In San Francisco, TV Battles On the Front Lines Against AIDS

By MARY ANN HOGAN

EARLY IN 1983, Jim Bunn, a new reporter for KPIX-TV here, finished writing his first AIDS report and knew the story was like none before. It had sex, death, medical intrigue, a host of complex social issues—not the least of which were civil rights and gay life styles—and, by definition, it was going to challenge everyone taboo known to television.

But most of all, Mr. Bunn recalls, television was just reporting the story. It was soon to become part of the story and potentially part of the solution to an epidemic that has hit 32,000 Americans, 29,000 of whom have already died, and has possibly infected as many as one million more.

"The story was something that transcended our role as journalists," Mr. Bunn said recently. "As broadcasters, we were in the business of providing information. We were in a position to help stop the spread of the disease."

Initially, not everyone in the Bay Area broadcasting community shared Mr. Bunn’s sense of mission. AIDS was a story, certainly, but not necessarily one to be championed. It only affected gays, really, a newsworthy subject sometimes, but not day in and day out, on the 6 o’clock news, even in San Francisco.

But Mr. Bunn’s view has prevailed. He soon became the nation’s first full-time television AIDS reporter, traveling around the globe for KPIX, a CBS affiliate. And now the programming he helped set in motion is going national.

"AIDS Lifeline," an education and public-service campaign developed at KPIX, is being syndicated by the station’s parent company, Group W Television [see box]. WPX-TV in New York plans to carry the first of the hourlong shows on Monday, March 7 with the presentation of "AIDS 101," a prime-time primer, the first of five specials to be broadcast this year.

Television has become part of a pioneering public-education effort in San Francisco, a city of 740,000, where time has been compressed because of urgent

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where the 4,100 AIDS cases—and the 20,000 more that are expected to develop within five years—represent the highest number of cases per capita in the Western hemisphere. One station was the first in the nation to broadcast condom commercials. Another was the first to demonstrate the proper use of a condom and to make ads specify part of its regular broadcast lexicon.

But most important, stations have struck a comfortable partnership with health and education organizations throughout the community, as a scale local broadcasters say is unprecedented in television. Although the print media covered the story earlier, more accurately and more aggressively, television, because of its sheer pervasiveness, is generally credited with waging the most powerful educational campaign.

The journey that San Francisco television made in its AIDS coverage went through four stages. First, there was resistance. Next, there was coverage of the story, but overall it was spotty, sensational or of the mark in the choice of what was important and what was not. A third stage found the story being covered accurately, with the scientific information correct, and the science and the sociology in balance. But that, in turn, led to a final stage: the realization that simply covering the story was only a beginning.

"AIDS didn’t change the role of news coverage," said Bruno Cohen, formerly KPIX’s news director and now a film producer with the Disney studio. "What it did was create a lot of discussion about the role of a television station in a medical epidemic."

KPIX broadcast its first AIDS special, a four-part series, in 1983. In May 1985, Larry Lee, a field producer for KRON-TV, produced a special that was subse-

"We made a conscious decision to distance the audience by having a straight woman [the head nurse in the ward] as the main subject," said Mr. Lee, who is gay. "We thought, if people aren’t going to pay attention to this disease because of its gays and junkies, we’d put it in terms they could understand."

Another KPIX special was broadcast soon after, in August 1985, and took an educational slant. The hour-long production, called "Our Worst Fears," focused on how education can help stem the spread of the disease as well as lessen the fear surrounding it. The station’s "AIDS Lifeline" public-service and education campaign, more than a year in the making, began at the same time, just as the world first learned that the actor Rock Hudson had the fatal illness and the story, for a time, became a national obsession.

From the start, the AIDS education and care groups—"the people in the trenches," as one of them would later put it—met with station officials to stress the importance of education. The groups, broadcasters will tell you, have acted as guides. "We didn’t have to go out there all alone," says Nancy Sastow, a former KPIX producer.

Holly Smith, of the San Francisco AIDS Foundation, the area’s primary clearinghouse for AIDS information, is known locally as the media watchdog. Ms. Smith herself says, "The biggest turning point for me was when the media and the community organizations said, ‘OK, we’re in this together, and we’re in it for the long haul.’"

Mr. Lee of KRON-TV, the area’s NBC affiliate, which last year drew national attention for its decision to broadcast condom commercials, says: "We wanted to elicit a sense of compassion. It’s more than a particular news report or special—it’s a willingness to cover it day in, day out."

At a world exhibit of an AIDS memorial quilt here, sponsored by KPIX-TV, some felt that sense of compassion had fully flowered. Visitors to the exhibit left with pamphlets, paid for and distributed by the TV station, listing AIDS care and service groups around the Bay Area. An hourlong KPIX teletack about the quilt, "Threads of Love," drew

Branching Out

"AIDS Lifeline," an education and public-service campaign developed by KPIX-TV in San Francisco and nationally syndicated by Group W Television, is being called the largest AIDS public-education effort to date on commercial television.

Since late last month, viewers in a number of other cities, including Boston, Pittsburgh, Baltimore and Philadelphia, have had a sampling of the weekly news updates on AIDS issues and the frank "101" and second public-service announcements—now of them advocating condom use—featuring celebrities such as Jimmy Smith, Martha Neali, Ted Dunn and Quincy Jones.

The package includes a series of five one-hour specials for broadcast this year—the first one, "AIDS 101," will air early next month—on topics such as heterosexuals and explains the disease to children and treatment and testing. But most important, "AIDS Lifeline" urges local stations to take an activist role in their communities by helping to set up local resource networks and panels of consultants, and by generating network commercials that are also encouraged to produce and circulate information pamphlets and videos for educational use, with videotapes designed for parents and their children in schools, libraries or parent-teacher associations.

The campaign has already been bought by stations in markets as diverse as Los Angeles; Nashville; Houston; Philadelphia, R.I.; West, Tex.; Charlotte, N.C.; Atlantic; Miami, and Bakkersville, Calif. Group W hopes to eventually reach at least 100 cities by the end of the year.

Metropolitan Life Insurance has underwritten the project for $1 million. Revenue from syndication sales—reported to be at least $1 million this year—will go directly to
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— M. A. H.
Another 30,000 requests for the pamphlets. The result was the largest single volunteer recruitment effort in the history of the epidemic here.

"It's the traditional American response to a disaster, people pulling together," says Greg Day, the community-education director for San Francisco's Shanti Project, the country's largest AIDS volunteer care organization. "Television played a key role in making that happen."

Today in San Francisco, it is not uncommon to see AIDS prevention placards on buses, brought to you by the same people who bring you the nightly news. Education pamphlets and service organization guides, printed in various languages, bear the names of TV stations as well as the names of AIDS hotlines.

For the most part, reporters on the story have become AIDS specialists, like Mr. Bunn and his colleague, KPIX's Hank Plante, who spends at least 80 percent of his office time on AIDS stories and one workday a week reading up on the science of it. Mr. Plante recently broke six AIDS-related stories in the course of one week, all of them picked up by the networks, local print media or national wire services.

The city of San Francisco is small, its social fabric closely knit. The gay community, representing one-quarter of the electorate, is organized, political, visible and well connected. For television, that has meant a tough critic, as well as — eventually — a strong ally.

The environment here has been emotionally charged, so much so that the public-health chief, on the brink of closing the city's gay bathhouses in 1984, jogged each morning wearing a bullet-proof vest. But that environment was one the majority of television viewers didn't know about and didn't understand.

Mr. Bunn, speaking by telephone from his office in Geneva, where he now works for the World Health Organization, helping develop an AIDS education plan for the international media, says: "The staff fights I remember most were when someone would say, 'How are we going to make this story meaningful to Joe Beerbelly out in Marquette?' A real signpost for us as a station came when we said, 'OK, let's forget we're not going to find any heterosexual suburbanites with AIDS. Let's do the story anyway.'"

In effect, television grew up here as the audience it reached grew more tolerant, the one maybe helping to make the way for the other.

"We had discussions about every phrase — about how we could do this so the majority of people wouldn't turn off their TV," recalls the producer Ms. Sadows. Indeed, early on, all the stations in town rejected a series of public-service announcements produced by the San Francisco AIDS Foundation. The spots were considered either too sexually suggestive, or — in the case of one, showing a man with the disfigurations of Kaposi's sarcoma — too shocking.

Community groups, in particular, the San Francisco AIDS Foundation, actively lobbied stations to include in their reports repeated, detailed descriptions of how the virus is spread, to whom and why, rather than relying on euphemisms, such as "exchange of bodily fluids." Reporters and producers, in turn, lobbied station executives to do away with TV's traditional prudery and to say outright, when appropriate, that the virus is spread during unprotected sex between men and women and unprotected anal intercourse between men.

Doing the story did not preclude early lapses into the sensational. In 1984, television's coverage of the city's divisive bathhouse controversy, "glossed over the intricacies of a complex social dynamic," Mr. Bunn says. "It was a case where TV really didn't serve very well.

"What we learned from San Francisco was the urgency," says Jeanne Blake, medical reporter and AIDS specialist at WBZ-TV in Boston, which started an AIDS education campaign soon after KPIX syndicated "Our Worst Fears" in 1985.

In the summer of 1987, scores of mini-documentaries, newscasts and public-service announcements later, KPIX was awarded a national Emmy for its AIDS programming. The AIDS staff won a Peabody Award as well.

Though other stations have not shied away from AIDS coverage, there is a feeling around town that KPIX has put its stamp on the issue. Sometimes sources call with tips, saying, "I know you guys are the AIDS station."

A staff member at a competing station put it this way: "They really do deserve their Peabodys. It breaks my heart that we weren't able to some how work together to carve out different parts of the story. But they're doing it. It's being done. So, what's the difference?"
‘Dear Doctor’ letter gives advice on AIDS test use

Once the blood test that detects antibodies to the HTLV-III virus is approved by the Food and Drug Administration (FDA), physicians may be visited by “positive” blood donors seeking explanations.

There has been concern that the average physician will be unable to handle the troubled patient. In the words of Paul Volberding, MD, chief of oncology at the San Francisco General Hospital AIDS clinic: “I'm not convinced that physicians are able to sit down and intelligently discuss the implications of a positive test result and AIDS.”

Now, in a “Dear Doctor” letter to be distributed to all physicians, FDA Commissioner Frank E. Young, MD, PhD, provides information on how to evaluate AIDS patients. Additional letters will be mailed as new products and information about AIDS are available.

“The antibody test is not a test for AIDS,” Dr. Young stressed. “The natural history of the disease is not completely understood and the medical significance of a positive result is unknown in terms of its predictive value for an asymptomatic individual.”

FEWER THAN 1% of blood donors will be reactive for HTLV-III antibodies after repeat testing. Only a small proportion of those individuals will go on to develop AIDS, he said.

Whenever there is a reactive test for the antibody to HTLV-III, the Public Health Service recommends that additional testing — using the Western blot technique — be used. A negative Western blot result does not necessarily mean that the antibody is absent, Dr. Young noted; the test still is only a research tool and has not yet been fully standardized.

A positive HTLV-III test may result from a subclinical infection, immunity, an active carrier state, or cross-reactivity to other viruses, he said. When a true HTLV-III antibody is present in an otherwise asymptomatic individual, it may mean that infection with the virus has occurred without any clinical evidence of the disease.

Some patients may ask physicians to determine their HTLV-III antibody status because of concern that they are at risk of developing AIDS, Dr. Young said. These individuals should be given information about the implications of the test before being tested, with special emphasis placed on the significance of a positive result.

A physician’s clinical judgment is the most important aspect of the evaluation of individuals with positive results to the HTLV-III antibody test. Because the test primarily is designed to screen blood and plasma, it may not detect symptoms or signs of disease.

AN INDIVIDUAL with an HTLV-III infection should be given the following information and advice, according to the FDA:

- The prognosis for an individual infected with HTLV-III over the long term is not known. Data indicate that most people never will eliminate the infection, however.
- Although asymptomatic, these individuals may transmit HTLV-III to others. Regular medical evaluation and follow-up are advised.
- Refrain from donating blood, plasma, body organs, other tissue, or sperm.
- There is a risk of infecting others through sexual intercourse, the sharing of needles, and possibly through saliva from oral-genital contact or intimate kissing.
- Toothbrushes, razors, or other implements that could become contaminated with blood should not be shared.
- Women with a seropositive test, or women whose sexual partner is seropositive, are at increased risk of acquiring AIDS.
- After accidents resulting in bleeding, contaminated surfaces should be cleaned with household bleach freshly diluted 1:10 in water.
- Devices that have punctured the skin should be steam-sterilized by autoclave before reuse or safely discarded.
- When seeking medical or dental care, inform care-givers so that appropriate precautions can be taken to prevent transmission.
- Testing for the HTLV-III antibody should be offered to people who may have been infected as a result of their contact with seropositive individuals.

Revised recommendations will be published as additional information becomes available, according to the FDA.
SEX THERAPY FOR GAY MEN AND LESBIANS:
Issues, Strategies and Skills

A Two-Day, In-Depth Workshop for Helping Professionals

with

Margaret Nichols, Ph.D.
Psychologist, Sex Therapist, Author and Lecturer

WHO SHOULD ATTEND: Professional counselors and therapists who work with lesbians and gay men and who want to be able to help their clients with their sexual problems.

WHAT WILL BE COVERED:
— Overview of the human sexual response
— How to evaluate and diagnose sexual dysfunction...even when clients don't reveal it
— How lesbians and gay men differ from heterosexuals in their sexual response and sexual difficulties
— How to treat problems ranging from impotence, anorgasmia, and retarded ejaculation to lack of sexual desire, sexual addiction, and oral and anal sex phobias
— How to enhance “normal” sexual functioning in individuals and couples
— Different views of contemporary sexual issues in the gay/lesbian community: sexual compulsivity, AIDS erotophobia, fetishism, SM, porn and anti-porn, intergenerational sex, monogamy vs. non-monogamy.

INSTRUCTIONAL METHODS: Will include slides, tapes, and films, video and live demonstrations, role play, experiential exercises and small group interaction as well as lecture and bibliographic materials.

CONTINUING EDUCATION UNITS: All participants will receive a Certificate of Attendance following the course which may be used as evidence of having participated in this fourteen-hour professional education seminar. Check with your State or regional professional association for applicability of CE credit.

ABOUT THE INSTRUCTOR: Dr. Nichols, a licensed psychologist, sex therapist, and hypnotherapist, was the first openly gay postdoctoral sex therapy student at Rutgers Medical School. With seventeen years of experience in the field, she is currently founder and Director of the Institute for Personal Growth, a primarily gay/lesbian counseling center. She has for her credit numerous publications on lesbian, gay and feminist counseling issues and is widely known as an author and lecturer on gay and lesbian sexuality.

TO REGISTER OR FOR MORE INFORMATION: Early registration is recommended as seminar size will be strictly limited.

FEES are $120 per two-day workshop, $80 for full-time students. Fee includes the seminar, all materials, and coffee breaks.

DATES AND LOCATIONS: May 4-5, Seminar on Gay and Lesbian Sexuality; June 1-2, Seminar on Lesbian Sexuality (female participants only). Seminar hours are 9-5 each day. Both seminars will be held at the Washington Square Church, NYC.

TO REGISTER, FILL OUT AND RETURN THE FORM BELOW. FOR MORE INFORMATION, CALL (201) 246-8439.

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Address ____________________________ City __________ State __________ Zip __________

Enroll me for:

______________________ Gay and Lesbian Sexuality, May 4-5

______________________ Lesbian Sexuality, June 1-2 (female participants only)

Payment must accompany order. Mail form and check to:

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308 Raritan Avenue
Highland Park, New Jersey 08904
Overcoming Sexual Compulsion

by Yaacov Gershoni, C.S.W.

I

descriptions of the devastation caused by AIDS end with a positive note, it is the hope that gay men will examine themselves and introduce constructive changes into their lives. In a same-sex society, which tends to flush speedily solutions for every predicament, such hopes have been counteracted by a harassing disappointment. Changing a specific lifestyle, altering set patterns of behavior, is difficult. Time-consuming, requires much effort, and is, at times, painful.

A man who attempts to evaluate his sexual wishes and acts needs to develop a comprehensive understanding of himself and these issues before a lasting change can take place. Such a task is further complicated by the generally repressed societal attitude toward sex. Resulting from these attitudes are most of the terms used to describe sexual behavior which have a negative connotation (e.g., promiscuity, compulsive coitus). The intent of this article is not to judge, but to address the complexity of the issue and the process of this desired change, which has become a major challenge for gay men in the 1980s. I believe that professional knowledge, developed over the years, may assist in understanding the present struggle of the gay community and also in devising strategies to successfully deal with it.

To reach serious answers to the pressing question of how to change one's lifestyle, we need to understand the roots of this behavior, how it evolved, and why it has been maintained. Psychosocial development of gays has recently been approached in professional publications in nonjudgmental ways emphasizing that homosexuality is a natural, healthy expression of oneself. The connection between traditional and psychological development of health has also been explored by various psychotherapeutic schools, in relation to stress theories and the development of psychosomatic symptoms. Some of what we know in these areas, and its applicability to the present health crisis, is presented here.

Acting Out and the Power of Denial

Central in the psychologically elucidation of problematic sexual behavior is the term "acting out." J. Laplanche and J. B. Pontalis, in *The Language of Psychoanalysis*, define acting out as "action in which the subject [person] in the grip of unconscious wishes and fantasies, relieves these in the present with a sense of immediacy which is heightened by his refusal to recognize their source and their repetitive character."

Repetitive behavior serves certain functions for the person, whether he be aware of it or not. The function of acting out is similar to that of defense mechanisms. Someone who acts out usually also relies on denial and avoidance. These defense mechanisms are used against anxiety, depression, or fear which, if not dealt with directly, may lead the person toward acting out. By seeking immediate gratification, a sense of relief may be achieved. However, the causes of the unpleasant "negative" feelings are neither understood nor fully expressed.

The use of defense mechanisms and acting out is naturally learned and is essential in ensuring the emotional development of human beings. However, excessive reliance on such mechanisms and acting out does not lead to health and emotional strength. While there is no single, brief, and all-encompassing definition of mental health, it is commonly accepted that a person who is emotionally well has reached an adequate degree of self-awareness and is able to express a wide range of feelings directly. Since denial and avoidance deter the person experiencing painful and difficult feelings, he or she is simultaneously reducing the chances of learning and growth.

A Damien Martin views society's homophobia as a major cause hindering the ability of gay men to develop a healthy, gay identity. Such an identity is defined by Martin and others as an integration of homosexual activity and homosexuality into a meaningful whole. Countless gay men struggle for years before reaching such an integration. In his paper, "Learning to Hide: The Socialization of the Gay Adolescent" (*Developmental and Clinical Studies, Vol. X, Annuals of the American Academy of Psychological Medicine*), Martin summarizes the process of the gay male's sexual development.

Every child learns not only what is expected of the various social identities he or she is being raised in, but also what groups society abhors. In adolescence, young homosexually oriented persons are faced with the growing awareness that they may be among the most despised. They are forced to deal with the possibility that part of their actual social identity contradicts most of the other social identities to which they have been raised. As this realization becomes more pressing, they are faced with three possible choices: they can hide, they can attempt to change the stigma, or they can accept it. For most, hiding and attempting to change are the strategies used to cope with these stigmatized status.

Hiding (leading a "double life" defined by others), isolation from gay and nongay peers, and the acceptance of adult role models perpetuate the negative and inferior self-image. These coping strategies require constant monitoring of acts and expressions, and tremendous mental energy is invested in maintaining a facade. The lack of use of such energy may wear out even the healthiest adolescents. How do gay men deal with it? According to Martin:

There are generally two sources open to gay and lesbian youth: "outcasts," sadness, anxiety, and especially isolation.

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Compulsive cruising and anonymous sex have been equated with addiction. When one is repeatedly driven to seek sex in order to release tensions, anxiety, or depression as the primary means of achieving comfort and relief, this becomes habit-forming.

They may turn to casual sexual contact with strangers or they may ask for help from concerned professionals. Casual sexual contact, at least for the young gay male, is common. For a few fortunate moments, he can achieve, not just a sexual release, but a lessening of the overpowering tensions of holding. Forced by his fear of disclosure to have an oblique concern with sexuality, the casual sexual contact becomes primary. These partilumanizing his life and separator sexual action from all aspects of his development. Rather than encouraging a fusion of sexuality and emotionality, this essential split perpetuates the very state. In the modern, the anger, often the literal fluff of the surroundings reinforces the belief that homosexual orientation is sick, deviant and despised.

For many gay men, this becomes a sex behavior pattern, of which they are unaware and which they therefore do not attempt to change. In 1971, in his landmark book Homosexual Oppression and Liberation, Dennis Altman wrote:

The tragedy of the bathrooms become our not-so-secret—we all have a sneaking fascination for the story, and I am not persuaded that anything is lost in giving in to that fascination. I fear that so many of those who are involved refuse to accept their homosexuality as anything other than a genital urge. Altman, too, refers to casual or anonymous sexual contacts as resulting from societal prejudice and inadequate ways of dealing with oppressions.

There are a large number of numeric, unhappy, closeted gay men hiding in the homosexual whom one might well regard as a heterosexual. Their pathology, however, is the result of social pressures and the way they have internalized them for themselves. If people are led to feel guilty about sexual excitement, they will in all likelihood experience considerable psychological stress.

Elaborating on this subject, C. A. Tropp offers an analysis in his book, which is based on basic differences between men and female sexuality. In his book, The Houseman, Tropp writes (p. 154):

It is easy enough to see that promiscuity is supported by the 'gay' man. It is much harder to trace exactly what gives rise to it in practice. Besides satisfying a person's desire for sexual variety, promiscuity frequently gains part of its importance in the individual's daily life. By 'playing the field', a man earns a certain status (the envy of his friends, for one thing); while he holds back he runs the risk of looking prudish and inhonest to himself and to others. In addition, to take on many partners is sometimes the young homosexual's way of meeting people, of exploring the world; and of getting to know what different kinds of individuals are like. In this sense, the gay man is more social than a sexual curiosity. Many homosexuals cannot continue to be promiscuous as a hopefully temporary transitional stage in which they may be less search for the 'right' partner with whom they can have a lasting relationship. Many observers regard this as this was rationalization, a mere excuse for promiscuity. But excuse or not, the search for the right partner and for a significant relationship often is indeed a major motivation in promiscuity.

Plaster and the Vicen Cycle

Bill, 35, is a bright, educated man who has an executive position with a large international corporation. After breaking up with his lover of two years, he went on 'banging' as he termed it to the bathhouse, which became his favorite location to spend his free time. Although asserting that he does not wish to be in a lover relationship, he is beginning to doubt whether other Rogers' are better. 'Last week,' he said, 'I went to the Chelsea Clinic on Monday morning, just to pass the time. It's a (15)'7'10' area. Well, when they told me the blood test was positive and relented anxiety, I was furious, but silently went on and got the shots. When I was through, I became so de-

pressed that I had to face my own work and the pressures on the job. I just couldn't

so. So on Monday, I decided to go to the baths. On my way there, I bought 12 condoms—and used all of them, I felt so guilty doing it. For eight hours, but when I went home I felt down again.'

Bill's demonstration, once more, that a chief motivation for quick, anonymous sex is the desire to relieve tension, anxiety, or depression. It is this dynamic, he believes, which puts the 'promiscuous' male at high risk for contracting AIDS.

When searching for sex as an immediate solution for stress and depression, the likelihood of getting AIDS is greater than when the person is emotionally healthy, not symptoms appear, like any physically manifested ailment, with the weakening of the body, the person is bound to experience lasting, lingering, recurring depression, and feel again under stress. The influence is similar to those which compelled the person to look for hot, cure-it-all sex are generated again by physical symptoms, and the cycle continues. Compulsive cruising and anonymous sex have been equated with addiction. When one is repeatedly driven to seek sex in order to release tension, anxiety, or depression, as the primary means of achieving comfort and relief, this becomes habit-forming.

The equation of promiscuity with addiction also has another aspect: the possibility of an increase in motivation without resolution. The success of peer-support groups such as Alcoholics Anonymous is well known for helping people become free of alcohol. In AA, where each participant learns that he or she is an alcoholic who comes to this problem by the effort of support and help in overcoming it, the result is not only that the person becomes alcohol-free, but he or she is a person who is not so difficult for the person he or she is in contact with. The process is a matter of becoming and remaining 'dry.' While the issues, and therefore the solutions, are different, the process of the disease and support of the alcoholic is similar, whatever the fact that he or she is a person who is not so difficult for the person he or she is in contact with. The process is a matter of becoming and remaining 'dry.' While the issues, and therefore the solutions, are different, the process of the disease and support of the alcoholic is similar, whatever the support group, called Sex Anonymous, was co-led by me at Identity House. Some groups are planned under the auspices of other community organizations. Beyond these concrete suggestions, the most important need is to turn to each other for more ideas, more support. The gay community has many creative and innovative members who have survived difficult and complicated personal struggles, and we need to be linked to each other as many more ideas and energy and knowledge are there, but they need to be channeled to serve every

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therapist in private practice in Minneapolis. He is also a staff therapist at Identity House and at the Institute for Human Identity.
Sexual Identity Is Private

By Erwin Chemersinsky

by can't gay rights be discussed without the speaker’s sexual preference becoming an issue? In the last few months, I have been asked to appear on a number of television and radio programs around the country to discuss the constitutional rights of homosexuals. These media appearances followed my being quoted in an article about a case pending before the Supreme Court concerning an Oklahoma law that prohibits teachers from advocating homosexuality. The interviews have been a disquieting experience that have told me a lot about society’s attitudes towards homosexuals.

First, it was surprising that in each appearance the interviewer assumed I was gay because I was advocating protection of homosexuals’ rights. One interviewer repeatedly referred to gays as “your people,” while others simply made clear through their questions and their tone that they presumed I was gay.

I did not attempt to speak for homosexuals. Rather, I was speaking as a constitutional law professor concerned about the need to expand legal protection for a group that is discriminated against. Certainly, everyone accepts that white people can argue for the rights of blacks and men can argue for equal rights for women. But race and gender are visible and sexual preference isn’t. The interviewers had no way of knowing my sexual preference and just assumed that one who argues for legal protection of homosexuals must be one.

Second, I was surprised that virtually every interviewer announced his own sexual preference, declaring, “I’m not gay, but . . .” Why was there such a perceived need to be sure that the audience knew the interviewer’s heterosexual alignment? If it was an interview about the rights of handicapped persons, would the interviewer in a radio program state, “I’m not handicapped, but . . .” I doubt it.

I always found the interviewer’s description of his heterosexuality unsettling. I never was quite sure how to react. These comments indicated to me how much public perceptions of a person’s sexuality matter—even when the audience is completely impersonal and anonymous. It made me aware, in a way I hadn’t been before, how hard it must be for gays to discuss or discuss their homosexuality.

Finally, I was surprised by the degree of ignorance people have about the laws concerning the rights of homosexuals. Most interviewers were unaware that most states still have statutes prohibiting private homosexual behavior between consenting adults. None knew that Federal laws that prevent discrimination in housing and employment do not apply to discrimination on the basis of sexual preference.

My basic message is simple: there’s nothing more private and intimate than a person’s sexual desires and who a person chooses to make love with. I hope this is a principle the courts will see as part of the constitutionally protected right to privacy. I would think that it is a principle that all people can support, regardless of their own sexual preference. Yet, my experience of being interviewed makes me worry that society may be a lot further from adopting this principle than I thought.

INTELLIGENCER

BY SHARON CHURCHER

Public Theater’s AIDS Play Has City Hall in a Flap

Larry Kramer, the controversial screenwriter and author who has ex-corated Mayor Koch in the gay press for inaction over the AIDS epidemic, is taking his case to a new stage. A play by him, slamming City Hall and “timid” homosexual leaders, is in rehearsal at Joseph Papp’s Public Theater, and, predictably in an election year, feelings are running high.

“Outrageous!” stormed a top city-agency official. He charged that Papp, who opposed razing theaters to make way for the Marriott Marquis hotel, has had a “long and negative” relationship with Koch and is producing The Normal Heart “to get revenge on the mayor. There is no other mayor who has such a terrific record on the AIDS crisis.”

But Mel Rosen, director of the state’s AIDS Institute, defended some of Kramer’s complaints, saying, “It’s not that [the state]’s doing a lot. It’s that we’re the only ones doing anything.”

In the script, a volunteer “organization”—based on Gay Men’s Health Crisis, co-founded by Kramer—is afraid to take on City Hall because it sympathetically portrayed president “is in the closet!” and a board member “works for the health department.” GMHC’s real-life president hid his homosexuality until recently, and the group has three city employees on its board, including a manager in the Health Department.

“‘That’s not the reason we weren’t as aggressive as [Kramer] would have liked,’ countered GMHC executive director Rodger McFarlane. “We have to work through the city to help AIDS victims.” But McFarlane said some of the play’s grieses mirror fact. For instance, in the script it takes nineteen months for “the organization” to meet with the mayor. “It was an obscenely long time before we got a meeting with Koch,” McFarlane said. City records on the meeting weren’t available.

According to McFarlane, apart from a failed home-care project, a $41,000 grant to GMHC is the city’s only specific AIDS funding this year. San Francisco, with about three times fewer AIDS victims than New York, has set aside $7.4 million.

Papp insisted that he doesn’t put on plays out of spite, but city officials weren’t mollified. Said health commissioner Dr. David Sencer, Kramer’s figures ignore $37.5 million that it costs the city to keep AIDS patients in hospitals (San Francisco’s figure does not include the cost of hospitalization, either). $250,000 for new equipment at the city’s lab, $360,000 to be spent on blood-testing, and $175,000 for a new counseling hotline. The official said that help with housing is on the way and that much other city spending isn’t broken down.

The play starts previews March 29.
Stage: 'As Is,' About AIDS, Opens

By FRANK RICH

THERE are some subjects audiences would just as soon not hear about in the theater, and surely one of them is AIDS, the lethal illness dramatized by William M. Hoffman in his play, "As Is." But it would be a mistake for any theatergoer to reject this work out of squeamishness. Strange as it may sound, Mr. Hoffman has turned a tale of the dead and the dying into the liveliest new work to be seen at the Circle Repertory Company in several seasons. Far from leaving us drained, "As Is" is one of the few theatrical evenings in town that may, if anything, seem too brief.

This isn't to say that this 90-minute play is painless. A free-flowing journal of the recent plague years for New York's homosexuals, "As Is" rarely spares us the clinical facts of acquired immune deficiency syndrome: only at the end is the audience shielded from the physiological and psychological torments. Yet Mr. Hoffman has written more than a documentary account of an AIDS victim's grotesque medical history. As we follow the tailspin of a promising fiction writer named Rich (Jonathan Hogan), the playwright reaches out to examine the impact of AIDS on hetero- and homosexual consciences as well as to ask the larger questions (starting with, "Why me?"") that impale any victims of terminal illness.

It's a feat that Mr. Hoffman accomplished with both charity and humor. When Rich is hit by AIDS, he is breaking up with Saul (Jonathan Hadary), a photographer who has been his longtime lover. Saul has been badly hurt by Rich, but not so much so that he will turn his back at a time of grave need. Even as the two men bit- terly split up their household possessions — from copper pots to "the world's largest collection of Magic Marker hustler portraits" — Saul decides to stick with Rich come what may, to accept him "as is."

Others behave just as compassionately. Although suffering cruel social ostracism (and, oddly enough, support from his married brother (Ken Kilban), from fellow AIDS victims (one of them female), from a maternal hospice worker (Claris Erickson). But such kindnesses are not so easy for the protagonist to accept. Rich swaggers between denial and anger, lashing out at both friends and strangers. He at first rejects Saul's affections with torrents of abuse and, at one point, vows to spread his infection indiscriminately through New York's demimonde of sex bars. "I'm going to die and take as many as I can with me," cries Mr. Hogan, his voice counting with rage.

Among other pointed digressions, "As Is" offers a satirical tour of that demimonde. We travel to a sadomasochistic haunt whose identically costumed clientele go by the names of Chip, Chuck and Chad; Rich and Saul recall fond memories of past anonymous liaisons in leather bars and Marrakesh graveyards. Mr. Hoffman doesn't deny his characters' enjoyment of what they euphemistically refer to as "noncommitted, non-directed" sex (or laughingly refer to as "sleaze"). But, in mocking obsessive promiscuity with light wit, the playwright can gracefully bid such behavior a permanent farewell without adopting a lecturing moralistic tone.

Mr. Hoffman devotes more attention to exploring both the present panic and solidarity of a group that has found itself rightly "terrorized of every pimple." For the play's homosexuals, the discovery of AIDS was an epoch-altering event: In a group recita- tion, they each remember where they were when they first heard of the mysterious epidemic. In another chilling scene, Rich is bombarded by a chorus of doctors' voices incantato- rily repeating a single sentence: "The simple fact is that we know lit- tle about acquired immune defi- ciency syndrome."

The moment is overwhelm- ingly sad. Or so it is, until in which two men answering phones at an "AIDS hot line" dispense as much solace as they can without pretending to omnipotence or saintliness.

Sometimes the characters of "As Is" seem a bit too saintly. Mr. Hoff- man eventually resolves Rich's con- flicts with others in the next, upbeat manner of "Terms of Endearment." But so fluent is Marshall W. Mason's direction of the overlapping scenes that we don't notice the play's beggared questions or superficial examinations of character until we're out of the theater. Mr. Mason may arrange the cast's choral configurations too pre- tentiously, yet his staging is mostly inventive. When Saul discovers a le- sion on Rich's back, his reassuring words ("I'm sure it's nothing") are ferociously contradicted by the san- guine-brightening sound of a hospital curtain yanking shut.

The acting could not be better. Mr. Hoffman gives the breakthrough performance of his career as Rich: When he's not loudly venting terror, he also reveals a sensitive writer who had just found his way when the disease struck. In what may be his most af- fecting speech, he recounts Rich's ability to overcome a lonely childhood in which, as he says, "I was so des- perate to find people like myself I would look for them in the indexes of books, under 'I'."

Mr. Hadary's conflicted, at times comically whiny Saul is just as com- pelling, as are the performances of Mr. Kilban and Lou Liberatore in multiple roles. Miss Erickson's generous-spirited hospice worker, whose epiphany-laden monologues open and close the evening, may be more of a sentimental conceit than a character, but the actress makes her moving even so. "My job is not to bring enlightenment, only comfort," is how she describes her mission to the dying and their loved ones. Mr. Hoffman's play, as much as is possible under the grim circumstances, brings a striking measure of both.

Jonathan Hogan, left, and Lou Liberatore in "As Is."
(Continued from previous page)
treatment, and eventual eradication of AIDS, we are urging,
in the strongest terms, that the state legislature and the Con-
gress enact legislation which would allow these Assurances of
Confidentiality to be granted for AIDS research.
Until that time, we cannot, in good conscience, recommend to
our patients, or to the community at large, that they participate
in such studies. We are hopeful that there will be a swift resolu-
tion of this complex and vexing problem.

We would also make the point that outside the research setting
the laws governing the right to privacy and confidentiality of in-
formation are much less protective. Some time in 1985 a test
will become available which will reveal the presence of an an-
tibody in the blood which may be associated with exposure to
the AIDS virus. Since people with AIDS carry the same anti-
body, the test is not predictive of those who will acquire the
syndrome.

In fact, it may well be true that many people will be exposed,
and only a few will develop the syndrome. The exact per-
centage is unknown at this time. Several preliminary studies sug-
gest that in urban Gay populations the percentage of positive
antibody samples has been as high as 60 to 70 percent of the
Gay men screened. Since the test does not predict the future, or
even tell whether this particular person is infectious, the utility
of the test is severely limited.

These test results, contained in laboratory, hospital, physi-
cian, or clinic records, might be subject to scrutiny by not only
state and federal agencies, but also, in a more casual manner,
by anyone else interested. Given that the test provides very little
information, and given that the potential abuse of such informa-
tion is high, we strongly urge those involved to consider
whether or not it should be done. Considering the current social
and legal climate we recommend that the test not be done unless
results and patients' confidentiality are protected by an ap-
propriate research study and an Assurance of Confidentiality.

Op. Concern
Hires Counselors
For Disabled

Operations Concern an-
nounces the hiring of two
disability consultants, Daryl
Anne Goldman, Ph.D., and
Bruce A. Folsom, M.S.W., to
provide counseling services for
Lesbian and Gay clients with
disabilities or chronic illnesses.
They offer individual therapy,
couples counseling (where one or
both are disabled), family ther-
apy, and support groups. They
also offer training to the staff of
agencies working with disabled
Lesbian and Gay clients.

Folsom and Goldman have
had clinical as well as personal
experience with disability and
have worked extensively in the
disabled and Gay and Lesbian
communities.
Gay Suicide

(Continued from previous page)

one from those who complete suicides, although "there is a large area of overlap." Those who complete suicides—and those making the more serious attempts—use violent means, such as trying to cut or hang themselves. The "cry for help" attempter is more likely to use less violent means, most often a drug overdose.

Goldblum recruited 183 Gay men and gave them a 49-item questionnaire. Then he admin-

istered the same questionnaire to 20 men who had attempted suicide within the past three years—most of them within the previous year.

He compared the recent suicide attempters to the random group, which also included a number of men who had tried suicide at least once. The median age of attempted was 20—meaning half the attempters were Gay youth.

Goldblum cautioned that his study only provides the first in-

troduction of a profile for suicide in the Gay community. "We need to be clear about the limits of what we know," he said. The primary goal of his study is to encourage a closer look at suicide in the Gay and Lesbian community. Goldblum pointed out that his initial research did not include women.

The results surprised Gold-

blum, and contradicted some of his hypotheses. Goldblum had speculated that Gay suicide at-

tempters would have a lower level of participation in the Gay community, would be less likely to be "out," and would be more concerned about being Gay. "I was truly surprised by the findings," Goldblum said.

The study also highlighted the impact of friendship and support on suicide risk. Gay men who had close friends and felt supported were less likely to attempt suicide.

Goldblum concluded that the study does not provide a "definitive" profile for Gay suicide, but rather offers insights into the complex factors that contribute to suicide risk.

"It is important to note that the findings of this study are preliminary and require further research to be fully understood," Goldblum said. "However, the results do highlight the need for continued support and understanding of the Gay community, and the importance of friendship and connection in reducing suicide risk."
‘Abomination’—There’s Not Much Further To Go

By SENATOR H.L. RICHARDSON

Abomination: Webster defines the word as "something that elicits great hatred and disgust; loathing; anything hateful and disgusting."...that’s pretty clear, isn’t it? That is what God calls homosexuals...an abomination. However, Art Agnos, Assemblyman from San Francisco, is carrying legislation. Assembly Bill 1, that will force school districts and other ranks of public employment to accept perverts' and sodomites as "just one of the gang" — public employees, equal rights, and all that jazz.

The Almighty is mighty emphatic on that subject. To quote the Good Book, "Thou shalt not lie with mankind as with womankind: It is an abomination" (Leviticus 20:13)...abomination means something that elicits great hatred and disgust; loathing; anything hateful and disgusting. (Leviticus 20:13).

Oh, you say, "that’s just the Old Testament...what does the New Testament say?" In Romans, the first chapter, Paul wrote of the guilt of mankind, specifically those involved in sexual sin — quote, "Wherefore God also gave them up to uncleanness through the lusts of their own hearts, to dishonour their own bodies between themselves...For this cause God gave them up unto vile affections; for even their women did change the natural use into that which is against nature; and likewise the men, leaving the natural use of the woman, burned in their lust one toward another; Men with men working that which is unseemly, and receiving in themselves that recompence of their error which was meet. And even as they did not like to retain God in their knowledge, God gave them over to a reprobate mind" (Romans 1:24, 26, 27, 28). Reprobate, quoting Webster’s, means "rejected by God; excluded from salvation and lost in sin.

"Also, "Know ye not the unrighteous shall not inherit the Kingdom of God? Be not deceived, neither fornicators, nor idolaters, not adulterers, nor an abuser of the persons with mankind...shall inherit the Kingdom of God." (I Corinthians 6:9)

Now, if you are one of those old-fashioned, God-fearing people, like myself, then Assemblyman Art Agnos’ bill, AB 1, which will let sodomites and other perverts teach our children, work in public employment and be deemed lawfully acceptable, is an assault upon God and an affront to His children.

Legislators are our elected representatives, and if your representative votes for the Agnos bill, is not the constituency implicated as an accomplice to that act? Don’t you think you should find out how your legislator feels on this issue? If you don’t then you should wonder which group of degenerates will be demanding their "equal rights" and their "equal opportunity" next. Maybe it will be the necrophiliacs, the sadists, the incestuous, or those involved in bestiality.

We have just about hit the bottom of the barrel with the casual acceptance of homosexuality as a "normal" lifestyle. There really isn’t too much farther to go!

H.L. "Bill" Richardson, a Republican, represents the 25th District in the California State Senate. One of the major figures in the New Right, he is a founder of Gun Owners of America, the Law and Order Campaign Committee, and the Free Market Political Action Committee.
There are a lot of jokes floating around about AIDS (Acquired Immune Deficiency Syndrome); I'm sure you've heard some of them. The biggest joke is Assemblyman Agnos' (D-San Francisco) AB 1, and the laugh may be on the people of California. AB 2 is a bill that would prohibit an employer from firing a homosexual employee because of his sexual kinkiness or prohibit an employer from discriminating against faggots because they prefer to grope with the fellas rather than gals. Am I being a little too verbally graphic for you? Well, think a bit about what homosexuals do to each other and then comment on my verbiage.

Homosexuals are unbelievably promiscuous and are now the prime carriers of a new deadly disease. We know that 70 percent of the AIDS disease is carried by homosexuals. In fact, a recent study by medical researchers at the University of California at San Francisco, found that reported AIDS cases doubled in the first three months of 1983 in that city, compared with the same period last year. It has reached epidemic proportions, and the most frightening thing about AIDS is that it has so many unknown characteristics. Medical authorities know it may be transmitted by sexual contact and blood contact, but it may be transmitted in other ways. In other words, medical authorities do not know all the ways the disease can be transmitted. They do not know that it is reaching monumental proportions.

Dr. James Curran, Director of the AIDS Task Force at the Center for Disease Control in Atlanta, gave us the bad news, "We are at the horizon of a new epidemic rather than the peak." He went on to say, "The epidemic will be with us the rest of our lives."

We also know hospital workers react worse to AIDS patients than they do to lepers, because of their fear of contracting the disease from close contact. There is also a problem with hospital workers who may have contracted the disease, or are unaware that they are carriers. Pity the poor patient who would not otherwise come into contact with AIDS. If there is some sort of blood contact or mucus contact, the patient could very well leave the hospital with a far more serious ailment than he or she went in with. Experts have advised that it is probable such contagion could occur in other close contact employment. What is still unknown is how long a person can be a carrier of the disease without knowing it or showing symptoms. The last guess is from 6 months to 3 years!

Let's now suppose that the Agnos Bill, AB 1, becomes law. A restaurantier in San Francisco knows his cook is homosexual and notices some lesions on the back of his hand. He dismisses him, then the cook takes the employer to the Fair Employment and Housing Department and complains he was dismissed because he was homosexual. The appeal procedure could take 6 months to resolve. In the meantime, this potential, and statistically probable, carrier of AIDS continues his employment. Can food be a carrier of AIDS? Suppose the AIDS' carrier cut his finger while slicing the lettuce for your salad? Can one who handles food transmit the disease? The fact is, we don't know! Salad in San Francisco anyone?

We don't know if AIDS can be transmitted in this way, but until we do know for sure, I think it is stupid to pass legislation which will force employers to keep or hire known homosexuals, especially in hospital related industries, blood banks, restaurants or other places where the customer has close contact with a potential carrier of AIDS. San Francisco is known for its restaurants and fine foods. It would be a tragedy to force a San Francisco restaurantier to keep employed a suspected carrier of this dreaded disease.

Am I conjuring up an extreme situation that might not happen? I hope so, but I've never been one to take chances with other people's lives.
ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) is a disease of unknown cause in which one's body becomes extremely susceptible to infection and cancer. There is no known cure. By following the recommendations below, prevention may be possible by decreasing one's exposure to substances (such as blood, semen, feces, urine and saliva) which may contain an infectious agent.

IF YOU SUCK COCK, DON'T SWALLOW. AIDS and KS (Kaposi's Sarcoma) behave like infectious diseases caused by a virus present in semen (CUM). Swallowing semen increases the chance of infection by a virus which may cause AIDS and KS.

DON'T RIM. Tongue or mouth contact with the anus results in a high intake of viruses, bacteria and parasites which can cause infection and lower immunity to disease. Absolutely no SCAT.

USE CONDOMS. If you get fucked, have your partner use a condom (safe, prophylactic). Sperm and viruses can get into the blood stream during fucking, which can interfere with your ability to combat infection.

KEEP CLEAN. After sex, especially after fucking, wash up, particularly your penis. If you have been fucked, it is a good idea to move your bowels. If you don't know where the cock you are about to suck has been lately, take a shower together first.

RECTAL CARE. Insertion of foreign objects like fists or dildoes into the rectum can tear its delicate lining, leading to injury and infection. Don't use a communal source of lubrication or communal douching equipment.

WATERSPORTS. Urine, like semen, is known to contain viruses. Don't swallow urine.

AVOID POPPERS. Amyl nitrite and butyl nitrite (poppers) may cause cancer in animals and may decrease immunity to disease in animals and people.

DON'T USE NEEDLES. Injecting drugs into your blood can also inject viruses and bacteria into the blood.

KNOW YOUR SEX PARTNER. Sex with multiple, anonymous partners increases your risk of disease. This doesn't mean celibacy is necessary, but decreasing the number of sexual partners does decrease the risk of disease.

TAKE CARE OF YOUR BODY! Eat well, exercise and get plenty of rest and relaxation. Avoid drugs, including marijuana, tobacco and excess alcohol.

From your partners in gay health,

Southern California Physicians for Human Rights (213) 658-6261
Gay & Lesbian Community Services Center/AIDS HOT LINE (213) 461-1333
**ANSWER ALL QUESTIONS BELOW "YES" OR "NO" — HAVE YOU...**

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<th>Q.</th>
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<td>1.</td>
<td><strong>EVER HAD YELLOW JAUNDICE, LIVER DISEASE, HEPATITIS, OR A POSITIVE BLOOD TEST FOR HEPATITIS</strong>?</td>
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<td><strong>EVER TAKEN SELF-INJECTED DRUGS?</strong></td>
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<td><strong>BEEN EXPOSED TO ANYONE WITH YELLOW JAUNDICE OR HEPATITIS IN THE PAST 6 MONTHS?</strong></td>
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<td><strong>EVER RECEIVED BLOOD OR PLASMA TRANSFUSIONS OR RECEIVED BLOOD INJECTIONS?</strong></td>
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<td>5.</td>
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<td><strong>EVER BEEN PREGNANT — ARE YOU PREGNANT NOW?</strong></td>
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<td><strong>HAD ANY SERIOUS ILLNESS OR HOSPITALIZATION IN THE PAST 6 MONTHS?</strong></td>
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<td><strong>EVER HAD A BLOOD DISEASE OR CANCER?</strong></td>
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<td><strong>ANY ACUTE OR CHRONIC ILLNESS SUCH AS TB OR Q-FEVER?</strong></td>
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<td><strong>EVER HAD A VENEREAL DISEASE?</strong></td>
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<td>14.</td>
<td><strong>EVER HAD HEART, LUNG, KIDNEY DISEASE, CHEST PAIN OR SHORTNESS OF BREATH?</strong></td>
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<td><strong>EVER HAD CONVULSIONS?</strong></td>
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<td><strong>SEIZURES OR FAINTING SPELLS?</strong></td>
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<td>17.</td>
<td><strong>TAKEN ANY MEDICATIONS IN THE PAST WEEK OR TESTED AGAIN IN THE PAST 24 HOURS?</strong></td>
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<td>18.</td>
<td><strong>HAD A TOOTH PULLED OR HAD MOUTH SURGERY IN THE PAST 72 HOURS?</strong></td>
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<td>19.</td>
<td><strong>ARE YOU FEELING WELL TO-DAY?</strong></td>
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<td>20.</td>
<td><strong>EVER BEEN DEFERRED AS A BLOOD DONOR?</strong></td>
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**To assist in deferral & prospective donors, who may be suffering from AIDS, please indicate whether any of these conditions apply or have applied to you or someone close to you in the past 2 years.**

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<th>Condition</th>
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<td>Recurring fever over a long period of time</td>
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<td>Unexpected weight loss of 10 lbs or more in a short time</td>
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<td>Night sweats</td>
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<td>Residency in Haiti</td>
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<td>Enlargement of glands throughout your body</td>
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<td>Kaposi Sarcoma</td>
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<td>Multiple sex partners (more than one) in the past 2 years</td>
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<td>Aid or intimate contact with an AIDS sufferer</td>
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I have read and understand the instructions. I understand that you should know about giving blood. I have given above is true and accurate to the best of my knowledge. I voluntarily donate my blood to the Irwin Memorial Blood Bank of the San Francisco Medical Society to be used as decided by the Blood Bank.

**DONOR'S SIGNATURE:**

**MEDICAL HISTORIANS SIGNATURE:**
Creative Sex, Creative Medicine
Gay Physicians Meet for a Health Conference

By Lawrence Mass, M.D.

"Creative sexuality," observed a cynical New York acquaintance, "that's what they have in San Francisco." Giggle, giggle.

My mother used to compliment me for being such a "creative" child. If I were still identifying with my mother, I might say the same thing about San Francisco.

But San Francisco is no longer the reflection of the boundlessly affirmative gay child I fell in and out of love with during my undergraduate years at Berkeley. Today, the most creative sexuality in the world is more constrained and married in the quality, abundance, and mature professionalism of San Francisco's many gay services, especially its relentless organized gay physicians in history. Its achievements include many firsts.

At BAPHR's second annual Gay Pride Week symposium, "Medical Aspects of Sexual Orientation," there was much to be proud of. Most medical conferences are dull. Not enough coffee breaks, mediocre food, dull walls, nose, exhausted faces, pressure. Not this one. Probably because I'm a gay physician, but mostly because the coordinators did such a great job. I've never been part of a friendlier, more attentive gathering of health care professionals. Much of the credit for this event must go to its principal coordinator and chairperson, Dr. James Krajeski. A psychiatrist, Jim is also president of the Lesbian, Gay, and Bisexual Caucus of Members of the American Psychiatric Association. In this office, he succeeds Dr. David Wilmer, a past president of BAPHR who is currently serving as a board member of NIGTE. Both Krajeski and Kessler have been deeply involved in the educational contributions to sexual medicine. It's true that gay medicine has much to be consoled about. But in the resilient professionalism of mavericks like Drs. William Owen, founder of BAPHR, Dale McGeer, current president of BAPHR, Kajeski, Kessler, and other Bay Area physicians, gay medicine has most to be proud of.

Pride and concern were the surgingly compatible moods of this conference. It may have been more than coincidence that discussions of sexually transmitted diseases (STDs) and acquired immune deficiency (AIDS) occupied less than a quarter of the program. Is "Alcoholism in the Gay Relationship" as "medically" important as "AIDS Update"? Were the coordinators (consciously or unconsciously) attempting to place the current epidemics of sexually transmitted and immune deficiency diseases in some kind of perspective?

De-emphasizing such associations, Krajenski later explained that the program was arranged to reflect a spectrum of concern. Research in the gay community is still too tentative, he cautioned. "We are not certain, for example, that alcoholism is any higher in gays than in other groups." In this sense, it may have been more significant that coincidental is the same word opened with an exploration of "Research and the Gay Community."

The "new" gay diseases may not be as important as the "old" disabilities, like alcoholism and, wontingly, homophobia. But they are becoming much more important as newer diseases emerge.

A substantial body of evidence now gives circumstantial support to an association between prolonged or complicated hepatitis B infection and hepatitis C. As discussed by Dr. Patrick McGraw, co-founder and president of the Resource Foundation, a non-profit community organization committed to ending the epidemic of hepatitis B, it is bad news for sexually active gay men, who have something like ten times the incidence of this infection in the general population. While noting that the incubation time for hepatitis C is still very indefinite, McGraw wondered that the gay community is probably headed for "a disastrous new gay cancer in the 1980s and 1990s as a result of the increased incidence of hepatitis B in the 1960s and 1970s."

"Unless we can use the immunization techniques that are now available to curb the epidemic of [hepatitis B] virus [the gay community] will probably always have an unfortunate prevalence of this highly fatal carcinoma. Already, San Francisco has ten times the national average of hepatitis C.

McGraw's warning echoed the recently described association between yet another highly fatal malignancy—squamous cell carcinoma of the anus and rectum—and a history of such anorectal, sexually transmitted diseases as syphilis, gonorrhea, herpes, and venereal warts in gay men.

Somehow, the gravity of McGraw's subject was transformed by BAPHR president, Dr. Dale McGeer, in his discussion of prostatic medicine. With the most academic, terminology-laden rhetoric, he reviewed important diseases and conditions of the prostate as slides in the background alternately flashed a hand-kissing embrace, impenetrable scientific graphs, and underground guides to San Francisco's best bars, bathhouses, and restaurants.

Pride alternating and mixed with concern.

The most affirmative of the presentations were on "The Aging Gay" by Douglas Kimmel, a professor of psychology at CUNY, and "Gay Couples" by psychiatrist-exorcist David McWhiter and psychologist-exorcist Andrew Mattison, both from San Diego. McWhiter and Mattison have been studying gay male couples for a number of years. While their book on this subject has been in various stages of pre-publication for some time, their perspective has become increasingly persuasive, and their presentations even more polished than when I heard it at a spring meeting of Gay Psychiatrists of New York (GPNY).

In Men To Men: Gay Couples in America (Morrow, 1981), author Charles Silvia men, predominantly gay, were drawn from the largest gay and lesbian community services, and a gay and lesbian community service, especially its selfless professionalism."