Friday, September 23, 1988
9 a.m.-5 p.m.

Sheraton Palace Hotel
San Francisco

Fee: $120 (lunch included)

Call (415) 777-5250
for information/registration

SPONSORED BY:
• American Society for Training and Development
• Bay Area Organization Development Network
• Public Relations Society of America
• The San Francisco AIDS Foundation

AIDS in the Workplace
5 Third Street, 724
San Francisco, CA 94103

Managing AIDS in the Workplace

A leading-edge conference about how corporations are responding innovatively to the AIDS crisis.
MANAGING AIDS IN THE WORKPLACE
A Leading-Edge Conference About How Corporations Are Responding Innovatively To The AIDS Crisis.

KEYNOTE SPEAKERS
• Harvey S. Bartnof, M.D.,
  Chief Physician, Director
  of UCSF AIDS Professional
  Education Project
• Victor Schachter, Esq., Partner,
  Schachter, Kristoff, Ross,
  Sprague and Curiale
• John Vasconcellos
  State Senator

Benefit Planning
• J. Tim Biddle, VP
  Martin E. Segal Co.
• Deborah Jones, M.S.W.
  Social Services Coordinator
  S.F. AIDS Foundation

Communicating To Employment About AIDS
• Jean Taylor, Director
  Employee Counseling
  Pac Bell
• Marc Grossman, VP
  Burson-Marsteller
• Yvonne Ellison-Sandler, L.C.S.W.
  Manager, Employee Assistance Program

Corporate Philanthropy
• Barbara Caitolica-Hudson
  AT&T
• Tom Parkins
  AIDS Program Director
  Chevron USA, Inc.
• Mary Leslie
  Pac Telesis

Media Talks About AIDS
• Marilyn Chase
  Wall Street Journal
• Laurie Olzewski
  San Francisco Chronicle
• Candy Meyers
  Producer, AIDS Lifeline
  KPIX

Strategies For Influencing Decision Makers
• Wendy Cuneo, Ph.D.
  Inter-Regional AIDS Committee
  Kaiser Permanente
• Bob Beck
  Executive VP
  Bank of America
• Margaret Barbee, Ph.D.
  Lawrence Livermore Lab

AIDS Policy Development
• Brian Lawton, Ph.D.
  Vice President, Director
  EAP Services
  Wells Fargo Bank

People Talking About AIDS
• Richard Pimentel
  Milt Wright Associates

Coping With Grief & Loss
• Judy Macks, M.S.W.
  Director of Training
  UCSF AIDS Health Project
• Jackie Brookman
  Training Specialist,
  UCSF AIDS Health Project

Multicultural Organizations & AIDS
• Mary Leslie
  Pac Telesis

Advanced Training Techniques
• Richard Pimentel
  Milt Wright & Associates
Throughout the POZ Life Expo, we’ll offer workshops to explore a variety of issues. You are encouraged to attend these free seminars. See your program insert for more details, including exact times and room locations.

AM&M Workshops for the 1998 POZ Life Expo Tour
(Not all workshops will be presented at every Expo)

- Combination Therapies & Adherence
- Nutrition is Power • Alternative & Complementary Therapies • HIV 101
- Healing Your Emotional Health
- Women & HIV • Humor & Healing
- Resistance Exercise & HIV • Returning to Work or Continuing Your Education
- Accessing Services in Your Community
- Self-Care for Those Living & Working with HIV & AIDS • Spirituality

AIDS, Medicine & Miracles is a national non-profit organization which coordinates educational and holistic programs for all of us living and working with HIV/AIDS. We are proud to be a co-sponsor of the 1998 POZ Life Expo Tour and the producer of the workshops presented at each Expo.

Emphasizing a whole person approach, we address the physical, emotional and spiritual components of health and wellness. We bring together medical experts in research and treatment and pioneers in the field of mind/body health, to share treatment information and provide updates on alternative and complementary therapies.

In addition to producing the workshops at the Expos, AM&M is also sponsoring one-day institutes on the Saturday following the POZ Life Expos in Atlanta, Boston, Chicago, Cincinnati, Houston, Phoenix and Washington, DC.

For additional information please stop by the AIDS, Medicine & Miracles Exhibit Booth or call 800-875-8770.

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tour schedule

- Houston, April 24, Sheraton Astrodome Hotel
- Cincinnati, May 1, University of Cincinnati, Tangeman University Center
- New York, May 29-30, Jacob Javits Convention Center
- Phoenix, July 31, Embassy Suites Hotel
- Atlanta, August 7, Emory University
- Los Angeles, September 11-12, Hollywood Palladium
- Chicago, September 18, University of Illinois
- Boston, October 2, John Hancock Conference Center
- San Francisco, October 16-17, Bill Graham Civic Auditorium

Washington, DC, date & venue TBA

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Join us as we bring POZ to life!

It's an opportunity for you, your family and friends to learn more about life with HIV. Discover new treatment strategies, participate in focus groups and health screenings and discuss the challenges of living with HIV and AIDS ...and it's all FREE!

Whether you are HIV positive, love someone who is, or are just interested in practical, useful information about HIV, you will find the POZ Life Expo inspirational.

Stroll through the exhibit hall, ask questions and learn about the products and services available to people with HIV. Health care professionals will be on hand to give insight and advice. Plus you'll meet other people living with HIV and have the opportunity to talk with people profiled in POZ magazine as well as POZ writers and editors. Bring your family. Bring your friends. The POZ Life Expo is filled with opportunities, information and hope.

POZ Life Expo Programs are produced by AIDS Medicine & Miracles

More than 10,000 people attended POZ Life Expos last year

Educational programs and panel discussions will be presented throughout each POZ Life Expo. Many of these programs consist of presentations by local physicians, PWAs and health care providers and offer you the chance to interact directly with experts.

The range of exhibitors will include:
- local and national nonprofit organizations
- nutritional product companies
- travel companies
- viatical companies
- HIV service-oriented groups
- pharmaceutical companies
- local health agencies

*Remember to stop by the POZ Life Lounge for a free issue of POZ and POZ en Español.
AIDS: IMPLICATIONS FOR LIFESTYLES
AN OPEN PUBLIC FORUM FOR GAY MEN

JANUARY 8, 1983
9am to 1pm
SUTTER GENERAL HOSPITAL AUDITORIUM

Your Hosts:
SANDY POMERantz, M.D.
HARVEY THOMPSON, M.D.

ALSO FEATURING A NUMBER OF ESTEEMED GUEST PANELISTS

Free Admission

CONTRIBUTORS

The Broadway, Ltd.
Club 21
Gene Hoisington
Great Northwest Imperial Empire
River City Metropolitan Community Church
Mom . . . Guess What! Newspaper
The Power Plant
The River City Business Association
The Sacramento Star Newspaper
Sierra Copy Service
Sutter General Hospital
The Valley Knights Motorcycle Club
The Wreck Room
PROGRAM

9:00 - 9:30  WELCOME by Dr. Sandy Pomerantz  
History and Epidemiology of AIDS  
Kaposi's Sarcoma  
Speculation on etiology of AIDS

9:30 - 10:00  Immune System, by Dr. Harvey Thompson  
Immune Deficiency  
Opportunistic Infections

10:00 - 10:15  Medical Questions Only re Above

10:15 - 10:30  Coffee, doughnut break

10:30 - 1:00  Panel discussion with audience

At 7:00 p.m. there will be a  
CHINESE BUFFET  
at The China Wagon, 19th and Broadway  
to which the audience and participants of the forum  
are most cordially invited.

Entire proceeds of the buffet to benefit  
Kaposi's Sarcoma Foundation  
Donation $8 at the door  
All You Can Eat!  Bar Available!  
Please turn out and help support this very  
worthy cause.  
Your financial help is urgently needed.

GUEST PANELISTS

JIM GEARY  
Therapist in the San Francisco Bay Area.  
Works with AIDS victims and their 'significant others' and through SHANTI Project,  
support group for people with life-threatening illnesses.

CLEVE JONES  
Gay Activist. Administrative Assistant to  
California Assemblyman Art Agnos. Head  
of Kaposi's Sarcoma Foundation, San Francisco.

ALEXANDER KELTER, M.D.  
Epidemiologist, California State Health  
Department; United States Center for  
Disease Control.

JEFF RICHARDS  
San Francisco representative of National  
Gay Health Education Foundation.

MARTY RODGERS, Ph.D.  
Sacramento psychotherapist in private practice. Affiliations: University of California at  
Davis Medical School, Sacramento State  
University.

PERSONS with AID Syndrome

HOSTS:  
SANDY POMERANTZ, M.D.  
HARVEY THOMPSON, M.D.  
Sacramento, California
If you have recently tested HIV positive, love someone who has, or simply want more information about living with HIV, now there is a big PLUS in your favor.

PLUS is a free weekend educational and experiential workshop for those of us affected by HIV. Learn about the latest treatment options, up-to-date alternative therapies, stress management, nutrition, insurance options, public benefits, legal issues, sexuality and dating, HIV and recovery from addictions, and much more...

The Positive Living for US Seminar

March 29-31
San Francisco Life Conference Center

To register, please call

415 / 356-8129

Presented by the National Task Force on AIDS Prevention
Funded by the San Francisco Department of Public Health, AIDS Office
CLUB

HOST
Mr. Int'l Leather
PATRICK TONER

HOSTESS
Empress de SF
SISSY SPACEOUT

ENTERTAINMENT
Beach Blanket Babylon
DEXTER DeVOE

DANCE PARTY
MONDAY, NOV 4 9-2am
647 VALENCIA ST

$5 donation
proceeds benefit WARD 86 & CONFERENCE '86 PROJECT
DOUBLE JEOPARDY

THE HIV/HCV CO-INFECTION FORUM

BY AND FOR THE CO-INFECTED
Caseworkers, peer educators, and anyone providing services to the co-infected are encouraged to attend.

Tuesday, April 27, 1999
5pm - 8pm

St. Mary's Church
1111 Gough Street
(corner of Geary St. and Gough)
San Francisco, CA

For transportation ($), reimbursement, language translation and childcare information, please call one of the listed sponsors on this flyer or call us at:

800/842-0502.

THE HIV/HCV Co-Infection Forum

St. Mary's Church
Tuesday, April 27, 1999
5pm - 8pm

For People with HIV/HCV, Their Families and Friends

This program is made possible through an unrestricted educational grant from Schering-Plough Corporation

print on 80% recycled paper using soy-based inks.
The treatment needs of HIV/HCV co-infected people are special. We have created this program to speak about and explore the challenges co-infected people face in their lives. This program is an information exchange. Everyone is encouraged to bring questions for the presenters.

Delicious, healthy food will be provided. Vegetarian choices will be available.

There is an expense fund for childcare and public transportation money for those in need. Please contact one of the co-sponsoring organizations or CPS (800/842-0502) for information.

Our moderator for this program is Lillian Thiemann, the Editor of InfoPack, the HIV treatment newsletter. Ms. Thiemann is a board member of the Betances Health Center and the PWA Health Group in New York, as well as being a 13 year survivor of co-infection and a former intravenous drug user (IVDU).

This program was designed and is moderated by a person like you.

Please bring any questions you have about your own treatment with you for question and answer periods.

Community Prescription Service believes that knowledge and action are key to survival for people who are co-infected with HIV and Hepatitis C. We also know that there isn’t enough information available for the people who need it most.

Being a co-infected person, in recovery or not, is a tough road. The ability to serve all your needs around treatment on a daily basis may be limited. Through this program, the Co-infection Handbook, and our 800 telephone #, with English/Spanish speaking client advocates, we can help you with your treatment questions and give you information about the benefits of our services. The call is free, the information is priceless.

800/842-0502
FRIDAY, Oct. 12
766 Valencia
Valencia Rose
(btwn 18 & 19)
7:30PM

“Safe Sex Solidarity Against the Scapegoat Scam”:
calls for a

ACTION PLANNING MEETING

--- Should we... ---

1) refine the effectiveness of the community's existing pro-gay, sex positive, AIDS risk reduction militancy?
2) throw a meandering safe sex street party along side scapegoated social/exclusive meeting places?
3) pursue the call to oust Dr. Mervyn Silverman?
4) call for an emergency session of all the Lesbian/Gay Democratic Clubs for the reconsideration of the endorsement of Harry Britt?
5) etc.

EMERGENCY
Kaiser Permanente Oakland Medical Center
Health Education Department Presents:

HIV PUBLIC

Education Forum

An open forum for the exchange of information for people living with HIV, friends and family in a safe and supportive educational environment.

HEALTHY LONG-TERM HIV POSITIVES

What we know and what we are learning about people who have lived with HIV and remained healthy for ten or more years.

with

Susan Buchbinder, MD
Chief of Research Branch, Office of AIDS
San Francisco Department of Public Health

Tuesday, February 15, 1994
6:30 - 8:00 PM
Room 1200C / 12th Floor / Hospital Tower
Kaiser Permanente Medical Center
280 West MacArthur Boulevard / Oakland

Free and open to the public. For more information, call (510) 596-6848.

ABOUT THE MAILING LIST

For additions, deletions and changes to the HIV-related services mailing contact: Joe DiMilia, Health Education Department, Kaiser Permanente Medical Center, 280 W. MacArthur Boulevard, Oakland, CA 94611 - phone (510) 596-6848.

VIDEOTAPES OF PAST HIV EDUCATION FORUMS

Videotapes (VHS) of past HIV Education forums are available for viewing in our Health Education Center, located on the Ground Floor of the Howe Street Building. Center hours are Monday through Friday, 9 a.m. to 5 p.m. Health Plan members may borrow tapes for 2 days or view tapes in the Center. For more information, phone (510) 596-6204.
HIV Public Education Forum

An open forum for the exchange of information for people living with HIV, friends and family in a safe and supportive educational environment.

Chinese Medicine & HIV

This lecture will cover how Chinese Medicine has been applied in the treatment of HIV disease. Recent research, effects on bloodwork, and compatibility with Western drug therapy will also be discussed.

Quan Yin

WITH

Abigail Surasky, L.Ac.
Clinical Supervisor
Quan Yin Healing Arts Center

Tuesday, March 15, 1994
6:30 - 8:00 PM

Room 1200C / 12th Floor / Hospital Tower
Kaiser Permanente Medical Center
280 West MacArthur Boulevard / Oakland

Free and open to the public. For more information, call (510) 596-6848.

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FREE PUBLIC SEMINAR

"Update on Gay Health Problems:
The Truth Behind the Headlines"

An expert physician panel will provide current information in non-medical language on such gay diseases as Kaposi's Sarcoma (gay cancer), hepatitis, herpes, gastrointestinal diseases and other sexually-transmitted health problems reaching epidemic proportions among gay men.

THURSDAY, JULY 22, 1982, 7:30 pm
SAN FRANCISCO MEDICAL SOCIETY AUDITORIUM
250 Masonic Ave. near Turk St.
San Francisco

Cosponsored by
Golden Gate Business Association
and
Bay Area Physicians for Human Rights
as a public service
KAISER...

AIDS...

& OUR HEALTH CARE

... A LARGE NUMBER OF PEOPLE WITH ARC, AIDS & HIV CONCERNS ARE MEMBERS OF THE KAISER PERMANENTE HEALTH PLAN. IF THIS INCLUDES YOU, AND YOU HAVE DOUBTS, QUESTIONS, ANGER OR ANY STRONG FEELINGS ABOUT YOUR CARE AT KAISER, COME TO THIS COMMUNITY MEETING: MONDAY, MAY 16TH, 7:30 AT MCC - 150 EUREKA
HIV

THE CHANGING FACE OF AN EPIDEMIC

4TH NATIONAL AIDS UPDATE CONFERENCE
MAY 19 - 22, 1991 ■ SAN FRANCISCO ■ PRELIMINARY PROGRAM
The National AIDS Update Conference will be held in San Francisco, California on May 19-22, 1991 at San Francisco Civic Auditorium. The theme of the National AIDS Update is “HIV: The Changing Face of an Epidemic,” and will reflect the changing nature of HIV and AIDS-related care, and the changes the epidemic has brought about in health care in general. The goal of this annual conference is to provide opportunities for dialogue and discussion among health care service providers to find the best means to meet the special challenges which the epidemic poses.

Attendees include: health care providers, community-based and HIV/AIDS service organizations, social service providers, mental health care providers, local public health agencies, hospital planning and service providers, elected and non-elected community leaders, state and local government representatives, and individuals with HIV infection.

Conference Sponsors:

(partial list)
American Foundation for AIDS Research
American Medical Association
Association of Nurses in AIDS Care
California Association of Public Hospitals
California Nurses Association
Centers for Disease Control
Los Angeles County Department of Health Services
National Association of Counties
National Association of Persons With AIDS
National Association of Public Hospitals
National Coalition of Hispanic Health and Human Services Organizations
National Hospice Organization
National Minority AIDS Council
San Francisco Department of Public Health
United States Conference of Mayors/Local Health Officers
United States Public Health Service, Health Resources and Services Administration
University of California, San Francisco, Institute for Health Policy Studies

Focus

The conference program will include four tracks: Policy and Administration, Education and Prevention, Care and Services, and Treatment. The focus of discussion will be around the following HIV-related issues:

- The changing populations affected by HIV and AIDS, including minorities, intravenous drug users, women, and children, as well as bisexuals and gay men;
- Healthcare systems and the importance of early intervention in the treatment of HIV and AIDS, including counseling and testing, monitoring, and case management services;
- The critical need for education and prevention programs, including outreach, counseling and testing, monitoring, clinical and diagnostic services, and the provision of services designed to avoid hospital care;
- Long-term care and support needs related to greater numbers of people living with HIV.

Participants can attend plenary and workshop sessions selected from a broad range of subject areas. Topics will be covered in general and as they relate to specific populations.

Objectives

The objectives of the National AIDS Update Conference are to assist health care professionals in meeting the challenges of the HIV epidemic. It is our intent to provide an opportunity for formal and informal exchange of information. The program will address the issues of policy, education, prevention and care, as well as other areas of concern for public health and hospital administrators, nurses, social workers and mental health practitioners. Program content will be relevant for policy-makers, clinicians, individuals involved in community-based organizations, and others concerned with the prevention and management of HIV infection. Individuals directly affected by HIV and AIDS are encouraged to attend. In addition to providing practical information on the recent advances in HIV and AIDS care, the conference will update health care providers with regard to the changing roles and responsibilities in addressing the challenges of the HIV epidemic.

The specific goals of the conference will be the following:

- To present research on the recent advances and forthcoming issues in the clinical management of persons with HIV infections;
- To focus on the role of the health care provider and the common issues affecting all disciplines providing care for HIV-infected persons;
- To explore current HIV-related ethical, legal, administrative, and policy issues, and to plan for changes in the epidemic;
- To emphasize emerging issues related to specific populations, including minorities, women and children, homeless, adolescents, IV drug users, the elderly, and differently-abled.

Conference Management

1991 National AIDS Update Conference
c/o KREBS Convention Management Services
555 DeHaro Street, Suite 200
San Francisco, CA 94107-2348
Telephone: (415) 255-1297 Fax: (415) 255-8496
Site
San Francisco Civic Auditorium, 99 Grove Street. Facilities are accessible by wheelchair.

Registration

<table>
<thead>
<tr>
<th>Fees are:</th>
<th>Before April 5</th>
<th>After April 5</th>
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</thead>
<tbody>
<tr>
<td>Participant</td>
<td>$145</td>
<td>$195</td>
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<tr>
<td>CE Credit</td>
<td>$25</td>
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Applications have been made for 18 hours of continuing education credit for physicians, nurses and social workers.

Person with AIDS/ARC ........................................ $50 $75

Group discount for five or more registrants from the same organization submitting registration forms in the same envelope: 20%

Pre-registration by mail and, with your credit card number, by fax; no registrations will be accepted by telephone.

Conference space is limited, so early registration is encouraged. All registrations will be on a first-come, first-served basis. Registrations will be accepted if received by May 10; after that date, please register on-site in San Francisco.

**DEADLINE FOR EARLY REGISTRATION**
**DISCOUNT: APRIL 5**

In the event of cancellation, full refund of the registration fee (less $25 administration fee) may be obtained by written request to the Conference Registrar. Such requests must be received by May 10, 1991. Refunds will not be made to participants who cancel after that date or who register but do not attend. Refunds will be mailed after the conference.

**TRAVEL INFORMATION**

Hotels

A limited number of rooms has been reserved for our conference attendees. Please fill out the attached Housing Request Form and mail it along with one night's deposit (credit card no. or check made payable to the hotel of your choice) to your hotel. **YOU MUST MAKE RESERVATIONS ON THE HOUSING FORM TO RECEIVE PREFERRED RATES.** Your form must be received by April 18, 1991 to guarantee the special conference rates. Your hotel will confirm your reservation directly to you.

Cathedral Hill Hotel
Van Ness & Geary, SF 94109 (415) 776-8200
–Lovely accommodations and value 10 blocks from Civic Auditorium. Outdoor heated swimming pool.

Single: $90 Double/Twin: $115
(Government personnel with I.D.–$78 single, $100 double/twin)

Holiday Inn Civic Center
50 Eighth Street, SF 94103 (415) 626-6103
–Good value 2½ blocks from Civic Auditorium. Free parking.
Single: $80 Double/Twin: $95
(Government personnel with I.D.–$70 single, $82 double/twin)

Holiday Inn Golden Gateway
1500 Van Ness Avenue, SF 94109 (415) 441-4000
–15 blocks from Civic Auditorium via express bus. Hotel on the cable car line.
Single: $88 Double/Twin: $98

Inn at the Opera
333 Fulton Street, SF 94102 (415) 865-8400
–Luxury boutique hotel 4 blocks from Civic Auditorium. Continental breakfast included.
Single: $125 Double/Twin: $160

Ramada Hotel of San Francisco
1231 Market Street, SF 94103 (415) 626-8000 or (800) 227-4747
–recently renovated and 2 blocks from Civic Auditorium.
Single $80 Double/Twin: $95
(Government personnel with I.D.–$72 single/double/twin)

There may be an additional charge for an extra person, roll-away bed, etc. Suites are also available at most of our conference hotels. Make your request on the attached Housing Form.

Airlines

United Airlines is offering special travel discounts of 5-45% to the Conference. To receive 5% off any applicable fare from First Class to Ultra Saver (including excursion and Ultra Saver fares), or 45% off full coach, follow these steps:

1. Call the United Convention Desk at (800) 521-4041 (8 a.m. to 11 p.m. EST).
2. Give our special Conference Number 445UE.
3. United specialists will make reservations for all flights and fares. Your special discounts are available only on United flights in the United States.
4. United will mail your tickets, or you may purchase them from your local travel agent.

Be sure your reservation is made through United's Convention Desk. **Convention Discounts are available only through the Convention Desk.**

United's conference discount will be applied to the best available fare, subject to restrictions. Your exact fare will be guaranteed when your ticket is issued.

Seats may be limited, so call now for best availability.

Full MILEAGE PLUS credit is awarded on all discounted fares—ask for an application if you're not already enrolled.

Car Rental

Hertz is our official rental car agency. Call (800) 654-2240 and give our Convention account number 7920.
The Honorable Art Agnos, Mayor, San Francisco
Raymond Baxter, Ph.D., Director, San Francisco Department of Public Health
Dan Bross, Executive Director, AIDS Action Council, Washington, D.C.
Sophia Chang, M.D., M.P.H., Chief, Health Resources and Services Branch, San Francisco Department of Public Health
AIDS Office
Kay Christy, Education and Outreach Coordinator, Washington State HIV Program
Harlon L. Dalton, Esq., Professor of Law, Yale University; Member, National Commission on AIDS
Donald P. Francis, M.D., D.Sc., Regional AIDS Consultant, Centers for Disease Control; Chair, Mayor's HIV Task Force, San Francisco
Mindy Fulfillove, M.D., Associate Professor of Clinical Psychiatry, The HIV Center for Clinical and Behavioral Studies, Columbia University, New York
Robert Fulfillove, Ed.D., Assistant Professor of Clinical Public Health, The HIV Center for Clinical and Behavioral Studies, Columbia University, New York
Sandra Hernandez, M.D., Director, AIDS Office, San Francisco Department of Public Health
Paul Kawata, Director, National Minority AIDS Council, Washington, D.C.
Larry Kessler, Executive Director, AIDS Action Committee, Boston; Member, National Commission on AIDS
Philip R. Lee, M.D., Director, Institute for Health Policy Studies, University of California, San Francisco
Helen Miramontes, R.N., M.S., C.C.R.N., Director, AIDS Education and Training, California Nurses Association
Antonia Novello, M.D., Surgeon General, United States Public Health Service
Joanna Omi, Senior Policy Analyst for Budget and Legislation, The Mayor's Office on Health Policy, New York City
June Osborn, M.D., Dean, School of Public Health, Univ. of Michigan; Chair, National Commission on AIDS
Jeannece Parker-Martin, R.N., M.P.H., Executive Director, Hospice Programs, Visiting Nurses and Hospice of San Francisco
Mary Pittman, Dr.PH, President/CEO, California Association of Public Hospitals
Mervyn F. Silverman, M.D., M.P.H., President, American Foundation for AIDS Research; Director, AIDS Health Services Program, University of California, San Francisco
Mark Smith, M.D., M.B.A., Associate Director, AIDS Service; Assistant Professor, Medicine, Health Policy Management, The Johns Hopkins University
Richard Sowell, Ph.D., R.N., Assistant Professor, Nursing Administration, Medical College of Georgia
Peter Staley, ACT UP/New York
Jill Strawn, R.N., M.S.N., Project Director, Community Health Education Project, The APT Foundation, New Haven
Constance B. Wofsy, M.D., Co-Director, AIDS Activities, San Francisco General Hospital; Acting Chief, Infectious Diseases, University of California, San Francisco; Professor of Clinical Medicine, University of California, San Francisco

**Poster Sessions**

Poster sessions, featuring author discourse, will be displayed during the Conference. Posters will be categorized according to Conference track: Treatment; Policy/Administration; Education/Prevention; Care and Services.

**Film Festival**

Screenings of the latest AIDS-related films will be scheduled during the Conference.

**AIDS in the Arts Festival**

A beautiful collection of art, as it relates to AIDS, will be displayed for the pleasure and education of Conference attendees.

**Educational Resource Center and Exhibition**

Educational materials, services and products will be on display throughout the conference. The Resource Center and Exhibition is the traditional meeting place where conference attendees meet to exchange the latest information and ideas about HIV. To exhibit or display your company or organization's information, please contact: Darien DeLorenzo at (415) 255-1293, Fax: (415) 255-8496.

**Opening Reception**

Conference registrants are cordially invited to attend the Opening Reception at Civic Auditorium on Sunday, May 19 from 6-8 p.m. Complimentary beverages and hors d'oeuvres will be served.

**Gala Conference Reception**

All conference attendees are warmly encouraged to attend a Gala Conference Reception on Tuesday evening, May 21 in the elegant San Francisco Opera House. Complimentary beverages and hors d'oeuvres will be served.

80th BAY TO BREAKERS

The National AIDS Update Conference is participating in the world's largest footrace: The San Francisco Bay to Breakers. It's a race, it's an event, it's a movable block party! On Sunday, **May 19 at 8 a.m.**, over 100,000 participants join the fun. The course runs across the entire city, 7.5 miles, from San Francisco Bay, through Golden Gate Park to the Pacific Ocean. Walkers, joggers, and runners with abilities ranging from beginner through world-class are encouraged to enter.

To obtain your official race registration entry form and information, send a business-sized stamped envelope to:

1991 Bay to Breakers, P.O. Box 7260, San Francisco, CA 94120

Bay to Breakers Hotline telephone number: (415) 777-7773.

The fee to register as an official entrant is $12 and includes an official race T-shirt. Official registrants who finish in the top 10,000 will have their names and times posted in the San Francisco Examiner on the day after the race.

Race registration is not mandatory; anyone can be part of this event. Whether or not you register, **meet our group at the fountain at Justin Herman Plaza at 7 a.m.** Look for our Conference banner.

8th Annual International AIDS Candlelight Memorial

Join 20,000 participants in this traditional dignified march from Castro and Market Streets to Civic Center Plaza on Sunday, May 19. The walk begins at 8 p.m.; the ceremonies at Civic Center, at 9 p.m.
Care and Services

101. Food delivery program/food support
102. Foster care – Models of family housing vs. group homes; Children who are survivors of HIV-infected families
103. Dental care – Access to services; Recruitment of providers
104. Support groups – Mixing risk groups; Strategies for recruiting
105. Rural HIV care and support services – Developing services/networks in lower incidence areas
106. Complementary therapies – Application to other populations; Attitudes towards self-care
107. “Case Management” – Who, what, how, where, when
108. Long-term care – New model of AIDS specific care vs. integrating AIDS care into existing models
109. Housing: Populations with special needs
   Housing the homeless
   Maintaining housing
110. Provider issues: Co-depency; Perceptions of risk
111. AIDS dementia care and conservatorship
112. Integrating substance-using clients with other HIV-infected
113. Models of HIV care for youth
114. Home care: New challenges
115. Hospice Care
116. Day treatment services
117. Financial services - Money management and benefits counseling
118. Maintaining caregivers – Transference issues for infected caregivers; Burnout; Is the informal network being maintained?
119. Care for women and children: Integrate or separate?
120. One-stop shopping: Integrating early intervention into drug treatment clinics
121. Care models for the incarcerated
122. What are “culturally appropriate” services? Dealing with new populations
123. Incarcerated groups: Testing, tracking, protecting confidentiality

Policy and Administration

301. Integration of HIV prevention and care: Making a comprehensive program from categorical and fragmented funding
302. Removing real and perceived disincentives to HIV testing
303. “Routine” HIV testing: Where, when and how
304. Linking HIV-infected persons to the system – through reporting or through the provision of services
305. Drug users, who cares? Towards a rational policy
306. Affecting behavioral norms in students: What can we expect from schools? Are there other alternatives?
307. Business support for HIV prevention/care: What should we expect?
308. Program evaluation from the greater society’s viewpoint
309. This is our program: How do we structure it to maximize its effect?
310. This is our program: How do we get community support for the controversial issues? Isolating extremists. Volunteerism – coalitions
311. Avoiding responsibility? Getting executive and legislative officials to attend to their jobs
312. Responding to long incubation phenomena – a major challenge for today’s societies
313. Terminal care and death – towards compassionate policy
314. When “demonstration projects” become the whole banana
315. HIV dementia in the workplace – are special policies required?
316. Diffusing or concentrating HIV prevention and care services. Urban, suburban, rural experiences. Where do we go from here?
317. CBO/government/private collaboration: Rough spots on the road to social change
318. Paraphernalia exchange – getting around the knee-jerk reaction
319. The economics of HIV infection. Who’s counting? Who’s paying?
320. Testing health care workers, workers’ compensation, and other thorny issues
321. Insurance: Have we lost the concept of sharing risk?

Treatment

401. Opportunistic Infections I: PCP – Treatment and prophylaxis; CMV disease and CMV retinitis
402. Opportunistic Infections II: Viral and bacterial diseases; Kaposi Sarcoma
403. Opportunistic Infections III: GI infection; Diarrhea
404. Hepatitis B & C viruses and transfusion issues
405. Tuberculosis and MAC
406. HIV disease in women
407. Treating HIV positive pregnant women
408. Treating HIV positive infants and children
409. Central nervous system disease/Dementia/Cryptococcus/Toxoplasmosis
410. Malignancies and HIV-related lymphomas
411. Antivirals: Managing the HIV patient from 200-500 CD4
412. Senior citizens and HIV
413. Terminal care treatment issues
414. Out-of-hospital HIV treatment
415. ACTG clinic approach
416. Community consortium approach
417. Dealing with occupational HIV exposure – practical examples
418. Alternative therapies and treatment provisions
419. Dermatologic disorders and HIV
420. Dental care and oral AIDS: Diagnosis and treatment. What, how and where
421. Syphilis
422. Access to clinical research for women
SUNDAY, MAY 19
7 am  Bay to Breakers
4-8 pm  Registration – Civic Auditorium
6-8 pm  Opening Reception – Civic Auditorium
8-10 pm  International AIDS Candlelight Memorial

MONDAY, MAY 20
7 am-6 pm  Registration
8 am-6 pm  Educational Resource Center & Exhibition
8-9 am  Exhibit Viewing
Film Festival
Poster Viewing
9:15 am  Welcome and Opening Remarks
9:15-10:30 am  Plenary Session
10:30-11 am  Coffee Break – in Resource Center/Exhibit Hall
11 am-12:30 pm  Workshop I
12:30-1:45 pm  Lunch and Roundtable Discussion
$10 per person, including box lunch
Advance reservation required
Exhibit Viewing
Film Festival
Poster Viewing
1:45-3:15 pm  Workshop II
3:15 pm  Community Facility Visits
$20 per person
Advance reservation required
3:15-3:45 pm  Break – Visit Resource Center & Exhibition
3:45-5:15 pm  Workshop III
5:15-6 pm  Exhibit Viewing
Film Festival
Poster Viewing

TUESDAY, MAY 21
8 am-5 pm  Registration
8 am-5:30 pm  Educational Resource Center & Exhibition
8-9 am  Exhibit Viewing
Film Festival
Poster Viewing
9:10-30 am  Plenary Session
10:30-11 am  Coffee Break – in Resource Center/Exhibit Hall
11 am-12:30 pm  Workshop IV
12:30-1:45 pm  Lunch and Roundtable Discussion
$10 per person, including box lunch
Advance reservation required
Exhibit Viewing
Film Festival
Poster Viewing
1:45-3:15 pm  Workshop V
3:15 pm  Community Facility Visits
$20 per person
Advance reservation required
3:15-3:45 pm  Break – Visit Resource Center & Exhibition
3:45-5:15 pm  Workshop VI
5:15-6 pm  Exhibit Viewing
Film Festival
Poster Viewing
5:30 pm  Gala Conference Reception – San Francisco Opera House

WEDNESDAY, MAY 22
8 am-5 pm  Registration
8 am-3:45 pm  Educational Resource Center & Exhibition
8-9 am  Exhibit Viewing
Film Festival
Poster Viewing
9-10:30 am  Plenary Session
10:30-11 am  Coffee Break – in Resource Center/Exhibit Hall
11 am-12:30 pm  Workshop VII
12:30-1:45 pm  Lunch and Roundtable Discussion
$10 per person, including box lunch
Advance reservation required
Exhibit Viewing
Film Festival
Poster Viewing
1:45-3:15 pm  Workshop VIII
3:15-3:45 pm  Break – Visit Resource Center & Exhibition
3:45-5:15 pm  Workshop IX

Program and speakers subject to change. Unless otherwise noted, all locations are at Civic Auditorium, 99 Grove Street, San Francisco.

Community Facility Visits
Conference registrants can visit specific HIV-related community facilities. Pre-register for the facility of your choice; indicate your first and second choices for each day on the registration form. The $20 fee includes transportation; buses will depart from Civic Auditorium at 3:15 p.m. This popular feature sold out in the past, so register early. Space is limited and will be allocated on a first-come, first served basis.

Site Visits
1. Project Open Hand Kitchen
2. Project Open Hand Food Bank
3. Shanti Project
4. San Francisco AIDS Foundation
5. San Francisco General Hospital; Ward 86 (outpatient services) and Ward 5A (inpatient services)
6. Project Inform
7. Visiting Nurses/Hospice, Coming Home Hospice residence

Roundtable Lunches
The Roundtable Lunch program is an opportunity to interact in small groups with speakers and experts in the AIDS health care community. Sessions, including a box lunch, are scheduled for Monday, Tuesday and Wednesday. The fee is $10/session, and reservations are required. Sign up on the registration form.
Please complete this form and mail to: AIDS Conference Registrar

c/o KREBS Convention Management Services
555 DeHaro Street, Suite 200
San Francisco, CA 94107-2348
Phone: (415) 255-1297 Fax: (415) 255-8496

Full registration fee must accompany this form and be paid by check or draft in U.S. dollars, drawn on a U.S. bank, made payable to: 1991 National AIDS Update Conference ("1991 NAUC"). For additional registrants, please make photocopies of this form.

First Name _____________________ Middle Initial _______ Last Name _____________________ Degree __________

Title ___________________________ Organization ___________________________

Mailing Address _____________________________________________________________

City ___________________________ State/Country ___________________________ Zip __________

Business Telephone ______________ Home Telephone ______________ Fax __________

WORKSHOPS
List by number the nine workshops you plan to attend. ____________________________________________

REGISTRATION FEES
Please check the appropriate category.

☐ Participant ____________________ $145 Before April 5  $195 After April 5

☐ Continuing Education Credit ___________ $ 25 Before  $ 25 After


☐ Person with AIDS/ARC ____________________ $ 50 Before  $ 75 After

Group discount for 5 or more registrants from the same organization submitting registration forms in the same envelope: 20%

Registration Amount Enclosed ___________________________

ROUNDTABLE LUNCHES
☐ Monday . . . $10  ☐ Tuesday . . . $10  ☐ Wednesday . . . $10

Lunch Amount Enclosed ___________________________

COMMUNITY FACILITY VISITS Indicate Visit Numbers #.  

☐ Monday Visit ____________________ $20 1st Choice  2nd Choice

☐ Tuesday Visit ____________________ $20 1st Choice  2nd Choice

Visit Amount Enclosed ___________________________

TOTAL AMOUNT ENCLODED ___________________________

Credit Card: ☐ MasterCard ☐ Visa

Credit Card Number: _____________________ Expiration Date _____________________

Signature ___________________________

No refunds will be made after May 10, 1991. Refunds requested prior to that date must be made in writing and will be charged a $25 administration fee. Refund checks will be mailed after the conference.

HOUSING FORM

Please complete the form below and mail it directly to the hotel of your choice. (See list of hotels under General Information.)

First Name _____________________ Middle Initial _______ Last Name _____________________ Degree __________

Title ___________________________ Organization ___________________________

Mailing Address _____________________________________________________________

City ___________________________ State/Country ___________________________ Zip __________

Business Telephone ______________ Home Telephone ______________

Indicate type of room requested: _______ Single _______ Double _______ Twin _______ 2-room suite (1 bedroom, 1 parlor)

Name of preferred hotel ___________________________

Arrival date ______________________________ Departure date ______________________________

First night's deposit required. ☐ Check enclosed for one night's deposit Amount $ __________

Credit Card: ☐ American Express ☐ MasterCard ☐ Visa ☐ Diners Club

Credit Card Number: _____________________ Expiration date _____________________

Signature ___________________________
Our nation's challenge: the next decade

"Colors"
R.R., age 29, March 1989
Art for Recovery at UCSF/Mount Zion Medical Center
(Marking pen)

Comment: "R.R. came into the hospital daily for treatment," recalls Cindy Peris, Director of Art for Recovery. "His hands were large and expressive and so was he. When he was drawing this picture, he told me that AIDS has no colors, it affects everyone."
program goals

The theme for the 10th National AIDS Update Conference, “Our Nation’s Challenge: The Next Decade,” reflects the changing nature of HIV- and AIDS-related care as well as the changes the epidemic has brought about in health care in general. The conference provides participants with an opportunity not only to reflect on what has occurred in the past decade, but also to discuss and plan for the future as we strive for a cure within the next 10 years.

The goal of the conference is to provide opportunities for dialogue between health care service providers in order to find the best means to meet the special challenges that the epidemic presents. There continue to be enormous changes and advances in our understanding and treatment of HIV infection and AIDS. For some, the disease may now be viewed with the hope of long-term chronic management. For others, especially women and minorities, the disease continues to challenge us to greater efforts.

conference objective

The objective of the 10th National AIDS Update Conference is to continue the work from the previous nine conferences and provide significant information needed to update existing systems in response to the changing epidemic.

conference focus

The conference program will include five tracks:

Prevention and Education
Policy and Administration
Care and Services
Treatment and Health
Adolescents and Young People

The National AIDS Update Conference will once again include Adolescents and Young People as a separate track. We have also chosen to make women a major focus of the Conference by increasing the number of sessions addressing the needs of women and by including “women” as a plenary session and intensive workshop subject. In addition, the intensive workshops have proven to be so popular that we have expanded this aspect of the Conference to include two intensive workshop sessions on March 24, thus giving us the opportunity to provide more topics. Plenary sessions, intensive workshops, 90-minute workshops and poster sessions will address the following issues:

• The continuing and emerging role of health care providers in the new era of HIV infection as a chronic disease;
• Ethical, legal, administrative and policy issues;
• Current and ongoing legislative proposals and changes in health care delivery;
• New and continuing questions of access, treatment, financing, long-term care and housing for those living with HIV and AIDS;
• Alternative therapies and treatments.

participant description

Among those attending the 10th National AIDS Update Conference are health care providers, physicians, nurses, community-based and HIV/AIDS service organizations, social service providers, mental health care providers, local public health agencies, hospital planning and service providers, elected and nonelected community leaders, state and local government representatives, volunteers and individuals living with HIV and AIDS.

other conference events

include:

AIDS in the Arts Exhibit
AIDS Theater Festival
Lunchtime Discussions (formal)
Roundtable Talks (informal)
Video Festival
Educational Resource Center, Exhibition and Book Fair
PLWA Lounge
Networking Receptions

conference sponsor

California Academy of Family Physicians

conference supporters

(partial list)
National/International
American Hospital Association
Association of Nurses in AIDS Care

Centers for Disease Control
Health Initiatives for Youth
The Hospital Research and Educational Trust
Levi Strauss Foundation
National Association of People with AIDS
National Association of Social Workers
National Catholic AIDS Network
National Minority AIDS Council
United States Public Health Service/Health Resources & Services Administration

Regional
California Department of Health Services, Office of AIDS
Center for AIDS Policy Studies
Kaiser Family Foundation
Pacific AIDS Education and Training Center
San Francisco Department of Public Health
University of California, San Francisco

School of Nursing, International Center for HIV/AIDS Research and Clinical Training in Nursing
Center for AIDS Prevention Studies

award nominations open

The National AIDS Update Conference is now accepting nominations for the “1998 Special Achievement Award for Outstanding Leadership and Commitment to HIV/AIDS Awareness.” On one page, please submit the name, address and telephone number of your nominee. Include details about the nominee’s contributions, and fax it to:

Award Committee
415/255-2244

Deadline: February 1

previous awardees include:
The San Francisco Giants—1995
Martin Delaney, Project Inform—1997
program-in-brief

Tuesday, March 24
8:30 am – 6:30 pm Registration
10:00 am – 1:00 pm Intensive Workshops, Session I (additional fee)
2:00 pm – 5:00 pm Intensive Workshops, Session II (additional fee)
5:00 pm – 6:30 pm Opening Reception; Exhibits Open

Wednesday, March 25
7:00 am – 6:00 pm Registration
8:00 am – 3:45 pm Exhibits Open
8:00 am – 9:00 am Exhibit Viewing; Video Festival; Poster Viewing
9:00 am – 9:15 am Welcome
Special Achievement Award for Outstanding Leadership and Commitment to HIV/AIDS Awareness
9:15 am – 10:30 am Plenary Session
10:30 am – 11:00 am Coffee Break
11:00 am – 12:30 pm Workshop I
12:30 pm – 1:45 pm Lunch and Roundtable Discussions;
    Theater Festival; Exhibit Viewing; Video Festival;
    Poster Viewing; HIV Update: Expert Opinions
    (sponsored by an unrestricted educational grant by Glaxo Wellcome, Inc.)
1:45 pm – 3:15 pm Workshop II
3:15 pm – 3:45 pm Break
3:45 pm – 5:15 pm Workshop III
5:15 pm – 6:00 pm Theater Festival; Video Festival; Poster Viewing

Thursday, March 26
8:00 am – 5:00 pm Registration
8:00 am – 3:45 pm Exhibits Open
8:00 am – 9:00 am Exhibit Viewing; Video Festival; Poster Viewing
9:00 am – 10:30 am Plenary Session
10:30 am – 11:00 am Coffee Break
11:00 am – 12:30 pm Workshop IV
12:30 pm – 1:45 pm Lunch and Roundtable Discussions;
    Theater Festival; Exhibit Viewing; Video Festival;
    Poster Viewing; HIV Update: Expert Opinions
    (sponsored by an unrestricted educational grant by Glaxo Wellcome, Inc.)
1:45 pm – 3:15 pm Workshop V
3:15 pm – 3:45 pm Break
3:45 pm – 5:15 pm Workshop VI
5:15 pm – 6:45 pm Gala Conference Reception

Friday, March 27
8:00 am – 3:30 pm Registration
8:00 am – 1:45 pm Exhibits Open
8:00 am – 9:00 am Exhibit Viewing; Video Festival; Poster Viewing
9:00 am – 10:30 am Plenary Session
10:30 am – 11:00 am Coffee Break
11:00 am – 12:30 pm Workshop VII
12:30 pm – 1:45 pm Lunch and Roundtable Discussions;
    Theater Festival; Exhibit Viewing; Video Festival;
    Poster Viewing; HIV Update: Expert Opinions
    (sponsored by an unrestricted educational grant by Glaxo Wellcome, Inc.)
1:45 pm – 3:15 pm Workshop VIII

Events

AIDS in the arts
This art exhibit is a unique feature of the Conference. Artists living with AIDS, their caregivers and friends contribute to this beautiful and heart-felt collection. Artistic presentations include handmade quilts, wood-block prints, portraits, interpretive oils, photography, sculpture, drawings and collages. For information, contact:
    Katherine Krebs, Curator
    Phone: 415/255-1295    Fax: 415/255-2244

AIDS Theater Festival
A theater festival dedicated to HIV/AIDS-related themes will take place daily. Plan to attend this popular feature. For more information, contact:
    Hank Tahvera, MEd, Theater Festival Director
    Phone: 415/554-8436    Fax: 415/554-9636

Opening Reception
Start networking early by attending the Opening Reception in the Exhibit Hall on Tuesday evening, March 24. Complimentary beverages and hors d’oeuvres will be served.

Gala Conference Reception
All Conference attendees are invited to attend a Gala Reception on Thursday evening, March 26, at the beautifully restored, historic Ramada Plaza Hotel International. This event is one of many opportunities for networking and informal exchange with colleagues and friends. An important part of the learning experience occurs through interaction at this event.

Roundtable Talks
The popular Roundtable program held each day at 12:30 pm is an opportunity to interact in small groups, discussing areas of mutual concern. Lunch will be available for purchase from on-site vendors.

Video Festival
Screenings of the latest HIV/AIDS-related videos will be scheduled during the Conference. For information, contact:
    Bea Tracy, Video Festival Director
    Phone: 415/863-4826

Time Out and PLWA Lounge
A “Time Out Room” is set aside for all Conference participants to have a peaceful place to relax and share information gained from the presentations and workshops.

Continuing Education Credit
Applications are pending for up to 19 hours of CME and CEU credit for physicians, nurses, social workers and health educators.

Educational Resource Center
Exhibition and Book Fair
Educational materials, services and products from more than 100 organizations and companies will be on display throughout the Conference. The Educational Resource Center and Exhibition is the traditional meeting place where conferences exchange the latest information and ideas about HIV/AIDS.

To exhibit, contact:
    KREBS Convention Management Services
    Phone: 415/255-1295    Fax: 415/255-2244

The Conference will also feature an HIV/AIDS Book Fair presented by Green Apple Books. Over 2,000 book titles, videos and tapes will be on display for purchase. Author book signings will be scheduled throughout the Conference.
intensive workshops
tuesday, march 24 - advance registration fee required

**session I (10:00 am – 1:00 pm)**

0001. Housing and Services for People Living with HIV/AIDS: Perspectives from Planning to Politics. This session will address the current issues in providing housing for persons living with HIV/AIDS. There will be discussions of the issues and an opportunity for participants to interact with national experts. Coordinated by Ellen Alpert, New York, NY.

0002. HIV and the Immune System. This session is being offered again this year because of numerous requests. It is designed for providers and other interested persons who want to increase their basic knowledge of who want to learn more about the immune system. Presented by William Cottrell, Jr., MD, Sacramento, CA.

0003. Enhancing Youth and Adult HIV Prevention Collaborations. This session will be an update on prevention issues for the emerging youth population. Coordinated by Health Initiatives for Youth, San Francisco, CA.

0004. Skill Building for HIV/AIDS Educators. This session will identify ways to address cultural diversity within a group, discuss ways to manage groups and difficult participants, and identify ways that climate setting can increase the learning experience. Coordinated by Janna Delgado, Prototypes Cross Training, Culver City, CA.

0005. Nursing Care of Persons with HIV/AIDS. This session will address the current issues in the nursing care of persons living with HIV disease. Coordinated by the Association of Nurses in AIDS Care (ANAC).

0006. Combined Medical and Alternative Treatments. This session will educate participants on how a combined treatment program of medical and selective alternative therapies can work synergistically to improve the health of persons living with HIV/AIDS. Persons can be at various stages of their disease progression and still experience improved health and new ability to retard the growth of the HIV virus in their systems. Coordinated by Dr. John J. Mizenko, Warrensville Heights, OH, and Ronald G. Rooy, North Royalton, OH.

0007. People Over 50: Current Trends and Issues. As the epidemic continues to change, people living with HIV are getting older; and this population is taking on a greater significance. This session will explore the issues related to this community. Coordinated by the National Association on HIV over Fifty (NAHO50).

0008. Social Work and HIV/AIDS. This session will deal with current trends and issues as they affect social work and social workers. Coordinated by the National Association of Social Workers.

0009. Medical Update. This session will cover current changes, trends and issues in the medical treatment of persons with HIV/AIDS. Coordinated by the Treatment Track. *This session will be repeated for the second Intensive Session.*

**session II (2:00 pm – 5:00 pm)**

0010. Substance Abuse and HIV: Current Trends and Issues. This session will update participants on current trends and issues that affect the client/patient as well as the provider. Coordinated by Michael Gorman, PhD, MPH, Alcohol and Drug Abuse Institute, University of Washington, Seattle, WA.

0011. The Cycle of Disability and Returning to Work. This session will deal with one of the most current and critical issues in the epidemic. Coordinated by AIDS Benefit Counselors (ABC), San Francisco, CA.

0012. Information in Action: Finding Quality HIV/AIDS Information Resources on the Internet. Accessing information on the Internet has become the fastest and most popular way for clients and providers to stay current on the issues that affect us all. This session is designed to assist you in accessing and using this information. Coordinated by the Oak Ridge Institute for Science and Education, Oak Ridge, TN.

0013. Cultural Diversity and HIV Disease. This session will decrease participants’ knowledge regarding barriers to HIV and AIDS services for the communities of color, with special emphasis on African Americans, Latinos, and Asians/Pacific Islanders. Coordinated by Shawn Griffin, Gay Men of Color Consortium, Los Angeles, CA.

0014. Surviving AIDS: Facing Life and Death Decisions. These most crucial aspects of the epidemic are presented by Dr. Charles Garfield, Founder of the Shanti Project, and Jeremy Landau, Santa Fe, NM.

0015. Women and HIV: Prevention, Education, Care and Treatment Women have emerged as the fastest growing community affected by the epidemic. This session will explore related issues. Coordinated by the female Conference planners at the 10th National AIDS Update Conference.

0016. Tools for Using the Power of Your Mind to Heal Your Body. This session will introduce concepts, develop skills, establish tools and provide an experience of healing the bodymind to those infected with HIV. It will utilize self-hypnosis, meditation, and guided imagery techniques. Coordinated by Patricia Simpson, CHT, San Francisco, CA.

0017. Creating Innovative Prevention Outreach for Your Gay Community. This session will allow participants to experience “nontraditional” programming, create new outreach for their populations based on Prochaska’s stages of change, and develop networking and advertising strategies. Coordinated by Anne Hartley Fioh, AIDS Community Services, Buffalo, NY.

0018. Medical Update. This will be a repeat of the Medical Update in Session I.

0019. Young and Positive: Making Treatment Choices. This is an additional session for youth covering other pertinent issues. Coordinated by David Evans, Project Inform, San Francisco, CA.

**invited speakers**

(partial list)

Hon. Willie L. Brown, Jr., Mayor, San Francisco, CA
Lisa C. Capaldini, MD, Castro Medical Group, San Francisco, CA
Patricia Charles, DrPH, University of Nevada, School of Medicine, Reno, NV
Marcus Conant, MD, San Francisco, CA
Inge B. Corless, RN, PhD, FAAN, Massachusetts General Hospital, Boston, MA, President, Association of Nurses in AIDS Care (ANAC)
Phil Curtis, AIDS Project Los Angeles, Los Angeles, CA
Rafael Diaz, PhD, University of California, San Francisco, Center for AIDS Prevention Studies, San Francisco, CA
Patricia Fleming, Former Director of the White House Office of AIDS Policy. Currently, U.S. Liaison for United Nations AIDS
Peter M. Ford, MD, Queen's University, School of Medicine, Kingston, Ontario, Canada
Charles Garfield, PhD, Founder, Shanti Project San Francisco, The Charles Garfield Group, Oakland, CA
Michael Gorman, PhD, MPH, Alcohol and Drug Abuse Institute, University of Washington, Seattle, WA
Sheri Heaton, Oak Ridge Institute for Science and Education, Oak Ridge, TN
Daphne Joslin, PhD, MPH, Department of Community Health, University of New Jersey, Wayne, NJ
Angela LeNormand, HIV/AIDS Facility Manager, Walden House Inc., San Francisco, CA
Jay Levy, MD, University of California, San Francisco, School of Medicine, San Francisco, CA
Terri R. Misener, PhD, RN, FAAN, University of South Carolina, School of Nursing, Columbia, SC
Tony Molina, M. Ed., PhD, LLEGO, Washington, DC
Robert J. Munk, PhD, Arroyo Seco, NM
Brian Muzyka, DMD, School of Dentistry and Oral Medicine, New Orleans, LA
Gary S. Reiter, MD, FACP, Holyoke, MA
Robin H. Slade, CEO, THE AIDS Association U.S./Mexico, San Diego, CA
Larry Tate, U.S. Conference of Mayors, Washington, DC
Hon. Sandra Thurman, Director, The White House Office of AIDS Policy, Washington, DC
workshops

To help plan meeting space, select eight workshops in which you have the most interest. You are not bound by this preliminary selection. Program and speakers are subject to change.

Prevention and Education
0101 Treatment Education as a Prevention Tool
0102 Prevention Education in Correctional Settings
0103 Prevention Outreach in Rural American
0104 Issues of Prevention for HIV Negative Persons
0105 Women Who Sleep with Women: Relationships and Dating Issues
0106 HIV Prevention for Substance Users
0107 HIV/AIDS and the Commercial Sex Worker
0108 HIV Issues in the Transgender and Transexual Communities
0109 Native Americans: HIV Prevention for Gay/Bi/Two-Spirit
0110 Issues for Surviving with HIV/AIDS Long-Term
0111 AIDS and the U.S. Embargo of Cuba
0112 Prevention Strategies for Asian Americans and Pacific Islanders
0113 Confronting the Issues in the Latino Community
0114 Prevention and Education for African Americans
0115 International Issues in HIV and How They Impact the United States
0116 HIV/AIDS Prevention and Education: Surveillance and Reporting Debate
0117 Experiences of Violence and Self-Esteem in the HIV Community
0118 The Resurgence of Sex Clubs: What Are the Issues?
0119 AIDS: The Lady Killer
0120 Spiritual Needs of Persons Living with HIV/AIDS

Policy and Administration
0201 Collaboration to Enhance HIV Services: Innovative Partnerships
0202 Access to Health Care for All: Meeting the Challenge for People with HIV
0203 Improving the Process of Community Planning
0205 Care of Multi-Diagnosed Patients
0206 Working and AIDS: Are They Compatible?
0207 Burning AIDS Policy Issues
0208 Collaboration to Improve HIV Research
0209 Managed Care: Where Are We Now?
0210 Long-Term Care and Housing: Should We Continue to Plan for the Future?
0211 Behavioral Aspects of Post-Exposure Prophylaxis for Sexually Active People
0212 Adherence to HIV Treatment Regimens
0213 Nursing and Advanced Practice: Is There Still a Need?
0214 HIV in People Over 50: Implications for Policy Development and Change
0215 Disability and Back to Work Issues for Persons Living with HIV/AIDS
0216 Race, Class and Sexuality
0217 Substance Abuse and Risky Sex in Latino Gay Men
0218 Developing Programs from Qualitative Data: Interviews with Gay Men

Care and Services
0301 Care and Service Issues for Women Living with HIV/AIDS
0302 Incarcerated Persons with HIV/AIDS: Issues Upon Release
0303 Families, Children and HIV/AIDS: What are the Needs?
0304 Case Management and Care and Service for Persons with HIV
0305 Housing People with HIV/AIDS: Exploring the Needs and the Issues
0306 Women and Antiretrovirals: Access and Issues of Care
0307 Different Models of Care for Persons with HIV: What’s Available?
0308 Incarcerated Women: What are the Issues?
0309 Advocacy, Benefits, Disability and Back to Work

0310 Issues for Caregivers of Persons Living with HIV
0311 Different Models of Care Designed Specifically for Women
0312 Managed Care: How Are the Issues Evolving?
0313 Care and Services in Rural Areas
0314 Electronic Technology: Is the Answer in Cyberspace?
0315 Cultural Competency in Providing Services for Hard-to-Reach Communities
0316 Current Issues in Care and Services
0317 Current Issues in Substance Abuse and Providing Care and Services
0318 Multi-Diagnosed Patients: How Do We Provide Care and Services?
0319 Hospice and Home Care for Persons with HIV/AIDS
0320 Cross Cultural Issues in Providing Care
0321 Care and Services for Women in Rural Areas
0322 Nutrition and Wasting: An Update on the Issues

Treatment and Health
0401 Cases in HIV and Palliative Care
0402 Treating HIV-Associated Lymphomatous Meningitis
0403 Oral Health Update: The Impact of Protease Inhibitors and Oral Manifestations of HIV Disease
0404 Pathogenesis “201”: Understanding HIV Disease
0405 The HIV Wasting Syndrome: Significance, Pathophysiology and Treatment
0406 Alternative Therapy and Treatment for HIV
0407 Protease Inhibitors: Current Science and Treatment
0408 Treatment Issues for Women with HIV/AIDS
0409 Neurological Complications of HIV
0410 Medical Update: The Changing Science and Treatment
0411 Ophthalmologic Complications and HIV/AIDS
0412 Psychiatric Care and Treatment of Persons with HIV/AIDS
0413 Pediatric HIV: Care and Treatment
0414 Update on Pulmonary Disease and HIV
0415 Treatment in Prisons and Jails
0416 Opportunistic Malignancies and HIV/AIDS

Adolescents and Young People
0501 Young People, Substance Use and HIV
0502 Cultural Competence in Working with Youth
0503 Positive Youth: Speaking Out
0504 Young Women, Pregnancy, and HIV
0505 HIV Prevention for Youth: Schools, Family and Religion
0506 HIV Prevention for Youth: Community Strategies
0507 Youth and HIV Care and Treatment
0508 Incarcerated and Gang-Affiliated Youth
0509 Transgender Youth
0510 Getting Youth into Care
0511 Positive Young Women and Care
0512 HIV Policy Issues Affecting Youth
0513 Harm Reduction and Youth
0514 Interactive Workshop: Girl Talk
0515 Interactive Workshop: An Innovative Model for Youth and HIV Prevention
0516 Interactive Workshop: Youth Empowerment

poster session
Poster sessions, featuring author discourse, will be displayed during the Conference. Posters will be categorized according to the five Conference tracks: Treatment and Health, Policy and Administration, Prevention and Education, Care and Services, and Adolescents and Young People. For information, contact: Cliff Morrison, Conference Program Director Phone: 415/206-1644 Fax: 415/206-0796 E-mail: aidsconf@aol.com
10th National AIDS Update Conference
March 24-27, 1998 San Francisco, California

Registration Form

Please fill out this form completely and send with payment/credit card information. Full registration fees must accompany form unless payment arranged with verified purchase order. For additional registrants, make photocopies of this form, or use our fax-back# (503) 207-4057 to order additional forms.

REGISTER VIA:

WEB- www.nauc.org FAX- (800) 835-0025 PHONE- (800) 387-6061

(If registering via web or fax, do not send additional copy by mail)

MAIL- 1998 NAUC Conference 7000 SW Hampton, Suite 121 Portland, OR 97223

First Name ____________________ Last Name ____________________ Degree ____________________
Organization ____________________ Title ____________________

Address ____________________

City ____________________ State ____________________ Country ____________________ Zip/Postal Code ____________________

Daytime Phone ____________________ Fax ____________________

E-mail ____________________

ADA Requirements (specify)

Workshops:
List eight preferred workshop numbers. Program subject to change.

Conference Registration Fees
(March 25-27 Sessions)

By 1/24/98 After 1/24/98
Full Conference Fee $230 $290
Group Discount Fee $185 $235
(5 or more from the same organization registering at the same time)
Person with HIV/AIDS $85 $110
Student (with ID) $85 $110

Intensive Workshop (Optional, March 24, Additional Fee)

Session I 10am-1pm Session II 2-5pm
$85 per session ($170 for both sessions) $110 per... $110 ($220 for both sessions)

Continuing Education Credit
(Please Check)
○ Nurse ○ Physician
○ Social Worker ○ CHES

$35 $35

TOTAL FEES $ ____________________

Payment Information

○ Check enclosed (Payable to: 1998 National AIDS Update Conference)
○ Purchase order# ____________________

○ Mastercard ○ VISA ○ American Express

Cardholder's Name ____________________ Exp ____________________

Credit Card Number ____________________ ____________________ ____________________ ____________________

Signature ____________________
**registration**

**fees**
Registration fees are listed on the Registration Form, page 5. Pre-registration is by mail; or by phone, fax or web if using your credit card. Conference space is limited, so early registration is encouraged. Registrations are processed in advance if received by March 19, 1998; after that date, please register on-site in San Francisco.

In the event of cancellation, full refund of the registration fee (less $30 administration fee) may be obtained by written request to the Conference Registrar. Such requests must be received by March 19, 1998. Refunds are not made to participants who cancel after that date or who register but do not attend. Refunds are mailed after the Conference.

**hotel information**
A limited number of rooms are reserved for our Conference attendees. Please contact one of the following hotels (with credit card number for one night’s deposit). Your reservation must be received by February 23, 1998, to guarantee special Conference rates. When making reservations, be sure to mention “National AIDS Update Conference” to obtain Conference rates. Your hotel will confirm your reservation directly to you.

Hotel tax applies to all rates (currently 14%). There may be an additional charge for extra person in room, roll-away bed, etc. Suites are also available at most of our Conference hotels.

**Holiday Inn Civic Center**
50 Eighth Street, San Francisco 94103
Phone: 415/273-4503 Fax: 415/552-0184
800/243-1135
Good Value 2-1/2 blocks from Civic Center.
Single: $95 Double/Twin: $105

**Inn at the Opera**
333 Fulton Street, San Francisco 94102
Phone: 415/863-8400 Fax: 415/861-0821
800/225-2708 (from USA) 800/423-9610 (from California)
Luxury boutique hotel 3 blocks from Civic Center. Complimentary continental breakfast served daily.

**King George**
334 Mason Street, San Francisco 94102
Phone: 415/781-5050 Fax: 415/391-6976
800/288-6005
Charming hotel in the theater district. One block from Union Square.
Complimentary morning shuttle to Conference.
Single: $95 Double/Twin: $105

**Ramada Plaza Hotel International**
1231 Market Street, San Francisco 94103
Phone: 415/626-8000 (x150) Fax: 415/861-1435
800/227-4747
Beautifully restored. Two blocks from Civic Center.
Single: $89 Double/Twin: $89

**conference location**
The Conference is being held at the Bill Graham Civic Auditorium, 99 Grove Street, San Francisco, CA 94102. Facilities are accessible by wheelchair.

**conference management**
KREBS Convention Management Services
657 Carolina Street
San Francisco, CA 94107
Phone: 415/255-1295
Fax: 415/255-2244
E-mail: krebssconv@aol.com

**travel information**
Official Conference Travel Agency
EWT Travel
5-40% airfare discounts
For lowest-possible airfares and reservations, call:
800/408-3100 (9 am–5 pm Central Time)
Internet: www.sabreres.com/tx44
Plan to stay over Saturday night, March 28, and realize the greatest airfare savings.

**conference planning committee**
**Prevention and Education**
Jeremy Landau
Non-Profit Management Consultant
Member, Presidential Advisory Council on AIDS, Santa Fe, NM
Helen Maramontes, MS, RN, FAAN
Associate Clinical Professor & Deputy Director, The International Center for HIV/AIDS Research & Clinical Training in Nursing, University of California, San Francisco, CA

**Policy and Administration**
Helen Scheitinger, MA, RN
AIDS Policy Consultant, Washington, DC
Ron Stall, PhD, MPH
Associate Professor, Center for AIDS Prevention Studies, University of California, San Francisco, CA

**Adolescents and Young People**
Miguel Martinez Bustos
Policy Advisor, Tipper Gore, Office of the Vice President, The White House
Washington, DC

Ron Henderson
Health Initiatives for Youth
San Francisco, CA

**Care and Services**
Ana Garcia, LCSW, Pediatric AIDS Program
Division of Pediatric Immunology & Infectious Disease, University of Miami, Miami, FL
Cliff Morrison, MS, MN, ACRN, FAAN
Consultant and Assistant Clinical Professor, School of Nursing, University of California, San Francisco, CA

**Treatment and Health**
Joseph O’Neill, MD, MPH
Director, AIDS Program Office, HRSA
Rockville, MD
Anita Vaughn, MD
Medical Director, Newark Community Health Clinics, Newark, NJ

**conference organization**
**conference director and co-chair**
Mary Pittman, DrPH
President and CEO
The Hospital Research & Educational Trust
The American Hospital Association
Chicago, IL

**conference co-chair**
Mervyn E. Silverman, MD, MPH
HIV Consultant
San Francisco, CA

**conference program director**
Cliff Morrison, MS, MN, ACRN, FAAN
Consultant and Assistant Clinical Professor, School of Nursing, University of California, San Francisco, CA
10th National AIDS Update Conference
March 24–27, 1998
Bill Graham Civic Auditorium
San Francisco, California

c/o KREBS Convention Management Services
657 Carolina Street
San Francisco, CA 94107-2725

an invitation
Open Immediately – Dated Material
Please Route to Appropriate Colleagues

Conference brochure cover art appears through the courtesy of
Art for Recovery at UCSF/Mount Zion Medical Center
A program of Mount Zion Health Systems, Inc.
CALL FOR ENTRIES

8th AIDS Theater Festival
March 24–27, 1998
San Francisco Civic Auditorium

in conjunction with

You are invited to submit an application to perform in the 8th AIDS Theater Festival to be held March 24–27, 1998 at San Francisco Civic Auditorium. The goal of the Festival is to showcase HIV-related plays, performance art, music and dance by an individual or a group. We seek to present local pieces as well as works from across the country.

The AIDS Theater Festival will be held in conjunction with the 10th National AIDS Update Conference and in association with the 5th Latino/a AIDS Theater Festival. This is a truly multicultural and multidisciplinary experience and includes a diversity of people in a wide spectrum of formats. Persons living with HIV/AIDS and their caregivers, people of color, women, activists and the Gay, Lesbian, Bisexual and Transgender communities will attend.

The festival gives performers the national exposure afforded by the conference. In the past, several individuals and groups have received bookings and made valuable contacts throughout the United States.

In establishing this Festival in 1989, we pioneered the idea of presenting AIDS theater and performance art as a powerful genre which moves participants and audiences to reflect, act and change their attitudes, beliefs and behaviors in regards to the pandemic. There is no application fee, and it is our hope that some stipends may become available in the future. Complimentary conference registration passes will be provided, but travel and housing expenses are not covered. Audience members are invited to join a panel of reviewers after each show to discuss the performances and meet the artists.

If you are interested in performing, please mail the following information by the deadline stated below:

- Contact name, address, work and home phone numbers.
- Title of piece, author, director and performers.
- Description of piece in 1 or 2 sentences.
- Other credits, music, costumes, etc.
- Technical information including length in minutes, need of microphone, use of cassette tape, preferred lighting and props needed. In general, you should provide your own props.
- A short paragraph, biography or resume of the individual or group performing.
- Black and white photograph(s) for promotion, if available.
- Full names of all persons who will be involved with the performance for conference registration passes.
- First and second choice of performance days, noon hour or afternoon.

send to:
Hank Tavera, Artistic Director, AIDS Theater Festival
City Clinic Annex, 1372 Mission Street, San Francisco, CA 94103
Phone: 415/554-8436 Fax: 415/554-8444

important dates:
Application Deadline  Performers Notified  Performance Dates
STRATEGIES FOR SURVIVING
AIDS SURVIVORS & SURVIVAL SPECIALISTS
MEET THE PRESS
IN A PUBLIC PANEL PRESENTATION

This forum is the first in a series, offering messages of great promise and hope. Presenters will share information regarding their particular experiences and approaches, and the results they have been obtaining to successfully cope with and survive AIDS.

Members of the press will interview panelists, and questions will also be accepted from the audience. THE PUBLIC IS WELCOME.

PRESENTORS

SURVIVORS, INCLUDING:

TOM O'CONNOR, AIDS activist and author of *Living With AIDS: Reaching Out*

WIL GARCIA AND GEORGE MELTON, AIDS activists currently touring America with their message.

CHRISTIAN HAREN, AIDS activist and founder of the S.F. Public Schools Program, "The Wedge"

PHYSICIANS' EXPERIENCES WITH SURVIVORS:

LAURENCE BADGLEY, M.D., author of *HEALING AIDS NATURALLY*

BOB OWEN, author of *ROGER'S RECOVERY FROM AIDS*

PRODUCTS AND SERVICES ASSISTING SURVIVAL:

Brief presentations by nurses, nutritional specialists, etc.

<table>
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<th>Wednesday, August 17, 1988</th>
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<td>7:00-10:00 P.M.</td>
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<td>347 Dolores St., RM 201</td>
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Suggested Minimum Donation: $10 (Scholarships Available)
All Donations go to direct services for Persons with AIDS/ARC

This event is co-produced by PROJECT SURVIVAL OF San Francisco, and Project H.O.P.E. (Hope Offered People Everywhere), of Los Angeles. Appearances of presenters and interviewers are made solely in their own behalf and do not constitute an endorsement by the producers.

FOR MORE INFORMATION, CONTACT KENT BULLOCK, COORDINATOR: PROJECT SURVIVAL, (415) 861-8737.
"A CALL TO ONENESS, A CONFERENCE ON COMPASSION AND HIV DISEASE"

CONFERENCE GOAL:

An unprecedented 3-day convocation of AIDS Interfaith and Faith Specific networks from 62 health jurisdictions in California; Practitioners from diverse faith communities; AIDS ministry volunteers and AIDS chaplains in hospital, prison and community settings; California state, regional, county and city public health professionals and interfaith/faith organizations; HIV infected People of Faith.

CONFERENCE OBJECTIVES:

I. Mobilization of local, county, regional and statewide interfaith and faith community resources to address education and prevention of HIV disease in the State of California. Activities under this objective include:

* Advancement of a response to the call to Interfaith Action by the Centers for Disease Control & Prevention and the California State Office of AIDS by increasing awareness of the interpenetration of diverse faith communities in the HIV/AIDS epidemic by promoting oneness of the human family irrespective of color, sex, creed, national origin, sexual orientation, abilities, HIV status and religious or spiritual orientation.

* Fostering dialogue and collaborative arrangements, and to bring the resources and inspirations of diverse faith communities to bear upon the solutions of a global community within California.

Promoting Spiritual Solidarity through Universal Advocacy for Californians of all faiths, colors, genders, sexual orientations, disabilities, socio-economic status and ages by providing opportunities to address:

* Local community planning
* Documenting lessons from the field in what works and what does not.
* Strategies for cross-cultural and interfaith communication and conflict resolution.
* Ecumenical dialogue on sharing limited resources.

II. To create substantive outcomes. Activities under this objective include:

* The creation of an ongoing process for religious and spiritual communities to reflect upon the contributions of their traditions, scriptures and networks to the HIV/AIDS epidemics.
* The production of reflection-action documents that will spell out the above contributions and formulate proposals that will blueprint a direction for HIV/AIDS epidemics in the new millennium.
* Linking human and institutional resources with those of different religious or spiritual traditions, secular community-based organizations and public health departments to promote collaborative partnerships in research, education and prevention practice and evaluation.
* Integrating HIV education and prevention into the goals, objectives and activities of local faith communities and institutions.

CONFERENCE FORMAT:

* Plenary presentations consisting 3 presenters in each slot with a time for reflection, questions and answers.
* Sacred Circles will be roundtable discussions with a trigger presenter, a facilitator and recorder.
* Rites, Rituals and Ceremonies will be performed to invoke a cross-cultural awareness of interfaith based Calls to Compassion.

Seasoned facilitators, group leaders and recorders are invited to volunteer their services for this conference. If you are interested, please contact the MARCC as soon as possible. A facilitators gathering will occur at the Most Holy Redeemer Parish on December 1, 1999.

CONFERENCE LOCATION & SCHEDULE:

December 1, 1999- World AIDS Day (Press Conference, Prayer Breakfast, Reception & Ecumenical Service)

at St. Mary's Cathedral
1111 Gough Street (at Geary)
San Francisco, CA 94109

December 2-4, 1999 (Conference Activities)

at Most Holy Redeemer Parish
100 Diamond Street (Castro District)
San Francisco, CA 94114

Conference site is wheelchair accessible.
REGISTRATION:
Attendees may request to attend the conference as specific delegates from their health jurisdiction through the County AIDS Director or AIDS Coordinator at their local county health department. Otherwise, attendees may contact MARCC directly, and attend as community-at-large representatives. Please complete and return the registration form with your registration fee to MARCC.

Registration fee is $50.00. ($100.00 on-site registration.) Please make checks or money orders payable to: Polaris Research and Development, Inc. (Registration fees are non-refundable unless there is a verifiable health or family emergency.)

Deadline for registration is November 1, 1999. Space is limited so please register early.

Mail your registration or scholarship application to: MARCC at Polaris Research & Development, Inc., 390-4th Street, San Francisco, CA 94107, fax (415) 512-0212. For any questions, please call (415) 777-3229 or e-mail us at marcc@polarisinc.com

Accommodations: Holiday Inn Civic Center, 50 8th Street in San Francisco. Tel. 1-800-243-1135 or (415) 626-6103. Government rate is $79.00 per room (single or double). Double occupancy at this rate is limited. Reserve early to guarantee your space! Please check with hotel for cancellation policy.

Travel: China Basin Travel, 185 Berry Street in San Francisco. Tel. 1-800-536-2282 or fax (415) 777-4891.

Sponsored by:
Multicultural AIDS Resource Center of California (MARCC) at Polaris Research & Development, Inc.

Co-Sponsors:
California State Office of AIDS
AIDS Natl. Interfaith Network
AIDS Task Force of Northern California Grantmakers
Ark of Refuge
Asian & Pacific Islander Wellness Center
Bauman, Curry & Co.
Black Coalition on AIDS
Board of Rabbis Northern Calif.
Bridge Builders
S.F. Supervisor Rev. Amos Brown
Mayor Willie Brown, Jr.

Calif Council of Churches
Catholic Charities East Bay
Cultural Integration Fellowship
Faith Initiative, CDCP
HCV Foundation
Interfaith Center of the Presidio
• Bay Area Native American Ministry
• Berkeley Area Interfaith Council
• Calif. Institute of Integral Studies
• The Cultural Conservancy
• Graduate Theological Union
• Institute of Religion
• Interfaith Council of Contra Costa
• Marin Interfaith Council
• The National Conference
• Northern California Inter-religious Council
• Oakland Coalition of Congregations
• S.F. Interfaith Council
• Tri-Valley Interfaith Council
• Vesper Society
Institute for Community Health Outreach
S.F. Supervisor Mark Leno
Mexican-American Alcoholism Program
Most Holy Redeemer Parish
California State Office of Multicultural Health
Natl. Catholic AIDS Network
Shanti Project
Sisters of Perpetual Indulgence
Temple Emanu-El
UCSF/AIDS Research Institute

REGISTRATION FORM

Participant: ____________________________________________

Profession/Title/Occupation: ____________________________________________

Agency/Organization: ____________________________________________

Department: ____________________________________________

Street Address: ____________________________________________

City/State/Zip: ____________________________________________

*Mail Address (if different from above): ____________________________________________

Phone numbers: (_____)__________________________ x________

(Please include area code and extension if any)

Fax number: (_____)__________________________ E-mail: ____________________________________________

If you have any disabilities, please indicate any special needs: ____________________________________________
JOINT STATEMENT

A spontaneous coalition of 16 AIDS Activists from across the United States yesterday blocked entrance to the Marriott Hotel in downtown San Francisco to dramatize the inaccessibility of the Sixth International Conference on HIV for People With AIDS/HIV (PWA/HIV).

The activist demands centered on the fact that there are hundreds of thousands of People With AIDS/HIV all over the world who need access to the life saving information at this Conference, and have important information about their own experience living with HIV to share with the other Conference delegates.

In an attempt to facilitate greater participation, this group of activists and the Conference organizers have worked to open the Conference to PWA/HIV. The Conference has distributed 375 to PWA/HIV to date. After negotiations last night and this morning between the coalition and Conference organizers, an agreement was reached making an additional 150 free delegate passes will be made available to the affected communities through a community taskforce already in place. Because Women and People of Color are disproportionately affected by AIDS/HIV, they will be given priority in the distribution of these passes.

While 150 free passes are not nearly enough and does not offer the full participation in Conference design and implementation that PWA/HIV demand, we believe it is a step toward this goal. In line with all previous statements made by AIDS activist organizations, we restate that we are firmly committed to the principle of non-violent public protest. We hope that future conference organizers will ensure full participation of the international community of PWA/HIV.

contact: Dana VanGorder 978-3620
Zakkary Zhao 863-9392

Stephen Sick & Blank
Sick & Blank
Memorandum

San Francisco, January 6, 1983

TO: AIDS DESIGN TEAM and BOARD OF DIRECTORS, NATIONAL GAY HEALTH EDUCATION FOUNDATION

FROM: Jeff Richards and Helen Schietinger

RE: AIDS FORUM, National Lesbian and Gay Health Conference

On Sunday, January 2, 1983, a meeting was held in San Francisco regarding the Fifth National Lesbian and Gay Health Conference scheduled for June 8-12, 1983 in Denver; and the Second National AIDS Forum, now planned for a concurrent time. Attendees were: Dan Pfeffer, NGHEF Board and Conference co-chair; Fran Miller, Conference co-chair; Denny McShane, American Association of Physicians for Human Rights; Helen Schietinger, UCSF Kaposi's Sarcoma Clinic Coordinator; and Jeff Richards, NGHEF Board.

Fran and Dan gave an overview of the plans to date for the Denver Conference. Tentatively, Thursday and Friday would be the dates of the AIDS Forum, organization meetings, and registration for the Conference. Friday and Saturday will be Conference presentation days, and Sunday a wrap-up and report of both the Conference and the AIDS Forum.

It was decided by all present that the AIDS Design Team should immediately be solicited for opinion and recommendations on several issues related to the AIDS Forum. These include:

- **Proposed structure of the Forum**
  - Use first Forum as model
  - More focus on here-and-now; assume participants are current with medical issues
  - Two days in length (June 9-10, 1983)

- **Proposed program content**
  - Focus: dialog of decision-makers and primary care providers; long-range AIDS planning re organizations
  - Epidemiology; medicine; psycho-social; political; risk-reduction; resource coordination; liaison with non-gay high-risk groups; patient needs, other(?)
  - Keynoter(s)

- **Proposed presenters**
  - several disciplines
  - geographic coverage
**Proposed Goals and Purpose of Forum**
- AIDS is still in its infancy as an issue; need balance of informal national meeting with specific focus on diversity of problems
- geared to AIDS care providers and decision-makers
- general AIDS information will be provided by Conference rather than by AIDS Forum
- exchange of current information
- generate specific and meaningful output, e.g. risk guidelines, medical therapies, political action plans
- provide opportunity for presentation of emerging issues
- possible communication/interaction with organizations serving other risk groups, e.g. hemophiliacs
- tangible output, e.g., compilation or directory of national resources, publication of proceedings, updated guidelines
- engendering further sense of community power in impacting AIDS issues

The AIDS Design Team therefore has the task of 1) organizing recommendations in process from the first AIDS Forum for review and presentation at the June 1983 Forum, and 2) providing expert input into the program for the Forum.

Helen and Jeff were asked by the Conference co-chairs to consider coordinating the program planning for the Forum, drawing on the AIDS Design Team for input and back-up. This was agreed to, providing that the responsibility was limited to program content and excluded logistics beyond securing the necessary presenters. Concerns included:

- the necessity of a presently undetermined amount of money for telephone, mail (and travel if necessary)
- line of responsibility from Program Coordinators to the Conference co-chairs alone to keep confusion to a minimum
- timely development of an overall Conference planning time-line and logistical support

It is requested that the AIDS Design Team members forward initial comments and information by January 24, 1983 to: Helen Schietinger, RN, 110 East Court, Petaluma, California 95452. In the interests of time, please also c.c. your comments to: Jeff Richards, 220 Montgomery Street, Room 305A, San Francisco, California 94104.

Thank you in advance for your time and effort in this matter.

cc: Fran Miller, Dan Pfeffer, Denny McShane, Paul Paroski, Ron Vachon, Mark Behar, Chris Matthews, Barry Gaspard, Michael Wilson, Bopper Deyton
Acquired Immune Deficiency States (AIDS), a new and poorly understood medical condition involving an impairment of the body's immune defense system, constitutes a serious health problem at present particularly among some homosexually active men. This severe dysfunction of the body's ability to fight certain diseases is associated with the appearance of opportunistic infections, such as Pneumocystis carinii pneumonia and rare cancers such as Kaposi's sarcoma. All of the various proposed causes of this condition are theories at this time and there are as yet no definitive explanations. While the goal of this workshop is to make recommendations towards reduction of risk for AIDS acquisition, we face the dilemma of having insufficient information for the formulation of specific recommendations at this time.

Therefore we are issuing a preliminary set of guidelines, the aim of which is to limit the spread of AIDS as much as possible during the interim period until more conclusive evidence regarding the cause(s) and prevention of AIDS are available. These guidelines are issued with the expectation that they will be continuously updated as further information becomes available. Towards this end, we recommend that a continuing Risk Reduction Task Force be established through the auspices of an appropriate organization or agency and we invite comments and suggestions.

What recommendations we do make are made in the context that the most likely explanation of the AIDS phenomenon will involve infectious process(es). There is a rapidly growing body of information about probable risk factors. The most prominent of these appear to be intravenous drug use and frequent sexual encounters with many partners especially partners who themselves have large numbers of different sexual partners. This pattern of risk factors is similar to that seen for hepatitis B transmission; in homosexually active men hepatitis B virus is transmitted primarily through sexual contact. At the present time, we therefore endorse the following recommendations to sexually active individuals who are concerned about their risk of developing AIDS:
1. Although we do not know all of the ways AIDS can be acquired, an individual's chances of developing AIDS increase with the number of different sexual partners. The frequency of sex does not appear to be relevant. It is the number of different partners that increases the risk of disease.

2. Anyone suspecting that they may be suffering from AIDS should seek counsel from a knowledgeable health professional.

Because local gay community organizations can greatly facilitate the dissemination of factual information regarding AIDS, we also recommend:

1. Educational programs be developed at the local level on AIDS.
2. A national resource coordination network be established to both provide local organizations with up-to-date information about AIDS and to collect statistical and educational materials from local sources.

Because health care providers occupy such a crucial role in the effective implementation of the above recommendations, we also recommend:

1. That all health care providers become knowledgeable about the AIDS syndrome and who among their patients are potentially at risk.
2. As all health care providers cannot offer the sophisticated diagnostic and therapeutic resources required for optimal care of AIDS patients, appropriate referral mechanisms need to be established.
3. Individuals or institutions establishing themselves as referral resources for AIDS patients and/or AIDS research projects need to be aware of the most recent findings in this rapidly changing field. They must be aware of the potential disruptive effects of early release of unsubstantiated clinical or research findings.
4. Because of the great stress which AIDS causes in patients and their intimates, we also emphasize the need for maintaining a high quality and supportive relationship between the referred AIDS patient and his/her primary health care provider.

This report is based on the discussion which occurred at the Dallas AIDS Forum Risk Reduction Workshop on August 14, 1982. That discussion was summarized and reported by Mark Behar, PA-C; Robert Bolan, MD; Lawrence Mass, MD; David Ostrow, MD (co-chair); Jeff Richards (co-chair) and William Siroti, MD.
FOR IMMEDIATE RELEASE: SUNDAY, AUGUST 15, 1982
FORUM ON ACQUIRED IMMUNE DEFICIENCY SYNDROME
NATIONAL GAY LEADERSHIP CONFERENCE
DALLAS, TEXAS

Leaders of the lesbian/gay public health organizations met in Dallas at a Forum on Acquired Immune Deficiency Syndrome held in conjunction with the National Gay Leadership Conference. The approximately fifty participants included physicians, public health specialists, leaders of organizations formed to deal with the AID syndrome, and other lesbian and gay leaders involved in working on this problem. Also present was Dr. James Curran, head of the Centers for Disease Control's Task Force dealing with AIDS.

The Forum recommended the initiation of a campaign for congressional action for adequate funds for research on AIDS and related issues. This campaign will focus on mobilizing support in Congress for immediate appropriations for CDC and other agencies that are engaged in AIDS research. Lobbying efforts will be aimed at members of Congress who are involved in appropriations decisions affecting health related funding. The campaign will enlist the collaboration of other progressive groups, medical and public health organizations and representatives of groups at risk from AIDS.

The Forum endorsed the use of the general term Acquired Immune Deficiency Syndrome (AIDS) to identify the problem; and encourages media and others to use this term in all discussions of the issue.

The Forum initiated a planning group to propose a design for an information exchange and coordination body. This group of eight people from around the country will develop and disseminate a proposal for a central information exchange mechanism.

The Forum agreed to convene a 2nd National Forum on AIDS next year. The Forum began the process of formulating Guidelines for the Reduction of Risk, which will be disseminated to medical and health care professionals and to the larger public.

CONTACT:
Walter Lear, MD, National Gay Health Coalition, 215-386-5327
Jeff Richards, National Gay Health Educational Foundation, 415-821-1168
Matthew Daniels, National Gay Task Force, 212-741-5800
AID
ACQUIRED
IMMUNE
DEFICIENCY
FORUM
presented by
NATIONAL GAY TASK FORCE
NATIONAL GAY HEALTH COALITION
NATIONAL GAY HEALTH EDUCATION FOUNDATION
DALLAS LEADERSHIP CONFERENCE 13-15 AUGUST 1982
Forum on Acquired Immune Deficiency

This FORUM ON ACQUIRED IMMUNE DEFICIENCY, convened during the Dallas Gay Alliance's National Leadership Conference, 13-15 August 1982, at the Grenelefe Hotel in Dallas, will provide an opportunity for gay leaders to develop strategies for a coordinated and effective response to this pressing health issue which has affected so many in the gay community.

Acquired Immune Deficiency (AID), a new and poorly understood medical condition involving an impairment of the body's immune defense system, constitutes a serious health problem, particularly among some homosexually active men. This severe dysfunction of the body's ability to fight certain diseases is associated with two major manifestations of disease: rare cancers like Kaposi's Sarcoma (KS), or rare infections such as pneumocystis carinii pneumonia (PCP).

As of 6 August 1982, approximately 505 cases had been reported to the US Public Health Service Centers for Disease Control (CDC) in Atlanta. More than 270 of these cases were reported from New York and San Francisco. Cases were also reported from Los Angeles, Miami, Houston, Newark, Houston, Chicago, Philadelphia, Atlanta, Dallas, District of Columbia, Boston, and other cities around the country. Considering only the cases diagnosed in 1980, the fatality rate is about 80%. Overall, the death rate is 40%.

There have been more deaths attributable to the AID syndrome than to Legionnaire's Disease and Toxic Shock combined. Public health officials worry that the epidemic may extend much further than currently described, that we may be seeing the "tip of the iceberg."

This FORUM is sponsored by the National Gay Health Education Foundation, the National Gay Health Coalition and the National Gay Task Force.

The Plenary Session

SATURDAY, 14 August 1982
9:30 a.m.

James W. Curran, M.D.  
Coordinator  
Task Force on Kaposi's Sarcoma  
Centers for Disease Control  
Atlanta, Georgia

Stanley Matek  
President  
American Public Health Association  
Washington, D.C.

James T. Wheeler, M.D.  
Internal Medical Oncologist  
Clinical Association Professor  
Southwestern Medical School  
Dallas, Texas

Charlotte Bunch  
Lesbian-feminist theorist and author  
Brooklyn, New York

A general overview of the scientific and epidemiological aspects of the AID crisis, nationally; the medical ramifications of the problem in Dallas; and the challenges to gay people and to the larger community from public health and socio-political perspectives.
Workshop Task Groups

11-12:30 p.m.

RESOURCE COORDINATION:
To develop recommendations (including a proposal for funding) for a method to coordinate gay community resources nationally; facilitating exchange of information and educational materials among local groups in the gay community and the medical community; gathering, interpreting and disseminating information and materials nationally; providing updated information to patients and potential patients about developments in AID research and treatment; and, assisting in fundraising, media relations, counseling and lobbying efforts.

11-12:30 p.m.

RISK REDUCTION AND PREVENTION:
To evaluate the medico-epidemiological information currently available on AID to determine whether recommendations and guidelines can be made for the population at risk. If recommendations and guidelines can be made, methods of promulgation must be determined.

1:30-3 p.m.

PSYCHO-SOCIAL ISSUES:
To elucidate the psychological and social effects of AID. Homosexually active men, the group currently at highest risk, are facing the problem of fear, panic, and uncertainty about becoming ill with a mysterious condition, often fatal, beyond our control and understanding. As a community, gays are struggling against ideas of AID as punishment, ideas still lingering about homosexuality as an abomination — a crime against nature; debilitating notions of sin, guilt, and retribution. These are some of the questions and conundrums which must be discussed and confronted — not only by those who are ill, but also by those who are well.

3:30-5 p.m.

MEDIA RELATIONS:
To outline methods for public relations and publicity. Media initiatives must be developed, and approaches to questions and attacks from non-gay media need to be explored.

3:30-5 p.m.

POLITICAL ACTION:
To determine what political steps should be taken through lobbying and other efforts in order insure appropriate levels of funding for AID research, screening, diagnosis, treatment, and patient support services; and to prevent the AID situation from being used to defeat pro-gay legislative efforts.

5:30-7 p.m.
Each workshop will reconvene to prepare final reports and recommendations.

Recommendations Panel

Sunday, 15 August 1982
10 a.m.

A panel workshop chairpersons will present the final reports and recommendations to the participants of the FORUM.
Forum Chairpersons
Terry Fonville MD
Board of Directors
National Gay Task Force
Walter Lear MD
Co-Chair
National Gay Health Coalition
Paul Paroski, Jr. MD
President
National Gay Health Education Foundation

Workshop Leaders

RESOURCE COORDINATION
Paul Popham (New York)
President
Gay Men's Health Crisis
Helen Schietinger, RN MS (San Francisco)
Coordinator
Kaposi's Sarcoma Clinic

RISK REDUCTION
David Ostrow MD PhD (Chicago)
Director of Research
Howard Brown Memorial Clinic
Jeff Richards (San Francisco)
President-Elect
National Gay Health Education Foundation

PSYCHO-SOCIAL ISSUES
Morris Floyd (Minneapolis)
Executive Director
Lesbian and Gay Community Services
Pat Norman (San Francisco)
Coordinator for Gay and Lesbian Health Services
Department of Public Health

MEDIA RELATIONS
Nathan Fain (New York)
Editor of AID
Newsletter of the Gay Men's Health Crisis
Larry Gross (Philadelphia)
Co-Chair
Philadelphia Lesbian and Gay Task Force

POLITICAL ACTION
Lawrence (Bopper) Dayton (Washington, D.C.)
National Coordinator
Legislative Affairs Committee of
American Medical Student Association
Former Assistant to the Surgeon General
Cleve Jones (San Francisco)
Aide to Assemblyman Art Agnos

Workshop Consultants

RESOURCE COORDINATION
James Monroe (New York)
Coordinator for Kaposi's Sarcoma and
Opportunistic Infections
Center for Disease Control
Michael Seltzer, (New York)
Co-Chair
Lambda Legal Defense and Education Fund

RISK REDUCTION
Mark Behar (Milwaukee)
Chair
National Coalition of Gay Sexually
Transmitted Disease Services
Larry Masse MD (New York)
Journalist; Board Member
New York Physicians for Human Rights

PSYCHO-SOCIAL ISSUES
Jim Geary (San Francisco)
Director
Shanti Project
Stuart Nichols MD (New York)
Facilitator
AID support group
Past president of Gay Psychiatrists of New York

MEDIA RELATIONS
Mike Rutherford
Director
Gay Press Association

POLITICAL ACTION
Tim Westmoreland
Aide to Congressman Henry Waxman
San Francisco Regional Training on HIV/AIDS

KIC Regional Training

Free HIV/AIDS education and training sessions for community-based organizations combating HIV/AIDS in San Francisco and the surrounding communities

Crowne Plaza San Francisco
Union Square
480 Sutter Street
San Francisco, CA 94108
Phone: (415) 398-8900

June 2nd – 6th, from 9-5 daily

Topics will include treatment updates, board and financial development, grant writing, improving access to care, and a special invitation-only prison initiative seminar.

For more information
Contact: Faisal Alam at 1-800-653-8144
Or visit us online at www.nmac.org
PRESS RELEASE FOR: 1990 INTERNATIONAL CONFERENCE ON AIDS JUNE 20TH-24TH SAN FRANCISCO

DEMENTIA: A NEW UNDERSTANDING.

A video documentary "I still Am" by ERIC JAZMEN in three segments.

AIDS DEMENTIA COMPLEX (ADC)

This project addresses an issue that not only affects those with the HIV virus, but also the lives of those who will never be infected with the virus.

Within three years 24,000 people will be living with AIDS in San Francisco. Of these an estimated 70% will be diagnosed with some form of DEMENTIA. (Please note this figure does not include the thousands that will have a positive HIV status.) While AIDS has become a subject that is openly discussed. The issue of AIDS DEMENTIA has been fearfully ignored.

SOCIETY'S REACTION

The word "DEMENTIA" terrifies so many people that even if they never develop DEMENTIA, they develop fear. And fear takes away the quality of anyone's life. Through indifference, lack of understanding and lack of acknowledgement of the existence of DEMENTIA, society compounds the stress to those living with ADC, while this stress exacerbates the ADC condition. Thus by denying the reality of ADC and not bringing it out in the open, society makes the condition worse.

ARTICULATIONS: PROJECT AND PURPOSE

Please remember that the first tape has been done to humanize the condition, for until it is humanized there will be ignorance, misconceptions and fear that will diminish the importance and vitality of these lives. In hope of helping those with ADC, their care-givers partners, friends and family members the video "I STILL AM" speaks to and affirms the completeness of being human and living with AIDS DEMENTIA. It presents, through the eyes of a person living with ADC, an open and compassionate yet object view, while dealing with the daily realities of condition. The framework for the next tape has been laid out. It will be composed of several small segments dealing with issues to bring guidance, understanding and more compassionate care.

MEDIA, CONTACTS AND PRESENTATIONS

The video is being used in over 90 agencies in over eight states and in the educational program of AIDS CALGARY in Canada. It has been chosen to be shown at the AIDS CONFERENCE in Russia (which has been temporarily postponed.) The video "I STILL AM" has been accepted as an entrant in the JOHN MUIR MEDICAL FILM FESTIVAL.
MEDIA CONTACTS AND PRESENTATIONS (continued)

It has been featured in the Lincoln Nebraska daily paper (The Lincoln Star)

CBS TV affiliate, KOLN of Lincoln Nebraska and KGIN of of Grand Island, ran a four minute evening news segment on the tape and the project.

1....U.C. Medical APEX (AIDS PROVIDER EDUCATION EXPERIENCE)
Oral presentation on dementia

2....Marin AIDS Support Network (MASN) was featured at the first of a beginning of monthly series for Northern California care givers and health providers. (Tape was shown with a discussion following, MASN now using the tape in their training.)

3....ACLU NORTHER CALIFORNIA Gay Rights Chapter Board Meeting.
(Oral presentation and article in the news letter)

4....San Francisco AIDS Foundation Educational Board (Tape was shown with discussion following. The Tape being used in their education of staff.

5....San Francisco General Hospital Ward 5A (tape was shown with discussion following. The Tape being used in their education of staff.)

6.....Todd Sukstorf (Eric Jazmens brother) gave presentations of the tape, followed by discussion and questionair with classes at Lincoln High, Lincoln Northeast to the University of Nebraska Lincoln and Lincoln's Freeway Station.(An agency that gives help and shelter to abused and runaway children.)

PROJECT FUNDING
Funding sources have been very limited. Proceeds from Tape Sales and T-Shirt sales, some private donations, memorial gifts a honorarium and money from Eric Jazmen's Monthly SSI check have paid for this project. Future funding sources will be sought to complete a professionally produced second video.

ERIC JAZMEN'S BIO
Eric Jazmen is a 33 year old artist/designer with ADC. He has been involved with window and in-store display, art director and stylist, graphic and textile design, for the last several years. He established a design business, Articulations tm sm. Born in Fremont, Nebraska he came to San Francisco 14 years ago, and was diagnosed with AIDS DEMENTIA COMPLEX 21 months ago, He began this project because of his own diagnose which enlightened him to the fear and ignorance to this subject.

CONTACTS
Eric Jazmen / ARTICULATIONS tm sm 2404 California St. Suite 26
San Francisco, California 94115 phone 415-929-7200

Bill Eddelman 2447 Washington St. Apart. 1
San Francisco, California 94115 phone 415-922-1933

I STILL AM TM & COPYRIGHT C 1989 by Eric Jazmen / ARTICULATIONS TM SM
Confronting AIDS’ most feared aspect

Eric and Todd Jazmen grew up together in Fremont.

Todd lives and works in Lincoln now.

Eric lives in San Francisco where he has been an artist for 14 years.

Every five months or so Todd flies to California to be with his brother. He went out at the end of March when Eric was in the hospital. And they talk a lot on the phone now.

“We’ve become much closer,” Todd says.

“We’ve talked about death. We’re not scared of it. Everyone dies. Some people just die sooner than they should.”

Eric is 33. He has had AIDS for 21 months.

AND HE HAS contracted what most people with AIDS may fear the most, and what tends to separate them most from other people in society.

Eric lives with dementia now. AIDS Dementia Complex, it’s called. The virus has infected his brain. It will happen, to one degree or another, to 70 percent of the people who get AIDS.

“All I ask,” Eric says, “is for people to be as open, as truthful and as compassionate as they were when society considered me to be healthy.”

To be, he says, “as accepting of (my) limitations as of the limitations of someone who broke their leg.”

That is Eric talking through a videotape.

He made the tape for others. For those who have or will develop AIDS dementia.

“The word terrifies so many people that even if they never develop dementia, they develop fear. And fear takes away the quality of anyone’s life. By being open, I hope to break down some stereotypes,” Eric says. “I can still talk and I can still share.”

The tape is also Eric’s effort to “bring a new understanding” of the condition of dementia to the society in which people with AIDS continue to live, Todd says.

“MY BROTHER has worked his tail off on this humanitarian effort.”

And Todd is helping his brother too. He has taken the tape and his own observations to audiences at Lincoln High and Lincoln Northeast, to UNL and Lincoln’s Freeway Station.

And while he’s there Todd uses the opportunity to also “warn people to be careful what they do.

“I say there may be one or two of you here who shoot up, and while I’m not here to talk about drugs, I need to tell you there is danger in using a dirty needle. Tatoo can be very risky if you don’t know where the needle’s been. If you’re going to have sex, carry a condom. It can save your life.”

Eric’s message, which has aired on TV in San Francisco, is direct.

People tend to think dementia is “the worst possible thing” people with AIDS can contract, he says.

“I don’t think it is. It’s no worse, no better.”

There’s pneumonia, cancer, all sorts of things.

Says Eric: “My brain isn’t destroyed. It just doesn’t process well at all times.”

Sometimes it’s “like switches going off and on in my mind.”

ON SOME DAYS, he says, he cannot read or comprehend.

On those days, “the English language might as well be Chinese.”

On other days he cannot make decisions.

Or find the groceries he brought home or the meal he has prepared and which lies uneaten on the stove.

Eric frequently forgets to eat or drink fluids, Todd says. That is one of the dangers to his health.

But, Eric says on his videotape. “I still have abilities to comprehend and interact with people (even though they) talk through me or talk around me sometimes.”

“A friend approached me once at a brunch and said: ‘Hello. Are you there?’ ” he recalls with a laugh.

Eric talks on the tape slowly, often closing his eyes to concentrate on what he wants to say.

“People in America are beginning to slowly accept AIDS. . . accept the physical things. But when something happens to the mind, that’s a subject that no one wants to talk about,” he says.

He speaks eloquently about his own commitment to friends.

“TWO the FRIENDS I HAVE HELPED many friends in the last hours of their life.

“If you love someone, you probably weren’t fortunate enough to be with them when they were born, but you can be there when they die.”

Todd was with Eric when he was last hospitalized.

“It was one of the toughest times of my life.

“But I’ve never heard my brother say: Why me? Not once.”

Eric made his tape “with the hopes of humanizing the condition of living with AIDS dementia.” He has dedicated it to “the spirit of the thousands who have passed away whose voices were never heard.”

Its title is its message: “I Still Am.”
THE AIDS EPIDEMIC:

LEGAL RAMIFICATIONS AFFECTING THE ASIAN COMMUNITY

AN EVENING WORKSHOP CONDUCTED BY
ASIAN HEALTH PROFESSIONALS AND ATTORNEYS
WHO WILL ADDRESS THE FOLLOWING VITAL ISSUES:

- AIDS 101/TESTING
  Basic Aids Information:
  Epidemiology and Transmission

- AIDS DISCRIMINATION:
  Employment, Housing, Insurance, and
  Immigration Testing

- LEGAL RESOURCES AND STRATEGIES
  Existing Aids Service Providers
  Current and Pending Aids Legislation

Wednesday, June 1, 1988
State Building
350 McAllister Street
(between Larkin and Polk)
Room 1202
San Francisco
6:00 - 9:00 PM

Co-sponsors: Asian Aids Project
Asian Aids Task Force
Asian American Bar Association
Asian Law Caucus
Chinese for Affirmative Action
Consultation, Education & Information Unit,
  Division of Mental Health,
  Substance Abuse & Forensics,
  S.F. Department of Public Health
Japanese American Citizens League, S.F. Chapter
S.F. Human Rights Commission

Refreshments and hors d’oeuvres
will be provided

Limited Seating
RSVP by May 25, 1988
to Bertie Mo at
(415) 558-4031
PUBLIC HEARINGS
San Francisco Human Rights Commission

AIDS/ARC RELATED DISCRIMINATION*

Public Testimony will be heard:

Date: February 4 and 5 (Tuesday and Wednesday)
Time: 5:30–8:30 p.m.
Place: State Building, Room 1194
350 McAllister  San Francisco

Areas of Testimony

February 4 (respectively): general analysis, employment, public accommodation, corrections, insurance, and underserved populations (i.e., people with ARC, women, third world people, and hemophiliacs).

February 5 (respectively): housing, medical and social service, research, education and children's rights, blood testing and confidentiality, as well as areas not listed.

If you would like to testify or need further information, please call Jackie Winnow, Sue Steiner or Dan Turner at 558-4901 (Voice/TTY)

- Wheelchair accessible
  entrance on Larkin Street (btwn Golden Gate & McAllister)
- sign language interpreted
- childcare provided (48 hr. advance reservation required)
- Spanish language interpretation available

*This also includes those perceived as having AIDS
Comments about the PLUS (Positive Living for US) Seminar

(Quotes taken from PLUS Participant evaluations)

"... PLUS has changed my life. Not only did I acquire invaluable information about living with HIV, but I was able to release so many emotions which had been suppressed all this time. The love and support I was able to give and receive was absolutely incredible."

"Since my HIV+ result, I have never felt so positive and so full of hope for the future... thank you very much."

"The PLUS week-end is still vivid in the thoughts and what I learned is already being put to use. I am very grateful for the opportunity to partake in the fun and awareness. The emotional impact of that large group... laughing, crying, learning new skills to live better and longer, touching and sharing their secret fears and dreams with the rest of us... was awesome."

"I found the experience to be positive, uplifting, educational and important. Everyone involved did a wonderful job."

"I was challenged, provoked and sensitized - even as I write, my emotions swell realizing that I received valuable information, plus unconditional caring and support."

"The overall feeling of the seminar was summed up best in the closing moments when one of the participants remarked that he had initially attended the seminar to find out how to die, but was living with the conviction of learning how to live. The seminar does much more than give hope and support to those living with HIV."

"I don't see how people can go through this illness without PLUS, it is almost a prerequisite. Here it is a month after the seminar and I'm still raving about it to everyone ...like you told us, I took the weekend home inside of me and it's still there."

"The seminar was time well-worth spending, the closeness of everyone and support was invaluable."

"I finally can see the bigger picture - the entire seminar was excellent!."

"I have been sitting here for the longest time trying to find the words to put on paper which can amply describe the tremendous amount of gratitude and appreciation I have been feeling towards the PLUS seminar since last weekend. I can tell you that I received so much from the seminar, more than I ever expected."

"What a presentation and mix of information, people, love and hope. I'm so glad I was part of the weekend."
WHAT IS PLUS?
PLUS (Positive Living for US) is a weekend workshop for those of us who have tested or may test HIV positive. Our goal is to provide up-to-date information and emotional support covering all aspects of the individual - physical, emotional and spiritual. Empowering ourselves through knowledge, to meet the challenges of being HIV positive. Acknowledging that all information about HIV in all areas cannot be covered in one weekend, PLUS offers introductory information through presentations, extensive printed materials, and guides to available resources in our community.

WHO SHOULD ATTEND PLUS?
- Individuals who have recently tested HIV positive.
- Significant others of those HIV positive individuals.
- People who may have been positive for quite some time, but have not yet received information on HIV.
- PLUS is also for those who have not yet taken the HIV antibody test, but wish to get information and support before they do so.
- Other HIV service providers.

WHAT WILL YOU LEARN AT PLUS?
Early intervention is the most important key to healthy living with HIV. PLUS provides accurate and up-to-date presentations and materials, empowering participants to self-manage their program of care. Following completion of the 25 hours of the PLUS weekend, participants are able to make informed choices about different treatment options, and meet the daily psychosocial challenges of HIV. PLUS includes not just presentations on Medical basics and treatment options, but also covers topics on nutrition, alternative therapies, safer sex, insurance and public benefits, stress management, coping with emotions; accessing health care systems, techniques for emotional well-being and experiential exercises facilitating the expression of all feelings.

WHEN WILL IT HAPPEN?
PLUS will be presented quarterly at the beginning of 1994 by the National Task Force on AIDS Prevention in San Francisco.

HOW MUCH WILL IT COST?
There is NO charge to attend PLUS.

HOW DO I REGISTER?
Simply call (415) 403-3800 and ask for a PLUS Participant Registration packet. Registration will be limited to 75 participants per seminar and is expected to be full.

CAN I VOLUNTEER FOR PLUS?
Yes! PLUS Volunteers are among the very best of human kind and the most important body, next to the participants, because their love and commitment is what makes the magic happen. There are two teams of volunteers; Tech-Team (registration, set-up, food preparation, slides, sound, equipment, etc.), and Support Group Facilitator Team (any volunteer serving as a support group facilitator will be trained in the skilled art of non-judgmental active listening and peer counseling).
# AIDS: Realities and Responsibilities

**Sponsored by the Lesbian/Gay Advisory Committee Human Rights Commission of San Francisco**

*July 25, 1983, 7:00pm*

**Moderator:** Mary Morgan

## Speakers (Subject to Change)

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<th>Panels</th>
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A.I.D.S.
WHERE DO WE GO FROM HERE?

A Forum on Acquired Immune Deficiency Syndrome

Nurses, doctors, patients, counselors, and others concerned will share information, insights, health recommendations, and spiritual/ethical aspects about this serious health problem. Opportunities will be available to network with those working in ongoing A.I.D.S. outreach.

SPEAKERS INCLUDE

Andrew Moss, Ph.D., Epidemiologist
Bill Nelson, R.N.
Augie O'Connor, Chaplain

University of California, San Francisco
San Francisco General Hospital
San Francisco General Hospital

CHURCH OF ST. JOHN THE EVANGELIST
1661 – 15TH STREET
SAN FRANCISCO

SATURDAY
NOVEMBER 5, 1983
10 A.M. TO 4 P.M.

$5.00 donation requested
Proceeds to AIDS outreach
Bag lunch provided

For more information:
Richard Boyle, RN
863-6803 (eves.)
YOUR HEALTH AND YOU
Concerned Lovers and Others

OPEN FORUM ON A.I.D.S.
Wednesday, February 22, 1984, 7:30 pm
at
Metropolitan Community Church
150 Eureka Street (near 18th)

GUEST SPEAKERS

Robert Cathcart III, M.D.
(Vitamin C for A.I.D.S.)

Paul Stuetzer, M.D.
(herbal Alternatives & Vitamin Therapies)

For Info: 863-6369

SPONSORED BY
VIBRANT HEALTH CENTER
2301 Market (at Hoe)
AIDS: Medical Update 1986-87

Dr. Donald Abrams, Asst. Director of the San Francisco General Hospital AIDS Clinic, will give a talk at Stanford University on recent progress in AIDS research.

Thurs., Feb. 12 in 200-205: History Bldg. 8:00 PM

Sponsored by the Stanford AIDS Education Project. For Info call 723-1488.
Community College Centers Division:

**GAY HEALTH in FOCUS!**

Self-Health: Skills and Resources

"Gay men are bombarded with frightening information about a range of health problems. This course is designed to help put this information into perspective, better enabling us to deal constructively with these health issues in our lives."

**LEARN:**

- Where factual information leaves off and speculation begins
- Alternative ways to private health and well-being in our Gay community

**TOPICS TO BE COVERED:**

- How the Immune System Works
- Review of various diseases of concern to Gay Men (AIDS, K. S., Hepatitis, Herpes)
- Political and Social implications of the current health crisis in the gay community

**INSTRUCTOR:**

Peter Goldblum, M.S., M.P.H., holds degrees in clinical psychology and public health, is a psychologist in private practice, and co-ordinates the psychological services for the Hepatitis Project of the Resource Foundation.

This 8 week class begins Feb. 10, 1983 and is being offered by the San Francisco Community College Centers in the Castro–Valencia at Everett Middle School 450 Church at 17th Street.

Thursdays 7 – 9 pm, Room 208

8 sessions – February 10 – March 31, 1983

Enroll during the first or any subsequent class.

Credit and Tuition-Free learning

FOR ADDITIONAL INFORMATION, PLEASE PHONE 346–7044.

Community College Centers
of the San Francisco Community College District
FOR YOUR INFORMATION

Gay Health in FOCUS

SELF-HEALTH: Skills & Resources

"Gay men are bombarded with frightening information about a range of health problems. This course is designed to help put this information into perspective, better enabling us to deal constructively with these health issues in our lives."

LEARN:
Where factual information leaves off and speculation begins

Alternative ways to promote health and well-being in our Gay community.

TOPICS TO BE COVERED:
How the Immune System Works

Review of various diseases of concern to Gay men (AIDS, K.S., Hepatitis, and Herpes)

Political and social implications of the current health crisis in the Gay community

INSTRUCTOR:
Peter Goldblum, M.S., M.P.H., holds degrees in clinical psychology and public health, is a psychologist in private practice, and co-ordinates the psychological services for the Hepatitis Project of the Resource Foundation.

THIS 8 WEEK CLASS BEGINS APRIL 21, 1983 AND IS BEING OFFERED BY THE SAN FRANCISCO COMMUNITY COLLEGE CENTERS IN THE CASTRO - VALENCIA AREA at EVERETT MIDDLE SCHOOL, 450 CHURCH STREET AT 17th STREET.

THURSDAYS, 7 to 9 pm, ROOM 208

8 class meetings - April 21 to June 9, 1983 - Enroll during the first or any subsequent class meeting. ENROLL NOW! ! ! ! ! !

Credit and tuition-free learning

FOR ADDITIONAL INFORMATION, PLEASE PHONE - 346-7044.

Community College Centers of the San Francisco Community College District
ACQUIRED IMMUNE DEFICIENCY SYNDROME, (A.I.D.S.)
AND
KAPOSI'S SARCOMA

Find out the facts at a
FREE PUBLIC FORUM
for the East Bay Community

Date: WEDNESDAY, JUNE 1

Time: 7:30 p.m.

Place: 155 DWINELLE HALL
UC BERKELEY CAMPUS

For more information contact:

Pacific Center for Human Growth
(415) 841-6224

A.I.D.S. & KS Research and Education Foundation
(415) 864-4376

Sponsored by:
East Bay Lesbian/Gay Democratic Club
Gay and Lesbian Union, U.C. Berkeley
Pacific Center For Human Growth
Gay Men's Health Collective/Berkeley Free Clinic
A.I.D.S. & KS Research and Education Foundation

Special Thanks to Dr. Tom Merrifield, Instructor of Sociology 150,
Sexual Diversity and Social Change: Homosexuality in American Society
Come to a Public Forum and Discussion:

The AIDS/ARC Crisis — How Can We Fight Back?

Speakers:

Paul Boneberg, Mobilization Against AIDS
Tede Matthews, Lesbians and Gays Against Intervention
Pat Norman, Lesbian & Gay Health Services Coordinator, Dept. of Health*; Rep., Third World Conference on AIDS
Erna Pahe, President, Gay American Indians
A Representative of the ARC/AIDS Vigil
Preston Wood, National Coordinator, Lesbian/Gay Focus, All-Peoples Congress

7:30 pm
Friday
January 24
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777 Valencia

Between 18 and 19 St., San Francisco

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A.S.L. Interpretation.

*Organization for Identification Only
AN A.I.D.S. forum

A POSITIVE APPROACH—dealing with OUR FEARS

WEDNESDAY, MAY 18, 1983, 7:30 P.M.
Elsa Strait Auditorium, 100 COLLINGWOOD, at 18th St.

A Panel: Addressing the fears & concerns of our community and how the A.I.D.S. Epidemic affects our daily lives!

PANEL:
Dr. Paul Volberding, S. F. General
Dr. Selma Dritz, City Epidemiologist
Dr. Michael Gordon, UCSF Epidemiologist
Dr. Steve Mehalko, G.P., Family Practice
Bill Kraus, Aide to Sala Burton
Jim Geary, Director, SHANTI Project
Rick Crane, Director, A.I.D.S./K.S. Foundation, Moderator

Question and Answer session.

For information....Phone 861-2877

A.I.D.S./K.S. Hotline—Northern California: (415)864-4376
Southern California: (213)871-AIDS
EUREKA VALLEY
PROMOTION ASSOCIATION
A COMMUNITY ORGANIZATION SINCE 1881
BOX 14137, SAN FRANCISCO 94114

Vaughn Taylor, President........861-2877
David Feltham, Vice President....864-0542
Heide Chipp, Treasurer..........863-4372
Gerry Panzica, Recording Sec...626-2578
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Bob Smith (83-84)...........567-6174
Tom Karmes (82-83)..........431-0245

GENERAL MEETING
May 18, 1983
Elsa Strait Auditorium
100 Collingwood
7:30 P.M.

AGENDA
A.I.D.S. Forum

"...SO MUCH HAS BEEN SAID...WHAT IS REALLY GOING ON?"
--Bill Andrews

Most of us, at one time or another in the past weeks, have asked ourselves and each other that question, or one very much like it...

Included with this month's EVPA Newsletter is a flyer announcing an A.I.D.S. Forum which will constitute the business of our regularly scheduled monthly membership meeting. The Eureka Valley Merchants Association is cosponsor of the forum. A distinguished panel of San Franciscans, eminent authorities in their areas of professional competence, has been assembled for the forum.

EVPA & EVMA are presenting this forum for the purpose of alerting and informing our members, their families, neighbors and friends regarding the true nature of the public health emergency which has befallen our community as a whole. This forum is intended to provide an educational opportunity as the context, in which the very real concerns and fears that all in our community share, may be addressed with regard to the facts, in an informative, dispassionate and positive manner.

Our neighborhood, a unique community, its' residents and merchants, have often been the target of an irresponsible, self serving, sensation hungry, rumor mongering press and media. For these reasons, and due to the very real limitations of space in the auditorium, we have not, nor do we intend to invite, members of the press and media. All things considered, we conclude that the needs of our membership and the community we represent would thus be best served.

The time at our disposal is limited. Two hours, fifteen minutes seems hardly adequate to cover the subject of A.I.D.S., yet we feel it can be well utilized. Each panelist has been asked to make a 10 minute address in their respective area of expertise. A panel discussion and a question and answer session will follow. In this way we hope to present a balanced program, effective communication, and minimize repetition.

Rick Crane, Director of A.I.D.S./KS Foundation, will moderate and Vaughn Taylor, President, EVPA will chair the meeting.

Seating will be limited, early arrival is advised if you want a seat.
A good attendance is anticipated!

MESSAGE FROM THE PRESIDENT

--Vaughn Taylor

Our A.I.D.S. Forum is a very special event. Because of the large crowd expected, we will need volunteers to help set up chairs and staff an information table, etc. If you would like to help, please call me, Bill Andrews, or Robert Hunter as soon as possible. Our phone numbers are included in the letterhead. WE NEED YOUR HELP!!!

The summer is an exciting time to participate in neighborhood activities. I am looking forward to seeing each and every member of EVPA at the annual June pot-luck dinner. At this dinner, we will once again honor our senior citizens and present awards for neighborhood services.
MESSAGE FROM THE VICE-PRESIDENT  --David Feltham

The six units of proposed new housing on Collingwood Street have been approved by the Planning Commission. These units, plus two above Pacific Stereo, mean that eight new units have been added to available stock in our neighborhood in the past three months. This is good news.

COMING EVENTS

The regular EVPAA Board meeting scheduled for May 25, 1983, 7:30 P.M. at Elsa Strait Auditorium, 100 Collingwood, has been expanded to include the usual conduct of business of the association. All members are urged to attend this special meeting.

AGENDA
1. Secretary's Report
2. Treasurer's Report
3. Announcements
4. A presentation by the San Francisco Fair and Exposition concerning our booth at the Moscone Center in July. CUAV has requested to share that booth.
5. Planning of the annual June Pot-luck Dinner and Neighborhood Awards
6. Nominations for Pot-luck Dinner Awards
7. St. Joseph's Hospital re-zoning report by Bill Andrews
8. Old Business
9. New Business

Members wishing to add to the agenda should contact Vaughn Taylor prior to May 25, or arrive a few minutes early at the meeting. Again, this is an open membership meeting and all members are encouraged to attend!

CASTRO STREET DOG SHOW

The third annual Castro Street Dog Show and Parade will be held Sunday, June 12, 1983, starting at 12:30 P.M. Castro Street will be closed for this event, between 18th. and 19th. Streets.

Entry applications are available at Headlines, 549 Castro Street. Fees are: general, $15.00, senior or handicapped, $10.00, business or association, $50.00. See you at the Dog Show!

SAN FRANCISCO HISTORIC TROLLEY FESTIVAL

Vintage trolley cars from across the United States and around the world, will begin arriving in San Francisco in about a week or two. These cars have been restored and will be in museum condition for their scheduled runs from the Transbay Terminal up Market Street to a terminus on 17th. Street at Castro. Start up is set for June 24, with service through early October. Only 5 of the expected 10 to 12 cars are double ended and only these 5 cars will run the full route to 17th. Street and Castro. The crossover/turnaround on 17th. Street will be in place by the end of May and for a variety of reasons will be flush with the roadway surface.

The Eureka Valley/Upper Market Planning Committee, chaired by Robert N. Hunter is very active planning for this event. Area schools and senior groups have been contacted and are encouraged to participate in this event. A volunteer file is being organized for future reference. For ease, the volunteer form mentioned in last month’s newsletter is being dispensed with. Persons wishing to volunteer should contact:

For general information..........................Robert N. Hunter
For goods or services related to the proposed information kiosk..........................David Feltham
For Senior Citizen involvement..................Berenice Palmer

Again, all phone numbers are included in the letterhead.

Typed by Robert N. Hunter..
BECOME A MEMBER OR SAN FRANCISCO'S OLDEST NEIGHBORHOOD ASSOCIATION,
THE EUREKA VALLEY PROMOTION ASSOCIATION.

The Eureka Valley Promotion Association (EVPA) is the oldest continually active neighborhood association in San Francisco. Since 1881 people in the area bounded by 22nd Street, Upper Market, Corona Heights, Duboce and Delores have been working together to improve the life of people in the Eureka Valley. We have been active in the areas of education, planning, transportation, human rights, community development and neighborhood beautification.

If you wish to become a part of EVPA and work for a better community, or to renew your membership, send this coupon to: Eureka Valley Promotion Association, POB 14137, San Francisco, Ca 94114. Better still, bring it with you to the next monthly membership meeting. Make checks payable to EVPA.

NAME ___________________________ PHONE ___________________________
ADDRESS ___________________________ ZIP ___________________________
DATE ___________________________ NEW MEMBER ___________________________
RENEWAL ___________________________
ENCLOSED (Check one) Individual Membership $5.00 per year
Household Membership $8.00 per year
(2 votes, one newsletter)

The EUREKA VALLEY PROMOTION ASSOCIATION
P. O. Box 14137
San Francisco, CA 94114

Allan Berube
126 Laguna St.
San Francisco
CA. 94102
GAY/LESBIAN LIBERATION IN THE AIDS YEARS

New College of California -- Spring 1988

Weds., 7-10 p.m.  Peter Drucker (775-7213)

The Stonewall rebellion of 1969 spurred gay theorists to take a new and harder look at the straight world around them. We will trace the fate of their theories in the developing gay/lesbian movement and the lives of lesbians and gays today. Our goal will be to connect strategies for gay/lesbian liberation with strategies for broader social transformation. We will end by talking about the struggle against AIDS, as a case study of tactics that do or don’t protect gay/lesbian people and do or don’t fight underlying causes of oppression. Students may take the entire course or only one of the two mini-courses into which it is divided. The fee for each mini-course is $60 ($120 for both; $190 each for academic credit, or $380 for both). All readings will be xeroxed and passed out.

Part One: Dimensions of Oppression and Liberation

Feb. 24  Introduction: coming out and fighting repression
Mar. 2   Approaches to gay sexuality: from Freud to Foucault
Mar. 9   Lesbian feminism
Mar. 16  Lesbians and gays of color

SPRING BREAK

Mar. 30  The international movement: from the Basque country to Nicaragua
Apr. 6   Youth and children, age and disability

Part Two: The Politics of AIDS

Apr. 13  The politics of health
Apr. 20  Science and sin
Apr. 27  Organizing
May 4   Tactics

REGISTRATION:
To register, complete the registration form and make payment, in person or by mail.
IN PERSON: Payment may be made in person at the Business Office between 10 AM and 5 PM, Monday through Friday. Payment may be made by check, money-order, or cash.
BY MAIL: Send check or money-order and a registration form to New College of California, 50 Fell St., SF, 94102. Make checks payable to: NEW COLLEGE OF CALIFORNIA. If, for any reason, a check does not clear for payment, a $10 fee will be charged.

CALL 626-1694 FOR ADDITIONAL INFORMATION.

REGISTRATION FORM: CONTINUING EDUCATION WITH A CRITICAL PERSPECTIVE

NAME_________________________________________ SS#___________________________
ADDRESS______________________________________________________________
PHONE (DAY)____________________ (EVENING)______________________________
COURSE TITLE(S)___________________________________________________________ FEE________

NEW COLLEGE OF CALIFORNIA
50 Fell Street • San Francisco • CA • 94102 • (415) 626-1694
BA Humanities • MA Psychology • MA Poetics • School of Law • Weekend College • Science Institute
GAY/LESBIAN LIBERATION IN THE AIDS YEARS

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NEW COLLEGE OF CALIFORNIA
50 FELL STREET • SAN FRANCISCO, CA • 94102 • (415) 626-1694
BA Humanities • MA Psychology • MA Politics • School of Law • Weekend College • Science Institute
THE WORLD HEALTH ORGANIZATION ESTIMATES

100 MILLION PEOPLE

WITHIN THE NEXT TEN YEARS CAN BECOME INFECTED;
WITH SOME COUNTRIES LOSING 25% OF THEIR POPULATION.
(EPIDEMIOLOGIST B. FRANK POLK OF JOHN HOPKINS UNIVERSITY HAS STATED)

WE ARE A PRIVATE NON PROFIT ORGANIZATION, ONE OF OUR
MANY PROGRAMS IS RESEARCHING PRODUCTS/SUBJECT BOTH TANGIBLES
AND INTANGIBLES; THAT SPECIFICALLY CONCERN ENVIRONMENTAL HEALTH
AND HABIT. TOP ON THE LIST AT THIS TIME IS PROMOTING THIS VIDEO.

A SMALL DONATION IS HELPFUL, BUT MORE IMPORTANT YOU, YOUR
FRIENDS AND FAMILY INVEST 45 MINUTES OF YOUR LIFE THAT COULD
HELP SAVE ONE. "AIDS IS A PUBLIC HEALTH THREAT OF THE CENTURY".

THERE IS NO SUCH THING AS AN INNOCENT OR GUILTY VICTIM ONCE ACQUIRED, IT
WILL TAKE YOUR LIFE.

LOCATION AND TIME: TUESDAY AUGUST 9th

CIVIC CENTER BRANCH LIBRARY
LARKIN AT MCALLISTER SAN FRANCISCO

45 MINUTE VIEWINGS
1:30 pm
2:30
3:30
4:30

UPON ENTRANCE, MAIN FLOOR TO THE RIGHT (LURIE MEETING ROOM)

FREE INFORMATION AVAILABLE ABOUT AID AGENCIES
AND OTHER PROGRAMS THROUGHOUT THE BAY AREA.

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AUG 1988
Surgeon General's Report on Acquired Immune Deficiency Syndrome
Surgeon General’s Report on
ACQUIRED IMMUNE
DEFICIENCY SYNDROME

U.S. Department of Health
and Human Services
Foreword

This is a report from the Surgeon General of the U.S. Public Health Service to the people of the United States on AIDS. Acquired Immune Deficiency Syndrome is an epidemic that has already killed thousands of people, mostly young, productive Americans. In addition to illness, disability, and death, AIDS has brought fear to the hearts of most Americans — fear of disease and fear of the unknown. Initial reporting of AIDS occurred in the United States, but AIDS and the spread of the AIDS virus is an international problem. This report focuses on prevention that could be applied in all countries.

My report will inform you about AIDS, how it is transmitted, the relative risks of infection and how to prevent it. It will help you understand your fears. Fear can be useful when it helps people avoid behavior that puts them at risk for AIDS. On the other hand, unreasonable fear can be as crippling as the disease itself. If you are participating in activities that could expose you to the AIDS virus, this report could save your life.
In preparing this report, I consulted with the best medical and scientific experts this country can offer. I met with leaders of organizations concerned with health, education, and other aspects of our society to gain their views of the problems associated with AIDS. The information in this report is current and timely.

This report was written personally by me to provide the necessary understanding of AIDS.

The vast majority of Americans are against illicit drugs. As a health officer I am opposed to the use of illicit drugs. As a practicing physician for more than forty years, I have seen the devastation that follows the use of illicit drugs—addiction, poor health, family disruption, emotional disturbances and death. I applaud the President's initiative to rid this nation of the curse of illicit drug use and addiction. The success of his initiative is critical to the health of the American people and will also help reduce the number of persons exposed to the AIDS virus.

Some Americans have difficulties in dealing with the subjects of sex, sexual practices, and alternate lifestyles. Many Americans are opposed to homosexuality, promiscuity of any kind, and prostitution. This report must deal with all of these issues, but does so with the intent that information and education can change individual behavior, since this is the primary way to stop the epidemic of AIDS. This report deals with the positive and negative consequences of activities and behaviors from a health and medical point of view.

Adolescents and pre-adolescents are those whose behavior we wish to especially influence because of their vulnerability when they are exploring their own sexuality (heterosexual and homosexual) and perhaps experimenting with drugs. Teenagers often consider themselves immortal, and these young people may be putting themselves at great risk.

Education about AIDS should start in early elementary school and at home so that children can grow up knowing the behavior to avoid to protect themselves from exposure to the AIDS virus. The threat of AIDS can provide an opportunity for parents to instill in their children their own moral and ethical standards.

Those of us who are parents, educators and community leaders, indeed all adults, cannot disregard this responsibility to educate our young. The need is critical and the price of neglect is high. The lives of our young people depend on our fulfilling our responsibility.

AIDS is an infectious disease. It is contagious, but it cannot be spread in the same manner as a common cold or measles or chicken pox. It is contagious in the same way that sexually transmitted diseases, such as syphilis and gonorrhea, are contagious. AIDS can also be spread through the sharing of intravenous drug needles and syringes used for injecting illicit drugs.

AIDS is not spread by common everyday contact but by sexual contact (penis-vagina, penis-rectum, mouth-rectum, mouth-vagina, mouth-penis). Yet there is great misunderstanding resulting in unfounded fear that AIDS can be spread by casual, non-sexual contact. The first cases of AIDS were reported in this country in 1981. We would know by now if AIDS were passed by casual, non-sexual contact.

Today those practicing high risk behavior who become infected with the AIDS virus are found mainly among homosexual and bisexual men and male and female intravenous drug users. Heterosexual transmission is expected to account for an increasing proportion of those who become infected with the AIDS virus in the future.
At the beginning of the AIDS epidemic many Americans had little sympathy for people with AIDS. The feeling was that somehow people from certain groups “deserved” their illness. Let us put those feelings behind us. We are fighting a disease, not people. Those who are already afflicted are sick people and need our care as do all sick patients. The country must face this epidemic as a unified society. We must prevent the spread of AIDS while at the same time preserving our humanity and intimacy.

AIDS is a life-threatening disease and a major public health issue. Its impact on our society is and will continue to be devastating. By the end of 1991, an estimated 270,000 cases of AIDS will have occurred with 179,000 deaths within the decade since the disease was first recognized. In the year 1991, an estimated 145,000 patients with AIDS will need health and supportive services at a total cost of between $8 and $16 billion. However, AIDS is preventable. It can be controlled by changes in personal behavior. It is the responsibility of every citizen to be informed about AIDS and to exercise the appropriate preventive measures. This report will tell you how.

The spread of AIDS can and must be stopped.

C. Everett Koop, M.D., Sc.D
Surgeon General
AIDS

AIDS Caused by Virus

The letters A-I-D-S stand for Acquired Immune Deficiency Syndrome. When a person is sick with AIDS, he/she is in the final stages of a series of health problems caused by a virus (germ) that can be passed from one person to another chiefly during sexual contact or through the sharing of intravenous drug needles and syringes used for "shooting" drugs. Scientists have named the AIDS virus "HIV or HTLV-III or LAV". These abbreviations stand for information denoting a virus that attacks white blood cells (T-lymphocytes) in the human blood. Throughout this publication, we will call the virus the "AIDS virus." The

Artists drawing of AIDS virus with cut away view showing genetic (reproductive) material.

3These are different names given to AIDS virus by the scientific community:

HIV — Human Immunodeficiency Virus
HTLV-III — Human T-Lymphotropic Virus Type III
LAV — Lymphadenopathy Associated Virus
AIDS virus attacks a person’s immune system and damages his/her ability to fight other disease. Without a functioning immune system to ward off other germs, he/she now becomes vulnerable to becoming infected by bacteria, protozoa, fungi, and other viruses and malignancies, which may cause life-threatening illness, such as pneumonia, meningitis, and cancer.

*No Known Cure*

There is presently no cure for AIDS. There is presently no vaccine to prevent AIDS.

*Virus Invades Blood Stream*

When the AIDS virus enters the blood stream, it begins to attack certain white blood cells (T-lymphocytes). Substances called antibodies are produced by the body. These antibodies can be detected in the blood by a simple test, usually two weeks to three months after infection. Even before the antibody test is positive, the victim can pass the virus to others by methods that will be explained.

Once an individual is infected, there are several possibilities. Some people may remain well but even so they are able to infect others. Others may develop a disease that is less serious than AIDS referred to as AIDS Related Complex (ARC). In some people the protective immune system may be destroyed by the virus and then other germs (bacteria, protozoa, fungi and other viruses) and cancers that ordinarily would never get a foothold cause “opportunistic diseases” — using the opportunity of lowered resistance to infect and destroy. Some of the most common are *Pneumocystis carinii* pneumonia and tuberculosis. Individuals infected with the AIDS virus may also develop certain types of cancers such as Kaposi’s sarcoma. These infected people have classic AIDS. Evidence shows that the AIDS virus may also attack the nervous system, causing damage to the brain.

*Signs and Symptoms*

*No Signs*

Some people remain apparently well after infection with the AIDS virus. They may have no physically apparent symptoms of illness. However, if proper precautions are not used with sexual contacts and/or intravenous drug use, these infected individuals can spread the virus to others. Anyone who thinks he or she is infected or involved in high risk behaviors should not donate his/her blood, organs, tissues, or sperm because they may now contain the AIDS virus.

*ARC*

AIDS Related Complex (ARC) is a condition caused by the AIDS virus in which the patient tests positive for AIDS infection and has a specific set of clinical symptoms. However, ARC patients’ symptoms are often less severe than those with the disease we call classic AIDS. Signs and symptoms of ARC may include loss of appetite, weight loss, fever, night sweats, skin rashes, diarrhea, tiredness, lack of resistance to infection, or swollen lymph nodes. These are also signs and symptoms of many other diseases and a physician should be consulted.

*AIDS*

Only a qualified health professional can diagnose AIDS, which is the result of a natural progress of infection by the AIDS virus. AIDS destroys the body’s immune (defense) system and allows otherwise controllable infections to invade the body and cause additional diseases. These opportunistic diseases would not otherwise gain a foothold in the body. These opportunistic diseases may eventually cause death.

Some symptoms and signs of AIDS and the "opportunistic infections" may include a persistent cough and fever associated with shortness of breath or difficult breathing and
may be the symptoms of *Pneumocystis carinii* pneumonia. Multiple purplish blotches and bumps on the skin may be a sign of Kaposi's sarcoma. The AIDS virus in all infected people is essentially the same; the reactions of individuals may differ.

*Long Term*

The AIDS virus may also attack the nervous system and cause delayed damage to the brain. This damage may take years to develop and the symptoms may show up as memory loss, indifference, loss of coordination, partial paralysis, or mental disorder. These symptoms may occur alone, or with other symptoms mentioned earlier.

*AIDS: the present situation*

The number of people estimated to be infected with the AIDS virus in the United States is about 1.5 million. All of these individuals are assumed to be capable of spreading the virus sexually (heterosexually or homosexually) or by sharing needles and syringes or other implements for intravenous drug use. Of these, an estimated 100,000 to 200,000 will come down with AIDS Related Complex (ARC). It is difficult to predict the number who will develop ARC or AIDS because symptoms sometimes take as long as nine years to show up. With our present knowledge, scientists predict that 20 to 30 percent of those infected with the AIDS virus will develop an illness that fits an accepted definition of AIDS within five years. The number of persons known to have AIDS in the United States to date is over 25,000; of these, about half have died of the disease. Since there is no cure, the others are expected to also eventually die from their disease.

The majority of infected antibody positive individuals who carry the AIDS virus show no disease symptoms and may not come down with the disease for many years, if ever.

*No Risk from Casual Contact*

There is no known risk of non-sexual infection in most of the situations we encounter in our daily lives. We know that family members living with individuals who have the AIDS virus do not become infected except through sexual contact. There is no evidence of transmission (spread) of AIDS virus by everyday contact even though these family members shared food, towels, cups, razors, even toothbrushes, and kissed each other.

*Health Workers*

We know even more about health care workers exposed to AIDS patients. About 2,500 health workers who were caring for AIDS patients when they were sickest have been carefully studied and tested for infection with the AIDS virus. These doctors, nurses and other health care givers have been exposed to the AIDS patients' blood, stool and other body fluids. Approximately 750 of these health workers reported possible additional exposure by direct
contact with a patient’s body fluid through spills or being accidentally stuck with a needle. Upon testing these 750, only 3 who had accidentally stuck themselves with a needle had a positive antibody test for exposure to the AIDS virus. Because health workers had much more contact with patients and their body fluids than would be expected from common everyday contact, it is clear that the AIDS virus is not transmitted by casual contact.

Control of Certain Behaviors Can Stop Further Spread of AIDS

Knowing the facts about AIDS can prevent the spread of the disease. Education of those who risk infecting themselves or infecting other people is the only way we can stop the spread of AIDS. People must be responsible about their sexual behavior and must avoid the use of illicit intravenous drugs and needle sharing. We will describe the types of behavior that lead to infection by the AIDS virus and the personal measures that must be taken for effective protection. If we are to stop the AIDS epidemic, we all must understand the disease — its cause, its nature, and its prevention. Precautions must be taken. The AIDS virus infects persons who expose themselves to known risk behavior, such as certain types of homosexual and heterosexual activities or sharing intravenous drug equipment.

Risks

Although the initial discovery was in the homosexual community, AIDS is not a disease only of homosexuals. AIDS is found in heterosexual people as well. AIDS is not a black or white disease. AIDS is not just a male disease. AIDS is found in women; it is found in children. In the future AIDS will probably increase and spread among people who are not homosexual or intravenous drug abusers in the same manner as other sexually transmitted diseases like syphilis and gonorrhea.

Sex Between Men

Men who have sexual relations with other men are especially at risk. About 70 percent of AIDS victims throughout the country are male homosexuals and bisexuals. This percentage probably will decline as heterosexual transmission increases. *Infection results from a sexual relationship with an infected person.*

Multiple Partners

The risk of infection increases according to the number of sexual partners one has, *male or female.* The more partners you have, the greater the risk of becoming infected with the AIDS virus.

Vulnerable rectum lining provides avenue for entry of AIDS virus into the blood stream.
**How Exposed**

Although the AIDS virus is found in several body fluids, a person acquires the virus during sexual contact with an infected person’s blood or semen and possibly vaginal secretions. The virus then enters a person’s blood stream through their rectum, vagina or penis.

Small (unseen by the naked eye) tears in the surface lining of the vagina or rectum may occur during insertion of the penis, fingers, or other objects, thus opening an avenue for entrance of the virus directly into the blood stream; therefore, the AIDS virus can be passed from penis to rectum and vagina and vice versa without a visible tear in the tissue or the presence of blood.

**Prevention of Sexual Transmission – Know Your Partner**

Couples who maintain mutually faithful monogamous relationships (only one continuing sexual partner) are protected from AIDS through sexual transmission. If you have been faithful for at least five years and your partner has been faithful too, neither of you is at risk. If you have not been faithful, then you and your partner are at risk. If your partner has not been faithful, then your partner is at risk which also puts you at risk. This is true for both heterosexual and homosexual couples. Unless it is possible to know with **absolute certainty** that neither you nor your sexual partner is carrying the virus of AIDS, you must use protective behavior. **Absolute certainty** means not only that you and your partner have maintained a mutually faithful monogamous sexual relationship, but it means that neither you nor your partner has used illegal intravenous drugs.

**AIDS: you can protect yourself from infection**

Some personal measures are adequate to safely protect yourself and others from infection by the AIDS virus and its complications. Among these are:

- If you have been involved in any of the high risk sexual activities described above or have injected illicit intravenous drugs into your body, you should have a blood test to see if you have been infected with the AIDS virus.

- If your test is positive or if you engage in high risk activities and choose not to have a test, you should tell your sexual partner. If you jointly decide to have sex, you must protect your partner by always using a rubber (condom) during (start to finish) sexual intercourse (vagina or rectum).

- If your partner has a positive blood test showing that he/she has been infected with the AIDS virus or you suspect that he/she has been exposed by previous heterosexual or homosexual behavior or use of intravenous drugs with shared needles and syringes, a rubber (condom) should always be used during (start to finish) sexual intercourse (vagina or rectum).
• If you or your partner is at high risk, avoid mouth contact with the penis, vagina, or rectum.

• Avoid all sexual activities which could cause cuts or tears in the linings of the rectum, vagina, or penis.

• Single teen-age girls have been warned that pregnancy and contracting sexually transmitted diseases can be the result of only one act of sexual intercourse. They have been taught to say NO to sex! They have been taught to say NO to drugs! By saying NO to sex and drugs, they can avoid AIDS which can kill them! The same is true for teenage boys who should also not have rectal intercourse with other males. It may result in AIDS.

• Do not have sex with prostitutes. Infected male and female prostitutes are frequently also intravenous drug abusers; therefore, they may infect clients by sexual intercourse and other intravenous drug abusers by sharing their intravenous drug equipment. Female prostitutes also can infect their unborn babies.

Intravenous Drug Users

Drug abusers who inject drugs into their veins are another population group at high risk and with high rates of infection by the AIDS virus. Users of intravenous drugs make up 25 percent of the cases of AIDS throughout the country. The AIDS virus is carried in contaminated blood left in the needle, syringe, or other drug related implements and the virus is injected into the new victim by reusing dirty syringes and needles. Even the smallest amount of infected blood left in a used needle or syringe can contain live AIDS virus to be passed on to the next user of those dirty implements.

No one should shoot up drugs because addiction, poor health, family disruption, emotional disturbances and death could follow. However, many drug users are addicted to drugs and for one reason or another have not changed their behavior. For these people, the only way not to get AIDS is to use a clean, previously unused needle, syringe or any other implement necessary for the injection of the drug solution.

Hemophilia

Some persons with hemophilia (a blood clotting disorder that makes them subject to bleeding) have been infected with the AIDS virus either through blood transfusion or the use of blood products that help their blood clot. Now that we know how to prepare safe blood products to aid clotting, this is unlikely to happen. This group represents a very small percentage of the cases of AIDS throughout the country.

Blood Transfusion

Currently all blood donors are initially screened and blood is not accepted from high risk individuals. Blood that has been collected for use is tested for the presence of antibody to the AIDS virus. However, some people may have had a blood transfusion prior to March 1985 before we knew how to screen blood for safe transfusion and may have become
infected with the AIDS virus. Fortunately there are not now a large number of these cases. With routine testing of blood products, the blood supply for transfusion is now safer than it has ever been with regard to AIDS.

Persons who have engaged in homosexual activities or have shot street drugs within the last 10 years should never donate blood.

*Mother Can Infect Newborn*

If a woman is infected with the AIDS virus and becomes pregnant, she is more likely to develop ARC or classic AIDS, and she can pass the AIDS virus to her unborn child. Approximately one third of the babies born to AIDS-infected mothers will also be infected with the AIDS virus. Most of the infected babies will eventually develop the disease and die. Several of these babies have been born to wives of hemophiliac men infected with the AIDS virus by way of contaminated blood products. Some babies have also been born to women who became infected with the AIDS virus by bisexual partners who had the virus. Almost all babies with AIDS have been born to women who were intravenous drug users or the sexual partners of intravenous drug users who were infected with the AIDS virus. More such babies can be expected.

Think carefully if you plan on becoming pregnant. If there is any chance that you may be in any high risk group or that you have had sex with someone in a high risk group, such as homosexual and bisexual males, drug abusers and their sexual partners, see your doctor.

*Summary*

AIDS affects certain groups of the population. Homosexual and bisexual males who have bad sexual contact with other homosexual or bisexual males as well as those who “shoot” street drugs are at greatest risk of exposure, infection and eventual death. Sexual partners of these high risk individuals are at risk, as well as any children born to women who carry the virus. Heterosexual persons are increasingly at risk.

*AIDS: what is safe*

*Most Behavior is Safe*

Everyday living does not present any risk of infection. You cannot get AIDS from casual social contact. Casual social contact should not be confused with casual sexual contact which is a major cause of the spread of the AIDS virus. Casual social contact such as shaking hands, hugging, social kissing, crying, coughing or sneezing, will not transmit the AIDS virus. Nor has AIDS been contracted from swimming in pools or bathing in hot tubs or from eating in restaurants (even if a restaurant worker has AIDS or carries the AIDS virus.) AIDS is not contracted from sharing bed linens, towels, cups, straws, dishes, or any other eating utensils. You cannot get AIDS from toilets, doorknobs, telephones, office machinery, or household furniture. You cannot get AIDS from body massages, masturbation or any non-sexual contact.
Donating Blood

Donating blood is *not* risky at all. You *cannot* get AIDS by donating blood.

Receiving Blood

In the U.S. every blood donor is screened to exclude high risk persons and every blood donation is now tested for the presence of antibodies to the AIDS virus. Blood that shows exposure to the AIDS virus by the presence of antibodies is not used either for transfusion or for the manufacture of blood products. Blood banks are as safe as current technology can make them. Because antibodies do not form immediately after exposure to the virus, a newly infected person may unknowingly donate blood after becoming infected but before his/her antibody test becomes positive. It is estimated that this might occur less than once in 100,000 donations.

There is no danger of AIDS virus infection from visiting a doctor, dentist, hospital, hairdresser or beautician. AIDS cannot be transmitted non-sexually from an infected person through a health or service provider to another person. Ordinary methods of disinfection for urine, stool and vomitus which are used for non-infected people are adequate for people who have AIDS or are carrying the AIDS virus. You may have wondered why your dentist wears gloves and perhaps a mask when treating you. This does not mean that he has AIDS or that he thinks you do. He is protecting you and himself from hepatitis, common colds or flu.

There is no danger in visiting a patient with AIDS or caring for him or her. Normal hygienic practices, like wiping of body fluid spills with a solution of water and household bleach (1 part household bleach to 10 parts water), will provide full protection.

Children in School

None of the identified cases of AIDS in the United States are known or are suspected to have been transmitted from one child to another in school, day care, or foster care settings. Transmission would necessitate exposure of open
cuts to the blood or other body fluids of the infected child, a highly unlikely occurrence. Even then routine safety procedures for handling blood or other body fluids (which should be standard for all children in the school or day care setting) would be effective in preventing transmission from children with AIDS to other children in school.

Children with AIDS are highly susceptible to infections, such as chicken pox, from other children. Each child with AIDS should be examined by a doctor before attending school or before returning to school, day care or foster care settings after an illness. No blanket rules can be made for all school boards to cover all possible cases of children with AIDS and each case should be considered separately and individualized to the child and the setting, as would be done with any child with a special problem, such as cerebral palsy or asthma. A good team to make such decisions with the school board would be the child’s parents, physician and a public health official.

Casual social contact between children and persons infected with the AIDS virus is not dangerous.

Insects

There are no known cases of AIDS transmission by insects, such as mosquitoes.

Pets

Dogs, cats and domestic animals are not a source of infection from AIDS virus.

Tears and Saliva

Although the AIDS virus has been found in tears and saliva, no instance of transmission from these body fluids has been reported.

_AIDS comes from sexual contacts with infected persons and from the sharing of syringes and needles. There is no danger of infection with AIDS virus by casual social contact._

Testing of Military Personnel

You may wonder why the Department of Defense is currently testing its uniformed services personnel for presence of the AIDS virus antibody. The military feel this procedure is necessary because the uniformed services act as their own blood bank in time of national emergency. They also need to protect new recruits (who unknowingly may be AIDS virus carriers) from receiving live virus vaccines. These vaccines could activate disease and be potentially life-threatening to the recruits.
**AIDS: what is currently understood**

Although AIDS is still a mysterious disease in many ways, our scientists have learned a great deal about it. In five years we know more about AIDS than many diseases that we have studied for even longer periods. While there is no vaccine or cure, the results from the health and behavioral research community can only add to our knowledge and increase our understanding of the disease and ways to prevent and treat it.

In spite of all that is known about transmission of the AIDS virus, scientists will learn more. One possibility is the potential discovery of factors that may better explain the mechanism of AIDS infection.

**Why are the antibodies produced by the body to fight the AIDS virus not able to destroy that virus?**

The antibodies detected in the blood of carriers of the AIDS virus are ineffective, at least when classic AIDS is actually triggered. They cannot check the damage caused by the virus, which is by then present in large numbers in the body. Researchers cannot explain this important observation. We still do not know why the AIDS virus is not destroyed by man’s immune system.

**Summary**

AIDS no longer is the concern of any one segment of society; it is the concern of us all. No American’s life is in danger if he/she or their sexual partners do not engage in high risk sexual behavior or use shared needles or syringes to inject illicit drugs into the body.

People who engage in high risk sexual behavior or who shoot drugs are risking infection with the AIDS virus and are risking their lives and the lives of others, including their unborn children.

We cannot yet know the full impact of AIDS on our society. From a clinical point of view, there may be new manifestations of AIDS—for example, mental disturbances due to the infection of the brain by the AIDS virus in carriers of the virus. From a social point of view, it may bring to an end the free-wheeling sexual lifestyle which has been called the sexual revolution. Economically, the care of AIDS patients will put a tremendous strain on our already overburdened and costly health care delivery system.

The most certain way to avoid getting the AIDS virus and to control the AIDS epidemic in the United States is for individuals to avoid promiscuous sexual practices, to maintain mutually faithful monogamous sexual relationships and to avoid injecting illicit drugs.
Look to the Future

The Challenge of the Future

An enormous challenge to public health lies ahead of us and we would do well to take a look at the future. We must be prepared to manage those things we can predict, as well as those we cannot.

At the present time there is no vaccine to prevent AIDS. There is no cure. AIDS, which can be transmitted sexually and by sharing needles and syringes among illicit intravenous drug users, is bound to produce profound changes in our society, changes that will affect us all.

Information and Education
Only Weapons Against AIDS

It is estimated that in 1991 54,000 people will die from AIDS. At this moment, many of them are not infected with the AIDS virus. With proper information and education, as many as 12,000 to 14,000 people could be saved in 1991 from death by AIDS.

AIDS will Impact All

The changes in our society will be economic and political and will affect our social institutions, our educational practices, and our health care. Although AIDS may never touch you personally, the societal impact certainly will.

Be Educated – Be Prepared

Be prepared. Learn as much about AIDS as you can. Learn to separate scientific information from rumor and myth. The Public Health Service, your local public health officials and your family physician will be able to help you.

Concern About Spread of AIDS

While the concentration of AIDS cases is in the larger urban areas today, it has been found in every state and with the mobility of our society, it is likely that cases of AIDS will appear far and wide.

Special Educational Concerns

There are a number of people, primarily adolescents, that do not yet know they will be homosexual or become drug abusers and will not heed this message; there are others who are illiterate and cannot heed this message. They must be reached and taught the risk behaviors that expose them to infection with the AIDS virus.

High Risk Get Blood Test

The greatest public health problem lies in the large number of individuals with a history of high risk behavior who have been infected with and may be spreading the AIDS virus. Those with high risk behavior must be encouraged to protect others by adopting safe sexual practices and by the use of clean equipment for intravenous drug use. If a blood test for antibodies to the AIDS virus is necessary to get these individuals to use safe sexual practices, they should get a blood test. Call your local health department for information on where to get the test.

Anger and Guilt

Some people afflicted with AIDS will feel a sense of anger and others a sense of guilt. In spite of these understandable reactions, everyone must join the effort to control the epidemic, to provide for the care of those with AIDS, and to do all we can to inform and educate others about AIDS, and how to prevent it.
Confidentiality

Because of the stigma that has been associated with AIDS, many afflicted with the disease or who are infected with the AIDS virus are reluctant to be identified with AIDS. Because there is no vaccine to prevent AIDS and no cure, many feel there is nothing to be gained by revealing sexual contacts that might also be infected with the AIDS virus. When a community or a state requires reporting of those infected with the AIDS virus to public health authorities in order to trace sexual and intravenous drug contacts — as is the practice with other sexually transmitted diseases — those infected with the AIDS virus go underground out of the mainstream of health care and education. For this reason current public health practice is to protect the privacy of the individual infected with the AIDS virus and to maintain the strictest confidentiality concerning his/her health records.

State and Local AIDS Task Forces

Many state and local jurisdictions where AIDS has been seen in the greatest numbers have AIDS task forces with heavy representation from the field of public health joined by others who can speak broadly to issues of access to care, provision of care and the availability of community and psychiatric support services. Such a task force is needed in every community with the power to develop plans and policies, to speak, and to act for the good of the public health at every level.

State and local task forces should plan ahead and work collaboratively with other jurisdictions to reduce transmission of AIDS by far-reaching informational and educational programs. As AIDS impacts more strongly on society, they should be charged with making recommendations to provide for the needs of those afflicted with AIDS. They also will be in the best position to answer the concerns and direct the activities of those who are not infected with the AIDS virus.

The responsibility of State and local task forces should be far reaching and might include the following areas:
- Insure enforcement of public health regulation of such practices as ear piercing and tattooing to prevent transmission of the AIDS virus.
- Conduct AIDS education programs for police, firemen, correctional institution workers and emergency medical personnel for dealing with AIDS victims and the public.
- Insure that institutions catering to children or adults who soil themselves or their surroundings with urine, stool, and vomitus have adequate equipment for cleanup and disposal, and have policies to insure the practice of good hygiene.

School

Schools will have special problems in the future. In addition to the guidelines already mentioned in this pamphlet, there are other things that should be considered such as sex education and education of the handicapped.

Sex Education

Education concerning AIDS must start at the lowest grade possible as part of any health and hygiene program. The appearance of AIDS could bring together diverse groups of parents and educators with opposing views on inclusion of sex education in the curricula. There is now no doubt that we need sex education in schools and that it must include information on heterosexual and homosexual relationships. The threat of AIDS should be sufficient to permit a sex education curriculum with a heavy emphasis on prevention of AIDS and other sexually transmitted diseases.

Handicapped and Special Education

Children with AIDS or ARC will be attending school along with others who carry the AIDS virus. Some children will develop brain disease which will produce changes in mental
behavior. Because of the right to special education of the handicapped and the mentally retarded, school boards and higher authorities will have to provide guidelines for the management of such children on a case-by-case basis.

_Labor and Management_

Labor and management can do much to prepare for AIDS so that misinformation is kept to a minimum. Unions should issue preventive health messages because many employees will listen more carefully to a union message than they will to one from public health authorities.

_AIDS Education at the Work Site_

Offices, factories, and other work sites should have a plan in operation for education of the work force and accommodation of AIDS or ARC patients before the first such case appears at the work site. Employees with AIDS or ARC should be dealt with as are any workers with a chronic illness. In-house video programs provide an excellent source of education and can be individualized to the needs of a specific work group.

_The health care system in many places will be overburdened as it is now in urban areas with large numbers of AIDS patients. It is predicted that during 1991 there will be 145,000 patients requiring hospitalization at least once and 54,000 patients who will die of AIDS. Mental disease (dementia) will occur in some patients who have the AIDS virus before they have any other manifestation such as ARC or classic AIDS. State and local task forces will have to plan for these patients by utilizing conventional and time honored systems but will also have to investigate alternate methods of treatment and alternate sites for care including homecare._

_The strain on the health system can be lessened by family, social, and psychological support mechanisms in the community. Programs are needed to train chaplains, clergy, social workers, and volunteers to deal with AIDS. Such support is particularly critical to the minority communities._

_Mental Health_

Our society will also face an additional burden as we better understand the mental health implications of infection by the AIDS virus. Upon being informed of infection with the AIDS virus, a young, active, vigorous person faces anxiety and depression brought on by fears associated with social isolation, illness, and dying. Dealing with these individual and family concerns will require the best efforts of mental health professionals.

_Controversial Issues_

A number of controversial AIDS issues have arisen and will continue to be debated largely because of lack of knowledge about AIDS, how it is spread, and how it can be prevented. Among these are the issues of compulsory blood testing, quarantine, and identification of AIDS carriers by some visible sign.

_Compulsory Blood Testing_

Compulsory blood testing of individuals is not necessary. The procedure could be unmanageable and cost prohibitive. It can be expected that many who test negatively might actually be positive due to recent exposure to the AIDS virus and give a false sense of security to the individual and his/her sexual partners concerning necessary protective behavior. The prevention behavior described in this report, if adopted, will protect the American public and contain the AIDS epidemic. Voluntary testing will be available to those who have been involved in high risk behavior.
Quarantine

Quarantine has no role in the management of AIDS because AIDS is not spread by casual contact. The only time that some form of quarantine might be indicated is in a situation where an individual carrying the AIDS virus knowingly and willingly continues to expose others through sexual contact or sharing drug equipment. Such circumstances should be managed on a case-by-case basis by local authorities.

Identification of AIDS Carriers by Some Visible Sign

Those who suggest the marking of carriers of the AIDS virus by some visible sign have not thought the matter through thoroughly. It would require testing of the entire population which is unnecessary, unmanageable and costly. It would miss those recently infected individuals who would test negatively, but be infected. The entire procedure would give a false sense of security. AIDS must and will be treated as a disease that can infect anyone. AIDS should not be used as an excuse to discriminate against any group or individual.

Updating Information

As the Surgeon General, I will continually monitor the most current and accurate health, medical, and scientific information and make it available to you, the American people. Armed with this information you can join in the discussion and resolution of AIDS-related issues that are critical to your health, your children’s health, and the health of the nation.
Minority Task Force on AIDS
c/o New York City Council
de Churches
475 Riverside Drive,
Room 456
New York, NY 10115
Phone: (212) 749-1214

Mothers of AIDS Patients (MAP)
c/o Barbara Peabody
3403 E Street
San Diego, CA 92102
(619) 234-3432

National AIDS Network
729 Eighth Street, S.E.,
Suite 300
Washington D.C. 20003
(202) 546-2424

National Council of Churches/AIDS Task Force
475 Riverside Drive,
Room 572
New York, NY 10115
Phone: (212) 870-2421

San Francisco AIDS Foundation
333 Valencia Street,
4th Floor
San Francisco, CA 94103
Phone: (415) 863-2437

National Association of People with AIDS
P.O. Box 65472
Washington, D.C. 20035
(202) 483-7979

National Coalition of Gay Sexually Transmitted Disease Services
c/o Mark Behar
P.O. Box 239
Milwaukee, WI 53201
Phone: (414) 277-7671
ADVANCE NOTICE OF BAY AREA SUMMIT - SET THIS DAY ASIDE NOW

What: A summit for Bay Area Asian and Pacific Islander representatives from different coalitions, organizations, and groups to address current local, regional, and statewide issues and develop a corresponding plan of action and a policy paper. Issues to be considered thus far are Managed Care and Block Grants Issues.

When: Wednesday, February 7, 1996, 10 AM to 3 PM

Where: Somewhere in San Francisco. Exact location with map and instructions to follow shortly after arrangements have been confirmed.

Why: To prepare in advance for the upcoming 1996 Legislative Day in Sacramento (tentatively scheduled for early March) as members of the Asian Pacific Islander’s California Action Network (API'sCAN) and effectively advocate for our needs as well as support the needs of our colleagues in other regions.

Cost: $15.00 per person. Registration forms to follow. Registration fees cover the cost of refreshments, lunch, rental of meeting facilities, and other associated costs. The Asian Pacific Advocacy and Resource Council will cover the balance of costs (approximately 50%) to support these regional efforts.

Questions: Call Jim Naritomi at (415) 202-7907 or Shirley Shiromoto at (415) 474-7310

Seating is limited to a maximum of 50 people on a first come - first served basis. Call Jim Naritomi now for advanced reservations.

Materials and labor provided by courtesy of the Asian Pacific Advocacy and Resource Council, APARC.
ACQUIRED IMMUNE DEFICIENCY SYNDROME, (A.I.D.S.)
AND
KAPOSI’S SARCOMA

Find out the facts at a
FREE PUBLIC FORUM
for the East Bay Community

Date: WEDNESDAY, JUNE 1
Time: 7:30 p.m.
Place: 155 DWINELLE HALL
UC BERKELEY CAMPUS

For more information contact:

Pacific Center for Human Growth
(415) 841-6224

A.I.D.S. & KS Research and Education Foundation
(415) 864-4376

Sponsored by:
East Bay Lesbian/Gay Democratic Club
Gay and Lesbian Union, U.C. Berkeley
Pacific Center For Human Growth
Gay Men's Health Collective/Berkeley Free Clinic
A.I.D.S. & KS Research and Education Foundation

Special Thanks to Dr. Tom Merrifield, Instructor of Sociology 150,
Sexual Diversity and Social Change: Homosexuality in American Society
29
May '96
Wednesday

World Affairs Center
312 Sutter St.
Second Floor

6:00 pm Reception
6:30 pm Program

Members: $7.00
Nonmembers: $10.00

Reservations are recommended: please call (415) 982-2541.

International Forum

Controlling the
International Spread
of AIDS

Pat Christen, Executive Director, San Francisco
AIDS Foundation

Marcy Fraser, Special Assistant, AIDS Office,
San Francisco Dept. of Public Health

Peter Lurie, Assistant Professor, Center for AIDS
Prevention Studies, UCSF

According to the World Health Organization, 20 million
people worldwide are infected with HIV. By the year 2000,
that figure could double. The US and Africa rank first and second in reported AIDS
cases. What efforts are being made to prevent the global spread of AIDS? How do
social, economic and political factors affect funding, research and treatment of the
disease?

Reservation Form: International Forum: Wednesday, May 29, 1996
International Spread of AIDS

Yes, I/we would be delighted to attend. Please reserve:

______ places for Members @ $7.00 = $________

______ places for Nonmembers @ $10.00 = $________

Name ____________________________

Address __________________________________________

City/State/Zip _______________________________________

Daytime phone ( ) __________

Make checks payable to World Affairs Council, and mail to 312 Sutter Street, Suite 200,
San Francisco, CA 94108. Telephone: (415) 982-2541  Fax: (415) 982-5028
MEDIA ALLIANCE PRESENTS

A.I.D.S. and the Media: Immune From the Facts?

What the Secretary of Health and Welfare has called the number one health priority in the country — the epidemic of immune deficiency called A.I.D.S. — presents a special challenge to the media. Fear of the unknown — and of the facts; the need to warn the public about the dangers and to avoid spreading rumor, and the mistrust of a hated minority are all concerns that raise the most basic questions about journalistic responsibility.

Media Alliance presents a panel of distinguished journalists and experts at the heart of a crisis in the news as disturbing as the health crisis itself.

Participants include . . .

Toby Marotta
Moderator
author of The Politics of Homosexuality and Sons of Harvard; Senior Research Fellow, U.R.S.A.

Jim Bunn
reporter, KPIX (CBS)

Bobby Campbell
contributing writer, the Sentinel

David Horowitz
contributing editor, California Magazine

Jay Levy, M.D.
Associate Professor of Medicine, Virology and Pathology, U.C.S.F.; Research Associate, the Cancer Institute

Paul Lorch
editor-in-chief, the Bay Area Reporter

Randy Shilts
reporter, the San Francisco Chronicle

Thursday, November 17  7 pm

Noe Valley Ministry
1021 Sanchez (between 23rd and 24th Streets)
San Francisco, CA

Media Alliance Members - $1.00; others - $3.00

Media Alliance  441-2557
PERSPECTIVES ON A.I.D.S.

A PANEL DISCUSSION WITH

NICK LATHEM: SHANTI PROJECT
DOROTHY HERTZ: HEALTH EDUCATOR
PARENTS AND FRIENDS OF LESBIANS AND GAYS
RICK COTTON: ARCHDIOCESE OF S.F.
REV. WILKERSO: CALVARY UNITED METHODIST CHURCH

FRIDAY, APRIL 3
12:00-2:00 p.m.
STUDENT UNION B-112

LGA
LESBIAN/GAY ALLIANCE
AIDS: BLAMING THE VICTIM

A FORUM

Allan Bérubé,
SAN FRANCISCO GAY AND LESBIAN HISTORY PROJECT

Ann Menasche,
LESBIAN ACTIVIST; MEMBER OF SOCIALIST ACTION

John Lorenzini,
CHAIRPERSON OF ALICE B. TOKLAS
DEMOCRATIC CLUB AIDS COMMITTEE; MEMBER OF PEOPLE WITH AIDS

Friday July 13
8pm, 3435 Army
(Room 308)

(DONATION: $2 / UNEMPLOYED: $1)
WHEELCHAIR ACCESSIBLE

FLYER LABOR DONATED. FOR MORE INFORMATION, CALL SOCIALIST ACTION AT (415) 821-0458

SOCIALIST ACTION
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Des échos de San Francisco

D'une conférence très américaine (mais très suivie par la communauté scientifique et associative française) nous arrivent des échos utiles comme tous les ans, même si aucune nouvelle révolution thérapeutique ne se profile à l'horizon. On y a beaucoup parlé d'épidémiologie et de prévention. La diffusion continue du virus chez les gays, et la théorie séduisante du traitement comme outil de prévention ont fait émerger un concept nouveau : celui de "charge virale communautaire", qui est la somme des charges virales les plus récentes des personnes contaminées par le VIH dans une communauté.

Ainsi, à San Francisco, cette charge virale communautaire a diminué entre 2002 et 2008. Cette tendance s'est accompagnée d'une diminution des nouveaux cas d'infection à VIH. On suppose qu'une amélioration du dépistage et une prise en charge plus performante et plus précoce ont conduit à ce résultat encourageant.

Il ne resterait plus qu'à appliquer les mêmes recettes dans notre environnement franco-français...

Effectivement, à l'échelle d'une population, l'intérêt de dépister et de traiter tôt ne fait plus guère de doute, même si l'on veut en attendre une augmentation dans un premier temps des coûts liés à la prise en charge du VIH.

À l'échelle individuelle, on va également vers une prise en charge plus précoce, avec comme idée de base de limiter le plus possible l'activation immunitaire et inflammatoire provoquée par le virus, à l'origine potentielle de nombreuses complications, cardio-vasculaires et autres.

En matière de molécules, on continue avec les mêmes. On compare les différentes combinaisons possibles (sans trouver forcément beaucoup de différences entre elles), et on se soucie davantage des propriétés qui permettent de prédire leur efficacité à long terme et leur bonne tolérance : parmi celles-ci, une bonne pénétration dans les compartiments peu accessibles aux traitements (système nerveux central, appareil génital) est un facteur sans doute important : les effets métaboliques, favorisant une augmentation du risque cardio-vasculaire, les effets rénaux, osseux... sont également à prendre en compte. D'ici à ce qu'une des associations les plus anciennes et éprouvées, comme Combivir et Viramune, retrouve son lustre, il n'y a qu'un pas... Tant parfois, en matière de thérapeutique antirétrovirale, on a l'impression d'assister à des phénomènes de mode, largement favorisés par un marketing pharmaceutique ayant parfois la délicatesse d'un bulldozer...
La CROI 2010 à la recherche de nouveaux repères

Il y a deux façons d’aborder une conférence sur le sida. Soit on est préoccupé par ses propres interrogations, on possède ses repères et on veut faire le point sur l’état d’avancement de ses sujets, soit on est sans a priori, on se laisse porter par le vent de la nouveauté et on découvre les *tertiae incognitae* que défiriche la recherche de pointe. C’est à n’en pas douter cette deuxième posture qui convenait le mieux pour aborder la dix-septième *Conference on Retroviruses and Opportunistic Infections*, la CROI, cette conférence américaine très attendue, qui s’est tenue du 16 au 19 février dernier à San Francisco.

**A** u risque de dérouter plus d’un clinicien à la recherche de révolutions thérapeutiques, le programme 2010 a perdu ses repères traditionnels, les nouveaux traitements et leurs corollaires, résistances, stratégies, complications, se fondent dans la masse des sessions orales. Ce qui émerge, ce sont les sujets qui décollent des enjeux de la lutte contre le sida dans la décennie à venir : étude de la transmission, techniques préventives, analyses épidémiologiques, pistes nouvelles en physiopathologie, hépatite C et rétrovirus émergents. Les sujets présentés à la CROI donnent ainsi une vision d’ensemble de la recherche actuelle, filtrée cependant par les spécificités de cette conférence bien américaine.

**Conférence internationale ?**

La CROI ne s’affiche pas comme “internationale”, même si elle s’en donne un peu l’aspect. Cette année, sur les 4 152 congressistes, sans surprise, un seul pays des 88 représentés fournit à lui seul 52 % des participants, les États-Unis. Le financement que la recherche américaine consacre au sida dépasse de loin celui des autres pays et le nombre des publications scientifiques américaines arrive largement en tête devant celles qui proviennent d’Europe (françaises et anglaises essentiellement). Ce sont donc surtout les programmes de recherche américains qui sont visibles à la CROI. De plus, la présence de doctorants mal assurés dans les sessions orales (tandis que des résultats consolidés émanant d’équipes internationales confirmées se retrouvent en publications écrites), laisse penser que, pour le moins, un système de quotas est appliqué ici, et qu’il faut donc savoir trier. Et puis le directeur du NIAID (l’Institut US des maladies infectieuses) Anthony Fauci est là, plus réjoui et conquérant que jamais, pour faire l’annonce de son programme de recherches tous azimuths, quelques semaines après le discours de politique générale de Barack Obama, dans lequel le président plaçait la lutte contre le sida parmi ses priorités. On se plaît à imaginer que d’autres dirigeants puissent avoir la même inspiration.

**Les clés pour comprendre...**

La pointe de la recherche se consacre aux sujets d’avenir. L’enjeu des traitements antirétroviraux, essentiel pendant vingt ans, cède du terrain. Avec une trentaine de molécules dans la pharmacopée, les cliniciens savent contrôler l’infection chez la plupart des personnes sans difficulté majeure. Pour autant, ce contrôle ne signifie toujours pas la guérison et avec le temps qui passe, le problème des séropositifs, ce sont les complications. C’est donc l’enjeu majeur des cliniciens, tandis que la recherche fondamentale se concentre sur l’étape suivante.

Entre physiopathologie et immunologie, la clé du contrôle de la maladie consiste à mieux comprendre ce qui fait l’état inflammatoire chronique des séropositifs. Pour cela on peut compter l’infection contrôlée depuis des millénaires des singes mange-ney enfermés à cette, équivalente à sa version humaine, des macaques rhesus contaminés en laboratoire. Dans sa synthèse, Guido Silvestri de l’Université de Philadelphie, explose à quel point la modulation de l’expression des récepteurs CD4 et CCR5 semble jouer un rôle déterminant dans le contrôle de l’activation immunitaire. Seraient-ce là une des clés de la compréhension du rôle immunomodulateur encore mal compris des inhibiteurs de CCR5 comme le maraviroc ?

Nous ne sommes pas tous égaux face à la maladie. L’étude des molécules HLA est là pour le démontrer.
French monthly on HIV/AIDS treatments; this issue entirely devoted to coverage of the HIV/AIDS content at the International Conference on Retroviruses and Opportunistic Infections held in San Francisco in March 2010.
Les nouveaux enjeux de la recherche

Pour développer des outils capables de limiter la transmission du virus, que ce soit par les microbi- cides, les traitements prophylactiques ou la recherche vaccinale, il faut mieux comprendre ce qui se passe dans la première étape, au moment de la transmission du VIH. Le passage du virus par les barrières muqueuses montre qu’elles sont malgré tout une très grande efficacité, mais n’ont pas pour autant une sélectivité très homogène. Dans la plupart des cas, un seul virus est responsable de la contamination. Cela concerne 80 % des cas de transmission par la muqueuse vaginale, dans laquelle l’immunité innée domine les moyens de défense, mais seulement 62 % des cas de transmission par la muqueuse anale, très riche en cellules immunitaires cibles du VIH. Moins surprenant, chez les usagers de drogue contaminés, on ne retrouve que 40 % de transmissions par un virus unique. Pour être efficace, la prévention doit aussi s’appuyer sur un socle solide de connaissances épidémiologiques et comportementales. Si les inégalités physiologiques semblent fatales, il en est d’autres qui ne sont que le résultat des choix de développement de nos sociétés. Les révéler fait partie du rôle des chercheurs en sciences sociales comme

Kimberly Smith, du Centre médical universitaire Rush, à Chicago. Elle tente d’expliquer comment, aux États-Unis, on est passé d’une maladie perçue comme celle des gays blancs à une épidémie où 48 % des séropositifs sont des noirs américains qui ne représentent pourtant que 12 % de la population. Dans ce groupe, l’accès aux traitements est plus tardif, le succès thérapeutique moins fréquent. Le déterminant de cette épidémie est un environnement à haut risque, équivalent au comportement à haut risque chez les gays, où la prévalence ne laisse pas de place à l’erreur. Cette analyse, relayée par les propositions très sociales de Kevin Fenton des CDC, laisse transparaître une influence politique nouvelle aux États-Unis. À bien y regarder, nos situations européennes ne sont pas si différentes si, dans les analyses, on substitue les migrants aux noirs américains. De quoi inspirer nos politiques pour que l’on accepte de regarder en face les ravages de la discrimination due au racisme.

Il a été beaucoup question de l’usage des traitements en prévention dans cette édition de la CROI. En plénière, où Elaine Abrams, de l’Université Columbia, est revenue sur la prévention de la transmission mère-enfant pour insister sur les conditions permettant de préserver le développement de résistances les nouveau-nés contaminés en utilisant des thérapeutiques plus efficaces. En session orale, où l’équipe de Gerardo García-Lerma, des CDC, a poursuivi ses investigations sur l’usage des prophylaxies pré-exposition chez les marques, montrant que la prise d’antirétroviraux qui suit l’exposition au virus est d’une importance critique tandis que d’autres présentateurs proposent l’utilisation des anti-CCR5 pour cette technique. En symposium, où Kenneth Mayer, de l’Université Brown, s’interroge sur le rôle préventif du traitement des séropositifs : panacée ou boîte de Pandore ? (voir page 12).

Enfin, un autre événement aura marqué cette dix-septième CROI. Lors de la première session de la conférence, Lynda Dee, Aids Treatment Activists Coalition, inaugurait une présentation dédiée à la mémoire de Martin Delaney, un activateur américain, fondateur de l’association Project Inform, mort d’une hépatite en 2009. Elle a retracé 25 ans d’activité, en collaboration, mais parfois aussi en conflits avec la recherche. L’occasion pour elle de faire remarquer que les militants associatifs, malgré le contingentement imposé par les dirigeants de la CROI, sont plus que jamais présents parmi les chercheurs.

1.25(01):20, est-tu là ?

En dehors des aliments dans lesquels on la trouve (lait, beurre, œufs...), la vitamine D est synthétisée par l’organisme grâce aux rayons ultra-violets (donc moins chez les personnes à la peau pigmentée et celles qui sont peu exposées au soleil). Elle sert principalement à la fixation du calcium sur les os. En 2008, dans le seul British Medical Journal, trois études ont révélé une association entre la déficience en vitamine D et une fréquence plus élevée d’infarctus du myocarde ; des états dépressifs ; des douleurs rhumatismales. En France, deux revues récentes de la littérature sur le rôle de la vitamine D dans la maladie cardiovasculaire vont dans le même sens.

Djéa en 2007, une méta-analyse3 de dix-huit essais cliniques réalisés auprès de plus de 57 000 personnes suivies pendant plus de six ans avait montré, au-delà du rôle de la vitamine D dans la solidité de l’ossature, que celles qui avaient pris au moins 500 unités internationales de vitamine D par jour avaient eu un risque de décès - par cancer, diabète, maladies cardiaques – réduit de 7 %, comparativement à celles qui avaient pris du placebo.

Vieillesse oblige

Ces recherches concernent la population générale, notamment plus âgée que jeune. Mais à la lumière de leurs résultats, on comprend mieux le regain d’intérêt pour la vitamine D dans les congrès réputés sérieux. Le vieillissement des PVVIH et les troubles qui l’accompagnent sont une préoccupation majeure, et les maladies que la vitamine D aiderait à
prévenir touchent aussi ces personnes. Le souhait de la CROI pour la vitamine D n'a donc pas été innocent.

Animant cette session, le Pr Reiss de l'Université d'Amsterdam a rappelé toutes les conséquences possibles du manque de vitamine D, fréquentes chez les PVVIH. Il a aussi expliqué que deux stades de déficience en vitamine D sont reconnus : l'insuffisance et la carence, définies par des valeurs de niveaux de vitamine D dans le sang. Ces valeurs ne sont pas universelles. Par exemple, elles ignorent les variations saisonnières (par été ensoleillé, elles sont souvent plus élevées) ou l'effet anti-UV de la peau foncée.

Quelles nouvelles informations sur la prévalence de la déficience en vitamine D chez les PVVIH allait-on entendre à la CROI ?

**D'un soleil à l'autre**

Des chercheurs d'Harvard et de Dar es Salaam en Tanzanie ont évalué le rapport entre de faibles taux de vitamine D et les conséquences sur la santé de 884 femmes, enceintes à l'entrée dans un essai portant sur la complémentation vitaminique (sauf vitamine D) et suivies pendant deux ans. Comparées à celles dont les taux de vitamine D étaient satisfaisants, les femmes qui en avaient de trop faibles taux ont eu en plus 45 % de risques de cachexie, 28 % de risques d'infections pulmonaires aigus, 25 % de risques de progression vers les stades 3 ou 4 (OMS) de l'infection à VIH et 192 % de risques de muqueux buccaux. L'incidence des aphtes buccaux, de la diarrhée et de la fatigue a également été plus élevée parmi ces femmes.

L'étude conclut que la vitamine D a un effet protecteur vis-à-vis de la progression de l'infection à VIH et de ses complications. Si cette protection était confirmée par des études randomisées, la complémentation en vitamine D serait alors un moyen peu onéreux et pratique pour prolonger la durée de vie sans antirétroviraux et améliorer la qualité de vie des PVVIH.

Aux États-Unis, des chercheurs se sont intéressés à la déficience en vitamine D et à ses conséquences parmi 609 femmes dans la cohorte WHIHS (480 séropositives et 122 séronégatives), vivant à New York et à Chicago. Le taux d'insuffisance découvert par les chercheurs est de 60 %, celui de carence de 23,5 %. Ni l'âge, ni le statut sérologique pour le VIH, ni le nombre de CD4 n'apparaissent comme des facteurs prédictifs de la déficience en vitamine D. Le seul facteur à être significativement prédictif pour le risque de déficience en vitamine D est la peau foncée.

L'incidence de la vaginose bactérienne parmi toutes les femmes dans cette sous-étude est de 19 % et fortement corrélée à la déficience en vitamine D. D'ailleurs, plus cette dernière s'accentue, plus le risque de vaginose s'accroît.

Une analyse rétrospective des taux de vitamine D dans des échantillons de sang de 211 participants à la cohorte suisse du VIH (75 % hommes ; 88 % blancs) a été présentée. Ces échantillons avaient été prélevés avant le début du traitement, et aux douzième et dix-huitième mois après le début du traitement, ce qui a permis d'évaluer l'impact saisonnier sur les taux de vitamine D (le douzième mois étant dans la même saison que le début du traitement ; le dix-huitième à la saison opposée).

Les résultats sont parallèles:

<table>
<thead>
<tr>
<th>Déficience en vitamine D</th>
<th>Automne</th>
<th>Printemps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avant traitement</td>
<td>14 %</td>
<td>42 %</td>
</tr>
<tr>
<td>Au 12ème mois de traitement</td>
<td>14 %</td>
<td>47 %</td>
</tr>
<tr>
<td>Au 18ème mois de traitement</td>
<td>Non communiqué</td>
<td></td>
</tr>
</tbody>
</table>

En dehors des facteurs saisonniers, celui de la peau blanche a un impact positif (taux plus élevés de vitamine D). Les facteurs dont l'impact est négatif sont l'usage de drogues injectables et les inhibiteurs non-nucléosidiques de la transcriptase inverse (INNTI).

Dans un sous-groupe de 74 patients, les taux de 25(OH)2-D3, la vitamine D produite par l'organisme – ont été observés et ses niveaux élevés sont corrélés à l'insuffisance corporelle et à l'usage du tobacco. Alors que des CD4 élevés, l'hépatite C, l'usage de drogues injectables et le sida déclaré sont corrélés à de faibles niveaux de la molécule.

Chez les patients sous tenofovir, un taux élevé de 25(OH)2-D3 est corrélé à une augmentation de la phosphatase alcaline sérique, soulignant les chercheurs.

Dans le cohorte italienne ICONA, 1505 échantillons de plasma (856 patients) ont été analysés : 262 dataient d'avant les traitements et 1243 de 14 mois après leur début. L'âge moyen des patients était de 36 ans. 93 % d'entre eux étaient originaires d'Italie. L'insuffisance et la carence en vitamine D ont été détectées chez 54 % et 7 % des patients, respectivement. Sans surprise, leurs niveaux ont varié en fonction des saisons (bien plus faibles en hiver et au printemps). Plus les patients sont âgés, plus l'insuffisance s'accentue. Les facteurs de réduction des risques de déficience sont : la race blanche ; l'indice de masse corporelle élevé ; les antiprotéases. Mais les INNTI augmentent ces risques.

Des données de l'étude SUN des CDC ont été présentées. SUN est une cohorte prospective d'observation de 700 adultes séropositifs vivant dans quatre villes américaines. Ces données concernent 672 patients (77 % hommes ; 30 % noirs ; 10 % d'origine hispanique ; âge moyen 41 ans ; CD4 moyens 471 ; 74 % avec une charge virale < 400 copies/ml), pour qui les taux de vitamine D ont été mesurés (ils n'ont pas en fait été complémentés) entre mars 2004 et juin 2006.

Chez 71,6 % d'entre eux, une insuffisance en vitamine D a été détectée. Ni l'âge, ni la densité miniérale osseuse, ni le genre n'ont pu être associés à cette insuffisance. Mais le risque élevé d'insuffisance en vitamine D a été associé à :
- la race noire
- l'origine hispanique
- une faible exposition aux UV (données rapprochées de celles de la météo)
- l'hyper tension
- le manque d'exercice
- l'exposition à l'évairience
L'insuffisance rénale et l'exposition au ronflement sont associées à une moindre fréquence des anomalies concernant la vitamine D.

En conclusion, près de trois quarts des patients avaient une insuffisance en vitamine D. Les associations entre cette insuffisance et celle des reins, et l'exposition au ronflement et à l'évairience sont en cohérence avec les altérations connues du métabolisme de la vitamine D, provoquées à la fois par le VIH et les traitements antirétroviraux. Selon les chercheurs, la complétion en calcium et en vitamine D pour prévenir la décalcification osseuse pourrait être justifiée chez les personnes prenant de l'évairience.

Docteur, que fait-on ?

Et si on faisait plus simple que ces prudents conseils des chercheurs des CDC ? Si on passait enfin à la vitesse grand V pour la vitamine D ? À quelques mois de la publication du nouveau Rapport Yén, il ne nous semble pas déraisonnable d'imaginer des recommandations incluant une prescription systématique de la vitamine D, sans indication spécifique, peu onéreuse et facile à prendre (à moins d'une contre-indication formelle) ; et nombre de cliniciens ont déjà adopté cette pratique. Si dans nos prochaines recommandations, les mots "vita mine D" n'apparaissent que trois fois comme c'est le cas dans le Rapport 2008, nos experts seront vraiment passés à côté de quelque chose d'important. Comme on dit en anglais, "humble opinion".

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GLOSSAIRE

(1) Méta analyse : Démarche statistique combinant les résultats d'une série d'études indépendantes sur un problème.

(2) Valeurs (normes) pour la Vit D : Insuffisance = de 50 à 75 ng/ml (20-30 ng/ml). Carence = < 50 ng/ml (20 ng/ml).

(3) Calcé ne : Dégradation profonde de l'état général, accompagnée d'une marge importante.

(4) Médicament : Candidose buccale.

(5) Phosphatase alcaline : Les phosphatases alcalines sont des enzymes d'origine osseuse ou hépatique ; La phosphatase alcaline osseuse est le reflet du remaniement de la matrice osseuse ou des perturbations du remodelage osseux.

(6) CDC : Centers for Disease Control, agence gouvernementale américaine principale en matière de protection de la santé publique et de surveillance des maladies.
LE SYSTÈME NERVEUX CENTRAL :

Un compartiment à protéger

Une session de la CRIOI a été entièrement consacrée aux troubles neuro-cognitifs, un sujet d'actualité où les connaissances progressent. On a assisté en particulier à une mise à jour concernant la pénétration des antirétroviraux dans le système nerveux central, et sa conséquence – encore controversée – sur les troubles cognitifs observés ainsi que sur d'éventuelles adaptations thérapeutiques à envisager.

Le système nerveux central est envahi de façon précoce par le VIH au cours de l'infection. Autrefois, en l'absence de médicaments efficaces, cela conduisait à des cas assez fréquents “d'encéphalite à VIH”, à un stade avancé de la maladie. Dès cette époque, on avait pu observer, grâce à la mise en route d'un traitement par zidovudine, une véritable “résurrection” chez des personnes très atteintes. On sait maintenant que la zidovudine en est en effet un des antirétroviraux qui pénètrent le mieux dans ce “compartiment”. L'effet empirique observé il y a vingt ans ou presque a trouvé son explication scientifique.

Aujourd'hui, nous en sommes plutôt à l'observation de "TNC", ou troubles neuro-cognitifs, le plus souvent mineurs, mais plus fréquents que dans la population générale d'âge comparable. Ceci est un réel sujet de préoccupation, dans une population vieillissante qui sera par ailleurs soumise aux autres risques d’altérations cérébrales liées à l’âge (Alzheimer, démence cérébro-vasculaire, Parkinson et autres joyeusetés…).

Le système nerveux central est en effet un compartiment à part du reste de l'organisme et du système immunitaire, dont il est, en partie, séparé par une barrière physiologique. Cela explique que certaines sous-populations du VIH puissent y évoluer pour leur propre compte, et y entretenir un état inflammatoire persistant, même si la charge virale est bien contrôlée dans le sang. Cela, d'autant plus que la pénétration des antirétroviraux y est inégale, souvent insuffisante, et dépend des médicaments utilisés.

Les médicaments atteignent-ils leur cible ?

L'évaluation de cette pénétration est évidemment difficile, et l'on n'en a qu'une approche imparfaite en mesurant la charge virale et la concentration des médicaments dans le liquide céphalo-rachidien (LCR) obtenu par ponction lombaire. Or cette dernière est un geste invasif, qui, même s'il est en général peu douloureux, ne peut être généralisé. Par ailleurs, les données obtenues ainsi ne reflètent sans doute que très imparfaitement la pénétration et l'efficacité des molécules dans le tissu cérébral.

Environ 5 % des patients qui ont une charge virale indétectable au niveau périphérique (dans la circulation sanguine) ont une virémie détectable dans le LCR avec les tests de sensibilité classique, mais ce pourcentage peut atteindre 40 % si on utilise des tests de charge virale ultrasonables, avec un seuil à 2 copies/ML par exemple.

Dès 2006, Scott Letendre, coordinateur d'une étude importante sur les troubles neurologiques liés au VIH, avait mis au point un score "Charter" (c'est le nom de l'étude en question, ou "Central Nervous System HIV Antiretroviral Therapy Effects Research") de pénétration des molécules antirétrovirales dans le système nerveux central. Ce score a été affiné et modifié en 2008, publié dans la revue Archives of Neurology, et son actualisation était attendue à la CRIOI de cette année.

On dispose donc d'un nouveau score Charter (voir tableau ci-dessous) incluant les molécules les plus récentes, et qui se subdivide maintenant en quatre catégories au lieu de trois : chaque molécule reçoit un score de 1 à 4 au lieu de 0, 0,5 et 1 précédemment, et on additionne chaque chiffre pour obtenir le score de pénétration d'une combinaison de molécules ; cependant la pertinence de ce score en ce qui concerne sa corrélation avec les troubles neuro-cognitifs, et leur amélioration éventuelle en changeant de traitement pour utiliser des molécules ayant une meilleure pénétration reste controversée.

Du score à son interprétation...

Néanmoins, plusieurs études présentées à la CRIOI vont dans ce sens. Il semble qu'avoir une charge virale détectable dans le LCR soit associé à de moins bonnes performances neuro-cognitifs, et qu'un score Charter bas soit associé à une perte de réponse virologique dans le LCR, quand celle-ci avait été obtenue auparavant. Une étude italienne a indiqué que les patients prenant une combinaison thérapeutique avec un score Charter élevé ont globalement une meilleure réponse aux tests de performance neuro-cognitive que ceux ayant un score bas. Mais l'évaluation des troubles neuro-cognitifs est par elle-même difficile, car des interférences sont possibles. Ainsi, en cas de fatigue, l'utilisation d'antidépresseurs peut stimuler les performances, et par ailleurs améliorer l'observance, donc la concentration des antirétroviraux dans le sang et le liquide céphalo-rachidien. On pense d'ailleurs que certains antidépresseurs pourraient avoir aussi un effet "neuro-protecteur" propre. L'évènement, par ses effets neuro-psychologiques bien connus (stimulants ou quelquefois dépressifs), peut lui aussi modifier les performances aux tests cognitifs.

Des indications utiles

Le score de pénétration des antirétroviraux peut donc donner des indications quant au choix des antirétroviraux à privilégier, mais il faut garder à l'esprit que sa pertinence fait encore l'objet de discussions. Une donnée reconnue par tous est la fréquence accrue de troubles neuro-cognitifs quand l'immunodépression a été profonde (nadir<20) de CD4 bas avant la mise sous traitement, autrement dit quand la prise en charge de l'infection à VIH a été tardive. Même si, par la suite, les CD4 remontent à un taux quasi normal, le système nerveux central semble garder la trace de l'invasion massive par le virus qu'il a connu, et de l'état inflammatoire entrepris par le virus dans le tissu cérébral. Cela est un argument supplémentaire en faveur d'une prise en charge précoce de l'infection. Et s'il est un message de bon sens que l'on pourrait retenir de ces nombreuses études aux résultats parfois un peu contra dictoires, c'est qu'il semble logique de privilégier des antirétroviraux ayant une bonne pénétration (voir tableau) en cas de prise en charge tardive ou de troubles neuro-cognitifs avérés, même mineurs.

**SCORE CHARTER**

<table>
<thead>
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<th>Médicament</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
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<tbody>
<tr>
<td>zidovudine</td>
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<tr>
<td>abacavir</td>
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<tr>
<td>maraviroc</td>
<td></td>
<td></td>
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<tr>
<td>enfuvirtide</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Tableau**

Liquide Céphalo-Rachidien (LCR) : Liquide qui baigne l'ensemble du système nerveux central, ou cerveau à la moelle épinière.

 Valeur des CD4 la plus basse atteinte par un patient au cours de son infection à VIH.

**GLOSSAIRE**

(LCR) : Liquide Céphalo-Rachidien (LCR) : Liquide qui baigne l'ensemble du système nerveux central, ou cerveau à la moelle épinière.
Complications rénales au cours de l'infection à VIH

Parmi les pathologies chroniques auxquelles on accorde maintenant plus d’attention, du fait du vieillissement de nombreuses personnes concernées par l'infection à VIH, se trouve l'atteinte du rein, ainsi qu'une altération de la densité osseuse pouvant conduire à un risque de fracture plus important.

La fonction rénale s'altère "normalement" avec l'âge. Cela ne conduit que rarement à des complications nécessitant une prise en charge lourde, telle l'hémodialyse. L'infection à VIH est par ailleurs connue comme pouvant conduire à une atteinte rénale particulière baptisée HIVAN, plus fréquente chez les personnes de race noire, ainsi qu'à des cas, très rares, d'insuffisance rénale aiguë liée au tenofovir (syndrome de Fanconi).

Les données présentées à la CROI concernent le risque d'insuffisance rénale chronique, tel qu'il a été évalué dans la grande cohorte EuroSIDA, dans laquelle sont suivies (depuis 1994) 16 500 personnes séropositives de 103 centres, dans 35 pays en Europe ainsi qu'en Israël et en Argentine. C'est donc une très large base de données observationnelles, et 6 943 patients ont bénéficié d'un suivi rénal par des dosages réguliers de créatinine avec un suivi médian de quatre ans. 225 patients (5,3 %) ont progressé vers une insuffisance rénale chronique, définie par une clairance de la créatinine inférieure à 60 mL/min ou un déclin de 25 % de la clairance au cours du suivi. L'étude analyse le rôle de chaque antirétroviral utilisé, et a pris en compte les différentes façons dont ils pouvaient être combinés. Les molécules considérées comme associées à un risque d'insuffisance rénale chronique sont le tenofovir, l'atazanavir (associé au tenofovir), l'indinavir et peut-être le lopinavir. On ne dispose pas d'un recul suffisant pour évaluer les molécules les plus récentes comme le darunavir, le raltégravir, l'étravirine et le maraviroc.

L'accroissement du risque lié au tenofovir (16 % par année supplémentaire d'exposition) ne constitue pas forcément un problème pour les personnes ayant une bonne fonction rénale au départ, mais peut en représenter un pour ceux qui ont déjà une fonction rénale altérée ou des risques surajoutés (hypertension ou diabète par exemple).

L’os aussi...

Le présentateur des résultats de la cohorte (Kim) a insisté sur le fait que des études portant sur de larges effectifs et des durées de suivi importantes étaient nécessaires pour mieux appréhender les conséquences à long terme de cette insuffisance rénale chronique, telles qu'une mortalité plus précoce, l'évolution vers une dialyse, ou au contraire la réversion de cette altération. On pourrait ajouter à ces conséquences possibles une diminution de la densité osseuse pouvant conduire à long terme à un risque de fracture.

Une autre étude présentée à la CROI sur une cohorte (HOPS ou HIV Outpatient Study), celle-ci portant sur les patients suivis entre 2000 et 2008 dans huit villes américaines, a en effet porté sur le risque fracturaire chez les personnes infectées par le VIH, qu'elles soient traitées ou non. Les fractures à des sites osseux "fragiles", comme le poignet et les vertèbres, étaient environ quatre fois plus nombreuses dans la cohorte HOPS que dans la population générale.

Les facteurs associés à un risque accru de fracture étaient l'âge (loquement), un nadir élevé de CD4 inférieur à 200/mm³, une co-infection avec l'hépatite C, un diabète, une toxicomanie.

**GLOSSEIRE**

1. **Hémodialyse**
   La dialyse est le phénomène naturel de l'épuration du sang à travers une membrane. Elle est utilisée pour traiter la néphropathie rénale terminale.

2. **HIVAN**
   De l'anglais HIV Associated Nephropathy, néphropathie associée au VIH.

3. **Créatinine**
   Le créatinine est un produit métabolique qui est éliminé par les reins. Mesurer la concentration sanguine de créatinine permet d'obtenir des informations sur le fonctionnement des reins.

4. **Clairance de la créatinine**
   Coefficient d'épuration plasmatique d'une substance naturellement produite par l'organisme ou d'un médicament.

5. **KID**
   Valeur des CD4 la plus basse atteinte par un patient au cours de son infection à VIH.

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Abbott France, Boehringer Ingelheim, Bristol Myers-Squibb, Gilead, Janssen-Cilag, MSD, Sanofi-Aventis, Schering Plough, VII Healthcare, Centre Biologique du Chemin Vert
Les anti-CCRS se suivent mais ne ressemblent pas...

Depuis longtemps sur le marché du maraviroc il y a deux ans, aucun autre inhibiteur du CCR5 n’est venu s’ajouter à cette nouvelle famille d’antirétroviraux. Le T816-522, nouvel anti-CCR5 actuellement développé par Tobira Therapeutics pour le traitement de l’infection VIH, est actuellement en phase IIa. Les données issues de l’essai montrent une relation claire et cohérente entre les concentrations plasmatiques de T816-522 et l’activité antivirale, et l’efficacité clinique de cet inhibiteur de CCR5 n’aurait probablement pas l’utilisation concomi- tante d’un booster. Dans cet essai mené auprès de 54 patients prétraités infectés par le VIH, où a testé, pendant 10 jours, en une prise par jour, le T816-522 en monothérapie. Les résultats ont montré un contrôle de bonnes propriétés pharmacocinétiques du produit avec une demi-vie de 35 à 40 heures. Une autre étude en dou- ble aveugle a testé différents dosages du composé (25 mg, 50 mg, 75 mg, 100 mg et 150 mg et placebo). Tous les patients étaient prétraités, mais aucun n’avait été précédemment traité avec un antagoniste du CCR5. L’efficacité du T816-522 a été observée avec la dose de 75 mg. D’autres spécificités précisées à propos de la molécule intéressante, car elle a un effet anti-inflammatoire, elle pourrait être prise en une fois par jour et elle ne semble pas induire de mutations de résistance. Évidemment, ça n’est que le début, et la phase III le permettra d’explorer plus approfondie de ce probable nouveau membre de la famille des anti-CCRS. Mais toutes les nouvelles concernant cette fa- mille ne sont pas très bonnes. En effet, le maraviroc, anti-CCR5 en phase III de déve- loppement, n’a pas montré une très bonne efficacité dans deux grandes études chez 800 patients prétraités à qui l’on a administré, dans un bras, 30mg de maraviroc en une prise par jour, et dans l’autre, un placebo, en association avec un traite- ment optimisé. La tolérance a été bonne, mais à la semaine 48, des propor- tions similaires de patients dans les deux groupes de traitement avaient atteint une charge virale inférieure à 50 copies/ml, 64 % dans le bras maraviroc et 62 % dans le bras placebo. La charge virale est pas- sée en dessous des 400 copies/ml chez respectivement 72 % et 71 %. Dans le traitement, on voit que ceux qui avaient arrêté de fumer avaient toujours un taux de succès moins bon en effet, tout porte à croire qu’avec la nouvelle génération de molécules qui sont arrivées ces dernières années sur le marché, nous témoignons un seuil d’efficacité difficile à dépasser. Nous ne sommes plus dans la si- tuation où nous n’avons pas que des molécules de première génération qui étaient moins puissantes…

La molécule PRO2000 est un candidat microbicide, issu de la famille des phena- tines, disponible sous forme de gél vagi- nal. Une étude de tolérance présentée à la CROI l’an dernier avait montré une réduction non significative de l’inci- dence du VIH en utilisant PRO2000 à la dose 0,5 %. Un essai d’efficacité a été- pendant été construit en intégrant une nouvelle posologie. C’est un essai rando- misé avec environ 3 000 participants. Les inclu- sions dans chacune des 3 bras de l’étude : (i) PRO2000 0,5 % ; (ii) PRO2000 2 % ; et (iii) placebo, avec un suivi sur 48 semaines. Les résultats de cette étude dans quelque 4000 patients “sous” nous ont été présentés à un moment un peu plus tôt, dans la CROI 2010, qui a été réécrit en classement de l’intérêt de l’utilisation du PRO2000. Le traitement, en effet, a montré une tolérance du produit et une bonne adhésion des participants. Cette étude signifie l’insuffisance de l’activité antivirale de cette molécule et l’arrêt de son déve- loppement en tant que molécule microbicida. Source : Edimark.fr (Charlotte Charpentier)

Le microbicide PRO2000 a été recelé

Le pourcentage de personnes séropo- sitives qui n’ont pas été infectées est décent. Il n’est probable que l’utilisation de PRO2000, qui est un microbicide actif, n’est pas une alternative à l’utilisation de l’antiretrovirale. A défaut de réelles nouveautés, de plus en plus de laboratoires pharmaceutiques ré- flechissent à l’utilisation des pratiques des antirétroviraux. Ainsi, dans le “Quod” de Gilead, et l’apriliste, ainsi qu’entre les deux types de boost (84 % de patients avec 45 % de patients à 48 % pour le co- bicidat et 86 % pour le ronvirahû à l’atavirinaux). Cela s’accompagne d’une bonne restauration immunitologique dans les trois cas de figure étudiés. La tolé- rance est également satisfaisante, avec moins d’effets secondaires neuropsychia- triques en ce qui concerne le Quad avec l’apriliste. Par ailleurs, le cobicit- tat booste aussi bien l’antiretrovirale que l’apriliste. Il pourrait, après (mono- booster) d’autres antirétroviraux. Cette étude ouvre des perspectives d’ave- nir pour le Quod de Gilead mais aussi pour son booster qui risque de faire de l’ombre au ronvirahû. À suivre…

Les promesses d’ODIN

ODIN est un essai mené par Tibotec comparant l’efficacité et la sécurité du darunavir/ritonavir (Prezista) en une ou deux prises par jour chez des patients pré-trai- tés n’ayant pas de résistances asso- ciées (cou du). Les résultats à 48 semaines de cette étude randomisée comparant un bras de darunavir/ritonavir 800/100 mg en une prise par jour à un bras de 600/100 mg deux fois par jour des deux bras étant associés à un traitement optimisé comprenant au moins deux inhibiteurs nucleosidiques de la transcriptase inverse) ont confirmé la non significativité de la prise once-quotidienne (change de frontière inférieure à 350 copi- es/ml à 72,9% dans la prise une fois par jour, contre 70,9 % et deux fois par jour), il en est de même pour la restaura- tion immunitologique (1 948 à 1 000 cellules/mm³). Le propiconazole de cette stra- tégie a été faible et seul un patient a développé des mutations associées à une résistance primaire aux inhibiteurs de la protéase. La tolérance clinique a été comparable entre les deux bras de l’es- sai, avec un faible taux de diarrhées et d’arrêts de traitement. De plus, il a été le- ral que l’augmentation des lipides (classic- ques dans les traitements incluant des anti-protéase) a été deux fois moins élevée dans le bras en une fois par jour avec des effets indésirables globalement moins marqués.

Le ‘QUAD’ sur la bonne voie

Nous en avons déjà parlé dans Info- Traitements, Gilead prépare une théra- pie antirétrovirale comprenant quatre molécules dans un seul comprimé... les études de phase III ont été présentées à la der- nière CROI sont prometteuses. À défaut de réelles nouveautés, de plus in- formations pratiques des traitements des antirétroviraux. Ainsi, dans le “Quod” de Gilead, et l’apriliste ainsi qu’entre les deux types de boost (84 % de patients avec 45 % de patients à 48 % pour le co- bicidat et 86 % pour le ronvirahû à l’atavirinaux). Cela s’accompagne de meilleure restauration immunitologique dans les trois cas de figure étudiés. La tolé- rance est également satisfaisante, avec moins d’effets secondaires neuropsychia- triques en ce qui concerne le Quad avec l’apriliste. Par ailleurs, le cobicit- tat booste aussi bien l’antiretrovirale que l’apriliste. Il pourrait, après (mono- booster) d’autres antirétroviraux. Cette étude ouvre des perspectives d’ave- nir pour le Quod de Gilead mais aussi pour son booster qui risque de faire de l’ombre au ronvirahû. À suivre…

Les podcasts de la CROI 2010 sont en ligne sur notre site internet

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Les antirétroviraux en prévention, panacée ou boîte de Pandore ?

Ce titre était une des communications de Kenneth Mayer (États-Unis) dans une des sessions de cette 17ème conférence de la CROI. Il résume bien l’ère qui s’annonce dans la lutte contre l’épidémie au VIH...

Une nouvelle réflexion émerge depuis quelques temps sur la possibilité d’utiliser les antirétroviraux en prévention de l’infection au VIH. Celle-ci suscite autant d’espoir que de craintes. Il est clair aujourd’hui et cela a été montré dans certaines communications et posters de la conférence, qu’une baisse de la contamination s’observe dans plusieurs pays où le traitement et la prévention sont intégrés (Brésil, Taiwan). Au niveau épidémiologique, il a été démontré que l’accès au traitement permet de réduire l’incidence de l’épidémie ou les nouvelles contaminations. La prise en charge et le traitement des personnes ayant bénéficié du dépistage du VIH se fera dans les années à venir de plus en plus tôt. Par exemple, à San Francisco, il semble qu’il y ait une baisse des nouveaux diagnostics lié à un accès aux soins plus précoce. Ceci est aussi observé dans une étude menée à Vancouver (Canada) chez les consommateurs de drogues injectables.

D’autres recherches axées sur la prévention en cours, avec plus ou moins de succès, ainsi que de nouvelles méthodes biomédicales pour essayer de contrôler la transmission du VIH, aussi bien par voie vaginale que par voie rectale, comme les microbicides. Les traitements pré-exposition sont également étudiés avec l’intérieur dans différentes populations (femmes, utilisateurs de drogues injectables, hommes ayant des rapports sexuels avec d’autres hommes, professionnels du sexe) et nous devrions avoir quelques premiers résultats d’ici la fin de l’année 2010.

Pourquoi des antirétroviraux comme première méthode de prévention ?

Plusieurs études le montrent, d’abord sur les primates, qui ont mis en évidence la baisse de la transmission en pré ou post-exposition. Des exemples plus connus et déjà anciens le confirment, comme la réduction de la transmission materno-foetale. Il y a également la prophylaxie post-exposition qui a fait ses preuves. Tous ces exemples dessinent le profil de l’antirétroviral idéal à utiliser en prophylaxie : il devrait être peu toxique, bien toléré, avec une demi-vie longue, peu coûteux, stable (résistant à la chaleur et à l’humidité), sans risque pour les femmes enceintes, avec peu d’interactions médicamenteuses, et une haute barrière à la résistance.

Malgré tout, de nombreuses questions restent en suspens. Comment bloquer le cycle de vie du VIH ? Pourrait-on développer des antirétroviraux utilisables seulement en prévention ? Que se passerait-il si le traitement était le mieux utilisé, des antirétroviraux par voie orale ou de contact (dits topiques) ? Quelle serait la meilleure voie d’administration (gel, anneau, suppositoires, diaphragme, injection, comprimé) ? Comment déterminer la meilleure dose ? À intervalles fixes ou avant / après le coût ? Les réponses à ces questions ne seront pas simples à obtenir, et les méthodes au final devraient certainement combiner plusieurs de ces possibilités.

Et comme l’a conclu Kenneth Mayer, le traitement en prévention n’est ni une panacée, ni une boîte de Pandore, mais un laboratoire dans lequel il faudra trouver la meilleure issue. Dans tous les cas, un traitement de plus en plus précoce est inévitable : pour cela, tout un travail d’éducation sera nécessaire en amont, et ce traitement devra être maintenu, il faudra gérer les infections sexuellement transmissibles, et compenser les risques de relâchement que cela entraînera probablement...

Encore des questions, et si peu de réponses... Mais les certitudes changent si rapidement...

VIEILLISSEMENT DES PERSONNES INFECTÉES PAR LE VIH

“Ça se confirme…”

Le Professeur Jacqueline Capeau est à l’INSERM, unité 402. Elle s’est beaucoup impliquée dans les études menées en France sur le vieillissement des personnes vivant avec le VIH. Nous l’avons croisée à la 17ème conférence sur les rétrovirus et les infections opportunistes, et interrogée sur un de ses sujets de prédilection...

« Le vieillissement accéléré des patients a été particulièrement illustré pendant cette conférence. C’est malgré tout une préoccupation qui n’est pas sans doute assez prise en compte, en particulier aux États-Unis, alors que j’ai l’impression qu’en France, c’est tout de même une problématique qui a déjà été interprétée largement l’ANRS* et à laquelle nous réfléchissons de manière importante. »

Plusieurs communications et posters l’ont mis en évidence à cette conférence, il y a chez les personnes infectées par le VIH une incidence augmentée d’un certain nombre de comorbidités**, des complications que l’on dépiste plutôt dans la population générale chez des sujets âgés et qui vont survenir dix ou vingt ans plus tard chez les patients qui sont infectés par le VIH. Ces complications sont diverses et on peut mettre par exemple en évidence une augmentation des risques des anomalies locomotrices, une augmentation du risque d’insuffisance rénale et d’ostéoporose***.

Un très beau travail d’investigation d’une équipe de l’Université de Modène, a observé chez des patients infectés par le VIH, comparés à des patients séronegatifs (bien contrôlés), le nombre d’anomalies liées au vieillissement qu’avaient ces patients en compant les problèmes cardiovasculaires, l’hypertension, le diabète, l’insuffisance rénale. Les résultats obtenus montrent très clairement qu’à âge égal, les patients infectés par le VIH accumulent plusieurs anomalies liées au vieillissement par rapport à la population générale. Nous sommes là en train de complétement confirmer ce concept que l’on pensait de manière plus forte à savoir que ces patients vieillissent trop tôt. Pourquoi ? Encore une fois, la question qui se pose est de déterminer le rôle des différents facteurs qui prédispèson a cela, mais les études confirment largement l’augmentation de la prévalence des différentes comorbidités, et surtout, ce qui est important, c’est que ce sont les mêmes patients qui vont à la fois accumuler des problèmes rénaux, de tension artérielle et de diabète.

Il y a a priori deux grands facteurs qui provoquent cela : le virus (beaucoup de travaux montrent que l’infection virale, même à bas grade et contrôlée, est responsable d’une augmentation du risque cardiovasculaire) et les traitements. Ces derniers vont bien évidemment (et c’est de même le plus important) contrôler l’infection de manière à obtenir une charge virale indétectable, mais l’on voit bien que ces traitements (probablement les inhibiteurs de la protéase potentiellement ou le ritonavir — ou encore, “boosted”) vont rajouter une part de risque cardiovasculaire. Les patients ont une double mauvaise chance de vieillir trop vite puisqu’ils sont infectés (même quand leur infection est contrôlée) et sont à la fois sous traitement. »

GLOSSAIRE

(ANRS) Agence Nationale de Recherche sur le Sida et les hépatites virales.
(1) Comorbidités : Présence d’un ou de plusieurs troubles associés à un trouble ou une maladie primaire.
(2) Ostéoporose : C’est une maladie caractérisée par une fragilité excessive du squelette, due à une diminution de la masse osseuse et à l’altération de la microarchitecture osseuse.

*ANRS : Agence Nationale de Recherche sur le Sida et les hépatites virales.
**Comorbidités : Présence d’un ou de plusieurs troubles associés à un trouble ou une maladie primaire.
***Ostéoporose : C’est une maladie caractérisée par une fragilité excessive du squelette, due à une diminution de la masse osseuse et à l’altération de la microarchitecture osseuse.
Patients séropositifs, votre expertise nous intéresse

Le comité de rédaction d’InfoTraitements s’efforce chaque mois d’équilibrer seize pages d’informations, incluant à la fois l’actualité thérapeutique et les attentes de ses lecteurs pour contribuer à l’amélioration de leur qualité de vie. Avec cet “exercice” mensuel, nous avons pour ambition de rester au plus près de vos préoccupations. Mais il nous manque de temps à autre des retours de votre part. Ce message vaut pour appel, et vous aimeriez comprendre que vous êtes toujours les bienvenus pour nous faire part de vos suggestions, points de vue et critiques, qui nous aident à améliorer votre mensuel. Ainsi, à tout moment, vous pouvez passer ponctuellement du statut de pur lecteur à celui “d’acteur” d’InfoTraitements.

Autre point important. Tout le monde n’est pas appelé à couvrir une conférence comme la CROI, mais chacun d’entre nous a développé un savoir de “patient”, accumulé sur de longues années au profit d’un équilibre de vie personnel. Et l’on a tendance à penser que ce savoir n’est valable que pour soi ou difficile à transmettre. Or vos témoignages recueillis pour quelques articles nous ont démontré le contraire. Durant votre parcours de patient, vous avez développé sur certains points une expertise dont vous n’avez peut-être pas conscience. Cette expertise, une fois conceptualisée, peut devenir un matériau utile en vue de construire, étayer, projeter, contribuer à un article dans la revue ou sur le site web d’Actions Traitements. N’hésitez pas à nous contacter si vous vous reconnaissez dans la démarche et dans ce profil.

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HIV
6TH NATIONAL AIDS UPDATE CONFERENCE

OCTOBER 19-23, 1993
SAN FRANCISCO CIVIC CENTER
FINAL PROGRAM
"Learning from the Past, Focusing on the Future"
Greetings to everyone gathered in San Francisco for the sixth National AIDS Update Conference. I have said that America does not have a person to waste. I am still dedicated to that principle.

AIDS has, in one way or another, personally affected all of us. Its impact on individuals in terms of both physical and emotional suffering is enormous. However, I am heartened by the efforts of people who, like you, care for those with AIDS and who raise our awareness. My Administration is dedicated to finding a cure for this plague that threatens us all. I stand with you in the fight for equality for all Americans.

I commend all of you for working so hard to advance AIDS research and give comfort to people living with the disease. Through your efforts, you are promoting and exemplifying the compassion that is such an integral part of the American character. You stand as an example for people everywhere who seek to improve their world.

Best wishes for a successful conference.

[Signature]
A MESSAGE FROM MARY PITTMAN AND RAYMOND BAXTER - CONFERENCE CO-CHAIRS

We would like to welcome all of you to San Francisco, and to the 6th National AIDS Update Conference. This national conference, "HIV/AIDS: Learning from the Past, Focusing on the Future" brings people concerned about HIV together from all around our nation for an annual forum for the exchange of information and the examination of critical issues facing us as the AIDS epidemic enters a second decade.

The challenge of learning from the past heightens as we begin to focus on the future, particularly during this year in which health reform has reached a new level of discussion through presidential leadership and commitment. Yet, with most of the details on how reform will be implemented still vague, we are in a period of formation where newly emerging ideas can find fertile ground for discussion and testing. The greatest challenge lies in keeping our sights on the end goal of reform, while challenging our old assumptions of how health is defined and care is delivered, while still fighting the epidemic. This conference aims to bring together key providers, policymakers, and people living with HIV to facilitate the necessary dialogue to address these challenges.

We want to particularly thank our Conference Program Track-Chairs who have worked for many months and donated their personal time to make it possible for us to bring to you "Learning from the Past, Focusing on the Future." The energy and motivation for this conference comes from many people who have generously given their time and expertise to see that the National AIDS Update Conference serves as the best learning experience possible to focus on what lies ahead.

Along with our Track Chairs, we would also like to thank the community groups represented at this meeting for their unceasing efforts towards our common goal of preventing the transmission of HIV and providing the best care and services possible for those already infected.

We hope you will learn from the various perspectives expressed at this conference even if you do not agree with all that is said. The opportunity to exchange information cannot stop here, however; please take what you have learned here and communicate it to others. Focus on promoting prevention, education and treatment of HIV in your own communities. Take the challenge of learning from the past and begin to focus on the future as you return to your communities to share with others what you yourself have learned from this important conference.

Thank you for your commitment, and for your participation at this conference----and again, welcome to San Francisco.

Sincerely,

Mary Pittman
Mary Pittman, Dr.P.H.
President
The Hospital Research and Educational Trust

Raymond Baxter, Ph.D.
Senior Vice President
Lewin-VHI, Inc.
Dear Conference Participants:

It gives me great pleasure to send greetings and participate in the Sixth National AIDS Update Conference.

This conference is the most comprehensive in the United States that helps assure that professionals have the information that they need about HIV/AIDS education, research, treatment and prevention. I salute your contribution and participation in helping to make it a success as we work toward our common goal.

My office and I stand ready to assist in any way we can in your endeavors to understand and defeat this epidemic. I also solicit your support by keeping me informed on how I can best help to coordinate all of our efforts on a national basis.

My very best wishes for a successful conference and I look forward to working with you all now and in the future.

Sincerely,

Kristine M. Gebbie
National AIDS Policy Coordinator
August 31, 1993

Dear Friends,

As you open the National AIDS Update Conference, please know that although I cannot be with you in person, my thoughts and heart are surely there.

As we continue to wage the battle against the virus that has claimed the lives of so many of our best and brightest, it is vital that we stand together to raise funds, awareness and education for the issue. Your gathering here today affirms the commitment to life that is every human being's birthright, and your continuing efforts in this fight underscore your strength and compassion.

For your responsibility, your caring, your efforts, and all your hard work, I thank you from the bottom of my heart.

Sincerely,

[Signature]

Elizabeth Taylor

-----------

October 19, 1993

National AIDS Update Conference
Pioneer Square
Suite 200
555 De Haro Street, Suite 200
San Francisco, CA 94107-2358

Dear Friends:

I would like to take this opportunity to extend my gratitude to the participants in the 1993 National AIDS Update Conference. I am extremely disappointed that I could not attend but would like you to know how much I admire and respect the work that you have all been doing for the HIV/AIDS community. Each of your individual contributions is invaluable. Not only are you improving the quality of life for those living with the virus but you are instilling hope in what was once perceived to be a futile battle. Please accept my heartfelt thanks for your hard work.

My best wishes for a successful conference.

David Mixner

-----------

October 19, 1993

National AIDS Update Conference
Pioneer Square
Suite 200
555 De Haro Street
San Francisco, California 94107-2358

Dear Conference Guests:

In appreciation for your efforts on behalf of the children and adults living with HIV and AIDS, I am honored to offer my support and encouragement. Your outreach to those suffering from this disease is crucial. Thank you for continuing, with dedication and bravery, the "front line" battle against AIDS and its many challenges.

My life was touched by the courage of Ryan White. Ryan's zeal for living, even in the face of great odds, showed me that hope and compassion are instrumental in healing the heart. Although I lost a friend in his passing, Ryan's spirit lives in all of us who carry forward his cherished work to make the world a better, more caring place.

As you continue to provide care and love for those suffering from HIV and AIDS, your life becomes an example to all of us who are striving to Heal the World. I wish you much success.

Sincerely,

[Signature]

Michael Jackson

-----------

P.O. BOX 200505 • San Diego, CA • 858/453-4100 • Fax 858/552-6285

DBM ASSOCIATES
356 Hunsley Drive
West Hollywood, California 90048-1919
310/299-1581
310/299-0504 (FAX)
GENERAL INFORMATION

PROGRAM GOALS

The theme of the 1993 National AIDS Update Conference – Learning from the Past, Focusing on the Future – reflects the changing nature of HIV and AIDS-related care as well as changes the epidemic has brought about in health care in general. The primary goal of this Conference is to provide opportunities for discussion among health care service providers, educators and program administrators to find the best means to meet the special challenges which the epidemic poses. The Conference brings together an unprecedented union of national, regional and foundation sponsors. The primary objective of this innovative effort is to increase the educational and networking value of the Conference, thereby enhancing each attendee’s ability to impact on their communities throughout the nation.

OBJECTIVES

The Conference objectives are to assist all attendees in meeting the challenges of the HIV epidemic during this decade and into the 21st century. While providing practical information on recent advances in HIV and AIDS care, the Conference is planned to raise the consciousness of health care providers, educators and administrators addressing the HIV epidemic.

Specific Conference Objectives:
• Present research on recent advances and forthcoming issues in clinical management
• Focus on the role of health care providers and common issues affecting all health disciplines
• Explore current HIV-related ethical, legal, administrative, and policy issues
• Emphasize emerging issues related to specific populations, including minorities, women, children, homeless, adolescents, intravenous drug users, the elderly, and the differently-abled
• Examine issues pertaining to access and affordable health care
• Discuss issues related to integrating or mainstreaming HIV care and services
• Examine issues related to health care reform
• Present research related to program evaluation

FOCUS

The Conference program includes five tracks:
• Treatment
• Care and Services
• Prevention and Education
• Policy and Administration
• Health Services/Program Evaluation

Focus of Discussion
• National priorities of the present administration
• Health care reform and restructuring of delivery systems including skills building for service providers
• Access to care
• Rapidly changing populations affected by HIV and AIDS, including minorities, intravenous drug users, women, children, gay and bisexual men
• Provider and occupational issues
• Legal and ethical issues
• Importance of early intervention, including counseling and testing, monitoring and case management
• Critical needs for prevention and education programs, including outreach, counseling and testing, monitoring, clinical and diagnostic services, and provision of services designed to avoid hospital care
• Long-term care, including attendant care, home services, and benefits advocacy
• Funding crisis for national HIV/AIDS programs
• The continuing debate over integrating or mainstreaming HIV care and services
• Program planning, development and evaluation of existing program models

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GENERAL INFORMATION

PRINCIPLES OF INCLUSION

The policy of the 1993 National AIDS Update is to involve all segments of the community affected by the HIV pandemic in the planning and implementation of this Conference, specifically with regard to:

- balance between men and women presenters
- involvement of people with national experience and expertise
- involvement of people of color; people living with HIV/AIDS; gays, lesbians, bisexuals and heterosexuals; people of varying ages;
- multi-disciplinary coverage of topics ranging from: scientific, medical, psychosocial services, practical/emotional support, prevention, education and outreach models, both in and outpatient services, and home care; to: innovative and pioneering programs and alternative treatments and research.

Statement of Accessibility

This Conference is held in a wheelchair-accessible facility. All plenary sessions will be signed for the hearing impaired.

Alcohol Policy

In the interest of health promotion and in recognition of those whose lifestyles are alcohol-free, we will be offering fruit juice and soda at the Tuesday reception. Alternatives to alcohol will be available at the Thursday reception.

Smoking Restrictions

Smoking is not permitted in the Civic Auditorium. Your compliance is appreciated.

REGISTRATION HOURS

On-site and pre-registration desks are located in the main corridor of the Civic Auditorium.

Registration hours are:

<table>
<thead>
<tr>
<th>Day</th>
<th>Hours</th>
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<tr>
<td>Tuesday, October 19</td>
<td>4:00 pm-8:00 pm</td>
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<tr>
<td>Wednesday, October 20</td>
<td>7:00 am-6:00 pm</td>
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<tr>
<td>Thursday, October 21</td>
<td>8:00 am-5:00 pm</td>
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<tr>
<td>Friday, October 22</td>
<td>8:00 am-5:00 pm</td>
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<td>Saturday, October 23</td>
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On-Site Registration Fees

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<tr>
<td>Persons with HIV/AIDS</td>
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<tr>
<td>C.E. Credit</td>
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<tr>
<td>Saturday Intensive Workshops</td>
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No refund requests are accepted after October 5. Refunds requested prior to that date must have been requested in writing and will be charged a $25 administration fee. Refund checks will be mailed after the Conference.

Registration name badges must be worn at all times during the Conference and at Conference receptions.

CONFERENCE SPONSORS

National

- American Association for Human Rights
- American Hospital Association
- American Indian AIDS Institute
- American Medical Association
- American Nurses Association
- Association of Nurses in AIDS Care
- National Association of Counties
- National Association of Persons With AIDS
- National Association of Public Hospitals
- National Association of Social Workers
- National Coalition of Hispanic Health and Human Services Organizations (COSSMHO)
- National Hospice Organization
- National Minority AIDS Council
- U.S. Conference of Mayors
- U.S. Public Health Service

Regional

- California Academy of Family Physicians
- California Association of Public Hospitals
- California Medical Association
- California Nurses Association
- California Department of Health Services
- Kaiser Permanente No. California Region
- Latino AIDS Project, San Francisco
- Los Angeles County Department of Health
- San Francisco Department of Public Health
- San Francisco Medical Society
- San Mateo County AIDS Program
- University of California San Francisco/AIDS Health Project
- Visiting Nurses and Hospice of San Francisco

Foundations

- AmFAR (American Foundation for AIDS Research)
- Kaiser Family Foundation
- Levi Strauss Foundation
- The Robert Wood Johnson Foundation
CONFERENCE ORGANIZATION

Conference Co-Chairs
Raymond J. Baxter, Ph.D.
Senior Vice President
Lewin - VHI, Inc., Fairfax, VA;
Former Director, San Francisco Department
of Public Health

Mary Pittman, Dr. P.H., President
The Hospital Research & Education Trust
American Hospital Association
Chicago, IL

Conference Program Committee
Program Director
Cliff Morrison, MS, MN, RN, FAAN, Coordinator,
Continuing Education, U.C. Berkeley, CA

Track Co-Chairs
Carol Brosgart, MD, Medical Director,
East Bay AIDS Center, Berkeley, CA
Mark Cloutier, MPH, MPP, Program Associate, Kaiser
Family Foundation, Menlo Park, CA
Ana Garcia, LCSW, Pediatric AIDS Program, Jackson
Memorial Hospital, University of Miami, FL
Michael Gorman, PhD, MPH, Sr. Public Administrative Analyst, San Francisco General Hospital
Ernesto Hinojos, MPH, Director of Education, Gay Men's Health Crisis, New York, NY
Jim Holmes, MPH, Coordinator, Inservice Training, Gay Men's Health Crisis, New York, NY
Helen Miramontes, MSN, RN, FAAN
Associate Clinical Professor
Deputy Director, HIV/AIDS Research & Clinical Training in Nursing
UCSF, School of Nursing
Director, Professor Education/Training Program
California Nurses Association
San Francisco, CA

Vince Mor, PhD, Director, Center for Gerontology and Healthcare Research, Brown University, Providence, RI
Joseph O'Neill, MD, MPH, Director of Research,
Chase-Breton Clinic, Baltimore, MD

Helen Schietinger, MA, RN, Policy Consultant, AIDS Action Foundation, Washington, DC

Jesse Trice, MPH, President & CEO, Economic Opportunity Family Health Center, Inc., Miami, FL
Anita Vaughan, MD, Medical Director, Community Health Center, Newark, NJ

Special Thanks to the Following for Their Assistance to the Conference:

Conference Coordinator
Erika Demma

AIDS in the Arts Festival
Katherine J. Krebs, CMP

AIDS Theater Festival
Hank Tavera, M.Ed., Festival Director
Phone: (415) 554-8436 Fax: (415) 554-8444

Film Festival
Bea Tracy, M.A., Festival Director
Phone: (415) 863-4826

Media Director
Wendy Ho Iwata

Volunteer Coordination
Brian Dubrow
Chuck Mann

Special thanks to volunteers from the San Francisco Department of Public Health.

Special Contributions
The National AIDS Update Conference thanks the following organizations for their generous contributions:

AmFAR (American Foundation for AIDS Research)
Kaiser Family Foundation
Kaiser Permanente No. California Region
Levi Strauss Foundation
The Flow Fund

The Conference gratefully acknowledges
THE ROBERT WOOD JOHNSON FOUNDATION
for their support and contribution.

CONFERENCE AND EXHIBITION MANAGEMENT
KREBS Convention Management Services
555 DeHaro Street, Suite 200
San Francisco, CA 94107-2348
Phone: (415) 255-1295
Fax: (415) 255-8496
## CONFERENCE ORGANIZATION

### Advisory Committee

- **Sophia Chang, MD, Branch Chief**  
  Health Services Branch, AIDS Office  
  Dept. of Public Health  
  San Francisco, CA

- **A. Gene Copello, DDiv, MS**  
  Director, San Mateo Co. AIDS Program  
  San Mateo, CA

- **Inge Corless, PhD, RN, FAAN**  
  Associate Professor  
  Graduate Program in Nursing  
  Massachusetts General Hospital  
  Institute of Health Professions  
  Boston, MA

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  Residence Manager, Gregory House  
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  San Francisco General Hospital

- **Reid Greer, Consultant**  
  CA Assoc. of Public Hospitals  
  Berkeley, CA

- **Les Hanson, MPA**  
  Executive Director, American Indian AIDS Institute, San Francisco, CA

- **Alan Harris**  
  Regional AIDS Coordinator  
  U.S. Public Health Service  
  San Francisco, CA

- **Mitch Katz, MD**  
  Director, AIDS Office  
  Dept. of Public Health  
  San Francisco, CA

- **Paul A. Kawata**  
  Executive Director  
  National Minority AIDS Council  
  Washington, D.C.

- **Larry Kessler**  
  Executive Director, AIDS Action Committee  
  Boston, MA

- **Gerald Lenoir, Executive Director**  
  Black Coalition on AIDS  
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- **Ophelia Long, Administrator & CEO**  
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  Oakland, CA

- **Ira Lubell, MD, MPH**  
  Health Officer  
  Health Services Agency  
  Co. of Santa Cruz  
  Santa Cruz, CA

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  Assistant to Congresswoman  
  Nancy Pelosi  
  San Francisco, CA

- **Joanna Omi, MPH**  
  Director of Infectious Diseases  
  Health and Hospital Corporation  
  New York, NY

- **Vincent Rogers, DDS, MPH**  
  Assoc. Professor & Chair, Dept. of Dentistry  
  Temple University  
  Philadelphia, PA

- **Wayne Sauseda**  
  Chief, Office of AIDS, California State  
  Dept. of Health Services  
  Sacramento, CA

- **Mervyn F. Silverman, MD, MPH**  
  President, American Foundation for AIDS Research (AMFAR)  
  San Francisco, CA

- **Lee C. Smith**  
  Chair, National Leadership Coalition on AIDS  
  Tiburon, CA

- **Jill Strawn, RN, MSN**  
  Director of Case Management  
  Hill Haven Health Center  
  New Haven, CN

- **Hank Tavera, M Ed**  
  HIV/STD Counselor, Department of Public Health  
  San Francisco, CA

- **Claire Tehan, MA**  
  Vice President, Hospice of California  
  Hospital & Homecare  
  Torrance, CA

- **Phill Wilson, MA**  
  Director, Public Policy  
  AIDS Project Los Angeles (APLA)  
  Los Angeles, CA
GENERAL INFORMATION

ACKNOWLEDGMENTS

Alpine Graphics
Michael Moore

Assistant Exhibit Manager
Judith Jaslow

Audiotaping Services
Conference Recording Service
Richard Page

Continuing Medical Education
California Medical Association
National Association of Social Workers

Convention Facility
Convention Facilities Department
City & County of San Francisco, Civic Auditorium
Jack Moerschbaecher, Director

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Taste
Même Pederson

CONTINUING EDUCATION

Nurses and Physicians
California Medical Association is an accredited provider of continuing medical education. Nurses and physicians attending this course may report up to 18 hours (20.5 hours if also attending the Saturday Intensive Workshops) of Category 1 credit toward the CMA Certificate in Continuing Medical Education and the American Medical Association’s Physician Recognition Award.

Social Workers
The National Association of Social Workers-California Chapter has designated this program eligible for a maximum of 18 hours (20.5 hours if also attending the Saturday Intensive Workshops) NASW Category I Credit.

PWA LOUNGE

This lounge located in Room 202 on the 2nd floor is available for people with HIV/AIDS to rest and meet in a private space.

TIME OUT ROOM

This quiet space, Room 203, has been set aside for Conference participants to have a peaceful place to relax and integrate information gained from the presentations and workshops. The room is open from 8 a.m. to 6 p.m. Chairside massage will also be available (by advance sign-up at the room) Wednesday, Thursday and Friday, 12:30-1:45 p.m., and Wednesday evening, 5:15-6 p.m.

The “Time-Out” room is sponsored by KAIROS-Support for Caregivers, a non-profit agency which addresses AIDS-related burnout and provides supportive services to the partners, friends, family members, health care providers, agency staff and volunteers who care for persons affected by HIV/AIDS and other life-threatening illnesses. For more information on the agency, stop by their table in the Exhibit Hall or contact them at 114 Douglas Street, San Francisco, CA 94114; (415) 861-0877
SERVICES

AIDS in the Arts Festival
4th Floor - East, West & North Corridors

AIDS Theater Festival
4th Floor - Rooms 414 - 416

Audiotape Sales
Main Floor - Lobby
Cassette tapes of Conference sessions will be on sale in the lobby. Please place your order as early as possible during the Conference.

Book Fair/Green Apple Books, San Francisco
Main Floor - Room 104
Approximately 600 titles will be on display for sale during all hours of the Conference Program.

Children’s Quilt Project
4th Floor - Rooms 412 - 413

Conference Management Office
Main Floor - Room 101

Community Agencies - Notices
Main Floor - Lobby

Educational Resource Center and Exhibition
Main Arena and Polk Hall (Rooms 105 - 106)

Film Festival
4th Floor - Room 402

First Aid
Main Floor - Lobby
In case of medical emergency, go to the Nurse’s office in the lobby, or telephone 664834 from any white courtesy telephone.
For immediate and life-threatening emergencies, dial "911." From inside your hotel, ask the hotel operator to connect you to "911."

Food Concessions
2nd Floor - North Corridor
Food and beverages are on sale during the Conference.

PWA Lounge
2nd Floor - Room 202
The Lounge is a gathering place and networking center.

Lost and Found
Main Floor - Room 101

Message Board
Main Floor - Lobby
The Message Board is located in the lobby. There is no paging or message delivery service; please check the board as often as possible.

Program Updates and Continuing Education
Information Desk
Main Floor - Lobby
Questions concerning CE credit, and Conference program information may be obtained at this desk.

Roundtable Talks
2nd Floor - North Corridor
Tickets must be purchased at registration desk.

Speaker Ready Room
Room 201

Telephones
Main Floor - Lobby - East and West

Time Out Room (KAIROS)
2nd Floor - Room 203

Visitors Information
Main Floor - Lobby

Volunteer Registration
Main Floor - Lobby

Volunteer Training
2nd Floor - Room 204

12-Step Meetings
3rd Floor - Room 312
All-inclusive 12-Step Meetings are scheduled daily. Everyone, regardless of affiliation with specific recovery programs (i.e., AA, NA, OA, etc.), is invited to this fellowship.

Tuesday 7:00 p.m. - 8:00 p.m.
Wednesday 5:15 p.m. - 6:15 p.m.
Thursday 5:15 p.m. - 6:15 p.m.
Friday 5:45 p.m. - 6:45 p.m.

AIDS RIBBON SALES
Main Floor Lobby

Beautiful red enamel AIDS awareness pins are on sale for $5.00
GENERAL INFORMATION

MAIN ARENA DISPLAYS

In our Main Arena we are honored to have on display represented works of art provided by the San Francisco AIDS Foundation, the Children's Quilt Project, and The NAMES Project.

Be Here for the Cure - Annie Leibovitz

As part of the Be Here for the Cure campaign, the San Francisco AIDS Foundation launched an educational effort in May 1993 featuring 13 portraits by leading photographer Annie Leibovitz. Her images of people with HIV/AIDS appeared on more than 80 bus shelters throughout San Francisco. Leibovitz donated her services to the campaign, which was designed by Chuck Routhier. One goal of the campaign was to encourage people who are HIV positive to get early treatment for the illness. Another goal of the campaign was to personalize the spirit of people living with HIV; each individual's philosophy about living with HIV is handwritten on their portrait. Further, the series shatters stereotypes by showing the wide range of people affected by the disease.

Children's Quilt Project (CQP)

The Children's Friendship Quilt was drawn by children and assembled by CQP to show community support for children with HIV disease. This mural quilt is the end result of the AIDS Awareness Program developed by CQP for elementary school children.

Individual quilts are also on display in the AIDS in the Arts Festival, 4th Floor - Rooms 412 and 413.

The NAMES Project

We are pleased to display a portion of The NAMES Project AIDS Memorial Quilt. The Quilt currently includes over 25,000 individual panels, each commemorating the life of someone who has died from AIDS. Portions of the Quilt are displayed over 200 times a year.

The AIDS Memorial Quilt illustrates the humanity behind the statistics of the AIDS epidemic and provides a unique opportunity for HIV awareness education. More than three million people have seen the Quilt, and millions more worldwide have felt its power. The NAMES Project was nominated for a Nobel Peace Prize.

OPENING AND CLOSING CEREMONIES

The conference is pleased to welcome to our Opening and Closing Ceremonies the two singing groups Hi-Vibrations and Menage.

Hi-Vibrations

Their music grew out of a workshop funded by a grant from the California Arts Council to facilitate songwriting and music making for people with HIV concerns. The Hi-Vibrations have recorded their debut cassette "Together We Care," to be sold as a benefit for KAIROS Support for Caregivers.

Menage

The members of the saucy octet Menage are the musical ambassadors from the Lesbian/Gay Chorus of San Francisco. Since its inception in 1986, Menage has appeared locally and nationally. In April, the group was honored with an invitation to the National March on Washington for Lesbian/Gay Rights where they opened for The Flirtations in concert and performed on the main stage at the rally.

With their high-spirited sound, Menage brings a unique San Francisco flair to the National AIDS Update Conference.
“I think that when you are HIV-positive, you should be in control, not HIV.”

“A Guide to Self Care for HIV Infection”

a manual for self-case management with sections on:

- Self Advocacy and Healthy Living
- Nutrition
- Transmission, Prevention and Safer Sex
- Insurance
- Legal Issues
- Experimental Treatments
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* indicates topic areas available on video, $25.00 + S&H.

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**TABLE DISPLAYS**

**Main Floor - Polk Corridor**

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Congratulations on the 1993 National HIV/AIDS Update

Learning from the Past—Focusing on the Future

Critical Care America provides comprehensive infusion therapy and support services for persons with HIV disease. For more information, please contact Marcy Fraser, R.N.

San Francisco (800) 624-9151
Alameda (800) 564-1303
The Conant Foundation is a non-profit, public-benefit organization devoted to prevention, education, and research in HIV disease. Community Forums are available at no cost and open to the general public. To request additional information, please call (415) 923-1333.

THE NEXT COMMUNITY FORUM
Monday, November 22nd, 1993
6:30 pm - 7:30 pm

Topic:
CMV Prophylaxis and Treatment

Guest Speaker:
W. Lawrence Drew, MD, PHD
Infectious Diseases, Mt. Zion Hospital

University of California Medical Center
Health Sciences West • Room 301
513 Parnassus Avenue • San Francisco

The Conant Foundation also offers a referral service for information on community organizations that assist people with HIV or AIDS, or for individuals seeking a health care provider who is both knowledgeable and compassionate towards the management and care of people with HIV or AIDS. The physician referral service is not limited to the San Francisco Bay Area. For referrals, literature or information on current and updated medical treatments, preventive therapies or clinical trials, call or write to:

THE CONANT FOUNDATION
MARCUS A. CONANT, MD
1635 DIVISADERO STREET, SUITE 600
SAN FRANCISCO, CA 94115
(415) 923-1333

COMMUNITY FORUMS
THE NEXT COMMUNITY FORUM WILL BE HELD
MONDAY, DECEMBER 13, 1993

If you would like to be placed on the Conant Foundation mailing list to receive notice of the monthly Community Forum meetings as well as current and upcoming clinical trials conducted by Conant Clinical Research, please call (415) 923-1333 or print your name and address on this request and return to:

THE CONANT FOUNDATION
1635 DIVISADERO STREET, SUITE 600
SAN FRANCISCO, CA 94115

NAME
ADDRESS
CITY / STATE / ZIP
## PROGRAM-AT-A-GLANCE

### TUESDAY, OCTOBER 19
- 4:00pm - 8:00pm  Registration - Civic Auditorium
- 5:30pm - 8:00pm  Opening Reception - Exhibit Hall
  - Exhibits Open
- 7:00pm - 8:00pm  12-Step Meeting

### WEDNESDAY, OCTOBER 20
- 7:00am - 6:00pm  Registration
- 8:00am - 3:45pm  Exhibits Open
- 8:00am - 9:00am  Exhibit Viewing
  - Film Festival
  - Poster Viewing
- 9:00am - 9:15am  Welcome and Opening Remarks
- 9:15am - 10:30am  Plenary Session
- 10:30am - 11:00am  Coffee Break - Exhibit Hall
- 11:00am - 12:30pm  Workshop I
- 12:30pm - 1:45pm  Theater Festival
  - Exhibit Viewing
  - Film Festival
  - Poster Viewing
- 1:45pm - 3:15pm  Workshop II
- 3:15pm - 3:45pm  Break - in Exhibit Hall
- 3:45pm - 5:15pm  Workshop III
- 5:15pm - 6:00pm  Film Festival
  - Poster Viewing
  - Theater Festival
- 5:15pm - 6:15pm  12-Step Meeting

### THURSDAY, OCTOBER 21
- 8:00am - 5:00pm  Registration
- 8:00am - 3:45pm  Exhibits Open
- 8:00am - 9:00am  Exhibit Viewing
  - Film Festival
  - Poster Viewing
- 9:00am - 10:30am  Plenary Session
- 10:30am - 11:00am  Coffee Break - Exhibit Hall
- 11:00am - 12:30pm  Workshop IV
- 12:30pm - 1:45pm  Theater Festival
  - Exhibit Viewing
  - Film Festival
  - Poster Viewing
- 1:45pm - 3:15pm  Workshop V
- 3:15pm - 3:45pm  Break - in Exhibit Hall
- 3:45pm - 5:15pm  Workshop VI
- 5:20pm - 6:50pm  Gala Conference Reception - San Francisco City Hall Rotunda
- 5:15pm - 6:15pm  12-Step Meeting

### FRIDAY, OCTOBER 22
- 8:00am - 5:00pm  Registration
- 8:00am - 3:45pm  Exhibits Open
- 8:00am - 9:00am  Exhibit Viewing
  - Film Festival
  - Poster Viewing
- 9:00am - 10:30am  Plenary Session
- 10:30am - 11:00am  Coffee Break - Exhibit Hall
- 11:00am - 12:30pm  Workshop VII

### SATURDAY, OCTOBER 23
- 12:30pm - 1:45pm  Theater Festival
  - Exhibit Viewing
  - Film Festival
  - Poster Viewing
- 1:45pm - 3:15pm  Workshop VIII
- 3:15pm - 3:45pm  Break - in Exhibit Hall
- 3:45pm - 5:15pm  Workshop IX
- 5:15pm - 5:45pm  Closing Ceremonies
- 5:45pm - 6:45pm  12-Step Meeting

**SATURDAY, OCTOBER 23**
- 9:00am - 12:00pm  Intensive Workshops
  - Advance registration required @ $50 per registrant
CONFERENCE SCHEDULE

WORKSHOP NUMBERING SYSTEM
(“Title changes from Preliminary Program)

100 Series .................Prevention and Education
200 Series .................Policy and Administration
300 Series .................Care and Services
400 Series .................Treatment
500 Series .................Health Services/Program Evaluation

WEDNESDAY, OCTOBER 20

OPENING CEREMONY
Main Arena

9:00- 9:15 AM
The Reverend Armand J. Kreft, Invocation Vicar, Holy Innocents' Episcopal Church
Menage, Musical Introduction
Raymond J. Baxter, Ph.D.
Senior Vice President
Lewin - VHI, Inc.
Fairfax, VA
Former Director,
San Francisco Department of Public Health
Mary Pittman, Dr. P.H.
President
The Hospital Research & Educational Trust
American Hospital Association
Chicago, IL

PLENARY SESSION
Main Arena

9:15-10:30 a.m.
“Scientific Update: Anti-retroviral Update.”
Paul A. Volberding, MD
Professor of Medicine, UCSF
Director, AIDS Program
San Francisco General Hospital

“Learning from the Past; Moving Toward the Future.”
Jeanne White, President and Founder
Ryan White Foundation
Annapolis, IN

“Worldwide HIV Vaccine: Reality or Illusion?”
Donald P. Francis, MD, DSc
HIV/AIDS Consultant
Hillsborough, CA
Genentech
So. San Francisco, CA

WORKSHOP SECTION I

11:00 a.m.-12:30 p.m. Room No.

102 HIV/AIDS Education in Rural Settings: Issues and Challenges
Moderator: Jeremy Landau
Presenters: Ginger Goble, MSW, Claudia Egelhoff

108 Programs for the Elderly
Moderator: Lisa L. Agate, MMSW
Presenters: Leonard Kooperman, PhD
Nathan Linsk, PhD

111 Behavior and Relapse Education:
Media Hype or Reality?
Moderator: Chwee Lye Chng, PhD
Presenters: James Schield, BA

117 Grief and Stress Issues for Providers
Moderator: John McGrann

204 Women and HIV
Moderator: Pat Norman
Presenters: Teresa McGovern,
Jesse Trice, RN, MPH,
Ruth M. Greenblatt, MD
Mary Guinan, MD, PhD

209* Early Intervention:
What Have We Learned?What Is Its Future?
Moderator: Mark Cloutier, MPP, MPH
Presenters: Derek Hodel,
Paul Volberding, MD,
Harvey Makadon, MD

307 Developing Culturally Specific Outreach Programs in the African American Community
Moderator: Nabiliah Mohammed Ismail
Presenters: Nabiliah Mohammed Ismail,
Elaine Swenson, RN,
Raymond E. Dumas, Sr.

314 Caring for Children with HIV/AIDS
Moderator: Ana Garcia, LCSW
Presenters: Ursula Arndt, BSN, RN,
Lori Wiener, PhD
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<tr>
<th>Session No.</th>
<th>Title</th>
<th>Presenter(s)</th>
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<tr>
<td>319</td>
<td>Hospice Care and Services for Persons Living with AIDS</td>
<td>Val Robb, RN, Jeremy Hollinger, MA, Daphne Stuart, MSW</td>
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<td>412</td>
<td>Treating Pediatric HIV</td>
<td>Yvonne A. Maldonado, MD, Diane Warra, MD</td>
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<tr>
<td>306</td>
<td>Legal Issues for Persons Living with HIV/AIDS</td>
<td>Gary Stein, JD, MSW, Roger Gross, JD, Mark Scherzer, JD, Ignatius Bau, JD</td>
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<tr>
<td>312</td>
<td>Clinical Trials in the Care of Persons with HIV/AIDS</td>
<td>Eric Goosby, MD, Helen Brown, RN, Lisa Al-Hashimi, MSM, RN, John W. Scott, RNC, Barbara Bolden, PhD</td>
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<tr>
<td>313</td>
<td>Long Term Care: Different Models, New Approaches</td>
<td>Grace Dammann, MD, William Mannion, RN, Daniel Rybold, MD, Deborah Coleman, MS, RN, CS</td>
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<td>410</td>
<td>Dermatological Symptoms</td>
<td>Marcus Conant, MD</td>
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<tr>
<td>414</td>
<td>Primary Care Approach to the Symptomatic Patient</td>
<td>Joseph O'Neill, MD, Harvey Makadon, MD, Lisa Capaldini, MPH</td>
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<td>215</td>
<td>Grass Roots Mobilization: How to Advance our Legislative Agenda</td>
<td>Phill Wilson, MA, William F. Skeen, MD, MPH, Christopher Kush</td>
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## WORKSHOP SECTION III

### 3:45-5:15 p.m.

| 101 | Educating Providers: The Role of AIDS ETC's in Access to Care  
Moderator: Elaine Daniels, MD, PhD  
Presenters: Elaine Daniels, MD, PhD, E. Michael Reyes, MD, Scott Eberle, MD |
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| 121 | The Hispanic/Latino Communities  
Moderator: Tom Kirdahy  
Presenters: Tom Kirdahy, Monica Hernández, Juanita Quintero |
| 403 |                                                                                                                          |
| 201 | Gay Men: Issues for the Second Decade  
Moderator: Michael Gorman, PhD, MPH  
Presenters: Dana Van Gorder, Steve Lew, Reggie Williams, Ernesto Hinojos, MPH, Tom Moon, Chuck Frutchey |
| 303 |                                                                                                                          |
| 218 | Funding the Ryan White Care Act: How Do We Make Titles I and II Work?  
Moderator: Helen Schietinger, MA, RN  
Presenters: Roger Doughty, Thomas Rundall, PhD, Bruce Keiler, MBA, MPH, Fraser Nelson, PhD |
| 306 |                                                                                                                          |
| 301 | Providing for Adolescents with HIV/AIDS  
Presenters: Lawrence Friedman, MD, Bill Pederson, MSW, Maureen O'Neil, LCSW |
| 317 |                                                                                                                          |
| 305 | Managed Care: An HMO Approach - Lessons from Kaiser Permanente  
Moderator: Terry Winter, RN, MPH  
Presenters: Terry Winter, RN, MPH, Enid K. Eck, RN, MPH |
| 406 |                                                                                                                          |
| 402*| HIV and Psychiatry: Workshop on Rational and Assisted Suicide  
Moderator: James Dilley, MD  
Presenters: Eric Glassgold, MD |
| 314 |                                                                                                                          |

### PLENARY SESSION

#### THURSDAY, OCTOBER 21

| 409 | Evaluation and Management of  
GL Symptoms - Diarrhea, Diphagia, Odynophagia, Abdominal Pain, Malabsorption, Wasting and Nutrition  
Presenter: Enrique Carter, MD |
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| 415 | Chinese Medicine and AIDS  
Moderator: Howard Moffet, MS, LAc  
Presenters: Misha Cohen, OMD, LAc, Thomas M. Sinclair, LAc |
| 102 |                                                                                                                          |
| 501 | The AIDS Health Services Program: Final Evaluation  
Moderator: Vincent Mor, PhD  
Presenters: Vincent Mor, PhD, John Piette, PhD |
| 319 |                                                                                                                          |

9:00-10:30 a.m.

- "Social and Political Strategies for the HIV Epidemic”  
  Ana O. Dumois, PhD, DSW  
  Executive Director  
  Community Family Planning Council  
  New York, NY

- "Healthcare Reform and the HIV Epidemic.”  
  Mark D. Smith, MD, MBA  
  Executive Vice-President  
  Kaiser Family Foundation  
  Menlo Park, CA

- "Evaluating Our Past Experiences to Plan for the Future.”  
  Vincent Mor, PhD  
  Director, Center for Gerontological & Health Care Research; Professor, Medical Sciences  
  Brown University  
  Providence, RI

- "Substance Abuse and the HIV Epidemic: Applying Past Experiences for the Control of the HIV Epidemic.”  
  Don Desjarlais, PhD  
  Research Director, Beth Israel Medical Center Chemical Dependency Institute  
  New York, NY
### WORKSHOP SECTION IV

11:00 a.m.-12:30 p.m.

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<td>Presenters: Barbara Herbert, MD, Carol Nemeth-Mersmann</td>
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<th>120</th>
<th>HIV Education in Academic Settings: Are We Making the Grade?</th>
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<tr>
<td></td>
<td>Moderator: Dana Lear, MHSc</td>
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<td></td>
<td>Presenters: Madeline P. Beery, MEd,</td>
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<td>Nathan Church, PhD,</td>
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<td>Michael Johnson,</td>
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<td>Inge Corless, PhD, RN, FAAN,</td>
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<td>JoAnne Bennett, PhD,RN</td>
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<td>Moderator: Helen Miramontes, MSN, RN, FAAN</td>
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<td>Presenters: Jane Silver, MPH, Gisela Schecter, MD,</td>
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<td>Joanna Omi, MPH</td>
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<td>Moderator: Norm Nickens</td>
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<td>Presenters: Andrew Zalopa, MD, Jesse Trice, RN, MPHA, Ellen Alpert, MA, Jerry Ford</td>
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<th>Providing for the Latino Community</th>
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<td>Moderator: Chris Sandoval</td>
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<td></td>
<td>Presenters: Ana O. Dumois, PhD, DSW, Angel Braña, MD, MPH, Jesse Gutierrez, PhD</td>
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<th>Alternative/Complimentary Services: Working with the System</th>
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<td>Moderator: Anita Vaughn, MD</td>
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<td>Presenters: Paul Costello, CSW, Lahary Pittman, CA, CAC,</td>
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<td>David Eisen, LAc, MSW, OMD, Mike DeHart</td>
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<th>Nutrition Strategies for HIV and AIDS</th>
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<td>Moderator: Kristin Weaver, RN, MSN, CNSN</td>
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<td>Presenters: Kristin Weaver, RN, MSN, CNSN, Joel Gray, RN, BSN, CCRC</td>
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### WORKSHOP SECTION V

1:45-3:15 p.m.

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<tr>
<th>104</th>
<th>HIV Infection in Incarcerated Adolescents</th>
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<tr>
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<td>Moderator: Teri Lewis</td>
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<td>Presenters: Robert Morris, MD, Charles J. Baker, MD, Gary W. Harper, PhD</td>
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<th>Early Intervention and Risk Reduction Strategies</th>
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<td>Moderator: Jean McGuire, MPH</td>
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<td>Presenters: Steven Humes, MPH, Steven Roger,</td>
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<td></td>
<td>Dominic Cappello, Rick Fendrick, RN, MPH</td>
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<thead>
<tr>
<th>118</th>
<th>The HIV Link: Promoting HIV Risk Reduction Among Injection Drug Users</th>
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<tr>
<td></td>
<td>Moderator: Patrick Biernacki, PhD</td>
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<td></td>
<td>Presenters: Robert Broadhead, PhD, Dr. Lawrence Ouellet, Joyce Rivera-Beckman</td>
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<tr>
<th>208</th>
<th>Children and HIV: Issues and Directions</th>
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<tr>
<td></td>
<td>Moderator: Ana Garcia, LCSW</td>
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<td></td>
<td>Presenters: Lawrence Friedman, MD, Sandra Thurman, Heidi Haiken, MSW, MPH</td>
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<tr>
<td>Time</td>
<td>Workshop Section VI</td>
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<tr>
<td>3:45-5:15 p.m.</td>
<td>102</td>
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<td>105</td>
<td>Gay Men’s Programs:</td>
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<td></td>
<td>Contemporary Innovations</td>
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<td>Moderator: Jim Holmes</td>
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<td>Presenters: Ernesto Hinojos, MPH, Richard Tagle, Dominic Cappello, Walt Odets, PhD, Dan Wohlfeiler, MPH</td>
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<td>114</td>
<td>Problems and Options for</td>
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<td>Preventing HIV Infection in IDU’s</td>
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<td>Moderator: John K. Watters, PhD</td>
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<td></td>
<td>Presenters: Alice Gleghorn, PhD, T. Stephen Jones, MD, Nancy Corby, PhD, David Purchase</td>
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<td>205</td>
<td>Impact of Changing</td>
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<td>HIV Policies on Confidentiality</td>
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<td>Moderator: Helen Schietinger, MA, RN</td>
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<td>Presenters: Norm Nickens, Jane Silver, MPH, Larry Gostin, JD, Paul DiDonato, George Lemp, MD</td>
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<td>211*</td>
<td>Positives Serving Positives</td>
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<td>Moderator: Ozzie Santiago</td>
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<td></td>
<td>Presenters: Barbara Garcia, Ron Castner, Carl Stokes</td>
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<td>302</td>
<td>Caring For HIV Positive Women</td>
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<td>Presenters: Trudi Simon, MSN, ARNP, Suzin Gartland, Patsy Fleming</td>
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<tr>
<td>322</td>
<td>Providing Mental Health Services for</td>
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<td></td>
<td>Persons with HIV/AIDS</td>
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<td></td>
<td>Presenters: Jaklyn Brookman, MFCC, J.D. Benson, MFCC</td>
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<td>Session</td>
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<tr>
<td>406</td>
<td>Diagnosis of Neurological Complications</td>
<td>Christina Marra, MD</td>
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<tr>
<td>413</td>
<td>Treating Adolescents</td>
<td>Janet Shalwitw, MD, Nicolette Collins, MD, Patrick Ennis, MSW, Antigone Hodgins, Jim Lees, William Rogers</td>
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<tr>
<td>505*</td>
<td>Social Security Disability Benefits: The Evaluation of Claims Based on HIV Disease</td>
<td>Leslie Walker, Bill Schutz, Virgil Kocher, Dr. James Krejeski</td>
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<tr>
<td>507</td>
<td>Case Management: Can We Evaluate Its Effectiveness?</td>
<td>John Piette, PhD, Geraldine Taplin, MD, Ann Ferguson, MSN, RN, Richard L. Sowell, PhD, RN, FAAN, David G. Hoffman</td>
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</tbody>
</table>

**FRIDAY, OCTOBER 22**

**PLENARY SESSION**

9:00-10:30 a.m.

- "The Future for Nursing in the HIV Epidemic." Marilyn Chow, DNP, RN, FAAN
  Former President & CEO, National League for Health Care
  New York, NY

- "The Future in HIV Research: Will We Learn from the Past?" Sten Vermund, MD, PhD
  Chief, Vaccine and Epidemiology, Div. of AIDS
  NIAID, National Institutes of Health
  Bethesda, MD

- "Issues for the Gay Community in Treatment and Research." Derek Hodel
  Director, Treatment and Research
  AIDS Action Council
  Washington, DC

**WORKSHOP SECTION VII**

11:00 a.m.-12:30 p.m.

<table>
<thead>
<tr>
<th>Session</th>
<th>Title</th>
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<tbody>
<tr>
<td>106</td>
<td>The Third Shift: Street Outreach to Transgender People</td>
<td>Pablo Tapay Bautista, Dominic Perez, Chris Chung</td>
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<tr>
<td>109*</td>
<td>Program Models for the Incarcerated Person with HIV/AIDS</td>
<td>Allison Hardy, JD, Peter M. Ford, MD, FRCP, Helen M. Hanley, MAT, MSW</td>
</tr>
<tr>
<td>112</td>
<td>The Native American Community</td>
<td>Mary Lee, RN, BSN, MPH, S. Joshua Volle, MEd, Wendy Craytor, Robert G. Sowle</td>
</tr>
<tr>
<td>203*</td>
<td>Multiple Loss and Bereavement: An Overview of Policy Issues</td>
<td>Michael Gorman, PhD, MPH, James Dilley, MD, Paul Brenner, MDiv, Gail Bigelow, LCSW, Kitsy Schoen, LCSW</td>
</tr>
<tr>
<td>213</td>
<td>Access to Care for Traditionally Underserved Populations</td>
<td>Jesse Trice, RN, MPH, Meredith DuHamel, MA, Sana Loue, JD, MPH, Michael Higgins, MPH, Octavia Kuransky</td>
</tr>
<tr>
<td>221</td>
<td>Learning from AIDS: Cost Financing and Health Care Reform</td>
<td>Michael T. Isbell, JD, Robert Padgug, PhD, Gerald Oppenheimer, PhD, Peter Arno, PhD</td>
</tr>
<tr>
<td>310</td>
<td>The Challenge of Diversity in Providing Care and Services</td>
<td>Chris Sandoval, Melinda Partin, Ron Wheeler, Fraser Nelson, PhD</td>
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</tbody>
</table>
CONFERENCE SCHEDULE

315  Family Care Center:
     Family Centered Care and Services
     Moderator: Anita Vaughn, MD
     Presenters: Ana Garcia, LCSW,
                 Carol Brosgart, MD,
                 Trudi Simon, MSN, ARNP

404  HIV Oncology
     Presenter: Donald Northfelt, MD

411  Women's Health Issues
     Moderator: Jean Anderson, MD
     Presenters: Jean Anderson, MD,
                 Iris Davis, MD

506  Design and Implementation of
     Collaborative HIV/AIDS Prevention
     Needs Assessments
     Moderator: Paula Jones
     Presenters: Richard Tagle,
                 Alexander Taylor, MPH,
                 Gil Gerald

214  Community Based
     HIV/AIDS Organizations:
     Improving Services, Management and
     Agency Efficiency
     Moderator: Brian Giddens, ACSW
     Presenters: Jamieson McPherson,
                 Colin Schwoyer,
                 Sandra Thurman

217  HIV Occupational
     Exposure in Health Care Settings
     Presenters: Sara Critchley, RN,
                 Rita Fahnner, RN, MS, NP,
                 Elaine Askari, MPH,
                 Pat D'Arcy, RN

304  Incarcerated Persons with HIV/AIDS:
     Models of Care
     Moderator: Scott Cozza, LCSW, ACSW
     Presenters: Debra Sanders, BA,
                 Judy Greenspan,
                 Rene Seidel

318  Housing Services for HIV-Infected
     Persons with Multiple Diagnoses
     Moderator: Betsy Lieberman, MHSA
     Presenters: Paul Costello, CSW,
                 Jerry Ford,
                 Ellen Alpert, MA

320* Access to Health Services:
       The Approach for Tomorrow
       Moderator: Rick Fendrick, RN, MPH
       Presenters: Mary Driscoll, RN, MPH,
                   Ann Ferguson, MSN, RN,
                   Olga Hernandez, BSN, MPH

405  Tuberculosis and HIV
     Presenter: David Cohn, MD

408  Primary Care of Respiratory Symptoms
     Presenter: Douglas S. Paauw, MD, FACP

WORKSHOP SECTION VIII

1:45-3:15 p.m.

115  The African American Community
     Moderator: Reggie Williams
     Presenters: Raymond E. Dumas, Sr.

116  Lesbian Issues
     Moderator: Delia Garcia
     Presenters: Delia Garcia,
                 Naomi Prochovnick,
                 Barbara Herbert, MD

212  Research Policy:
     Learning from the Past, Planning for the Future
     Moderator: Jane Silver, MPH
     Presenters: Derek Hodel,
                 Theresa McGovern,
                 Pat Franks,
                 Peter Arno, PhD
### CONFERENCE SCHEDULE

#### WORKSHOP SECTION IX

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Location</th>
<th>Details</th>
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</table>
| 3:45-5:15 p.m. | Managing Case Management: Impact of Health Care Reform | 314 | 219  
Moderator: Richard Sowell, PhD, Rn  
Presenters: Richard Sowell, PhD, RN,  
Mary Driscoll, RN, MPH,  
Susan Penner, DrPH |
| 220 | Barriers to Integration of HIV Prevention/Care with Substance Abuse Treatment | 406  
Moderator: Ernesto Hinojos, MPH  
Presenters: Don Desjarlais, PhD,  
Yolanda Gonzales, MFCC,  
Richard LaFortune |
| 309 | Native American Issues - Cultural Competency | 317  
Moderator: Les Hanson, MPA  
Presenters: Cathy Chapman,  
Debra Rodriguez,  
James Abrams |
| 321 | Substance Abuse Services for the HIV/AIDS Client | 403  
Moderator: Katherine Norins, MEd  
Presenters: Lahary Pittman, CA, CAC,  
David Eisen, LAc, MSW, OMD |
| 323* | Support Programs for HIV-Infected Health Care Providers | 308  
Moderator: Ben Schatz, JD  
Presenters: Michael T. Isbell, JD,  
Alvin Novick, MD,  
Larry Stinnett, MD |
| 407* | Management of Opportunistic Infections | 102  
Presenter: Renslow Sherer, MD |
| 417 | Management of End Stage Disease | 306  
Presenter: John Stansell, MD |
| 508 | Health Care Reform: Impact on HIV Services | 103  
Moderator: Mervyn Silverman, MD  
Presenters: Kristine M. Gebbie, RN, MN  
Raymond J. Baxter, PhD,  
Mary Pittman, DrPH |

#### CLOSING CEREMONY

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<th>Time</th>
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<tbody>
<tr>
<td>5:15-5:45 p.m.</td>
<td>Main Arena</td>
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</table>
Cliff Morrison, MS, MN, RN, FAAN  
Introductions  
Conference Program Director  
“HIV Policy: Learning from the Past, Focusing on the Future.”  
Kristine M. Gebbie, RN, MN  
National AIDS Policy Coordinator  
Washington, DC  
Hi-Vibrations, Musical Presentation  
Mary Pittman, DrPH, Closing Remarks  
Conference Co-Chair |

### SATURDAY INTENSIVE WORKSHOPS SATURDAY, OCTOBER 23

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Location</th>
<th>Details</th>
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</table>
| 9:00 a.m.-12:00 p.m. | Grant Writing Skills | 303  
Brad Vanderbilt  
U.S. Conference of Mayors  
Washington, DC |
Marta Friedman, LCSW  
Health Center #1  
San Francisco, CA  
Billy Pick, MSW  
The Program Director  
Ferguson Place  
San Francisco, CA |
| 2. | Medical Social Worker |  
Chris Lehr, LCSW  
Medical Social Worker  
California Pacific Medical Center  
San Francisco, CA  
Crystal Mason  
Social Worker  
San Francisco AIDS Foundation |
# Conference Schedule

<table>
<thead>
<tr>
<th>Session</th>
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<th>Location</th>
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<tr>
<td>3.</td>
<td>Cancelled</td>
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<tr>
<td>4.</td>
<td>Treatment/Clinical Update: What's New and What's Happening</td>
<td>Joe O'Neill, MD, MPH Director of Research</td>
<td>Chase-Brexton Clinic, Baltimore, MD</td>
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<td>Harvey Makadon, MD Beth Israel Hospital</td>
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<td>Boston, MA</td>
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<td>5.</td>
<td>Housing for Persons with HIV/AIDS: Issues and Applications in Funding</td>
<td>Betsy Leiberman, MHA Executive Director</td>
<td>AIDS Housing of Washington, Seattle, WA</td>
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<td>6.</td>
<td>Issues in the Prevention and Treatment of Chemical Dependency:</td>
<td>Richard Elovich, GMHC</td>
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<td></td>
<td>Strategies for Working with Clients with Alcohol and Drug Use</td>
<td>New York, NY</td>
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<tr>
<td>7.</td>
<td>Nursing Care: Current Trends and Issues</td>
<td>Ann Hughes, MSN, RN, CS HIV Clinical Nurse Specialist</td>
<td>San Francisco General Hospital</td>
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<td></td>
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<td>Diane Jones, RN, BA Head Nurse, Ward 5A</td>
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<td>San Francisco General Hospital</td>
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<td>Ron Walent, MSN, RN Medical Nurse Educator</td>
<td>San Francisco General Hospital</td>
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<td>Val Robb, RN Nurse Case Manager Visiting Nurses and Hospice of San Francisco</td>
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<td>8.</td>
<td>HIV/AIDS Education: Provider, Patient and the General Public An</td>
<td>Helen Miramontes, MSN, RN, FAAN Director of Program California Nurses</td>
<td>San Francisco, CA</td>
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<td></td>
<td>Emphasis on Women's Issues</td>
<td>Association</td>
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<td>9.</td>
<td>California Health Outreach Training: Minority Community Outreach</td>
<td>Michael R. Aldrich, PhD California AIDS Intervention Center</td>
<td>San Francisco, CA</td>
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<td>Thomas Boellstorff California AIDS Intervention Center</td>
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<td>Askia Muhammad Larkin Street Youth Center</td>
<td>San Francisco, CA</td>
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<td>Deborah K. Oliver PAC 50 Educational Clearinghouse</td>
<td>San Francisco, CA</td>
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<td>10.</td>
<td>Are You Caring or Caring for Caretaking? A Training to Help Take</td>
<td>Dennis Portnoy, MFCC President</td>
<td>San Francisco, CA</td>
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<td></td>
<td>Better Care of Yourself and Prevent Burnout</td>
<td>Center for Stress Reduction and Self Care</td>
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# WORKSHOP OVERVIEW

## Prevention and Education

<table>
<thead>
<tr>
<th>Session</th>
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<tbody>
<tr>
<td>101</td>
<td>Educating Providers: The Role of AIDS ETC's in Access to Care</td>
<td>Wednesday, 3:45-5:15 pm</td>
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<tr>
<td>102</td>
<td>HIV/AIDS Education in Rural Settings: Issues and Challenges</td>
<td>Wed., 11:00 am-12:30 pm</td>
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<td>103</td>
<td>Women's Issues</td>
<td>Thursday, 11:00 am-12:30 pm</td>
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<td>104</td>
<td>HIV Infection in Incarcerated Adolescents</td>
<td>Thursday, 1:45-3:15 pm</td>
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<td>105</td>
<td>Gay Men's Programs: Contemporary Innovations</td>
<td>Thursday, 3:45-5:15 pm</td>
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<td>106</td>
<td>The Third Shift: Street Outreach to Transgender People</td>
<td>Friday, 11:00 am-12:30 pm</td>
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<td>107</td>
<td>Adolescent Issues: Communication and Intervention for Reducing Risks</td>
<td>Wednesday, 1:45-3:15 pm</td>
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<td>108</td>
<td>Programs for the Elderly</td>
<td>Wed., 11:00 am-12:30 pm</td>
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<td>109*</td>
<td>Program Models for the Incarcerated Person with HIV/AIDS</td>
<td>Friday, 11:00 am-12:30 pm</td>
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<td>110</td>
<td>Effective Outreach in the Asian/Pacific Islander Community</td>
<td>Wednesday, 1:45-3:15 pm</td>
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<td>111</td>
<td>Behavior and Relapse Education: Media Hype or Reality?</td>
<td>Wed., 11:00 am-12:30 pm</td>
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<td>112</td>
<td>The Native American Community</td>
<td>Friday, 11:00 am-12:30 pm</td>
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<td>113</td>
<td>Early Intervention and Risk Reduction Strategies</td>
<td>Thursday, 1:45-3:15 pm</td>
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<tr>
<td>114</td>
<td>Problems and Options for Preventing HIV Infection in IDU's</td>
<td>Thursday, 3:45-5:15 pm</td>
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<td>115</td>
<td>The African American Community</td>
<td>Friday, 1:45-3:15 pm</td>
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<td>116</td>
<td>Lesbian Issues</td>
<td>Friday, 1:45-3:15 pm</td>
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<td>117</td>
<td>Grief and Stress Issues for Providers</td>
<td>Wed., 11:00 am-12:30 pm</td>
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<td>118</td>
<td>The HIV Link: Promoting HIV Risk Reduction Among Injection Drug Users</td>
<td>Thursday, 1:45-3:15 pm</td>
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<td>120</td>
<td>HIV Education in Academic Settings: Are We Making the Grade?</td>
<td>Thursday, 11:00 am-12:30 pm</td>
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<td>121</td>
<td>The Hispanic/Latino Communities</td>
<td>Wednesday, 3:45-5:15 pm</td>
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## Policy and Administration

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<thead>
<tr>
<th>Session</th>
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<tbody>
<tr>
<td>201</td>
<td>Gay Men: Issues for the Second Decade</td>
<td>Wednesday, 3:45-5:15 pm</td>
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<td>202</td>
<td>Tuberculosis and HIV</td>
<td>Thursday, 11:00 am-12:30 pm</td>
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<td>203*</td>
<td>Multiple Loss and Bereavement: An Overview of Policy Issues</td>
<td>Friday, 11:00 am-12:30 pm</td>
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<td>Women and HIV</td>
<td>Wed., 11:00 am-12:30 pm</td>
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<td>205</td>
<td>Impact of Changing HIV Policies on Confidentiality</td>
<td>Thursday, 3:45-5:15 pm</td>
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<td>206</td>
<td>Needle Exchange Programs: Current Research</td>
<td>Wednesday, 1:45-3:15 pm</td>
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<td>207</td>
<td>Housing for Homeless People Living with HIV</td>
<td>Thursday, 11:00 am-12:30 pm</td>
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<td>208</td>
<td>Children and HIV: Issues and Directions</td>
<td>Thursday, 1:45-3:15 pm</td>
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<td>209*</td>
<td>Early Intervention: What Have We Learned? What Is Its Future?</td>
<td>Wed., 11:00 am-12:30 pm</td>
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<td>210*</td>
<td>Prevention Policy: Where Is It Now? Where Is It Going?</td>
<td>Thursday, 1:45-3:15 pm</td>
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<tr>
<td>211*</td>
<td>Positives Serving Positives</td>
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<td>Research Policy: Learning from the Past, Planning for the Future</td>
<td>Friday, 1:45-3:15 pm</td>
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<td>Access to Care for Traditionally Underserved Populations</td>
<td>Friday, 11:00 am-12:30 pm</td>
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<td>214</td>
<td>Community Based HIV/AIDS Organizations: Improving Services, Management and Agency Efficiency</td>
<td>Friday, 1:45-3:15 pm</td>
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<td>215</td>
<td>Grass Roots Mobilization: How to Advance our Legislative Agenda</td>
<td>Wednesday, 1:45-3:15 pm</td>
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<tr>
<td>216</td>
<td>CBO's and Public Health Departments: Working Together to Improve Planning and Service Delivery</td>
<td>Thursday, 1:45-3:15 pm</td>
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<tr>
<td>217</td>
<td>HIV Occupational Exposure in Health Care Settings</td>
<td>Friday, 1:45-3:15 pm</td>
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<tr>
<td>218</td>
<td>Funding the Ryan White Care Act: How Do We Make Titles I and II Work?</td>
<td>Wednesday, 3:45-5:15 pm</td>
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<td>219</td>
<td>Managing Case Management: Impact of Health Care Reform</td>
<td>Friday, 3:45-5:15 pm</td>
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<tr>
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<td>220</td>
<td>Barriers to Integration of HIV Prevention/Care with Substance Abuse Treatment</td>
<td>Friday, 3:45-5:15 pm</td>
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<tr>
<td>221</td>
<td>Learning from AIDS: Cost Financing and Health Care Reform</td>
<td>Friday, 11:00 am-12:30 pm</td>
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**Care and Services**

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<tr>
<th>Session</th>
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<tr>
<td>301</td>
<td>Providing for Adolescents with HIV/AIDS</td>
<td>Wednesday, 3:45-5:15 pm</td>
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<tr>
<td>302</td>
<td>Caring For HIV Positive Women</td>
<td>Wednesday, 3:45-5:15 pm</td>
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<td>303</td>
<td>Legal Issues for Persons Living with HIV/AIDS</td>
<td>Wednesday, 1:45-3:15 pm</td>
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<td>304</td>
<td>Incarcerated Persons with HIV/AIDS: Models of Care</td>
<td>Friday, 1:45-3:45 pm</td>
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<td>305</td>
<td>Managed Care: An HMO Approach - Lessons from Kaiser Permanente</td>
<td>Wednesday, 3:45-5:15 pm</td>
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<tr>
<td>306</td>
<td>The Asian Community</td>
<td>Thursday, 1:45-3:15 pm</td>
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<tr>
<td>307</td>
<td>Developing Culturally Specific Outreach Programs in the African American Community</td>
<td>Wed., 11:00 am-12:30 pm</td>
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<tr>
<td>308</td>
<td>Providing for the Latino Community</td>
<td>Thursday, 11:00 am-12:30 pm</td>
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<td>309</td>
<td>Native American Issues - Cultural Competency</td>
<td>Friday, 3:45-5:15 pm</td>
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<td>310</td>
<td>The Challenge of Diversity in Providing Care and Services</td>
<td>Friday, 11:00 am-12:30 pm</td>
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<td>311</td>
<td>Rural HIV/AIDS: Managing Care Outside of Urban Centers</td>
<td>Thursday, 1:45-3:15 pm</td>
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<td>312</td>
<td>Clinical Trials in the Care of Persons with HIV/AIDS</td>
<td>Wednesday, 1:45-3:15 pm</td>
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<td>313</td>
<td>Long Term Care: Different Models, New Approaches</td>
<td>Wednesday, 1:45-3:15 pm</td>
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<tr>
<td>314</td>
<td>Caring for Children with HIV/AIDS</td>
<td>Wed., 11:00 am-12:30 pm</td>
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<td>315</td>
<td>Family Care Center: Family Centered Care and Services</td>
<td>Friday, 11:00 am-12:30 pm</td>
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<td>316</td>
<td>Alternative/Complimentary Services: Working with the System</td>
<td>Thursday, 11:00 am-12:30 pm</td>
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<td>317</td>
<td>Empowering People with HIV-Related Disabilities</td>
<td>Wednesday, 1:45-3:15 pm</td>
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<td>318</td>
<td>Housing Services for HIV-Infected Persons with Multiple Diagnoses</td>
<td>Friday, 1:45-3:15 pm</td>
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<td>319</td>
<td>Hospice Care and Services for Persons Living with AIDS</td>
<td>Wed., 11:00 am-12:30 pm</td>
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<td>320*</td>
<td>Access to Health Services: The Approach for Tomorrow</td>
<td>Friday, 1:45-3:15 pm</td>
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<td>321</td>
<td>Substance Abuse Services for the HIV/AIDS Client</td>
<td>Friday, 3:45-5:15 pm</td>
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<td>322</td>
<td>Providing Mental Health Services for Persons with HIV/AIDS</td>
<td>Thursday, 3:45-5:15 pm</td>
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<tr>
<td>323*</td>
<td>Support Programs for HIV-Infected Health Care Providers</td>
<td>Friday, 3:45-5:15 pm</td>
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<tr>
<td>324*</td>
<td>Nutrition Strategies for HIV and AIDS</td>
<td>Thursday, 11:00 am-12:30 pm</td>
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**Treatment**

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<tr>
<th>Session</th>
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<tr>
<td>401</td>
<td>AIDS Ethics: Doctor, Nurse, Family and the Person with AIDS</td>
<td>Thursday, 11:00 am-12:30 pm</td>
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<tr>
<td>402*</td>
<td>HIV and Psychiatry: Workshop on Rational and Assisted Suicide</td>
<td>Wednesday, 3:45-5:15 pm</td>
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<tr>
<td>403</td>
<td>Substance Abuse Issues</td>
<td>Thursday, 1:45-3:45 pm</td>
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<td>404</td>
<td>HIV Oncology</td>
<td>Friday, 11:00 am-12:30 pm</td>
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<td>405</td>
<td>Tuberculosis and HIV</td>
<td>Friday, 1:45-3:15 pm</td>
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<tr>
<td>406</td>
<td>Diagnosis of Neurological Complications</td>
<td>Thursday, 3:45-5:15 pm</td>
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<tr>
<td>407*</td>
<td>Management of Opportunistic Infections</td>
<td>Friday, 3:45-5:15 pm</td>
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<tr>
<td>408</td>
<td>Primary Care of Respiratory Symptoms</td>
<td>Friday, 1:45-3:15 pm</td>
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<tr>
<td>409</td>
<td>Evaluation and Management of GI Symptoms - Diarrhea, Diphagia, Odynophagia, Abdominal Pain, Malabsorption, Wasting and Nutrition</td>
<td>Wednesday, 3:45-5:15 pm</td>
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<tr>
<td>410</td>
<td>Dermatological Symptoms</td>
<td>Wednesday, 1:45-3:15 pm</td>
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<tr>
<td>411</td>
<td>Women's Health Issues</td>
<td>Friday, 11:00 am-12:30 pm</td>
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<tr>
<td>412</td>
<td>Treating Pediatric HIV</td>
<td>Wednesday, 11:00 am-12:30 pm</td>
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<tr>
<td>413</td>
<td>Treating Adolescents</td>
<td>Thursday, 3:45-5:15 pm</td>
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<tr>
<td>414</td>
<td>Primary Care Approach to the Symptomatic Patient</td>
<td>Wednesday, 1:45-3:15 pm</td>
</tr>
<tr>
<td>415</td>
<td>Chinese Medicine and AIDS</td>
<td>Wednesday, 3:45-5:15 pm</td>
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</tbody>
</table>
WORKSHOP OVERVIEW

416 Management of the Oral Complications of HIV Infection: Treatment Planning for the HIV-Infected Patient
Thursday, 11:00 am-12:30 pm

417 Management of End Stage Disease
Friday, 3:45-5:15 pm

418 Home Health Care Management
Wednesday, 1:45-3:15 pm

Health Services/Program Evaluation

501 The AIDS Health Services Program: Final Evaluation
Wednesday, 3:45-5:15 pm

502 Quality Assurance and Program Evaluation: What Is the Benefit?
Wednesday, 11:00 am-12:30 pm

503* Primary Care Linkages with HIV Specialty Care and Clinical Trials: A Model Program
Thursday, 11:00 am-12:30 pm

505* Social Security Disability Benefits: The Evaluation of Claims Based on HIV Disease
Thursday, 3:45-5:15 pm

506 Design and Implementation of Collaborative HIV/AIDS Prevention Needs Assessments
Friday, 11:00 am-12:30 pm

507 Case Management: Can We Evaluate Its Effectiveness?
Thursday, 3:45-5:15 pm

508 Health Care Reform: Impact on HIV Services
Friday, 3:45-5:15 pm

* Title changed from Preliminary Program. General program and speakers subject to change.
AIDS THEATER FESTIVAL

The 4th AIDS Theater Festival, Directed by Hank Tavera, showcases HIV-related plays, performance art, music and dance by groups and individuals from throughout California in conjunction with the Conference. Artists will be available after each show for discussion with the audience and to meet you individually.

PERFORMANCE SCHEDULE

TUESDAY, OCTOBER 19

4:30 p.m. Room 415
"I am Your Mother" (50 min.) Premier
Written & Directed by M. Gustavo Cravioto
Performed by Juanita Molina, Yesenia Aguirre,
Raul Aguilar, Lusmar Valverde & Mario Alabi
Make-up by Hector Leon
In Association with LLEGO California, San Francisco

HIV takes its toll on this border town family as each member comes to grips with the realities of this illness.

WEDNESDAY, OCTOBER 20

12:30 p.m. Room 415
"Till Death Do Us Part", "No Regrets", "We Die Too",
"Dedicated to CC and Keith", "Untitled" (60 min.)
Written by Natombi and Ernest Andrews
Directed by Ernest Andrews, Music Direction by Peter Barklay
Performed by Natombi, Peter Barklay & Ernest Andrews
Sweet Potatoe Pie, Oakland

Life experiences, poetry, music and prose about HIV in the African tradition of call and response.

5:15 p.m. Room 415
"Rap City: A Safe Time in Sex Town" (60 min.)
Written & Directed by Kevin Brooks
Performed by Stanley Pearson, Mark Harrison, Kevin
Brooks, Carlton J. Jiggets & Rica Madame Turner
KGB, Oakland

Get ready for a journey to sexual happiness from Rap City to Sex Town.

THURSDAY, OCTOBER 21

12:30 p.m. Room 415
Afternoon Quickies
In association with GAWK (Gay Artists & Writers Kollective),
San Francisco

"Positively Hilarious" (15 min.)
Written & Performed by Joseph Leonardi
Directed by Jeff Thompson
An All-American Fag's humorous, healthy, hopeful look at HIV in three one-man multi-character pieces.

"Tribute" (12 min.)
Written, Directed & Performed by Kevin Thaddeus Paulson
Short story dealing with one man's response to the illness of a friend with AIDS.

"Lab Coats" (8 min.)
Choreographed & Performed by Tazz Richards & Eric Wilcox
Music by Tazz Richards
A two-man dance performance with lab coats.

"Reverend What's His Name" (5 min.)
Written by Daniel Curzon
Directed & Performed by Chuck Hilbert
A Christian minister talks about AIDS with his Sunday school class.

"Old 'n Positive" (15 min.) Premier
Written, Directed & Performed by George Birimisa
2000 sex encounters and no venereal diseases - not even the "clap". So how could I be positive?

7:30 p.m. Theater Rhinoceros
2926 16th Street/Mission near BART
LLEGO California in association with Theater Rhinoceros presents Latino AIDS Theater Festival

"Latex Mania" (15 min.)
Choreographed & Performed by Mario Gonzales
Music by Glass Green
A monk emerges from his habit from death to life and is transformed with latex, gloves and lubricant.

"Untitled" (5 min.)
Written, Directed & Performed by Al Lujan & Hannah Dillon
Dual performance monologues about a woman with AIDS and her caregiver's experience.
"Soy Tu Madre" (In Spanish) (50 min.)  
Written & Directed by M. Gustavo Cravioto  
Performed by Juanita Molina, Yesenia Aguirre,  
Raul Aguilar, Lusmar Valverde & Mario Alabi  
Make-up by Hector Leon

HIV takes its toll on this border town family as each member comes to grips with the realities of this illness.

Box Office Opens at 6:30 p.m.  
$3-$5 Donation

10:00 p.m.  
Esta Noche Disco  
3079 16th Street/Mission near BART

City Clinic & LLEGO California presents  
"We Will Survive!" the 5th Annual Safe Sex Show (90 min.)  
Starring Lola Lust & Alexis Miranda  
With Taina, Eric "Giovanni" McKenzie, Alane Freund,  
Vannessa, Ubaldo, Marisela and friends.

$4 Donation  
Benefit for Latinos/as With AIDS Fund & LLEGO California,  
Latina/o Lesbian, Gay & Bisexual Organization  
In Memory of Jaime "Jim" Ramirez

A drag show format with bilingual safe sex messages has become a model and tradition at the oldest and hottest Latino Gay bar in the Mission district.

FRIDAY, OCTOBER 22

5:45 p.m.  
Room 415

"Strange Fruits" (45 min.)  
Written, Directed by Love Like This Theater  
Performed by Cesar Cadabes, Eric Capulong, Dio Gica, Robert Gutierrez, Lawrence Manuel, Chrisma Feril, Alan Quismorio,  
Vince Crisostomo, Pablo Bautista  
Asian AIDS Project, San Francisco

Filled with black humor, this new bold comedy explores the darker side of life, death and sexuality from Gay/Bisexual Asian/Pacific Islander perspectives.

8:00 p.m.  
R.A.P. School  
2735 Bryant bet. 25th/26th Sts.  
near 24th St./Mission BART

"Paisanos" (In Spanish) (70 min.)  
Written by Esteban Lopez & Dra. Yolanda Pineda in collaboration with Miembros Michoacanos Por La Salud Contra el SIDA (M.U.S.S., A.C.)  
Directed by Esteban Lopez, Assisted by Carlos Pardue  
Music & Lyrics by Ben Alderete  
Performed by Luis Torres, Guillermina Arroyo, Irma Garcia, Angeles Garcia, Patricia Tamayo, Mauricio Urbina  
Mujeres Unidos y Activas in Association with LLEGO California and Real Alternatives School, San Francisco

A two-act educational play about AIDS in a Mexican family with original ranchera music.

5:30 p.m.  
Room 415

"The Divas From Viva!" (20 min.)  
Written by Teatro Viva Collective  
Directed by Luis Allaro & Monica Palacios  
Performed by Frank Castorena & Refugio Guevara  
Teatro Viva, VIVA! Lesbian & Gay Latino Artists  
Los Angeles

Short theatrical vignettes about safer sex, HIV and AIDS.

"Latex Mania" (15 min.)  
Choreographed & Performed by Mario Gonzales  
Music by Glass Green

A monk emerges from his habit from death to life and is transformed with latex, gloves and lubricant.

"Untitled" (5 min.)  
Written, Directed & Performed by Al Lujan & Hannah Dillon

Dual performance monologues about a woman with AIDS and her caregiver's experience.
The Film Festival features the most current videos relative to HIV education, prevention and care. Each video has been reviewed for appropriateness to the audience in attendance at this Conference. Please see the Film Festival Directory for descriptions.

**VIEWING SCHEDULE**

**TUESDAY, OCTOBER 19**

5:30- 6:30 p.m.  
Cautionary Tale (Traditional Healing Production)

6:30- 7:15 p.m.  
Positive Motion (U of CA Extension Center)

**WEDNESDAY, OCTOBER 20**

8:00- 9:00 a.m.  
Not Me, Innocence in time of AIDS (Pyramid Film & Video)

10:30-11:00 a.m.  
Drugs & AIDS (National Institute of Justice)

11:00-12:30 p.m.  
Health in View (New Conservatory Theater)  
Reality Check (ETR Associates)

12:30- 1:45 p.m.  
Time Out (Arsenio Hall & Magic Johnson)  
The Truth About HIV, AIDS and You (Wherehouse Entertainment)

1:45- 3:15 p.m.  
Touching (Traditional Healing Production)

3:15- 3:45 p.m.  
Harbor of Hope (Aquarius Production)

3:45- 5:15 p.m.  
Choices from the Other Side (TCM Supply Corp.)

**THURSDAY, OCTOBER 21**

8:00- 9:00 a.m.  
A parent meeting (Pediatric Foundation)  
Educating our children (Pediatric Foundation)  
Hope for the Future (Aims Media)

10:30-11:00 a.m.  
New Faces of AIDS (TV Ontario)

11:00-12:30 p.m.  
Whenever you sleep with Someone (AIDS Impact)  
Negotiating Safe Sex (AIDS Impact)  
Fear of Disclosure (Fear of Disclosure)

12:30- 1:45 p.m.  
Reality Check (ETR Associates)  
Understanding AIDS? A Modern Day Pirate (Sunburst Communications)

1:45- 3:15 p.m.  
Just Like Us: AIDS Prevention (Sunburst Communications)  
Just Say Know to AIDS (Aims Media)  
Song of Superman (Associated Producers)

3:15- 3:45 p.m.  
(In) Visible Women (Fear of Disclosure)

3:45- 5:00 p.m.  
Sisters (N.C. HIV/STD Control Branch)  
Women and AIDS-The Greatest Gamble (Perennial Education)

**FRIDAY, OCTOBER 22**

8:00- 9:00 a.m.  
The Drop in Group (Fanlight Productions)  
AIDS -Life Goes on Regardless (Young Adult Institute)

10:30-11:00 a.m.  
Acts of Kindness (U of CA Extension Center)

11:00-12:30 p.m.  
Living with HIV (Medcom Trainex)

12:30- 1:45 p.m.  
Teaching About HIV/AIDS in Elementary School (Trenton State College)  
Drugs and AIDS (Spanish) (National Institute of Justice)

1:45- 3:15 p.m.  
HIV and the Healthcare Worker (Glaxo)  
Protecting You and Your Patient (Associated Medical Publishing)

3:15- 3:45 p.m.  
Fear of Disclosure (Fear of Disclosure)

3:45- 5:15 p.m.  
Non, Je Ne Regrette Rien (No Regret) (Fear of Disclosure)  
Reunion (Select Media)

The Conference Film Festival is dedicated in memory of Leon McKusick, Ph.D. who recently died of AIDS. Dr. McKusick was associate researcher at the Center for AIDS Prevention Studies, University of California, San Francisco.
AIDS IN THE ARTS FESTIVAL

4th Floor - East, West and North Corridors

A beautiful collection of art, as it relates to AIDS, has been assembled for the pleasure and education of conference participants. Special thanks to the following participants:

Art for Recovery

Art for Recovery was conceived in 1988 by Dr. Ernest Rosenbaum, Oncologist and Clinical Professor of Medicine at UCSF. Dr. Rosenbaum believed that using art as a means of expression would help patients to focus on creativity and life rather than on their illness.

Art for Recovery enables oncology and HIV patients at UCSF/Mount Zion to express themselves at-the-bedside, through drawings, watercolors and collage, what it looks like and feels like to have a life-threatening illness.

Art for Recovery also curates large exhibitions of framed art work created by people with cancer and AIDS at UCSF/Mount Zion in various civic, religious and corporate environments including the San Francisco Airport. This program is currently going from the bedside to the classroom providing an opportunity for middle-school age children to correspond with art and letters to adults with cancer and AIDS.

The Art for Recovery Fund is under the auspices of Mount Zion Health Systems. The Fund pays for the continuing expenses of quality art supplies for the more than 300 patients who have participated in this program, as well as to help defray artist expenses such as framing, exhibitions, photography and printing.

Block Prints - Robin Tichane

A series of block prints - graphic representation reflecting his personal sense of loss because of AIDS.

Children’s Quilt Project (CQP)

CQP began in April, 1988 in Berkeley, California and was established:

- to provide a children living with AIDS with the comfort of a quilt;
- to serve as an advocate for these children;
- to provide a means by which volunteers can cope with their own concerns about the epidemic through constructive involvement; and
- to educate school children about AIDS.

There are now thousands of volunteers working with CQP in every state and six foreign countries. Volunteers range in age from 3 to 98; they work individually, as part of school projects and as members of quilting guilds.

Also, CQP is proud to display as part of the AIDS in the Arts Festival a collection of quilts made by CQP volunteers that will be given to children living with HIV disease. If you or your organization have a need for children's quilts, please stop by and make your selection. You may take the quilts upon your departure from the Conference. CQP has already presented quilts to over 40,000 children.

"Doll's House" and Paintings - J. Bryce Anderson

"My 'art' helps alleviate some of the frustration from the excess of time that AIDS provides. Unfortunately the projects and 'doll's house' represent to me the sadness of my disease and how I am isolated. Progress on these projects is made when I am most ill. Fatigue and infection prompt me to hibernate when I feel too unhealthy in appearance to venture into a superficial and sometimes unforgiving world, especially the community where looks are stressed via flyers, posters and newspapers."

Fifteen Friends - William Stewart

Hand-poured paper and mixed media

"This piece was created to convey some of the emotional impact of living in the midst of the AIDS epidemic. The irregular, muddy paper with its half-buried headlines and obituaries is meant to suggest the unrelenting assault of bad news, while the carefully lettered names honor dead friends whose lives unfolded against that backdrop. The string symbolizes both the oppressiveness of the epidemic and the connections between people that have developed as result of it. I wanted to convey not only the horror, but also the courage and acceptance I have seen.

I completed this piece in 1987. At the time, fifteen friends dead of AIDS seemed like a large number. Were I creating it today, the background would be hidden from view under all the names I would have to include."
AIDS IN THE ARTS FESTIVAL

Oil Paintings - Ishmael Mike Aguilera

"I was born April 28, 1955 in San Jose, California. I have two children, ages 14 and 16. As a teenager I painted as a hobby. As I got older I strayed from painting for about 18 years. After my diagnosis of AIDS in 1984 and the death of my lover in 1989, and all of my friends, I turned to oil painting again as an old friend. Oil painting helps me to live for today and appreciate the small and simple things in life. Painting also gives me purpose and peace of mind."

Photography - Jeremy Landau

"My Photography represents images of the land no longer inhabited, of our throw-away society, of the sacred not yet encroached upon by the profane. This art is not about AIDS, but it emerges from AIDS, from a society at odds with itself."

"I see AIDS/art as a metaphor for the rationing of health care, for environmental genocide, for racism, for war against peace. A better epidemic could not have been engineered for a culture which hates gays, people of color, the poor and disenfranchised. Unfortunately, the metaphor has turned back upon itself. The principalities and power which would wish us away are now the true victims of this terrible epidemic."

Scene and Thought - Narayan de Vera

An artistic installation of scientific sculptures with the purpose of making viewers think about certain aspects of the AIDS epidemic.

"I’m just an actor, like you, on the universal stage of life. Every attempt to produce art is a challenge to make something pleasing to my audience. If it’s not worth viewing every day of one’s life, it’s not a creation by Narayan de Vera."
LIST OF SPEAKERS

James Abrams
American Indian AIDS Institute
San Francisco, CA
(3099)

Patricia Acosta
Public Policy Specialist
AIDS Project Los Angeles
Los Angeles, CA
(2152)

Lisa L. Agate, MMSW
District Ten AIDS Coordinator
State of Florida
Dept. of Health & Rehabilitative Services
Hollywood, FL
(1081)

Angukuqaq
(Richard LaFortune)
National Native American AIDS Prevention Center
Minneapolis, MN
(2209)

Lisa Al-Hashimi, MSM, RN
Director, Wisconsin Community-Based Research Consortium
AIDS Resource Center of Wisconsin
Milwaukee, WI
(3122)

Michael Aldrich, PhD
California AIDS Intervention Training Center
San Francisco, CA
(Intensive #9)

Ellen Alpert
Director, AIDS Housing
NYC Mayor’s Office of AIDS Policy Coordination
New York, NY
(2074, 3188)

Jean Anderson, MD
Department of OB/GYN
Johns Hopkins School of Medicine
Baltimore, MD
(Intensive #8, 4117)

Peter S. Arno, PhD
Department of Social Medicine
Montefiore Medical Center
Bronx, NY
(2128, 2217, 5047)

Ursula Arndt, BSN, RN
AIDS Service Center
Pasadena, CA
(3141)

Elaine Askari, MPH
Labor Coordinator
Labor Occupational Health Program
University of California
Berkeley, CA
(2178)

Charles J. Baker, MD
Medical Director
Juvenile Court Health Services
LA County Dept. of Health Services
Los Angeles, CA
(1045)

Ignatius Bau, JD
Staff Attorney
Lawyers’ Committee for Civil Rights of the San Francisco Bay Area
San Francisco, CA
(3032)

Pablo Tapay Bautista
Asian AIDS Project
San Francisco, CA
(1067)

Raymond Baxter, PhD
Senior Vice President
Lewin-VHI, Inc.
Fairfax, VA
Former Director
San Francisco Dept. of Public Health
(2165, 5089)

Madeline P. Beery, MEd
President, AIDS Impact, Inc.
Seattle, WA
(1204)

JoAnne Bennett, PhD, RN
HIV Clinical Specialist and Assistant Professor, Community Mental Health
NYU & Pace University
New York, NY
(1204)

J.D. Benson
AIDS Health Project
San Francisco, CA
(3226)
LIST OF SPEAKERS

David E. Berry, DrPH
Professor and Chair
Department of Health Care Administration
College of Health Sciences
University of Nevada, Las Vegas
Las Vegas, NV
(315)

Patrick Biernacki, PhD
Research Sociologist
San Francisco, CA
(118)

Gail Bigelow, LCSW
Visiting Nurses and Hospice of San Francisco
San Francisco, CA
(203)

Thomas Boellstorff
California AIDS Intervention Training Center
San Francisco, CA
(Intensive #9)

Barbara J. Bolden, PhD
Research Coordinator
Clinical Directors Network of Region II
New York, NY
(312)

Owen Borda
AIDS Council Executive Director
Hawthorne, NY
(216)

Angel Braña, MD, MPH
Medical Director
COSMMA
Cidra, PR
(308)

Paul Brenner, MDiv
Executive Director
Montgomery Hospice Society
Rockville, MD
(203, 418)

Robert Brodhead, PhD
Associate Professor
Department of Sociology
University of Connecticut
Storrs, CT
(118)

Jaklyn Brookman, MFCC
UCSF AIDS Health Project
San Francisco, CA
(322)

Carol Brosgart, MD
Medical Director
East Bay AIDS Center
Berkeley, CA
(315)

Helen Brown, RN
Research Nurse
Newark Community Health Center
Newark, NJ
(312)

Robert P. Cabaj, MD
San Francisco General Hospital
San Francisco, CA
(403)

Lisa Capaldini, MD, MPH
Castro Medical Group
San Francisco, CA
(414)

Dominic Cappello
Vashon Island, WA
(105, 113)

Enrique Carter, MD
U.S. Public Health Service
San Francisco Regional Office IX
San Francisco, CA
(409)

Ron Castner
Walden House, Inc. - CARE Unit
San Francisco, CA
(211)

Elissa Chandler, RN, MPH
World Institute on Disability
Oakland, CA
(317)

Cathy Chapman
HIV Health Educator
American Indian AIDS Institute
San Francisco, CA
(309)

Chwee Lye Chng, PhD
KHPR Department
North Texas State University
Denton, TX
(111)

Marilyn Chow, DNSc, RN, FAAN
New York, NY
(Plenary)
## LIST OF SPEAKERS

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<tr>
<th>Name</th>
<th>Position/Title</th>
<th>Institution/Program</th>
<th>Location</th>
<th>Phone Number</th>
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<tbody>
<tr>
<td>Chris Chung</td>
<td>Peer Educator</td>
<td>Asian AIDS Project</td>
<td>San Francisco, CA</td>
<td>(1067)</td>
</tr>
<tr>
<td>Nathan Church, PhD</td>
<td>Counseling Center</td>
<td>Western Washington University</td>
<td>Bellingham, WA</td>
<td>(1204)</td>
</tr>
<tr>
<td>George Clark</td>
<td>Project Director</td>
<td>Prevention Point</td>
<td>San Francisco, CA</td>
<td>(2062)</td>
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<tr>
<td>Lynn Classen, PA-C, MPH</td>
<td>HIV Clinical Coordinator</td>
<td>Monterey County Public Health Dept.</td>
<td>Salinas, CA</td>
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<td>Mark Cloutier, MPP, MPH</td>
<td>Program Associate</td>
<td>Kaiser Family Foundation</td>
<td>Menlo Park, CA</td>
<td>(2062, 2091)</td>
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<td>Andrew Cohen</td>
<td>NorthWest AIDS Foundation</td>
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<td>Seattle, WA</td>
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<td>David L. Cohn, MD</td>
<td>Denver Disease Control Service</td>
<td>Associate Professor of Medicine</td>
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<tr>
<td>Deborah A. Coleman, MS, RN, CS</td>
<td>Director, AIDS Program</td>
<td>Columbus Health Department</td>
<td>Columbus, OH</td>
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<tr>
<td>Nicolette Collins, MD</td>
<td>Medical Director</td>
<td>Special Programs for Youth</td>
<td>Department of Public Health</td>
<td>San Francisco, CA</td>
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<tr>
<td>Marcus Conant, MD</td>
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<td>San Francisco, CA</td>
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<tr>
<td>Molly Cooke, MD</td>
<td>Assoc. Professor of Clinical Medicine</td>
<td>Division of General Internal Medicine, UCSF</td>
<td>San Francisco, CA</td>
<td>(4014)</td>
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<tr>
<td>A. Gene Copello, DDiv, MS</td>
<td>Director</td>
<td>San Mateo County AIDS Program</td>
<td>San Mateo, CA</td>
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<tr>
<td>Nancy Corby, PhD</td>
<td>Co-Director</td>
<td>Community Research &amp; Services</td>
<td>California State University</td>
<td>Long Beach, CA</td>
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<td>Inge Corless, PhD, RN, FAAN</td>
<td>Associate Professor</td>
<td>Graduate Program in Nursing</td>
<td>Massachusetts General Hospital</td>
<td>Institute of Health Professions</td>
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<tr>
<td>Paul Costello, CSW</td>
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<td>Division of HIV Services</td>
<td>Project Hospitality, Inc.</td>
<td>Staten Island, NY</td>
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<td>Michael Cowing</td>
<td>New York State Department of Health AIDS Institute</td>
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<td>New York, NY</td>
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<tr>
<td>Scott Cozza, LCSW, ACSW</td>
<td>Psychiatric Social Worker</td>
<td>California Medical Facility</td>
<td>HIV Program IV</td>
<td>Vacaville, CA</td>
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<tr>
<td>Wendy Crayton</td>
<td>Coordinator, AIDS &amp; STD Program</td>
<td>State of Alaska</td>
<td>Anchorage, AK</td>
<td>(1127)</td>
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</table>
LIST OF SPEAKERS

Vince Crisostomo  
Asian AIDS Project  
San Francisco, CA  
(1102)

Sara Critchley, RN  
Hospital Infections Program  
HIV Infection Branch  
Centers for Disease Control  
Atlanta, GA  
(2178)

Kate Cummings, RN, BSN  
Visiting Nurses and Hospice  
San Francisco, CA  
(4182)

Grace Dammann, MD  
Laguna Honda Hospital and Rehabilitation Center  
San Francisco, CA  
(3132)

Pam Daniel, RN  
Community Research Nurse  
University of Cincinnati  
AIDS Treatment Center  
Cincinnati, OH  
(5034)

Pat D’Arcy, RN  
California  
(2178)

Iris Davis, MD  
Baltimore, MD  
(Intensive #8, 4117)

Elaine Daniels, MD, PhD  
Chief, Health Professions  
HIV Education Branch  
U.S. Public Health Service  
Rockville, MD  
(1013)

Mike DeHart  
Senior Community Organizer  
Lambda Community Center  
Sacramento, CA  
(3164)

Don Desjarlais, PhD  
Research Director  
Beth Israel Medical Center  
Chemical Dependency Institute  
New York, NY  
(Plenary, 2209)

Paul DiDonato  
Public Policy Director  
AIDS Legal Referral Panel  
San Francisco, CA  
(2050)

James W. Dilley, MD  
Project Director and  
Associate Clinical Professor of Psychiatry  
UCSF AIDS Health Project  
San Francisco, CA  
(2037, 4023)

Mary Driscoll, RN, MPH  
Director of Services Coordination  
Cook County Hospital  
Chicago, IL  
(2198, 3208)

Meredith DuHamel, MA  
Client Services Coordinator  
San Mateo County AIDS Program  
San Mateo, CA  
(2137)

Raymond E. Dumas, Sr.  
Community Organizer & Outreach Coordinator  
People of Color Against AIDS Network (POCAAN)  
Tocama, WA  
(1158, 3151)

Ana O. Dumois, PhD, DSW  
Executive Director  
Community Family Planning Council  
New York, NY  
(Plenary, 3089)

Scott Eberle, MD  
Medical Director  
HIV Early Intervention Center  
Sonoma County Health Department  
Santa Rosa, CA  
(1013)

Enid Eck, RN, MPH  
Regional Hospital Administration  
Kaiser Permanente  
Southern California Region  
Pasadena, CA  
(3053)

Claudia Egelhoff  
Project REACH  
NC Division of Adult Health  
HIV Services Unit  
Raleigh, NC  
(1021, 3115)
<table>
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<th>Institution</th>
<th>City, State, Country</th>
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<tr>
<td>David Eisen, LAc, OMD</td>
<td>Director</td>
<td>Portland Addiction Acupuncture Center</td>
<td>Portland, OR</td>
<td>(3164, 3219)</td>
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<tr>
<td>Jeff Eloff</td>
<td></td>
<td></td>
<td>San Francisco, CA</td>
<td>(4014)</td>
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<tr>
<td>Susan Jackson Eloff</td>
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<td>Richard Elovich</td>
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<td>New York, NY</td>
<td>(Intensive #6)</td>
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<tr>
<td>Patrick Ennis, MSW</td>
<td>Therapist/Social Worker</td>
<td>Cole Street Youth Center</td>
<td>San Francisco, CA</td>
<td>(4136)</td>
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<tr>
<td>Rita Fahnner, RN, MS, NP</td>
<td>Clinical Director</td>
<td>Occupational Infectious Disease Program</td>
<td>San Francisco General Hospital</td>
<td>(2178)</td>
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<tr>
<td>Rick Fendrick, RN, MPH</td>
<td>Nurse Administrator</td>
<td>HIV/AIDS Services</td>
<td>New Mexico Department of Health</td>
<td>(1153, 3208)</td>
</tr>
<tr>
<td>Ann Ferguson, MSN, RN</td>
<td>Case Manager</td>
<td>ChesPenn Health Services</td>
<td>Chester, PA</td>
<td>(3208, 5076)</td>
</tr>
<tr>
<td>Patsy Fleming</td>
<td>Special Assistant to Secretary of Health &amp; Human Services</td>
<td></td>
<td>Washington, DC</td>
<td>(3023)</td>
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<tr>
<td>Jerry W. Ford</td>
<td>Residence Manager</td>
<td>Gregory House</td>
<td>President, Board of Directors</td>
<td>(2074, 3188)</td>
</tr>
<tr>
<td>Peter M. Ford, MD, FRCP</td>
<td>Professor of Medicine</td>
<td>Queens University</td>
<td>Kingston, Ontario, CANADA</td>
<td>(1097)</td>
</tr>
<tr>
<td>Donald P. Francis, MD, DSc</td>
<td>HIV/AIDS Consultant</td>
<td>Hillsborough, CA</td>
<td>Genentech</td>
<td>(Plenary)</td>
</tr>
<tr>
<td>Pat Franks</td>
<td></td>
<td>Institute for Health Policy Studies</td>
<td>San Francisco, CA</td>
<td>(2105, 2128)</td>
</tr>
<tr>
<td>Lawrence B. Friedman, MD</td>
<td>Associate Professor of Clinical Pediatrics</td>
<td>University of Miami</td>
<td>School of Medicine</td>
<td></td>
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<tr>
<td>Marta Friedman</td>
<td></td>
<td>Division of Adolescent Medicine</td>
<td>Miami, FL</td>
<td>(2085, 3013)</td>
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<td>Chuck Frutchey</td>
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<td>Health Center #1</td>
<td>San Francisco, CA</td>
<td>(Intensive #2)</td>
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<tr>
<td>Ana Garcia, LCSW</td>
<td></td>
<td>San Francisco AIDS Foundation</td>
<td>San Francisco, CA</td>
<td>(2013)</td>
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<tr>
<td>Barbara Garcia</td>
<td></td>
<td>Planned Parenthood - CARE Clinic</td>
<td>San Francisco, CA</td>
<td>(2118)</td>
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<tr>
<td>Delia Garcia</td>
<td></td>
<td>Department of Public Health</td>
<td>Office of AIDS</td>
<td>(1168)</td>
</tr>
</tbody>
</table>
LIST OF SPEAKERS

Suzin Gartland
AIDS Educator/Activist
Campbell, CA
(302)6

Christine M. Garvey, RN, MPA
Director, Home Health Services
Visiting Nurses and Hospice
San Francisco, CA
(418)2

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator
Washington, DC
(Closing Plenary)

Gil Gerald
Gil Gerald & Associates
Los Angeles, CA
(506)7

Brian Giddens, ACSW
Director of Services
NW AIDS Foundation
Seattle, WA
(214)8

Eric Glassgold, MD
Department of Psychiatry
UCSF
San Francisco, CA
(402)3

Alice Glehorn, PhD
School of Hygiene & Public Health
The Johns Hopkins University
Baltimore, MD
(114)6

Ginger Goble, MSW
Executive Director
Spokane AIDS Network
Spokane, WA
(102)1, (107)2

Yolanda Gonzales, MFCC
Substance Abuse Counselor
Tenderloin AIDS Resource Center
San Francisco, CA
(220)9

Eric Goosby, MD
Director, Division of HIV Services
HRSA
Rockville, MD
(312)2

Michael Gorman, PhD, MPH
University of California at Berkeley
School of Public Health
Berkeley, CA
(201)3, (203)7

Larry Gostin, JD
Georgetown University
Law Center
Washington, DC
(205)8

Joel Gray, RN, BSN, CCRC
HIV Program Coordinator
Section of Infectious Diseases
Arizona Health Sciences Center
University of Arizona
Tucson, AZ
(324)4

Ruth Greenblatt, MD
Associate Professor
Dept. of Medicine
UCSF
San Francisco, CA
(204)1

Deborah Greenspan, BDS, DSc
School of Dentistry
UCSF
San Francisco, CA
(416)4

Judy Greenspan
Prisoner Advocate and AIDS Activist
Oakland, CA
(304)5

Roger Gross, JD
Attorney-at-Law
San Francisco, CA
(303)2

Mary Guinan, MD, PhD
Assistant Director of Evaluation
Office of HIV/AIDS
Centers for Disease Control
Atlanta, GA
(204)1

Adam Gurvitch
Research Analyst
Office of HIV/AIDS Education
American National Red Cross
Washington, DC
(502)1
LIST OF SPEAKERS

Jesse Gutierrez, PhD
San Francisco, CA
(308)

Heidi J. Haiken, MSW, MPH
Coordinator of Social Work Services
Children’s Hospital AIDS Program
Newark, NJ
(206)

Holly Hagan, MPH
Epidemiologist
Tacoma-Pierce County Health Dept.
Tacoma, WA
(206)

Helen M. Hanley, MAT, MSW
Mental Health Chief
Montefiore Medical Center
Rikers Island, NY
(109)

Les Hanson, MPA
Executive Director
American Indian AIDS Institute
San Francisco, CA
(309)

Alison Hardy, JD
Staff Attorney
Prison Law Office
San Quentin, CA
(109)

Gary W. Harper, PhD
Postdoctoral Scholar
Center for AIDS Prevention Studies
San Francisco, CA
(104)

Allan Harris
Regional AIDS Coordinator
U.S. Public Health Service
San Francisco, CA

Barbara Herbert, MD
Cambridge, MA
(103, 116)

Mónica Hernández
HIV Program Director
Coalition for Immigrant and Refugee Rights and Services
San Francisco, CA
(121)

Olga Hernandez, BSN, MPH
AIDS Health Services Program
Jersey City, NJ
(320)

Michael Higgins, MPH
County of Los Angeles
Department of Health Services
AIDS Programs
Los Angeles, CA
(213)

Ernesto O. Hinojos, MPH
Director of Education
Gay Men’s Health Crisis
New York, NY
(105, 201, 220)

Derek Hodel
Director, Treatment and Research
AIDS Action Council
Washington, DC
(212)

Antigone Hodgins
Outreach Coordinator
Project AHEAD
Special Programs for Youth
San Francisco, CA
(413)

David G. Hoffman
Executive Director
NE Florida AIDS Network
Jacksonville, FL
(216, 507)

Jeremy Hollinger, MA
AIDS Bereavement Coordinator
Visiting Nurses and Hospice of San Francisco
San Francisco, CA
(319)

Jim Holmes, MPH
Coordinator, Inservice Training
Gay Men’s Health Crisis
New York, NY
(105)

Anne Hughes, MSN, RN, CS
Clinical Nurse Specialist for HIV
San Francisco General Hospital
San Francisco, CA
(401)
LIST OF SPEAKERS

Steven Humes, MPH
Director, AIDS Prevention & Training
Gay Men’s Health Crisis
New York, NY
(1135)

Michael Isbell, JD
Lambda Legal Defense and Education Fund
New York, NY
(2217, 3239, 5045)

Nabiliah Muhammad Ismail
Rosalia, NJ
(3071)

Kay Johnson, MD
University of Cincinnati
AIDS Treatment Center
Cincinnati, OH
(5034)

Michael Johnson
Director of STD Programs
Columbus Health Department
Columbus, OH
(1204)

Diane Jones, RN, BA
Head Nurse, Ward 5A
San Francisco General Hospital
San Francisco, CA
(Intensive #7)

Paula Jones
Senior Staff Associate
AIDS Program
U.S. Conference of Mayors
Washington, DC
(5067)

T. Stephen Jones, MD
Substance Abuse & HIV Prevention
Office of HIV/AIDS
Centers for Disease Control
Atlanta, GA
(1146)

Bruce W. Keiler, MBA, MPH
University of California/Berkeley
Berkeley, CA
(2183)

Jeffrey Kennedy, JD
Member, ADA Training and Implementation Network
Walnut Creek, CA
(3172)

Virgil Kocher
Social Security Administration
San Francisco, CA
(5056)

Bob Kono
San Francisco AIDS Foundation
Surveillance Branch
San Francisco, CA
(3063)

Leonard Kooperman, PhD
Professor of Public Administration
School of Public Service & International Studies
Golden Gate University
San Francisco, CA
(1081)

The Reverend Armand J. Kreft
Vicar, Holy Innocents’ Episcopal Church
San Francisco, CA
(Opening Ceremony)

Dr. James Krejeski
Social Security Administration
San Francisco, CA
(5056)

Octavia Kuransky
Tenderloin AIDS Resource Center
San Francisco, CA
(2137)

Christopher Kush
Grassroots Coordinator
AIDS Project Los Angeles
Los Angeles, CA
(2152)

Jeremy Landau
Executive Director
Rural AIDS Network
Santa Fe, NM
(1021)

Dana Lear, MHSc
Berkeley, CA
(1204)

Mai Nhung Le
Asian AIDS Project
San Francisco, CA
(1102)
<table>
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<td>Caroline Jean Lee</td>
<td>Asian AIDS Project</td>
<td>San Francisco, CA</td>
<td>(110²)</td>
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<tr>
<td>Mary Lee, BSN, MPN</td>
<td>HIV Counselor</td>
<td>Municipality of Anchorage</td>
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<td>Dept. of Health &amp; Human Services</td>
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<td>Anchorage, AK</td>
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<tr>
<td>Jim Lees</td>
<td>Aftercare Coordinator</td>
<td>Larkin Street Youth Center</td>
<td>San Francisco, CA</td>
<td>(413⁹)</td>
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<tr>
<td>Chris Lehr, LCSW</td>
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<td>San Francisco, CA</td>
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<tr>
<td>George Lemp, MD</td>
<td>Office of AIDS</td>
<td>Department of Public Health</td>
<td>San Francisco, CA</td>
<td>(205⁹)</td>
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<tr>
<td>Jill Leonard, BSN</td>
<td>Clinical Trials Manager</td>
<td>University of Cincinnati</td>
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<td>AIDS Treatment Center</td>
<td>Cincinnati, OH</td>
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<tr>
<td>Teri Lewis</td>
<td>Fund for the City of New York</td>
<td>New York, NY</td>
<td>(104⁵, 107²)</td>
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<td>Betsy Lieberman, MHSA</td>
<td>Executive Director</td>
<td>AIDS Housing of Washington</td>
<td>Seattle, WA</td>
<td>(318⁸)</td>
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<tr>
<td>Nathan Linsk, PhD</td>
<td>Director</td>
<td>Midwest AIDS Education &amp; Training Center</td>
<td>University of Illinois, Chicago</td>
<td>Chicago, IL</td>
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<tr>
<td>Rick Lopez</td>
<td>Region IX Hemophilia Program</td>
<td>Children's Hospital Los Angeles</td>
<td>Los Angeles, CA</td>
<td>(324⁴)</td>
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<tr>
<td>Sana Loue, JD</td>
<td></td>
<td>San Diego, CA</td>
<td>(213⁷)</td>
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<tr>
<td>Hope K. Lucas, MPH</td>
<td></td>
<td>Head, AIDS Care Branch</td>
<td>Raleigh, NC</td>
<td>(311⁵)</td>
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<td>Peter Lurie</td>
<td>Center for AIDS Prevention Studies</td>
<td>San Francisco, CA</td>
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<tr>
<td>Harvey Makadon, MD</td>
<td></td>
<td>Department of Medicine</td>
<td>Boston, MA</td>
<td>(209¹, 414²)</td>
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<td>Yvonne A. Maldonado, MD</td>
<td>Department of Pediatrics</td>
<td>Stanford University</td>
<td>Stanford, CA</td>
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<tr>
<td>William J. Mannion, RN</td>
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<td>Chair, Partners ADHC</td>
<td>Los Angeles, CA</td>
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<td>Division of Neurology</td>
<td>Harborview Medical Center</td>
<td>University of Washington</td>
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<td>Social Worker</td>
<td>San Francisco AIDS Foundation</td>
<td>San Francisco, CA</td>
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<td>HIV Law Project</td>
<td>New York, NY</td>
<td>(204¹, 212⁸)</td>
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<td>Kairos - Support For Caregivers</td>
<td>San Francisco, CA</td>
<td>(117¹)</td>
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</table>
LIST OF SPEAKERS

Jean McGuire, MPH
Cambridge, MA
(1133)

Jamison G. McPherson
Louisville and Jefferson County Health Department
Louisville, KY
(2148)

Cheryl Godwin de Medina
California Partners Study, UCSF
San Francisco General Hospital
San Francisco, CA
(1199, 2183)

Helen Miramontes, MSN, RN, FAAN
Associate Clinical Professor
Deputy Director, HIV/AIDS Research & Clinical Training in Nursing
UCSF, School of Nursing
Director, Professor Education/Training Program
California Nurses Association
San Francisco, CA
(Intensive #8, 202)

Howard Moffet, MS, LAc
Research Director
American College of Traditional Chinese Medicine
San Francisco, CA
(4153)

Tom Moon
San Francisco, CA
(2013)

Vincent Mor, PhD
Director
Center for Gerontological & Health Care Research
Professor, Medical Sciences
Brown University
Providence, RI
(Plenary, 501)

Steve Morin, PhD
Legislative Assistant
Congresswoman Nancy Pelosi
San Francisco, CA
(2103)

Robert E. Morris, MD
Associate Clinical Professor of Pediatrics
UCLA Medical Center
& Senior Physician
Juvenile Court Health Services
LA County Dept. of Health Services
Los Angeles, CA
(1045)

Askia Muhammad
California AIDS Intervention Training Center
San Francisco, CA
(Intensive #9)

Patricia Murphy, RN, MA
Director, Hospice/AIDS Home Care Visiting Nurses and Hospice
San Francisco, CA
(4182)

Fraser Nelson, PhD
AIDS Prevention Services/STD
Minneapolis, MN
(2183, 3107)

Carol Nemeth-Mersmann
AIDS Prevention Specialist
Stanislaus County Department of Mental Health
Modesto, CA
(1039)

Cindy Neveu
World Institute on Disability
Oakland, CA
(3172)

Norm Nickens
SF Employee's Retirement System
San Francisco, CA
(2050, 2074)

Marjie Niedorf, RN, MS
Supervisor, AIDS Home Care Visiting Nurses and Hospice
San Francisco, CA
(4182)

Katherine Norins, MEd
GreenPoint
Greensboro, NC
(3219)

Pat Norman
Executive Director
California AIDS Intervention Center
San Francisco, CA
(2041)
LIST OF SPEAKERS

Donald Northfelt, MD
University of California San Francisco
San Francisco, CA
(4047)

Alan Novick, MD
Yale University
New Haven, CT
(3239)

Walt Odets, PhD
Clinical Psychologist in Private Practice
Berkeley, CA
(1059)

Deborah K. Oliver
California AIDS Intervention Training Center
San Francisco, CA
(Intensive #9)

Joanna Omi, MPH
Assistant Vice President
Infectious Diseases
Health and Hospitals Corporation
New York, NY
(2024)

Maureen O’Neil, LCSW
Supervising Mental Health Clinician
San Mateo County AIDS Program
San Mateo, CA
(Intensive #2, 3013)

Joseph O’Neil, MD, MPH
Chase-Breton Clinic
Baltimore, MD
(Intensive #4, 4142)

Gerald Oppenheimer, PhD
Associate Professor
Brooklyn College (CUNY)
Brooklyn, NY
(2117, 5045)

Lawrence Ouellet, PhD
Ethnographer
University of Illinois at Chicago
Community Outreach Intervention Projects
Chicago, IL
(1183)

Douglas S. Pauw, MD, FACP
UWMC Virology Clinic
Department of Medicine
University of Washington
Seattle, WA
(4088)

Robert A. Padgug, PhD
Director, Health Policy
Empire Blue Cross & Blue Shield
New York, NY
(2217, 5045)

William C. Parra, MS
Deputy Director
Office of HIV/AIDS
Centers for Disease Control
Atlanta, GA
(2103)

Melinda Partin
Food Program Coordinator
Chicken Soup Brigade
Seattle, WA
(3107)

Mary A. Paterson, PhD
Assistant Professor
Health Care Administration
University of Nevada, Las Vegas
Las Vegas, NV
(311)

Bill Pederson, MSW
Gay & Lesbian Adolescent Services
West Hollywood, CA
(3013)

Susan Penner, DrPH
NIMH Postdoctoral Fellow
University of California
Berkeley, CA
(2199)

Dominic Perez
Asian AIDS Project
San Francisco, CA
(1067)

Billy Pick, MSW
Program Director
Ferguson Place
San Francisco, CA
(Intensive #2)

John D. Piette, PhD
Research Health Scientist
Center for Health Care Evaluation
Department of Veterans Affairs Medical Center
Menlo Park, CA
(5013, 5076)
<table>
<thead>
<tr>
<th>Name</th>
<th>Title and Organization</th>
<th>City, State</th>
<th>Notes</th>
</tr>
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<tbody>
<tr>
<td>Antonio Pisig</td>
<td>Asian AIDS Project</td>
<td>San Francisco, CA</td>
<td>(110²)</td>
</tr>
<tr>
<td>Lahary Pittman, CA, CAC</td>
<td>Director, Jersey City Acupuncture Clinic for Chemical Dependency</td>
<td></td>
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</tr>
<tr>
<td>NH Medical Examiners Board, Acupuncture Examining Board</td>
<td>Secretary, National Acupuncture Detoxification Assoc., Inc.</td>
<td>Montclair, NJ</td>
<td>(316⁴, 321⁹)</td>
</tr>
<tr>
<td>Mary Pittman, DrPH</td>
<td>President</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Hospital Research &amp; Educational Trust</td>
<td>American Hospital Association</td>
<td>Chicago, IL</td>
<td>(508⁹)</td>
</tr>
<tr>
<td>Dennis Portnoy, MFCC</td>
<td>President</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Center for Stress Reduction and Self Care</td>
<td>San Francisco, CA</td>
<td>(Intensive #10)</td>
<td></td>
</tr>
<tr>
<td>Suki Terada Ports</td>
<td>Executive Director &amp; Founder</td>
<td>New York, NY</td>
<td>(306³)</td>
</tr>
<tr>
<td>David Purchase</td>
<td>Director, Point Defiance AIDS Project</td>
<td>Tacoma, WA</td>
<td>(114⁶)</td>
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<tr>
<td>Juanita Quintero</td>
<td>Program Director</td>
<td>San Francisco, CA</td>
<td>(121³)</td>
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<tr>
<td>E. Michael Reyes, MD</td>
<td>Project Director</td>
<td>Fresno, CA</td>
<td>(101³)</td>
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<tr>
<td>Joyce Rivera-Beckman, MA</td>
<td>Executive Director</td>
<td>Bronx, NY</td>
<td>(118⁵)</td>
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<tr>
<td>Val Robb, RN</td>
<td>Visiting Nurses and Hospice of San Francisco</td>
<td>San Francisco, CA</td>
<td>(Intensive #7)</td>
</tr>
<tr>
<td>Debra Rodriguez</td>
<td>Case Manager</td>
<td>American Indian AIDS Institute</td>
<td>San Francisco, CA</td>
</tr>
<tr>
<td>Steven B. Roger</td>
<td>Chief, Early Intervention Section</td>
<td>Office of AIDS</td>
<td>Department of Health Services</td>
</tr>
<tr>
<td>Thomas G. Randall, PhD</td>
<td>Professor of Health Policy and Administration</td>
<td>School of Public Health</td>
<td>University of California</td>
</tr>
<tr>
<td>Daniel Rybold, MD</td>
<td>Laguna Honda Hospital and Rehabilitation Center</td>
<td>San Francisco, CA</td>
<td>(313²)</td>
</tr>
<tr>
<td>Debra Sanders, BA</td>
<td>Case Manager</td>
<td>Orange County Community Corrections</td>
<td>Orlando, FL</td>
</tr>
<tr>
<td>Chris Sandoval</td>
<td>Multicultural AIDS Resource Center of California</td>
<td>San Francisco, CA</td>
<td>(308⁴, 310⁷)</td>
</tr>
<tr>
<td>Ozzie Santiago</td>
<td>Case Manager</td>
<td>Tenderloin AIDS Resource Center</td>
<td>San Francisco, CA</td>
</tr>
<tr>
<td>James Schield, BA</td>
<td>Education Manager</td>
<td>AIDS Resource Center</td>
<td>Dallas, TX</td>
</tr>
<tr>
<td>Kitsy Schoen, LCSW</td>
<td>Consultant and Therapist</td>
<td>San Francisco Bay Area</td>
<td>San Francisco, CA</td>
</tr>
</tbody>
</table>
LIST OF SPEAKERS

René Seidel
Tarzana Treatment Center
Tarzana, CA
(304)8

Ben Schatz, JD
Executive Director
AAPHR/MERP
San Francisco, CA
(323)9

Gisela Schechter, MD
San Francisco General Hospital
San Francisco, CA
(202)4

Mark Scherzer, JD
Attorney-at-Law
New York, NY
(303)2

Helen Schietinger, MA, RN
Policy Consultant
AIDS Action Foundation
Washington, DC
(207)4, 2105, 2183, 3132

Bill Schutz
Social Security Administration
San Francisco, CA
(5056)

Colin Schwoyer
Louisville and Jefferson County Health Department
Louisville, KY
(214)8

Will Scoles, MA, CRC
Senior Rehabilitation Counselor
State of California
Department of Rehabilitation
Los Angeles, CA
(3172)

John W. Scott, RNC
HIV Project Coordinator
Department of Veterans Affairs Medical Center
Washington, DC
(3122)

Janet Shalwitz, MD
Director
Special Programs for Youth
Youth Guidance Center
San Francisco, CA
(4136)

Renslow Sherer, MD
Director
HIV Primary Care Center
Cook County Hospital
Chicago, IL
(407)

Jane Silver, MPH
Director of Public Policy
American Foundation for AIDS Research (AMFAR)
Washington, DC
(202)4, 2056, 2128

Mervyn F. Silverman, MD, MPH
President, AmFAR
San Francisco, CA
(5089)

Trudi A. Simon, MSN, ARNP
Nurse Practitioner - Faculty
University of Miami
Department of OB/GYN Research
Miami, FL
(3026, 3157)

Thomas M. Sinclair, LAc
Immune Enhancement Project
San Francisco, CA
(4153)

William F. Skeen, MD, MPH
AIDS Project Los Angeles
Public Policy Department
Los Angeles, CA
(2152)

Mark D. Smith, MD, MBA
Executive Vice President
Kaiser Family Foundation
Menlo Park, CA
(Plenary)

Richard Sowell, PhD, RN
Director, Division of Research and Client Services
AID Atlanta, Inc.
Atlanta, GA
(2199, 5076)

Robert G. Sowle
AIDS Training Specialist
Alaska Native Health Board
Anchorage, AK
(1127)
# LIST OF SPEAKERS

<table>
<thead>
<tr>
<th>John Stansell, MD</th>
<th>Sandra Thurman</th>
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<tbody>
<tr>
<td>Medical Director</td>
<td>Manager of Advocacy Programs</td>
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<tr>
<td>Ward 5A</td>
<td>The Task Force on Child Survival</td>
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<td>San Francisco General</td>
<td>and Development</td>
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<td>Hospital</td>
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<td>San Francisco, CA</td>
<td>(208)</td>
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<td>(417)</td>
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<tr>
<td>Gary L. Stein, JD, MSW</td>
<td>Jesse Trice, MPH</td>
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<tr>
<td>Policy Director</td>
<td>President &amp; CEO</td>
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<tr>
<td>The Orphan Project</td>
<td>Economic Opportunity Family</td>
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<td>New York, NY</td>
<td>Health Center, Inc.</td>
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<td>(204)&lt;sup&gt;1&lt;/sup&gt;, 207&lt;sup&gt;4&lt;/sup&gt;,</td>
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<td>2137&lt;sup&gt;7&lt;/sup&gt;</td>
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<tr>
<td>Larry Stinnett, MD</td>
<td>Dwayne C. Turner, MA, MPH</td>
</tr>
<tr>
<td>Assistant Clinical</td>
<td>AIDS Project Los Angeles</td>
</tr>
<tr>
<td>Professor</td>
<td>Los Angeles, CA</td>
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<tr>
<td>School of Medicine</td>
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<tr>
<td>UCSF</td>
<td>Brad Vanderbilt</td>
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<td>Stinson Beach, CA</td>
<td>U.S. Conference of Mayors</td>
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<td>(323)&lt;sup&gt;9&lt;/sup&gt;</td>
<td>Washington, DC</td>
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<tr>
<td>Carl Stokes</td>
<td>(Intensive #1)</td>
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<td>St. Mary’s Hospital and</td>
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<td>Medical Center</td>
<td>Anita Vaughn, MD</td>
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<td>HIV Services</td>
<td>Medical Director</td>
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<td>San Francisco, CA</td>
<td>Newark Community Health Center</td>
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<td>(211)&lt;sup&gt;9&lt;/sup&gt;</td>
<td>Newark, NJ</td>
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<tr>
<td>Daphne Stuart, MSW</td>
<td>(Intensive #8, 315&lt;sup&gt;7&lt;/sup&gt;, 316&lt;sup&gt;4&lt;/sup&gt;,</td>
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<tr>
<td>San Francisco, CA</td>
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<tr>
<td>(319)&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Sten Vermund, MD, PhD</td>
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<tr>
<td>Elaine G. Swenson, MPH, RN</td>
<td>Chief, Vaccine and Epidemiology</td>
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<tr>
<td>Public Health Nurse</td>
<td>Branch</td>
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<tr>
<td>Clinical Services</td>
<td>Division of AIDS</td>
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<td>Contra Costa County</td>
<td>NIAID, NIH</td>
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<td>Vacaville, CA</td>
<td>Bethesda, MD</td>
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<td>(307)&lt;sup&gt;1&lt;/sup&gt;</td>
<td>(Plenary)</td>
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<td>Richard M. Tagle</td>
<td>Paul A. Volberding, MD</td>
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<td>Project Director</td>
<td>Professor of Medicine, UCSF</td>
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<td>U.S Conference of Mayors</td>
<td>Director, AIDS Program</td>
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<td>Washington, DC</td>
<td>San Francisco General Hospital</td>
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<td>(105)&lt;sup&gt;9&lt;/sup&gt;, 506&lt;sup&gt;7&lt;/sup&gt;</td>
<td>San Francisco, CA</td>
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<tr>
<td>Geraldine Taplin, MD</td>
<td>(Opening Plenary, 209)&lt;sup&gt;1&lt;/sup&gt;</td>
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<tr>
<td>Medical Director</td>
<td>S. Joshua Volle, MEd</td>
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<tr>
<td>El Nido Clinic</td>
<td>Director of Prevention Services</td>
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<td>Natividad Medical Center</td>
<td>National Native American AIDS</td>
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<td>Salinas, CA</td>
<td>Prevention Center</td>
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<td>(507)&lt;sup&gt;6&lt;/sup&gt;</td>
<td>Oakland, CA</td>
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<tr>
<td>Alexander F. Taylor, MPH</td>
<td>(112)&lt;sup&gt;7&lt;/sup&gt;</td>
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<tr>
<td>Epidemiologist</td>
<td>Ron Walent, MSN, RN</td>
</tr>
<tr>
<td>San Bernadino County</td>
<td>Medical Nurse Educator</td>
</tr>
<tr>
<td>Department of Public Health</td>
<td>San Francisco General Hospital</td>
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<td>San Bernadino, CA</td>
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</table>
LIST OF SPEAKERS

Leslie Walker
Social Security Administration
San Francisco, CA
(5056)

Diane Warra, MD
University of California
San Francisco, CA
(4121)

John K. Watters, PhD
Institute for Health Policy Studies
UCSF, School of Medicine
San Francisco, CA
(1146)

Kristin Weaver, RN, MSN, CNSN
GI Clinical Research Coordinator and Nursing Director
Nutrition Services
San Francisco General Hospital
San Francisco, CA
(1056)

Amy Weiss
World Institute on Disability
Oakland, CA
(3172)

Ron Wheeler
Home Team Volunteer Coordinator
Chicken Soup Brigade
Seattle, WA
(3107)

Jeanne White
President and Founder
Ryan White Foundation
Annapolis, IN
(Plenary)

Lori Wiener, PhD
National Institutes of Health
National Cancer Institute
Pediatric Branch
Bethesda, MD
(3141)

Reggie Williams
Executive Director
National Task Force on AIDS Prevention
San Francisco, CA
(1158, 2013, 2105)

Phill Wilson, MA
Director, Public Policy
AIDS Project Los Angeles
Los Angeles, CA
(2152)

Terry David Winter, RN, MPH
HIV Coordinator
The Permanente Medical Group, Inc.
Santa Rosa, CA
(3053)

Dan Wohlfeiler, MPH
Education Director
Stop AIDS Project
San Francisco, CA
(1056)

Danny Yu
Director of Support Services
Gay Asian Pacific Alliance Community AIDS Project
San Francisco, CA
(3065)

Andrew Zalopa, MD
San Francisco General Hospital
San Francisco, CA
(2074)
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