AIDS PREVENTION PROJECT
NOVEMBER 11-16, 1985

sponsored by the Associated Students,
A.S. Performing Arts, & the SFSU Student Union

SAN FRANCISCO STATE UNIVERSITY
sponsored by the Associated Students, A.S. Performing Arts, & the SFSU Student Union

SAN FRANCISCO STATE UNIVERSITY
AIDS is a world-wide health crisis. This important six-day conference, the first of its kind on any California campus, will focus on the prevention of AIDS through discussion, debate, and education of the many issues surrounding Aquired Immune Deficiency Syndrome. The entire conference is free to everyone. The Associated Students would like to thank the San Francisco State University students and faculty, the community and the City Government of San Francisco for their support and participation in this conference.
PROGRAM

Monday - November 11, 1985

9:00am - 3:00pm

AIDS Video Showing
James Helsing: Coordinator

9:00am - Shanti Project Tapes:
  AIDS Panel (tape #5) - 57 minutes
  AIDS Panel (tape #6) - 9 minutes
10:10am - Counselors and clients panel - 70 minutes
11:25am - Director of Shanti and Client
  Facing Death and Dying - 26 minutes
12:00pm - Channel 5 AIDS Special Showing - 60 minutes
1:00pm - People with AIDS Support Group - 96 minutes
2:30pm - Film clips from "Living with AIDS" -
  Tina DiFeliciantonio - 60 minutes

9:00am - 5:00pm

EROS AIDS Counseling Drop-In Center for AIDS Information -
(in EROS office)
Ann Auleb, Lecturer in Biology and Human Sexuality Studies,
SFSU.
Lisa Frankfort - EROS Director

4:00pm - 7:00pm

Women and AIDS Workshop: Barbary Coast
Not For Women Only. A brief presentation related to AIDS in
general; a discussion of a current S.F. research study for
women & AIDS; and small group work & discussions about
women's concerns about AIDS issues.
Organizations included are the S.F. Stop AIDS Project, the
Hollis Matson: Chairperson: Lecturer Health
  Education Department
Bill Folk, Project Coordinator
Mary E. Cantrell, Scheduling/Operations Coordinator
Bert Bloom, Outreach Coordinator
Bill Day, Group Leader (Stop AIDS Project)
Jane Zones, Associate Professor, Institute for Health Policies
  Studies, UCSF.
Maria Khazzaka and Scott Johnson: SFSU Health Services
  Peer Health Advocates
Judith B. Cohen, Ph.D., Project Aware, San Francisco
  General Hospital

7:00pm

"An Early Frost"
BARBARY COAST, STUDENT UNION
Starring:
  Ben Gazzara
  Gena Rowlands
  Aidan Quinn
The first made-for-TV "family drama" dealing with the AIDS
crisis, will air Monday, November 11 at 9:00pm on the NBC
network. This pre-television screening is courtesy of NBC
Channel 4.
AIDS: THE PERSONAL IMPACT

9:00am - 5:00pm
EROS AIDS Counseling Drop-In Center for AIDS information.
(In EROS Center Office, Student Union)

9:00am - 5:00pm
AIDS Information Forum (outside)
Adam Vigil: Coordinator
An AIDS Information Center in the Student Union East Plaza

10:00am - 12:00pm
Holistic Health, Disease Prevention and Letting Go of Fear of AIDS (Room B-112 Student Union)
Mike Whitty: Visiting Associate Professor, School of Business

10:45am - 11:00am
AIDS Prevention Project Opening Fanfare
Program: Another Fanfare - Tchaikowsky
Ceremonial Fanfare - Purcell
Trumpets Call - Couperin
Musicians: Dennis Aquilina
Christopher Grady
Linda Roberts

11:00am - 2:00pm
Outside Information Arts & Speaking Forum
Student Union Plaza
Adam Vigil: Coordinator

12:00 Noon - 2:00pm
AIDS and Society Panel
BARBARY COAST ROOM, STUDENT UNION
Moderator: Dr. Robert Molino, M.D.,
Student Health Service, SFSU
Panelists: Dr. David Werdegar, Director of Public Health,
San Francisco
Holly Smith, Media Relations Coordinator,
San Francisco AIDS Foundation
Dr. Howard Brodie, M.D., Clinician-Researcher,
San Francisco General Hospital

A focus on the definition of AIDS through:
1) Transmission, Prevention, and Dissimination of AIDS
2) Socio-Economic Consequences of AIDS
3) Basic definitions of AIDS, ARC, and pre-AIDS
Tuesday - November 12, 1985

2:00pm - 4:00pm  
“People With AIDS and Loved Ones” Panel  
Barbary Coast, Student Union  

Moderator: John Lorenzini, Person with AIDS;  
San Francisco AIDS Foundation  
The day to day experience of living with AIDS by people with AIDS and their loved ones.  
Panelists: Larry, Gabriel, John, Patty, & Judy.

7:30pm - 9:00pm  
Film: “Buddies”  
Barbary Coast, Student Union  

Directed by Arthur J. Bressan, Jr.  
This is an extremely controversial film, which drew mixed views from the press. It premiered in San Francisco in September and is just opening in New York City. We offer it here because it is the 1st narrative film on AIDS.  
Panel: John D. Hess, Instructor of Film, SFSU  
Tina DiFeliciantonio, Film Graduate Student at Stanford University, Maker of The Documentary Film, “Living With AIDS”.  
Co-sponsored by Lesbian-Gay Alliance

9:00pm - 10:00pm  
Arthur J. Bressan, Jr.: Fimmaker and Director of “Buddies”.  
A panel discussion on the intentions and motives behind “Buddies”.  
Moderator: Margo Kasdan, Chair of Film Department, SFSU
Wednesday - November 13, 1985

PREVENTION THROUGH ORGANIZATIONS

9:00am - 5:00pm
AIDS Information Forum
(Outside)
Adam Vigil: Coordinator
An AIDS Information Center in the Student Union East Plaza

9:00am - 5:00pm
EROS AIDS Counseling Drop-In Center for AIDS Information
EROS Center Office, Student Union

9:00 - 11:00am
Third World Issues on AIDS
Student Union, Conference Rooms A-E
A workshop on people of color and an exchange of ideas concerning Third World people with AIDS as well as Third World community response to the AIDS crises.
Ernesto Hinojos, M.P.H., Education Staff & Media Coordinator, San Francisco AIDS Foundation

12:00 Noon - 2:00pm
Controversy: The Media & AIDS
Barbary Coast
When does media coverage of AIDS cross the fine line between "up-to-the-minute-coverage" and "sensationalism"? What is the difference between a report which helps to dispel myth and fear, and one which hypes hysteria? With the mass of media coverage on AIDS, how do you identify the report which will provide you with "new" information to help you respond more responsibly to the AIDS epidemic? What is (or isn't) different about the San Francisco media coverage of AIDS?
These and other issues will be addressed by a panel of print, television and radio professionals who are involved in the day to day delivery of information on AIDS to the general public. Time will be set aside for audience/panel interaction as a part of this controversial discussion.

Panel Moderator: Holly Smith, Media Relations Coordinator, San Francisco AIDS Foundation
Panelists: Jim Bunn: General Assignment Reporter assigned to track the AIDS epidemic for the last 2 years.
Channel 5 - KPIX
Russ Coughlan: Newsman, Commentary Reports, Channel 7
Joe Spivak: Radio Talk Show Host, drive-time, KNBR Radio
Michael Helquist: Freelance Health Consultant & AIDS Journalist
Co-sponsored by EROS - Chaired by Dan Kreter
PREVENTION THROUGH ORGANIZATIONS

2:00pm - 4:00pm
Organizing Against AIDS
Barbary Coast
Panel consisting of counselors and administrators from local AIDS organizations. They will be speaking on the community organization's role in the fight against AIDS.
Moderator: Sally Gearhart, Instructor at SFSU
Panelists: Dr. John Peterson, Ph.D., Pacific Center AIDS Project
Bert Bloom, Outreach Coordinator, Stop AIDS Project
Mitch Bart, Department Director, San Francisco AIDS Foundation
Bill Bradley, Board of Directors, Shanti Project
Amy Weiss, Bereavement Coordinator, San Francisco Hospice
Mark Gold, Special Projects, AIDS Health Project Coordinator

7:30pm - 9:30pm
AIDS & Heterosexuals
Barbary Coast
The first of two community forums presented by the S.F. AIDS Foundation in conjunction with the Institute for Advanced Study of Human Sexuality and the Sexologists' Sexual Health Project. This panel is being presented in conjunction with the Saturday panel “Heterosexual Behavior and AIDS Prevention.” A panel of doctors will address concerns of the population at large and discuss all aspects of heterosexual transmission. They will also answer your specific questions about what you need to know about AIDS transmission and prevention.
Topics Include:
- Risk Reduction for Sexually Active Heterosexuals
- Tracing Partners of Infected Heterosexuals (Contact Tracing)
- School Children with AIDS
- HTLV-3 Antibody Testing
- AIDS and the Military
- AIDS in the Workplace

The incidence of AIDS in the heterosexual population is relatively small. Now is the time to get informed, understand the potential risks, and take the appropriate action to prevent further spread of this disease throughout the general population.
Moderator: Dr. Robert Bolan, Chairman of the Board, San Francisco AIDS Foundation.
Panelists: Dr. Harry Hollander, M.D., UCSF, Director of the Adult Immunodeficiency Clinic (The AIDS Clinic)
Dr. George W. Rutherford, M.D., Epidemiologist, San Francisco Department of Public Health
Dr. Robert M. Schmidt, M.D., M.P.H., Ph.D., Hematologist and Professor of Clinical Science, SFSU
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tr>
<td>9:00am - 5:00pm</td>
<td>EROS AIDS Counseling Drop-In Center for AIDS Information</td>
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<td>(In EROS Center Office)</td>
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<td>Lisa Frankfort, Ann Auleb, Lecturer HSS</td>
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<td>10:00am - 12:00 Noon</td>
<td>Government's Economic Aide for AIDS Panel</td>
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<td>(Conference Rooms A-E)</td>
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<td>Keith Griffeth</td>
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<td>Prevention: A Theatrical Portrayal</td>
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<td>7:30pm - 10:00pm</td>
<td>Theatre Rhinoceros - The A.I.D.S. Show:</td>
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<td>&quot;Unfinished Business&quot; (McKenna Theater)</td>
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<td>So successful in the Fall of 1984, it has been revised and updated</td>
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<td>and is now in its 2nd season. The show this year, like the disease</td>
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<td>it deals with, concentrates less on gay men and more on the</td>
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<td>community at large. The review uses songs, scenes, and monologues</td>
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<td>to offer a comprehensive look at the reality of AIDS with the</td>
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<td>goal of empowering and enlightening its audience.</td>
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<td>&quot;to educate and empower audiences&quot;</td>
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<td>Produced by Theatre Rhinoceros</td>
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<td>Directed by Leland Moss and Doug Holsclaw</td>
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<td>8:00pm - 11:00pm</td>
<td>A San Francisco AIDS's Benefit</td>
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<td>Poetry reading to benefit the San Francisco AIDS Foundation.</td>
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<td>Sponsored by Five Fingers Poetry, SFSU Poetry Center, SFSU Associated</td>
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<td>Students, and The Lab.</td>
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<td>(Performance at The Lab on Divisadero)</td>
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<td>Featured Poets:</td>
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<td>William Dickey</td>
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<td>Robert Gluck</td>
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<td>Lori Callies</td>
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<td>Judy Grahn</td>
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<td>Dorianne Laux</td>
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<td>Harold Norse</td>
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<td>7:00pm - 9:00pm</td>
<td>A Political Strategy for Fighting the AIDS Crises</td>
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<td>(Student Union B-112)</td>
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<td>Friends of the Revolutionary Workers League.</td>
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<td>11:30pm - 1:00pm</td>
<td>Alternative Healing Practices&lt;br&gt;ROOM B-114&lt;br&gt;Maria Khazzaka, Health Studies&lt;br&gt;Scott Cambell, Lesbian-Gay Alliance&lt;br&gt;Angela Wu Shen, Head of Chinese Medical Science Program, SFSU</td>
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<td>3:00pm - 5:00pm</td>
<td>Preventing AIDS Discrimination&lt;br&gt;CONFERENCE ROOM A-E&lt;br&gt;Keith Griffeth</td>
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<td>8:00 - 10:00 pm</td>
<td>The Role of Government in Preventing the Spread of AIDS: A Public Policy Discussion&lt;br&gt;BARBARY COAST, STUDENT UNION&lt;br&gt;A. What is government's proper economic and regulatory role?&lt;br&gt;B. Should government permit the use of blood tests for screening?&lt;br&gt;C. Should government allow the use of quarantine? &lt;br&gt;<strong>Chairpersons:</strong> John P. DeCecco, Ph.D., Professor of Psychology and Human Sexuality Studies, and Director of Human Sexuality Studies, SFSU.&lt;br&gt;Ann Auleb, R.N., A.B., Lecturer in Biology and Human Sexuality Studies, SFSU&lt;br&gt;<strong>Associate Chairpersons:</strong> Norma L. McCoy, Ph.D., Professor of Psychology and Human Sexuality Studies and Co-Director of Human Sexuality Studies, SFSU.&lt;br&gt;Erwin J. Haeberle, Ph.D., Ed.D., Adjunct Professor of Human Sexuality Studies, SFSU and Professor, Institute for the Advanced Study of Human Sexuality.&lt;br&gt;<strong>Moderator:</strong> Mary Ann Aronson, League of Women Voters&lt;br&gt;<strong>Participants:</strong> Theresa Crenshaw, M.D., Crenshaw Clinic, San Diego, President-Elect, American Association of Sex Educators, Counselors, and Trainers&lt;br&gt;William Dannemeyer, Congressman, Fullerton, CA&lt;br&gt;Marvin Silverman, M.D., M.P.H. Former Director of Public Health, City and County of San Francisco&lt;br&gt;Robert M. Schmidt, M.D., Ph.D., M.P.H., Professor of Hematology, San Francisco State University; Director, Center for Preventive Medicine and Health Research, Pacific Presbyterian Medical Center, San Francisco</td>
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AIDS: WHERE DO WE GO FROM HERE?

2:00pm - 6:00pm

Heterosexual Behavior and AIDS Prevention: An Eroticising Safe Sex Guidelines Workshop

The second community forum presented by the San Francisco AIDS Foundation. The purpose of this workshop is to help heterosexually active people incorporate the doctor’s guidelines given in the Wednesday Night (11/13) AIDS and Heterosexuals Panel into their sexual lifestyles. The workshop will be given by professional sex educators & counselors, and will focus upon:

1) Enhancing heterosexual communications skills around sex and AIDS prevention
2) Helping people expand their repertoire of lowest risk heterosexual options
3) Teaching effective use of condoms, spermacides, hydrogen peroxide, and other barrier techniques of risk reduction
4) Eroticising the heterosexual guidelines

Workshop Staff:
Clark L. Taylor, Ph.D., Ed.D.
Marguerite Rubenstein, Ph.D., M.F.C.C., R.N.
David Lourea, Ed.D.

Workshop Given By:
Sexologist's Sexual Health Project
San Francisco AIDS Foundation
and the Institute for Advanced Study of Human Sexuality

The Associated Students would like to thank all who attended and participated in the AIDS Prevention Project.
AIDS

Prevention Project

HONORARY CHAIR
Honorable Dianne Feinstein
Mayor, City and County of San Francisco

HONORARY CO-CHAIRS
Members of the San Francisco Board of Supervisors:
Honorable Harry G. Britt
Honorable Richard Hongisto
Honorable Willie B. Kennedy
Honorable Quentin L. Kopp
Honorable Bill Maher
Honorable John L. Molinari
Honorable Wendy Nelder
Honorable Louise H. Renne
Honorable Carol Ruth Silver
Honorable Nancy G. Walker
Honorable Doris M. Ward

PRODUCER
Associated Students Performing Arts, San Francisco State University

STEERING COMMITTEE
Muata Kenyatta, Co-Chair
Mark Culbertson, Co-Chair
Celia Esposito, Co-Chair
Associated Students President

Jack Adams
Ann Auleb
Edd Dundas
Lisa Frankfort
Alan Johnson
Dan Kreter
Jolls Matson
James McDuffie
Dr. Robert Molino, M.D.
Les Paopas
Jim Perkins
Marco Rodriguez
Maggie Rubenstein
Holly Smith
Clark Taylor
Adam Vigil
Jeanne Wick

PARTICIPATING ORGANIZATIONS
AIDS Health Project
A.S. Graphics, SFSU
The Academic Senate, SFSU
Associated Students, SFSU
Channel 5 - KPIX
EROS, SFSU
Five Fingers Poetry
Hospice of San Francisco
Human Sexuality Studies, SFSU
Institute for Advanced Study of Human Sexuality
League of Women Voters
Legal Referral, SFSU
Lesbian-Gay Alliance, SFSU
Pacific Center AIDS Project
People With AIDS
Poetry Center, SFSU
Project Aware
San Francisco Department of Public Health
San Francisco AIDS Foundation
Sexologist's Sexual Health Project
Shanti Project
Stop AIDS
Student Health Center, SFSU
The Lab
Theatre Rhinoceros
UCSF Adult Immunodeficiency Clinic
Women & AIDS

SPECIAL THANKS TO

Arthur J. Bressan
Tina DiFelicitantonio
Sally Gearhart
Keith Griffith
Erwin J. Haeberle
John High
Ernesto Hinojos
Margo Kasdan
Lisa Katzman
Mary Keiler
Maria Khazzaka
John Lorenzini
Alan Millar
Kathy Miller
Jesselyn E. Saffold
Mike Whitty
David Wilshire
Student Union, SFSU
Student Union Information Desk

A.S. PERFORMING ARTS STAFF
Gary Borgstedt
Lucie Faulkner
Jennifer Gilbert
Aziz Habib
James Helsing
Marla Jackson
Gary Moody
Tumani Onabiyi
Adam Vigil
Val Voskressenski
EASTBAY UPDATE ON:

ACQUIRED IMMUNE DEFICIENCY SYNDROME

Sponsored by

Nursing Education
Highland General Hospital

Thursday June 23, 1983
8:00 a.m. to 4:45 p.m.

Hs. Lordships
Berkeley Marina
Berkeley, California

For further information please call:
(415) 534-8055 X583
AIDS SEMINAR

SPEAKERS

Jim Geary
Executive Director
Shanti Project

Gayling Gee, R.N., M.S.
Head Nurse, AIDS-Oncology
Clinic, S.F.G.H.

Judy Harr, R.N.
Clinical Nurse III, I.C.U.
U.C.S.F.

Susan Heath, R.N., B.S.N.
Clinical Instructor,
H.G.H.
Conference Coordinator

Sasha Madison, M.P.H.
Infection Control
Coordinator, H.G.H.

Margaret Walter, R.N.
Clinical Nurse III,
Medical-Oncology,
U.C.S.F.

Constance Wofsy, M.D.
Co-Director
AIDS-Oncology Clinic
S.F.G.H.

AIDS CONFERENCE CONSULTANT:

Mitch Bart
AIDS-Kaposi's Sarcoma
Research and Education
Foundation

PROGRAM

8:00 Registration and
A.M. Refreshments

8:15 AIDS Case Study
* S. Heath

8:30 AIDS UPDATE-Diagnosis
and Treatment
* C. Wofsy

9:30 Epidemiology-Populations
at Risk
* S. Madison

10:30 Break

10:45 Underlying Immuno-
logical Considerations
T and B Cells
* J. Harr

11:45 Infection Control
Precautions
* S. Madison

12:15 Luncheon

1:15 Home Care-How to
Cope
* G. Gee

2:15 How to Help-
Compassion vs Pity
* M. Walter

2:45 Break

3:00 Patient Panel
* J. Geary-Moderator

4:15 Questions and Answers

4:45 Adjourn
C.E. CONTACT HOURS
Approved by the California Board of Registered Nursing, BRN provider #00598, for 7 contact hours.

SEMINAR FEE
Includes registration, CE Credits, Course materials, luncheon, and refreshments.

Alameda County Employees $35.00
All Others $40.00

REFUND POLICY
$5.00 of the seminar fee will be retained for cancellation requests made before June 17. No refunds will be granted after this date.

REGISTRATION FORM
AIDS CONFERENCE

NAME: ____________________________

ADDRESS: ____________________________

CITY STATE
ZIP PHONE

PLACE OF WORK: ____________________________

LICENSE # FOR CE CREDIT

Make check payable to:
Highland General Hospital Nurses Fund
Mail to:
HGH-Nursing Education
1411 E. 31st Street
Oakland, CA  94602
AIDS CONFERENCE
NURSING EDUCATION
HIGHLAND GENERAL HOSPITAL
1411 E. 31ST STREET
OAKLAND, CA 94602

Dr. Constance Wofsy
K5-AIDS Clinic
San Francisco General Hospital
995 Potrero Ave Ward 86
San Francisco, CA 94110
This all-day seminar will present the most recent findings on Acquired Immune Deficiency Syndrome (AIDS). Included will be epidemiology, immunology, and therapy for patients with AIDS. Psychosocial implications and appropriate interventions will be presented. In addition, a panel of patients will discuss their personal experiences.

This seminar is planned for nurses working in hospitals, clinics, and home care agencies. It is also recommended for social workers and other health care providers.

At the end of this seminar on AIDS, you will be able to:

- Identify current diagnostic tests which are used to determine the presence and course of AIDS.
- Describe the principles of immunology as it relates to AIDS.
- Identify populations currently at risk of contracting AIDS.
- Discuss appropriate infection control/isolation procedures to be utilized on an inpatient and outpatient basis.
- Identify psychosocial implications and appropriate interventions for patients with AIDS; as well as, their family and friends.
AIDS
Achieving Optimal Care Through Interagency Cooperation

Co-Sponsored By

UCSF & sfgh

Tuesday, September 13, 1983
9:00 A.M. to 4:30 P.M.
University of California
San Francisco
Toland Hall

or

Friday September 23, 1983
9:00 A.M. to 4:30 P.M.
San Francisco General Hospital
1001 Potrero, San Francisco
Carr Auditorium

For further information, please call:
(415) 666-2993
Nursing Education & Research
CURRENT AND EMERGING KNOWLEDGE ABOUT AIDS WILL BE PRESENTED WITH PARTICULAR EMPHASIS ON INFECTION CONTROL POLICIES, ISSUES RELATED TO BLOOD TRANSFUSIONS AND CARE OF THE PATIENT IN THE COMMUNITY. A COORDINATED APPROACH TO THE CARE OF AIDS PATIENTS WILL BE PRESENTED FROM THE PERSPECTIVE OF COOPERATIVE SERVICES BETWEEN UCSF AND SFGH AND WITH COMMUNITY ORGANIZATIONS. A DISCUSSION AMONG PERSONS WITH AIDS AND CARE PROVIDERS WILL FOCUS ON HOW TO DEAL WITH FEARS, DISTORTIONS AND MISCONCEPTIONS RELATED TO DIAGNOSIS, TREATMENT AND ON-GOING CARE.

OBJECTIVES

AT THE CONCLUSION OF THIS 6 1/2 HOUR PROGRAM, THE PARTICIPANT WILL BE ABLE TO:

1. DESCRIBE THE CURRENT MEDICAL SITUATION FOR TWO OF THE FOLLOWING:
   AIDS-RELATED CONDITIONS
   CMV
   KS
   OPPORTUNISTIC INFECTIONS

2. IDENTIFY THREE INFECTION CONTROL PRECAUTIONS WHICH SHOULD BE FOLLOWED WHEN CARING FOR THE AIDS PATIENT.

3. LIST TWO COMMUNITY RESOURCES WHICH ARE AVAILABLE TO ASSIST PERSONS WITH AIDS AND/OR HEALTH CARE PROVIDERS.

4. IDENTIFY TWO POTENTIAL PROBLEMS BETWEEN PATIENTS WITH AIDS AND HEALTH CARE PROVIDERS AND DISCUSS REASONABLE SOLUTIONS FOR THEM.
Donald Abrams, M.D.
Clinical Instructor
Department of Medicine
SFGH

Rick Crane, M.P.H.
Program Director
AIDS/KS Foundation

Stephen Follansbee, M.D.
Attending Physician
AIDS Clinic, SFGH

Marion Gillen, R.N.
Director of Health Services
S.F. Home Health and Hospice

Judy Harr, R.N.
Nurse Educator,
Critical Care
UCSF

Barbara Koenig, R.N.
Research Fellow
Institute for Health Policy Studies
UCSF

Eileen Lemus, M.A.
Coordinator of Hospital Services
SFGH

Angie Lewis, R.N., M.S.N.
Nurse Educator
UCSF

Grace Lusby, R.N., M.S.
Infection Control Clinical Specialist
SFGH

Cliff Morrison, R.N., M.S.
Clinical Coordinator,
AIDS Unit
SFGH

Pat Norman, M.A.
Coordinator,
Lesbian/Gay Health Services
SF Dept. of Public Health

Jackie Octavio, R.N.
Infection Control Practitioner
UCSF

David Replogle, Esq.
Attorney in Private Practice

Linda Rosendorf, M.S.
Infection Control Practitioner
UCSF

Jean Sayre-Adams, R.N.
Staff Member, Alternative Therapies Unit
SFGH

Helen Schietinger, R.N., M.A.
AIDS Residence Director
Shanti Project

Paul Volberding, M.D.
Chief, Medical Oncology
SFGH

Margaret Walter, R.N.
Clinical Nurse II,
Oncology
UCSF

Connie Wofsy, M.D.
Co-director, AIDS Clinic
SFGH
### AIDS
**Achieving Optimal Care Through Interagency Cooperation**

#### PROGRAM

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<tr>
<td>8:15</td>
<td>Registration</td>
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<tr>
<td>8:45</td>
<td>Introduction</td>
<td>J. Harr, A. Lewis</td>
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<td>9:15</td>
<td>What’s the Latest On . . . AIDS-related Conditions?</td>
<td>D. Abrams, S. Follansbee, P. Volberding</td>
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<td>CMV?</td>
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<td>Opportunistic Infections?</td>
<td>C. Wofsy (Sept. 13), S. Follansbee (Sept. 23)</td>
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<td>(A. Lewis – Moderator)</td>
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<td>10:15</td>
<td>Questions and Answers</td>
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<td>10:45</td>
<td>Infection Control</td>
<td>G. Lusby, L. Rosendorf, J. Octavio</td>
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<td>11:15</td>
<td>Resources in the Community</td>
<td>M. Walter – Moderator, H. Schietinger, P. Norman, R. Crane</td>
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<td>12:00</td>
<td>Lunch</td>
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<tr>
<td>1:00</td>
<td>Care of the Patient in the Community</td>
<td>M. Walter – Moderator, E. Lemus, J. Sayre-Adams, M. Gillen</td>
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<tr>
<td>1:45</td>
<td>A Dialogue: People with AIDS and Health Care Providers</td>
<td>C. Morrison – Moderator, J. Geary, M. Walter</td>
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<tr>
<td>2:45</td>
<td>Break</td>
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<tr>
<td>3:00</td>
<td>Legal/Ethical Issues</td>
<td>D. Replogle, B. Koenig</td>
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<tr>
<td>4:00</td>
<td>Medical SCU</td>
<td>C. Morrison</td>
</tr>
</tbody>
</table>
**WORKSHOP FEE**

Includes registration, CE Credits, course materials, and A.M. refreshments.
U.C. Employees/Full time Students ... $10.00
All others ................. $30.00
NOTE: Space is limited, so register early.

**REFUND POLICY**

$5.00 of the workshop fee will be retained for cancellation requests before September 6 for the September 13 Conference, and September 16 for the September 23 Conference. There will be no refunds after these dates.

**CE CONTACT HOURS**

This class has been approved by the California Board of Registered Nursing, Provider Number 00082, for six and a half (6½) contact hours. Completion of a course evaluation and attendance for the entire day are required to receive CE credits.

---

**Registration Form**

**AIDS Conference**

Circle the Date you wish to attend:
SEPTEMBER 13 or SEPTEMBER 23

Name

Address

City/State/Zip

Place of Employment/School

Position

Telephone (work) ____________ (home) ____________

CE Credit? __________ If yes, License # __________

Make check payable to “U.C. Regents”
Mail To: AIDS Conference
UCSF, 400 Parnassus, A-14 Plaza
San Francisco, CA 94143
SHANTI PROJECT

Bringing Cancer out of the Closet
(letter to the gay/lesbian community from men with kaposi’s sarcoma)

As men with Kaposi’s sarcoma, we would like to say to you that there is nothing gay about cancer. It is not "gay" either in the sense of "happy" or in that it only affects gay people. Kaposi’s sarcoma and Pneumocystis pneumonia do not choose their sufferers. There are a number of straight men and women who have contracted the diseases as well.

Many of us feel that the expressions "gay cancer" and "gay pneumonia" should not be used at all because they are misleading and possibly even detrimental. Some of us, because of society’s attitudes towards us, have not come out as gay people to family, friends and employers. However, when diagnosed with Kaposi’s sarcoma and Pneumocystis, everyone immediately assumes they know our sexual identity and lifestyle. It is depressing enough to have a potentially fatal disease without the added fear of losing the love and friendship of those near to us. Further, we are faced with the reality that many of us have died from these diseases and that we could also die.

Lately, we have been attacked by the moral majority, who distributed literature stating that our illness is God’s punishment for our perverse lifestyle. We also have been met with attitudes from our own brothers and sisters which suggest that our degree of sexual activity and drug use brought these diseases upon us.

Our response to the moral majority is disgust. We deplore these accusations which attribute our diseases to a vengeful God. They have absolutely no idea of us as persons or of our unique and individual relationship with the Universe. Brothers and sisters, we understand your need to make us different from you. We understand that by making us different, you protect yourselves from "It." However, despite our understanding of your need to see yourselves as different, we need to tell you that we are not.

In December 1981, the Shanti Project, which offers free counseling and emotional support to persons and families faced with life-threatening illness and bereavement, began a support group for gay men with Kaposi’s sarcoma and Pneumocystis pneumonia. Our group meets one night a week to share and to support each other. No one can know our experience as well as someone who is going through it. During the last four months our group has touched the lives of over twenty members. For those too sick to attend, we have brought the group to their homes or hospital settings. In addition to the group, the Shanti Project offers one-to-one counseling at no cost.

Since our beginning we have grieved the deaths of five of our brothers. We have learned much from each other.

We have learned that we love each other. We recognize our common predicament and respect our individual differences. We have learned not to judge. Some of us are "out" to everyone. Some of us are "out" to few. Some of us have lovers. Some of us have none. Some of us have gone to the baths. Some of us have not. Some of us have used recreational drugs extensively. Some of us have used little. All of us have suffered life’s stresses, and treasured life’s joys.

We do not know what caused our diseases, and this is frustrating and frightening. We do not know what we should do, or not do, to protect ourselves and others.

We have watched and stood by each other at various stages of treatment and disease. We have felt joy in the support of our family and friends, and pain in their withdrawal. We have made new friends and let go of old. We have learned to say hello. We have learned to say goodbye.

We have learned that we need you to be close to us, now, more than ever. We implore you to be even more loving with us. Don’t be afraid to be near us. However, do be honest with us. We know it is scary but please try to go past your fear, and remember that a loving touch or hug can be a most valued gesture. We ask you to offer your support to your brothers with these illnesses. We ask you not to hold back. Life is short, and this moment is all we have.

The Shanti Project has supported us, and now, the Project needs your assistance to continue its efforts. At this time, the Project is experiencing critical financial difficulty. Yet, despite staff reductions, seventy volunteers continue to offer a wide range of backgrounds and expertise to meet the needs of hundreds of clients throughout the Bay Area. Shanti represents and serves the lesbian and gay communities as well as the community-at-large.

We thank the Project for giving us the opportunity to address you, and we’re proud to ask you to support this worthy organization. We ask you to give generously to this Project which has deeply touched our lives. With your support it will continue to touch the lives, and deaths, of more of us.

We wish health and love to fill your lives always.

Jerry Campbell Ron Carey

IN MEMORIAM

David
Bill
Timmy
Bob
John

This ad has been donated by a member of the gay community in memory of those group members who have died.
WORKSHOP FOR NEWLY DIAGNOSED AIDS PATIENTS
Mondays, 2:30 – 4:00 p.m.
S.F. General, Ward 86, Nutrition Conference Room

Issues to be looked at:

- Common problems faced by gay AIDS patients
- Resources for dealing with problems
- The importance of good nutrition, exercise and rest
- The role of alcohol, drugs and stress in illness
- Suggested guidelines to prevent transmission of the presumed AIDS organism
- Sex and sexuality

Facilitators:

Helen Schietinger, MA, RN
Coordinator, KS Clinic, UCSF

Brookes Linten
Medical Social Worker
SFGH Oncology Clinics

Orientation – Medical Info – Volunteering
Wed. aft’s –
Ward 86
3-4 p.m.
Imagine living on a budget of $15. a week...

Many people with AIDS are unable to continue working steadily and are forced, due to illness, to live on government assistance programs. Often they find themselves living on extremely limited incomes that leave little room to afford the nutritious food that they especially need.

The San Francisco AIDS Foundation began a Food Bank in December 1983 as an answer to the pressing food needs of people with AIDS. We rely on the canned and packaged food donations from community organizations and individuals to maintain our supply. Donations can be made at the Foundation office at 54 Tenth Street (between Market and Mission Streets). Suggested items: Canned Tuna, Canned Fruits and Juices, Packaged Meals, Cereals, and Top Ramen.

If you want to contribute to the Food Bank, but don't want to contribute canned food, contact us at 864-4376 about purchasing supermarket gift certificates.

SAN FRANCISCO AIDS FOUNDATION
54 Tenth Street  •  San Francisco, California 94103-0960  •  415/864-4376
Dr. Paul Volberding will speak on
AZT The new AIDS drug
and
The National Academy of Sciences AIDS Report

THURSDAY NOV. 13, 7:30 P.M.
WOMEN'S BLDG. • 3543 - 18th Street

Dr. Volberding is perhaps the world's leading expert on AZT and a leading expert in the treatment of AIDS. He is head of San Francisco General Hospital's AIDS ward and has conducted AIDS research for several years. He also is one of the authors of the recent National Academy of Sciences report on AIDS which calls for 2 billion dollars in AIDS spending in 1987. There will be a limited opportunity for questions from the audience after Dr. Volberding speaks.

Sponsored by Mobilization Against AIDS. For information call 431-4660.

Good work, Mobilization! I'll help your efforts.

☐ Enclosed is a financial contribution of $_______
☐ I can volunteer time. Contact me.

Name ____________________________
Address __________________________
City, Zip __________________________ Phone __________________________

Return to: Mobilization Against AIDS
2120 Market Street #106, San Francisco, CA 94114
BRING A GIFT FOR SOMEONE IN NEED...

SUPPORT THE HOLIDAY FOOD DRIVE

Please donate:

**Canned Goods**
- Fruit juice
- Fruit
- Vegetables
- Tuna
- Soup
- Canned meat

**Dry Goods**
- Powdered milk
- Mac n' Cheese
- Pasta
- Soup
- Rice
- Pinto Beans
- Black Beans
- Cereal

**Baby Items**
- Baby food
- Formula
- Diapers

THE EMERGENCY FOOD BOX PROGRAM
OF
THE SAN FRANCISCO FOOD BANK
333 Illinois St.
San Francisco, CA 94107
VOLUNTEERS NEEDED

at the San Francisco Food Bank and the Emergency Food Box during weekdays to:

• pack food boxes
• stock shelves and put away donated food
• help in the office doing filing and answering phones

OR... work within your religious congregation, club or workplace to organize food drives.

YES, I SUPPORT THE EMERGENCY FOOD BOX PROGRAM!

√ Enclosed is my donation.  _$10  _$25  _$35  _$50  _$100
  $__________. Your gift is tax-deductible.  
  Please make checks payable to the SF Food Bank.

√ I pledge $__________ annually. I will make payments
  ____ monthly  ____ quarterly. (Please send me a reminder.)

√ I want to give under the United Way Donor Option.  
  (Please send me information.)

√ I would like to volunteer. Please call me.

Name:__________________________________________________________

Address:_____________________________________________________

City/Zip:______________________________________________________

Telephone:___________________________________________________

Organization/Affiliation:________________________________________

SAN FRANCISCO  
FOOD BANK  
333 Illinois  
San Francisco  
California  
94107  
(415) 957-1076
ACQUIRED IMMUNODEFICIENCY SYNDROME: EPIDEMIOLOGY AND INFECTION CONTROL

In June 1981 the Centers for Disease Control (CDC) first received reports about unusual diseases occurring in gay men in New York City and California. The diseases, Kaposi’s Sarcoma (KS) and Pneumocystis carinii pneumonia (PCP), as well as other life-threatening opportunistic infections (OI) appeared to be linked by a severe disorder of the immune system. Because of the underlying immune dysfunction, this disease entity has been termed Acquired Immunodeficiency Syndrome (AIDS).

SURVEILLANCE OF AIDS

Retrospectively, AIDS may have occurred in the United States since late 1978. Table 1 indicates the total number of cases recognized nationally to date. The number of cases has been doubling every 5-6 months. Half the patients are in New York City with San Francisco having the second highest incidence, but cases have now been reported from 35 states. Seventy-one percent of the cases have occurred in homosexual or bisexual men, 17% in intravenous drug abusers, 5% in Haitians, 1% in hemophiliacs, and 6% in individuals with no known risk factors. Included in the latter group are sexual partners of drug abusers, possible transfusion related cases, and others from whom insufficient information could be obtained or no risk group could be determined, (personal communication, Centers for Disease Control). There have also been reports of AIDS in infants of Haitian and drug-user mothers (J Oleske et al., JAMA 249:2345, 1983; A Rubinstein et al., JAMA, 249:2350, 1983).

Cases have occurred in the San Francisco Bay Area since 1980 (Table 2). Almost all of the Bay Area cases have occurred in gay men (personal communication, San Francisco Public Health Department).

Initially, no special precautions or isolation measures were used at the University of California, San Francisco (UCSF), because the cause of the underlying immune disorder was not suspected to be communicable. Early reports from the CDC indicated that patients had little or no contact with each other; however, in June 1982 clusters of cases began to be reported. In July 1982 the Infection Control Committee at UCSF (Moffitt Hospital) established that Blood and Enteric Precautions would be used for AIDS patients. Specific guidelines were published in the ID/IC Bulletin (Vol 2, No 3, October 1982). The CDC published guidelines in November 1982 emphasizing that AIDS patients should be placed on Hepatitis B virus-like precautions (CDC, MMWR, 31:577, 1982).
Infection control concerns have increased concomitantly with increasing numbers of patients and escalating press coverage. At Moffitt Hospital an Ad Hoc Sub-committee of the Infection Control Committee was established to review present guidelines and to determine procedures in areas not previously considered. Subsequently, a Task Force comprised of representatives of Moffitt, San Francisco General, and the Veterans Administration Hospitals was formed to develop infection control policies and procedures that were consistent among the three institutions.

**ETIOLOGY AND EPIDEMIOLOGY: AIDS**

Although the cause of AIDS is unknown, epidemiologic evidence suggests that there is a transmissible agent, possibly a virus, which is responsible for the disease. The incubation period appears to be 6-24 months or longer. It is hypothesized that the agent affects the immune system and particularly the T-lymphocytes in some still undetermined manner. Patients then become susceptible to a variety of infections, malignancies, and possibly other diseases. There may also be asymptomatic carriers or conceivably individuals who have been infected and recovered, although no one with recognized disease has yet been shown to recover normal immune function. In the absence of a known agent and a test to determine who has been infected, the epidemiology remains somewhat obscure. Nevertheless, it is important to recognize that considerable epidemiologic data have accumulated which implicate AIDS infection through sexual transmission, infusion of blood or blood products, and vertical transmission from infected mothers in utero or during delivery. Despite misleading information in some of the lay press, there has been no evidence to date which indicates that AIDS can be spread by any other method.

Medical workers may conceivably be at risk of acquiring AIDS through occupational exposure because of frequent handling of blood and other body fluids. Although medical personnel have been treating patients in New York since 1979 and in California since 1980, there have been no documented cases among health care or laboratory personnel caring for AIDS patients or processing laboratory specimens (CDC, MMWR, 31:101, 1983). Infection Control guidelines which are based on current knowledge should be respected and followed because of the theoretical possibility of nosocomial transmission to personnel. There is, however, no evidence to support airborne or casual contact transmission of an AIDS agent or spread through fomites which are not contaminated with blood or excreta. Placement of patients on strict isolation or employing restrictive measures which would prevent a patient from receiving optimal medical care should not be practiced.

**EPIDEMIOLOGY: INFECTIONS ASSOCIATED WITH AIDS**

Patients with AIDS frequently harbor a number of infectious agents, either through asymptomatic colonization or overt infection. Appropriate infection control procedures should be followed if patients are known or suspected to be infected with a transmissible agent. The following organisms have been recognized in AIDS patients and the epidemiology in terms of nosocomial transmission is discussed for each.

**Cytomegalovirus (CMV):** Almost all AIDS patients have been found to be infected with CMV. The organism is usually present in urine, semen and saliva but may also be isolated from blood and tissues. CMV is a common infection worldwide with positive antibody titers found in 30-100% of the populations studied. Most infections in immune competent individuals are asymptomatic or produce a mononucleosis-like syndrome. Infection with CMV has particular significance for pregnant women since in utero transmission can cause congenital infection in the neonate. Two recent papers review the current literature on nosocomial spread of CMV (AB Young et al., Lancet, 1:975, 1983; Dept of Health Services, State of California, Calif Morbidity Suppl #7, Feb 25, 1983). Studies of personnel in hospital areas with many potential shedders, such as dialysis units and nurseries, indicate insignificant or minimal occupational risk to employees. Transmission occurs via direct contact with urine, saliva, blood, etc. and can be prevented by thorough handwashing following contact with body fluids. It is prudent, however, to recommend that pregnant women not provide direct patient care to patients with CMV or AIDS.

**Pneumocystis carinii:** *P. carinii* is a protozoan also found ubiquitously worldwide. By the age of 4, approximately 80% of immunocompetent children have serological evidence for past infection. Disease is believed to occur when an individual’s own latent organisms become reactivated in the presence of immunosuppression. Outbreaks have occurred in immunosuppressed children and infection probably occurs through the respiratory route (TK Ruebush II et al., Am J Dis Child, 132:143, 1978). Experts have not recommended isolation or special precautions for patients with pneumocystis pneumonia (CDC: Isolation Techniques for use in Hospitals, 2nd ed., 1978); however, the policy at UCSF is to separate them from immunosuppressed patients.

**Mycobacteria:** Both *M. tuberculosis* and “atypical” mycobacteria, e.g. *M. avium-intracellulare* have caused pulmonary and disseminated infection in AIDS patients. Tuberculosis (TB) has been less common in the San Francisco experience but is highly communicable in patients who are coughing. Patients with known or suspected TB must be placed in Respiratory Isolation. (UCSF Infection Control Manual — Section 3.5, page 11). The epidemiology of the non-tuberculous mycobacteria is less well understood. The organisms are found widely in nature, especially in water and soil. Colonization and asymptomatic infection are much more common than actual disease. Pulmonary infection is most likely to occur in individuals with predisposing factors, but may occur in otherwise healthy persons. Organisms are probably acquired through exposure to natural sources in the environment but person to person transmission has been reported, albeit very rarely (E
AIDS have not uncommon in AIDS patients and occasionally develop into severe peri-rectal or peri-oral ulcers. HSV is transmitted by direct contact with virus containing lesions or saliva; gloves should be worn for contact with lesions or for mouth care.

Cryptococcosis: *Cryptococcus neoformans* is a fungus which can cause meningitis or disseminated disease. It is usually an opportunistic infection but can occur in individuals with no apparent risk factors. Infection occurs by inhaling dust containing the organism. Soil contaminated with pigeon droppings contains high concentrations of the yeast. There are no reports of man to man transmission and special infection control procedures are not necessary.

Toxoplasmosis: *Toxoplasma gondii* is a protozoan which can cause a variety of diseases in man including a congenital syndrome, but most infections are asymptomatic. Immunosuppressed patients are more likely to exhibit clinical disease. Many animal species are infected and infection can occur through ingestion of raw meat. Only cats and other felines can excrete infectious oocysts. Person to person transmission does not occur except *in utero*. No special precautions are necessary for patient care.

Cryptosporidiosis and Other Intestinal Parasites: AIDS patients are often infected with intestinal parasites as well as enteric bacterial pathogens. Routine Enteric Precautions which include special handling of fecally contaminated articles and gloves for contact with feces will prevent nosocomial transmission. Most of these organisms are acquired through the fecal-oral route and thorough handwashing is essential.

**INFECTION CONTROL POLICIES AND PROCEDURES**

The following guidelines for care of AIDS patients have been approved by the Infection Control Committee and Medical Executive Board at UCSF (Moffitt-Long) Hospitals and Clinics. These recommendations are based on current knowledge and may by refined as additional scientific findings become available.

**Identification of Patients:** The definition of an AIDS patient is as outlined by the CDC in their category A designation; that is, "a disease at least moderately predictive of a defect in cell mediated immunity, occurring in a person with no known cause of diminished resistance to that disease. Such diseases include *Pneumocystis carinii* pneumonia, Kaposi's sarcoma and other serious opportunistic infections." It is recommended that patients with the generalized lymphadenopathy syndrome or those being evaluated for the possibility of AIDS should be included in the definition for infection control purposes. The responsibility for identification of the patient in the above categories should rest with the attending physician. The attending physician must report the diagnosis to the Public Health Department since category A AIDS is now a reportable disease. The attending physician should also have the responsibility, in consultation with the Infection Control Unit, of determining when appropriate precautions and/or isolation measures can be discontinued.

**Isolation Procedures:** Patients should be placed on Blood and Excretion Precautions (blue sign). Private rooms are not necessary for the care of patients with AIDS unless they have an additional illness which would normally require a private room. A patient with AIDS should not be placed in a room with another immunocompromised or infected patient. Individuals may want or need private rooms for reasons other than infection control, however, and these may also be considered during patient placement. Gloves should be worn when personnel have contact with blood, secretions, or excretions. Gowns should be worn if clothing may become contaminated with blood or excretions but are otherwise not routinely necessary. Masks are necessary for personnel or visitors if the patient has tuberculosis. They may be worn for direct sustained contact with other patients who are actively coughing although there are no data to support respiratory transmission of PCP or CMV to visitors or staff. Masks should not be worn if an AIDS patient has no respiratory disease. The same guidelines apply for the wearing of masks by AIDS patients when they are outside of their rooms; it is not recommended that patients wear masks when in their own rooms. Handwashing is mandatory for everyone who has patient contact. Disposable dietary trays are not necessary. Linen needs to be double bagged only if it is visibly contaminated with blood or excreta. Rooms do not routinely need to be high cleaned; questions concerning exceptions should be directed to Infection Control.

**Equipment:** Disposable items which are contaminated with blood or excreta should be red bagged. Contaminated reusable items should be rinsed under running water and sent to Materiel Services in a plastic bag labelled "contaminated". Any instrument which comes in contact with blood, secretions or excretions must be sterilized before reuse. This includes all lensed instruments, laryngoscopes and endotracheal tubes. Respiratory therapy tubing may be pasteurized. Because of the extreme difficulty in cleaning "Clinitron" beds, they should not be used for AIDS patients. Environmental surfaces contaminated with blood or other body fluids should be immediately cleansed with a disinfectant such as bleach diluted 1:10.

**Out-Patient Clinics and Emergency Room:** AIDS outpatients may use common waiting areas and bathroom facilities unless they have an infection that would otherwise require isolation. Patients who are actively coughing should be asked to cough or sneeze into a tissue and efforts should be made to minimize close contact with other immunocompromised patients. The general guidelines for handling equipment should also be applied in these settings.

**Laboratory Specimens:** Specimens from patients will be labelled, "H/A Precautions", and placed in an impervious bag or container for transport. It is important to remember, however, that blood, other body fluids and tissues from anyone may be infectious and appropriate...
infection control measures should always be followed during specimen processing.

**Departmental Procedures:** Questions concerning special infection control procedures in each hospital department should be addressed to the Infection Control Department (x 5793).

**PSYCHO-SOCIAL ISSUES**

Patients with suspected or proven AIDS frequently are very frightened and/or confused by their illness. They have a need for a trusting, non-rejecting relationship with their health care providers. Over-isolation can be traumatic to a person who is already faced with a multitude of concerns about his chances for survival, his relationship with family and friends, and his lifestyle after diagnosis.

The Infection Control guidelines described in this Bulletin are designed to protect personnel from possible infectious diseases and yet provide a humane approach to patient care. Personnel who have concerns about the transmissability of AIDS or its associated infections may contact the Infection Control Department (x 5793) to discuss these issues or to set up inservice programs for their staff.

**Infectious Diseases and Infection Control Unit:** John E. Conte, Jr., M.D.; Linda L. Rosendorf, M.S.; Jacqueline Octavio, R.N.

*Note:* An excellent bibliography of all publications concerning AIDS through May 1983 can be obtained by calling the AIDS/KS Foundation at (415) 864-4376.
IT STARTS WITH THE WORDS WE USE

"It's hard for the lay public, and even some professionals, to change their attitude about AIDS and HIV Disease," reflects Angie Lewis, R.N., M.S., one of the early leaders in sharing information on AIDS, and the editor of the recently released book, Nursing Care of the Person with AIDS/ARC.

"Yet we must start somewhere, and that somewhere can be with the terms we use to describe persons with AIDS." Lewis suggests a new glossary for talking about AIDS:

PWA - Person with AIDS or ARC. Once you are diagnosed as having AIDS, you have a sense of powerlessness. 'Person with AIDS' reinforces the concept that those with AIDS are people first. And as people, they have a restored sense of control over their lives.

HIV Disease, to encompass those who are seropositive, and those with ARC and AIDS. HIV Disease avoids some of the negative images that people associate with AIDS and ARC.

Substance use, rather than substance abuse, to be nonjudgmental in reference to a person's life style.

She recommends avoiding the following terms:

Patient - Many PWAs feel that using the word patient when they are not being cared for in a hospital setting reinforces the loss of control they feel.

Innocent - Innocent implies guilt. There is no guilt.

Victim - There is no victim with HIV, no crime, no guilt, no blame, no intent to cause harm -- only sick men, women and children who need care.

Lewis adds that politicians talk about the general public now being at risk. "This implies that those in high-risk populations were not part of the public and only fosters continued alienation of these groups from the rest of society.

"We must always remember that AIDS is a disease of people. We've yet to find a way to cure AIDS, or even treat it, but nurses know how to care for persons with AIDS. It's our job to do so with as much knowledge and compassion as we can."

# # #
Aerosol Pentamidine: New PCP Prophylaxis and Treatment

by John S. James

AIDS Treatment News has learned of a new treatment which may be a major advance in preventing pneumocystis in persons with AIDS. About 100 patients in New York and 30 in San Francisco are now using this experimental therapy, but so far there has been little publicity and most physicians are unfamiliar with it. Until the current trials are finished, the treatment must be considered unproved; but so far it appears to be close to 100 percent effective in preventing pneumocystis, with few if any side effects.

(Meanwhile, a completely separate study in San Francisco is now enrolling patients for aerosol pentamidine treatment after pneumocystis has already been diagnosed. For more information, see below. It is important to start this treatment early.)

The new prevention procedure was developed by Edward Bernard, M.D., and other investigators; he is a researcher in infectious diseases at the Memorial Sloan-Kettering Cancer Center in New York, where the aerosol pentamidine prophylactic treatment has been used for about 11 months. Due to the great demand and a huge waiting list to get into the study, the Sloan-Kettering team has provided information to other physicians who are interested.

In San Francisco, Pacific Presbyterian Medical Center is treating about 30 patients with the aerosol pentamidine prophylaxis. While the treatment is not generally available at this time, physicians can probably find ways to obtain it for their patients when necessary.

Rationale of Aerosol Pentamidine

Pentamidine has been used for over 40 years as an anti-parasite drug. In Africa, it was learned that one treatment every six months
could prevent sleeping sickness. Ten million people have used the drug; due to the duration of its effect, it has been called "the chemical vaccine". The reason for the long-lasting protection is that pentamidine stays in the tissues and is eliminated very slowly.

Pentamidine is effective against pneumocystis, but when sufficient amounts are given in the conventional way, by IM or IV injection, it can cause severe side effects. Studies have shown that only a very small portion of the injected drug reaches the lungs. Much more of it goes to the liver, kidney, spleen, and other organs, where it is useless for preventing pneumocystis and may cause toxicity.

To deliver the medicine more selectively to where it is needed, researchers tried administering it by a very fine aerosol spray which could be inhaled deeply into the lungs. They tested the treatment with animals first, because the drug had never before been given in that way, and there is little experience with using aerosols for any infection. Aerosol pentamidine did reach effective levels in the lungs, and very little went to other organs. Even ten times the effective dose showed no evidence of harmful effects in the animals. The half-life of the medicine in the lungs -- the time required for half of it to disappear -- was 35 days, meaning that one treatment every two weeks could maintain a reasonably constant drug level.

**How Is the Preventive Treatment Used?**

Every two weeks, patients come to the clinic and inhale the medicine from a machine called a nebulizer, which produces a very fine spray. Sloan-Kettering uses an ultrasonic, hand-held model; it is known in the clinic as "the green machine". For safety, the Sloan-Kettering team provides a separate machine for each patient; it imports them from West Germany for investigational use. Patients administer the medicine at their own pace. The treatment takes 15 to 30 minutes.

For the first month, treatment is used once a week, to build up protection quickly.

How safe and effective is the preventive use of aerosol pentamidine? In the Sloan-Kettering study with about 100 patients so far, a few mild cases of pneumocystis occurred in the early stages of treatment, before the researchers began starting patients on a once a week schedule for the first month to build protective levels quickly. After the change to the new schedule, there have been no cases at all in anyone on the treatment. And as far as we know there have been no side effects.

Of course this treatment has no effect on the underlying AIDS infection or immune deficiency, so for continued protection it must be used indefinitely. Also, the aerosol treatment cannot protect against other opportunistic infections which are not in the lung, a factor which should be considered before other preventive treatments are discontinued.
What Happens Next?

The Sloan-Kettering team wants above all to get this treatment thoroughly tested and approved, so that any physician can prescribe it; they are working with the U.S. Food and Drug Administration toward this end. But usually it is necessary to do a double-blind placebo trial as part of the approval process. The Sloan-Kettering researchers do not want to use a placebo, and have not done so. To get approval without a placebo trial requires a much stronger showing than usual. The researchers are trying to prove that the treatment is at least 95 percent effective in preventing pneumocystis. Getting conclusive proof of safety and effectiveness is especially complicated because many of the patients have other opportunistic infections or KS, and many are also using other treatments such as AZT.

For More Information On Prevention

Because this treatment is experimental, some researchers at least don't think it is quite ready for routine use in physicians' offices, and instead prefer to see it used at a medical center or university hospital, where institutional review boards provide additional protection for patients.

In San Francisco, a number of pulmonary specialists are familiar with the aerosol pentamidine treatment. Other physicians can consult with them about where to obtain it for their patients.

Almost nothing about this treatment has appeared in print, except for two brief references in the abstracts of the Paris AIDS conference last June (poster sessions number 300 and 294). In three months, a medical journal will report on the early animal studies at Sloan-Kettering. The team presented the earliest report of its work at a March, 1986 meeting of the American Society for Microbiology. It issued a press release at the time, but apparently nobody picked it up.

The researchers at Sloan-Kettering are willing to answer questions from physicians, but they cannot handle a large volume of calls. Also, they do not have lists of physicians or hospitals currently using the treatment in other areas. But if physicians cannot find out locally about aerosol pentamidine, they can call this writer, at (415) 282-0110, for the phone number of the research team at Sloan-Kettering.

Aerosol Pentamidine To Treat Pneumocystis

A completely separate group of researchers has developed an aerosol pentamidine treatment for use after pneumocystis has already been diagnosed. Two hospitals in San Francisco are now ready to accept patients. As far as we know, the treatment is not yet available outside of San Francisco.

Some of the researchers at Sloan-Kettering doubt that aerosol pentamidine would be effective after pneumocystis has developed; they fear that congestion would prevent the medicine from reaching the parts of the lung where it is most needed. However, a team of researchers at
the University of California San Francisco Medical Center carried out numerous animal studies and found that aerosol pentamidine could be highly effective if pneumocystis was present but in its less severe forms. Some of the animal results were published in the January 1987 Antimicrobial Agents and Chemotherapy. Although these studies used rats, the results are likely to apply also to humans, because in previous experiments, the effects of new treatments on pneumocystis in the rat have been highly predictive of their effects in humans.

Robert Debs, M.D., the principal investigator in the animal studies, calls pneumocystis the perfect disease to treat by aerosol, because the infection is in the air spaces at the end of the airways, where the medicine goes, and ordinarily it does not occur outside of the lung.

Two hospitals within the University of California San Francisco system have received approval from the U.S. Food and Drug Administration and are currently enrolling patients with established pneumocystis pneumonia for treatment with aerosol pentamidine. Treatment will be given once a day for fourteen days; each administration takes about half an hour. There is no control group; everyone enrolled will receive the drug, and the results will be compared with recent studies of IV pentamidine or septra. Physicians may contact either Bruce Montgomery, M.D., at San Francisco General, or Jeffrey Golden, M.D., at Moffitt. If physicians suspect that pneumocystis is present, it is important to enroll the patient early for this treatment.

Acknowledgements

We wish to thank Edward Bernard, M.D., of Memorial Sloan-Kettering Cancer Center in New York, Robert Debs, M.D., of University of California San Francisco Medical Center, Robert Fallat, M.D., of Pacific Presbyterian Medical Center, San Francisco, and two patients who must remain nameless, for their assistance with this article.

How to Subscribe to AIDS Treatment News

Send $25. per quarter ($8. for persons with AIDS or ARC) to John S. James, P.O. Box 411256, San Francisco, CA 94141. Or call me at (415) 282-0110 any time 24 hours a day to start your subscription immediately.

Subscribers also receive the most important back issues, including articles on AL 721, DNCB, lentinan, glycyrrhizin, BHT, and naltrexone, at no extra cost. You may also order a complete set of back issues (21 have been published as of January 2, 1987) for $30.

To protect your privacy, we mail first class without mentioning AIDS on the envelope, and keep our subscriber list confidential.

Outside North America, add $5. for airmail postage.

FOR IMMEDIATE RELEASE
Contact: David Landis
            Celeste M. Alleyne
            (415) 765-8874

KPIX-CHANNEL 5 AND SAN FRANCISCO EXAMINER CO-SPONSOR
FIRST BAY AREA SHOWING OF
THE NATIONAL AIDS MEMORIAL QUILT
DECEMBER 17-20 AT MOSCONCE CENTER:
KPIX To Broadcast "Threads of Love," Live from Moscone Center
8-9 p.m. Friday, December 18 on Channel 5

SAN FRANCISCO, November 23, 1987-- As part of its
ongoing AIDS LIFELINE public service campaign,
KPIX-Channel 5 joins the San Francisco Examiner in
co-sponsoring, free of charge, the first Bay Area showing of
the National AIDS Memorial Quilt created by San Francisco's
Names Project December 18-20 at San Francisco's Moscone
Center. The showing opens with a special $50 per person
benefit display the evening of December 17.

In conjunction with the display, KPIX will host a
one-hour prime time special from 8-9 p.m. Friday, December
18 live from Moscone Center. Entitled "THREADS OF LOVE,"
the special will be hosted by KPIX news anchors Dave
McElhatton and Wendy Tokuda. The special will focus on
outstanding examples of AIDS volunteerism in the Bay Area,
and will feature a historical background on the quilt from
the quilt's sewing workshop on Market Street as well as a
profile on Names Project Director Cleve Jones.
Additionally, the special will chronicle the lives of family
members who have survived the loss of loved ones to AIDS.

To help encourage AIDS volunteerism, KPIX on-air
personalities will man a phone bank during THREADS OF LOVE
to respond to viewer inquiries about AIDS volunteer

MORE
possibilities in the Bay Area. Throughout the show, viewers may call (415) 864-1100 and a KPIX directory of volunteer AIDS agencies throughout the nine Bay Area counties will be sent free of charge.

An estimated 150,000-200,000 people are expected to visit the quilt over the weekend, and KPIX and the Examiner are encouraging people to bring a can a food or an article of clothing to help needy AIDS patients during the holiday season. Food will be donated to the San Francisco AIDS Foundation Food Bank and clothing will be distributed to Bay Area AIDS patients by the Names Project. The giant quilt, which covers approximately 100,000 square feet, is a national memorial to the tens of thousands of Americans whose lives have been lost to AIDS. The quilt is made up of 3' X 6' fabric panels created by friends and families of those who have died, and each one bears the name of a single person lost to AIDS. Since its debut during the AIDS March on Washington, D.C. in October, the quilt has grown from the size of two football fields to almost 50% larger and now has "come home for the holidays" to the city where it was created.

The display of the quilt at Moscone Center will be preceded by a dramatic re-creation of the unfolding ceremony as it occurred on the Capitol Mall in Washington D.C. as a benefit for the quilt's scheduled spring tour. The unfolding of the quilt at Moscone Center will begin at 7:00 p.m. Thursday, December 17th. The quilt will be on display that evening until 10:00 p.m., on Friday, December 18th from 10:00 a.m. until 8:00 p.m., and on Saturday, December 19 and Sunday, December 20 from 10:00 a.m. until 6:00 p.m. Walkways integrated into the quilt at 24-foot intervals will provide access to individual panels, with directories provided for the location of names on the quilt surface.
Tickets for the December 17th benefit are $50 each and are available at the Names Project, 2362 Market Street, San Francisco, CA 94114. For further information regarding "THREADS OF LOVE," please call KPIX-Channel 5 at (415) 765-8874. For further information regarding the Names Project, please phone (415) 863-5511.
RESOURCES
AIDS and DRUGS

SAN FRANCISCO ALCOHOL/DRUG ABUSE TREATMENT SERVICES
FOR PEOPLE WITH A.I.D.S.
(A Partial List)

San Francisco has an excellent and complete array of alcohol and drug abuse treatment services. During the past year many of these agencies have provided or have prepared to provide substance abuse services for people with AIDS. The following partial list will be revised and expanded in the near future.

I. ALCOHOLISM SERVICES
A. Information about alcoholism services for people with AIDS
   1. Tom Smith, M.D. .............................................. phone.....821-8091
   2. Laurie Hauer, R.N.................................................821-8695

B. Alcohol Detoxification
   1. Ozanam Reception Center.................................621-6458
   2. Salvation Army Detoxification Center...............626-2063

C. Post Detoxification Residential Services
   1. Alcoholism Evaluation and Treatment Center, SFGH.......821-8091

D. Recovery Home (for gay men)
   1. Acceptance House........................................931-4994

E. Outpatient Alcoholism Counseling (for gay men)
   1. 18th Street Services..................................863-8111

F. A.A. Meetings (there are many)
   1. AA Meeting for PWA...Saturday nights, 8:00 p.m., 555A Castro (the Parsonage)

II. DRUG ABUSE TREATMENT SERVICES
A. Outpatient Services
   1. Inner City Outpatient Services.........................474-4445
   2. Haight Ashbury Free Medical Clinic...................621-2014

B. Residential (for drug problems)
   1. Walden House (after Jan. 1, 1984).....................552-7440

11/83
RESOURCES
AIDS and DRUGS

ACCEPTANCE HOUSE
1710 Golden Gate Avenue
San Francisco, CA  94115
931-4994
Contact Person:  Kelly McCoy
Treatment Coord.
Type of Service:  Alcohol

15 bed res trt prog for gay males.
Indv and grp counseling. Alcohol
and drug-free supportive living
milieu, emphasis on employment
and re-socialization.
Hrs:  8:00A- 5:00P, M-F
Intake:  Call for appt.
Eligibility:  Gay males, primary
alcohol abusers, 18-64 yrs; must
be at least 72 hrs sober for
screening.
Fees:  $285 min/mo, sliding scale
Insur:  No
Lang:  English, Spanish

ALCHOLISM EVALUATION AND
TREATMENT CENTER (AETC)
Wd. 84, SFHMC
1001 Potrero Avenue
San Francisco, CA 94110
821-8091 - Administration
821-8077 - Nursing Station
821-8055 - Phone Counselor
Contact Person: Bette Sellers
Type of Service: Alcohol

1-28 dy post detox, modified medical,
psychological trt and res prog, em-
phasis on health, motivation, dis-
charge planning and ongoing trt ref.
Hrs:  24 hrs/7 dy/wk - Counselor
     M-Thu, 1:00-3:00
     Fri Only, 9:30A-11:30A
Intake:  Call for appt.
Eligibility:  18 yrs & up; male/
female; residents of S.F.; alco-
holics with associated medical,
psychological, sexual and poly-
poly and handicapped concerns.
Fees:  Sliding scale, based on
ability to pay.
Insur:  Yes
Lang:  English, Spanish

18TH STREET SERVICES
4130 - 18th Street
San Francisco, CA  94114
863-8111
Type of Service: Alcohol

Non-res indv and grp counseling for
lesbians & gay men. Alcohol and co-
alcohol issues, information & educa-
tion grps. Presentations concerning
lesbian & gay alcoholism/alcohol
abuse and trt strategies.
Hrs:  9:00 - 5:00, M-F
Intake:  Call for appt.
Eligibility:  Adult lesbians & gay
men, their families, lovers,
friends, alcohol, substance
abuse co-alcoholism adult
children of alcoholics
Fees:  Sliding scale
Lang:  English, Spanish
RESOURCES

*ST. VINCENT DE PAUL SOCIETY - OZANAM RECEPTION CENTER
1175 Howard Street.
San Francisco, CA 94103
621-6471 - Drop-in/Intake
621-6458 - Detox Unit
864-3057 - Admin. Offices
Contact Person: Jim Curtiss
Type of Service: Alcohol

A 24 hr, 7dy/wk inebriate reception center providing professional quality screening, eval & ref svcs including refuge, shower & toilet facilities. 24 hr sobering-up opportunities, social interaction, and personal security. A screening team will eval indv needs, identify trt options and make. ref. Persons whose primary problems are med, mental, or drug related would be referred elsewhere.
Hrs: 24 hr detox
8:00A - 9:00P Reception Ctr.
Intake: Drop-in ok or call
Eligibility: Over 18, in need of help with alcohol problem.
Fees: Sliding scale
Insur: No
Lang: English, Spanish

* SALVATION ARMY HARBORLIGHT SERVICES - DETOX UNITS
Detox
1255 Harrison Street
San Francisco, CA 94103
626-2063
Type of Service: Alcohol

3-5 dy stay for detox with ref to continuum of care. Exit planning with counselors on duty. Medical back-up via SFGH ref. Meals and snacks are available 24 hrs. Emergency transportation furnished. Outreach to women who need detox.
Hrs: 24 hrs
Intake: Drop-in ok, referrals
Eligibility: In need of alcohol detoxification, over 18, S.F. residents, men and women.
Fees: Ability to pay: up to $34 per diem
Insur: No
Lang: English, Spanish, German Polish, Tagalog
HAIGHT-ASHBURY FREE MEDICAL CLINICS, DRUG DETOXIFICATION, REHABILITATION AND AFTER CARE PROJECT (HAFMC/DDWy)
529 Clayton Street
San Francisco, CA 94117
621-2014 – General/Information
621-2015 – Medical Records
621-2016 – Business/Admin.
Type of Service: Drug

In formal operation since 1969, the Project provides a wide variety of o-p drug detox, acupuncture and counseling svcs for all forms of substance and poly drug abuse problems. A short term, symptomatic medical detox prog is combined with counseling and long term, multiple after-care svcs with a prog goal of helping indv to obtain a productive, independent and drug free life style. The Project is fully confidential and open to all.
Hrs: 10:30A - 6:30P, M-F
Intake: Call for appt, drop-in ok
Eligibility: None
Fees: None, Donations accepted
Lang: Chinese (4 dialects), Spanish, Thai, Japanese, German, Italian, French, Tagalog.

INNER CITY OUTPATIENT SERVICES
290 Turk Street
San Francisco, CA 94102
474-4445
Type of Service: Drug

Program provides indv, grp, family counseling and supportive svcs to the drug abusing population of S.F. All clients are screened and clinically eval to determine the need of trt.
Hrs: 9:00A - 5:30P, M-F
Intake: Call for appt.
Eligibility: 18 & over with a drug problem.
Fees: Sliding scale
Lang: English, Spanish

* WALDEN HOUSE, INC.
875 Buena Vista, West
San Francisco, CA 94117
552-7440 – Intake & T.C.
552-6440 – Administration
552-8220 – Ex. Director
Contact Person: Chester Stern
Type of Service: Alcohol/Drug

Walden House provides 24 hr, 7 dys/wk res trt center for substance abusers. The prog consists of the following components: orientation, therapeutic community, pre-re-entry, aftercare, re-entry, alcoholic problems, young adults, parenting, methadone maintenance to abstinence, wholistic health, bilingual svcs, in-house school and on the job training.
Hrs: 24 hrs, 7 dys/wk
Intake: Call for appt.
Eligibility: 16-64, male/female, with drug and alcohol abuse problems.
Fees: None
Insur: Yes
Lang: English, Spanish
SFGH AIDS CLINIC

PURPOSE: To establish and maintain a clinic where the complex multidisciplinary problems of AIDS patients can be efficiently addressed.

PLAN: Clinic meeting weekly at SFGH seeing patients referred from within the hospital (e.g. Mission Emergency, specialty clinics) and out of the hospital (e.g. City District clinics, V.D. Clinic) who have or are suspected of having AIDS.

Clinic to meet initially weekly with adequate support to care for emergent problems on a drop-in basis.

Clinic to be staffed with faculty from disciplines most commonly involved (Oncology, Infectious Disease, Pulmonary Medicine, Dermatology).

NEEDS: SPACE: Four examining rooms, reception area, Conference/charting room, storage area (locked), Nurses office, medication Room. Must be fully available one full day/week with arrangements for drop-ins remainder

PERSONNEL: Paul Volberding, MD - Oncology
Constance Wofsy, MD - Infectious Disease
John Luce, M.D. - Pulmonary Medicine
Head Nurse (R.N)/Educator
L.V.N.
Secretary/Clerk

EQUIPMENT: Office Furniture for secretary
Typewriter
Examining equipment etc.

SUPPLIES: Office supplies
Patient care supplies
Mailing

SERVICES: Laboratory support for immunology, virology testing
Travel (local)
Telephone/answering machine
Pager (long distance)
GAY HEALTH CRISIS
CONFUSED OR CONCERNED?
ADVICE • INFORMATION
MEDICAL REFERRALS
864-4376

The Kaposi’s Sarcoma Research & Education Foundation
520 Castro Street, San Francisco, CA 94114

The Kaposi’s Sarcoma Research & Education Foundation is a non-profit
corporation established in response to the current epidemic level
outbreak of Acquired Immune Deficiency Syndrome (A.I.D.S.).
AIDS/ARC Articles  
P. O. Box 411256  
San Francisco, CA 94141  
February 18, 1988

Dear Ladies & Gentlemen:

The Rainbow Deaf Society is pleased to announce the formation of the R.D.S. AIDS Service Fund.

The purpose of this fund will be to provide the following services to the Deaf Community in San Francisco not currently available:

* TRAINING: Workshops for HIV+, ARC and AIDS.

* REFERRAL:  (A) Diagnosis (screening test for HIV+, ARC and AIDS - locations to provide for testing.  
(B) Medical assistance; Doctors, Psychologists, Psychiatrists and Social Workers and Networking.  
(C) Interpreters: Volunteer or Paid.  
(D) Hospice Care.  
(E) Medical Treatment.

* TDD SERVICES: Volunteers or Paid.

* SUPPORT SERVICES: Practical and emotional.

* COUNSELING: Various according to need.

You are cordially invited to attend our very first fund raising activity scheduled on Sunday, March 27th from 1:00 P.M. to 6:00 P.M. at 20-10th Street at San Francisco Hearing Society in San Francisco as our "KICKOFF" event. In order to begin our networking with other individuals and organizations your participation would be greatly appreciated. Along with speakers from various organizations, the first display of slides from the March on Washington will be shown. Refreshments will also be provided. We hope you will mark this event on your calendar.

A minimum donation of $10.00 will be requested from guests attending.

Interpreters will be provided to assist our hearing friends.

We look forward to seeing you on Sunday, March 27th.

R.S.V.P. Requested (Jay Wilson) 750-3594.

Sincerely yours,

Jay D. Wilson,  
R.D.S. Media Liaison  

Louis J. Caruana,  
Secretary and Vice President
The San Francisco Fund for an AIDS Lobby is part of a national effort by gay organizations and AIDS-related service organizations to establish a lobbying office in Washington, DC to work for greater AIDS research and other funding from the federal government.

The lobbying effort is based on the belief that, although the gay community and others need to raise funds for patient services, research and public education, the level of research funding needed to find a cure for AIDS can come only from the federal government.

The AIDS Lobby will focus solely on AIDS issues. It is now being legally constituted in Washington, DC by a group of organizations which includes the National Gay Task Force, Gay Rights National Lobby, Gay Men's Health Crisis of New York (which provided $40,000 for initial costs), the AIDS/KS Foundation based in San Francisco, the AIDS Project in Los Angeles and AIDS groups in five other cities.

A total of $115,000 has been pledged toward a planned annual budget of $150,000-200,000.

The San Francisco Fund exists solely for the purpose of acting as a conduit for funds raised within San Francisco for the National AIDS Lobby.

The goal for San Francisco's contribution this year is $40,000, of which $10,000 has already been contributed by the National AIDS/KS Foundation and about $3500 has been raised by the Harvey Milk Gay Democratic Club. A major fundraising event is being planned for later this year in San Francisco to raise the remaining necessary funds.

The San Francisco Fund for an AIDS Lobby is incorporated as a non-profit corporation. Its President is Dr. David Kessler, one of the founding members of BAPHR. Its Board members include Bob Ross, publisher of the Bay Area Reporter, Roberta Achtenberg, Co-chair of BAILIF, Bill Kraus of Rep. Sala Burton's office, and political columnist and former Tavern Guild President Wayne Friday. Its Treasurer is Matthew Reed, an active and prominent member of the Golden Gate Business Association.

Checks should be made payable to: The S. F. Fund for an AIDS Lobby
AIDS Risk Reduction Committee/AIDS Coordinating Committee
Lesbian and Gay Health Services Coordinating Committee
S.F. Dept. of Public Health
presents

AIDS
Risk Reduction Workshop
FRIDAY, APRIL 8, 1983
8:30-11:30AM

CARR AUDITORIUM
PATHOLOGY BUILDING
S.F. GENERAL HOSPITAL
22ND & SAN BRUNO

Presenters

Moderator - Tom Smith M.D.
Helen Scheilinger M.A.,R.N.
Steven Folansbee M.D.
Shanti Project

For More Information Please Call: 558-2541

C.E. Credit Available
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."

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

LEARN:
- Where factual information leaves off and speculation begins
- Alternative ways to private health and well-being in our 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 – April March 31, 1983
Enroll during the first or any subsequent class.
Credit and Tuition–Free learning

FOR ADDITIONAL INFORMATION, PLEASE PHONE 346–7044.