

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

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SANTA BARBARA • SANTA CRUZ

David Pierpont Gardner
President of the University

Julius R. Krevans, M.D.
Chancellor at San Francisco

EMPLOYEE REHABILITATION SERVICES
PERSONNEL DEPARTMENT
1350 7th Avenue, LH-163
San Francisco, California 94143
(415) 476-2621

March 24, 1988

Enclosed is a poster to alert U.C.S.F. employees of a support group being offered by the Employee Rehabilitation Services for employees who have tested HIV+. It is being co-facilitated by Bruce Flynn and Marty Kortebein, both Rehabilitation Counselors.

We would very much appreciate having you either distribute the poster to the employees in your department and/or to display the poster so that it is visible to as many employees as possible. This will be a totally anonymous group.

Thank you for your help in our effort to get this information to as many employees as possible.

Marty Kortebein
Marty Kortebein
Rehabilitation Counselor

Bruce Flynn
Bruce Flynn, M.S., C.R.C.
Acting Coordinator

HIV+

SUPPORT GROUP

FOR UCSF EMPLOYEES

Weekly Noon Meetings

(Anonymous)

FIRST MEETING: APRIL 13th

**Contact Marty Kortebein or Bruce Flynn
at 476-2621 For Information**

The group will be an opportunity to share such issues as:

- Do I need to tell my employer I'm HIV+
- How do I reorder my life priorities
- Am I helpless or in control of my life
- How will my co-workers relate to me
- Am I sick — Am I well
- How do I relate to family and friends

AND OTHER ISSUES RELEVANT TO MEMBERS OF THIS GROUP

OFFERED BY THE EMPLOYEE REHABILITATION SERVICE

EMPLOYEE REHABILITATION SERVICE

**U. C. SAN FRANCISCO
LAGUNA HONDA SCHOOL - 163
1350 SEVENTH AVENUE
SAN FRANCISCO, CA 94143**

050

**FRANKS, PAT
COORDINATOR, AIDS RES. PROG.
IHPS
1326 THIRD AVE./BOX 0936**

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AIDS CLINICAL RESEARCH CENTER

John L. Ziegler, M.D., Director
VAMC 141
4150 Clement Street
San Francisco, CA 94121
(415) 221-4810 ext. 3676

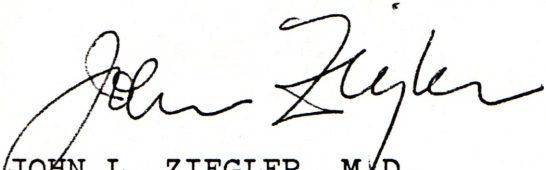
November 16, 1987

TO: Principal Investigators or Center Director

FR: Director, AIDS Clinical Research Center

RE: UCSF AIDS Resource Directory

1. Multiple AIDS research and education projects have proliferated on the UCSF campus in recent years. The Dean's AIDS Advisory Committee, School of Medicine, has requested the development of an AIDS Resource Directory that would be available campus-wide to inform faculty, house staff and students of various AIDS projects and opportunities to engage in AIDS research. This directory can also serve to inform the Bay Area medical community of University projects, and will be a useful compendium for other interested parties (e.g. legislature, visitors, neighbors).
2. To this end, please complete the attached questionnaire and return it in the accompanying envelope by December 18, 1987.
3. We will send you a proof copy of your contribution prior to publication. The UCSF office of Public Information (Andy Evangelista) and the ACRC (Suzi Hedberg) will be responsible for compilation and publication. Our target date is January, 1988. The directory will be updated annually.
4. Thank you for your assistance.


JOHN L. ZIEGLER, M.D.
Director
AIDS Clinical Research Center

JLZ/mle

QUESTIONNAIRE: UCSF AIDS Resource Directory - *Inst. of Health Policy*

1. Title of Project _____

2. Principal Investigator(s) _____

Address _____

Telephone _____

3. Associate Investigators _____

4. Funding Agency _____

Dates of Award _____

Amount of Award (Approximate) _____

5. Core Facilities* (if applicable): Responsible Investigators (tel.____):

_____	_____	(_____)
_____	_____	(_____)
_____	_____	(_____)
_____	_____	(_____)

(*Please attach additional materials that describe program)

6. Brief Statement of Objectives* _____

(*Please attach additional materials that describe program)

7. Are patient referrals to study needed? Yes ____ No ____

If yes, describe patient characteristics _____

and name contact person: _____

8. Are funds available for pilot studies? Yes ____ No ____

If yes, please attach statement of eligibility, amount of award, type of award, guidelines, deadlines, and contact person (1988-89 only).

9. Are funds available for personnel (including medical student elective projects)? Yes ___ No ___

If yes, please attach statement of eligibility, application procedures, deadlines, and contact person (1988-89 only). Would you like to be on a mailing list for job inquiries in AIDS? Yes ___ No ___ (professional ___ non-professional ___)?

10. Are funds or logistic support available to support on-campus (or off-campus) education activities such as seminars, conferences? Yes ___ No ___

If yes, please describe _____

Does the program have any educational opportunity for international trainees? Yes ___ No ___

If yes, Please describe _____

11. Are funds available and/or have they been applied to the development of education materials? Yes ___ No ___

If yes, please describe the developed or proposed materials:

If yes, please identify the population targeted by your education activities.

___ General Population

___ Groups at Higher Risk for HIV Infection

___ Students

___ House Staff

___ Faculty

___ Other

Specify _____

Specify _____

Specify _____

Specify _____

Specify _____

12. For cross referencing purposes, please check generic areas that apply to your project.

___ AIDS Research Administration

___ Core Facilities

___ Pilot Funds Available

___ Personnel Openings

___ Medical Student Openings

___ AIDS Prevention Studies

___ AIDS Treatment Studies

___ AIDS Education

___ AIDS Psycho-social Studies

___ AIDS Epidemiology

___ Immunology

___ Virology

___ Infectious Disease

___ Neoplastic Disease

___ Pharmacology

___ Hematology

___ Neuro-Psychiatric Studies

13. To facilitate your AIDS program, please indicate which of the following resources you would like, were they made available:

- ☐ A monthly AIDS research symposium
- ☐ A monthly UCSF AIDS lecture series
- ☐ Topic-specific updates of current/ongoing research
- ☐ Bibliographic reference materials
- ☐ Journal reprints
- ☐ Slides for illustration
- ☐ Written educational materials (e.g. pamphlets)
- ☐ Speakers
- ☐ Support group Specify _____
- ☐ Other Specify _____

14. Please describe any additional facets of your program that you wish to be advertised in this Directory.

Thank you for your time and consideration. It is much appreciated.