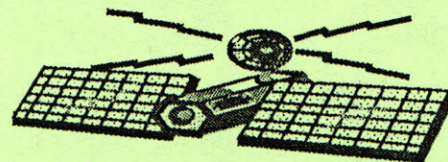


BAHSES News



December 1991, Vol. 1, No. 1

An HIV Education & Prevention Program Serving People of All Colors in the Bay Area

San Francisco
&
the East Bay

625 O'Farrell Street
San Francisco, CA
94109
415-749-6714

BOARD OF DIRECTORS

Louis Ashley,
President

Phyllis J. Jackson,
V. President

Luke Adams,
Secretary

John Revicky,
Treasurer

Calvin Lowery
Peter Eggenberger

STAFF

Lee Woo,
Executive Director

Kevin G. Brooks,
Prog. Dir., Support
Services

Shurland H. Aird,
Prog. Coord., for
Education

EDITOR, Bill Bess



BAHSES is the HIV program services component of Black & White Men Together / Men of All Colors Together (BMW/MACT). This newsletter is published with funds provided by the San Francisco Department of Public Health. Some of the materials contained in this newsletter were reprinted from The Advocate, HIV Counselor Perspectives, and the HIV+ Workbook (Seattle-King County Department of Public Health, AIDS Prevention Project).

HIV BASICS, Education Series, Part 1

What is HIV?

HIV stands for Human Immunodeficiency Virus. HIV is the virus that causes AIDS. It acts on the body by attacking and weakening the immune system: it seeks out, enters and destroys helper T-cells, an essential element of your immune system.

WHAT IS AIDS?

AIDS stands for Acquired Immune Deficiency Syndrome. AIDS is the end stage of HIV infection. Over time, HIV changes the body's immune system, allowing people to get infections and cancers which would not usually be a threat to healthy people. These illnesses are often referred to as opportunistic diseases. A diagnosis of AIDS is made when an HIV+ individual comes down with one or several of these or other illnesses. AIDS cannot be self-diagnosed; only a health care provider can make a diagnosis of AIDS.

What does A Positive HIV Antibody Test Mean?

A positive antibody test DOES NOT mean you have AIDS. A positive antibody test means that your body is producing the antibodies (your immune system's response to infection) to HIV. This means you are infected with HIV. The test cannot tell you when or by whom you were infected; it simply means that at some point you were infected with HIV and that you now have the virus in your body.

A positive antibody blood test DOES mean you can pass the virus to other people, even if you don't have AIDS. You can pass the virus through unprotected sex or sharing contaminated intravenous needles. There is no evidence to support casual spread of this virus. Despite having a positive test result, day-to-day contact with other people at work or in the community can continue as usual.

(Series to be continued)

COMBINATION THERAPY

The combined use of existing drugs, particularly AZT in combination with ddC and AZT in combination with ddI, was discussed briefly in the conference [6th Annual AIDS Conference, Florence, Italy] and in depth at a private symposium.

Although data from the combined study of AZT and ddC have been widely circulated since last October by some AIDS information bureaus, many parts of the world have not yet received this information. Most striking at the conference was the strong support combination therapy was given by several top researchers, some of whom even acknowledged the widespread use of black-market ddC in combination therapy among their patients. (If we all agree it's the state of the art, why can't we get it? FDA, are you listening?) Consequently, many doctors who were skeptical about combination therapy until now will demand its availability, which is still hampered by FDA and drug-company practices.

New data were presented about the combined use of AZT and ddI, but this combination did not appear

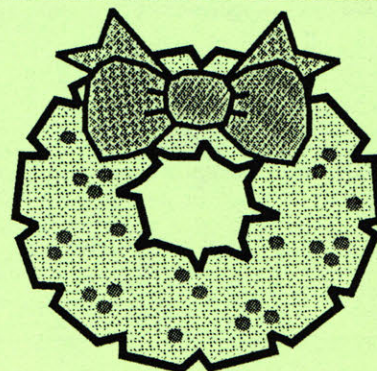
(Cont'd, Col.2, p.2)

"DROP-IN" SUPPORT GROUP FOR THOSE LIVING WITH HIV DISEASE

Every Tuesday, 6:30 pm - 8:30 pm

BAHSES
625 O'Farrell Street
San Francisco, CA 94109
415-749-6714

Confidentiality Assured



BAHSES RELAPSE PROGRAM

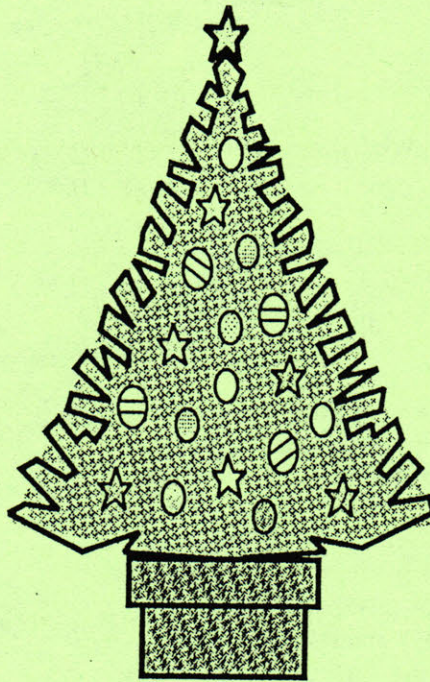
Recent data indicate an increasing concern within the HIV crisis with sexual relapse. At issue are individuals who gave up high-risk practices, such as unsafe sex, at an earlier stage in the HIV epidemic but have since fallen back into unsafe sex.

For the past year, BAHSES has been revising its education and prevention message to include relapse issues. Agency staff note positive results within its target population and among those who, as yet, have not seriously dealt with basic HIV-prevention issues. Moreover, the addition of relapse into the BAHSES education and prevention programs reinforces the risk reduction message for those who are committed to continue to practice safe sex.

The Hot, Horn & Healthy workshops now contain a section on relapse in order to reinforce safer sex messages and to restate the need for on-going safe sex practices. BAHSES' other prevention programs also convey this message.

BAHSES SWAT (Sex With A Twist) Teams do bar zaps where they deliver a one-on-one message in a non-threatening manner while handing out safe sex information as well as answering questions and/or making referrals for additional information.

Our street outreach component delivers the same message at street fairs and special events where prevention information is distributed. Call Shurland if you want to volunteer, (415) 749-6714.



SEASON'S GREETINGS FROM BAHSES' STAFF

COMBINATION THERAPY

(Cont'd from p.1, col. 3)

to be as promising as the combination of AZT and ddC. In both studies, researchers are now suggesting that the higher doses of AZT (500 or 600 mg.) work better in combinations than the lower doses (300 mg.) previously discussed. This marks the first time AZT dosage has been shifted back upward, apparently reflecting the fact that resistance is still a factor for symptomatic patients, even in combination therapy.

CONDOMS FOR ORAL SEX

While many people have been willing to use them during anal sex, fewer have been willing to use them during oral sex for many of the same, as well as, different reasons.

Individuals state that condoms inhibit the spontaneity of sex and reduce the sensitivity of the penis. These are common complaints for not using condoms during anal sex. In addition, many people say that condoms taste and feel unpleasant, and that spermicides on condoms leave the mouth feeling "numb" and they taste and feel unpleasant. Also, some clients consider condoms to have odors that make them offensive to use during oral sex.

One manufacturer has developed a "mint-flavored" condom, which is designed to make the taste and odor of the condom more pleasant. However, this condom is not widely available. Gold circle condoms, which have no scent or lubrication, are often mentioned as a preferred choice for oral sex.

Condom use during oral sex may lack acceptance because health messages have not emphasized condom use for oral sex. Partners may be hesitant to raise the issue of condom use during oral sex because there has been little discussion of this topic in the community or among their peers.

In addition, while condoms were used as a method of contraception before individuals became aware of HIV, they were not used during oral sex, and so there is a lower level of awareness that they should be used for oral sex.

AIDS/HIV NIGHTLINE

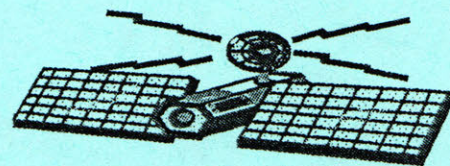
An Emotional Support Project of San Francisco Suicide Prevention

668-AIDS
in San Francisco
9 pm - 5am Monday through Friday

1-800-273-AIDS
In Northern California
5 pm - 5am Saturday and Sunday



BAHSES News



January 1992, Vol. 2, No. 1

An HIV Education & Prevention Program Serving People of All Colors in the Bay Area

*Serving
the San Francisco
Bay Area*

625 O'Farrell Street
San Francisco, CA 94109
415-749-6714

BOARD OF DIRECTORS

*Phyllis J. Jackson,
President*

*Luke Adams,
Secretary*

*John Revicky,
Treasurer*

*Calvin Lowery
Peter Eggenberger*

STAFF

*Lee Woo,
Executive Director*

*Kevin G. Brooks,
Prog. Dir., Support
Services*

*Shurland H. Aird,
Prog. Coord. for
Education*

*Larry Denson,
Prog. Coord. for
Support Services*

EDITOR, Bill Bess



Bay Area HIV Support and Education Services (BAHSES) is the HIV program services component of Black & White Men Together/Men of All Colors Together (BMWT/MACT). This newsletter is published with funds provided by the San Francisco Department of Public Health. For additional copies of this newsletter, use the address and telephone number listed above.

EXECUTIVE DIRECTOR'S 1992 MESSAGE

Bay Area HIV Support and Education Services (BAHSES) has been in existence since 1985. Since that time, the agency has been delivering HIV education/prevention workshops as well as practical and emotional support services to those impacted by HIV disease.

Although the agency has been offering program services since 1985, BAHSES did not receive its first funding grants until September, 1990. Since then, and particularly during all of 1991, staff have worked diligently to make this organization a viable community service within the San Francisco Bay Area. This took commitment and many hours of personal time from both paid and volunteer staff.

Because of this we are now in the position to expand our services to Alameda County with funded programs. A short time ago that was only a dream. I am very proud of those who have made this dream a reality. It is by their dedication and commitment to a need these milestones have been reached.

Looking to 1992, the agency's goals are to stabilize funding sources, recruit more volunteer and paid staff, and to expand existing program services. BAHSES also expects to become even more involved in the various Bay Area communities in order to maximize program service delivery.

In order to achieve these goals, we need your help and support. Volunteering time, sponsoring an event at your home, supporting programs, attending fund raising activities, doing outreach with various volunteer teams are some of the ways you support the work of the agency and our lesbian and gay communities. All of us appreciate your involvement.

We at BAHSES are here to provide services to you and those you care about. To ensure we can continue to serve the needs of your community, please continue to work with us in 1992. The need continues and will be successfully met with your support.

Wishing the season's best to you and yours.

*Lee Woo
Executive Director*

BAHSES BOARD PRESIDENT DIED

Louis David Ashley, Jr., died December 7, 1991. Louis was Bay Area HIV Support and Education Services' (BAHSES) first Board President and represented Men of All Colors Together to BAHSES. He will be greatly missed by the staff and the community. The agency has established an award in his name. The Reverend Louis David Ashley, Jr., Award for Activism. It will be issued at the BAHSES Award Ceremony in April 1992.

VOLUNTEER WISH LIST

BAHSES is in urgent need of volunteers to assist with these activities:

- Consultant to assist with Federal filing of 501(c)3;
- Volunteer Coordinator to recruit and maintain relations with volunteer staff;
- BAHSES Athletic Club Activities Assistant.

If you're interested and want to help, please call Lee Woo at 749-6714.

BAHSES CHRISTMAS DINNER

On December 14, 1991, thirty-one BAHSES staff and their guests gathered at the Alcatraz Bar and Grill at Pier 39. Shurland Aird planned the event and Arni Lovitt provided the dessert. The Alcatraz staff were very helpful and kept the goodies flowing.

EDUCATION SERIES - HIV BASICS (CONTINUED) EMOTIONAL REACTIONS TO BEING HIV+*

People who are HIV+ face a lot of emotional stress. The rate of progression from HIV+ to AIDS is less than predictable, but antiviral drugs and prevention and earlier diagnosis of opportunistic infections have increased the quantity and quality of life for people who are HIV+. This article will give you information about the feelings you may have when you learn you are HIV+. There are things you can do to help cope with the feelings you have about being HIV+.

(Continued on p.2, col.1.)

* Reprinted from the *HIV+ Workbook* published by the Seattle-King County Department of Public Health.

JANUARY EVENTS

- * Volunteer Orientation 1/11 12:00 pm - 4:00 pm
- * Hot, Horny & Healthy Play Shop 1/24 7:00 pm - 9:00 pm
- * Training-Workshop Forum 1/25 10:00 am - 5:30 pm
- * Training-Workshop Forum 1/26 10:00 am - 5:30 pm

* Location - 631 O'Farrell, Second Floor Conference Room

DROP-IN SUPPORT GROUP FOR THOSE LIVING WITH HIV DISEASE

Every Tuesday, 6:30 - 8:30 pm
BAHSES, 625 O'Farrell Street
415-749-6714

Confidentiality Guaranteed

"Emotional Reactions" (Continued from the bottom of p. 1):

"What should I do now?" is a commonly asked question when people first learn they are HIV+. A number of things can be done to get you through that initial especially difficult time. These are:

- ~ **Acknowledge that you are dealing with a difficult situation.** Frequent emotional ups and downs will occur. Ignoring these feelings only intensifies and prolongs them.
- ~ **Things will get better!** The initial month after learning you are HIV+ is by far the most difficult.
- ~ **You are not alone!** Attending a support group may help you get through this difficult time.
- ~ **Don't try to change your whole life at once.** This increases stress and increases the chance you will fail maintaining a change. Decide with your health care provider what would be the most important change for you to make initially.
- ~ **Learn as much as you can about HIV infection.** KNOWLEDGE IS POWER - power to actively participate

in your health care and to help you make good decisions.

Certain predictable feelings occur in people who are HIV+. Identifying a feeling of anger, guilt, or depression rather than just "feeling bad" can serve to direct you to specific actions you can take to help yourself feel better physically and emotionally. If you feel it will help, consult a counselor. Counseling can help you process what you are feeling, and can provide direction on coping with your feelings.

Feelings of tension, threatening doom, and real dread are common in people who are newly diagnosed HIV+. These feelings can range from mild anxiety to a sense of panic. Initial anxiety and fear may be the strongest; however, in the course of HIV infection, a cough, fever, diarrhea, or a skin rash can generate ongoing anxiety and fear.

What can you do?

- ~ **Get to know your body.**
- ~ **Try to identify what you're feeling anxious about or afraid of.**
- ~ **Try to learn how to relax.**

(Series to be continued)

HIV + 'S: DATA SUPPORT REINFECTION THEORY

After seroconversion, continued high-risk behavior hastens the onset of AIDS, says John F. Phair of Northwestern University presenting data from the large MACS study of 3145 men. Sexually transmitted diseases and receptive intercourse, both before and after seroconversion, predicted rapid progression to AIDS. The findings suggest that a yet unknown sexually transmitted cofactor or a more virulent strain of the virus may influence the development of the disease.

However, another interesting study by Thomas O'Brien and his colleagues indicated that for seropositive men taking AZT, the amount of live HIV in semen may indeed be lower than for those seropositives not in treatment. This means that antiviral therapy may have benefits for the prevention or spread of infection to others, as well as slowing disease course for the infected individual in treatment.

* Reprinted from HIV Frontline, August, 1991

1992 ATHLETIC CLUB SCHEDULE

Event	Date
Sweetheart Trip - Yosemite	2/15-16
* 3rd Annual Fish Fry	4/11
* Social Event	4/24
* BAC Picnic	5/25
Bake Sale & HIT Table - San Francisco	6/14
* White Water Rafting & Camping	7/18-19
* BAC Dance	8/16
Beach, Dance & Bar Crawl - Santa Cruz	9/5
Camping Trip - Bodega Bay	9/11-13
Halloween at Lake Tahoe (overnight gambling)	10/31-11/1
* BAC pre-Thanksgiving Cocktail Party	11/26
Bake Sale & HIT Table - San Francisco	12/12
Christmas Gathering - Oakland	12/24-25

* Time and location to be announced.

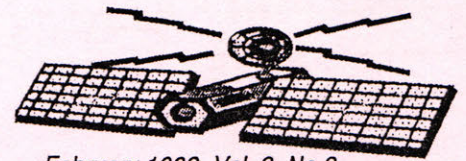
AIDS/HIV NIGHTLINE

668-AIDS
in San Francisco
9:00 pm - 5 am M-F

1-800-273-AIDS
In Northern California
5 pm - 5 am Sat - Sun



BAHSES News



February 1992, Vol. 2, No.2

An HIV Education & Prevention Program Serving People of All Colors in the Bay Area

625 O'Farrell Street
San Francisco, CA 94109
415-749-6714

BOARD OF DIRECTORS

Phyllis J. Jackson,
President

Luke Adams,
Secretary

John Revicky,
Treasurer

Calvin Lowery
Peter Eggenberger

STAFF

Lee Woo,
Executive Director

Kevin G. Brooks,
Prog. Dir., Support Services
BAHSES West

Shurland H. Aird,
Prog. Coord. for Education
BAHSES Regional

Lawrence L. Denson
Prog. Coord. for
Support Services

Michael Sullivan
Prog. Asst., Ed. & Outreach
BAHSES West

Teresa Brown Scott
Prog. Asst., Ed. & Outreach
BAHSES Regional

Gustave Arechavala
Admin. Asst.
BAHSES

Arni Lovitt
Admin. Asst.
BAHSES

Mike Brunetti
Qual. Assur. / Trng. & Dev.
BAHSES Regional

Thomas Hajjar
Media & Sup. Staff Mgr.
BAHSES Regional

EDITOR/WRITER, Bill Bess

Bay Area HIV Support and Education Services (BAHSES) is the HIV program services component of Black & White Men Together/Men of All Colors Together (BMWT/MACT). This newsletter is published with funds provided by the San Francisco Department of Public Health. For additional copies of this newsletter, use the address and telephone number listed above.

BAHSES EDUCATION DEPARTMENT ATTENDS BAY AREA CONFERENCES ON HIV AND PEOPLE OF COLOR

As an ongoing part of our community involvement and commitment to people of color living with HIV disease, the Bay Area HIV Support and Educational Services' (BAHSES) Education Department will participate in three very important Bay Area conferences to be held in February.

On February 8, BAHSES will take part in the Alpha Phi Alpha (APA) Fraternity's HIV Education Project at San Francisco State University. The recent loss of one of its members to AIDS has been instrumental in motivating the APA to take steps to educate its members about HIV/ AIDS. BAHSES and other AIDS service providers will present AIDS 101 and Safer Sex to approximately 200 of the fraternity's members. One of our primary objectives is to secure commitments from the

participants to become peer educators in African American communities. All participants will receive certificates of completion.

BAHSES will also be presenting workshops at the Fifth Annual National Black Gay and Lesbian Conferences and Institutes to be held in Oakland on February 13-17. BAHSES' presentations will include: "Taking Your Workshop to Your Bedroom" - Shurland Aird facilitator; "Rap City: Safe Time in Sextown" - Kevin Brooks facilitator; and "How to Work with Sexual Minority Youth" and "African American Youth and AIDS," to be co-facilitated by Michael Sullivan and members of the staffs of Bay Positives and the Lavender Youth Recreation and Information Center.

The conference is expected to include over one-hundred work

shops and cultural events, including art exhibits, banquet and a dance. Conference institutes will include: AIDS, women, cultural issues, and spirituality.

On February 29, BAHSES volunteers and staff will provide an information table ("Hit Table") at the African American Interfaith Alliance on AIDS Conference "Who is My Neighbor?: African American Church Response to AIDS". The conference is free and will be held at the Bethel A.M.E. Church, 916 Laguna Street, San Francisco. Anyone interested in volunteering or participating, please call Michael Sullivan at (415) 749-6714.

For more detailed, up-to-date conference information regarding specific events, call (415) 749-6714.

NEW PROFILE FOR BAHSES STAFF

As of January 1, 1992, the last of BAHSES funded staff came on board. This does not include the numerous volunteer, contract, and per diem personnel who have been instrumental in the success of our programs during the past year.

BAHSES EAST was activated November 1, 1991, and we have hired our first staff persons for this operational area. We are proud of our accomplishments during the 1990-91 FY. We are actively looking for an office site in the Oakland area to facilitate our education/prevention programs, support groups, transportation services, and community collaborations in the East Bay.

The most recent additions

to our staff are:

Teresa Brown Scott, Program Assistant working in our education, outreach, transportation, and support programs. Teresa is responsible for the coordination of services in these areas in our East Bay office. Teresa brings both charm and competence to BAHSES and we welcome her.

Thomas Hajjar will be responsible for the development and coordination of media/events and will act as supervisor for volunteer staff and will work out of BAHSES' Regional Office in the East Bay.

Larry Denson, Program Coordinator for Support Services, will coordinate support services in the West Bay.

DROP-IN SUPPORT GROUP

FOR THOSE LIVING
WITH HIV DISEASE

Tuesdays
6:30 pm - 8:30 pm
BAHSES
625 O'Farrell Street
San Francisco
(415) 749-6714

Confidentiality Assured

AIDS NIGHTLINE

668-AIDS
In San Francisco
9:00 pm - 5 am M-F

1-800-273-AIDS
In Northern California
5 pm - 5 am Sat-Sun

HIV EDUCATION SERIES - HIV BASICS

(Continued)

"Emotional Reactions to Being HIV+" *

DENIAL

Denial can be defined as the inability to admit any thoughts, feelings, or concerns about a difficult or painful situation. Denial can help to reduce anxiety and emotional pain. Denial can also serve the healthy function of bringing people through difficult times. However, when denial keeps you from seeking physical or emotional care or interferes with your ability to practice safer sex, it's an unhealthy coping response.

What can you do?

~ Gently confront denial by taking an active role in living with HIV infection.

~ Don't let HIV infection control you or prevent you from seeking the care and help you deserve.

ANGER

Anger is common after the initial shock of a diagnosis of HIV infection. This anger can be expressed in many ways: aggressive behavior, expressing negative feelings toward family or friends, ignoring health care provider's suggestions, etc. Anger that is not expressed may lead to depression.

What can you do?

~ Channel the energy you feel into something constructive such as a hobby or helping others;

~ Let the anger out by yelling about how you feel in a safe place such as a beach, by throwing rocks into the water, or by hitting a pillow.

GUILT

A diagnosis of HIV infection often causes examination of one's past lifestyle, especially for people who have used IV drugs. Guilt is a common reaction. Self blame for getting HIV infection or giving it to a loved one is also common.

What can you do?

Remember, guilt is a feeling we "give ourselves." If you find you are blaming yourself or feeling guilty, it

is helpful to stop that negative thought by putting a positive thought in its place. "I'm a worthwhile and valuable person."

POWERLESSNESS

Powerlessness results when an individual feels no control over his/her situation and feels that nothing can be done to significantly change the situation. Anxiety, fear, anger, and guilt can cause and intensify feelings of powerlessness.

What can you do?"

~ Deal with feelings of powerlessness or problems by asking yourself "What can I do?" There are solutions to all problems, even if the solution is working to accept a situation when you cannot change it.

~ Support groups are a great place to get ideas for problem solving.

~ You have the power to not let your situation run or ruin your life.

(Series to be continued)

* Reprinted from the *HIV+ Workbook* published by the Seattle-King County Department of Public Health

UPDATE ON BAHSES SUPPORT SERVICES

An emotional support group for HIV+ men will begin in mid-February. Individuals interested in participating should contact Larry Denson, BAHSES Program Coordinator.

Bus tokens and taxi vouchers are available for individuals who need transportation assistance to and from medical appointments, support group, and other HIV-related activities. Eligibility for these services requires a doctor's verification. Contact BAHSES for details.

BAHSES anticipates beginning several new HIV support groups. Anyone interested in facilitating these groups should attend the training session to be held January 31-February 2. Please call to confirm attendance.

NEW AIDS DEFINITION

The Centers for Disease Control has announced new rules to be adopted in April, 1992 which will expand the current definition of AIDS. The old rule defined AIDS as a condition in which a person tests positive for HIV and has one or more of a select list of opportunistic infections associated with advanced disease. Under the new definition, the CDC will also count individuals as having AIDS if they have less than 200 CD4-cells.

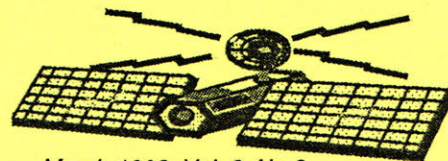
The change in definition was a well-intended but crude attempt to address problems in the current definition, under which people may be denied an AIDS diagnosis even though they experience disabling HIV-related diseases, particularly illnesses occurring early in women, because those illnesses are not on the CDC's list. The definition of AIDS is important because some state and local agencies use it to determine eligibility for benefits, although most

use their own criteria which is not limited to the CDC's definition of AIDS (including the Social Security Administration, which may issue its new definition of "disabling HIV disease" in November). The new expanded definition is problematic in many ways and if it goes into effect as written, it will fail to solve a number of social, economic and political problems while creating a few new ones. At the very least it will greatly increase the number of people having "AIDS," which will have major impact on the distribution of AIDS care money to cities, causing the pie to be divided in many more smaller pieces.

On the other hand, largely due to the loaded connotations of the word "AIDS", the new definition should at least begin to change some backward thinking in the medical and lay communities about the hidden nature of HIV disease, which hopefully will result in earlier testing and treatment.

(Reprinted from *PI Perspectives*, No. 11, Oct '91)

BAHSES News



March 1992, Vol. 2, No.3

An HIV Education & Prevention Program Serving People of All Colors in the Bay Area Since 1985

625 O'Farrell Street
San Francisco, CA 94109
415-749-6714

BOARD OF DIRECTORS

Phyllis J. Jackson,
President

Luke Adams,
Secretary

John Revicky,
Treasurer

Gregory Adams
Fran Bartlett
Peter Eggenberger
Calvin Lowery
Steve Takemura
Patricia Wall

ADMINISTRATIVE STAFF

Lee Woo,
Executive Director

Shurland L. Aird,
Gustave Arechavala
Mike Brunetti
Lawrence Denson
Thomas Hajjar
Arni Lovitt
Teresa Brown Scott
Michael Sullivan

EDITOR/WRITER,
Bill Bess

BAHSES DOES OUTREACH IN THE TRANSGENDER COMMUNITY

With the help of "Jelousy", a transgender, Bay Area entertainer and BAHSES volunteer, the agency is aggressively reaching out to San Francisco's neglected transgender population. To quote Jelousy, "The transgender population is not the focus of HIV/AIDS funding or of the Bay Area communities. Often, these individuals feel isolated because they are not the focal point of HIV/AIDS services in the community. However, as we reach out to these individuals, we also impact their comfort levels with obtaining information and services, especially support groups."

Jelousy has recently been instrumental in establishing contact with transgender individuals who frequent Lily's and The Mother Lode bars in San Francisco, providing them HIV-related information and an opportunity for a one-on-one contact with whom they can voice their concerns about HIV/AIDS.

Jelousy has been able to effectively transform her role as an entertainer into one of leadership and advocacy in the struggle

against HIV/AIDS as it effects transgender individuals. She is currently involved in compiling a calendar of Bay Area transgender personalities to help increase the community's focus on the needs of the transgender persons with HIV that, once completed, will be sold to help provide HIV support services for transgender people living with HIV. It will include not only entertainers, but also other transgender individuals active in HIV-related community service.

If successful as a fund raising effort, this project would help direct the community's attention to the needs of transgender persons living with HIV and also provide additional funds to provide them with the practical and emotional support services they need.

Jelousy is being assisted on the calendar project by Teresa Brown Scott, Michael Sullivan, and the BAHSES education and prevention staff.

Shurland Aird

KUDOS for Kevin G. Brooks

There are perhaps individuals about whom too much good cannot be said. Kevin Brooks is one such person.

For almost three years, as Program Director-Support Services and a volunteer, Kevin has effectively worn the hats of program manager, administrative supervisor, group facilitator, trainer, and many others. He has been with the BMWT-MACT Aids Task Force (BAHSES) since 1989, and has contributed as much as anyone to the agency's success to date. Kevin is a model who would be a credit to any organization.

Kevin will leave BAHSES in late February, but will continue to work in the area of HIV/AIDS support services in San Francisco and the East Bay.

We will certainly miss you, Kevin, and we wish you the best. We certainly won't forget you. Please, don't forget us.

Farwell, Kevin!



**Special Events
Are Being Planned
for April
To Celebrate
BAHSES'
7th Anniversary**

**See the April edition of
BAHSES News
for details
about events, dates &
locations**

**Keep your calendars open
and plan to come
help us celebrate our
Anniversary**

Bay Area HIV Support and Education Services (BAHSES) is the HIV program services component of Black & White Men Together/Men of All Colors Together (BMWT/MACT). This newsletter is published with funds provided by the San Francisco Department of Public Health. For additional copies of this newsletter, use the address and telephone number listed above.

THE AGENCY TRAINS MORE SAFER-SEX FACILITATORS

During the weekend of January 25-26, seven people were trained to be safer-sex volunteers. Safer-sex volunteers are the primary resource used by the agency in its efforts to spread safe sex prevention information to those who are sexually active men and women.

If you are sexually active, it is important for you to know how to protect yourself and your partner(s). BAHSES' Hot, Horny and Healthy Playshops provide safe-sex information in a relaxed, safe environ-

ment. We think the playshops are as much fun for participants as they are for the facilitators.

For those who think they might be interested in training to become a safer-sex facilitator, we are having a SWAT (Sex With A Twist) Party on Friday, March 13, 1992, to recruit volunteer facilitators for the coming year. We invite anyone who is interested to come and see what the "Twist" is all about.

For additional information about time and place, call Shurland at 415-749-6714.

Shurland Aird

AIDS/HIV NIGHTLINE

**668-AIDS
In San Francisco
9:00 - 5:00 a.m., M-F**

**1-800-273-AIDS
In Northern California
5:00 p.m. - 5 a.m., Sat - Sun**

University of the Pacific Offers Dental Assistance for HIV+s

HIV+ individuals can now receive supplemental dental care at the University of the Pacific (UOP) School of Dentistry through the Ryan White C.A.R.E. Program Grant from the federal government. According to UOP, it is "a grant to be used to supplement the cost of necessary dental work for uninsured or underinsured HIV+ residents of San Francisco."

While anyone who is HIV+ is eligible for dental assistance through the C.A.R.E. Program, whenever possible applicants are asked to furnish proof of income, other sources of funding for dental work such as dental insurance or Medi-Cal, and a statement of HIV+ status from their doctor.

Participants can receive basic dental care such as cleaning, fillings, and x-rays. Crowns, bridge work, and other forms of advanced dental work are not covered under the C.A.R.E. Program.

For additional information, call either UOP at 415-929-6448 or BAHSES at 415-749-6714.

Arni Lovitt

COMMENTS ON MAGIC JOHNSON

"I have to be guarded about the effect of Magic Johnson's disclosure [that he is HIV+] because, like many other media breakthroughs, we wonder how long they will last. The fact that he is a high-profile figure can be a first step in breaking taboos against speaking about sexuality in public. The level of discourse around AIDS has been very low in the media and judgmental about the perceived promiscuity of gay men and irresponsibility of IV-drug users. The difference in reaction in the media to Wilt Chamberlain saying he slept with 20,000 women, compared to the reaction to the gay male flight attendant who allegedly introduced AIDS to North America, was enormous. Gay people are not expected to be sexual at all, while heterosexual sex is exuding from almost every source of media we have. The double standard is glaring. I would hope that Magic Johnson's entry into the AIDS education arena would be an opportunity for positive dialogue."

Harold McNeil Robinson
Former President and Board Co-Chair
Gay Men of African Descent

"Magic Johnson's revelation is particularly meaningful for people of color. This will send a message that everyone can be touched by this disease. Communities of color in this country are in need of role models who will communicate that AIDS is both treatable and preventable. Magic Johnson's statements do just that."

Paul Kawata
Executive Director
National Minority AIDS Council

Reprinted from *NYQ*, November 1991

CARING IS ~ DOING

Volunteer Opportunities

- ~ Become a HOT, HORNY & HEALTHY Safer Sex Workshop Facilitator
- ~ Fulfill your fantasy - Join the BAHSES S.W.A.T. Team Become a Sex Commando & help bring the message of Safer Sex With a Twist to the Frontlines
- ~ Join our Safer Sex & HIV/AIDS 101 Education Speakers Bureau
- ~ Become a Co-Facilitator for one of the HIV Emotional Support Groups for those living with HIV disease
- ~ HELP IN THE OFFICE with MAC Word Processing, data entry, typing, filing, answering phones, and mass mailings
- ~ Work on Special Projects & Events
- ~ Your other Special Skills and Talents are also welcome

YOU ARE NEEDED!

To volunteer, call 415-749-6714

BAHSES SUPPORT SERVICES

TRANSPORTATION

Are you are HIV+?

If you are HIV+, you may be eligible to receive taxi vouchers and bus tokens for use getting to and from medical appointments, support groups, or any HIV-related activity. Medical verification of HIV status is required. For details, call 415-749-6714 and ask for Larry.

DROP-IN SUPPORT GROUP FOR THOSE LIVING WITH HIV DISEASE

**Every Tuesday
6:30 - 8:30 p.m.**

**BAHSES
625 O'Farrell Street
San Francisco
415-749-6714**

Confidentiality Guaranteed

VOLUNTEERS

We need volunteers to act as support group facilitators. If you think you might want to help, please give us a call.

WE NEED YOUR HELP!

HIV SUPPORT GROUP FACILITATOR TRAINING

With joint funding from the San Francisco Foundation, BAHSES and the AIDS Health Project held a weekend facilitator training January 31 through February 2, 1992.

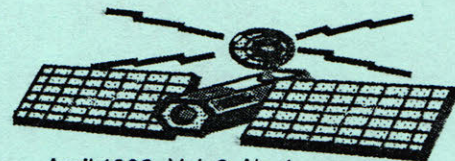
The weekend agenda included a broad range of topics, guest speakers, and life-affirming messages designed to make the participants aware of the skills required in order to be able to deal with the emotional and personal issues involved in living with HIV/AIDS. In general, the weekend focused on familiarizing potential facilitators with the unique dynamics of HIV support group processes.

Training began with remarks from a panel of trained support group facilitators who related personal stories about the tasks, complexities, and rewards of being a facilitator. Other aspects of the training included persons living with HIV who are currently in support groups sponsored by either BAHSES or the AIDS Health Project. These exercises were structured to offer participants as broad and as realistic a sense of the support group experience as possible.

Particular attention was also devoted to the development of facilitator skills, with opportunities to apply the techniques being presented in mock role plays. Many of the group discussions throughout the weekend explored such issues as quality of life for persons living with HIV and the resources available to them.

Mike Brunetti

BAHSES News



April 1992, Vol. 2, No. 4

An HIV Education & Prevention Program Serving People of All Colors in the Bay Area Since 1985

625 O'Farrell Street
San Francisco, CA 94109
415-749-6714

BOARD OF DIRECTORS

Phyllis J. Jackson,
President

John Revicky,
Treasurer

Gregory Adams
Fran Bartlett
Peter Eggenberger
Calvin Lowery
Steve Takemura
Patricia Wall

ADMINISTRATIVE STAFF

Lee Woo,
Executive Director

Shurland L. Aird,
Gustave Arechavala
Mike Brunetti
Thomas Hajjar
Arni Lovitt
Michael Sullivan

EDITOR/WRITER,
Bill Bess

HIV SUPPORT GROUP SOCIAL

Mark your calendars! BAHSES Month continues its 7th Anniversary celebration by hosting a social on Thursday, April 23, 1992, from 6:30 to 8:30 p.m. for past and current support group members and facilitators. Feel free to bring a friend. Refreshments will be served.

The event will be held at 631 O'Farrell Street, San Francisco in BAHSES' 2nd floor Conference Room.

We cordially invite all survival support group members and facilitators to join us for the evening. We hope you can make it.

Please RSVP to Arni Lovitt at BAHSES no later than April 17.

NEW SUPPORT GROUP BEING FORMED

Have you recently learned you are HIV+? Have you known about your HIV status but were not able or prepared to deal with it until now? If any of this describes you, BAHSES can help.

BAHSES provides support groups to HIV+ people. A new group is being formed and we encourage anyone who is interested in joining an HIV-related emotional support group to contact us now, as space will fill up quickly.

The new group is scheduled to begin April 2, 1992 (Thursday), and meetings will be held from 6:30 to 8:30 p.m., at the BAHSES office at 625 O'Farrell Street, San Francisco.

Group meetings are scheduled

for ten weeks, with a one-week break after the fifth meeting. Two trained facilitators will provide direction and a framework for the meetings.

Sample topics will include discussions around group member needs, practical and emotional support services available in the Bay Area, problems involved in disclosing one's HIV status, anxieties about being HIV+, and many others.

If you are interested in learning more about and/or signing up for an emotional support group centered around your individual needs as an HIV+ individual, call the BAHSES office and ask for Mike Brunetti, Support Services Coordinator. Call today!

BAHSES SEEKS HIV SUPPORT GROUP VOLUNTEERS

*Spring Training for Volunteer Support Group Facilitators.
(NO PRIOR EXPERIENCE AS COUNSELOR NEEDED)*

*Training Schedule: A new course to train volunteer
support group facilitators is scheduled for*

May 2, 1992, 9:30 a.m. - 5:30 pm

(Continental breakfast served 9:00 - 9:30 a.m.)

*Content: Basic HIV/AIDS information; emotional issues
associated with being HIV+; basic group facilitation skills;
role of the group facilitator; crisis intervention skills;
overview of HIV-related community resources.*

Place: BAHSES Office, 631 O'Farrell St. (2nd Floor), San Francisco

For additional information, call

BAHSES, Support Services at (415) 749-6714



Bay Area HIV Support and Education Services (BAHSES) is the HIV program services component of Black & White Men Together/Men of All Colors Together (BWMT/MACT). This newsletter is published with funds provided by the San Francisco Department of Public Health. For additional copies of this newsletter, use the address and telephone number listed above.

TRANSPORTATION SERVICES

BAHSES currently provides transportation services—bus tokens and taxi vouchers—to HIV+ persons in San Francisco through an arrangement with the San Francisco Paratransit Authority. The agency has joined in a collaborative network with other agencies in San Francisco in order to make this service available to its clients citywide.

Participating agencies include: AIDS Indigent Direct Services, Bayview-Hunter's Point, the Black Coalition on AIDS, the Center for Positive Care, E.A.C.H., the Health Outreach Team, San Francisco Community Clinic Consortium, and the Westside Community Health Center. This distribution of services makes it possible for HIV+ clients to receive assistance from the agency closest to their residence.

This service makes it easier for clients to get to and from medical appointments, the pharmacy, and support group meetings by reducing transportation costs as a possible barrier to receiving treatment or services. While bus tokens are available for all HIV+ persons, taxi vouchers are reserved for those individuals whose mobility is impaired by advanced HIV disease.

HIV+ individuals who earn \$15,000 per year, or less, are eligible for assistance.

DROP-IN

SUPPORT GROUP

FOR THOSE LIVING WITH

HIV DISEASE

Every Tuesday

6:30-8:30 p.m.

BAHSES

625 O'Farrell St., S.F.

415-749-6714

NEW OAKLAND HIV SUPPORT GROUP

Beginning in March, 1992, BAHSES will begin hosting a weekly drop-in support group in Oakland at the Center for AIDS Services, 5720 Shattuck Ave., Oakland. For more information, contact Thomas Hajjar at 415-749-6714.

HIV EDUCATION SERIES - HIV BASICS

(Continued from February Newsletter)

"Emotional Reactions to Being HIV+" *

* Reprinted from *HIV+ Workbook* published by the Seattle-King County Department of Public Health

Social Isolation

HIV infection remains a stigmatized disease. Withdrawal from friends and family is a frequent response. Friends may also have died from AIDS. Time alone can bring some people strength. If this withdrawal from social contact goes on for a long time, it may be unhealthy.

What can you do?

~ Seek out a support group or confide in friends and/or family members. Secrets can intensify the pain you feel.

~ Many people feel they need to give you advice to help you deal with your difficult situation. Feel free to ask people to just listen to what you have to say!

Grief

HIV infection can bring about many losses to an individual. If you have just found out that you are HIV+, you may go through the stages of grieving, and it is not unusual initially to feel as though death were occurring. Denial, anger, bargaining, depression, and acceptance are the stages people move through in the grieving process. Grief is unhealthy when it goes on too long or is so intense that it affects your ability to function.

What can you do?

~ Acknowledge the difficult feelings you are having, that you are indeed grieving for many losses in your life.

~ Some HIV+ persons have lost many friends to AIDS. If you feel like you are on grief overload, you can choose to take a break from grief until you have done some grieving for past losses.

~ It is also okay to let your feelings be. Staying with your feelings helps them to go away in the long run.

~ See a counselor who will help you accept and work with the grief you are feeling.

Altered Sexual Patterns

Changes in sexual activity must occur for the protection of sexual partners and yourself. If you haven't already adopted safer sex practices, adjusting to this loss/change may affect your feelings of sexuality. Abstaining from sex (celibacy),

whether short or long term, is a choice some people make. At first, safer sex practices may be difficult to practice or may not provide the same enjoyment or release. Lastly, medication or illness may affect sexual desire or potency.

What can you do?

~ Grieve for the loss of past sexual practices. AIDS has brought changes in sexual behavior. It's okay to feel sad for the practices you enjoyed and have decided not to practice anymore.

~ Explore other ways to express your sexuality. Attend a workshop on safer sex to learn new, exciting ways to have safe sex.

Depression

Depression is a normal reaction to a diagnosis of HIV infection; however, it should not persist longer than 4-6 weeks. Prolonged sadness, crying, poor self-esteem, a sense of hopelessness, decreased appetite, change in sleeping patterns, loss of pleasure in previously enjoyable activities, and thoughts of suicide that persist or worsen indicate a need for counseling and medical intervention. Seek help immediately if you have serious thoughts of suicide.

What can you do?

~ It's okay to cry. Crying is a natural outlet for deep felt sadness.

~ Counseling can help you identify and intervene around issues that may be underlying or making your depression worse. Millions of people have therapists—you don't have to be mentally ill to see a therapist..

~ Lastly, avoid using alcohol or drugs to make you feel better. Alcohol and many drugs are depressants and only make things worse in the long run. Seek help through AA or a treatment program if you think you have a problem with alcohol or drugs.

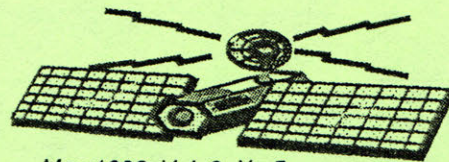
(Series to be continued)

Let TAX-AID

Do your taxes Free

Call 434-5533

BAHSES News



May 1992, Vol. 2, No.5

An HIV Education & Prevention Program Serving People of All Colors in the Bay Area Since 1985

625 O'Farrell Street
San Francisco, CA 94109
415-749-6714

BOARD OF DIRECTORS

Phyllis J. Jackson,
President

John Revicky,
Treasurer

Gregory Adams
Fran Bartlett
Peter Eggenberger
Calvin Lowery
Steve Takemura
Patricia Wall

ADMINISTRATIVE STAFF

Lee Woo,
Executive Director

Shurland L. Aird,
Gustave Arechavala
Mike Brunetti
Thomas Hajjar
Arni Lovitt
Michael Sullivan

EDITOR/WRITER,
Bill Bess

BAHSES CONTINUES OUTREACH TO S.F. YOUTH

In April, BAHSES was again asked to present a "Hot, Horny, and Healthy" playshop for the Lavender Youth Recreation and Information Center (LYRIC). LYRIC is a place where gay, lesbian, and bisexual youth go to find support, recreational activities, and age-sensitive information. LYRIC is currently advocating the establishment of a fully-equipped recreation center for this segment of San Francisco's youth population. Because of the lack of sufficient HIV-related services for

San Francisco youth, BAHSES continues to advocate on their behalf by involving itself with groups such as LYRIC and the Adolescent and HIV Coalition, to whom it provides education and prevention information in San Francisco and Oakland. BAHSES is also planning to start an HIV+ support group in the future for youth.

Clarmundo "Michael" Sullivan

BAHSES HONORS AIDS MEMORIAL QUILT

When BAHSES learned that the Design Industries Foundation for AIDS and the Names Project Foundation were planning to stage the

nation-wide musical "Heartstrings, AIDS Memorial Quilt, and You: Event in Three Acts" here in San Francisco, our Education Department immediately got involved. "Heartstrings" is a musical extravaganza that uses various musical and dance styles to depict the real life stories of individuals who have lost loved ones to AIDS or of people living with HIV/AIDS. Wherever it tours, it also raises funds to support local AIDS service providers. To date, "Heartstrings" has toured 35 cities nationwide.

During the production's Bay Area tour (March 13-17), BAHSES assisted with the distribution of

(Continued on reverse side, col. 1)

HIV EDUCATION SERIES - HIV BASICS (Continued)

"Disclosure: Telling Others About Your HIV Status"

* Reprinted from the HIV+ Workbook published by the Seattle-King County Department of Public Health

Deciding whether to tell your friends and loved ones about being infected is difficult. You may find yourself caught in a bind: wanting the love and support of those close to you, yet fearing the pain and rejection you may encounter.

When deciding whom to tell about your test results, keep in mind that others may not understand as fully as you do what HIV+ testing means. There are, however, a few people who should be informed.

Your past and current sexual partners or needle sharing partners need to be notified that they may have been exposed to HIV. Inform your doctor and dentist. They need to know you are HIV+ to give you the best possible medical/dental care.

There is no easy way to tell people you are infected with HIV, just as there is no fool-proof plan to ensure that your news will be

met with compassion. In making a good decision about whom you want to tell and when you should tell them, here are some things to keep in mind.

1. Be Selective. You have right to privacy when it comes to your HIV status. Other than your health care providers and your sex or drug partners, you should think carefully about who else needs to know about your status, and why they need to know. If you decide to tell your friends or family that you are HIV+, ask that they keep the matter to themselves.
2. Prepare yourself. Anyone you tell may ask a lot of questions. First, think carefully about whom you want to tell first. Try to decide who is most likely to be supportive and understanding. You can give a brochure about HIV

and AIDS to the people you tell or refer them an AIDS hotline if they have questions ... Feel free to tell people that what you really need is someone to listen; you and your health care provider are working on your specific plan to deal with HIV ... You do not have to answer any questions; they may be sensitive and personal, and it is your right to decide not to respond to them.

3. Be Somewhere Comfortable. Choose a place where you feel comfortable, where you have privacy, and when you have plenty of time. Telling someone that you are HIV+ can be a very emotional experience and you, and the person you are choosing to tell, should be safely and comfortably express and respond to any emotions that may arise.

(Series to be Continued)

Bay Area HIV Support and Education Services (BAHSES) is the HIV program services component of Black & White Men Together/Men of All Colors Together (BWMT/MACT). This newsletter is published with funds provided by the San Francisco Department of Public Health. For additional copies of this newsletter, use the address and telephone number listed above.

OVERVIEW

The human immunodeficiency virus (HIV) causes AIDS by attacking certain white blood cells (T-lymphocytes), thus debilitating the immune system, and leaving the body practically defenseless against many infections. The individual becomes susceptible to a variety of opportunistic infections and certain types of neoplasms (i.e., any new and abnormal growth; also called tumors). As a result, a wide range of nutritional problems occur as the disease progresses which leads to a poor nutritional status. The immune system may be further compromised by this poor nutritional state making dietary management a priority in caring for patients with AIDS.

An HIV-infected person who is malnourished may develop AIDS more quickly because of an immuno-suppressed system and the presence of infection. The nutrients specifically associated with a compromised immune function are: protein-calorie malnutrition, deficiencies of iron, zinc, pyridoxine,

NUTRITIONAL CONCERNS & CARE OF PATIENTS WITH AIDS

vitamins A and B-12. Researchers presenting at a recent Seminar on Micro-nutrients and Immune Functions reported other micronutrient deficiencies such as copper, manganese and selenium, vitamins D and E as also compromising the immune system.

NUTRITIONAL CONCERNS

Nutritional status is a key concern for those who are immune-suppressed and diagnosed with AIDS or ARC. Persons with AIDS at the early or mid-stage of the disease may develop complications which require nutritional care and support. A good nutritional status may support drug and other therapies which may slow the progression of the disease.

Nutrition management by a trained dietitian/nutritionist is needed to promote dietary intervention to enhance the PWA's nutritional status. The dietitian/nutritionist can provide

a unique service consisting of: (a) developing a nutritional plan; (b) accessing community-based food resources; (c) scheduling meals and snacks which incorporate culturally accepted food choices; (d) modifying the diet to reflect any side effects from drug or other therapies; (e) coordinating the follow-up of all nutrition and food concerns of the patient; and (f) analyzing dietary intake for calories and nutrients.

The purpose of providing nutritional care for PWAs and with ARC is to: (1) encourage optimal nutrition using a high calorie diet; (2) maintain body weight, especially lean body mass; (3) reduce the incidence and severity of infections; (4) provide nutritional support to make the patient comfortable. The earlier nutrition intervention, the better the chance to improve the nutritional status of the patient.

by Catherine Cowell, Ph.D.
Director, Bureau of Nutrition,
New York City Department of Health

(To be continued in June BAHSES News)

SUPPORT SERVICES

Transportation

If you're HIV+, you may be eligible to receive bus tokens and taxi vouchers for use getting to and from HIV-related activities. For details, call 415-749-6714.

AIDS QUILT

(Cont'd, p. 1, col. 3)

tickets to service providers and people living with HIV/AIDS. In return, the agency received complementary tickets to the dress rehearsal at the San Francisco Fashion Center. We also provided moral support and prevention information during the second act of the performance, the AIDS Memorial Quilt display. The musical's main objectives are to bring attention to the enormity of the AIDS crisis, to show the humanity behind the "statistics", and to raise funds for people with HIV/AIDS and their loved ones. As a BAHSES representative, I had the honor of reading the names of some of the individuals memorialized in the Quilt during the final staging of the production. It was a rewarding experience for BAHSES to participate in this wonderful show, and we plan to support the event again if it returns to the Bay Area.

Clarmundo "Michael" Sullivan

WHAT ARE BAHSES SUPPORT GROUPS?

BAHSES offers two types of support groups: drop-in and closed. Drop-in groups are unstructured and provide a safe opportunity to listen to others and share immediate needs. Closed groups, however, are divided into two 10- and 15-week segments, depending on client needs. Both groups are run by trained peer facilitators and are strictly confidential.

Two questions frequently asked of support group staff are: "What is an HIV support group?" and "What happens at the meetings?" Our support groups emphasize learning to live with HIV. In this sense, they are life-affirming, not a preparation for death. They stress quality-of-life issues for the HIV+ individual and attempt to help them develop ways of continuing to be contributing members of their communities.

Both groups attempt to minimize barriers, such as fear, distrust, and lack of self-confidence, which often prevent HIV+ individuals from leading productive lives. Topics most often discussed at group meetings include: up-to-date, medical information, how to manage relationships, and safer-sex prevention.

BAHSES offers support groups in San Francisco and Oakland. For more information, contact Support Services at (415) 749-6714.

Mike Brunetti

DROP-IN SUPPORT GROUP FOR HIV+ INDIVIDUALS

EVERY TUESDAY

6:30 - 8:30 p.m.

BAHSES

625 O'Farrell, S.F.

415-749-6714

BAHSES SEEKS SUPPORT GROUP VOLUNTEERS (NO EXPERIENCE NEEDED)

A NEW TRAINING COURSE WILL BEGIN

MAY 2, 9:30 a.m. - 5:30 p.m.

Training will cover: Basic HIV/AIDS info; emotional issues of being HIV+; group facilitation and crisis-intervention skills; overview of HIV-related community resources.

BAHSES, 631 O'Farrell, 2nd Floor, S.F.
(415) 749-6714

SAFE-SEX VOLUNTEERS NEEDED BECOME A SEX COMMANDO

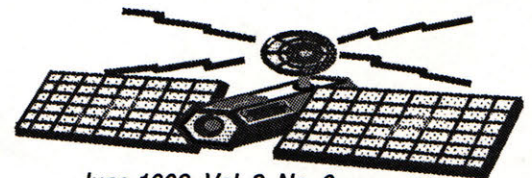
S.W.A.T. TEAM FACILITATOR TRAINING

May 16 - 10:00 a.m. - 5:00 p.m.

May 17 - 11:00 a.m. - 4:00 p.m.

631 O'Farrell, 2nd Fl., S.F.

415-749-6714



HIV INFECTION & TUBERCULOSIS

On April 15, 1992, Dr. German Victor Maisonet Rodriguez gave a lecture on HIV and tuberculosis (TB) at the Mission Neighborhood Health Center.

Tuberculosis is an infectious disease, usually affecting the lungs, caused by a species of *Mycobacterium*. One may become infected with tuberculosis (TB) by inhaling these airborne bacteria, which are transmitted by coughing, shouting, singing, or even talking.

Unlike other opportunistic infections, TB is highly contagious. There is currently a new strain of TB rapidly spreading across the United States that is highly resistant to medication. It is believed to have originated in poor sanitary environments such as prisons and communities of the poor.

In addition to HIV+ persons, IV-drug users, diabetics, the elderly, anorexics, pregnant women, and individuals who have experienced severe weight loss are considered to be at highest risk. According to Dr. Rodriguez, "most HIV patients with this strain, have full blown TB in a two week period. Of all those patients who are HIV+ and contract this strain of TB, eighty-nine (89) percent are deceased within six weeks, even with the best medical care available." He further added that this infection "is in its early stages, just as HIV was ten years ago." Health care providers

are advised to take action now to establish guidelines to prevent infection.

HIV+ patients are at a higher risk of becoming infected with TB because, if contracted, the disease becomes a progressive illness. In other words, because the HIV virus attacks brain cells, macrophages, and lymphocytes, a patient's natural resistance and memory are weakened and begin to deteriorate. Treatment can rid the system of the TB-bacteria, but they can reappear if treatment is discontinued, because the microbacteria are still dormant in the infected person's system. Tuberculosis usually reoccurs when medication is interrupted, proper dosages are not maintained, or when a particular strain of TB is resistant to the medication prescribed. There are currently seven drugs used to treat TB.



WHAT CAN BE DONE TO STOP THE SPREAD OF TB?

The first step is to identify those who have the disease. The standard test for TB is the PPD. However, Dr. Rodriguez warns that this test is not always reliable. A false negative test result is possible if a patient's T4-cell count is below two hundred (200). HIV+ patients who initially test negatively on the PPD should repeat the test within six-eight (6-8) weeks to make sure they have not received a false negative test result. A physician may also recommend a sputum or other kinds of tests for the presence of TB.

WHAT SHOULD PUBLIC HEALTH AGENCIES & AIDS SERVICE ORGANIZATIONS DO?

Three important procedures are recommended: (1) Ventilate office space in order to maintain a continuous supply of clean, recycled air. Individuals with TB should be located at or near a ventilation exit; (2) While ultra violet light is known to kill TB bacteria, it may also damage eyesight. Therefore, lighting fixtures should be covered. Ultra violet light may also be installed in the ventilation system itself so that it purifies the air before it enters the work space; (3) Advise staff to test for TB on a yearly basis.

According to Dr. Rodriguez, these measures can help prevent a future TB epidemic.

Arni Lovitt

625 O'Farrell Street, San Francisco, CA 94109, 415-749-6714

BOARD OF DIRECTORS

Phyllis J. Jackson, President John Revicky, Vice President Fran Bartlett, Treasurer Patricia Wall, Secretary
Gregory Adams Steve Takemura

ADMINISTRATIVE STAFF

Lee Woo, Executive Director
Shurland H. Aird Gustave Arechavala Mike Brunetti Thomas Hajjar Arni Lovitt Michael Sullivan

EDITOR/WRITER

Bill Bess

Bay Area HIV Support and Education Services (BAHSES) is the HIV program services component of Black & White Men Together/Men of All Colors Together (BWMT/MACT). This newsletter is published with funds provided by the San Francisco Department of Public Health. For additional copies of this newsletter, use the address and telephone number listed above.

CREATING A SUPPORT GROUP ENVIRONMENT

Often support groups are described using phrases such as "coping strategies" or "support systems." We prefer, however, to describe our groups in terms of the goals we strive to achieve. Simply stated, they are:

- ~ to provide a safe place where HIV+ individuals can meet and share the experience of living with HIV disease--fears, anxieties, and personal victories;
- ~ to be a point of focus for up-to-date information about HIV-related community services, treatment, and resources;
- ~ to begin to learn from the experience of others living with HIV disease how to continue to lead productive social and professional lives despite HIV;
- ~ to offer a structured, weekly discussion of HIV-related issues which can help HIV+ individuals get through the day-to-day difficulties of living with HIV disease.

For more information about BAHSES support groups, contact Mike Brunetti, Support Services.

Mike Brunetti

TRANSPORTATION SERVICES

If you're HIV+, you may be eligible to receive bus tokens and taxi vouchers for use getting to and from HIV-related activities. For details, call 415-749-6714.

UCSF COPING PROJECT CHRONICLES THE LIVES OF CARING PARTNERS

The UC San Francisco Medical Center (UCSF MC)'s Coping Project is recording the lives of gay men who care for partners or loved ones living with HIV disease.

The Coping Project is a confidential study consisting of scheduled personal interviews and medical evaluations over a two-year period. Participants are paid \$20.00 for each completed interview and evaluation. The Project's primary goal is to document the effect of stress on the mental and physical well-being of gay, male caregivers. The experience of these men offers valuable insight that can be used to develop strategies which can help future caregivers.

Anyone interested in participating should contact the Coping Project at 597-9177 for complete details.

Lee Woo

CDC's NEW AIDS DEFINITION

How will the Center for Disease Control (CDC)'s new definition of AIDS affect BAHSES' service delivery?

The new CDC definition states that a person with a CD-4 T-cell count of 200 or less has AIDS.

While this reclassification will have a major impact on many San Francisco service providers, except for transportation services (specifically taxi vouchers), it will not effect BAHSES programs because eligibility for the services we provide is not based on an ARC/AIDS diagnosis.

The new CDC definition becomes effective in July, 1992.

Lee Woo

SUPPORT GROUPS

San Francisco Drop-in Tuesdays

6:30 - 8:30 p.m.

BAHSES

625 O'Farrell Street
415-749-6714

Oakland Drop-in Thursdays

5:30 - 7:30 p.m.

Center for AIDS Services
5720 Shattuck Avenue
415-749-6714

A new **CLOSED DAYTIME** group for HIV+ individuals is scheduled to begin starting June 1, 1992. The group will meet Monday afternoons from 2:00 until 3:30. To reserve a place in the group, call Support Services as soon as possible.

OAKLAND GATHERING SPEAKS TO UNMET NEEDS OF THE AFRICAN AMERICAN GAY/BISEXUAL COMMUNITY

On Sunday, May 3, 1992, over fifty African American Gay Men attended a reception to discuss HIV/AIDS in Oakland's African American gay/bisexual community.

The reception was hosted by two Oakland residents and was attended by community members and BAHSES program staff. BAHSES' Education and Outreach staff member, Michael Sullivan, facilitated the discussion, and community members expressed a need for practical and emotional support services for persons living with HIV/AIDS, peer education, volunteers, and teamwork within the city's African American gay/bisexual community as well as the implementation of additional programs and services to meet these needs. Participants also expressed a need for a network to bring information to Oakland's African American gay/bisexual community regarding existing and projected programs and services.

It was clear from these discussions that the unmet needs in the Oakland African American gay/bisexual community are profound and that the programs currently being developed by BAHSES are desperately needed. The reception ended on a high note with over thirty of those in attendance signing up to become volunteers to help fight HIV/AIDS. Two individuals also volunteered to host similar gatherings in their homes in the future.

Thomas Hajjar

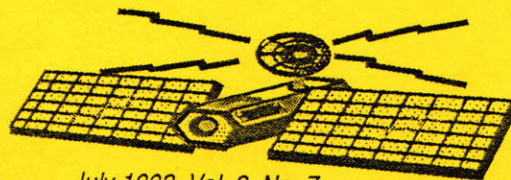
FEEDBACK

BAHSES News would very much like to know what its readers think of the newsletter. Please forward any suggestions or criticisms you might have to the attention of the editor, and we will do our best to implement them.

Editor



BAHSES News



July 1992, Vol. 2, No. 7

Bay Area HIV Support & Education Services Serving People of All Colors Since 1985

HERBS AND HIV (from Positive Living, 6/92)

In an effort to expand their treatment options, many people include herbs as a part of their daily treatment regimen against HIV.

Herbs are often perceived as preferable to Western medicine because side-effects are allegedly absent from herbal treatments. In fact, herbs can be as toxic as medical treatments.

In the same way synthetic chemicals may be highly toxic or very safe, the effects of herbs range from beneficial to poisonous. In addition, herbs used in combination may result in toxic interactions.

Let's examine the potential side-effects of a few herbs commonly used by people with HIV.

Aloe vera, which seems to contain compounds that inhibit HIV replication, can produce severe diarrhea when ingested without proper preparation. Aloe concentrates have to be processed carefully to remove substances that irritate the gastrointestinal tract. So refrain from dropping your favorite Aloe plant in the blender for a rejuvenating shake.

Astragalus, a major component of many Chinese herbal preparations, has been shown to stimulate lymphocyte proliferation. However, Astragalus can trigger low blood pressure, low blood sugar and increase urine production, resulting in dizziness and fatigue. The effects of Astragalus may stimulate the production of HIV by infected cells.

(To be continued in August issue)

SUPPORT GROUPS

**San Francisco Drop-in
Tuesdays
6:30 - 8:30 p.m.
BAHSES
625 O'Farrell Street
415-749-6714**

**Oakland Drop-in
Thursdays
5:30 - 7:30 p.m.
Center for AIDS Services
5720 Shattuck Avenue
415-749-6714**

*Call Support Services about a new
daytime group now being formed, (415)
749-6714.*

CALL FOR VOLUNTEERS

Thanks to a grant from the San Francisco Foundation, BAHSES and the AIDS Health Project are offering free training for HIV support group volunteer facilitators. This training has been going on for the past two years and is now mandatory before a volunteer can act as a group facilitator. Once a person has been trained and certified, he/she may choose to conduct support groups in either San Francisco or Oakland.

HIV support groups are on-going. Weekly meetings are usually held during early evening, from 6:30 to 8:30 p.m.. For

those who cannot commit to weekly meetings, a drop-in group is held every Tuesday evening in San Francisco and on Thursday evening in Oakland. Depending on their own schedules, volunteer facilitators may conduct either evening or daytime groups.

Typically, BAHSES' support groups are targeted to gay/bisexual men and reflect the community's cultural diversity. Groups can also be formed for those who wish to meet with members of a specific culture. An individual need not have previous counseling experience or be HIV+ in order to qualify as a peer group facilitator.

Support group facilitators basically do the following: lead group discussions, act as a resource/referral for HIV-related information or services; and help individual group members develop their own support systems.

A two-day training session for new facilitators will be held on Saturday, July 11 and Sunday, July 12, from 9:00 a.m. to 5:00 p.m. at the Center for Positive Care, 3180 Eighteenth Street (at Folsom). If you think you might be interested, please contact Mike Brunetti in Support Services for detailed information.

Mike Brunetti

TRANSPORTATION SERVICES

**IF YOU'RE HIV+, YOU MAY BE
ELIGIBLE TO RECEIVE BUS
TOKENS AND TAXI VOUCHERS
FOR USE GETTING TO AND
FROM HIV-RELATED ACTI-
VITIES. FOR DETAILS, CALL
(415) 749-6714.**

625 O'Farrell Street, San Francisco, CA 94109, (415) 749-6714

BOARD OF DIRECTORS

Phyllis J. Jackson, President John Rivecky, Vice President Fran Bartlett, Treasurer Patricia Wall, Secretary
Gregory Adams Steve Takemura

ADMINISTRATIVE STAFF

Shurland H. Aird Gustavo Arechavala Mike Brunetti Thomas Hajjar Arni Lovitt Michael Sullivan

EDITOR/WRITER

Bill Bess

Bay Area HIV Support and Education Services (BAHSES) is the HIV program services component of Black & White Men Together/Men of All Colors Together (BWMT/MACT). This newsletter is published with funds provided by the San Francisco Department of Public Health. For additional copies of this newsletter, use the address and telephone number listed above.

Reliable Medical Treatment for People with HIV "Hope, Folly or Fraud?" by Larry Tate and Martin Delaney

*The following summary is based on the article cited above which appeared in Project Inform's PI Perspectives (April 1992).
The adaptation which follows is presented with permission from Project Inform.*

Because AIDS is presently an incurable disease, an underground of cures has developed. There are basically two types. One is the community based buyer's club offering treatments and medications not yet available but appear promising. The other looks quite similar but offers a "cure of the week." Assessing such magical "cures" is difficult. For each there is a group of sincere, true believers. Hopefully, some authoritative unbiased agency will look into these treatments. The problem has grown out of control. Not a week goes by that Project Inform does not hear from someone with a complaint. Many assume if a practitioner has not been shut down that he/she is legitimate. Issues are complex, and regulatory resources are spread very thin. The best guideline to protect oneself is whether something sounds rational or not.

The following evidence should be questioned with the introduction of each new treatment:

~ *Individual case reports backed only with a personal testimony.*

The power of the mind and the placebo effect is very real. Also, anyone who has dealt with the AIDS virus knows that patients

have periods of improvement. The patient does not consistently deteriorate. One of these periods of improvement may coincidentally occur after a new treatment.

Controlled clinical studies are the only known means for accurately separating the results of treatment from the general ups and downs of HIV infection.

~ *Even though the treatment does not do what is claimed it might do something.*

Some therapies containing vitamins, herbs or food supplements may remedy deficiencies in some patients, while having no real anti HIV effect. Most practitioners believe fervently in their product. There are few outright con artists; it is their competence that is questioned not their sincerity.

~ *Misinformation of reports of studies in developing countries.*

It is not the fault of doctors in these regions. It is possible that good studies can be done, but all too often studies are done in uncontrolled conditions. Middle class entrepreneurs have been more concerned about promoting products than evaluating them. The track record of developing countries has not been good.

Listed below are some warning signs for

questionable treatments or practitioners:

1. Anybody charging exorbitant and unjustifiable prices for a treatment.
2. Any treatment claimed to work equally well for multiple major diseases.
3. Anybody claiming an HIV cure but whose area of specialization is far removed from AIDS, is suspect.
4. Any practitioner keeping secrets about the treatment being offered is suspect.
5. Anybody offering a treatment that requires travel to foreign countries is suspect.
6. Anybody who cites articles in obscure publications or research done in obscure institutions is suspect.

Probably the most important thing to keep in mind is not to lose your common sense. The saddest and most dangerous thing about cures of the week, however, is not the money they extract from dying people; it is the harm they do to people who could benefit from more mainstream treatments but who let their health run out pursuing fly by night cures.

Article summary by Arni Lovitt

EDUCATION DEPARTMENT UPDATE

Most of the work we do in our Education Department is mandated and paid for by grants. Currently we are working on three grant in hopes of being able to expand services.

The largest grant is called an M&M (men who have sex with men) grant. It allows us to present safer-sex workshops in people's homes, bars, churches, or wherever we think we might be able to get our message out. This particular grant also enables us to offer training to anyone interested in becoming a safer-sex facilitator. The training is for two days; it's fun training with a sex- and

gay-positive theme.

The second grant is for funds to assist our clients deal with issues of sexual relapse. BAHSES has developed workshops designed first to show what the word "relapse" means to men of color and second to address how best to handle issues about maintaining safer-sex practices.

The third grant is from the Office of Minority Health. It is a demonstration grant that allows us to recruit specifically African American men to be trained as safer-sex facilitators.

Not only are we continually seeking

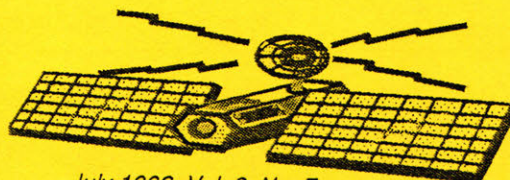
funds to augment BAHSES' education and prevention services, we are continually training new safer-sex facilitators. May 16-17, 1992 was our most recent facilitator training session. Facilitators conduct "Hot, Horny and Healthy" workshops and provide HIV-related information at HIT Tables (HIV Information Tables) at street fairs, special events, or other places where HIV information is needed.

If you think you might be interested, we always need volunteers to help us man the HIT Tables as well as with other activities. Call Shurland or Mike Sullivan if you think you might want to help.

Shurland Aird



BAHSES News



July 1992, Vol. 2, No. 7

Bay Area HIV Support & Education Services Serving People of All Colors Since 1985

HERBS AND HIV (from Positive Living, 6/92)

In an effort to expand their treatment options, many people include herbs as a part of their daily treatment regimen against HIV.

Herbs are often perceived as preferable to Western medicine because side-effects are allegedly absent from herbal treatments. In fact, herbs can be as toxic as medical treatments.

In the same way synthetic chemicals may be highly toxic or very safe, the effects of herbs range from beneficial to poisonous. In addition, herbs used in combination may result in toxic interactions.

Let's examine the potential side-effects of a few herbs commonly used by people with HIV.

Aloe vera, which seems to contain compounds that inhibit HIV replication, can produce severe diarrhea when ingested without proper preparation. Aloe concentrates have to be processed carefully to remove substances that irritate the gastrointestinal tract. So refrain from dropping your favorite Aloe plant in the blender for a rejuvenating shake.

Astragalus, a major component of many Chinese herbal preparations, has been shown to stimulate lymphocyte proliferation. However, Astragalus can trigger low blood pressure, low blood sugar and increase urine production, resulting in dizziness and fatigue. The effects of Astragalus may stimulate the production of HIV by infected cells.

(To be continued in August issue)

SUPPORT GROUPS

**San Francisco Drop-in
Tuesdays**

6:30 - 8:30 p.m.

BAHSES

625 O'Farrell Street

415-749-6714

**Oakland Drop-in
Thursdays**

5:30 - 7:30 p.m.

Center for AIDS Services

5720 Shattuck Avenue

415-749-6714

*Call Support Services about a new
daytime group now being formed, (415)
749-6714.*

CALL FOR VOLUNTEERS

Thanks to a grant from the San Francisco Foundation, BAHSES and the AIDS Health Project are offering free training for HIV support group volunteer facilitators. This training has been going on for the past two years and is now mandatory before a volunteer can act as a group facilitator. Once a person has been trained and certified, he/she may choose to conduct support groups in either San Francisco or Oakland.

HIV support groups are on-going. Weekly meetings are usually held during early evening, from 6:30 to 8:30 p.m.. For

those who cannot commit to weekly meetings, a drop-in group is held every Tuesday evening in San Francisco and on Thursday evening in Oakland. Depending on their own schedules, volunteer facilitators may conduct either evening or daytime groups.

Typically, BAHSES' support groups are targeted to gay/bisexual men and reflect the community's cultural diversity. Groups can also be formed for those who wish to meet with members of a specific culture. An individual need not have previous counseling experience or be HIV+ in order to qualify as a peer group facilitator.

Support group facilitators basically do the following: lead group discussions, act as a resource/referral for HIV-related information or services; and help individual group members develop their own support systems.

A two-day training session for new facilitators will be held on Saturday, July 11 and Sunday, July 12, from 9:00 a.m. to 5:00 p.m. at the Center for Positive Care, 3180 Eighteenth Street (at Folsom). If you think you might be interested, please contact Mike Brunetti in Support Services for detailed information.

Mike Brunetti

TRANSPORTATION SERVICES

**IF YOU'RE HIV+, YOU MAY BE
ELIGIBLE TO RECEIVE BUS
TOKENS AND TAXI VOUCHERS
FOR USE GETTING TO AND
FROM HIV-RELATED ACTIVITIES.
FOR DETAILS, CALL
(415) 749-6714.**

625 O'Farrell Street, San Francisco, CA 94109, (415) 749-6714

BOARD OF DIRECTORS

Phyllis J. Jackson, President

John Rivecky, Vice President

Fran Bartlett, Treasurer

Patricia Wall, Secretary

Gregory Adams

Steve Takemura

ADMINISTRATIVE STAFF

Shuriland H. Aird

Gustave Arechavala

Mike Brunetti

Thomas Hajjar

Arni Lovitt

Michael Sullivan

EDITOR/WRITER

Bill Bess

Bay Area HIV Support and Education Services (BAHSES) is the HIV program services component of Black & White Men Together/Men of All Colors Together (BWMT/MACT). This newsletter is published with funds provided by the San Francisco Department of Public Health. For additional copies of this newsletter, use the address and telephone number listed above.

Reliable Medical Treatment for People with HIV "Hope, Folly or Fraud?" by Larry Tate and Martin Delaney

*The following summary is based on the article cited above which appeared in Project Inform's PI Perspectives (April 1992).
The adaptation which follows is presented with permission from Project Inform.*

Because AIDS is presently an incurable disease, an underground of cures has developed. There are basically two types. One is the community based buyer's club offering treatments and medications not yet available but appear promising. The other looks quite similar but offers a "cure of the week." Assessing such magical "cures" is difficult. For each there is a group of sincere, true believers. Hopefully, some authoritative unbiased agency will look into these treatments. The problem has grown out of control. Not a week goes by that Project Inform does not hear from someone with a complaint. Many assume if a practitioner has not been shut down that he/she is legitimate. Issues are complex, and regulatory resources are spread very thin. The best guideline to protect oneself is whether something sounds rational or not.

The following evidence should be questioned with the introduction of each new treatment:

~ *Individual case reports backed only with a personal testimony.*

The power of the mind and the placebo effect is very real. Also, anyone who has dealt with the AIDS virus knows that patients

have periods of improvement. The patient does not consistently deteriorate. One of these periods of improvement may coincidentally occur after a new treatment. Controlled clinical studies are the only known means for accurately separating the results of treatment from the general ups and downs of HIV infection.

~ *Even though the treatment does not do what is claimed it might do something.*

Some therapies containing vitamins, herbs or food supplements may remedy deficiencies in some patients, while having no real anti HIV effect. Most practitioners believe fervently in their product. There are few outright con artists; it is their competence that is questioned not their sincerity.

~ *Misinformation of reports of studies in developing countries.*

It is not the fault of doctors in these regions. It is possible that good studies can be done, but all too often studies are done in uncontrolled conditions. Middle class entrepreneurs have been more concerned about promoting products than evaluating them. The track record of developing countries has not been good.

Listed below are some warning signs for

questionable treatments or practitioners:

1. Anybody charging exorbitant and unjustifiable prices for a treatment.
2. Any treatment claimed to work equally well for multiple major diseases.
3. Anybody claiming an HIV cure but whose area of specialization is far removed from AIDS, is suspect.
4. Any practitioner keeping secrets about the treatment being offered is suspect.
5. Anybody offering a treatment that requires travel to foreign countries is suspect.
6. Anybody who cites articles in obscure publications or research done in obscure institutions is suspect.

Probably the most important thing to keep in mind is not to lose your common sense. The saddest and most dangerous thing about cures of the week, however, is not the money they extract from dying people; it is the harm they do to people who could benefit from more mainstream treatments but who let their health run out pursuing fly by night cures.

Article summary by Arni Lovitt

EDUCATION DEPARTMENT UPDATE

Most of the work we do in our Education Department is mandated and paid for by grants. Currently we are working on three grant in hopes of being able to expand services.

The largest grant is called an M&M (men who have sex with men) grant. It allows us to present safer-sex workshops in people's homes, bars, churches, or wherever we think we might be able to get our message out. This particular grant also enables us to offer training to anyone interested in becoming a safer-sex facilitator. The training is for two days; it's fun training with a sex- and

gay-positive theme.

The second grant is for funds to assist our clients deal with issues of sexual relapse. BAHSES has developed workshops designed first to show what the word "relapse" means to men of color and second to address how best to handle issues about maintaining safer-sex practices.

The third grant is from the Office of Minority Health. It is a demonstration grant that allows us to recruit specifically African American men to be trained as safer-sex facilitators.

Not only are we continually seeking

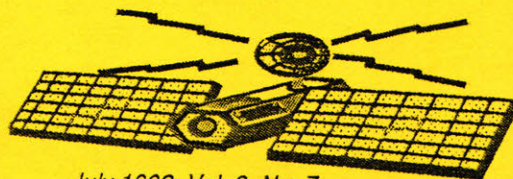
funds to augment BAHSES' education and prevention services, we are continually training new safer-sex facilitators. May 16-17, 1992 was our most recent facilitator training session. Facilitators conduct "Hot, Horny and Healthy" workshops and provide HIV-related information at HIT Tables (HIV Information Tables) at street fairs, special events, or other places where HIV information is needed.

If you think you might be interested, we always need volunteers to help us man the HIT Tables as well as with other activities. Call Shurland or Mike Sullivan if you think you might want to help.

Shurland Aird



BAHSES News



July 1992, Vol. 2, No. 7

Bay Area HIV Support & Education Services Serving People of All Colors Since 1985

HERBS AND HIV (from Positive Living, 6/92)

In an effort to expand their treatment options, many people include herbs as a part of their daily treatment regimen against HIV.

Herbs are often perceived as preferable to Western medicine because side-effects are allegedly absent from herbal treatments. In fact, herbs can be as toxic as medical treatments.

In the same way synthetic chemicals may be highly toxic or very safe, the effects of herbs range from beneficial to poisonous. In addition, herbs used in combination may result in toxic interactions.

Let's examine the potential side-effects of a few herbs commonly used by people with HIV.

Aloe vera, which seems to contain compounds that inhibit HIV replication, can produce severe diarrhea when ingested without proper preparation. Aloe concentrates have to be processed carefully to remove substances that irritate the gastrointestinal tract. So refrain from dropping your favorite Aloe plant in the blender for a rejuvenating shake.

Astragalus, a major component of many Chinese herbal preparations, has been shown to stimulate lymphocyte proliferation. However, Astragalus can trigger low blood pressure, low blood sugar and increase urine production, resulting in dizziness and fatigue. The effects of Astragalus may stimulate the production of HIV by infected cells.

(To be continued in August issue)

SUPPORT GROUPS

**San Francisco Drop-in
Tuesdays
6:30 - 8:30 p.m.
BAHSES
625 O'Farrell Street
415-749-6714**

**Oakland Drop-in
Thursdays
5:30 - 7:30 p.m.
Center for AIDS Services
5720 Shattuck Avenue
415-749-6714**

*Call Support Services about a new
daytime group now being formed, (415)
749-6714.*

CALL FOR VOLUNTEERS

Thanks to a grant from the San Francisco Foundation, BAHSES and the AIDS Health Project are offering free training for HIV support group volunteer facilitators. This training has been going on for the past two years and is now mandatory before a volunteer can act as a group facilitator. Once a person has been trained and certified, he/she may choose to conduct support groups in either San Francisco or Oakland.

HIV support groups are on-going. Weekly meetings are usually held during early evening, from 6:30 to 8:30 p.m.. For

those who cannot commit to weekly meetings, a drop-in group is held every Tuesday evening in San Francisco and on Thursday evening in Oakland. Depending on their own schedules, volunteer facilitators may conduct either evening or daytime groups.

Typically, BAHSES' support groups are targeted to gay/bisexual men and reflect the community's cultural diversity. Groups can also be formed for those who wish to meet with members of a specific culture. An individual need not have previous counseling experience or be HIV+ in order to qualify as a peer group facilitator.

Support group facilitators basically do the following: lead group discussions, act as a resource/referral for HIV-related information or services; and help individual group members develop their own support systems.

A two-day training session for new facilitators will be held on Saturday, July 11 and Sunday, July 12, from 9:00 a.m. to 5:00 p.m. at the Center for Positive Care, 3180 Eighteenth Street (at Folsom). If you think you might be interested, please contact Mike Brunetti in Support Services for detailed information.

Mike Brunetti

TRANSPORTATION SERVICES
IF YOU'RE HIV+, YOU MAY BE
ELIGIBLE TO RECEIVE BUS
TOKENS AND TAXI VOUCHERS
FOR USE GETTING TO AND
FROM HIV-RELATED ACTIVI-
TIES. FOR DETAILS, CALL
(415) 749-6714.

625 O'Farrell Street, San Francisco, CA 94109, (415) 749-6714

BOARD OF DIRECTORS

Phyllis J. Jackson, President
Gregory Adams

John Rivecky, Vice President

Fran Bartlett, Treasurer

Patricia Wall, Secretary

Steve Takemura

ADMINISTRATIVE STAFF

Shurland H. Aird Gustave Arechavala Mike Brunetti Thomas Hajjar Arni Lovitt Michael Sullivan

EDITOR/WRITER
Bill Bess

Bay Area HIV Support and Education Services (BAHSES) is the HIV program services component of Black & White Men Together/Men of All Colors Together (BWMT/MACT). This newsletter is published with funds provided by the San Francisco Department of Public Health. For additional copies of this newsletter, use the address and telephone number listed above.

Reliable Medical Treatment for People with HIV "Hope, Folly or Fraud?" by Larry Tate and Martin Delaney

*The following summary is based on the article cited above which appeared in Project Inform's PI Perspectives (April 1992).
The adaptation which follows is presented with permission from Project Inform.*

Because AIDS is presently an incurable disease, an underground of cures has developed. There are basically two types. One is the community based buyer's club offering treatments and medications not yet available but appear promising. The other looks quite similar but offers a "cure of the week." Assessing such magical "cures" is difficult. For each there is a group of sincere, true believers. Hopefully, some authoritative unbiased agency will look into these treatments. The problem has grown out of control. Not a week goes by that Project Inform does not hear from someone with a complaint. Many assume if a practitioner has not been shut down that he/she is legitimate. Issues are complex, and regulatory resources are spread very thin. The best guideline to protect oneself is whether something sounds rational or not.

The following evidence should be questioned with the introduction of each new treatment:

~ *Individual case reports backed only with a personal testimony.*

The power of the mind and the placebo effect is very real. Also, anyone who has dealt with the AIDS virus knows that patients

have periods of improvement. The patient does not consistently deteriorate. One of these periods of improvement may coincidentally occur after a new treatment. Controlled clinical studies are the only known means for accurately separating the results of treatment from the general ups and downs of HIV infection.

~ *Even though the treatment does not do what is claimed it might do something.*

Some therapies containing vitamins, herbs or food supplements may remedy deficiencies in some patients, while having no real anti HIV effect. Most practitioners believe fervently in their product. There are few outright con artists; it is their competence that is questioned not their sincerity.

~ *Misinformation of reports of studies in developing countries.*

It is not the fault of doctors in these regions. It is possible that good studies can be done, but all too often studies are done in uncontrolled conditions. Middle class entrepreneurs have been more concerned about promoting products than evaluating them. The track record of developing countries has not been good.

Listed below are some warning signs for

questionable treatments or practitioners:

1. Anybody charging exorbitant and unjustifiable prices for a treatment.
2. Any treatment claimed to work equally well for multiple major diseases.
3. Anybody claiming an HIV cure but whose area of specialization is far removed from AIDS, is suspect.
4. Any practitioner keeping secrets about the treatment being offered is suspect.
5. Anybody offering a treatment that requires travel to foreign countries is suspect.
6. Anybody who cites articles in obscure publications or research done in obscure institutions is suspect.

Probably the most important thing to keep in mind is not to lose your common sense. The saddest and most dangerous thing about cures of the week, however, is not the money they extract from dying people; it is the harm they do to people who could benefit from more mainstream treatments but who let their health run out pursuing fly by night cures.

Article summary by Arni Lovitt

EDUCATION DEPARTMENT UPDATE

Most of the work we do in our Education Department is mandated and paid for by grants. Currently we are working on three grant in hopes of being able to expand services.

The largest grant is called an M&M (men who have sex with men) grant. It allows us to present safer-sex workshops in people's homes, bars, churches, or wherever we think we might be able to get our message out. This particular grant also enables us to offer training to anyone interested in becoming a safer-sex facilitator. The training is for two days; it's fun training with a sex- and

gay-positive theme.

The second grant is for funds to assist our clients deal with issues of sexual relapse. BAHSES has developed workshops designed first to show what the word "relapse" means to men of color and second to address how best to handle issues about maintaining safer-sex practices.

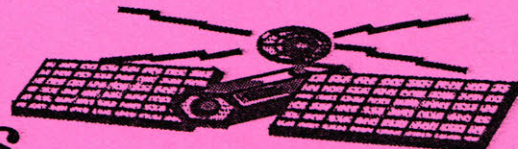
The third grant is from the Office of Minority Health. It is a demonstration grant that allows us to recruit specifically African American men to be trained as safer-sex facilitators.

Not only are we continually seeking

funds to augment BAHSES' education and prevention services, we are continually training new safer-sex facilitators. May 16-17, 1992 was our most recent facilitator training session. Facilitators conduct "Hot, Horny and Healthy" workshops and provide HIV-related information at HIT Tables (HIV Information Tables) at street fairs, special events, or other places where HIV information is needed.

If you think you might be interested, we always need volunteers to help us man the HIT Tables as well as with other activities. Call Shurland or Mike Sullivan if you think you might want to help.

Shurland Aird



HERBS AND HIV HERB TOXICITY

By Stephan Korsia

(Reprinted from "Positive Living", 6/92)

(Continued from July newsletter)

Chamomile can sometimes produce allergic symptoms. Because it belongs to the same family as ragweed, people who experience allergy to ragweed or are predisposed to hay fever sometimes develop allergic symptoms after drinking chamomile tea.

Comfrey should not be used without medical supervision. Several cases of fatal liver intoxications have been reported after short-term use of this plant. Other plants, such as *Atractylodes* and *Mistletoe* (*Ischador*) are known to be toxic for the liver. If you have sufficient liver functions, or if you are receiving medications that also have some liver toxicity—such as antifungal drugs—you probably should stay away from these plants.

Echinacea, another potential immune booster, can produce skin rashes and insomnia. As in the case with *As-tragalus*, its effects on the replication of HIV in infected cells is unknown.

Ganoderma, also known as Reishi mushroom, is also used as an immune booster by many Oriental medicine practitioners. As other medicinal mushrooms, such as Shiitake mushroom or Black Tree Fungus, *Ganoderma* can inhibit blood clotting and trigger hemorrhagic syndrome. Their use is particu-

larly dangerous in people receiving anti-clotting treatments (such as aspirin or Coumadin), or in people with HIV-related thrombocytopenia, a syndrome where patients have an insufficient number of blood platelets.

Garlic can produce diarrhea, vomiting, nausea and skin rash. In addition, garlic can also inhibit blood clotting, and may interfere with thyroid function.

Ginseng can be broken down into three families: the Oriental and American ginsengs (*Panax ginseng*, *panax quinquefolius*, and many other *Panax*), the Siberian ginseng (*Eleutherococcus senticosus*) and the Desert ginseng (*Rumex hymenosepalus*). They are used as stimulants and seem to have immune-boosting properties. *Panax* and *Eleutherococcus* have been shown to produce insomnia, morning diarrhea, nervousness, depression, confusion, skin rash and high blood pressure. Ginsengs are known to increase the effects of a family of anti-depressant drugs called Monoamine Oxidase Inhibitors (such as Nardil, Parnate, Mutalane, Eutron, Eutonyl, Marplan and Furoxone). Patients taking these medications should abstain from ginseng. In addition, women taking ginseng sometimes experience swollen and tender breasts, as well as the absence of periods, probably

due to the small amount of estrogens in these plants.

Hypericin, a promising anti-HIV substance extracted from the plant St. John's Wort, produces side-effects that are well documented. Photosensitivity, a severe skin rash following exposure to sunlight, is a common toxicity. Patients using Hypericin should always use sunscreen. Hypericin may also produce side effects when taken with Monoamine Oxidase Inhibitors (see Ginseng).

Licorice, shown to contain the antiviral compound glycyrrhizin, can trigger high blood pressure, water retention and serious heart problems.

(Continued on p 2., col. 1)

SUPPORT GROUPS

San Francisco Drop-in
Tuesdays
6:30 - 8:30 p.m.
BAHSES
625 O'Farrell Street
415-749-6714

Call BAHSES Support Services for
information about Drop-in HIV+ groups
in Oakland at 510-749-6714.

Call Support Services for current
information about on-going daytime
and evening HIV+ support groups at
415-749-6714.



BAHSES
TO SERVE OUR COMMUNITIES

625 O'Farrell Street, San Francisco, CA 94109, (415) 749-6714

BOARD OF DIRECTORS

Phyllis J. Jackson, President John Revicky, Vice President Fran Bartlett, Treasurer Patricia Wall, Secretary
Gregory Adams Steve Takemura

ADMINISTRATIVE STAFF

EXECUTIVE DIRECTOR, Lee Woo

Shurland H. Aird Gustave Arechavala Mike Brunetti Thomas Hajjar Arni Lovitt Michael Sullivan

EDITOR/WRITER

Bill Bess

Bay Area HIV Support and Education Services (BAHSES) is the HIV program services component of Black & White Men Together/Men of All Colors Together (BWMT/MACT). This newsletter is published with funds provided by the San Francisco Department of Public Health. For additional copies of this newsletter, use the address and telephone number listed above.

HERBS & HIV

(Continued from p.1, col. 3)

Pau d'Arco, a popular alleged immune-booster, can produce nausea, vomiting, weight loss and has been shown to inhibit proper blood clotting.

Be wary of labels

In addition to these adverse properties, herbal preparations may also be inaccurately labeled. Because the same common name may be used for different plants, some patients may experience side-effects when starting to use a new brand of their favorite herb. Harvesters sometimes misidentify plants, or unwanted plants may contaminate a particular harvest.

Of more concern are some cases of herbal preparations spiked with chemical additives. Chemists have reported finding batches of Oriental herbs that contained significant amounts of antibiotics, steroids, or Valium. And herbs may be grown in polluted areas and contain toxic amounts of lead, cadmium, arsenic or other pollutants.

Most often, adverse effects due to herbs are skin rash, nausea, vomiting, diarrhea, clotting problems and altered mental status. If you are taking herbs and experience any of these symptoms, it might be beneficial to stop all herbal preparations for a couple of weeks, then restart administration, one herbal product at a time to check for possible toxicity.

As a rule of thumb, you should never start two or more new treatments—herbal or chemical—at the same time. Starting several medications at the same time would make the task of finding the one producing side-effects more difficult.

The dose is the key

If you decide to use herbs as a part of your treatment plan for HIV, remember what my plant toxicology teacher used to say: "It is the dose that creates the poison!" Whether you are taking AZT, aspirin or ginseng, it is how much you are taking that will decide whether you will experience side-effects. This rule is particularly important with herbal preparations for which we usually do not have information concerning the concentration of active substances, or the rate at which these substances are absorbed by the intestine.

Choosing quality products is extremely important in herbal therapy. Read labels carefully, call the manufacturer if you have any question and enjoy with moderation under supervision by your physician.

NUTRITION AND HIV PRESENTATION

Thursday, August 20, 1992, Gus Wong, a registered Bay Area nutritionist, will speak to current and former support group members and facilitators about practical and life-affirming ways in which an HIV+ person can keep his/her body nutritionally sound while living with HIV disease.

While space is somewhat limited, we do cordially invite all interested community members to attend. If you plan to attend, we ask that you contact Support Services ((415-749-6714) to reserve space. Reservations are on a first-come-first-serve basis. The discussion is free and is scheduled to run from 6:30 - 8:30 p.m. at the BAHSES office.

In the event you can't make the August 20 discussion group, Gus regularly hosts a free discussion group every second Friday of the month at 5:30 p.m. in the Dolores Community Center, 208 Dolores Street in San Francisco. Many of the topics he will cover in his remarks to us are the key points of his monthly discussion groups.

Support Services

Stephan Korsia coordinates PLA's Treatment Education Program.

HOW DOES HIV AFFECT SEXUAL FUNCTION?

I have a low T4-cell count. Of concern to me is my not being able to get an erection. This is a problem I have been experiencing for several months. Is this natural for someone who has HIV disease? Is it caused by drugs such as AZT (Retrovir) or ddI? My doctor shrugged off my question.

There are many side effects reported with the use of ddi or AZT, but impotence (problems getting an erection) has not been one of them. HIV, however, attacks the endocrine (hormonal) system and can cause dysfunction of the pituitary gland, thyroid gland, adrenals, and testicles.

The process involved in getting and maintaining an erection is a complex one. Several hormones are involved, the main one being testosterone. Testosterone is also important in preventing anemia, maintaining body muscles, and improving energy levels. A test of the serum testosterone level should be done. If the testosterone level is low, it can be supplemented by having a shot of testosterone enanthate, 200 mg., administered every two weeks. This is an oily preparation that will cause a little more pain than the water-based preparations, but the desired effect can last the full two weeks between injections. The water-soluble preparations only last two to three days. Occasionally, the dose of testosterone must be increased to 300 or even 400 mg. because of resistance of the testosterone receptors.

Anyone with fewer than 200 T4 cells and who is fatigued or anyone with complaints of impotence should have a testosterone level test and a Cortrosyn stimulation test for control levels. Blood tests for the adrenal hormone cortisol used to be done early in the morning and late in the afternoon; however, these tests may miss adrenal dysfunction. Cortrosyn is an artificial pituitary hormone that stimulates the adrenal glands. Adrenal hormones help control, salt, sugar, and sex. Adrenal dysfunction is very common in people with low T4-cell counts. Addison's disease can cause problems with erections as well as weight loss, fevers, nausea, and vomiting.

A blood-cortisol level test should be done before the shot of Cortrosyn and one hour following the shot. If any one of the values is low or if the response to the values is low or if the response to the Cortrosyn is less than 20 mcg./dl., then the test result is considered abnormal. Supplements of hydrocortisone twice daily, usually 20 mg. in the morning and 10 mg. in the afternoon, mimic how the adrenals produce this hormone.

No discussion of this subject will be complete without mentioning psychological factors and fatigue as causes of impotence. Psychological factors are just as important as hormones in getting an erection. Depression or anxiety can dampen the sex drive and can make having an erection difficult. Fatigue can also depress the sex drive.

Larry Waites, MD, MPH (Advocate, 607:7,92)

TRANSPORTATION

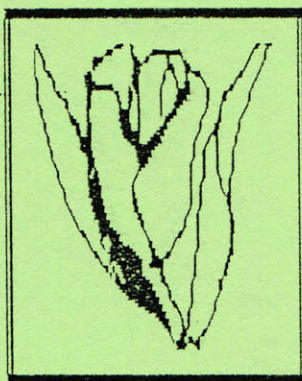
HIV+ persons may be eligible for short-term transportation assistance. Those who qualify, receive bus tokens for up to 4 weeks while their MUNI disability discount application is being processed. Contact Support Services for details (415-749-6714) or stop by our office.

PREVENTION SUPPLEMENT

The following information represents HIV/AIDS information that we feel is basic to an understanding of HIV disease. Given the apparent scarcity of a larger body of information relating to skins in current HIV-prevention literature, Part I of this supplement attempts to provide, at least, some of that information. We hope some of this material will be of help to you.

SKIN CONDITIONS RELATED TO AIDS And Human Immunodeficiency VIRUS (HIV) Infection

Copyright, 1988, American Cancer Society



The Acquired Immune Deficiency Syndrome (AIDS) was first recognized as an epidemic occurrence of a variety of unusual infections and malignancies in the United States and Europe in 1981.

Since that time, AIDS has been found to be a major health problem all over the world. It is believed to be caused by a newly discovered

virus sometimes referred to as the AIDS virus, now called human immunodeficiency virus (HIV). An individual can be infected with HIV for several years before actual disease symptoms occur. The development of the life-threatening complications of full-blown AIDS is due to the virus' destruction of certain white blood cells that are essential for the body's natural immune system, which protects us against infections and other diseases.

Patients with AIDS are prone to develop different life-threatening infections...AIDS patients may also develop an unusual type of skin cancer known as Kaposi's sarcoma, which shows up as one or more painless pink to purple-colored flat blotches and bumps on the skin or in the mouth

A WORD ABOUT KAPOSI'S SARCOMA

The most common skin manifestation of AIDS is Kaposi's sarcoma. This very rare form of cancer develops in about 20 percent of AIDS cases. The dermatologist is often the first physician to make the diagnosis of Kaposi's sarcoma, usually by performing a small tissue biopsy in the office or clinic. The lesions of Kaposi's sarcoma do not hurt or itch. They can appear any place on the skin or in the mouth (especially on the front part of the palate and on the gums). Kaposi's sarcoma lesions vary from pink to dark red, purple or brown, and are often mistaken for insect bites, birthmarks, or bruises. They range in size from a pinhead to the size of a large coin, and frequently continue to develop into thickened bumps

and even large tumor growths. There may be one or more lesions, with new one developing any place on the skin during the course of the illness. Occasionally Kaposi's sarcoma can involve lymph nodes, and also internal organs, such as the spleen, liver, stomach or bowel, and the lungs.

Large individual tumor lesions such as those located on the face or other exposed areas of the skin that might be easily noticeable and therefore upsetting to the patient can be removed by treatment with local X-ray therapy or surgical excision performed by a dermatologist. In patients with widespread disease, chemotherapy, may be given under the supervision of a physician.

OTHER SKIN CONDITIONS ASSOCIATED WITH AIDS

There are also a number of common skin conditions that have been frequently found to occur in association with AIDS virus infection. It should be emphasized that **most of these eruptions are also seen in healthy individuals and may not necessarily indicate that the patient has an HIV infection.** In HIV-infected patients, the skin conditions are frequently more severe and often more difficult to treat than the same rashes found in healthy individuals.

Therefore, the occurrence of certain skin rashes in individuals who think that they may be at high-risk for AIDS should alert the patient to seek the advice of a dermatologist for evaluation, diagnosis and treatment.

VIRAL INFECTIONS

Viral infections of the skin are very common in patients with AIDS and patients infected with HIV. These infections can occur on any region of the skin, or mucous membrane surfaces (for example: in the mouth, eyes, nose, rectal and genital area), as the result of different viruses attacking a patient infected with HIV. In such patients, these viral infections are sometimes more severe than the same infections seen in healthy patients.

HERPES SIMPLEX

Recurrent infections due to the herpes simplex virus which commonly appear around the nose and mouth are sometimes called "fever blisters" or "cold sores."

Repeated herpes infections also occur in the eye and on the anal and genital regions, but any area of the skin can be involved. Before the blisters or ulcers develop, the involved area usually becomes red. There is often a sensation of burning, itching, tingling, or pain. The clusters of tiny blisters break, leaving small ulcers which may crust over or develop scabs. Herpes lesions usually heal within five to ten days. Patients infected with HIV who develop herpes infections tend to experience more severe outbreaks with large, painful ulcerations that often increase in size, lasting for three to four weeks or longer.

Dermatologists and other physicians may describe a specific anti-viral oral medication for these severe episodes of herpes simplex infection. Topical medications are also used to dry up the lesions and relieve the discomfort associated with herpes. Antibiotics may be recommended if the herpes sores become further infected with bacteria. In immune-suppressed patients, herpes infections can spread into the body, with the development of symptoms such as high fever, mental confusion, headaches and weakness that may require hospitalization for treatment, which would include intravenous medication.

HERPES ZOSTER ("SHINGLES")

The skin eruption herpes zoster, also known as "shingles", is due to reactivation of the same virus, which has lain dormant in the patient's body, that caused chicken pox in childhood. The eruption suddenly appears in the band-like pattern limited to an area of the skin on one side of the body. In the beginning, the involved area becomes tender and red, and is almost always associated with deep throbbing pain sensations. Clusters of multiple blisters appear which soon burst, leaving ulcers which then become scabbed. The severe pain typical of herpes zoster is due to inflammation of the infected nerves in the involved region. Development of shingles may be the first sign that a patient has been infected with HIV and has a weakened immune defense system. This painful condition can last for several weeks and occasionally may spread to other parts of the body, with blisters developing that look like chicken pox. Topical lotions and oral antiviral medications may be useful to help dry up the blisters and ulcers which may ooze and can become additionally infected with bacterial organism. The severe pain associated with shingles can be relieved with special medications prescribed by a physician. For patients who develop severe or widespread herpes zoster, hospitalization may be necessary to provide intravenous antiviral medication as well as stronger drugs to control the pain, which can be excruciating.

MOLLUSCUM CONTAGIOSUM

The viral-induced skin lesions, known as molluscum contagiosum, are commonly seen in children and less frequently among sexually active young adults. They

appear as smooth, pearly or waxy skin-colored bumps that vary in size from the head of a pin to that of a large pea. They usually have central cores that are filled with a white cheese-like material. Molluscum lesions are not painful and do not usually itch. Molluscum contagiosum has frequently been found on the skin of patients infected with HIV, in the absence of other symptoms. One of several widespread molluscum lesions may develop any place on the skin surface. Dermatologists treat molluscum by removing the lesions by freezing or by scraping, however, since the lesions are caused by a virus, they may continue to develop at different sites for some time.

WARTS

Warts are caused by the papilloma virus. These common, benign, painless growths can occur any place on the skin, especially on the feet, hands, and face. They are also seen on the genital and anal regions. When warts occur in HIV-infected individuals, they tend to be larger, more numerous and widespread, as compared to their appearance in otherwise healthy persons. When warts develop in the rectal or genital regions, they often become very large and uncomfortable. The warts seen in HIV-infected patients are often particularly resistant to the standard available treatments and medications usually used by dermatologists. Recurrences of the warts after treatment are especially common.

"HAIRY" LEUKOPLAKIA OF THE MOUTH

Oral "hairy" leukoplakia is an unusual condition, characterized by small, white, fuzzy patches which are most often seen on the tongue. The lesion has only recently been described and has so far been observed only in HIV-infected individuals. "Hairy" leukoplakia is believed to be caused by a member of the herpes family of viruses known as the Epstein-Barr virus. "Hairy" leukoplakia resembles and can be confused with "thrush," a yeast infection of the mouth (described below), which is also commonly seen in individuals infected with HIV. The lesions of "hairy" leukoplakia are symptom-free. The development of this condition is not known to cause any problems, but it is an important signal to the patient and physician that the patient is probably infected with HIV.

FUNGAL INFECTIONS

ORAL CANDIDIASIS ("THRUSH")

Yeast infections involving the mouth, the vagina, and in the skin folds under the arms and in the groin region, caused by candida albicans, also known as monilia, frequently and repeatedly occur in many patients with AIDS and patients who are infected with HIV. When such yeast infections develop in the mouth, they are commonly known as "thrush." Thrush appears as white curd-like patches on the tongue and inner surfaces of the cheeks that are easily scraped off with the side

of a tongue depressor or spoon. Thrush in the mouth can be easily confused with HIV-related lesions called "hairy" leukoplakia, described above. Thrush commonly causes a soreness of the mouth or throat, difficulty in swallowing and loss of taste. The infection can also spread from the throat and into the esophagus, causing a burning sensation in the chest when swallowing.

Both adults and infants who have HIV infection and AIDS frequently develop yeast infections characterized by a severe itchy red rash, involving the skin folds of the groin, often spreading onto the genitals and buttocks and neighboring thigh regions. These infections are treated by the dermatologist with various creams and pills; however, in patients infected with HIV these rashes are sometimes resistant to traditional treatment and often reappear after treatment is stopped. Women who are immune-suppressed may develop severe and treatment-resistant vaginitis discharge and white patches on the vaginal mucosal surface. Dermatologists and other physicians may prescribe local topical preparations for vaginal candidiasis.

OTHER FUNGAL INFECTIONS

There are many other common fungus organisms such as trichophyton or tonsurans that cause scaly itch infections of the skin of the feet and finger and toe ails of patients infected with HIV. These fungal infections result in chronic scaly rashes of the skin as well as a thickening deformity and discoloration of one or more nails on the fingers and/or toes. Fungal infections of the skin can be effectively treated with topical antifungal creams prescribed by a dermatologist; however, fungal infections of the nails respond only to pills which must be taken for several months. Fungal infections of the skin tend to recur after the medication is discontinued, especially in HIV-infected individuals.

CRYPTOCOCCOSIS

This unusual human infection is caused by another fungus, cryptococcus neoformans, often found in pigeon droppings. Cryptococcosis rarely involves the skin; however, when cryptococcal lesions of the skin occur they appear as multiple tiny bumps or pustules resembling acne or small abscesses which can appear any place on the body. In severe cases hospitalization for intensive care, including treatment with intravenous drugs, is required—especially if infection has spread to the brain and the spinal cord.

BACTERIAL INFECTIONS

Patients infected with HIV frequently develop various bacterial skin infections caused by bacteria. Intravenous drug abusers may develop abscesses at the injection sites. The bacterial infection most commonly seen in HIV-infected patients is called *impetigo*, characterized by the widespread development of multiple clusters of large, soft, fluid-filled blisters also known as

bullae, that tend to break easily, oozing yellowish liquid. Once the blisters of impetigo break, large shallow ulcers remain which become covered by a yellowish crust. Bacterial cultures of the blister fluid should be performed to identify the specific causative organism so that appropriate antibiotic therapy can be prescribed by a physician. In immuno-compromised patients, careful observation with intravenous antibiotic therapy is often indicated, which is best given in a hospital.

OTHER SKIN DISEASES

SEBORRHEIC DERMATITIS

Seborrheic dermatitis is a flaky, red, inflammatory condition and occasionally on the face, involving the cheeks, forehead, eyebrows, nose and ears. Seborrhea of the scalp is commonly called "dandruff." The rash can be seen on other areas such as the chest, and in the groin. Seborrheic dermatitis can be more pronounced with marked scaly and extremely itchy red areas, on the scalp and over the entire face. Treatment of this condition usually involves the use of various creams and ointments, including preparations containing cortisone. In HIV-infected patients with seborrheic dermatitis, the condition often requires more vigorous treatment.

PSORIASIS

HIV-infected patients who have had a previous history of psoriasis often experience a worsening of this skin condition. A flare-up of psoriasis often includes an increase in the size and number of the scale-covered, salmon-pink patches of psoriasis which may appear all over the skin, and are often especially severe on the scalp, and on the surface of the elbows and knees. Some of these patients develop thick scaly lesions of psoriasis on their palms and soles that are uncomfortable and often are accompanied by pus-filled blisters. Severe generalized psoriasis may occur involving the total body surface with widespread itching, overall redness and scaling of the skin. Such patients may need to be hospitalized for intensive treatments under a dermatologist's supervision.

Psoriasis seen in patients with HIV infection tends to be more resistant to the commonly used topical creams and ointments containing cortisone and tar preparations and is found to respond poorly to traditional therapy with ultraviolet light. The use of methotrexate, a prescription medication sometimes used by dermatologists for patients with severe psoriasis, could be dangerous to use in patients with HIV infection, since this drug can further suppress the patient's weak immune system.

HIVES, PAPULAR URTICARIA, AND "ITCHY RED BUMP DISEASE"

One of the skin problems that may develop in individuals who have been infected with HIV, who otherwise may feel perfectly well, is a widespread itching condition of the skin with red bumps, often the size of a

small pea. Larger patches of hives sometimes occur as well. The persistent itching sensation may be very uncomfortable and difficult to control, since this condition in HIV-infected patients often responds poorly to large doses of antihistamines and topical medications, including creams containing cortisone.

FOLLICULITIS AND ACNE-LIKE ERUPTIONS

Many patients who have been infected with HIV develop a condition resembling acne with multiple small pimples or pustules often located around hair follicles on the chest and back, sometimes on the face, scalp, legs and buttocks. This acne-like skin rash can also be very itchy, and like the hives described above, cause patients to scratch their skin severely enough to sometimes cause

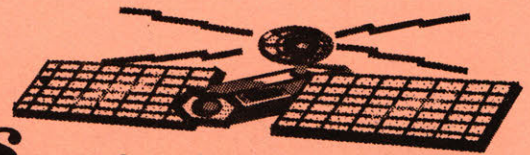
bleeding and secondary infections. This condition, known as folliculitis, is usually treated by the dermatologist with a combination of antihistamines and topically applied drying lotions used for acne.

As previously mentioned, most of these skin conditions are commonly seen in otherwise individuals who are not infected with HIV. However, if these skin conditions are observed in someone who is at high-risk for contracting HIV infection, the patient and his physician should consider the possibility that one or more of these skin conditions may be an indicator of an immune disorder related to an underlying infection with HIV.

BAHSES News

September 1992, Vol. 2, No. 9

Bay Area HIV Support & Education Services Serving People of All Colors Since 1985



NEW PROGRAM DIRECTOR SUPPORT SERVICES

On July 16, Mike Brunetti was selected to fill the position of Program Director, Support Services. Mike has filled a number of important positions with BAHSES for more than a year. He brings to this position many years of experience in personnel administration, corporate training, and education. Mike takes over from Kevin Brooks who vacated the position earlier this year. He will be responsible for all BAHSES support services--support groups, the Telecare Transportation Program, and early intervention in San Francisco.

**BAHSES
NEEDS
VOLUNTEERS**

**CALL
415-749-6714**

**WE NEED
YOUR HELP!**

CLINICAL TRIALS: Battle of the Drugs

By Cesar Chavez

Reprinted from Positively Aware, Spring 1992

If you are HIV-positive, you may want to consider joining a clinical trial of experimental drugs. An HIV/AIDS clinical trial examines the dose, benefits, or risks of a new drug or treatment. Clinical trials usually take place in a clinic or doctor's office. The results of carefully controlled trials allow patients and their physicians to make informed choices about treatment options.

After animal and laboratory testing, a manufacturer files an Investigational New Drug application (IND) with the U.S. Food and Drug Administration (FDA).

If an IND is approved, FDA Phase I Trials can begin to see if a drug is safe for humans. During Phase I trials, the drug is only given to a few people and is administered in varying doses. It is gradually increased until a maximum tolerated dose is determined. Phase I Trials usually last less than one year.

FDA Phase II Trials test safety, dosage, and effectiveness of the drug as treatment. Phase II efficacy trials usually involve 200 to 300 persons. Often, the new drug is compared to an approved treatment; sometimes the drug is compared against a placebo, a harmless look-alike pill.

FDA Phase III Trials usually involve 1,000 to 3,000 persons and last about

three years. These studies must confirm earlier efficacy and incidence of adverse reactions.

As a potential clinical trials participant, you should know there is no guarantee that a treatment which works for some people during one stage of HIV-disease will work for you. You should also be aware of the risks.

The greatest risk of taking an experimental drug is harmful side effects, but there are safeguards. A panel called the Safety Monitoring Board (SMB) can stop a trial if patients are in danger of being harmed by the drug or if one of the treatments is clearly working better. All the study participants may then be offered the superior drug.

Because clinical trials require strict patient monitoring, participants have the opportunity to receive limited regular medical attention at little or no cost. By requiring informed consent, the law protects participants from being experimented on against their will, while allowing access to new treatments not available to the public.

Many sources provide information on HIV/AIDS clinical trials. The AIDS Clinical Trial Information Service (ACTIS) is a central resource with information (Continued on p. 2, col. 3)

625 O'Farrell Street, San Francisco, CA 94109, 415-749-6714

BOARD OF DIRECTORS

Phyllis J. Jackson, President

John Revicky, Vice President

Fran Bartlett, Treasurer
Gregory Adams

Patricia Wall, Secretary
Steve Takemura

ADMINISTRATIVE STAFF

Lee Woo, EXECUTIVE DIRECTOR

Shurland H. Aird Gustave Arechavala Mike Brunetti Arni Lovitt Michael Sullivan

Bill Bess, EDITOR/WRITER

Bay Area HIV Support Services (BAHSES) is the HIV program services component of Black & White Men Together/Men of All Colors Together (BWMT/MACT). This newsletter is published with funds provided by the San Francisco Department of Public Health. For additional copies of this newsletter, use the address and telephone number listed above.

BAHSES - AIDS HEALTH PROJECT COLLABORATION

A Note of Thanks

BAHSES wishes to thank all new volunteer support group facilitators for participating in the training of the July 11-12 weekend. The training presented was the result of a collaborative effort between BAHSES and the UCSF AIDS Health Project. It was a success. These new facilitators of future support groups reflect the cultural diversity of BAHSES' increasing client population.

One of the newly trained facilitators is working with Support Services staff to organize a group for HIV+ Latino gay men and their significant others from different cultural backgrounds. Another facilitator, an individual with AIDS, will conduct another daytime group for per-

sons with full-blown AIDS. Although we are already conducting a daytime support group for this population, our clients have expressed a need for an additional group.

The next scheduled training of the BAHSES - AIDS Health Project collaborative is scheduled for October 17-18, 1992. Individuals who wish to facilitate support groups for either BAHSES or the AIDS Health Project are encouraged to contact Support Services. Look for details of the October training in the next issue of *BAHSES News*.

We wish all the new support group facilitators well in their efforts to work with those who live with HIV disease.

Mike Brunetti

CLINICAL TRIALS

Continued from p. 1, col. 3

on federally and privately sponsored trials for persons with HIV or AIDS. By calling 1-800-TRIALS-A, you can speak to a bilingual operator about clinical trials conducted by the National Institutes of Health (NIH) and FDA-approved efficacy trials. To find out about AIDS resources in your area, call the CDC 24-hour National AIDS Hotline at 1-800-342-2437.

TRANSPORTATION SERVICES

If you're HIV+, you may be eligible for transportation assistance with bus tokens or taxi vouchers. For details, call Support Services at 415-749-6714.

HIV+ SUPPORT SERVICES

San Francisco Drop-in
Tuesdays (free)
6:30 - 8:00 p.m.
BAHSES
625 O'Farrell Street

New 10-week Closed
Support groups now forming
Daytime (Thurs. - 2:00 p.m.)
and Evenings
(Wednes. - 6:30 p.m.)

Call Support Services for details
about these free groups. 415-
749-6714.

CALL FOR VOLUNTEERS

If you have time on your
hands and want to help
in the fight against
AIDS, please call
BAHSES at 415-749-
6714.

The HIV Institute TRIALS SEARCH (415) 565-6368

Description

Trial Search will send you a listing of Bay Area HIV drug trials for which you qualify. Of the over 100 trials now being conducted the typical person is eligible for fewer than a dozen. Eligibility rests largely on medical history and lab values. For example, some trials limit people to fewer than 200 T-Cells.

Purpose

The purpose of **Trials Search** is to indicate trials for which you are eligible, a brief description of the trials, and who to contact if you wish to enroll. **Trials Search** eliminates those trials for which you are not eligible. We update trial information frequently from the twenty two trials sites in the Bay Area.

By sending you this list we are not endorsing any trials nor is this a recommendation to enter research.

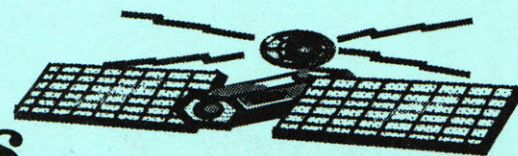
How It works

Complete and send in [a]* questionnaire which takes only a few minutes. Lab information can be obtained from your doctor's office staff if you don't already have it. If you have trouble filling out the lab portion, you may send a copy of the lab values (CBC and chemistry) with the form. The lab is important to us as it qualifies or disqualifies you for certain trials.

We make every effort to return your personalized list of trials by mail the same day we receive it. If you are in the area you may drop off your questionnaire personally.

* These forms are available at the BAHSES office; call 415-749-6714.

BAHSES News



October 1992, Vol. 2, No. 10

Bay Area HIV Support & Education Services Serving People of All Colors Since 1985

BOOKENDS

2nd Edition, *EARLY CARE FOR HIV DISEASE* Ronald A. Baker, PhD; Jeffrey M. Moulton, PhD; John Charles Tighe and Forward by Mathilde Krim, PhD.

This book is an invaluable resource for anyone with HIV infection, their families and friends. It provides up-to-the-minute information on current treatment options, comprehensive coverage of drug treatments, how to pay for medical care, and how to cope with the difficult psychological issues facing people with HIV. Ask for this publication at your local bookstore or call (415) 863-2437 or order by mail.

CAAA Reports, July 1992

"BEGINNING AND SUSTAINING MEDICAL TREATMENT"

The following article is excerpted from a more extended discussion entitled "Counseling Across the HIV Spectrum" which appeared in the June 1992 edition of *HIV Frontline*. It is being reprinted here because of its clarity and brevity on a vitally important topic.

This is the crucial stage where life can be greatly increased in both quantity and quality. The persons living with HIV must remain alert throughout this time. Wavering or inattention during this period can open the window for an opportunistic infection to strike.

In order to start treatment, the person with HIV must open up to the doctor, be honest, truly enter into a relationship of trust, and meet resistances or fears about taking medication. We must listen to our bodies and feel the interaction between the HIV disease process, the medication, and our

MEDICAL NOTES

"BLOODWORK"

(Reprinted from the *Vancouver PWA* newsletter, Issue 58, Jul/Aug'92)

Anyone with HIV knows the term "bloodwork" quite well. However, there are many who do not afford such importance to bloodwork as they should. Having bloodwork done on a regular basis is the first line of defense with HIV. Indicators, such as the T4-T8 ratio, total T4 count, p.24, and beta-2 can serve as early warning signs and as markers in the use of treatment therapies.

How often should someone who is HIV positive have their bloodwork done? That depends on several factors such as personal choice, therapies currently in use, and results from previous bloodwork. Most would agree that monthly bloodwork may be a bit extreme, but as a rule most people have bloodwork done on a three month basis, especially when practicing an alternative protocol. It is a general rule of thumb that a period of 90 days gives a therapy adequate time in the system to determine whether it is beneficial to your or not. If possible, bloodwork should always be considered prior to adding or deleting a certain therapy from your personal program. It makes it easier to determine the effectiveness of the protocol.

Recent observations point to the fact that changes in p.24 and beta-2 do not always indicate disease progression, especially when the count is good. When p.24 goes positive and beta-2 goes beyond 2.0 there is a very strong indication that you may be dealing with an OI (opportunistic infection) and you should be on the lookout for one.

psychological reactions to being on medication.

The therapist can help here by teaching relaxation, meditation, distraction or other pain-management or anxiety-

(Continued on p.2, col. 1)

625 O'Farrell Street, San Francisco, CA 94109, 415-749-6714

BOARD OF DIRECTORS

Phyllis J. Jackson, President John Reviczky, Vice President Fran Bartlett, Treasurer Patricia Wall, Secretary
Gregory Adams Steve Takemura

ADMINISTRATIVE STAFF

Lee Woo, EXECUTIVE DIRECTOR
Shurland H. Aird Gustave Arechavala Mike Brunetti Arni Lovitt Michael Sullivan

Bill Bess, EDITOR/WRITER

Bay Area HIV Support Services (BAHSES) is the HIV program services component of Black & White Men Together/Men of All Colors Together (BWMT/MACT). This newsletter is published with funds provided by the San Francisco Department of Public Health. For additional copies of this newsletter, use the address and telephone number listed above.

MEDICAL TREATMENT (Continued from p.1, col. 2)

management approaches. It is best for the individual to know these techniques before physical pain hits. Exploring these practices together can also build the shared philosophical vocabulary described earlier between the therapist and the client. The therapist also becomes a patient advocate with the doctor, as well as encouraging the development of social support. In most cases of HIV infection, group therapy is very helpful. It is cheaper, for one thing, and it also allows the individual to identify with and bond with others who are HIV infected if the individual can meet fears resulting from seeing others progressing through these stages.

The doctor, physician's assistant, or nurse practitioner needs to become a walking encyclopedia of HIV treatment options. Sharing new medical developments with the patient is empowering to the patient. It also helps decrease anxiety for the patients to know that the doctor is affiliated with a system that will provide continuity of care, should he or she become ill. The treatment team approach works best, with the doctor and the mental health counselor sharing information and supporting each other's interventions and recommendations. The physician must also remain alert to whether the patient is complying with antiviral treatment.

How many cases of the breakthrough of *pneumocystis carni* pneumonia (PCP) are simply a function of lapses in medical compliance? Through good counseling, as advocates of early intervention, health professionals can prevent this from happening to many of our clients.

HIV AND ANAL CANCER

The VIII International AIDS Conference announced several new finds on HIV and anal cancer. Conference reports indicate that anal cancer is prevalent among HIV+ men and women. Anal cancer is believed to be caused by the human papilloma virus (HPV), which is also the cause of genital warts. Since many who

are exposed to HPV never show signs of genital warts, HIV+ persons should be on the alert for anal cancer. Researchers emphasize taking a pap smear (a painless test using a cotton swab to collect cells and fluids to be examined under a microscope) every 6 months to check for abnormal cell growth. For additional information, see the next issue of *PI Perspective*.

Arni Lovitt

HIV+ SUPPORT SERVICES

San Francisco Drop-in
Tuesdays (free)
6:30 - 8:00 p.m.
BAHSES
625 O'Farrell Street

New 10-week Closed
Support groups now forming
Daytime (Thurs. - 2:00 p.m.)
and Evenings
(Wednes. - 6:30 p.m.)

Call Support Services for details
about these free groups. 415-749-
6714.

A HOT, HORNY & HEALTHY FACE LIFT

BAHSES has been presenting Hot, Horny and Healthy workshops since 1989 to present its safer sex and prevention messages. The workshop was originally designed by Phil Wilson of BWMT/LA, a former National Task Force on AIDS Prevention employee.

As originally conceived, African-American gay and bisexual men were the target of these workshops. This one dimensional ethnic focus has recently been expanded to encompass people of other ethnic communities, and the workshop format has been revised to include AIDS 101 as well as presentations on maintaining safer sex.

If you're looking for HIV-related information, keep an eye out for ads about our S.W.A.T. Playshop (formerly Hot, Horny and Healthy Workshop); or, call our Education Department at 415-749-6714.

SUPPORT GROUP FACILITATOR TRAINING

October 17-19, 1992, BAHSES again joins the UCSF AIDS Health Project in training volunteers to become support group facilitators for HIV+ gay/bisexual men. Training will stress group facilitation skills, the issues facing people who live with HIV disease, and will present a general overview of HIV disease.

We invite anyone who wishes to facilitate a support group at BAHSES to attend. The training is free, and candidates need not have prior or formal counseling experience. Upon completion of training, individuals will have the option of facilitating daytime or evening support groups.

For schedule information, contact Mike at 415-749-6714.

TRANSPORTATION SERVICES

If you're HIV+ and a BAHSES support group member, you may be eligible for transportation assistance with bus tokens or taxi vouchers. For details, call Support Services at 415-749-6714.

FACILITATORS NEEDED

**BAHSES Education
Department is seeking
volunteers to:**

- ~ act as Playshop Facilitators
- ~ man HIV Information Tables at street and health faires
- ~ join our S.W.A.T. (Sex With a Twist) Teams

**Training will be provided. Call 415-749-6714.
for details.**



BAHSES News



November 1992, Vol. 2, No. 11

Bay Area HIV Support & Education Services Serving People of All Colors Since 1985

BAHSES RECEIVES 501 (c) (3)

On September 4, 1992, Bay Area HIV Support and Education Services (BAHSES) received official, non-profit status. The agency has also been placed on the United Way list of non-profit agencies eligible to receive tax-deductible donations. The agency is #3512 on United Way's 1993 campaign list.

Most important for us is that individuals wishing to make donations to BAHSES may now do so directly. All contributions are tax-deductible. Individuals may contribute to the agency directly or through United Way's campaign drive. Contributors receive a letter from BAHSES confirming their contributions.

Since it is through financial support from the community, a private or institutional, that we are able to continue offering education and prevention services, we hope that as many as possible will take advantage of this opportunity to contribute.

We need your support.

Lee Woo, Executive Director

DRY MOUTH:

A TROUBLESOME ORAL PROBLEM

by Ronald E. Schelenz, DDS

Reprinted from *Being Alive*, August/September 1992

Potentially, one of the most troublesome oral problems which afflicts a large percentage of HIV+ patients is dry mouth. Clinically, dry mouth manifests itself in the following ways: difficulty in swallowing a mouthful of food, caking of the cheeks and tongue to the teeth, a raw feeling within the oral cavity, and difficulty in masticating (chewing) certain foods.

of dry mouth in HIV+ patients are use of prescription drugs, chemotherapy, and idiosyncratic (characteristic?) atrophy of the major salivary glands. Drugs which most commonly affect salivary flow are AZT, ddI, ddC, and various antidepressants. Chemotherapy in moderate doses also has transient effects on salivary glands by inhibition of the cells responsible for creating saliva.

REASONS FOR DRY MOUTH

Some reasons for the manifestation

(Continued on p. 2, col. 2)

BAHSES offers the following free services to San Francisco HIV+ gay/bisexual men:

Drop-in HIV Support Group
Tuesdays, 6:30 - 8:00 p.m.

Closed HIV Support Group
Thurs., Daytime Multiracial Men
Fri., Evening Multiracial Men
Wednes., Evening African-American Men

Ongoing weekly sessions

If you or someone you know is interested in becoming involved in our HIV support group program, contact Support Services at 415-749-6714

625 O'Farrell Street, San Francisco, CA 94109, 415-749-6714

BOARD OF DIRECTORS

Phyllis J. Jackson, President

John Reviczky, Vice President

Fran Bartlett, Treasurer

Patricia Wall, Secretary

Gregory Adams

Steve Takemura

Ray Combs

ADMINISTRATIVE STAFF

Lee Woo, EXECUTIVE DIRECTOR

Shurland H. Ald

Gustave Arechavala

Mike Brunetti

Arni Lovitt

Dakota Scott-Hoffman

Clarmundo Michael Sullivan

Madame X

Bill Bess, EDITOR/WRITER

Bay Area HIV Support Services (BAHSES) is the HIV program services component of Black & White Men Together/Men of All Colors Together (BWMT/MACT). This newsletter is published with funds provided by the San Francisco Department of Public Health. For additional copies of this newsletter, use the address and telephone number listed above.

THE COLLECTOR: A Novel Therapy

Ronald Baker, PhD

The Collector (aka MicroCELLector) is the name given to a device for treating disease by manipulating blood cells outside the body and returning the treated blood to the patient. As an AIDS treatment, the Collector is used to harvest CD8 cells from the patient's blood. CD8 cells appear to be responsible for keeping HIV in check during the so-called "latency period" of HIV infection. After recovering the CD8 cells from the body, they are multiplied and activated by treatment with cytokine interleukin-2.

The goal of the therapy is to reactivate the individuals CD8 cells that normally might fight disease, but that have become dysfunctional as a result of disease progression. The treated CD8 cells are infused into the patient in an attempt to improve the body's immune response against HIV and related infections and malignancies.

In Phase I safety trials, the Collector has shown little toxicity, except for reversible nausea in some patients. Dr. Donald Hardeman, Director of the Pittsburgh Cancer Institute, said the reinfused, treated CD8 cells showed the ability to kill HIV in virtually all patients treated. Phase II trials to evaluate the effectiveness of the Collector are planned for the second quarter of 1992 in the San Francisco Bay area. Applied Immune Sciences, Inc., has entered into a joint venture with Caremark, an affiliate of the Baxter Healthcare Corporation, to develop and operate Collector therapy centers. The San Francisco center will be one of the clinical trial sites in a multicenter Phase I/II study required for FDA approval. Negotiations have begun to start a trial at San Francisco General Hospital among people with KS, since some KS patients have shown improvement in their lesions after using the therapy.

Dr. Thomas B. Okarma, president of the Applied Immune Sciences, said the Collector cannot cure AIDS, but the treatment may suppress HIV growth sufficiently to allow individuals to live a normal lifespan. Repeated treatments

would probably be necessary. The Collector will likely be an expensive anti-HIV therapy.

Reprinted with permission from the author.

[According to a report in Treatment Issues, (v. 5 no. 4), ACT UP/NY is pushing the National Institutes of Allergies and Infectious Diseases to investigate the Collector therapy more thoroughly and apply it to broader AIDS/HIV treatment.]

Ronald Baker, PhD, is editor of BETA and coauthor of Early Care for HIV Disease (2nd revised edition), a book for people living with HIV infection.

TRANSPORTATION SERVICES

If you are HIV+ and a BAHSES support group member, you may be eligible for transportation assistance with bus tokens or taxi vouchers. For details, call Support Services at 415-749-6714.

DRY MOUTH (Continued from p.1, col. 2)

DRY MOUTH AND ORAL HEALTH

The question most frequently posed by patients is why is reduced salivary flow such a major problem in terms of oral health. The answer to this question is quite complex but in simplified terms can be answered in the following manner. Saliva has basically three functions. It contains enzymes which begin to digest food, contains immunoglobulins which fight bacteria, and has a buffering capacity to keep the acidity within the mouth within normal limits.

Consequently, lack of saliva allows increased bacterial activity resulting in increased counts of bacteria responsible for gum disease. Also, it leads to increased acid levels which are not diluted causing a rapid increase in cavities around the gum line. Inability to wash away bacteria and fungi predisposes patients to increased bacterial and fungal infections such as thrush. Unfortunately, currently we have no medication which can stimulate salivary flow. It is therefore of utmost importance that patients understand the seriousness of dry mouth and its oral

AFRICAN-AMERICAN SUPPORT GROUP FACILITATORS NEEDED

IF YOU ARE GOOD WITH GROUPS AND HAVE THE DESIRE TO WORK WITH HIV+ MEN OF COLOR, HERE IS YOUR OPPORTUNITY. WE WILL TRAIN YOU ON OCTOBER 17-18.

PLEASE CONTACT DAKOTA OR MIKE AT 415-749-6714.

ramifications.

PROTOCOL FOR DEALING WITH DRY MOUTH

Our office has various protocols which we ask patients to follow, depending on the severity of the problem. We ask all patients who experience dry mouth to follow this protocol: the use of the Interplak toothbrush after every meal, reduction of intake of refined sugars, reduction of intake of all carbonated drinks, reduced intake of fruit juices, judicious use of dental floss (waxed Johnson & Johnson), use of Stimudents (Johnson & Johnson). Patients are asked chew either sugarless gum or sugarless lemon drops to stimulate salivary flow.

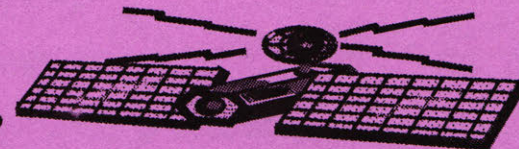
Patients who cannot produce enough saliva through gum or lemon drops are asked to carry bottles of water at all times and are asked to moisten their mouth as frequently as possible. Those patients who suffer from severe cases of dry mouth receive custom fitted mouth trays and are asked to bathe their teeth in fluoride. The frequency of this procedure is determined on an individual basis.

SALIVA SUBSTITUTES

A variety of saliva substitutes are available. One is called Biotene, another is a saliva substitute formulated by Roxane Laboratories. Our office does not endorse any of the substitutes and our patients have found them mildly helpful. Glycerin and water mixtures at certain proportions have also been helpful in reducing the cotton mouth effect described by our patients.

In conclusion, it is important to understand that dry mouth can lead to rampant caries, gum disease, and a series of painful oral infections, if not addressed promptly. It is of utmost importance that any individual suffering dry mouth syndrome see his dentist immediately and on a regular basis. An ounce of prevention is worth a pound of cure.

BAHSES News



December 1992, Vol. 2, No. 12

Bay Area HIV Support & Education Services Serving People of All Colors Since 1985

SEASONS GREETINGS FROM BAHSES!

A WORD FROM THE DIRECTOR

1992 marks BAHSES' second year in the Tenderloin. Based on community feedback, the agency has become a welcomed addition to the neighborhood.

BAHSES has and will continue to work across cultural and ethnic lines in order to bring the message of HIV education and prevention to those at risk. Our HIV support groups, for example, are reaching new targets, particularly within the transgender community. Daytime groups have also been set up to meet the needs of people in emotional distress who cannot attend evening sessions. The agency plans to continue to expand these services in 1993.

To those staff and volunteers who continue to work long hours in order to meet agency commitments, I offer sincere thanks for your high energy and desire to help fight HIV disease. Your unselfish gifts of time, focus, and ability are immensely appreciated.

Thank you all for making 1992 another growth year for the agency.

Lee Woo

EDUCATION DEPARTMENT YEAR-END UPDATE

The members of the Education Department have been involved in several projects over the past couple of months. In June, the department was invited to participate at the Annual National Association of Black and White Men Together (NABWMT) conference in Dallas, TX. "Taking Your Workshop to the Bedroom," a workshop dealing with issues of sexual relapse among safer-sex educators, was presented. The presentation was very successful and seemed to demonstrate the growing need for such a workshop. BAHSES also participated in another workshop which highlighted various prevention methods which are being used to reach gay and bisexual men of color.

I was privileged to receive a scholarship to attend the VIII International AIDS Conference in Amsterdam. Being able to attend a forum of such magnitude was a tremendously worthwhile experience for me and gave me a chance to share with some of the participants some of the work we are doing here in the United States, especially here in San Francisco. I also brought back several ideas that will be useful in our outreach efforts here, and we hope to implement some of them in 1993.

The SWAT (Sex With A Twist) introduction card we developed last year

and which has been one of our most popular outreach materials is now available in Spanish. Please contact us if you'd like to receive some.

The Education Department will soon be conducting interviews for men who would like to join our 1992-93 Sex Commandos Team. Applicants should be charming, outgoing, have some modeling experience (or enjoy public presentations), and be available nights and weekends. Interested parties should call the Education Department and ask for Shurland.

Shurland H. Aird

BAHSES offers the following free services to San Francisco HIV+ gay/bisexual men:

Drop-In HIV Support Group
Tuesdays, 6:30 - 8:00 p.m.

Closed HIV Support Group
Thurs., Daytime Multiracial Men
Thurs., Trans-Gender
Fri., Evening Multiracial Men
Wednes., Evening African-American Men

Ongoing weekly sessions.
If you or someone you know is interested in becoming involved in our HIV support group program, contact Support Services at
415-749-6714

625 O'Farrell Street, San Francisco, CA 94109, 415-749-6714

BOARD OF DIRECTORS

Phyllis J. Jackson, President John Reviczky, Vice President Fran Bartlett, Treasurer Patricia Wall, Secretary
Gregory Adams Steve Takemura Ray Combs

ADMINISTRATIVE STAFF

Lee Woo, EXECUTIVE DIRECTOR

Shurland H. Aird Gustavo Arechavala Mike Brunetti Arni Lovitt Dakota Scott-Hoffman
Clarmundo Michael Sullivan Madame X

Bill Bess, EDITOR/WRITER

Bay Area HIV Support and Education Services (BAHSES) is the HIV program services component of Black & White Men Together/Men of All Colors Together (BWMT/MACT). This newsletter is published with funds provided by the San Francisco Department of Public Health. For additional copies of this newsletter, use the address and telephone number listed above.

BAHSES BRINGS SAFER SEX MESSAGE TO EAST BAY

Throughout 1992, BAHSES has been conducting a rigorous outreach campaign in the East Bay in order to bring safer-sex and prevention information to African Americans. Through a grant from the Office of Minority Health of Alameda County and various partnerships with bar owners, and others, the agency is reaching a considerable portion of the East Bay African American community.

BAHSES activities reports for September '92, for example, provide an excellent picture of the kind of outreach the agency is doing in Alameda County.

Hit Tables, HIV information and referral stations, were set up at the Whippers, Bella Napoli, and Cable's Reef bars in Oakland. In addition to culturally sensitive brochures and other printed materials, condoms, nonoyynol-9 lubricants, 100% (safe-sex) pins, and dental dams were among the the most popular items. BAHSES' S.W.A.T. (Sex With A Twist) cards and literature on women and lesbians were especially well received.

BAHSES outreach to African Americans in the East Bay also included a presentation of our Sex With A Twist Risk Reduction Playshop for the Tri-City Clinics in Fremont on September 25.

In September the agency sponsored a "Safer Sex Carnal Carnival Extravaganza" at the Bella Napoli in Oakland gay and lesbian bar. The safer-sex messages was presented through a combination of music, a talent show, information tables, and a safer sex game room. AIDS service providers were asked to attend and/or make donations to help cover the cost of the event. TV/VCR monitors played safer sex shorts throughout the evening while staff and volunteers played safer sex trivia games with patrons. The talent show included two cross dressers, two gay males, and an African American lesbian, all of whose performance stressed a safer sex message. The event was a tremendous success.

Clarmundo Michael Sullivan

**HIV INFORMATION
TABLE (HIT) TRAINING**
Sat, Dec. 12, 10:00 a.m.-5:00 p.m.
631 O'Farrell, S.F., 2nd Floor
To register call 415-749-6714.

LEGAL INSERVICE THE IMPORTANCE OF MEDICAL POWER OF ATTORNEY AND WILLS

PRESENTED BY
CARRINGTON OSBORNE
OF THE
AIDS LEGAL REFERRAL PANEL

**MONDAY
DECEMBER 7, 1992
6:00 P.M.**

AT
**BAHSES OFFICE
625 O'FARRELL
SAN FRANCISCO, CA
415-749-6714**

PLEASE BE ON TIME...

COLLABORATION EXPANDS HIV SERVICES

BAHSES is currently involved with a number of a number of Bay Area HIV disease service providers in order to maximize its information and referral component targeted at people of color. Rafiki, the Glide Goodlett AIDS Project, Westside Mental Health, EACH (Early Advocacy and Care for HIV, a partner with BAHSES in the Gay Men of Color Consortium), and the Alameda County Public Health Department are the primary service providers with whom we are actively working at present.

The primary rationale for these joint ventures is to provide a cross-exchange of information regarding available services, especially for people of color who live with HIV disease. For example, should a client of color approach BAHSES or any one of the agencies involved for assistance they are not competent to provide, the individual can be referred to one of the other agencies more competent to meet the client's needs.

We are particularly anxious about the success of such a system, because not only would it provide our clients with more timely information and referrals, but it would also contribute immensely to the building of a more comprehensive network of HIV/AIDS related services specifically for people of color in the Bay Area.

Bill Bess

TRANSPORTATION SERVICES

If you are HIV+ and a BAHSES support group member, you may be eligible for transportation assistance with bus tokens or taxi vouchers. For details, call Support Services at 415-749-6714.

JOB ANNOUNCEMENT

BAHSES is currently seeking to fill a full-time position as Program Coordinator-Education Responsibilities include:

- Proven track record of outreach to the African American gay/bisexual community;
- Creating, implementing, and evaluating safer sex programs and messages for gay/bisexual African American men and youth;
- Preparing program reports and budgets.

Position will remain open until filled. Interested applicants send resume and cover letter to

**BAHSES
625 O'Farrell, San Francisco, CA
94109.**

No phone calls, please.

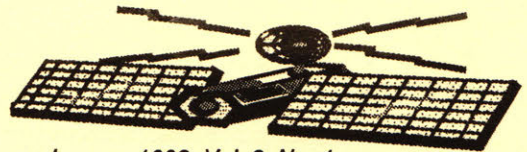
NOTICE

Men of All Colors Together-Greater Bay Area (MACT-GBA) donated its remaining treasury of \$68.54 to BAHSES. This is the official notification of the closure of the chapter.

INTRODUCING RAP CITY

BAHSES will host a safer sex musical for African American men at La Pena Cultural Center on Sunday, December 20, 5:00 p.m. Rap City: A Safe Time in Sextown is a musical that looks at the issues of gay and bisexual identity and safer sex. The performance utilizes safer sex raps, hip hop dance, and house music as a way of conveying the HIV/AIDS message to African American gay and bisexual men. There is a suggested donated of \$15.00. No one will be turned away for lack of funds. If you'd like to volunteer or make a donation, please call 415-749-6714.

BAHSES News



January 1993, Vol. 3, No. 1

Bay Area HIV Support & Education Services Serving People of All Colors Since 1985

In Memoriam

On November 22, 1992, Mark Donnerstag-Dash passed away. Mark was very supportive of BAHSES in its formative years, during a time when we had neither funding nor supplies with which to work. Through his place of employment, Mark provided us opportunities to perfect our skills and he personally donated the materials we needed to do outreach. Many of us will miss Mark, especially his commitment and dedication to HIV education and his wonderful smile.

"BROTHERS"—MORE OUTREACH FOR AFRICAN AMERICAN MEN

BAHSES has recently completed an outreach model aimed at African American men. This new component—"The Brothers Program"—is a risk reduction program that will offer African American men the knowledge and skills required to change sexual behavior which places them at risk of HIV infection or transmission as well as how to develop and sustain safer sex practices. Outreach and assistance will be by African American gay/bisexual men.

The program's goals are: (1) to inform African American gay/bisexual men about how HIV/AIDS is transmitted; (2) suggest ways of reducing the risk of transmission/infection; (3) reinforce the need to achieve and sustain a 100% level

of safer sex; (4) attempt to establish and maintain a community norm that supports safer sex behavior; and (5) foster self-esteem, based on reliable information, as a vehicle of empowerment in the African American community.

Our overall goal in "Brothers" is to assist African American gay/bisexual men in being able to recognize: when they are at risk for HIV/AIDS infection; the impact it could, if diagnosed, have on their lives and the lives of their loved ones; and how to prevent HIV/AIDS.

If you are a curious "brother," give us a call at 415-749-6714.

***OUR BEST
WISHES
TO YOU
FOR A
PROSPEROUS
NEW YEAR
from
BAHSES***

From the Director

BAHSES is a multicultural/multiracial non-profit, health education and prevention organization serving those in the gay, bisexual, lesbian, transgender, and general populations who live with HIV/AIDS.

Originally a committee of Black and White Men Together's National Task Force on AIDS Prevention, in September of this year we became an independent non-profit. The agency is funded to provide HIV education and prevention, psychosocial support, and transportation services. While we also provide education and prevention services in Alameda County, we deliver the majority of these services in San Francisco. Collaboration with other local, HIV-service providers in training volunteer support group facilitators and providing internships in HIV/AIDS education are other vital community services we offer in addition to those we are funded to provide.

BAHSES presence in Alameda and the nine Bay Area counties is a reflection of the regional presence and focus we desire to see the agency realize. Our newly independent, non-profit status demonstrates that we have matured as an agency, with our own unique and successful style of presenting the safer sex message as well as providing effective psychosocial support services. We remain committed at all times to work with our Board of Directors, other local HIV/AIDS service providers, and the community to continue to enhance the quality and effective provision of services.

The services BAHSES provides are not limited to any specific cultural community, but are available (free of charge) to all who feel comfortable with our goals and mission. Our motto is "to serve all our communities."

Lee Woo

BAHSES



Is offering the following
free service to Gay &
Bisexual men in
San Francisco:

Drop-in & On-going
Support Groups
Trans-Gender
Drop-in group

We
offer
African
American
and
Multi-Ethnic
Groups

625 O'FARRELL
STREET
SAN FRANCISCO

Call:
415-
749-
6714

JOB ANNOUNCEMENT

BAHSES is currently seeking
to fill a full-time position as

Program Coordinator-
Education

Responsibilities include:

- Proven track record of outreach to the African American gay/bisexual community;
- Creating, implementing, and evaluating safer sex programs and messages for gay/bisexual African American men and youth;
- Preparing program reports and budgets.

Position will remain open
until filled. Interested
applicants send resume and
cover letter to

BAHSES
625 O'Farrell, San Francisco,
CA 94109.

No phone calls, please.

EOSINOPHILIC FOLLICULITIS

Sometimes called "itchy red bump disease," is a condition of the skin affecting many people with HIV disease. Dr. Marcus Conant is conducting a study to investigate the efficacy of the newly approved drug itraconazole in the treatment of this condition. Itraconazole is chemically similar to the widely-used drugs fluconazole and ketoconazole. If you have been diagnosed with eosinophilic folliculitis, and would like to participate in this study, please call Chris King, the Study Coordinator at 661-2614.

TRANSPORTATION SERVICES

If you are HIV+ and a
BAHSES support group
member, you may be
eligible for
transportation assis-
tance with bus tokens or
taxi vouchers. For
details, call Support
Services at
415-749-6714.

Free Clothing

*St. Anthony's Warehouse
1597 Howard (at 12th)*

*No Referrals/Vouchers
Needed*

*Monday - Friday
8:30 - 10:30 p.m.
415-241-8307*

BAHSES
625 O'Farrell Street
San Francisco, CA 94109
415-749-6714

BOARD OF DIRECTORS

Phyllis J. Jackson, President
John Reviczky, Vice President
Fran Bartlett, Treasurer
Patricia Wall, Secretary

Gregory Adams Steve Takemura Ray Combs

ADMINISTRATIVE STAFF

Lee Woo, EXECUTIVE DIRECTOR

Shurland H. Aird Gustave Arechavala
Mike Brunetti Arni Lovitt
Dakota Scott-Hoffman Clarmundo Michael Sullivan
Madame X Jelousy

Bill Bess, EDITOR/WRITER

Bay Area HIV Support and Education Services (BAHSES) is the HIV program services component of Black & White Men Together/Men of All Colors Together (BWMT/MACT). This newsletter is published with funds provided by the San Francisco Department of Public Health. For additional copies of this newsletter, use the address and telephone number listed above.

US DOCTORS FEAR HIV MORE THAN COUNTERPARTS

Negative attitudes about AIDS patients are more common among young doctors in the United States than among doctors in France and Canada, reports the July 22/29 *Journal of American Medical Association (JAMA)*. 3% of U.S. medical residents are afraid to treat HIV-positive patients, according to study author Dr. Martin Shapiro. Just under a quarter of French and about 21% of Canadian physicians viewed AIDS patients as dangerous, the survey of more than 2,600 medical residents found. Among physicians who said its dangerous to care for AIDS patients, 21% were Canadians, 24% were French, and 56% were Americans.

Cesar Chavez

Positively Aware, Summer 1992

COMPOSITION A AS COMPLEMENTARY THERAPY

The Immune Enhancement Project in Berkeley recently reported on its study of Composition A as complementary or alternative therapy for HIV. Composition A consists of some 20 herbal substances that have antiviral and/or immune boosting effects. The herbs are taken in pill form and the dosage is 15-20 pills a day.

The Project studied 150 HIV+ individuals who followed a 12 week course of Composition A. Four categories of results were plotted: well being, energy level, general physical condition, and activity level. These are subjective criteria, of course, but a majority of participants did report improvements in all four categories.

Among the 150 participants, 30 different symptoms were identified. Again, a majority reported improvement in whatever symptoms they had been experiencing.

These results are subjective measures, but they do point up the

potential value of complementary and alternative therapies for treating HIV. We need more studies of such alternative approaches. For information on Composition A, you can call the Immune Enhancement Project at 510-252-8711.

People Living With AIDS, Newsletter, July 1992

CRYPTOCOCCAL MENINGITIS

Cryptococcal meningitis is a fungal infection that causes serious brain disease. Standard medicine is with intravenous amphotericin, a highly toxic drug. At the European conference, an Italian group studied a different version of the same drug which is coated with a fatty covering, making the drug less toxic to the body (*III European Conf on AIDS, Abstract #027, Paris, March, 1992*). The drug is called liposomal amphotericin, and its brand name is Ambisome. Seven patients with cryptococcal meningitis were treated with the drug. Within two weeks, four participants responded with a decrease in the number of cryptococcal organisms in the cerebrospinal fluid (CSF) and an improvement of symptoms. Two participants remained completely free from infections for six months, although two had a recurrence of infection in the prostate gland. Two patients had a moderate response to the treatment, and one failed. The only side effect was nausea in one participant. This is a dramatic divergence from the usual side effects of amphotericin B, which are fever, chills, and kidney dysfunction. Such side effects, in fact, have been reported to occur in 100% of patients. Liposomal amphotericin is a welcome addition to fungal treatment.

A French study compared fluconazole to amphotericin B in the treatment of cryptococcal meningitis (*III European Conf on AIDS, Abstract*

#P182, Paris, March, 1992). The effectiveness of amphotericin B was 80%, compared to 76% with fluconazole. Amphotericin B remains the treatment of choice for cryptococcal meningitis in the U.S., although fluconazole can be used for mild episodes of disease.

Treatment Issues, Vol. 6, No.6, pp. 9-10, GMHC Newsletter

BETTER CMV REGIMEN

Berlin, Germany, May 1992-- According to researchers at the free University of Berlin, a combination alternating therapy of ganciclovir (DHPG) and foscarnet may be more effective than ganciclovir alone. Results of a study by M. Peters, U. Timm, D. Schuman, H.D. Pohle and B. Ruf were published in the May 1992 issue of *Clinical Investigator*. "Ganciclovir currently represents the most frequently used therapy for CMV retinitis. However, cases of ganciclovir-resistant CMV strains have been described, in which foscarnet seems to be an effective alternative. Both drugs have serious toxicities, and relapses frequently occur during maintenance therapy," the authors write.

In the study, researchers administered a 3-week combination Ganciclovir-Foscarnet induction therapy (ganciclovir 5 mg every 12 hours, foscarnet 60 mg every 8 hours), followed by an alternating maintenance administration of both drugs every other day (ganciclovir 5 mg, foscarnet 120 mg) to reduce toxicity and resistance. The regimen was tolerated well by study participants and seemed more effective than just ganciclovir therapy. The participants had all been diagnosed with CMV encephalitis, but the researchers seemed convinced that this regimen would also be successful with other CMV infections.

PWA Newslines, Issue #80, August 1992

Bisexual Identity and Safer Sex

By Cesar Chavez

Bisexuality is an often-overlooked fact of life in today's world of HIV. "We live in a culture where people assume that there are only two categories, gay and straight," says Robyn Ochs, a national bisexual activist.

Bisexuality is the term used to describe the potential for being sexually and/or romantically involved with members of either gender. Ochs says the artificial wall between "gay" and "straight" sometimes leads to unsafe behavior because many people deny their bisexual identity. Fear of rejection and family and friends and the public's failure to acknowledge or accept bisexual behavior further complicates matters.

Sexual identity—how a person characterizes his or her sexuality—often has little to do with the person's actual sexual behavior. Many reports presented at the International Conference on AIDS revolved around bisexual identity and behavior. (Abstract numbers follow each report.)

How one identifies one's sexuality may determine how he or she perceives safe sex messages as well as how willing the person is to modify his or her behavior (PoD 5189).

Many bisexual men, not fully integrated in either the heterosexual or bisexual communities, are at special risk for HIV because they think only gay men get AIDS (PoD 5830). The problem lies in the perception that the risks for AIDS is attached to *risk groups* and not *risk behaviors*.

"The amount of denial and stigma involved in identifying as bisexual or gay contributes to unsafe sex and HIV transmission," Ochs says.

The denial is pervasive in

Latino and African-American communities, stresses Luigi Ferrer, a member of the BiNet National Task Force on Bisexuality and AIDS. "Often, married gay men will have anonymous encounters with other men and not identify as gay," Ferrer says.

Male bisexual behavior significantly impacts women who are involved with men not identified as bisexual (PoC 4054). Researchers say that prejudice and misinformation are leading to an increase in HIV infection among women (PoB 3796), PoC 4058).

The Centers for Disease Control (CDC) reports that at least 5% of American women infected with HIV report they were exposed to the virus from a bisexual male partner. The actual number is probably much higher, because many women with HIV are uncertain of their partner's sexual orientation. Some women have male partners who use intravenous drug and also have sex with other men, presenting multiple risks.

A woman who has been infected by a partner who has concealed his bisexual behavior is likely to feel angered, betrayed, and depressed (PoB 3796).

"Because of the hidden and secretive nature of the same-sex practices of many male bisexuals, their female partners have been a difficult target group to reach for HIV health and educational strategies," according to the AIDS Council of South Australia (PoD 5845).

Just as there are few studies of heterosexual women with bisexual partners, there are few studies involving lesbians and HIV transmission (PoC 4662). But a study of AIDS prevention among lesbians and bisexual women

sponsored by the American Foundation for AIDS Research (AmFAR) is underway. The study targets female partners of HIV-positive women, low-income women who may use men to become pregnant, and those who attend women's sex clubs.

Lani Kaahumanu, project coordinator for the AmFAR study, says that researching HIV transmission among bisexual women or lesbians is a challenge because a bisexual woman who identifies as a lesbian will often not admit sleeping with a man, fearing the loss of her lesbian community.

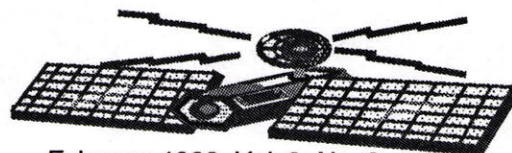
Kaahumanu says many AIDS prevention programs have hampered HIV prevention efforts for the bisexual community by denying its existence," she says. "Educate us, don't scapegoat us." For more information contact: *Anything that Moves...Beyond the Myths of Bisexuality*: quarterly publication of the Bay Area Bisexual Network. Write ATM, c/o BABN, 2404 California St., Box #24, San Francisco, CA 94115, 415-564-2226.

BiNet Newsletter, publication of the national coalition of bisexual organizations. BiNet U.S.A., PO Box 772, Washington, DC, 20044-0772.

The International Directory of Bisexual Groups: compiled by Robyn Ochs. East Coast Bisexual Network, PO Box 639, Cambridge, MA 02140. Cost is \$5.00, 617-247-6683.

Positively Aware, Fall 1992

BAHSES News



February 1993, Vol. 3, No. 2

Bay Area HIV Support & Education Services Serving People of All Colors Since 1985

BAHSES



Is offering the following
free service to Gay &
Bisexual men in
San Francisco:

Drop-in & On-going
Support Groups
Trans-Gender
Drop-in group

We
offer
African
American
and
Multi-Ethnic
Groups

625 O'FARRELL
STREET
SAN FRANCISCO

Call:
415-
749-
6714

BROTHERS PROGRAM'S SPECIAL EVENT A SUCCESS

On December 20, 1992, BAHSES' Brothers Program presented the safer sex musical, "Rap City: A Safe Time In Sextown." The event was held at the La Pena Cultural Center in Berkeley and was staged to present the safer sex message to African-American gay and bisexual men. Over 60 people attended.

"Rap City" is an African-American, musical performance group that utilizes safer sex raps, hip-hop dance, and house music as an innovative way to express the need for safer sex.

This special presentation is one of many planned within the Brothers Program. Future activities include safer sex house parties, training, workshops, and HIV-information tables at bars and community events.

Please call Michael Sullivan at 415-749-6714 for more information about the program, how as an African-American gay/bisexual man you can become involved in Brothers, or in order to obtain information about upcoming events.

NO BUTTS

Smoking further threatens an HIV-impaired immune system

By Nancy Pomerantz

Positive Living, January 1993

Warnings from the U.S. surgeon general printed on packages of cigarettes say, "Smoking can cause cancer, emphysema, lung disease and is as addicting as heroin and cocaine."

Smokers, however, say that smoking relaxes them and makes them feel good.

Is smoking really relaxing? And at what cost?

A DEADLY HABIT

Each year, 434,000 people die from smoking-related deaths (That's almost three times the number of people who have died from AIDS-related causes since the beginning of the epidemic.). Eighty-percent of all lung cancers can be attributed to smoking. Smoking brings on a multitude of respiratory problems, such as emphysema and difficulty in breathing. Smoking raises your heart rate and blood pressure. And passive smoke—the smoke from someone else's cigarette—can be just as harmful to those around smokers; over 53,000 deaths each year are related to those around smokers; over 53,000 deaths each year are related to passive smoke.

...Before you light up, consider how cigarettes affect users who have HIV:

- ✱ Like HIV, nicotine is an immune suppressor. Some studies have shown that HIV-positive smokers have lower CD4 counts than non-smokers who are HIV-positive.

- ✱ Vitamins, such as Vitamin C, are not absorbed as efficiently when you smoke. And because smokers are less likely to eat nutritiously, getting an adequate supply of nutrients is more critical for smokers. For smokers with HIV, it is even more important.

- ✱ Efforts to maintain the viability of your immune system are negated when you smoke. Smoking inhibits the prophylactic protection of various types of treatment for HIV.

EFFECTS SELDOM STUDIED

It may surprise you to learn that studies on HIV and smoking are few and far between.

A 36-month study conducted at UC Berkeley examine the correlation between tobacco, HIV and the immune system. Researchers followed 500 HIV-positive subjects—smokers and non smokers. Here's what they found:

- ◆ Forty percent of the non-smokers participating in the study developed thrush, compared to 68 percent of the smokers.

- ◆ Forty-seven percent of non-smokers developed AIDS, while 64 percent of the non-smokers went on to develop AIDS.

- ◆ Only twenty-nine percent of the non-smokers died during the study compared to 43 percent of the smokers.

- ◆ Researchers also discovered a high incidence of pneumocystis carinii pneumonia (PCP) among the smokers.

The authors of the study attribute the difference between the subjects to their smoking status.

STOPPING THE HABIT

Lighting up cannot help you stay healthy—but Jack Reed, an HIV-positive former smoker at Tarzana Treatment Center, might.

"We want to eliminate anything that suppresses [the immune system]," said
(Continued on p. 2, col.)

TRANSPORTATION SERVICES

If you are HIV+ and a BAHSES support group member, you may be eligible for transportation assistance with bus tokens or taxi vouchers. For details, call Support Services at 415-749-6714.

JOB ANNOUNCEMENT

BAHSES is currently seeking to fill a full-time position as Program Coordinator-Education

Responsibilities include:

- Proven track record of outreach to the African American gay/bisexual community;
- Creating, implementing, and evaluating safer sex programs and messages for gay/bisexual African American men and youth;
- Preparing program reports and budgets.

Position will remain open until filled. Interested applicants send resume and cover letter to

BAHSES
625 O'Farrell, San Francisco,
CA 94109.

No phone calls, please.

BUTTS

(Continued from p. 1, col. 3)

Reed, who is a certified substance abuse and addiction counselor. Reed designed "Kickn' Butts," a free, one time, three-hour session offered on the third Monday of each month at All Saints AIDS Service Center in Pasadena.

Tailored to smokers with HIV, "Kickn' Butts" addresses issues of medical management and smoking. Reed discusses the effects of withdrawal and meds so clients don't mistake symptoms of cigarette withdrawal for side effects of HIV treatment, and stop taking medications.

The program also teach behavior modification: when you learn to identify feelings and situations that bring on smoking and then replace them with more healthful behaviors. For example, Reed suggest[s] that smokers under stress take a walk rather than reach for a cigarette.

Communication skills and role-playing are also components of the program. Reed contends that many want to quit smoking but are afraid they will get sicker if they quit.

"I want to be there for others," said Reed, who admits that he never successfully quit smoking alone.

THE NEXT STEP

If you decide to quit smoking, there are some important things to keep in mind.

Talk to your doctor about your decision to quit. Nicotine patches are available from physicians, if you feel withdrawal could be a problem. In any case, withdrawal symptoms usually go away within two weeks.

Quitting "cold turkey" with behavior modification and social support produces the most success, and you get immediate health benefits from quitting as your body automatically begins to repair itself. And take advantage of the support that is available to new non-smokers. With support from Jack Reed and other quitters, success is almost guaranteed. ♂♀

Nancy Pomerantz is a health educator at Kaiser Permanente in West Los Angeles and an APLA Speakers Bureau member.

Jack Reed, Tarzana Treatment Center: (310) 218-1868.

Toll-free counseling/information line: (800) 7-NO BUTTS.

Free Clothing

St. Anthony's Warehouse
1597 Howard (at 12th)

No Referrals/Vouchers
Needed

Monday - Friday
8:30 - 10:30 p.m.
415-241-8307

SUPPORT GROUP FACILITATORS NEEDED:

If you're good with people and have the desire to work with support groups designed for HIV men of all colors, here's your opportunity. A training is scheduled for March 6-7, 1993. Prior counseling experience not required. Please contact Dakota at 415-749-6714.

Outreach Workshop

You don't have to be HIV to be affected by it. HIV is hitting all of us, in one way or another. Be a fighter in the pursuit of life, and at the same time help your brothers. The rewards you receive can save spirits and in some cases lives. Be someone special in your community, be a part of the team ... Take the Outreach Workshop—Saturday, February 27, 9:00 a.m., 631 O'Farrell, Second Floor. Call Jelousy or Dakota for more information.
415-749-6714

BAHSES
625 O'Farrell Street
San Francisco, CA 94109
415-749-6714

BOARD OF DIRECTORS

Phyllis J. Jackson, President
John Reviczky, Vice President
Patricia Wall, Secretary

Gregory Adams

Ray Combs

ADMINISTRATIVE STAFF

Lee Woo, EXECUTIVE DIRECTOR

Shurland H. Aird **Gustave Arechavala**
Mike Brunetti **Arni Lovitt**
Dakota Scott-Hoffman **Clarmundo Michael Sullivan**
Madame X **Jelousy**

Bill Bess, EDITOR/WRITER

Bay Area HIV Support and Education Services (BAHSES) is the HIV program services component of Black & White Men Together/Men of All Colors Together (BWMT/MACT). This newsletter is published with funds provided by the San Francisco Department of Public Health. For additional copies of this newsletter, use the address and telephone number listed above.

BAHSES News



March 1993, Vol. 3, No. 3

Bay Area HIV Support & Education Services Serving People of All Colors Since 1985

IS ANYONE GOING TO TELL THE PEOPLE?:

Editorial Comments on BAHSES' Closing

error of board
libel
Rumors currently abound that, as of March 1, 1993, Bay Area HIV Support and Education Services (BAHSES) will close its doors. As the alleged editor of *BAHSES News*, the agency newsletter, I have been waiting for someone to come forward in this last edition to explain why the agency is closing. As a non-staff member, a good deal of my information derives from hearsay and rumor, most of them reprehensible and perhaps even libelous to repeat. Yet the fact remains that having worked rather closely with BAHSES and one of its sister agencies in the Gay Men of Color Consortium (which for all of my involvement has been under the fiscal management of the National Task Force on AIDS Prevention) for almost two years, I have observed several things that are at the heart of this matter and perhaps deserve to be said.

who is helpfully forwarded the comment
libel
One of the most visible things I have observed first hand has been a kind of racial schizophrenia around the issue of multiculturalism. And this brings us, at least in part, back to the issue of rumor. One rumor currently about in the community is that BAHSES is not African-American enough. Such an accusation/rumor would not be less odious if it were not for the fact that, in so far as I and many in the community are able to discern, it has been other people of color, and not necessarily African-Americans who have contributed the most to trying to make the agency a viable success in the community. Yet the current perception, and not just my own, is that individuals like Kevin Brooks (when he was just a volunteer at BAHSES), Arni Lovitt,

the current receptionist/administrative assistant who began as a volunteer, and Gus Arechavala (Latino), the administrative assistant/accountant, and Mike Brunetti (Caucasian), who has been the agency mainstay and grant writer for almost two years have contributed more time and unselfish energy than many African Americans to make the agency viable success. And rumor has also has it that these individuals are being ethnically cleansed to make way for African Americans. This resembles racism more than multiculturalism. Not to mention the fact that, despite its affiliation with the National Task Force, itself hardly an African American institution, has always maintained as its goal to serve people of all colors. Why is this antithetical to African American multiculturalism? As rumor would have it, the removal of The National Task Force's fiscal overlordship of BAHSES, among other factors that relate to matters of accountability to the AIDS Office of the San Francisco Department of Public Health, and the inability of the Board of Directors, agency staff, and the Executive director to reach a compromise regarding the agency's problems are the primary reasons for the agency's having to close its doors as well as a public disgrace.

However, lamentable such an alleged inability to compromise might be, it leaves one vital question unanswered: since BAHSES is now an independent non-profit agency, incorporated under the 501(c)3 laws of the State of California, why is the National Task Force's subtraction of allegiance (withdrawal of its fiscal au-

thority and whatever fiscal contribution it makes BAHSES) sufficient rationale for the agency to discontinue operation? No non-profit has an easy time getting itself established; mistakes (failures) are to be expected, often serious one's; yet once BAHSES closes its doors what's going to happen to those who depend on its services, especially in the Tenderloin and parts of the East Bay where transgender, homeless, and other less economically fortunate individuals (whatever their ethnic or cultural identity) desperately depend on the psycho-social support, education, and transportation services the agency offers? Once the doors are closed, they will most likely never reopen. How seriously has this issue really been considered by those intent on shutting down the agency or revamping it into an exclusively "African American" organization?

This brings us squarely to the issue of perceptions of HIV disease and its relation to race/ethnicity, both in the gay community and among those who in public authority who mandate racial quotas that have little or no opportunity of becoming reality. It may come as a shock to some that, for all of its activism (atavism) that it will perhaps be years before the client demographics of an agency

Continued on p. 2, col. 1

Thanks to all of you who have volunteered your time and talents to BAHSES. Your help has been greatly appreciated.

Lee Woo, Executive Director

Continued from p. 1, col. 3

like BAHSES with regard to African-Americans will ever approximate, or even equal, some of its white counterparts in San Francisco. The cultural differences are too immense to be overcome in a few years. It might take a decade, if not longer. The AIDS Office and other public agencies dispensing funds for the administration of HIV-related services to people of color, especially African Americans don't appear to understand the time and dynamics required to effectively implement the HIV/AIDS message in the African-American community in the Bay Area. The differences among the City AIDS administration, BAHSES, et al., in my opinion, are nowhere near as important as this fact. For example, it is both rumor and hard, sociological fact that African-American men don't think much of condoms as a realistic prophylaxis against AIDS, because, unfortunately too many African-American men in the Bay Area community, homo- and heterosexual, still hold to the notion that AIDS is a "white boys" disease/problem, not that this perception is unique to the African-American community of "men who have sex with men."

Another relevant and serious issue related to the closing of BAHSES is why the Board of Directors have not taken the lead role in fundraising for the agency. Having been approached myself to assist in grant writing to raise funds to keep the agency going, every time I raised the question—what function does the Board of Directors play in the fundraising effort—the answer has either been evasive or a flat "nothing." Is it naive or absurd to suggest that the primary role of non-profit fundraising should be one of the primary functions of a Board of Directors? It's one thing to suggest that an individual agency director could have mismanaged an agency, but the question remains: what assistance was he/she provided in trying to raise funds to keep the agency afloat? No non-profit can remain successful with a decorative, dysfunctional Board of Directors. This never seems to have been an operative notion with BAHSES. Why?

^{1. what statement}
Closing the agency without any public statement is not only dishonest, it leads one to suspect that it isn't really closing at all, but that the suggestion is merely a convenient means of getting rid of the agency's non-African Americans. One can only wonder why.

Robert

Bill Bess, Editor

**Free Clothing
St. Anthony's
Warehouse
1597 Howard
(at 12th)**

**No Referrals
or
Vouchers Needed**

**Monday - Friday
8:30 - 10:30 p.m.
415-241-8307**

SUPPORT GROUP FACILITATORS NEEDED

If you're good with people and have the desire to work with support groups designed for HIV men of all colors, here's your opportunity. A training is scheduled for March 6-7, 1993. Prior counseling experience not required. Please contact Dakota at 415-749-6714

SHANTI ACTIVITIES PROGRAM

The Activities Program at Shanti provides free or low cost activities and events to people who are HIV+. Each month, the program provides 1,200 free tickets to over 2,000 clients and HIV service organizations. The opera and Beach Blanket Babylon are among the entertainment programs participants have enjoyed. Movie passes are available each month. To become a part of the Shanti Activities Program, call 777-2273. Intake can be done over the telephone, and once you've become a member you'll receive Shanti's monthly newsletter *Update* which lists the month's upcoming events.

BAHSES
625 O'Farrell Street
San Francisco, CA 94109
415-749-6714

BOARD OF DIRECTORS

Phyllis J. Jackson, President
Patricia Wall, Secretary

Ray Combs

ADMINISTRATIVE STAFF

Lee Woo, EXECUTIVE DIRECTOR

Shurland H. Aird Gustave Arechavala
Mike Brunetti Arni Lovitt
Dakota Scott-Hoffman Clarmundo Michael Sullivan
Madame X Jelousy

Bill Bess, EDITOR/WRITER

Bay Area HIV Support and Education Services (BAHSES) is the HIV program services component of Black & White Men Together/Men of All Colors Together (BWMT/MACT). This newsletter is published with funds provided by the San Francisco Department of Public Health. For additional copies of this newsletter, use the address and telephone number listed above.