

ran in Bar - October 17, 85

SELVES

Immunostimulation Therapy

TED SMITH

National Cancer Institute, thymosin was given to patients with advanced lung cancer after they had received chemotherapy. Patients who received thymosin lived about twice as long as those who did not receive thymosin. It was observed that patients with low initial T-cell levels responded to thymosin therapy better than patients with high initial T-cell levels.

This study suggests that thymosin acts to restore lost immune function in cancer patients, rather than to combat the disease itself. Apparently, thymosin's ability to boost immune function enhances the action of anticancer drugs, particularly in patients with markedly depressed T-cell levels.

In some European countries, the immuno-suppressive effects of surgery and radiation, and chemotherapy are minimized by the application of thymus therapy prior to and after these toxic treatments. Currently, Dr. Goldstein is conducting studies of thymosin to boost the immune systems of people with AIDS. In April 1985, Dr. Goldstein presented his findings at the Centers for Disease Control's International Conference on AIDS in Atlanta. He reported that injections of thymosin in AIDS patients, both hemophiliacs and gays, resulted in improvement of specific immune functions. Using thymosin alone, Goldstein has seen seven ARC patients improve to near normal values of immune parameters. He has applied to the National Institute of Health for a grant for a clinical protocol using a combination of thymosin, an immunomodulator, and ribavarin, an antiviral drug.

One man in San Francisco on self-prescribed regimen of ribavarin and three injections of thymus extract (along with synergists: liver and spleen injections) is reporting that his KS lesions have disappeared and

diseases. This therapy is called organotherapy. Raw thymus gland derived from calves is sold as a nutritional supplement. Lyophilized or freeze-dried tablets or capsules of raw thymus concentrate do contain unspecified amounts of active thymosin and other thymus polypeptide fractions.

Raw glandulars are organ-specific not species-specific.

(Continued on page 14)

In some European countries, the immuno-suppressive effects of surgery and radiation, and chemotherapy are minimized by the application of thymus therapy.

WANTED:

Third World Gay or Bisexual Men to Participate in an AIDS Behavioral Research Project

We need men to participate in confidential small group discussions about AIDS. It takes only about three hours and is free. You can help the AIDS Foundation enhance its outreach to Third World Communities. Contact Ernest Hinojos at 864-4376 for details.

**The San Francisco
AIDS Foundation**



Me? Live in a
RESIDENCE Club?

been convicted of a crime." Spero wrote in a letter to Boston's *Gay Community News*. "I honestly don't know what to do about him (Colella). I can't fire him because I haven't got the money for another lawyer and I for sure don't want a court-appointed lawyer that will give me even more problems. Once I tried to fire him and he said I legally couldn't do it because I was incompetent."

Colella said he is doing what is best for his client, but Spero has complained that the attorney is trying to paint a totally different picture of her.

Spero claimed the lawyer is "trying to get my ex-lover to say I was into S&M and for her to testify that I was and Jina was too when that is not true."

—*The Gay Community News of Boston*

Michigan Man Bikes 7,000 Miles For AIDS Research

KEY WEST, Fla.—A Michigan man has completed his trans-continental bicycle trek for AIDS research, covering 7,000 miles between Anchorage, Alaska and this Florida city.

However, Mark Landsfeld found a lot of difficulty in getting interest for his fund-raising idea along the way.

In Denver for instance, the local organizer took off for a European vacation without leaving anyone else in charge. When Landsfeld arrived in Texas, that state had just had its old sodomy law re-instated in a New Orleans Circuit Court decision.

However, by the time Landsfeld reached Florida, he was greeted as a celebrity. He made several personal appearances in several cities.

If he had to do it all over again, Landsfeld said he would have ridden from San Francisco to New York.

—*The Philadelphia Gay News*

Icelandic Gays Fight Radio Discrimination

REYKJAVIK, Iceland—The national gay and lesbian organization of Iceland, Santokin (Same Sex), has launched a campaign against anti-gay discrimination by the Icelandic State Broadcasting service, according to gay sources in Scotland.

The Icelandic media has been

WANTED

Third World Gay or Bisexual Men Interested in Helping Each Other

We need men to participate in confidential small-group discussions about AIDS. It takes only about three hours and is free. You can help the AIDS Foundation enhance its outreach to Third World communities.

Our next group will take place on December 7th, from 1:30 to 4:30 p.m.

Interested men call Ernesto Hindijos at 864-4376 before December 4th to reserve a place.



PEACE MAY BREAK OUT IN YOUR HOUSEHOLD WHEN YOU LEARN TEAM CLEANING.



Housecleaning was passed down to us by people who didn't also work 40 hours a week—and commute! Now, there's a better way.

At the Clean Team's **Better Way Cleaning Seminar**, you'll learn to clean your house in half the time—or less. Guaranteed, or your money back. So you'll have time to do the things you really want to do.

Our next seminars in San Francisco: Saturdays 11/23 and 12/7, 9am-Noon; and Tuesdays 12/3 and 12/10, 7-10pm. The cost: just \$60.

ran in Bar - October 17, 85

SELVES

Thymus Stimulation Therapy

TED SMITH

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**The San Francisco
AIDS Foundation**



Me? Live in a
RESIDENCE Club?

50 THIRD WORLD GAY-BISEXUAL MEN
- NEEDED -
TO PARTICIPATE IN
RESEARCH FOCUS GROUPS ON AIDS

EACH GROUP WILL CONSIST OF ABOUT 12 MEN
AND WILL DISCUSS YOUR FEELINGS ABOUT THE
FOLLOWING ISSUES:

- ° KNOWLEDGE OF AIDS
- ° WHERE DID YOU LEARN ABOUT AIDS?
FROM TV, NEWSPAPERS, RADIO, FRIENDS?
- ° WHAT ARE YOUR ATTITUDES ABOUT SEX
AND ITS RELATIONSHIP TO AIDS?
- ° HOW ARE YOU COPING WITH AIDS?
- ° HOW CAN THE AIDS FOUNDATION IMPROVE
ITS EDUCATIONAL PROGRAMS?

ONE OBJECT OF THE RESEARCH WILL BE TO DESIGN
APPROPRIATE WRITTEN AIDS EDUCATIONAL MATERIAL
FOR THIRD WORLD GAY MEN.

IF YOU ARE INTERESTED PLEASE CALL
- ERNESTO O. HINOJOS -
AT THE S.F. AIDS FOUNDATION 864-4376

THREE SESSIONS ARE PLANNED FOR THE FALL.
THE FIRST IS SCHEDULED FOR OCTOBER 26,
SATURDAY, FROM 1:30 TO 4:30.
OTHER SESSIONS WILL BE SCHEDULED FOR
NOVEMBER AND DECEMBER.
THE SESSIONS ARE 3 HOURS.
THEY ARE CONFIDENTIAL



SAN FRANCISCO AIDS FOUNDATION
333 VALENCIA STREET
FOURTH FLOOR
SAN FRANCISCO
CALIFORNIA
94103
415/864-4376

NOTICE NOTICE NOTICE NOTICE

BILINGUAL SPANISH/ENGLISH
VOLUNTEER HOTLINE OPERATOR NEEDED

The San Francisco AIDS Foundation is recruiting
volunteer hotline operators who are Spanish and
English speaking.

JOB TITLE:

HOTLINE WORKER

SUPERVISION:

SHIFT LEADERS AND
SF AIDS FOUNDATION STAFF

TIME COMMITMENT:

A TWO DAY HOTLINE TRAINING
OFFERED NOVEMBER 2nd & 3rd
9:00 am to 5:00 pm both days

3 HOURS PER WEEK WITH A
6 MONTH COMMITMENT

DUTIES:

- * Answer hotline calls and disseminate information and referrals.
- * Read new materials to keep self updated - information provided by Foundation.
- * Casual counseling as part of information calls.
- * Must maintain accurate records of calls taken and complete appropriate paperwork.

QUALIFICATIONS:

Must be accurate, patient &
helpful
Must be personable, like to talk
on the telephone
Must have a good memory for facts
Must be bilingual

INTERESTED PARTIES CONTACT KEN JONES
(415) 864-4376



SAN FRANCISCO AIDS FOUNDATION
333 VALENCIA STREET
FOURTH FLOOR
SAN FRANCISCO
CALIFORNIA
94103
415/864-4376

OJO - OJO - OJO - OJO - OJO
BILINGUAL: ESPANOL INGLES

LA FUNDACION DE SAN FRANCISCO PARA AIDS
ESTA NESECITANDO OPERADORES VOLUNTARIOS
QUE SEPAN HABLAR INGLES Y ESPANOL PARA
CONTESTAR LA LINEA DE EMERGENCIA.

TITLUO DE TRABAJO -

OPERADOR DE LA LINEA DE EMERGENCIA
SUPERVISADO POR LIDERES DE LA FUNDACION
DE SAN FRANCISCO DE AIDS

TIEMPO QUE SE TIENE QUE COMPROMETER:

- DOS DIAS DE ENTRENAMIENTO PARA
CONTESTAR LA LINEA DE EMERGENCIA
QUE SE LLEVARA A CAVO NOV 2 Y 3,
DE LAS 9 DE LA MANANA A LAS 5 DE
LA TARDE LOS DOS DIAS.
- TRABAJAR 3 HORAS POR SEMANA CON EN
COMPROMISO DE 6 MESES.

SUS OBLIGACIONES:

- CONTESTAR LA LINEA DE EMERGENCIA, DAR
CORRECTA INFORMACION Y REFERENCIAS
- LEER NUEVOS MATERIALES PARA QUE SE
MANTENSA MEJOR INFORMADO Y ESTE AL DIA,
LA INFORMACION SERA PROVEIDA POR LA
FUNDACION
- CONSEJOS CASUALES COMO PARTE DE LA
INFORMACION
- MANTENER APROPIDAMENTE UN RECORD DE
TODAS LAS LLAMADAS QUE RESIBA Y
COMPLETER APROPIDAMENTE SU TRABAJO
DE PAPEL

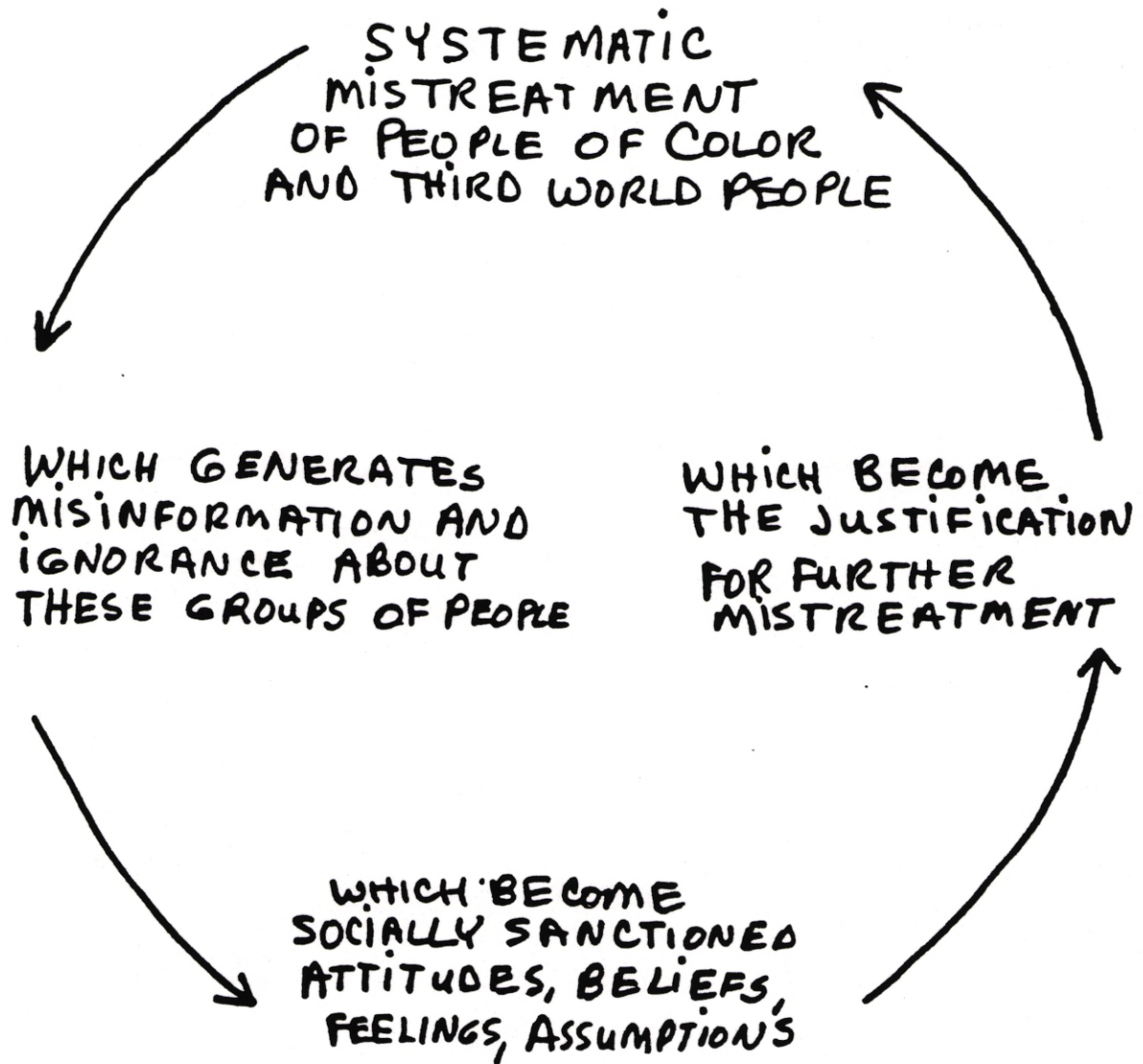
CALIFICACIONES:

TIENE QUE SER PACIENTE, Y PODER ALLUDAR
TIENE QUE TEMER PERSONALIDAD PARA
HABLAR EN EL TELEFONO
TIENE QUE TENER BUENA MEMORIA Y
TIENE QUE SER BILINGUL

LAS PERSONAS INTERESADAS PUEDEN LLAMAR AL
864-4376 Y HABLAN CON EL SENOR KEN JONES O
CON ERNESTO O. HINOJOS.

Ricky Sherover - Marcuse
6501 DANA
Oakland CA 94604
415-428-0696

RACISM



- RACISM IS ONE CONSEQUENCE OF A SELF-PERPETUATING IMBALANCE IN ECONOMIC, POLITICAL AND SOCIAL POWER.

- RACISM HURTS ALL OF US, WHETHER OR NOT WE ARE MEMBERS OF THE TARGETED GROUP.

TOWARDS A PERSPECTIVE ON UNLEARNING RACISM:

12 WORKING ASSUMPTIONS

Because racism is both institutional and attitudinal, effective strategies against it must recognize this dual character. The undoing of institutionalized racism must be accompanied by the unlearning of racist attitudes and beliefs. The unlearning of racist patterns of thought and action must guide the practice of political and social change. The following assumptions offer a perspective for the work of attitudinal change.

* * * * *

1. The systematic mistreatment of any group of people isolates and divides human beings from each other. This practice is a hurt to all people. The division and isolation produced by racism is a hurt to people from all ethnic groups.

2. Racism is not a genetic disease. No human being is born with racist attitudes and beliefs. Physical and cultural differences between people are not the cause of racism; these differences are used as the excuse to justify racism. (Analogy with sexism: anatomical differences between human males and females are not the cause of sexism; these differences are used to justify the mistreatment of females of all ages.)

3. No young person acquires misinformation by their own free choice. Racist attitudes and beliefs are a mixture of misinformation and ignorance which is imposed upon young people through a painful process of social conditioning. "You have to be taught to hate and fear."

4. Misinformation is harmful to all human beings. Misinformation about peoples of color is harmful to all people. Having racist attitudes and beliefs is like having a clamp on one's mind. It distorts one's perceptions of reality. Two examples: the notion that "flesh color" is several shades of pinkish beige; the use of the term 'minorities' to describe the majority of the world's people.

5. No one holds onto misinformation voluntarily. People hold onto racist beliefs and attitudes because this misinformation represents the best thinking they have been able to do at this time, and because no one has been able to assist them to change their perspective.

6. People will change their minds about deeply held convictions under the following conditions: 1) the new position is presented in a way that makes sense to them; 2) they trust the person who is presenting the new position; 3) they are not blamed for having had misinformation.

7. People hurt others because they themselves have been hurt. In this society we have all experienced systematic mistreatment as young people--often through physical violence, but also through the invalidation of our intelligence, the disregard of our feelings, the discounting of our abilities. As a result of these experiences, we tend both to internalize this mistreatment by accepting as 'the way things are', and to externalize it by mistreating others. Part of the process of undoing racism involves becoming aware of and interrupting this cycle of mistreatment in day to day encounters and interactions.

8. As young people we have often witnessed despair and cynicism in the adults around us, and we have often been made to feel powerless in the face of injustice. Racism continues in part because we feel powerless to do anything about it.

9. There are times when we have failed to act, times when we did not achieve as much as we wanted to in the struggle against racism. Eliminating racism also involves understanding the difficulties we have had and learning to overcome them, without blaming ourselves for having had those difficulties.

10. The situation is not hopeless; people can grow and change; we are not condemned to repeat the past. Racist conditioning need not be a permanent state of affairs. It can be examined, analyzed, and unlearned. Because this misinformation is glued together and held in place with painful emotion, the process of unlearning it must take place on the experiential as well as on the theoretical level.

11. We live in a multicultural, multi-ethnic world; everyone is "ethnic." Misinformation about other people's ethnicity is often the flip side of misinformation about one's own ethnicity. For example the notion that some ethnic groups are 'exotic' and 'different' is the flip side of the notion that one's own group is just 'regular' or 'plain'. Thus a crucial part of unlearning racism is the acquiring of accurate information about one's own ethnicity and cultural heritage. Reclaiming this information will show us that we all come from traditions in which we can take justified pride.

12. All people come from traditions which have a history of resistance to injustice, and every person had their own individual history of resistance to oppressive social conditioning. This history deserves to be recalled and celebrated. Reclaiming one's own history of resistance is central to the project of acquiring an accurate account of one's own heritage. When people act from a sense of informed pride in themselves and their traditions, they will be more effective in all struggles for justice.

Liberation Theory: Axioms and Working Assumptions about the
Perpetuation of Social Oppression

1. Liberation is both the undoing of the effects and the transformation of the causes of social oppression. The undoing and the transformation must occur at the institutional level and at the level of group and individual interactions. Liberation involves changing oppressive behavioral patterns and eliminating oppressive attitudes and assumptions.

2. Oppression is the systematic and pervasive mistreatment of human beings on the basis of their membership in various groups. Oppression includes both institutionalized or "normalized" mistreatment as well as instances of violence. It includes the invalidation, denial, or the non-recognition of the humanness (the goodness, smartness, powerfulness, etc.) of individuals and groups who are the targets of that form of mistreatment.

3. The perpetuation of oppression is made possible by the conditioning of new generations of human beings into the role of being oppressed and the role of being oppressive. In a society in which there is oppression everyone (at one time or another) gets socialized into both of these roles. Thus this conditioning happens both to people who are the targets of a specific form of oppression and to people who are the non-targets of this particular oppression.

4. The conditioning of both groups, the target group and the non-target group of any given oppression takes place through a specific form of oppression, the oppression of young people. In a society in which there is oppression, all young people will be the targets of this systematic mistreatment, i.e. all young people will be oppressed.

5. Biological/cultural/ethnic/sexual/religious/age differences between human beings are never the cause of oppression. The use of these differences to explain either why certain groups of people are oppressed or why certain groups of people behave oppressively functions as a justification of various forms of oppression.

6. Differences in class, in social and economic power, in educational opportunity and achievement, in health and physical well being, are the expression and result of an oppressive system. Such differences perpetuate and increase the social imbalances in power. These differences serve to perpetuate oppression.

7. No one is naturally or genetically oppressive; no human being is born as an oppressor. No one is naturally or genetically destined to be oppressed; no one is born to be oppressed.

8. The "positive re-enforcements" and social rewards that people get for going along with their conditioning would not in themselves be sufficient to secure their acceptance of the social roles of oppressor or oppressed. The "acceptance" of these social roles is first made possible as a result of the

individual's own experience of oppression, originally as a young person.

9. Being socialized into the oppressed role is a painful experience for young people of the target group. Being socialized into the oppressor role is a painful experience for young people of the non-target group --- in spite of the positive re-enforcements and material benefits that go along with this role.

10. Part of the conditioning experience is the misinformation that socialization into these roles is not painful. In some cases the pain of the conditioning is recognized for people in the target group. It is seldom recognized for people of the non-target group. The conditioning experiences are portrayed as "a normal part of growing up". Often the original awareness that this socialization was painful gets obscured, or forgotten.

11. The perpetuation of any particular oppression requires that the pain of being socialized into either the oppressed or the oppressor role be forgotten, or discounted. The discounting or "normalizing" of the painful aspects of the conditioning process thus becomes a means of perpetuating all forms of oppression.

12. People who are the targets of any particular form of oppression have resisted and attempted to resist their oppression in any way they could. The fact that their resistance is not generally recognized is itself a feature of the oppression.

13. People who are the non-targets of any particular oppression have resisted and attempted to resist their socialization into the oppressive role. The fact that this resistance is not generally recognized is also a feature of the oppression.

14. In addition to force and the threat of force, oppression is perpetuated through the generation and recycling of systematic misinformation about the nature, history, and the abilities of the target group. Because this misinformation is socially empowered and sanctioned, it functions as the justification for the continued mistreatment of the target group.

15. Each group targeted by oppression inevitably "internalizes" the mistreatment and the misinformation about itself. The target group thus "mis-believes" about itself the same misinformation which pervades the social system. This "mis-believing" expresses itself in behavior and interactions between members of the target group which repeat the content of their oppression. Internalized oppression is always an involuntary reaction to the experience of oppression on the part of the target group. To blame the target group in any way for having internalized the consequences of their oppression is itself an act of oppression.

WORKING ASSUMPTIONS AND GUIDELINES FOR ALLIANCE-BUILDING

Since, under present world conditions, everyone either is now, or has been, or will be at some time a target of social oppression, and since everyone is now, or has been, or will be in a non-target group in relation to some other group's oppression, alliance building is for everyone. Everyone of us needs allies, and everyone of us can take the role of an ally for someone else. The following guidelines are based on this premise. They should be equally applicable from the perspective of the target and the non-target group.

STRATEGIES FOR WINNING ALLIES

1. Assume that your group and that you in particular deserve allies.
2. Assume that your liberation issues are justifiably of concern to all people outside your group;
3. Assume that people in other groups are your natural allies; assume that all people outside your group want to be allies for you and that it is in their interest for them to do so.
4. Assume that it is only other people's own oppression and internalized oppression that prevents them (temporarily) from being effective allies to you at all times.
5. Assume that your allies are doing the best they can at the present time, given their own oppression and internalized oppression. Assume that they can and will do better.
6. Assume that you are the expert on your own experience and that you have information which other people need to hear.
7. Speak from your own experience without comparing your oppression to theirs.
8. Assume that your experience is also an experience of victories; be sure to share these- as well as the stories of how things are hard.
9. Expect perfection from your allies; expect them to be able to deal with the "difficult issues" in your struggle. Assume that allies make mistakes; be prepared to be disappointed, and continue to expect the best from them.
10. Assume that you have a perfect right to assist your allies to become more effective for you. Assume that you can choose to do this at any time. Take full pride in your ability to do this.

STRATEGIES FOR BEING AN EFFECTIVE ALLY.

1. Assume that all people in your own group including yourself want to be allies to people in other groups. Assume that you in particular are good enough and smart enough to be an effective ally. (This does not mean

that you have nothing more to learn- see # 6, below.)

2. Assume that you have a perfect right to be concerned with other people's liberation issues, and that it is in your own interest to do so and to be an ally.

3. Assume that all people in the target group want members of your group and you in particular as an ally. Assume that they recognize you as such- at least potentially.

4. Assume that any appearances to the contrary (any apparent rejections of you as an ally) are the result of target group people's experience of oppression and internalized oppression.

5. Assume that people in the target group are already communicating to you in the best way they can at the present time. Assume that they can and will do better. Think about how to assist them in this without making your support dependent upon their "improving" in any way. (Hint: think about what has been helpful for you when you were in the target group position.)

6. Assume that target group people are experts on their own experience, and that you have much to learn from them. Use your own intelligence and your own experience as a target group member to think about what the target group people might find useful.

7. Recognize that as a non-target person you are an expert on the experience of having been conditioned to take the oppressor role. This means that you know the content of the lies which target group people have internalized. Don't let timidity force you into pretended ignorance.

8. Assume that target group people are survivors and that they have a long history of resistance. Become an expert on this history and assist target group people to take full pride in it.

9. Become an expert on all the issues which are of concern to people in the target group, especially the issues which are most closely tied in to their internalized oppression. Assume that making mistakes is part of the learning process of being an ever more effective ally. Be prepared for flare-ups of disappointment and criticism. Acknowledge and apologize for mistakes; learn from them, but don't retreat.

10. Recognize that people in the target group can spot "oppressor-role conditioning"; do not bother with trying to "convince" them that this conditioning did not happen to you. Don't attempt to convince target group people that you "are on their side"; just be there.

11. Do not expect "gratitude" from people in the target group; thoughtfully interrupt if it is offered to you. Remember, being an ally is a matter of your choice. It is not an obligation; it is something you get to do;

12. Be a 100% ally; no deals; no strings attached: "I'll oppose your oppression if you oppose mine." Everyone's oppression needs to be opposed unconditionally.



SAN FRANCISCO AIDS FOUNDATION
54 TENTH STREET
SAN FRANCISCO
CALIFORNIA
94103-1360
415/864-4376

September 27, 1985

Mr. Ramon Sevilla, Director
La Raza Information Center
3174 24th Street
San Francisco, Ca. 94110

Dear Mr. Sevilla:

It was a pleasure to meet with you on September 25 to discuss the goals of the San Francisco AIDS Foundation. As I explained to you the educational material you requested will be delivered every other week to your office. I have included a list of all the material we have, if you would like any additional material mail the included form to the Foundation or give me a call.

I am also sending you a P.S.A. for the radio show to assist us in recruiting a bi-lingual hotline workers. The hotline operators as you know, answer callers questions on AIDS. In our attempts to reach all population in San Francisco we are looking for Spanish speaking operators. I would like to know for our records when the adds are aired and how many times. Per your request I will send Ms. Parada copies of the P.S.A.'s.

As we discussed if you have any groups or meeting at which you would like me to speak on AIDS I would be happy to participate. I believe that together we can make a difference in providing AIDS information to our community.

Thank-you very much for your assistance. If you have any questions please contact me at the above phone number.

Sincerely,

A handwritten signature in cursive script, reading "Ernesto O. Hinojos".

Ernesto O. Hinojos

CC: Reina Parada

EH:eh



SAN FRANCISCO AIDS FOUNDATION
333 VALENCIA STREET
FOURTH FLOOR
SAN FRANCISCO
CALIFORNIA
94103
415/864-4376

P.S.A.

CONTACT AGENCY: San Francisco AIDS Foundation
333 Valencia St.
San Francisco, Ca. 94103

START DATE: A.S.A.P.
END DATE: 10-15-85

CONTACT: Ernesto O. Hinojos

TELEPHONE: 864-4376

The AIDS Virus can infect anyone, it's effects are not limited to Gay, White males. In San Francisco there are 154 cases of AIDS among members of Ethnic Minority Communities.

To help members of the Latino community with questions about AIDS and Resources for persons with AIDS, the San Francisco AIDS Foundation operates a Hotline. The Foundation is currently recruiting Volunteers who are bi-lingual Spanish speaking for Hotline operators. If you can volunteer for one 3 hour shift per-week, we need you.

Interested persons can call and speak to Ken Jones or Ernesto Hinojos, at 864-4376. Thank you.



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54 TENTH STREET
SAN FRANCISCO
CALIFORNIA
94103-1360
415/864-4376

P.S.A.

CONTACT AGENCY: San Francisco AIDS Foundation
333 Valencia St.
San Francisco, Ca. 94103

START DATE: A.S.A.P.
END DATE: 10-15-85

CONTACT: Ernesto O. Hinojos

TELEPHONE: 864-4376

El virus del AIDS prede infectar a cualquiera. Sus efectos no estan limitados a los Homosexuales o a personas de raza blanca. En San Francisco hay mas de 154 casos de AIDS entre la Comunidad de Minorias.

Para asistir a los miembros de la comunidad Latina con preguntas acerca del AIDS y recursos para personas con AIDS, el San Francisco AIDS Fundacion opera una linea telefonica de emergencia. En el presente esta Fundacion eata reclutando voluntarios que sean bilingues en el idioma espanol para ser entrenados como operadores de la linea telefonica de emergencia. Si usted puede trabajan como voluntario por un tiempo de tres horas por semana, por favor llamenos.

Las personas interesadas pueden llamar al 864-4376 y hablan con el senor Ken Jones o con Ernesto O. Hinojos.

Holly FYI Bernie

CINDY SMALLWOOD MEDICAL EDUCATION FOUNDATION, INC.

QUASI-MORTICIDE COMMITTEE

PRESENTS

A SYMPOSIUM/WORKSHOP

TITLED

PREVENTION OF VIOLENT DEATH IN THE BLACK
COMMUNITY: COPING WITH A NATIONAL CRISIS

Friday, September 20, 1985 from 8:00 AM-4:00 PM

COLLEGE OF SAN MATEO, RECITAL STUDIO
1700 West Hillsdale Blvd., San Mateo, CA

Participants include

CONGRESSMAN, TOM LANTOS, Keynote Speaker

SUPERVISOR K. JACQUELINE SPEIER, PRESIDENT; DR. NATHAN HARE,
DR. TOM HILLARD, DR. WENDELL LIPSCOMB, MS. CHARLOTTE ROSS,
DR. RICHARD SEIDEN, DR. CATHERINE SMALLWOOD, MS. DOROTHY STAPP,
DR. FLOYD WYLIE and others

CO-SPONSORS

RADIO STATION KSOL, PUBLIC AFFAIRS
COMMUNITY EDUCATION OFFICE OF SAN MATEO COUNTY COMMUNITY COLLEGE DISTRICT

REGISTRATION (8:00-9:00 AM) \$25 STUDENTS/RETIREES \$10

Limited Number of Scholarships Available

Lunch may be purchased at campus cafeteria

574-1730 - more info.



The Bay Area Black Journalists Association is a professional organization for Northern California journalists, journalism students and others in media-related fields. The association was founded in 1981 by a group of concerned Bay Area media professionals who recognized the need for a network. BABJA is dedicated to the development of Black journalists as effective, influential and informed voices of the Black community.

Since its inception, BABJA has worked to strengthen ties between Black journalists and the Black community and build a network through which journalists can address common concerns.

In its first year, BABJA hosted the Western Regional Conference of the National Association of Black Journalists. The conference explored such topics as "Dealing With Stress in the Newsroom," "Understanding the New Technologies" and "The Community's View of Black Journalists." More than 200 journalists attended the forum, at which activist Angela Davis and U.S. Civil Rights Commission Chairman Clarence Pendleton were the keynote speakers.

BABJA hosts an annual reception to welcome the students of the Summer Program for Minority Journalists at the University of California-Berkeley. The association also provides scholarships for journalism students, sponsors forums on current issues and hosts professional retreats.

BABJA would like you to become a part of this growing organization. Join us today by mailing the attached application. BABJA meets at 7:30 p.m. on the second Tuesday of each month at:

A CENTRAL PLACE
200 Woodward Building
477 15th St.
(across from Oakland City Hall)
Oakland, CA 94612
Phone: 834-7987

We hope to see you at our future meetings!

MEMBERSHIP APPLICATION

Renewal _____ New membership _____

Name _____

Address _____

City _____

State _____

ZIP _____

Home phone _____

Business affiliation _____

Title _____

Address _____

City _____

State _____

ZIP _____

Office phone _____

I prefer to have mail sent to my home _____ office _____.

Describe your position and job responsibilities: _____

Type of membership: _____ Regular active (\$25)

_____ Associate (\$15) _____ Student (\$5)

Other media affiliations/organizations: _____

Previous media experience: _____

Make checks payable to BABJA and mail to:

BABJA
c/o A Central Place
477 15th St.
Oakland, CA 94612

babypa

9/24 5 101 Grove



SAN FRANCISCO AIDS FOUNDATION
84 TENTH STREET
SAN FRANCISCO
CALIFORNIA
94103-1360
415/864-4376

MEMORANDUM

TO: TOM MOSSMILLER, AAO HTLV-III COORDINATOR
FROM: BERNIE WAGNER, HTLV-III TEAM MEDIA RELATIONS
DATE: AUGUST 28, 1985
RE: THIRD WORLD OUTREACH BY HTLV-III TEAM

As requested per our conversation on August 28, 1985 in reference to Third World commitments and activities...an update.

. Contact was made with community organizations/programs, etc... who provide services to Third World people. Many of the programs included drug agencies, alcohol agencies, alcohol agencies, mental health agencies and youth programs. Some of the focus areas are: Tenderloin, Polk, Haight-Ashbury, Hunter's Point, Western Addition, South San Francisco, and Potrero Hill (pockets).

Letters were sent to these groups extending an invitation to use the HTLV-III Speaker's Bureau to find out more about AIDS and the testing program. The letter also addressed our ability to de-mystify the stereotypes and myths associated with the disease.

In addition, a list of 1500 Third World organizations/agencies and individuals was received on August 27th from Norman Nickens, the Human Rights Commission to be used as another mailing list. The list may be a duplication of previous mailing lists, but it's definitely an asset. The list will be shared with Ernesto Hinojos, Education Specialist at the Foundation and with Eileen Eya, Health Center 1.

. In the process of designing a visual message for Third World communities/IV Drug users/HTLV3. Why? It was discovered that this population does not read the daily newspaper, watch a lot of television or listen to radio programs unless there is 99% music and no talking.

Research shows that ethnic communities need a simple, colorful, visual image to give them a message about AIDS/HTLV3/drug abuse. Pictures are probably very meaningful. This is still being discussed.

. Outreach is presently underway with General Assistance hotels in the Tenderloin/Polk Street areas. Work was done to ascertain the needs and concerns of the residents. This population feels ignored. The bars, bookstores, j.o. stores, etc...have been added to the Foundation's distribution list for literature, safe sex guidelines, and condoms when available again.

A tremendous amount of contact with the media has been underway. The media has been most responsive and kind to our needs and growing concerns on how stories are being handled.

Contacts have been made with radio stations who cater to Third World listeners or young people more apt to be substance abusers. Talk shows, public service announcements and editorials have been done on the following:

KEAR	KFAX (religious)	KITS (young/teens)
KSOL (ethnic)	KBLX (ethnic)	KRE (ethnic)
KFRC (teen)	KGO (news)	KALX (public)
KALW (public)	KOFY (Span)	KCBS (news)
KPFA (community)		KPOO (public)
KQED (public)		

TELEVISION

The following stations have been supportive through editorials, announcements and talk shows:

KBHK	KRON
KTVU	KPIX
KGO	KTSF

CABLE 3 in the East Bay.

PRINT

Contact has been made with the following ethnic newspapers in SF

Sun Reporter	New Bayview	BAR
Sentinel	El Tecolote	Tiempo Latino
SF Progress	Metro Reporter	El Bohemio
Advocate	Asian Week	Chinese Times
Tenderloin Times		

. Interviews/storeis have been done by the HTLV-III staff on issues revolving around the test, procedres, dealing with a positive or negative result, third world communities, etc...

Many callers/media people have requested statistics on the number of people of color in San Francisco and in the United States. Others have requested information on babies/youth and AIDS. Several are requesting information on the new "rap" record which was released by the Philadelphia AIDS Task Force. (PATF)

. The Third World Advisory Task Force was created several weeks ago to address the needs and concerns of Third World communities. The group is presently made of Third World Service Providers. At the last meeting (8/27) the group voted to open to membership up to people of all colors who showed an interest in third world communities or provided services for that community.

The Third World Task Force has ordered 7 copies of the rap record to be used on ethnic stations...possibly in conjunction with a video. The record appeals to Spanish and Black youth.

The Third World Advisory Task Force is interested in serving as an advisory committee for agencies, like the San Francisco AIDS Foundation, the Pacific Center, Shanti, etc...

The committee also has a plan to create brochures/pamphlets targeted at the Latino, Black, Asian, etc...communities. I feel that this committee will be a great asset!

. A letter has been designed/created to reach San Francisco Black Ministers and their congregation. The letter was written in simple non-threatening language. It's not a homosexual issue, but an education issue.

We are offering speakers, films/videos and literature to them for no charge. Meetings can be arranged or presentations can be done during the evenings, M-F or on a Sunday during service.

. There are plans to pursue an audience with the Archdiocese in reference to literature distribution and the accessibility of presentation for interested members, etc...(and the Latino community)

. We would like to see future outreach done with high schools (private and public) in which Third World students are the majority and also within schools in general where most are sexually active.



THIRD WORLD SERVICE PROVIDERS MEETING, August 27, 1985; 5:00 P.M., Meeting held:
San Francisco Department of Public Health

INTRODUCTION:

Meeting was chaired by Larry Saxxon, San Francisco AIDS Foundation. He introduced Ernesto Hinojos, Educational Specialist, S.F. AIDS Foundation who was hired by the Foundation to assist with AIDS Educational Outreach to ethnic Minority Communities in San Francisco. Ernesto explained his position would be 1/2 time until October 28, 1985 when he will become full-time. He is presently the supervising counselor for the Antibody Testing Program offered at the Alternative Testing Program, through the AIDS Health Project. He will be conducting a needs assessment of the foundation outreach to Ethnic Communities to determine an effective outreach plan. He will develop a network of minority contacts in the Black, Latino, Native American, and Asian communities in S.F.. He will also assist in developing material that is relevant and effective in communicating preventative behavior that will assist minority persons in protecting themselves from exposure to the AIDS virus.

Discussion on the B.W.M.T. Pamphlet:

The Educational Committee will be working on two pamphlets, the first one targeted to health professionals and the second pamphlets for general public. They will provide an update at our next meeting.

PRESS RELEASE:

Ernest Andrews read the press release to the group and asked for feedback. The press release will be translated into Spanish for release by either Miguel or Ernesto.

Ernest also talked about the purchase of the Tape, "Respect Yourself". This is the rap record released by B.W.M.T. of Philadelphia. He purchased 7 copies at a cost of \$ 21.00.

Discussion on money donated from 3rd World Planning Conference for 3rd World Service Provider Group. From this discussion lead to what is the role of our group? Would we be advising existing AIDS Organization on how to better access and/or provide services to our respective communities, or should we establish ourselves as an independent group and prepare educational materials ourselves. It was suggested that since existing organizations had the responsibility to provide AIDS Educational material to San Francisco, and services to P.W.A. the group could provide assistance to the AIDS Organizations. It was also suggested that we go to our respective organizations to see what they see as a need that we can assist them with.

The discussion seemed to focus on our role should be one to assist existing AIDS organizations with providing educational material that is relevant, culturally sensitive, and can be understood by our communities.



THIRD WORLD AIDS ADVISORY TASKFORCE

The Third World AIDS Advisory Taskforce serves as an on-going advisory group to service providers addressing AIDS prevention/ education and direct services for Third World communities. The Taskforce is open to representatives of provider organizations and to all interested individuals regardless of racial or sexual identification.

The primary objectives of the Taskforce are to assess the needs of Third World communities and to suggest more effective strategies to address these needs. These strategies include approaching provider organizations with specific recommendations designed to:

- Significantly increase the availability of Third World sensitive literature
- Reduce the fears of Third World communities toward the AIDS provider organizations and to advise these providers of ways to overcome their limitations in delivering services to Third World communities
- Increase political awareness of the impact of AIDS in Third World communities
- Encourage service providers to establish more pro-active affirmative policies
- Promote the improvement of AIDS related services to Third World clients
- Promote broad involvement of alcohol and substance abuse providers in addressing AIDS related issues and concerns

THIRD WORLD AIDS ADVISORY TASK FORCE

September 18, 1985

Greetings:

The Third World AIDS Advisory Task Force has been busy lately, and we know that not everyone has been able to attend all meetings. This memo is our attempt to get everyone up-to-date and to encourage YOUR more active participation.

Press releases about the Task Force have gone out; the Education Committee has drafted a "mission statement"; the mission statement and an invitation to join us has been sent to agencies throughout the city. A list of other organizations who may be interested is being compiled for future use.

A variety of suggestions has been made for ways in which the Task Force can be effective. Nearly all of these recommend that some people expend time and effort in planning, co-ordinating or just-plain-doing something. YOUR HELP IS NEEDED. The Task Force needs additional workers if we are to succeed. We hope that the letter we sent to various agencies will result in some additional time for some members to spend on Task Force activities.

For your information we have included copies of the materials sent to the various agencies. We hope YOU will attend the Oct. 8 meeting so we can make a difference!



THIRD WORLD AIDS ADVISORY TASKFORCE

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THIRD WORLD AIDS ADVISORY TASK FORCE

September 18, 1985

██████ Executive Director

Agency

Street

San Francisco, Ca. 941

One of the common problems faced by all agencies dealing with AIDS is how to include the diverse social, cultural and ethnic communities represented in San Francisco. The specific problems may vary from agency to agency, but when dealing with AIDS, all agencies have a problem with:

1. identifying the needs of Third World communities, or
2. identifying effective strategies to meet those needs, or
3. both "1" and "2".

San Francisco possesses the resources to resolve this problem. A group of concerned professionals from various agencies has been meeting informally and has decided to create a support organization - the Third World AIDS Advisory Task Force. The Task Force's scope and purposes are delineated on the attached sheet. The purpose of this letter is to request the involvement of your agency in broadening and formalizing the Task Force's work.

We request that you:

1. advise your staff of our existence and our purpose;
2. use us as a resource;
3. join with us in our purpose by:
 - a. designating a member of your staff to be your agency's official representative on the Third World AIDS Advisory Task Force;
 - b. schedule that person to participate in Task Force meetings and committee work;
 - c. support your representative's efforts to accomplish the Task Force's goals.

We recognize that the staff of every AIDS agency is constantly stretched to accomplish the impossible, but we also recognize that outreach to Third World people is a MUST if our collective efforts are to succeed.

Please help us to help you - send your representative to our next meeting:

5:00 PM Tuesday, October 8, 1985

Department of Health, Room 302

101 Grove Street San Francisco.

For additional information call Ernest Andrews 864-8100 or 821-0868 (H).

From Ernesto 9/12



SAN FRANCISCO AIDS FOUNDATION
54 TENTH STREET
SAN FRANCISCO
CALIFORNIA
94103-1360

415/864-4376

MEMO FROM

HOLLY SMITH
Media Liaison/Executive Assistant

Research Support.

SF.
US Census data

SFAF R+D
gay/Bi ♂

White 58%

88%

Black 13%

4%

Asian 22%

2%

Latino 6%

5%

Native American 1%

0

Other. 1%

2%

What's the best way to target
populations

STAFF

Kelley.

DATE/TIME

7/30

MEDIA CONTACT REPORT

INTERVIEWER'S NAME & PHONE #	TV/RADIO STATION CALL LETTERS	PRINT PUBLICATION	SUBJECT DISCUSSED
Vincent Franco. 641-1400	TV 14 Spanish Show.		Sept. Show

NOTES/DETAILS OF DISCUSSION:

on vacation mo. of August.
Taping always on Wed.

TABLE 6.1
Mass media rated according to selected criteria

Criterion	Medium						
	Newspaper	Television	Radio	Magazines	Outdoor advertising	Transit advertising	Direct mail
Selectivity	Medium	Low	High	High	Low-medium	Low	High
Cost per person exposure	High	Low (public service announcements)-high (ads)	Low	Medium	Medium	Low	High
Socioeconomic groups most reached	Middle; upper	Lower; middle	All classes	Middle; upper	Middle; upper	Lower; middle	All classes
Age range most reached	Middle; old	Children; old; housewives during day	Teen; old	Young; middle adult	Young; middle adult	All ages	All ages
Complexity of message	High	Medium	Low	High	Low	Low	Medium
Effectiveness per person exposed	Medium	Low-medium	Medium	Medium-high	Low-medium	Low	High

Ch 14 - Vincent Fran
Ch 15 - Latin Tiempo

To: All Staff
FROM: Ernesto O. Hinojos
DATE: September 12, 1985
RE: Collection of data on Ethnic Minority Outreach

The collection of data in this report reflects the information I received from my memo of 8-21-85. I understand that the data may not be truly reflective of all the efforts of the Foundation, however due to time I needed to prepare what information I could collect.

The information will be reported in the same format I set up in the memo.

1) Mailing list of ethnic minority organizations:

See Appendix A; I also received a Gay Mailing List dated August, 1985.
See me for Gay Mailing List.

2) Forums presented by your section:

Black and White Men Together Forum presented August, 85 Ken

Asian Women's Network

Community Leadership AIDS Fourm, May, 85 Mitch

Health Fair, Health Center # 1, Latino target population, Ian

Pride Center Forum, October, 84

Jail Presentations, Conducted in 84-85

Outreach to Bars; Bartenders Aganist AIDS Workshops, Les

Deluxe, Haight Area/ target population Black

Revol, Oakland/ target population Black

Casa de Crystal/P.S./ target population Asian

End-up/ target population Asian, Black, Latino

3) Training Sessions:

Westside Methodone Center for Staff Larry

4) Media Outreach:

General Foundation aids placed in the following: BAR, Coming Up, Sentinel and the Advocate.

General AIDS-prevention messages were placed in the Chronicle and Examiner.

English radio PSA's advertising the AIDS Hotline number

See Appendix B: Most of these ads were for the HTLV III Antibody Test.

Two articles due out in Chronicle and S.F. Sun Reporter, Larry

5) Audio-visual materials, brochures, and other printed material.

BAPHR Risk Reduction Guidelines translated into Spanish, Chinese, Tagalog, and Japanese.

Alcohol, Drugs and AIDS: Whats the Connection? English/Spanish

Mujeres Y AIDS Spanish/English

AIDS Antibody Testing At Alternative Test Sites English/Spanish

AIDS Lifeline brochure will be traslated into Spanish

The following are additional areas of outreach:

A) Recruitment Efforts:

Contact with Concha Saucedo, Director Instituto Familiar de la Raza, outreach for Social Worker position

Tom Gaona, UC. Berkeley, contact for Social Worker Position

Carmen Vasquez, contact for Social Worker position

B) Outreach conducted by Rick Crain for Ethnic Minority recruitment for Board of Director positions with the Foundation.

C) Volunteer Opportunities:

BWMT AIDS Task Force, presentation was made by Ken to seek volunteers.

D) Creation of the Third World Providers Group, organized by Larry.

I did not receive any information on requests from Ethnic Minority groups that had requested services from the Foundation and we were not able to grant, I assume we did not receive any. Any information on this issue would be helpful.

Employment Resources

ADVOCATES FOR WOMEN

256 Sutter St., 6th Floor
 San Francisco, CA 94108
 Elaine Shook
 Ph: 391-4870

AMERICAN INDIAN CENTER

225 Valencia Street
 San Francisco, CA 94103
 Allene Goddard/Jerry Trahan
 Ph: 552-1070

APPRENTICESHIP OPPORTUNITY FOUNDATION

400 Alabama Street
 San Francisco, CA 94110
 Danny Miranda
 Ph: 621-9712

BAY AREA URBAN LEAGUE, INC.

2136 Sutter Street
 San Francisco, CA 94115
 Gerald Williams
 Ph: 931-9800

BAYVIEW-HUNTERS POINT MANPOWER DEVELOPMENT

1429 Mendell Street
 San Francisco, CA 94124
 Lillian Harrison
 Ph: 822-7888

CHINATOWN RESOURCES DEVELOPMENT CENTER

615 Grant Avenue, 4th Floor
 San Francisco, CA 94108
 Myriam Chen
 Ph: 391-7583

CHINESE FOR AFFIRMATIVE ACTION

121 Waverly Street
 San Francisco, CA 94108
 Susan Tam
 Ph: 398-8212

CONSORTIUM OF UNITED INDIAN NATIONS

870 Market Street, Rm. 1140
 San Francisco, CA 94102
 Israel Alcantar
 Ph: 981-7331

EMPLOYMENT DEVELOPMENT DEPARTMENT

1145 Turk Street
 San Francisco, CA 94118
 Ph: 557-0111

FIL-AM EMPLOYMENT & TRAINING CENTER

335 Valencia Street
 San Francisco, CA 94103
 Larry Guiab/Maria Luisa Tomilloso
 Ph: 626-1608

JAPANESE COMMUNITY YOUTH COUNCIL

2012 Pine Street
 San Francisco, CA 94115
 Jeff Mori
 Ph: 563-8052

MISSION HIRING HALL, INC.

2922 Mission Street
 San Francisco, CA 94110
 Barbara Thomson
 Ph: 282-5200

MISSION LANGUAGE VOCATIONAL SCHOOL

2929 - 19th Street
 San Francisco, CA 94110
 Goerge Lopez
 Ph: 648-5220

MULTI-SERVICES CENTER FOR KOREAN

966 Market Street
 San Francisco, CA 94102
 Yon-Cha Shin Choy, Director
 Ph: 441-1881

O.B.E.C.A./ARRIBA JUNTOS

2017 Mission Street
 San Francisco, CA 94103
 James Kennedy, Manpower Manager
 Ph: 863-9307

OPPORTUNITIES INDUSTRIALIZATION CENTER

1830 Market Street
 San Francisco, CA 94102
 Rosita Thorenton

SAMOAN COMMUNITY COUNCIL

2225 Mission Street
 San Francisco, CA 94110
 Jose Sellinger/Willie Poole
 Ph: 771-7100 Ext. 270

SAN FRANCISCO WOMEN'S CENTER

The Women's Building
 3543 - 18th Street
 San Francisco, CA 94110
 Ph: 431-1180

APPENDIX A
(cont.)

SHERIFF'S RE-ENTRY PROGRAM

505 - 7th Street
San Francisco, CA 94102
Ron Smith
Ph: 558-3126

SWORDS TO PLOWSHARES

944 Market St., Suite 500
San Francisco, CA 94102
Melvin Escueta
Ph: 391-6984

UNITED JAPANESE COMMUNITY SERVICES

2012 Pine Street
San Francisco, CA 94115
Ph: 563-8052

WEST BAY FILIPINO MULTI-SERVICES CORP.

944 Market Street, Room 709
San Francisco, CA 94102
David Ilumin
Ph: 391-5800

WOMEN IN APPRENTICESHIP PROGRAM

25 Taylor Street
San Francisco, CA 94102
Richey Gore
Ph: 673-3925

YOUTH FOR SERVICE

25 - 14th Street
San Francisco, CA 94103
John Knox
Ph: 621-5555

Attached is a list media contacts/shows, etc...

July, 1985

- ✓ TV 11/San Jose
- KQED TV 9
- K101
- ✓ CNN
- NBC (national radio)
- KNBR
- ✓ KGO TV
- ✓ KSFO/KYA
- KGO RADIO
- KPIX TV
- KRON TV
- KFRC RADIO
- ✓ KBLX RADIO
- KCBS RADIO
- KEAR RADIO
- ✓ KPOO RADIO
- KYUU RADIO
- ✓ KBHK TV
- KTSF TV
- Oakland Tribune
- Tenderloin Times
- Sacramento Bee
- U.C. berkeley Press
- American Medical News
- Bay City News
- The Nation/Wash. D.C.
- Daily Review/Hayward
- Time Magazine
- People Magazine
- Sentinel
- Reuter's Wire Service
- ✓ El Pais Madrid, Spain
- Atlantic Monthly
- Swedish Daily
- SF Examiner
- Austrailian Wire
- A.P. WIRE Service
- Newsweek
- Rocky Mountain News
- Bridges Magazine (Women's Magazine)

August, 1985

Appendex B

✓ KPOO RADIO
Seattle Times
Pacific News Service
KLOK RADIO
San Jose Mercury
Washington Post
Associated Press
KPIX TV
KTVU TV
SF Chronicle
B.A.R.
✓ KPFA
✓ TV 6 Viacom
CBS Evening News/D. Rather
CA Medical Association
McNeil/Lehr Report
Freno Bee
✓ Asian Week
KQED RADIO

CBS NEW YORK
Sacramento Union
Good Housekeeping
KLXR RADIO
Globe Newspaper Chain
Entertainment Tonight (NBC)
✓ KRON TV
KGO TV
KBHK TV
✓ SF Examiner
Wall Street Journal
KALL, Salt Lake City
Scientist Institute (Reports/Briefs)
Mexico City - 60 Minutes
Chicago Occupational Health & Safety Magazine
Contra Costa Times
Sacramento Bee
KQED TV

Upcoming events:

KSOL RADIO/ethnic station

Sun Reporter/ethnic newspaper

New Bayview News/ethnic newspaper

CAMBIO NEWS / Sp... bi-lingual

cable 3- Third World

*A hold has been yplaced on requesting
air time on Spanish speaking shows until
a Speakers list has been compiled —*



SAN FRANCISCO AIDS FOUNDATION
333 VALENCIA STREET
FOURTH FLOOR
SAN FRANCISCO
CALIFORNIA
94103
415/864-4378

MEMORANDUM

TO: All San Francisco AIDS Foundation Staff
FROM: Ernesto O. Hinojos
DATE: August 21, 1985
RE: Collection of data on Ethnic Minority outreach

At long last I am fully on board, I'm very pleased at the reception I've received. I want to thank all of you for making my first week both welcoming and productive.

To assist me in addressing what the S.F. AIDS Foundation has done to provide Aids information to ethnic minority communities I am requesting the following information:

- 1) Mailing list of ethnic minority organizations you may have, both Gay & Non-gay.
- 2) Forums presented by your section, please include target population, ethnic group, and place.
- 3) Training Sessions, please include target population, ethnic group, and place.
- 4) Media outreach, include newspapers, television stations, radio stations, ect.
- 5) Audio-visual materials, brochures, and other printed material, include ethnic group targeted.

Also any request you've received from minority groups for assistance, include the request you've granted as well as ones you have not been able to grant. I would like to have this information by August 30th.

Thank you for your assistance and cooperation.

3/27/85 Hospital Inservice/
SFAF/Santa Rosa Comm.
Hospital Marsha Loose,
(707) 544-3340

4/02/85 Women & AIDS Mtng./
Women's AIDS Network Nancy Shaw,
(415) 864-4376

4/03/85 Open Mtng/EBARO Jeremy Landau,
(415) 548-8283

4/04/85 AIDS for Social Wkrs/
SFAF Lyn Paleo,
(415) 864-4376

4/09/85 Library Forums on AIDS/
Pacific Center Jeremy Landau,
(415) 548-8283

4/13/85 AIDS: A forum for
Deaf People Lyn Paleo,
(415) 864-4376

*needed for more opinion of people
to be involved
volunteer
has been doing translation*

CH 14.

Tues Am

SPANISH SPEAKING

REPPRES.

10-15 MIN.

George
Raya.

VICENTE FRANCO

641-1400.

Norm
Nickens.

WED'S 2³⁰-4³⁰.

PROG. ON SATS.

Margarita Benite

Volunteer -
Does interpreting +
2 - translations

Home: 550-1506

Q's Issues Coalition -
864-6447 afternoons

Am Friends Service Committee: 681-6750 (Mondays)

Holly -

call Margarita in Am

at 995 Issues Coalition

864-6447

yes!

Nancy

AIDS



**Todo el mundo tiene preguntas sobre AIDS.
Para saber las respuestas más actualizadas
para mujeres y hombres, llame a**

LA LINEA PERMANENTE DE AIDS

**800-FOR-AIDS/800-367-2437
(Número gratis en el norte de California)
863-AIDS/863-2437 (En San Francisco)
Para Sordomudos: 415-864-6606**

**Síntomas · Contagio · Prevención
Investigación · Enfermedades relacionadas**

**Recursos y referencias locales para:
Servicios médicos · Servicios de consejera
Servicios educativos · Servicios legales
Servicios sociales**



DE LUNES A VIERNES: 9 am - 9 pm

FINES DE SEMANA: 11 am - 5 pm

**SAN FRANCISCO AIDS FOUNDATION
333 VALENCIA STREET SAN FRANCISCO 94103**

One person only. - prefer staff bec of knowledge
but vol. OK.
public affairs show - 1 hr long.

15 min. segment, but if lots of info + visuals can be longer.

never done a show on AIDS before.

specific info on how the latin community
and others are involved / affected.

Visuals preferred
brochures
ads
video tape?

next Wed. July 17 2:30 - 4:30

VISUAL IDEA : take stat #'s + ethnicity
fed + local + lay side by
side w/ spanish headings to
show hispanic cases.



July 9, 1985

Contact: Zohn Artman
771-3005

PRESS RELEASE - For Immediate Release, Please:

AIDS UPDATE . . .

Fifty-four (54) newly diagnosed cases of AIDS and forty-nine (49) deaths due to AIDS were reported to the San Francisco Department of Public Health in June, 1985. The number of deaths is the highest ever reported during any one month while the rate of increase in new reported cases continues to decrease. The vast majority of AIDS cases continue to involve non-intravenous drug using gay and bisexual men suggesting that in San Francisco AIDS is primarily a sexually-transmitted disease.

The City and County of San Francisco began its Alternative Test Site program, offering free anonymous blood testing for antibodies to the AIDS-associated retrovirus, the agent implicated in the development of AIDS. These tests started on July 1st. Although not a test for who will and who will not develop AIDS, the test can determine if a person has been infected with the virus. The testing program stresses confidentiality, education as well as group and individual counseling both before and after the test. Persons interested in being tested should call the AIDS Hotline at 863-AIDS for more information or 621-HTLV to schedule an appointment.

END

Note: Please check out the enclosed press releases (two) from the AIDS Foundation (Vito Russo, 864-4376). Thanks! Zohn

SAN FRANCISCO AIDS MORTALITY
By Month and Quarter of Report

1981 - 1985

<u>Month</u>	<u>1981</u>	<u>1982</u>	<u>1983</u>	<u>1984</u>	<u>1985</u>
January	N/A	1	2	12	31
February	"	3	4	16	40
March	"	<u>1</u>	<u>9</u>	<u>7</u>	<u>32</u>
1st Quarter		5	15	35	103
April	N/A	2	7	19	34
May	"	1	4	20	39
June	"	<u>1</u>	<u>8</u>	<u>23</u>	<u>49</u>
2nd Quarter		4	19	62	122
July	2	5	7	21	
August	0	5	13	28	
September	<u>0</u>	<u>0</u>	<u>10</u>	<u>17</u>	
3rd Quarter	2	10	30	66	
October	1	2	12	29	
November	1	3	18	37	
December	<u>2</u>	<u>5</u>	<u>11</u>	<u>33</u>	
4th Quarter	4	10	41	99	
YEAR TOTAL	6	29	105	262	225
	6	35	140	402	627

SAN FRANCISCO AIDS MORBIDITY
By Month and Quarter of Report

1981 - 1984

<u>Month</u>	<u>1981</u>	<u>1982</u>	<u>1983</u>	<u>1984</u>	<u>1985</u>
January	N/A	3	16	31	62
February	"	8	12	42	61
March	"	<u>0</u>	<u>30</u>	<u>29</u>	<u>70</u>
1st Quarter		11	58	102	193
April	N/A	5	17	38	64
May	"	6	19	38	67
June	"	<u>9</u>	<u>15</u>	<u>33</u>	<u>54</u>
2nd Quarter		20	51	109	185
July	8	6	14	54	
August	4	11	27	50	
September	<u>3</u>	<u>8</u>	<u>23</u>	<u>38</u>	
3rd Quarter	15	25	64	142	
October	3	8	25	58	
November	0	18	22	49	
December	<u>6</u>	<u>12</u>	<u>28</u>	<u>42</u>	
4th Quarter	9	38	75	149	
YEAR TOTAL	24	94	250*	502	378
	24	118	368	870	1248

*Includes two cases reported but not previously counted for 1983.

San Francisco AIDS Cases by Age Group, Race/Ethnicity and Patient Group

Through 6-30-85

AIDS REPORTED CASES

(from 7/81 to) 6.30.85

Same Time Last Year

By Age Group		
Age Group	Cases	Percent of Total
0 - 4	3	.2%
5 - 12	0	0
13 - 19	3	.2
20 - 29	178	14.3
30 - 39	653	52.3
40 - 49	302	24.2
Over 49	109	8.7
Total	1248	

By Race/Ethnicity		
Race/Ethnicity	Cases	Percent of Total
White	1110	88.9%
Black	57	4.6
Hispanic	65	5.2
Asian	10	.8
Other	4	.3
Unknown	2	.2
Total	1248	

By Patient Group				
Patient Group	Male	Female	Total	Percent of Total
Homosexual or Bisexual Men *	1223		1223	98%
IV Drug User	7	2	9	.7
Hemophilia				
Heterosexual Contact **	2	1	3	.2
Transfusions	4	3	7	.6
Child of high-risk/AIDS mother		2	2	.2
None of Above/Other	3	1	4	.3
Total	1239	9	1248	

* 155 or 12.4% of these also have history of IV Drug use

** with a person with AIDS or at risk for AIDS

Total San Francisco Cases: 1248

Total San Francisco Deaths: 627

Total S.F. cases month to date: 54

Total S.F. deaths month to date: 49

Total California cases: 2639 cases; 956 deaths (as of 6.22.85)

Total U.S. cases: 11,271 cases; 5,641 deaths (as of 6.24.85)

579

236

33

23

1238 cases

5037 cases

54 Total San Francisco AIDS Cases reported in June 1985

49 Total San Francisco AIDS Deaths reported in June 1985



SAN FRANCISCO AIDS FOUNDATION
333 VALENCIA STREET
FOURTH FLOOR
SAN FRANCISCO
CALIFORNIA
94103
415/864-4376

July 9, 1985

Contact: Vito Russo
Media Consultant

FOR IMMEDIATE RELEASE

COMMUNITY FORUM ON AIDS ANTIBODY TESTING AT ALTERNATIVE SITES

Should you be tested for the AIDS antibody? Find out at a free public forum for the community on AIDS antibody testing at Alternative Test Sites in San Francisco. The forum will be held on Tuesday evening, July 30th at 8pm at Cole Hall in the Medical Sciences Building of UC Medical Center at 513 Parnassus. The forum, which is free and open to the general public, is sponsored by the San Francisco AIDS Foundation and funded by the San Francisco Department of Public Health. Speakers will include Dr. Constance Wofsey, co-director of the AIDS Clinic at San Francisco General Hospital who will discuss the pros and cons of being tested, attorney Matthew Coles who will discuss the legal aspects of the test as well as issues surrounding anonymity and confidentiality and Marc Gold of the AIDS Health Project who will discuss counselling for those who have been tested.

This is the second in a series of public forums designed to educate the general public about the specifics of the Alternative Testing Program. Each speaker will make a brief presentation before answering questions from the audience. Anyone considering being tested or those with serious questions about the testing procedure or the consequences of the test, should attend.

General information about AIDS related issues or the antibody testing program in San Francisco can be easily obtained by contacting the AIDS Hotline at the San Francisco AIDS Foundation, 863-AIDS in San Francisco or 800-FOR-AIDS toll-free in Northern California.

-END-



SAN FRANCISCO AIDS FOUNDATION
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415/864-4376

July 9, 1985

Contact: Vito Russo
Media Consultant

FOR IMMEDIATE RELEASE

AIDS ANTIBODY TESTING VIDEOTAPE AVAILABLE

A free-of-charge videotape designed to educate the general public about AIDS Antibody Testing at Alternative Testing Sites in San Francisco is being made available by the San Francisco Public Library and all three Captain Video outlets in the city.

The eleven minute videotape, which is presently being used at alternative testing sites to provide comprehensive testing information, was commissioned by the San Francisco AIDS Foundation and funded by the San Francisco Department of Public Health. It is narrated by KRON newswoman Roz Abrams and was produced by Janet Cole for Adair Films. The tape was directed by award winning documentary filmmaker Peter Adair who directed Word Is Out and Stopping History.

The videotape explains the testing procedure at the anonymous alternative testing sites and presents vital information for anyone considering being tested. It is being made available free of charge for private home use in order that those persons wishing more specific information about the test may obtain it without having to make an appointment to go to an alternative test site. In addition to the pros and cons of testing and explanations of the test results, the videotape raises issues of anonymity and confidentiality which have been a source of controversy in the community.

The tape will be available for viewing or borrowing beginning immediately at the Video Department on the third floor of the Main Branch of the San Francisco Public Library at Larkin and McAllister. It will also be available for home viewing free of charge at Captain Video stores at 2358 Market Street, 2398 Lombard Street and at Columbus and Kearny Streets.

-END-

SPECIAL NOTE TO OUR MEDIA FRIENDS: If you would like to review this video tape in order to do a special segment on the antibody testing program and what the test does and does not mean, please contact Vito Russo at 864-4376 for a special orientation to the San Francisco program.

#

21 8-JUL CDC AIDS WEEKLY SUMMARY TABLES

ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)
WEEKLY SURVEILLANCE REPORT - UNITED STATES
PROVISIONAL
AIDS ACTIVITY
CENTER FOR INFECTIOUS DISEASES
CENTERS FOR DISEASE CONTROL
JULY 8, 1985

1. PRIMARY DISEASE*	CASES	PERCENT OF TOTAL	DEATHS	PERCENT DEAD
KS without PCP	2329	20.2	806	34.6
PCP without KS	6516	56.6	3361	51.6
Both KS and PCP	667	5.8	426	63.9
OI without KS or PCP	1993	17.3	1121	56.2
More?				
Total	11505	100.0	5714	49.7

*KS = Kaposi's sarcoma

PCP = Pneumocystis carinii pneumonia

OI = Other opportunistic infections

2. AGE	CASES	PERCENT OF TOTAL	3. RACE/ETHNICITY	CASES	PERCENT OF TOTAL
Under 5	119	1.0	White, not Hispanic	6835	59.4
05 - 13	14	0.1	Black, not Hispanic	2885	25.1
13 - 19	62	0.5	Hispanic	1634	14.2
20 - 29	2418	21.0	Other	52	0.5
30 - 39	5450	47.4	Unknown	99	0.9
40 - 49	2410	20.9	Total	11505	100.0
Over 49	1032	9.0			
Unknown	0	0.0			
Total	11505	100.0			

More?

4. PATIENT GROUPS**	MALES		FEMALES		TOTAL	
	CASES	PERCENT OF MALES	CASES	PERCENT OF FEMALES	CASES	PERCENT OF TOTAL
Homosexual or Bisexual Men	8351	78.0	0	0.0	8351	72.6
Intravenous (IV) Drug User	1536	14.3	394	49.3	1930	16.8
Hemophiliac	69	0.6	4	0.5	73	0.6
Heterosexual Contact	13	0.1	97	12.1	110	1.0
Transfusion	97	0.9	68	8.5	165	1.4
None Apparent/Unknown***	563	5.3	180	22.5	743	6.5
PEDIATRIC:						
Hemophiliac	7	0.1	0	0.0	7	0.1
Parent at Risk	48	0.4	49	6.1	97	0.8
Transfusion	15	0.1	3	0.4	18	0.2
None Apparent/Unknown	7	0.1	4	0.5	11	0.1
Total	10706	100.0	799	100.0	11505	100.0

More?

**Patient characterization on card only

characteristics are tabulated only in the group listed first.
 ***Includes 319 persons born in countries in which most AIDS cases have not been associated with known risk factors; these persons are counted above heterosexual contacts in the hierarchy.

5. Reported Cases of AIDS and Case-Fatality Rates by
 by Half-Year Of Diagnosis, 1979 - JULY 8, 1985

	NUMBER OF CASES	NUMBER OF DEATHS	CASE-FATALITY RATE
1979 Jan-June	1	1	100%
July-Dec	10	8	80%
1980 Jan-June	19	15	79%
July-Dec	28	28	100%
More?			
1981 Jan-June	83	71	86%
July-Dec	174	146	84%
1982 Jan-June	352	267	76%
July-Dec	629	451	72%
1983 Jan-June	1171	803	69%
July-Dec	1512	1018	67%
1984 Jan-June	2277	1292	57%
July-Dec	2806	1062	38%
1985 Jan 1- July 8	2435	548	23%
Total*	11505	5714	50%

*Table totals include 8 cases diagnosed prior to 1979, and 0 cases with
 More?
 unknown date of diagnosis. Of these 8 cases, 4 are known to have died.

6. AIDS Cases Per Million Population (from the 1980 Census),
 by Standard Metropolitan Statistical Area (SMSA) of Residence,
 Reported from JUNE 1, 1981 to JULY 8, 1985 - United States

SMSA of Residence	Cases	Percentage of Total	Cases per Million Population
New York, NY	3830	33.3	419.9
San Francisco, CA	1330	11.6	409.2
Jersey City, NJ	142	1.2	254.9
Miami, FL	405	3.5	249.1
Newark, NJ	281	2.4	142.9
Elsewhere			
(irrespective of SMSA)	5517	48.0	26.1
More?			
Total - United States	11505	100.0	50.5

7. RESIDENCE

CASES

PERCENT OF TOTAL

7. RESIDENCE

CASES

PERCENT OF TOTAL

	-----	-----
New York	4143	36.0
California	2656	23.1
Florida	808	7.0
New Jersey	705	6.1
Texas	576	5.0
Pennsylvania	240	2.1
Illinois	235	2.0
Massachusetts	218	1.9
District of Columbia	181	1.6
Georgia	179	1.6
Maryland	149	1.3
Puerto Rico	132	1.1
Connecticut	127	1.1
More?		
Louisiana	127	1.1
Washington	125	1.1
Virginia	102	0.9
Colorado	88	0.8
Michigan	69	0.6
Ohio	69	0.6
North Carolina	55	0.5
Missouri	54	0.5
Arizona	53	0.5
Hawaii	38	0.3
Indiana	38	0.3
Oregon	35	0.3
Minnesota	27	0.2
South Carolina	27	0.2
Alabama	26	0.2
Kentucky	26	0.2
Wisconsin	25	0.2
Tennessee	20	0.2
Oklahoma	19	0.2
More?		
Rhode Island	15	0.1
Delaware	14	0.1
Nevada	14	0.1
Utah	13	0.1
New Mexico	10	0.1
West Virginia	10	0.1
Other States (12)	57	0.5
	-----	-----
Total - USA	11505	100.0

AIDS ACTIVITY, CID, CDC, ATLANTA, GA.

AIDS Cases in San Francisco Involving Ethnic and Racial Minorities

Deaths: 71 out of 139 total = 51%

Of the 1,273 AIDS cases reported to the Department of Public Health as of July 12, 1985, 139 (11%) involved Black, Hispanic, Oriental, and Pacific Islanders. Seventy one (51%) were Hispanic, 60 (43%) were Black, and 8 (6%) were Oriental or Pacific Islanders. The incidence by racial and ethnic group is shown in Table 1.

One hundred twenty one (87%) patients lived in San Francisco at the time of diagnosis. The distribution of San Francisco cases is shown in Figure 1. As with non-minority cases, minority cases tend to be concentrated in the Castro-Market, South of Market, and Polk Street areas. One hundred thirty six (98%) of the patients were male; the distribution by age and sex is shown in Table 2.

One hundred twenty five (90%) of the patients were gay or bisexual men (Table 3). Seventeen (14%) gay or bisexual patients were also intravenous drug users. Overall, 24 (17%) of the patients used intravenous drugs; 18 (75%) of these were Black and 6 (25%) were Hispanic.

One hundred nineteen (86%) of the patients had a primary diagnosis of Pneumocystis Carinii Pneumonia or Kaposi Sarcoma. The distribution of primary diagnosis is shown in Table 4.

Table 1

Minority AIDS Cases and Incidence by Race and Ethnicity in San Francisco, 1981-1985:

<u>Race/Ethnicity</u>	<u>Cases</u>	<u>Incidence</u>
Black	60	
Hispanic	71	
Asian/Pacific Islander	8	
	139 Total	

*Incidence per 100,000 as of July 12, 1985

Table 2

Minority AIDS Cases by Age Group and Sex, San Francisco, 1981-1985:

<u>Age Group</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
0-9 years	0	2	2
10-19 "	1	0	1
20-29 "	21	0	21
30-39 "	74	1	75
40-49 "	28	0	28
50-59 "	11	0	11
60-over "	1	0	1
TOTAL	136	3	139

Table 3

Minority AIDS Cases by Hierarchial Risk Group, San Francisco, 1981-1985:

<u>Risk Group</u>	<u>Black</u>	<u>Hispanic</u>	<u>A/PI</u>	<u>Total</u>
Homosexual/ Bisexual Men	49 (82)*	68 (96)	8 (100)	125
Intravenous Drug Users	5 (8)	2 (3)	0 (0)	7
Hetrosexual Contacts of Per- son in Risk Group	2 (3)	0 (0)	0 (0)	2
Children of Mothers in Risk Group	2 (3)	0 (0)	0 (0)	2
No Apparant Risk	2 (3)	1 (1)	0 (0)	3
TOTALS	60	71	8	139

*Percentage of Column

Table 4

Minority AIDS Cases by Primary Diagnosis, San Francisco, 1981-1985:

<u>Primary Diagnosis</u>	<u>Cases</u>	<u>%</u>	<u>First 1000</u>
Pneumocystis Carinii Pneumonia	74	53	51%
Kaposi's Sarcoma	45	32	40%
Cryptococcal Infection	9	6	2%
Candidiasis	1	1	1%
Cytomegalovirus Infection	2	1	1%
Toxoplasmosis	5	4	1%
Atypical Mycobacterial Infection	2	1	1%
Herpes Simplex Infection	1	1	< 1%
<u>TOTAL</u>	<u>139</u>		

Table 2

CONFIRMED CASES OF AIDS ¹Racial Groups by Risk Groups ²

July 1, 1985

	<u>UNKNOWN</u>	<u>WHITE</u>	<u>BLACK</u>	<u>HISPANIC</u>	<u>OTHER</u>
Gay or Bisexual Men (n=8,222)	81 (1.0%)	5,984 (72.8%)	1,249 (15.2%)	873 (10.6%)	35 (.4%)
Intravenous (IV) Drug User (n=1,914)	11 (.6%)	374 (19.5%)	947 (49.4%)	579 (30.3%)	3 (.16%)

¹ Total n=11,219.² Racial statistics for hemophilia, blood transfusion, and heterosexual contact risk groups not included.

Table 4
 CONFIRMED CASES OF AIDS ¹
 Racial Groups By Metropolitan Area ²

July 1, 1985

	<u>BLACK</u>	<u>HISPANIC</u>	<u>WHITE</u>
New York ³ (n=3,757)	1,178 (31.4%)	852 (22.7%)	1,687 (44.9%)
San Francisco (n=1,308)	65 (5.0%)	74 (5.7%)	1,147 (87.7%)
Los Angeles (n=1,276)	129 (13.5%)	113 (11.8%)	694 (72.5%)
Miami (n=405)	193 (47.7%)	91 (22.5%)	120 (29.6%)
Houston (n=306)	34 (11.1%)	21 (6.9%)	248 (81.0%)
District of Columbia (n=300)	138 (46.0%)	6 (2.0%)	154 (51.3%)
Newark (n=281)	180 (64.1%)	32 (11.4%)	68 (24.2%)
Philadelphia (n=216)	91 (42.1%)	13 (6.0%)	111 (51.3%)
Chicago (n=213)	61 (28.6%)	12 (5.6%)	136 (63.8%)
Boston (n=165)	43 (26.1%)	9 (5.5%)	110 (66.6%)
Dallas (n=159)	8 (5.0%)	8 (5.0%)	141 (88.7%)
Atlanta (n=138)	31 (22.5%)	3 (2.2%)	102 (73.9%)
Baltimore (n=75)	39 (52.0%)	4 (5.3%)	32 (42.7%)
Detroit (n=50)	27 (54.0%)	3 (6.0%)	20 (40.0%)

¹ Total n=11,352.

² These frequencies do not include cases listed as "unknown" or "other".

³ The frequencies in parentheses include cases listed as "unknown" or "other".

• ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) •
WEEKLY SURVEILLANCE REPORT* - UNITED STATES
AIDS ACTIVITY
CENTER FOR INFECTIOUS DISEASES
CENTERS FOR DISEASE CONTROL
July 22, 1985

UNITED STATES CASES REPORTED TO CDC

1. DISEASE GROUP**	ADULT/ADOLESCENT				PEDIATRIC††				TOTAL		
	CASES	(%)	DEATHS	(%)	CASES	(%)	DEATHS	(%)	CASES	(%)	DEATHS (%DEAD)
Both KS and PCP	683	(6)	432	(63)	2	(1)	2	(100)	685	(6)	434 (63)
KS without PCP	2362	(20)	835	(35)	5	(3)	5	(100)	2367	(20)	840 (35)
PCP without KS	6651	(57)	3416	(51)	97	(66)	72	(74)	6748	(57)	3488 (52)
OI without KS or PCP	2028	(17)	1132	(56)	43	(29)	23	(53)	2071	(17)	1155 (56)
Total	11724	(100)	5815	(50)	147	(100)	102	(69)	11871	(100)	5917 (50)

2. AGE	CASES	(%)
Under 13	147	(1)
13 - 19	61	(1)
20 - 29	2500	(21)
30 - 39	5635	(47)
40 - 49	2464	(21)
Over 49	1064	(9)
Total	11871	(100)

3. RACE/ETHNICITY	ADULT/ADOLESCENT	PEDIATRIC††	TOTAL
	CASES (%)	CASES (%)	CASES (%)
White, not Hispanic	7006 (60)	30 (20)	7036 (59)
Black, not Hispanic	2906 (25)	80 (54)	2986 (25)
Hispanic	1662 (14)	34 (23)	1696 (14)
Other	53 (0)	0 (0)	53 (0)
Unknown	97 (1)	3 (2)	100 (1)
Total	11724 (100)	147 (100)	11871 (100)

4. PATIENT GROUPS**

	ADULT/ADOLESCENT				TOTAL		
	MALES	(%)	FEMALES	(%)	CASES	(%)	
Homosexual or Bisexual Men	8586	(78)	-	(-)	8586	(73)	
Intravenous (IV) Drug User	1607	(15)	413	(53)	2020	(17)	
Hemophilia/Coagulation Disorder	69	(1)	4	(1)	73	(1)	
Heterosexual Contact***	13	(0)	101	(13)	114	(1)	
Transfusions with Blood/Blood Products	103	(1)	71	(9)	174	(1)	
None of the Above/Other†††	574	(5)	183	(24)	757	(6)	
Total	10952	(100)	772	(100)	11724	(100)	

	PEDIATRIC††				TOTAL		
	MALES	(%)	FEMALES	(%)	CASES	(%)	
Hemophilia/Coagulation Disorder	8	(9)	0	(0)	8	(5)	
Parent with AIDS/or at increased risk for AIDS***	51	(59)	52	(87)	103	(70)	
Transfusion with Blood/Blood Products	18	(21)	3	(5)	21	(14)	
None of the above/Other	10	(11)	5	(8)	15	(10)	
Total	87	(100)	60	(100)	147	(100)	

*These data are provisional

†KS = Kaposi's sarcoma; PCP = *Pneumocystis carinii* pneumonia; OI = Other opportunistic infections

**Groups listed are ordered hierarchically; cases with multiple characteristics are tabulated only in the group listed first.

††Includes patients under 13 years of age at time of diagnosis.

***With a person with AIDS or at risk for AIDS

†††Includes 327 persons born in countries in which most AIDS cases have not been associated with known risk factors.

****Epidemiologic data suggest transmission from infected mother to child before, at, or shortly after the time of birth.

July 22, 1985

5. RESIDENCE	ADULT/ADOLESCENT (%)		PEDIATRIC†† (%)		TOTAL (%)	
New York State	4218	(36)	67	(46)	4285	(36)
California	2717	(23)	14	(10)	2731	(23)
Florida	789	(7)	18	(12)	807	(7)
New Jersey	715	(6)	17	(12)	732	(6)
Texas	589	(5)	1	(1)	590	(5)
Pennsylvania	237	(2)	5	(3)	242	(2)
Illinois	239	(2)	2	(1)	241	(2)
Massachusetts	223	(2)	4	(3)	227	(2)
Georgia	191	(2)	1	(1)	192	(2)
District of Columbia	190	(2)	1	(1)	191	(2)
Maryland	151	(1)	1	(1)	152	(1)
Puerto Rico	139	(1)			139	(1)
Washington	133	(1)			133	(1)
Connecticut	129	(1)	3	(2)	132	(1)
Louisiana	127	(1)	1	(1)	128	(1)
Virginia	108	(1)	2	(1)	110	(1)
Colorado	88	(1)			88	(1)
Ohio	77	(1)	1	(1)	78	(1)
Michigan	73	(1)	2	(1)	75	(1)
North Carolina	55	(0)	1	(1)	56	(0)
Missouri	54	(0)	1	(1)	55	(0)
Arizona	53	(0)			53	(0)
Indiana	41	(0)	1	(1)	42	(0)
Hawaii	38	(0)			38	(0)
Oregon	36	(0)			36	(0)
Minnesota	29	(0)			29	(0)
Wisconsin	28	(0)			28	(0)
South Carolina	25	(0)	2	(1)	27	(0)
Alabama	26	(0)			26	(0)
Kentucky	26	(0)			26	(0)
Tennessee	22	(0)			22	(0)
Oklahoma	20	(0)			20	(0)
Rhode Island	18	(0)			18	(0)
Utah	15	(0)			15	(0)
Delaware	14	(0)			14	(0)
Nevada	14	(0)			14	(0)
Iowa	9	(0)	1	(1)	10	(0)
New Mexico	10	(0)			10	(0)
West Virginia	9	(0)	1	(1)	10	(0)
Other States/Territories (11)	49	(0)			49	(0)
Total - USA	11724	(100)	147	(100)	11871	(100)

6. All AIDS Cases Per Million Population (from the 1980 Census), by Standard Metropolitan Statistical Area (SMSA) of Residence, Reported from June 1, 1981 to July 22, 1985 - United States

<u>SMSA Of Residence</u>	<u>Cases</u>	<u>Percentage Of Total</u>	<u>Cases Per Million Population</u>
New York, NY	3955	33	433.6
San Francisco, CA	1355	11	416.8
Miami, FL	405	3	249.1
Newark, NJ	228	3	151.6
Los Angeles, CA	1020	9	136.4
Elsewhere (irrespective of SMSA)	4838	41	23.7
Total - United States	11871	100	52.2

7. All Reported Cases of AIDS And Case-Fatality Rates by Half-Year Of Diagnosis, 1979 - July 22, 1985, United States

	<u>Number of Cases</u>	<u>Number of Known Deaths</u>	<u>Case-Fatality Rate</u>
1979 Jan.-June	2	1	50%
July-Dec.	10	8	80%
1980 Jan.-June	19	15	79%
July-Dec.	27	27	100%
1981 Jan.-June	86	72	84%
July-Dec.	174	146	84%
1982 Jan.-June	356	270	76%
July-Dec.	633	456	72%
1983 Jan.-June	1178	817	69%
July-Dec.	1515	1031	68%
1984 Jan.-June	2282	1308	57%
July-Dec.	2830	1115	39%
1985 Jan.-June	2742	647	24%
July 1-22	9	0	0%
Totals*	11871	5917	50%

* Table totals include 8 cases diagnosed prior to 1979. Of these 8 cases, 4 are known to have died.

ran in Bar - October 17, 85

SELVES

Immunostimulation Therapy

TED SMITH

National Cancer Institute, thymosin was given to patients with advanced lung cancer after they had received chemotherapy. Patients who received thymosin lived about twice as long as those who did not receive thymosin. It was observed that patients with low initial T-cell levels responded to thymosin therapy better than patients with high initial T-cell levels.

This study suggests that thymosin acts to restore lost immune function in cancer patients, rather than to combat the disease itself. Apparently, thymosin's ability to boost immune function enhances the action of anticancer drugs, particularly in patients with markedly depressed T-cell levels.

In some European countries, the immuno-suppressive effects of surgery and radiation, and chemotherapy are minimized by the application of thymus therapy prior to and after these toxic treatments. Currently, Dr. Goldstein is conducting studies of thymosin to boost the immune systems of people with AIDS. In April 1985, Dr. Goldstein presented his findings at the Centers for Disease Control's International Conference on AIDS in Atlanta. He reported that injections of thymosin in AIDS patients, both hemophiliacs and gays, resulted in improvement of specific immune functions. Using thymosin alone, Goldstein has seen seven ARC patients improve to near normal values of immune parameters. He has applied to the National Institute of Health for a grant for a clinical protocol using a combination of thymosin, an immunomodulator, and ribavarin, an antiviral drug.

One man in San Francisco on self-prescribed regimen of ribavarin and three injections of thymus extract (along with synergists: liver and spleen injections) is reporting that his KS lesions have disappeared and

diseases. This therapy is called organotherapy. Raw thymus gland derived from calves is sold as a nutritional supplement. Lyophilized or freeze-dried tablets or capsules of raw thymus concentrate do contain unspecified amounts of active thymosin and other thymus polypeptide fractions.

Raw glandulars are organ-specific not species-specific.

(Continued on page 14)

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WANTED:

Third World Gay or Bisexual Men to Participate in an AIDS Behavioral Research Project

We need men to participate in confidential small group discussions about AIDS. It takes only about three hours and is free. You can help the AIDS Foundation enhance its outreach to Third World Communities. Contact Ernest Hinojos at 864-4376 for details.

**The San Francisco
AIDS Foundation**



Me? Live in a
RESIDENCE Club?