AVOID SEXUAL ACTIVITY THAT MAY CAUSE BLEEDING. Refrain from sex that may tear, pierce or abrade delicate tissues. Anorectal tissues, even hemorrhoids, can easily be stretched or torn by fisting and other vigorous sexual acts, causing bleeding which may not be apparent to either party, and introducing AIDS infection through the torn tissues. Even cuts, sores, or abrasions on the hands and arms can be an entry port for infection in the fister. Basically, sex of any kind which involves the possibility of bleeding — even in the smallest amounts — should be avoided.

ELIMINATE (OR AT LEAST MINIMIZE) RECREATIONAL DRUG USE. Many drugs popular with gays (and non-gays of course) can damage the immune system. Shooting heroin, speed, and cocaine with a shared needle is especially damaging. Snorting cocaine and poppers can also lower one's resistance to infection. Steroid injections can also have this result when taken inappropriately for body-building purposes. Alcohol, marijuana, and other street drugs can blur your ability to make good decisions about your sexual conduct; when taken in excess they damage your overall good health.

DO GOOD THINGS FOR YOUR MIND AND BODY. The old-fashioned advice about good health is still true: proper rest, nutrition, and exercise are essential for good health. Learn to manage stress in ways that increase well-being (exercise and relaxation) as opposed to those that do not (alcohol and drugs).

* * *

Until we know more about the cause of AIDS we can suggest no guaranteed preventive measures. To be as cautious as possible, we must assume at this point that every gay male in the San Francisco area is at some risk of developing AIDS. The factors involved in determining any individual's level of risk is a combination of fact, speculation, and informed opinion. The Guidelines in this brochure for self-help are only those precautions that we feel may be warranted by our present knowledge of the current epidemic. None of these suggestions for risk reduction preclude a rich and exciting social or sexual life for any gay man in San Francisco. The reality of the AIDS epidemic in our community may, however, cause many of us to examine exactly how we are treating ourselves and each other.

INFORMATION AND REFERRAL

Kaposi Sarcoma Foundation
P.O. Box 14227 - 514 Castro
San Francisco, California
864-4376
(9:00 a.m. to 8:00 p.m.)

For the deaf:
San Francisco Department of Public Health
TTY 929-7384
TTY 821-8246

AIDS SCREENING CLINICS

City Clinic
356 - 7th Street
864-8100

Health Center I
3850 - 17th Street
558-3905

Health Center II
1301 Pierce Street
558-2891

If you are a gay man living in the San Francisco Bay Area you have probably heard something about AIDS already. There is a lot of information filtering through the gay community now — much of it true and valuable and some of it not true and therefore misleading. For example, it is true that we have learned much about the disease since it appeared two years ago, especially in terms of transmission. Its cause and cure, however, are still obscure. And it is also true that AIDS has killed a third of the over-200 gay men diagnosed so far in the San Francisco Bay Area. It is not true, though, that AIDS is some sort of "gay plague," singling out the "promiscuous" homosexual lifestyle. Gay men were simply the first group in which the condition was diagnosed. And it is not true that the situation is hopeless.

* * *

Although much more needs to be done, a large and increasing share of American health resources — money, energy, and time — is devoted to AIDS research. But part of the responsibility for ending this epidemic (or at least reducing our own risk of developing AIDS) lies with each of us as individuals. Quite simply, we must face the reality of AIDS in our community and in our individual lifestyles.
**WHAT IS AIDS?**

Perhaps the easiest way to understand AIDS is to analyze the term word-by-word.

- **ACQUIRED** Indicates that it is not an inherited or genetic condition and not the result of an accident or birth defect.
- **IMMUNE** Refers to the body’s natural mechanism to protect itself from disease or to fight infection.
- **DEFICIENCY** Indicates that the immune mechanism is malfunctioning and therefore “deficient” in its ability to protect the body.
- **SYNDROME** The state in which the body is vulnerable to a number of diseases only because it has literally acquired an immune deficiency.

The diseases which take advantage of this vulnerability are said to be “opportunistic” — that is, they are taking the opportunity to attack a body while its defenses are down. The two most common ones associated with AIDS are Kaposi’s Sarcoma (KS) and Pneumocystis carinii pneumonia (PCP).

KS is a rare cancer of the tissue beneath the skin, many internal organs, and the lymph nodes. It most noticeably exhibits itself in the form of reddish-purple to bluish patches on the arms, legs, face, or at times the roof of the mouth.

PCP’s most prominent feature is a pneumonia characterized by a dry persistent cough, often preceded or accompanied by shortness of breath.

Other less common opportunistic infections in the AIDS complex are equally life-threatening. Some of these diseases may be characterized by oral thrush (white patches in the mouth), persistent diarrhea or severe flu-like symptoms and malaise. All can be preceded by prolonged fevers, night sweats, swollen lymph glands, fatigue, and a rapid unintentional weight loss.

In the past, patients with explainable or medically-induced immune deficiency (radiation chemotherapy cancer patients, for example) demonstrated the same array of symptoms and types of illnesses as AIDS patients. What is new, however, is that these opportunistic infections in the AIDS complex now are attacking individuals who have no known prior reason to be immune deficient.

It should also be kept in mind that the early symptoms of all these diseases can be the same as in many other less serious conditions. In other words, the appearance of signs should be a matter of concern, not panic. People who have such symptoms should seek medical attention in order to insure diagnosis and treatment as early as possible.

**WHO IS GETTING AIDS?**

AIDS has been diagnosed in several, not always distinct population groups besides gay men or bisexuals: Haitians, intravenous drug users and their sexual partners and children, hemophiliacs, and other blood product recipients. But about 70% of the reported cases are gay men and about a fifth of these cases are in San Francisco. Half the reported cases are in New York City with most of the others distributed in major urban centers such as Los Angeles, Miami, Houston and Chicago.

Through July 1, 1983, more than 1600 cases may be reported from the United States. Mortality is high, with approximately 75% of cases dead within two years after appearance of symptoms. Medical researchers are working intensively on prevention and treatment in medical centers throughout the country.

**WHAT YOU CAN DO:**

**RISK REDUCTION**

There is no evidence that casual contact of the general public with AIDS patients in elevators, waiting rooms, or other public places leads to spread of the disease. Similarly, no AIDS has been found in health workers who care for patients with AIDS, as a result of their work.

Medical evidence to date supports the theory that AIDS is transmitted through intimate contact or blood transfusion. The shared use of needles when shooting up “recreational” drugs is another important way of transferring infection between people.

Not surprisingly, AIDS’ high incidence and mortality have created a great deal of concern in San Francisco’s gay population. We must learn to cope with the feelings of anger, anxiety, fear, and sadness which AIDS has brought into our lives. One way to do this is to take advantage of the information we have or strongly suspect about the transmission of AIDS. Much of the prevention we need can only be done by us, ourselves, in changing some details of our own lifestyles. We propose the following guidelines:

**DECREASE THE NUMBER OF DIFFERENT SEXUAL PARTNERS IN YOUR LIFE.** This does not mean that you must limit your amount of sex, but limit the number of different partners.

**CHOOSE HEALTHY PARTNERS.** In other words, if someone has symptoms of illness (especially those which we indicated as possible AIDS symptoms) or complains about vague feelings of un-wellness without apparent signs, it would be a good idea not to have sex with that person at that time. A partner who has many different sex contacts may expose you to a high and significant risk, even though you have decreased the number of different sex contacts in your own life. Ideally, you should know enough about a potential sex partner to be able to make an informed decision.

**USE CONDOMS.** As you can never be really sure your sex partner is healthy, each of you has a vital interest in seeing that a condom is used.