against subpoena of such records. *Every AIDS research protocol involving human subjects should receive full review by an Institutional Review Board (IRB) whether or not the research is federally funded. *Although, in jurisdictions where AIDS is a legally reportable disease, individuals do not have the right to refuse to participate in such surveillance, they should be notified that such reporting will occur. *A continuing advisory board should be established to assess the adequacy of the guidelines' implementation and to provide a forum for discussing issues not now foreseen or encompassed by the guidelines.

The Hastings Center is a non-profit, non-partisan research organization that focuses on ethical issues in the life sciences, medicine, and the professions. For a copy of IRB volume 6:6 with the guidelines, write: The Hastings Center, Institute of Society, Ethics, and the Life Sciences, 360 Broadway, Hastings-on-Hudson, New York, 10706 (914/478-0500). ***** ***** *****

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MODEL CONSENT FORM FOR AIDS RESEARCH NEGOTIATED

With major research involving the blood test for detecting antibody to HTLV-III (the putative AIDS virus) about to get underway, Lambda Legal Defense and Education Fund, the National Gay Task Force, and the American Association of Physicians for Human Rights have successfully negotiated a model consent form for AIDS-related research funded by the Public Health Service (PHS). The form, designed to protect the confidentiality of research participants, has been recommended for national use by Assistant Secretary for Health, Dr. Edward N. Brandt, Jr. Local communities are urged to request research agencies in their areas to adopt the model consent form:

"I understand that, as a part of an important national research study involving 200,000 volunteer blood donors, I am being asked to consent to having a small sample of my blood (about two teaspoons) saved and used in possible future testing for infectious agents that may be transmitted by blood transfusion. TEsting will include experimental new tests that are being developed for antibodies (part of the normal response to infection) to indicate whether there has been past or present infection by a virus (HTLV-III) that may be related to AIDS. Present plans call for this testing to be done in the next six to twelve months. The frequency with which these antibodies will be detected in healthy blood donors is not known, but it is expected to be rare.

"The significance of the presence of antibodies and the reliability of the method(s) used to detect them are not known at the present time. At best, according to what is known today, a positive test only would mean that I have been infected by a virus that may be associated with AIDS. It is not known if it would mean that I may get the disease or that I can give it to someone else. A negative test would not be a guarantee that I do not have an infection.

"I will be advised if a positive test result is detected. I also understand that a follow-up test may be requested whether or not the antibodies are detected in my blood sample.

"It is possible that in the future I will be asked about a positive test result by such organizations as insurance companies and/or employers.

"I also understand that I am free to decline to allow a sample of my blood to be saved for testing. If I do participate now and am contacted, in the future, I will be provided with additional information and will be given the opportunity to choose whehter or not to participate in follow-up tests.

"In consideration of my participation in the study, I understand that any results of this study (i.e., test) in which I am identified will be kept strictly confidential and that, except as indicated in the next paragraph, no identifying information (e.g., name, address, social security number, etc.) or any other information that could directly or indirectly identify me to any third party will be distributed without my prior written consent.

"Normally, only authorized staff of this institution and members of the research team will have access to information relating me to my tests. Internal procedures have been developed to separate identifying information from nonidentifying information so that access to identifying information will be restricted to essential uses in connection witht he research. There also is a remote possibility that others authorized by law may request access. Those so authorized could include under certain circumstances: the Congress, the US Food and Drug Administration, state health officials, and the courts. This is not necessarily an exhaustive list. [ED NOTE: Read that to mean such additional groups as the FBI, Department of Defense, etc.] In the unlikely event that there is a request or a court order to disclose my name or information linking me to my test, I will be notified immediately and the project staff and the <u>[Blood Bank Name]</u> will make every effort to avoid disclosure if I do not agree. I understand that there are legal precidents for protection of confidentiality for participants in survey and scientific studies if I object to such disclosure. I will be given the opportunity to exercise my rights to prevent the dissemination of identifying information to any third party, including, but not limited to, the right to seek legal redress to contest the release of the information to a third party.

"I understand that it is possible that test results in which I am identified may need to be used in connection with other research at some point in the future. In that event, I understand that I will be notified prior to the dissemination of these test results and that I will be given the right to object ot the release of that information to the researcher.

"In the event that test results in which I am identified become reportable under state law, I

[CONTINUED]

MODEL CONSENT FORM, Continued

will be notified.
"I understand that my response to the confidential form used to indicate whether my blood donation is for transfusion or only for studies is strictly confidential and is separate from this study.
"My entrance to this study is completely voluntary. If I decide not to participate, I will not be denied any benefit to which I am otherwise entitled.
"Any questions I may have about this study may be addressed to [name] [phone] who is acquainted with the details of this study.
"I agree to participate." [signature of participant & date]

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NATIONAL AIDS "POSTERBOY" DIES

by Mark Scott, with thanks to The Washington Blade, 8/17/84

The death of national AIDS activist Bobbi Campbell August 15, saddened gays across the nation--many of whom had worked with Campbell during the past three years on AIDS-related projects. Campbell, who was 32 years old, died in San Francisco of pneumonia and meningitis. After being diagnosed with AIDS in November, 1981, Campbell organized the San Francisco Kaposi's Sarcoma Foundation, which later became the San Francisco AIDS Foundation. In July, 1983, Campbell's photograph was printed on the front cover of Newsweek magazine's special issue featuring AIDS, and jokingly referred to himself as the AIDS "posterboy." At the time of his death, Campbell was working to expand the local People With AIDS group into a national organization, according to Walter Bachelor, of the Federation of AIDS-Related Organization's AIDS Action Council. "He kept a lot of people's spirits going through his humor," Bachelor stated.

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AIDS: WHAT BOOKS TO READ

by Richard A. DiGoia, MD, with thanks to The Washington Blade, 8/31/84

As the AIDS epidemic grows, so does the list of books on the subject. Someone seeking information on AIDS must first decide which of these books to read. Five books will be reviewed.

The Truth About AIDS, Evolution of an Epidemic, by Ann Giudici Fettner and William Check (Holt, Rinehart & Winston, $15.95) provides an excellent account of the growth of knowledge of the AIDS epidemic. The authors have spoken with many of the people who have worked in this field. They have woven quotes from these interviews throughout their narrative, perhaps a few too many quotes. Unfortunately, this book does not give a concise summary of AIDS symptoms, its various diseases, or the means of prevention. For those looking for a book that gives them details on what to look for, this book is not satisfactory. AIDS: The Mystery and the Solution, by Alan Cantwell, MD (Aries Rising Press, $14.95) is likely to find an audience only among those interested in medical history. Its thesis is that the cause of AIDS is the same bacteria that, some claim, causes human cancers. The evidence presented in this book does not support that thesis. In addition, much of the book is spent giving information about AIDS that is available elsewhere and has no direct connection with Cantwell's theory. The AIDS Epidemic, edited by Kevin Cahill, MD (St. Martin's Press, $7.95) is a record of a symposium on AIDS held in New York City in April, 1983, and each chapter is written by a different medical expert. This book is excellent for medical professionals, even a year after the event. However, it is too technical for the general public (even those with an advanced education), and it does not have a separate section on signs, symptoms, or prevention. The AIDS Fact Book by Ken Mayer, MD, and Hank Pizer, PA (Bantam Books, $3.95) is probably the best choice for someone looking for practical knowledge on AIDS. Its section on signs and symptoms is very good. It also has a separate section on preventive measures, although it does not emphasize strongly enough the high risk involved in passive anal intercourse. The book is, in places, a little too detailed for the general reader, but fortunately there is a summary at the end of each chapter. And at its price, it is probably the best deal. Gay Men's Health by Jeanne Kassler, MD (Harper and Row, $7.95), has a section on AIDS in addition to other sexually transmitted diseases. Its section on AIDS symptoms is a little too brief, and there is no section on preventive measures.

The greatest need in the AIDS literature currently available is for a short, simply written book that provides a lot of details about signs, symptoms, and safe sex techniques. Also needed is frank information on the outlook for AIDS patients and how various aspects of this disease will affect their daily lives.

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IN MEMORANDUM: BOBBI CAMPBELL, 1952-1984; AN AIDS MANIFESTO

from the Bay Area Reporter, with thanks to the AIDS Action Committee of Boston and the Gay Community News, 9/8/84

We are people with AIDS. We have a disease that is poorly understood, often fatal, expensive, disabling, disruptive of our lives and those of our loved ones, inadequately testable, and so far incurable.

We have been evicted from our homes, fired or forced from our jobs, separated from our loved ones, disowned by our blood families, refused quality health care, denied public accommodation--because society fears us, falsely, and does not understand that AIDS is not casually transmissible.

AIDS is not just a disease of urban gay men--people with AIDS are also heterosexual and bisexual, women, rural, Black, Hispanic, Asian, infants, refugees from Haiti, and recipients of blood product transfusions.

Secretary of Health and Human Services Margaret Heckler called AIDS "the number-one health priority of the Reagan administration, but many of us feel that in Washington it's still "business as usual" while we are dying. Over 5,000 Americans have AIDS, of whom nearly half have died. Many more have AIDS-related conditions, but not AIDS itself. Tens or hundreds of thousands more will be afflicted by AIDS before effective prevention and treatment are available.

Help us! Listen to our concerns and further them, wherever you can, nationally and in your homes and cities.

Concerns of People With AIDS:

*We need increased fudning for AIDS at all levels--federal, state, local.

*We need an end to the paper-shuffling which delays the distribution of money already allocated for AIDS.

*We need "new money" for AIDS, which is a new health crisis, and not money taken from other health programs, which sets the disadvantaged against each other.

*We need funding for patient support services--housing, food, emotional support, home health care, hospice care.

*We need funding for massive educational campaigns about AIDS--to teach populations at risk how to reduce risk, to teach health care workers how to care for people with AIDS and the "worried well," and to teach the general public not to discriminate against people with AIDS.

*We need a strong research focus on cure for those who already have the disease, as well as screening and prevention for those who do not.

*We need the government to fund more research proposals, some of which are currently going begging, and not just allow one promising line of scientific inquiry.

*W need an end to social discrimination in housing, employment, health care, and public accommodation, and an enforcement of laws against discrimination against the handicapped.

*We need service providers to understand that a screening test for the virus HTLV-III, which is not specific for AIDS, may result in discrimination in employment and insurance for those who test positive for the virus but who do not have AIDS.

*We need assurance that our medical records are confidential and that our rights to privacy will be respected.

*We need service providers--including the Social Security Administration--to understand that many people are seriously ill with AIDS-related conditions, but do not fall under the CDC's narrow definition of AIDS, and are denied needed service.

*We need to be included in AIDS-decision making, and to choose our own representatives.

Thank you for helping us to fight for our lives. --Bobbi Campbell, San Francisco

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BOSTON HEALTH SURVEY

by Sue Hyde, with thanks to Boston's Gay Community News, 9/29/84

Boston's Department of Health and Hospitals is distributing health questionnaires to the gay & lesbian community at bars, organizational events and meetings, and during Health Awareness Day, Sept. 22. For additional information, contact Ann Silvia, Boston AIDS Coordinator, Department of Health & Hospitals, 818 Harrison AV., Boston, MA 02118 (617/424-4744).

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CENTERS FOR DISEASE CONTROL

September 7, 1984 / Vol. 33 / No. 35

MMWR

MORBIDITY AND MORTALITY WEEKLY REPORT

Delta Hepatitis — Massachusetts

An outbreak of hepatitis B (HB) that began in September 1983 is continuing in Worcester, Massachusetts, primarily involving parenteral drug abusers (PDAs) and their sexual contacts. As of August 1, 1984, 75 cases of acute HB have been identified, 50 of which are considered outbreak-related. Fulminant hepatitis has been a prominent feature of this outbreak. Six deaths have occurred, for an outbreak-related case fatality ratio of 12%.

Patients meeting all the following criteria were considered outbreak-related HB cases: (1) an acute clinical illness compatible with HB; (2) elevated serum glutamic-oxaloacetic transaminase (SGOT) or serum glutamic-pyruvic transaminase (SGPT) two or more times greater than the upper limit of normal (when such results were available); (3) positive serology for hepatitis B surface antigen (HBsAg); (4) residence and/or primary diagnosis and treatment within the city of Worcester; and (5) a PDA or a direct contact of a PDA.

Patients with acute HB who could be located were interviewed regarding their drug and alcohol use, as well as risk factors for HB. Serum samples were obtained to test for markers of hepatitis B virus (HBV) infection and delta virus infection.

Of the 50 outbreak-related case patients, 35 were male. Twenty-nine were white, non-Hispanic; 17 were Hispanic; two were black; and two were of unknown race. Ages ranged from 15 years to 43 years (median 25 years). Forty-three patients used needles; six were sexual contacts of PDAs; and one had direct contact with open wounds of a person with hepatitis. Of the six patients who died, three were male; five were white, non-Hispanic, and one was Hispanic. Ages ranged from 19 years to 34 years of age (median 27 years). Five were PDAs, and one was a sexual contact of a known PDA.

Drugs that were self-injected were primarily heroin and cocaine. No 3,4-methylene diamphetamine (MDA), a drug implicated in fulminant HB/PDA deaths in North Carolina in 1979, was used (*1*). The only potential hepatotoxin identified was alcohol.

Testing for HB markers confirmed HB in all cases. Serum specimens were available from four patients who died; three had immunoglobulin M (IgM) anti-delta virus antibodies. IgM anti-delta virus antibodies were also present in four of 22 PDAs with nonfulminant acute HB, one of seven PDA contacts with nonfulminant acute HB, and none of 11 nonoutbreak-related patients with acute HB. In addition, two of 13 non-ill HBsAg-positive PDAs had serologic markers of delta virus infection (one with IgG antibodies and one with IgM).

Reported by T Ukena, MD, Worcester Hahnemann Hospital, LJ Morse, MD, A Gurwitz, MD, WG Irvine, JG McCarthy, EM Macewicz, M Smith, Worcester Dept of Public Health, R Bessette, MD, C Pelletier, St. Vincent Hospital, A Decelles, Worcester City Hospital, M Bemis, R Glew, MD, Memorial Hospital, S Weinstein, H Kotilainen, University of Massachusetts Hospital, GF Grady, MD, Acting Director, Communicable Diseases and Venereal Diseases, Massachusetts Dept of Public Health; Hepatitis Br, Div of Viral Diseases, Center for Infectious Diseases, CDC.

Editorial Note: Previous clusters of fulminant HB deaths among PDAs have been reported in this country (*1,2*); however, this is the first outbreak of fulminant HB in the United States in which the delta virus has clearly been shown to have contributed to the severity of the illness.

Hepatitis — Continued

Delta virus is composed of a protein antigen (delta antigen) and a ribonucleic acid of low molecular weight. Although transmissible as an independent infectious agent, delta virus can only infect and cause illness in the presence of active HBV infection. To be infectious, this incomplete virus requires a coat of HBsAg (*3*). Delta virus and HBV may simultaneously infect a host (coprimary infection with HBV/delta virus), or delta virus may superinfect an existing HBV carrier. Either coprimary infection or superinfection may cause acute hepatitis; both types of infection have been associated with fulminant HB in Europe (*4*).

Delta virus infection is endemic in southern Italy. Based on limited serosurveys, it has also been found in the Middle East and in certain parts of South America and Western Africa. Superinfection with delta virus was implicated as the major cause of an exceptionally severe hepatitis epidemic among Venezuelan Indians in which 34 of 149 patients died (*5*). Delta virus infection has been limited to hemophilia patients and PDA populations in the rest of Western Europe, North America, and Australia (*7,8*). Fulminant coprimary HBV/delta virus infections among PDAs have occurred sporadically in Los Angeles (*6*).

Although delta virus is transmitted in a manner similar to HBV, to date, delta virus infection has not been reported in this country in health-care workers or male homosexuals, the other major groups at risk for HB. Because delta virus infections have never been found in the absence of infection with HBV, there appears to be little risk of spread outside of groups known to be at risk of acquiring HB. Testing for delta virus is indicated in the setting of fulminant HB infection or acute hepatitis occurring in a known HB carrier.

Control of HB outbreaks among PDAs is difficult. Efforts to control the current outbreak have focused on educating PDAs on the modes of transmission of HB and on updating physicians regarding serodiagnosis and reporting of HB and recommended prophylaxis of needle, sexual, and familial contacts of patients (*9*). Since HB vaccine will prevent both HB and delta virus infections, a program to vaccinate PDAs in Worcester is currently under development as a control measure.

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CENTERS FOR DISEASE CONTROL

MMWR

MORBIDITY AND MORTALITY WEEKLY REPORT

November 2, 1984 / Vol. 33 / No. 43

Notice to Readers

Pentamidine Isethionate Commercially Available

On October 16, 1984, pentamidine isethionate was approved by the U.S. Food and Drug Administration for the treatment of *Pneumocystis carinii* pneumonia. Hospital pharmacies can purchase pentamidine isethionate either through pharmaceutical wholesalers or directly from LyphoMed, Inc. Since pentamidine isethionate is now commercially available, CDC will no longer continue to supply this drug.

All product requests should be directed to:

LyphoMed, Inc.
2020 Ruby Street
Melrose Park, Illinois 60160

In an emergency, pentamidine isethionate can be obtained by calling (312) 345-9746.

International Notes

Update: Acquired Immunodeficiency Syndrome — Europe

Ten countries provide the World Health Organization (WHO) Collaborating Centre on Acquired Immunodeficiency Syndrome (AIDS), Paris, France, with regular data, making follow-up and study of the AIDS situation possible in Europe (*1*); these countries are: Denmark, France, the Federal Republic of Germany, Greece, Italy, the Netherlands, Spain, Sweden, Switzerland, and the United Kingdom.

A total of 421 AIDS cases were diagnosed in these 10 countries (although onset of illness may have occurred elsewhere) up to July 15, 1984 (Table 1). In October 1983, the same countries reported 215 cases at the first meeting on AIDS, organized by the WHO Regional

AIDS — Continued

Office for Europe in Aarhus, Denmark (*2*). AIDS cases have increased nearly 100% in 8 months. Estimates of the rate of AIDS cases per million population vary considerably from one country to another. However, uneven geographic case distribution was found within the individual countries and also in other parts of the world.

Seven percent of the cases reported in these 10 countries occurred among women. Forty-nine percent of all patients were in the 30- to 39-year age group. Two cases occurring in children under 1 year of age were reported in France, the first in a Zairian child whose mother also had AIDS, and the second, in a Haitian child whose parents both had the disease.

Of the total patients recorded, 349 (83%) came from the 10 countries mentioned above (Table 2). Three other groups accounted for a considerable percentage: (1) the group of patients from countries in the Caribbean region, with 18 cases (4.3% of the total), including 17 Haitian patients (reported in France) and one patient from Dominica (reported in the United Kingdom). Except for three Haitians, these patients were living in Europe before the appearance of the first signs of the disease; (2) the group of patients from Africa included 39 cases (9.3% of the total). These patients came from Zaire (18), Congo (nine), Gabon (three), Mali (two), Zambia (two), Cameroon (one), Cape Verde (one), Ghana (one), Togo (one), and Uganda (one). The cases were diagnosed and reported in France (27 cases), Switzerland (six), the United Kingdom (two), the Federal Republic of Germany (two), Greece (one), and Italy (one). Thirty-two of these patients were living in Europe before the appearance of the initial symptoms; (3) the third group ("other nationalities") included 15 patients (3.6% of the total), consisting mainly of patients coming from the Americas: United States (seven), Argentina (one), Canada (one), Nicaragua (one), and Peru (one). The four other patients came from the following countries: Albania (one), Pakistan (one), Portugal (one), and Yugoslavia (one). Seven of them (four United States citizens, one Argentine, one Canadian, and one Pakistani) were not living in Europe when the first symptoms appeared.

Of the patients from the 10 European countries, 87.4% were male homosexuals, 3.4%, hemophilia patients, and 1.4%, drug abusers, while none of the known risk factors could be found for 6.9% of patients of both sexes. Among the latter, women comprised slightly more than 2% of the total. The 12 hemophilia patients were reported in the Federal Republic of Germany (five cases), Spain (three), France (two), and the United Kingdom (two). The five drug-abuse patients were reported in Spain (three cases) and the Federal Republic of Germany (two). The two patients for whom the only risk factor identified was blood transfusion were

TABLE 1. Reported AIDS cases — 10 European countries as of July 15, 1984

Country	No. cases	Rates per million population*
Denmark	28	5.5
France	180	3.4
Federal Republic of Germany	79	1.3
Greece	2	0.2
Italy	8	0.1
Netherlands	21	1.5
Spain	14	0.4
Sweden	7	0.8
Switzerland	28	4.4
United Kingdom	54	1.0
Total	**421**	**1.4**

*Source of population figures: *World Health Statistics Annual*, Geneva, WHO, 1981.

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AIDS – Continued

reported in France. The first had received transfusions in Haiti and Martinique at an interval of a few days; the second had received a transfusion in Paris. Both were given transfusions following traffic accidents.

In almost all patients from the Caribbean and Africa observed in Europe, none of the known AIDS risk factors were found. One Haitian patient (out of 17) and one African patient (out of 39) said they were homosexuals.

Women without known risk factors comprised 22% of the Caribbean cases and 33% of the African cases. Among patients of other nationalities, 13 were homosexuals; two were also drug abusers. The two patients (one Pakistani and one Portuguese) for whom no risk factor was found had lived in Equatorial Africa during the 5 years preceding diagnosis of the disease.

Reported in WHO Weekly Epidemiological Record *1984;59:305-7.*

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TABLE 2. Distribution of AIDS cases, by identified risk group and origin of patients — Denmark, France, Federal Republic of Germany, Greece, Italy, Netherlands, Spain, Sweden, Switzerland, United Kindgom, as of July 15, 1984

Risk group	Europe (10 countries)	Caribbean	Africa	Other	Total
1. Male homosexuals	305	1	1	11	**318**
2. Drug abusers	5	—	—	—	**5**
3. Hemophilia patients	12	—	—	—	**12**
4. Transfusion recipients (without other risk factors)	2	—	—	—	**2**
Groups 1 & 2	1	—	—	2	**3**
No known risk factors					
Males	16	13	25	2	**56**
Females	8	4	13	—	**25**
Total	**349**	**18**	**39**	**15**	**421**

GAY HEALTH GROUPS MAY BENEFIT FROM NEW FEDERAL REGULATION

by Lou Chibbaro, Jr., with thanks to The Washington Blade, 9/14/84

Gay and community service groups that qualify for federal tax-exempt status could be the potential beneficiaries of thousands of dollars in contributions by federal employees under a new government regulation that recently went into effect. The regulation, which sets procedures for the federal government's annual charity drive known as the Combined Federal Campaign, states that government emplyees who select a payroll deduction plan as means of giving to a charity can designate any organization as the recipient of their donations so long as the organization holds an IRS tax-exempt status known as a "501(c)(3)" deduction and provides a service relating to "health" and human "welfare." The new regulation was promulgated by the government's Office of Personnel Management after a decision by the U.S. District Court for the District of Columbia declared the previous regulation, which allowed the contracting firm to choose the charities--as unconstitutional. The decision resulted from a lawsuit filed by the National Association for the Advancement of Colored People.

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