

AWARE 1985-87



SCHOOL OF MEDICINE
CANCER RESEARCH INSTITUTE

SAN FRANCISCO, CALIFORNIA 94143

January 11, 1984 5

Dr. Connie Wofsy
SFGH Wd 86

Dear Dr. Wofsy;

I am very happy to join you in your important project dealing with the prevalence of the AIDS associated retrovirus (ARV) in women who have had contact with individuals known to be at risk for developing AIDS. Our immunofluorescence assay has been extremely sensitive in detecting the presence of antibodies to ARV in a wide variety of individuals exposed to the virus. In our experience it has been the most sensitive assay available for the detection of these antibodies.

Moreover, in those cases in which isolation of virus is important, we can assay their blood lymphocytes, saliva and vaginal swabbing for presence of ARV. We look forward to working with you on this important research project.

Sincerely,

Jay A. Levy, M.D.
Associate Professor of Medicine
Microbiology and Immunology
and of Pathology
Research Associate, Cancer
Research Institute

National Task Force on Prostitution

P.O. Box 26354, San Francisco, California 94126

415/381-3606

January 15, 1985

Constance B. Wofsy, M.D.
S.F.G.H. AIDS Clinic
995 Potrero Avenue, Ward 86
San Francisco, CA 94110

Dear Dr. Wofsy:

Thank you, once again, for inviting me to yesterday's informational meeting about the A.W.A.R.E. research project.

On behalf of the National Task Force on Prostitution, I would like to express my interest in research along the lines discussed at yesterday's meeting. All women have a need for reliable information about women and AIDS, and the relative risk associated with their sexual practices. No group needs this information more than the women I represent.

I will be delighted to work with you on the study. I was impressed with the accessibility, and particularly with the willingness to share information, shown by you and the other A.W.A.R.E. researchers and members of the Women's AIDS Network. In addition, your strict guarantees of confidentiality will make it possible for many women to participate in the project who would not be able to without such guarantees. Therefore, I am giving this project my wholehearted support.

I look forward to working with you in the coming months.

Sincerely,

A handwritten signature in cursive script that reads "Margo St. James". The signature is fluid and elegant, with the first name "Margo" being particularly prominent.

Margo St. James
Executive Director



CALIFORNIA NOW, INC.

National Organization for Women

1337 Santa Monica Mall, Suite 212, Santa Monica, CA 90401 / 213-458-9014

January 15, 1985

Constance B. Wofsy, M.D.
S.F.G.H. AIDS Clinic
995 Potrero Avenue, Ward 86
San Francisco, CA 94110

Dear Dr. Wofsy:

I am writing to express my gratitude for the chance to attend the informational meeting on the A.W.A.R.E. Research Project that was held yesterday at San Francisco General Hospital. The National Organization for Women is extremely concerned about the ramifications of the AIDS epidemic, and especially its impact on women. Therefore, on behalf of the members in California, I wish to say how important I think this research project is. It will give us our first reliable information about AIDS in women, and what kinds of precautions women should take to prevent AIDS.

I would particularly like to reiterate my intention to work with you on the study. I plan to inform NOW members in San Francisco, and across the state, of the existence of this project. Further, I will recommend that women who fit the criteria of the study participate in the project, particularly with the guarantee of confidentiality that was discussed at the meeting.

Please do not hesitate to call on me for assistance at any time during the life of this project.

In Sisterhood,

Priscilla Alexander
Action Coordinator

Sandra Farha
State Coordinator

Cherie James
Administration

Barbara S. Bryant
Legal

Mary Hopkins
Membership

Priscilla Alexander
Action

Constance Jackson
Public Relations

Connie R. Rendon
Treasurer

Harriette Ramos
Corresponding Secretary

Denise Merkle
Recording Secretary



Lyon-Martin Clinic

WOMEN'S HEALTH SERVICES

January 15, 1985

Constance B. Wofsy, M.D.

S.F.G.H. A.I.D.S. Clinic

995 Potrero Ave. Ward 86

San Francisco, Ca. 94110

Dear Dr. Wofsy,

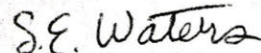
We were pleased to be invited to the A.W.A.R.E. informational meeting yesterday, and found it quite productive. It was refreshing and appropriate to see women coordinating and implementing the A.I.D.S. and women research study. We also appreciate your desire to involve providers and possible subjects in some of your planning.

The clinic staff is very excited about your study. We are anxious to help in any way we can. It is almost certain that a significant amount of Lyon-Martin clients would be approached to participate in the study. We are currently receiving a number of A.I.D.S. related telephone calls from women. Our experience working with the Woman's A.I.D.S. Network has been extremely positive, and we understand that there is overlap and coordination between W.A.N. and A.W.A.R.E. We look forward to working with you and this study. We hope to be in touch very soon.

Cordially,



Debra Friedland
Executive Director



Susan E. Waters
(Acting) Medical Director

DF/bl

January 16, 1985

Warren Winkelstein, Jr., M.D., MPH
Epidemiology Program
140 Warren Hall
School of Public Health
University of California-Berkeley
Berkeley, CA 94720

Dear Warren:

I am happy to collaborate as co-principal investigator on the study of the female sexual partners of the bisexual men from the City Clinic AIDS cohort. I have worked closely with your project director, Nancy Padian, in developing the Association for Women in AIDS Research and Education (AWARE), and we have always appreciated the close connection between your study and AWARE. Although our sampling schemes differ, both studies are examining women at risk for AIDS, and I am happy to share the resources that AWARE has to offer. It is important from the inception of studies of heterosexual transmission of AIDS, that researchers work together and coordinate efforts when appropriate, in research, education, and patient care. In this way we can insure that subjects will not become "over-studied" and that we will all work to establish good community relations.

Sincerely,

Constance B. Wofsy, M.D.
Asst. Chief, Infectious Diseases
Co-Director, AIDS Clinic

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SCHOOL OF PUBLIC HEALTH
DEPARTMENT OF BIOMEDICAL AND
ENVIRONMENTAL HEALTH SCIENCES

EARL WARREN HALL
BERKELEY, CALIFORNIA 94720

January 16, 1985

Dr. Constance Wofsy
San Francisco General Hospital
Medical Center
5H22
University of California
San Francisco, CA 94143

Dear Dr. Wofsy:

I am very pleased that you have agreed to be a Co-Principal Investigator on the study of female sexual contacts of bisexual men enrolled in the San Francisco Health Department AIDS study cohort. I am particularly appreciative of your making available the clinical and other research facilities which you are developing in connection with the activities of Association for Women's AIDS Research and Education (AWARE). Furthermore, since our project will be implemented by Ms. Nancy Padian, a doctoral candidate in this Department, your role in providing advice, counsel, and guidance to her will be particularly advantageous. Finally, I think that the two projects, your's which will investigate sero-conversion among volunteer high-risk women and our's which will investigate sero-conversion of contacts of bisexual men whose serological status for ARV is known, will complement each other.

Thank you again.

Sincerely,

Warren Winkelstein

Warren Winkelstein, Jr., MD, MPH
Professor of Epidemiology

WW:cl

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Department of Epidemiology
and International Health

SAN FRANCISCO, CALIFORNIA 94143

January 21, 1985

Constance B. Wofsy, M.D.
Co-Director AIDS Clinic
Ward 86, San Francisco General Hospital
995 Potrero Avenue
San Francisco, CA 94110

Dear Dr. Wofsy:

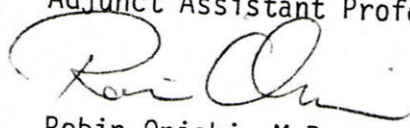
We are both enthusiastic about your proposed study to evaluate women at risk for AIDS by means of sexual transmission. It should be an important complement to our study of male and female intravenous drug abusers. As we have discussed, it would be reasonable to anticipate a 5-10% overlap in study populations. We concur with the need for collaboration in interviewing and sharing of data in the relatively small number of subjects who we anticipate will be eligible for both studies. The agreement for you to refer intravenous drug users who do not fit your study criteria to us and for us to refer non-using female partners of intravenous drug users to you seems most appropriate and will broaden both of our recruitment efforts.

We look forward to our collaboration.

Sincerely,



Andrew Moss, Ph.D.
Adjunct Assistant Professor



Robin Onishi, M.D.
Project Director

AM:ss

San Francisco General Hospital
Medical Center

DATE: May 3, 1985

TO: Roberta Wilson
Paul Volberding, M.D.

FROM: Connie Wofsy, M.D. *Connie*

RE: AWARE administrative issues

Having routine WARD 86 staff meetings will help considerably in the exchange of information. The meeting of April 26 was most valuable as are the minutes recording the issues that were discussed. I wanted to expand several issues just to be sure that we have uniform understanding and are moving ahead along the same pathways.

1. Phlebotomy services -- We have allocated funds for the processing of serum as part of the budget for February through July 1 and have requested similar funds in future budgets. The phlebotomy itself will be done by the interview personnel in most instances. The processing and distribution to other facilities such as J. Levy, other immunology testing sites or serology laboratories would be done by personnel on Ward 86, as is done for other studies conducted by Paul or Donald. The monies can be transferred into general AIDS funds, and we do not anticipate hiring a specific person for our study, but rather feel it would be much smoother to integrate the processing with the existing investigative efforts going on on Ward 86. We will also have considerable sera to store, and again, since this is part of AIDS Activities, the issue of where the sera will be stored is probably best answered by available space rather than the specific ownership of any one freezer or refrigerator.

2. Building 9 -- We are delighted with the space in Building 9, and I expect it's going to be very successful while waiting for 84 to be finished. We will transfer the AWARE phone number to the U.C. number as soon as the telephones are in reliable working order, and will anticipate continuing to use these phone lines when we are eventually transferred over to Ward 84.

3. Space needs -- Judith Cohen and Bernadette are working with me to give you a detailed outline of the space requirements for AWARE personnel. Since most of the evaluations are done in other areas within the City, space will be needed only for those persons who are directly associated with the study at this site. I fully agree that we should coordinate all space needs through Paul and Bobbi Wilson.

TO: Roberta Wilson
Paul Volberding, M.D.

-2-

May 3, 1985

4. Laurie Hauer -- It seems prudent to confirm that Laurie's chief role is that of I.D. Research Nurse, and although she will have some clinical involvement with the AWARE study, that is not her primary role, and her space considerations should be identified exclusive of the AWARE project.

I think all of the above stated issues are exactly as we have discussed in several recent meetings. I think the ongoing ready access to communication will markedly enhance our ability to reasonably smoothly integrate all of the associated research projects and activities going on in this rather confined space.

cc: AWARE file

CW:MP



San Francisco General Hospital
Medical Center

May 3, 1985

Margaret Niall
Health Commission of Victoria
P.O. Box 4057 G.P.O.
Melbourne, Victoria
Australia 3001

Dear Maggie:

I was delighted to receive your letter of April 1 and to be kept up to date on the situation with the prostitute population that you are seeing in Melbourne. We are just now addressing the issue of appropriate education which has been done largely by newsletters and word of mouth. Priscella Alexander is working very closely with us in disseminating information and resources, and our efforts will be furthered as we go through the interview process, which will be done on-sight in an area accessible to working prostitutes. We have no such luxury of formal legal status, and are very concerned with issues of rehabilitation and education.

I will forward your letter to the other members of our research group for any suggestions about materials that we might share with you. In many ways, however, I think we are both at the same spot. I have not heard yet from Ian Goller, but if he calls we will be happy to share what information we can.

I hope that you will come to visit when you make trips to San Francisco, and I enthusiastically look forward to keeping open the channels of communication, because I think there will be a great many parallels between our AWARE research project and your project in Melbourne, Australia.

Our best to you in your project. I look forward to speaking to Ian Goller.

Sincerely,

A handwritten signature in cursive script that reads "Constance".

Constance Wofsy, M.D.
Co-Director, AIDS Clinic
Assistant Chief, Infectious Diseases
SFGH

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SCHOOL OF PUBLIC HEALTH
DEPARTMENT OF BIOMEDICAL AND
ENVIRONMENTAL HEALTH SCIENCES

EARL WARREN HALL
BERKELEY, CALIFORNIA 94720

May 22, 1985

Constance Wofsy, M.D.
Judith Cohen, Ph.D.
AWARE, Ward 86
SFGH
1001 Potrero Ave
San Francisco, CA

Dear Connie and Judith,

In keeping with our discussions, I would like to arrange a procedure to pay AWARE in advance for my ARV serological tests and specimen processing. As you both know, I owe you this money since we are batching our specimens. However, I allocated money to cover these costs through June 1986, in my grant that terminates in June, 1985. Therefore, we need to arrange a way for me to remit these funds to you prior to the actual delivery of services.

I have budgeted \$6000 for antibody testing (enough for 300 participants) and \$3000 for specimen processing. My grant # is:445-927-19900-2. Please call me, or Anita Trent, Administrative Assistant for Biomedical and Environmental Health Sciences at 641-4810 if you have any problems.

Thanks very much.

Sincerely,

Nancy Padian

Nancy Padian, M.S., M.P.H.

c.c.: AT

3-18-85

Dear Bobbie:

I am writing the following memo as an attempt to keep you updated on A.W.A.R.E.'s current activities. Please advise me on the following list of priorities that will assist us in making the project operational.

1. phones:

We are currently sharing one line with two other studies on one phone located at a desk used by three people. As you can imagine having another line is top priority. Several suggestions have been made to remedy this situation.

A. To install a cascading line starting with X8695 on the phone currently in use.

B. In addition, to install call forwarding so that lines currently not in use (such as Building 9 lines) could be used for a few hours twice week for subject scheduling purposes.

C. Perhaps another alternative would be to install a 666-line as this might be easier to accomplish.

2. space:

It is my understanding that our space problems are temporary; that come July we will be relocated on Ward 84. This being so, we need temporary space to locate a computer and a secretary until our move. We will have temporary use of a computer via Frank Becker.

A. What are your suggestions?
Can we temporarily use one of the Building 9 rooms?

B. As you pointed out we could locate a new desk and chair in this room for the computer and secretary.

C. We would also need 3 extra chairs for meeting and interviewing purposes in this room.

3. xeroxing:

We will be sending large batches of xeroxing out to be completed. Everyday needs are best handled on the floor as we discussed.

4. staff

We have already hired 5 survey workers and are about to hire another 2. We expect to hire perhaps another 3 in the next two weeks. How do I get these extra survey worker requisition forms? Should I speak to Chris Christainson regarding this?

A. Could you direct me as to filing of timesheets on the personnel already hired.

5. cards and stationary:

We are especially in need of wallet cards containing the project's phone number and staff hours. This card will be given to our subjects at the time of the interview and will also contain their confidential code number.

A. We also need stationary, envelopes and business cards.

In addition, please direct me to the proper place to receive an employee identification card. Last week the hardware store would not allow me to charge to our account without it.

I appreciate meeting with you to discuss these needs and hope that this list will clarify the project as it evolves. I will take your suggestions and am sure that our on-going conversation will expedite these matters.

c.c. Connie Wofsy, M.D.

Date 3/19/85 ADWAVE

The AIDS Clinical Research Center agrees to loan the following equipment to WOFSY to assist in research on the Acquired Immune Deficiency Syndrome:

- 1 -- IBM Personal Computer, #5150176 with 256K, Serial # 10809425150, Inventory Tag # 8420-02393
 - 1 -- IBM PC DOS 2, 1 Operating System Software, #6024120
 - 1 -- IBM PC Printer Cable, #1525612
 - 1 -- IBM PC Hercules Graphics Card, Model #GB101
 - 1 -- IBM PC Monochrome Monitor, #5151001, Serial # 0886929, Inventory Tag # _____
 - 1 -- AST Six Pack Plus Card, with 256K
 - 1 -- Hayes Modem, Model 1200, Inventory Tag # _____
 - 1 -- PTI Datashield Surge Protector
 - 1 -- Okidata Microline Model 93 Printer, Serial # _____, Inventory Tag # _____
- _____

By signing below, _____ agrees to the loan of this equipment and agrees to all of the following conditions affecting use, access and return:

- 1 -- There will be no modification made on the IBM PC equipment or any of its components without permission in writing from the Director of the AIDS Clinical Research Center.
- 2 -- There will be no modification and no copy made of any of the software programs without permission in writing from the Director of the AIDS Clinical Research Center.
- 3 -- The Investigator will provide adequate space and the necessary telephone and power access for the equipment being furnished.
- 4 -- The Investigator will insure the equipment against theft or damage and will provide appropriate security to minimize such loss. The Investigator is responsible to replace the equipment in exact kind if such a loss should occur. Documentation of sufficient insurance coverage will be provided by the Investigator to the AIDS Clinical Research Center.



ABBOTT

Diagnostics Division

Abbott Laboratories
North Chicago, Illinois 60064

December 19, 1985

Dr. Constance Wofsy
San Francisco General Hospital
AIDS Clinic, Ward 86
995 Potrero Avenue
San Francisco, CA 94110

Dear Connie:

Per our discussion on December 13, Abbott will provide \$3500 support for collaborative studies under your direction on prospective studies of high-risk females. This collaboration will be carried out under the general terms of our existing core agreement with the AIDS activity.

For specimens from the prospective study, we will require at least 1 ml of serum and will run the screening ELISA, rDNA Confirmatory (both core and env systems) and Western Blot. For specimens of particular interest, we can titer antibody to core and env, and run our HTLV-III antigen assay. Through 1986, we will expect to evaluate at least 200 specimens. Specimens should be addressed to:

100 CW per D Bonewitz

Dr. John Heller
Abbott Diagnostics
Dept 9ZR Building AP-10
Abbott Park, IL 60064

If this arrangement is acceptable, please sign the enclosed copy and return to me in the pre-addressed envelope. For fiscal reasons, it is essential that we receive your acceptance before December 27.

We look forward to receiving specimens as soon as possible.

Best Regards,

R.F. Derick Bonewitz, Ph.D.
Product Manager, AIDS Diagnostic

Accepted:

Constance Wofsy, M.D.

12/20/85
Date



MEMO

TO: Alison Moed, Rita Farner

December 27, 1985

FROM: C. Wofsy for AWARE *CWof*

RE: FEMALE PARTNERS OF MALE AIDS PATIENTS

The Public Health Department has requested that heterosexual partners of AIDS patients be referred to their program for interview and counseling as outlined in the attached letter from Cathy Rauch.

The AWARE project is fully agreeable to having female partners of diagnosed AIDS patients referred to the public health department program.

The public health department wishes to identify and counsel female partners of AIDS cases. Such women are also eligible for the AWARE project, but we will avoid targeting these particular women for our study.

We will be happy to sort out any difficulties.

Enclosure

cc: Cathy Rauch, Dept. of Public Health
George Rutherford, Dept. of Public Health
AWARE Staff via Judith Cohen, PhD



December 20, 1985

Constance Wofsy, M.D.
Co-Director, AIDS Outpatient Clinic
San Francisco General Hospital, Ward 86
1001 Potrero
San Francisco, CA 94110

Dear Dr. Wofsy:

At your request, I am writing to clarify the Bureau of Communicable Disease Control's (BCDC) contact tracing program which is designed to prevent perinatal and heterosexual transmission of HTLV-III infection. One disease control investigator is assigned to interview persons with AIDS for their heterosexual contacts, and to test, counsel and educate the partners. Partners who are positive for anti-HTLV-III antibody are also interviewed for their heterosexual partners and the epidemiologic process is repeated. The investigator, Carol Badran, who is with the Surveillance and Investigations Branch of the AIDS Division, also interviews persons with AIDS who have no apparent risks factors for AIDS.

Ms. Badran is apprised of persons who are diagnosed with AIDS at San Francisco General Hospital and who need to be interviewed by Chris Geoghagan, a BCDC employee, who conducts surveillance for AIDS at SFGH every Monday and Wednesday. Ms. Badran attempts to interview persons with no apparent risks for AIDS and PWAs with heterosexual partners as soon as possible after diagnosis unless the patient's physician advises against it. A PWA whose risk is known and who resides outside of San Francisco, and who has heterosexual partners will be referred to Nancy Padian for interview and case management.

Total case management is particularly important in cases involving a person with AIDS who has no apparent risk factors. If a patient's sexual partner requests assistance before Ms. Badran interviews the PWA, we'd like to be notified so that we can manage the case in its entirety. Please advise Carol Badran or Chris Geoghagan, or have the sexual partner call Ms. Badran. After receiving our services, the partners will be made aware of other support and sources of information.

Carol has 4 years of experience in the prevention and control of sexually transmitted diseases and in AIDS surveillance and epidemiologic investigations. She attended the AIDS Health Project's 4-day workshop on HTLV-III antibody counseling; and she is a Shanti emotional support counselor.

I hope I have answered your questions to your satisfaction. If you would like to discuss the program further, please call me at 621-5979. If you're interested, we can possibly work out a method for sharing data or combining our interviews with your interviews through an appropriate consent process. Sexual partners of AIDS cases requesting assistance should be referred to Carol Badran or Chris Geoghagan at the same number.

Sincerely,

George W. Rutherford
for

Kathryn J. Rauch
Coordinator
AIDS Surveillance and Investigations Branch

KR:sb

cc: Dean F. Echenberg, M.D., Ph.D.
George W. Rutherford, M.D.

Connie Wofsy

January 2, 1986

To: Gayling Gee
From: Judith Cohen
RE: Examination space on Ward 86

Debbie Hahns memo of December 11 indicates times that Room 608 will be available for study purposes, and we will try to use that room within the times indicated. However, for the subset of participants we are following intensively in the AWARE protocol we must be able to obtain specimens vaginally in the AM so that fresh culture material can get to UCSF before noon that day. The times indicated by Debbie Hahn are all PM's except for Thursday, and that is a day when Lauren Poole will be working for you and will not be seeing participants from AWARE.

What we need is some AM space on a day or days that Lauren is not working as a WARD 86 NP; that is, on Tuesdays and/or Fridays. The number of participants involved will be approximately 20 per month.

Thank you for your help on this!

CW copy

AWARE memos

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A.W.A.R.E.
Association for Women's A.I.D.S. Research and Education
San Francisco General Hospital
Bldg. 80, Ward 84
San Francisco, CA. 94110
(415) 476-4091

August 4, 1986

William Darrow
Debbie Deppe
AIDS Program
Center for Infectious Diseases
Centers for Disease Control
1600 Clifton Road N.E.
Atlanta, GA 30333

Dear Bill and Debbie,

Thank you for your letter of July 24 with news of the progress of the study. This brief communication is just to respond to your inquiry about potential meeting dates December 8-10 or January 5-7, 1987. The December dates are available for us, but the January ones involve a direct conflict with scheduled commitments. So our vote is strongly for the December dates.

With regard to potential San Francisco site visit dates during the next two months, you should know that Connie will be away for the week of August 18-22 as well as September 8-9 and September 29-30.

We hope that this information helps you with your schedule planning.

Sincerely,

Judith B. Cohen

Judith B. Cohen, PhD.
Co-Director, A.W.A.R.E.

Constance B. Wofsy

Constance B. Wofsy, M.D.
Co-Director, A.W.A.R.E.

Connie - FYI

COYOTE



National Task Force on Prostitution
P.O. Box 26354
San Francisco, CA 94126

CO-DIRECTORS:
Priscilla Alexander, 415/957-1029 1292
Gloria Lockett, 415/232-7762

September 23, 1986

Judith Cohen, PhD
Project AWARE
SFGA/Ward 84
San Francisco, CA 94110

Dear Judith:

Just talked to Debra Boyer, an old COYOTE allie in Seattle, who is on the city's public health AIDS task force. She told me a couple of things I thought you'd like to know, if you don't already.

1. Hunter Hansfield's notorious study, whereby all women arrested for prostitution were tested for AIDS antibodies: guess what! When the more sophisticated/accurate tests became available, they retested the blood samples and all were negative. Hansfield, et al, not wanting to admit to the world out there that they had made a mistake, have steadfastly refused to go public with this information. Debra Boyer has made public statements, but it is not the same. After our discussion, she is going to go back and remind him that his "study" is used, internationally, to "prove" that prostitutes are carrying the virus.
2. Ann Collier, MD is going to do her study of prostitutes and other women with more than one partner. However, Debra thinks she is setting the number of partners at 10-15, or so, in the last six months, which means she will not find out, as you have, that the number of partners is irrelevant, or exactly what the risk to women is. Do you think you could call her and, if her baseline number is so high, try to talk her into using the same criteria you did? Her number is 206/223-8494.

Well, it looks as if I am going to Brussels, thanks to Gloria's machinations on my behalf with travel agent, etc. I plan, needless to say, discuss the Seattle bombshell as we discuss the AIDS issue. A prime example of the scapegoating of prostitutes.

I suppose Gloria has told you of my new job working for Senator Marks. Well, one of my areas of concern will be AIDS legislation, in relation to which I will have to meet with service providers, researchers, and advocates...so, maybe I can come back to the Women's AIDS Network again.

Talk to you soon.

Priscilla

RECEIVED
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SERVICES

DEC 22 '86

UNIVERSITY OF CALIFORNIA
INDEPENDENT CONSULTANT AGREEMENT

ROUTE DATE COPY

C-11919

Agreement Number

This agreement to furnish certain consultant services is made by and between THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, a California public corporation (hereafter called University), and Priscilla Alexander (hereafter called Consultant). The Terms and Conditions attached are part of this agreement.

I. NATURE AND PLACE(S) OF SERVICE

A. Consultant shall furnish to University the following services:

Outreach and education services for women with high risk of AIDS.

B. Place(s) of performance of such services shall be:

SFGH, Ward 84, Division of AIDS Activities

C. University shall provide working space, equipment, furniture, utilities, and services as follows:

D. If applicable, the services of Consultant shall assist University in the performance of Contract or Grant No. U62/CCU9001017

dated 9/26/85 with Center for Infect. Disease (carry-forward requested see attached)

E. Consultant shall use recording devices in discussions with University employees only when the University so authorizes; this authorization shall be in writing. If applicable, Consultant's use of recording devices in such discussions is proposed as follows:

N/A

II. TERM OF AGREEMENT

A. The period of performance for this agreement shall be from 7/1/86 through 6/30/87.

B. Either Consultant or University may terminate this agreement at any time by giving the other party written notice of such action.

III. COMPENSATION AND REIMBURSEMENT FOR EXPENSES

A. University shall pay fees on the following basis to Consultant for services performed:

1. Fee of \$ <u>15.00</u> per day/hour, for <u>60</u> days/hours	TOTAL \$ <u>900.00</u>
2. Per diem at \$ <u>0</u> /day for <u> </u> days	TOTAL \$ <u>0</u>
3. Travel expenses (specify)	TOTAL \$ <u>0</u>
4. Other expenses (specify)	TOTAL \$ <u>0</u>

MAXIMUM TO BE PAID UNDER THIS AGREEMENT:

TOTAL \$ 900.00

C-11919

Agreement Number

- B. Payments shall be made in accordance with the following schedule, upon submission of an invoice by Consultant indicating the Agreement Number and setting forth charges in accordance with rates detailed in paragraph III.A. The invoice shall include Consultant's taxpayer identification number (Social Security or employer identification number*). Schedule of payments shall be:

In full.

IV. NOTIFICATION

- A. In performing consulting services under this agreement, Consultant shall report to Constance Wofsy, Principal Investigator.

- B. Name and mailing address of Consultant:

745 Haight Street, S.F., CA 94117

THE REGENTS OF THE
UNIVERSITY OF CALIFORNIA

CONSULTANT
Piselli
Signature of Consultant

12/19/86

Date

126-30-6915

Social Security Number

Employer Identification Number

Robert C. Barbara Woodruff
antoc Authorized Signature

12/17/86

Date

Division Manager
Title

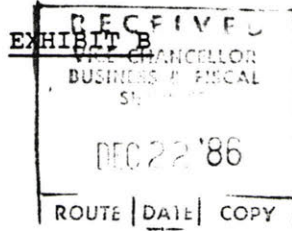
Medicine / AIDS

University Department

2/444919/29212

Account/Fund to be Charged

*Pursuant to Federal Privacy Act of 1974, you are hereby notified that disclosure of your Social Security number is mandatory. Disclosure of the Social Security number is required pursuant to Sections 6011 and 6051 of Subtitle F of the Internal Revenue Code and Regulation 4, Section 404.1256, Code of Federal Regulations, under Section 218, Title II of the Social Security Act, as amended. The social security number is to verify your identity. The principal uses of the Social Security number shall be to report payments you have received to the Federal and State governments.



C-11919

Date:

To:

This memo is written to request approval of a consultant agreement for Priscilla Alexander
Name of Consultant

1. Priscilla Alexander has been selected to perform the following consultant service(s) for
Name of Consultant
the department of Medicine/Division of Oncology/AIDS Activities/SFGH
Name of Department

(Herein detail service(s) that the consultant will perform.)

Outreach and preventive education consultation about women at high risk for AIDS.

2. The consultant was selected to perform the above services instead of others because,
Her extensive experience with and representation of women in the sex industry.
(Herein detail the consultant's particular qualifications and the reasons this particular consultant was chosen over other possible consultants.)

3. The consultant's fees (check one of the following):

 WILL NOT BE paid from grant funds.

 X WILL BE paid from grant funds, and a copy of the section of the grant which authorizes the hiring of consultants and allocates funds for their payment is attached to this memo.

4. The consultant (check one):

 X IS NOT NOW and has not been a University of California employee in the last two years.

 IS CURRENTLY a University of California employee or was an employee within the last two years. A Conflict of Interest Form has been completed by the consultant and is attached to this memo for approval by the Vice Chancellor.

5. The fees to be received by the consultant have been determined by the Department to be reasonable for the following reason(s):

(Herein state the basis used by the Department to determine that the consultant fees were reasonable. If the consultant is to be paid \$5,000 or more in any twelve (12) month period, detail at least two (2) other bids received from other possible consultants and the reason the particular consultant selected was chosen over the others.)

Prior consultation contract (C-11402) with this and similar consultants.

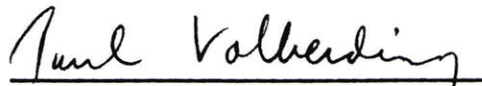
6. The following waivers of insurance are requested from the Campus Risk Management Office (145 Irving Street) for the reasons given below: (check waivers requested)

 X AUTO LIABILITY – The consultant will only use his or her personal auto for commuting to and from the University site and will NOT be using his or her personal automobile in the performance of University consulting services.

 X PROFESSIONAL LIABILITY (MALPRACTICE) – The consultant will NOT be performing patient care services as a part of consulting duties.

IF WAIVERS OF INSURANCE ARE NOT REQUESTED because the consultant will be using his or her personal auto for University services or will be performing patient care services, either certificates of insurance or the copies of the declaration page of the consultant's auto and/or professional liability insurance are attached.

7. The original and three (3) copies of a completed Consultant Agreement form which have been signed by the consultant are attached.



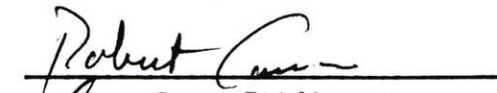
Signature of Department Chair or Manager

APPROVAL OF INSURANCE WAIVER

The above request(s) for waivers of insurance are hereby

 X Approved

 Not Approved, because:



Campus Risk Manager
145 Irving Street

TO: MATERIEL MANAGER

RE: Report of Purchasing Transactions Involving Possible Conflict of Interest

The following report is made in accordance with the terms of the announcement dated April 5, 1961, of the President of the University requiring the disclosure of possible conflict of interest of officers, faculty members and other employees of the University.

1. I hold (or held*) the following University position or positions: _____

_____ none _____

2. I propose to offer, have offered, or have agreed to furnish to the University, for hire, the following described services which are not encompassed in the terms of my regular employment: _____

_____ Outreach and education services for women with high risk of AIDS. _____

3. I propose to offer, have offered, or have agreed to rent or sell to the University the following described personal or real property: _____

_____ none _____

4. The following described close relative of mine (as that phrase is defined in the above mentioned Presidential announcement) proposes to offer, has offered, or has agreed to rent or sell to the University the personal or real property hereinafter described:

a. Name of close relative: _____

b. Relationship to declarant: _____

c. Address of close relative: _____

d. Description of Property: _____

5. I have the following described employment, management, brokerage, agency, partnership, or controlling, proprietary relationship with or interest in the enterprise hereinafter identified, which concern proposes to offer, has offered, or has agreed to sell or rent the following described service or property to the University:

a. Name of enterprise: _____

b. Address of concern: _____

c. Description of my relationship with or interest in enterprise: _____

d. Description of service or property: _____

(Please fill in information on reverse side of form)

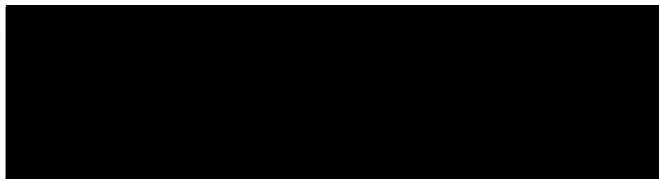
*if consultant is no longer a University of California Employee, please include last date of UC employment.

6. The following close relative of mine has the following described employment, management, brokerage, agency, partnership or controlling, proprietary relationship with or interest in the enterprise hereinafter identified, which concern proposes to offer, has offered, or has agreed to sell or rent the following described service or property to the University:

- a. Name of close relative: _____
- b. Relationship to declarant: _____
- c. Name of enterprise: _____
- d. Addresss of concern: _____
- e. Description of close relative's relationship with or interest in enterprise: _____
- f. Description of service or property: _____

I certify that I have not or will not devote any University time and that neither I nor my close relative has employed and will employ any University material, equipment or facilities in connection with the subject matter of any University purchase order or contact relating to the above described proposal or transaction.


Name of Declarant



UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

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SANTA BARBARA • SANTA CRUZ

A.W.A.R.E.
Association for Women's A.I.D.S. Research and Education
San Francisco General Hospital
Bldg. 80, Ward 84
San Francisco, CA. 94110
(415) 476-4091

August 10, 1987

William W. Darrow, PhD
Research Sociologist
AIDS Program
Center for Infectious Diseases
Centers for Disease Control
Atlanta GA 30333

Dear Bill;

The San Francisco collaborating center for AIDS Project 72 agrees that CDC stored sera from that project should be released to Dr. Blattner for HTLV-I research and to Dr. Nahmias for testing for herpes simplex virus types I and II, as specified in the protocols submitted by these two investigators.

Since we at A.W.A.R.E. have stored sera from more than 500 additional sexually active women (24% prostitutes, 76% nonprostitutes), we are inquiring whether you and these investigators would be interested in exploring collaborative analyses of these additional specimens.

We look forward to your reply,

Sincerely,

Constance B. Wofsy, M.D.
Co-Director, AIDS Activities, SFGH
Principal Investigator, A.W.A.R.E.

Judith B. Cohen, PhD
Associate Research Epidemiologist
Co-Principal Investigator, A.W.A.R.E.

j

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

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SANTA BARBARA • SANTA CRUZ

A.W.A.R.E.
Association for Women's A.I.D.S. Research and Education
San Francisco General Hospital
Bldg. 80, Ward 84
San Francisco, CA. 94110
(415) 476-4091

August 7, 1987

Geraldine Oliva, M.D., Director
Maternal and Child Health
San Francisco Department of Public Health
101 Grove Street, Room 115
San Francisco, CA

Dear Gerry,

I am very pleased to hear that you are seeking support from the Centers for Disease Control for Prevention of Perinatal HIV Infection and AIDS.

As you know, A.W.A.R.E. has been providing HIV counseling, testing, support, follow-up, and referral for high risk women in San Francisco since spring 1985. Since then, we have worked with over 900 women, at least 20 percent of whom were already pregnant, recently delivered, or trying to make decisions about pregnancy. Our experience to date strongly indicates the need for augmented education and counseling efforts in San Francisco for these women. Further, since many of them are women of color, a variety of educational and intervention efforts will be necessary.

As funding becomes available, we look forward to working with you in helping to design and evaluate the counseling and intervention programs that may help to prevent further perinatal transmission of this terrible disease.

Most sincerely,

A handwritten signature in cursive script, appearing to read "Judith B. Cohen".

Judith B. Cohen, MPH, PhD
Program Director, Project A.W.A.R.E.

cc: Dr. Wofsy ✓
Jane Meier

Connie

MEMORANDUM

June 10, 1987

TO: Constance Wofsy, MD
Judith Cohen, PhD

FROM: Michael McGrath, MD, PhD

RE: Laboratory Tests for AWARE

Here is the final accounting for the immune components testing done for AWARE this year. T4 and T8 subset analyses were done on 64 specimens, at \$100 each, for a total cost of \$6,400.

We look forward to continuing collaboration with you and your staff.

Connie - FY1

16 June

Gilda -

Other expenses - AWARE

Greenspan bank 2,500.00

migrant lab 6,400.00

current residuals ~ 367.00
(for Wash D.C.)

Supplies incl repair files, boxes 356.00

Nine tubes, boxes ~ 450.00

locked file cabinet ~ 143.00
~~257.00~~

add'l personnel ~ 3,800
~~4,000.00~~
hrs for

survey work
(plus benefits)

Petty cash "refill" 400.00
reimbursement to Dept. Med.
Gen'l Fund

10,399.00

- Judith

Plus travel?

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SANTA BARBARA • SANTA CRUZ

A.W.A.R.E.
Association for Women's A.I.D.S. Research and Education
San Francisco General Hospital
Bldg. 80, Ward 84
San Francisco, CA. 94110
(415) 476-4091

*copy for
Connie too
please!
Thanks -
JC*

June 11, 1987

James Dilley, M.D.
AIDS Health Project
P.O. Box 0884
San Francisco, CA 94143-0884

Dear Dr. Dilley,

I am writing this in strong support of continuing and expanded services for the AIDS and Substance Abuse Program. The Association for Women's AIDS Research and Education has been following, counseling, and referring women at high risk for HIV infection for over two years now, and we are facing increasing evidence of the role that substance abuse plays in the spread of this epidemic in families.

These multiproblem families present unique and complex challenges for clinical care and community support. Your staff, particularly Alan Johnson, have been particularly helpful to our staff in providing education as well as helping to deal with the many problems presented by this group.

Unfortunately but clearly, we are seeing more and more seropositive women who have substance abusing partners or who also have substance abuse problems of their own. We all need more service resources than are presently available, and hope that this recognition will help to increase funding for available staff.

Sincerely,

A handwritten signature in cursive script, reading "Judith Cohen", followed by a horizontal line.

Judith Cohen, PhD
Co-principal Investigator
Project A.W.A.R.E.



Centers for Disease Control
Atlanta GA 30333

404 329-3162
FTS 236-3162

May 13, 1987

Dear Collaborators:

We have recently received formal requests for specimens collected under our cooperative agreement (AIDS Project 72). Dr. William Blattner of NCI is interested in testing sera for HTLV-I. Dr. Andre Nahmias of Emory University would like to test for herpes simplex virus types I and II. Enclosed are copies of their proposals.

As the CDC project officer, I can ask the AIDS Processing Laboratory to send aliquots of sera outside of CDC for laboratory testing. However, I do not intend to release these specimens without your knowledge and consent. Furthermore, I must inform our Institutional Review Board of any additional studies that might be conducted on specimens collected under our protocol (732A).

Please let me know in writing as soon as possible about your decision to release specimens collected in your area to other investigators. If you have any requirements or limitations, specify them. If you have any comments or questions, please call.

I recently visited New Jersey and Miami, but will not be able to visit other sites until after the III International Conference on AIDS (June 1-5). Hope to see most of you there.

Sincerely yours,

Bill

William W. Darrow, Ph.D.
Research Sociologist
AIDS Program
Center for Infectious Diseases

cc: Dr. Blattner
Dr. Nahmias
Ms. Newton

11 May 1987

MEMORANDUM:

TO: Connie Wofsy ✓
FROM: Barbara Woodruff
RE: Credit Balance
Aware - 534954 - 20521

We have projected out the staff and known expenses on the above-referenced project. It appears that you will be left with a \$26,231.29 credit as of 6/30/87. Dr. Ziegler's office has informed us that there is a change in policy regarding these funds this year -- the state is not allowing any carry forward activity and funds will expire on 6/30/87. Please contact me at your earliest convenience to discuss spending down this credit.

cc: Judith Cohen
Paul Volberding

May 8, 1987

TO: Connie, Judith

FROM: Gilda 

RE: AWARE Balance Sheet prepared 5/4/87

Please be advised that the most recent projected unexpended balance of \$26,231 has been recalculated to reflect Lauren Poole's paid effort on Dr. Greenspan's account.

\$26,231	Previously reported
<u>+ 3,793</u>	Lauren Poole (50% 4/1/87-5/27/87 transferred from AWARE to Greenspan)
\$30,024	Projected unexpended balance

Thank you.

cc: Barbara Woodruff
Paul Volberding

City and County of San Francisco



Department of Public Health

San Francisco General Hospital
Medical Center

May 11, 1987

Constance B. Wofsy, M.D.
Co-Director, AIDS Activities
Ward 84, San Francisco General Hospital
San Francisco, CA 94110

Dear Dr. Wofsy:

Like our colleagues, we are all working toward enhancing the reputation of San Francisco General Hospital as a leader in AIDS care and research at the III International Conference on AIDS in Washington, D.C., June, 1987. We wish to take this opportunity to express our appreciation to you and the AWARE staff for your help and sharing of resources in our research and in the preparation of materials for the conference.

Judith Cohen has been particularly helpful to us during all phases of our projects. Without her epidemiological expertise, these efforts would not have been possible. We would like to document this effort as a fine example of multidisciplinary collaboration among a variety of hospital departments for the mutual benefit of us all.

Sincerely,

Rita Fahr *Anita Kline*
Michael Clement *Katherine Nelson*

Rita Fahrner, R.N., C.N.S. AIDS
Michael Clement, M.D., AIDS Service
Anita Kline, M.S.W., AIDS Service
Katherine Nelson, R.N., C.N.S. MCH

RF/ct

Enclosures (2)

cc: Merle Sande, M.D.
Paul Volberding, M.D.
Moses Grossman, M.D.
Judy Spinella, R.N., M.S.
Maria O'Rourke, R.N., D.N.S.
Jean Clare Plebani, M.S.W.
Judith Cohen, Ph.D.

III International Conference on Acquired Immunodeficiency Syndrome (AIDS)

June 1-5, 1987—Washington, DC USA

Official Abstract Submission Form

ONLY THIS OFFICIAL FORM IS ACCEPTABLE (no photocopies) as the original submission. However, 5 copies on white bond paper should be submitted with this original abstract form.

1. Type within blue lines: Title, Authors' Names (6 or less), Affiliations, City, State, Country and Abstract. (Underline name to indicate presenter; if there are more than 6 authors, type et al. to indicate additional authors. Do not include more than 6 authors' names. Limit abstracts to 250 words—includes author information.)

Helping Young People Face Death: Resuscitation Status and Outcome
in First Episode Pneumocystis Carinii Pneumonia (PCP)
RITA FAHRNER, M.J. CLEMENT, A. KLINE, J.B. COHEN, San Francisco General Hospital,
San Francisco, CA, USA.

Since the onset of the AIDS epidemic in 1981, ICU use for a group of patients with a uniformly fatal disease has been frequently questioned. Addressing this issue, all first episode PCP admissions at San Francisco General Hospital were reviewed for the last six months of 1986 (N=115), and DNR choice, ICU use, and outcome (death or discharge) were noted.

DNR Status	No. Patients	ICU Admit	Discharge or Death
Full code	10	0	10
DNR	55	0	42
Code, then DNR	4	4	1
Code status not addressed	46	0	46

This pattern of ICU use reflects the added knowledge on the part of the house staff, attending physicians, and patients of the poor prognosis of patients with AIDS requiring ICU admission. With this knowledge, less than 10% of patients chose to be on full code status.

Patients should be given the early opportunity to discuss their resuscitation status, and counseled regarding the poor prognosis for PCP patients who require intubation. A multidisciplinary approach to the patient's choice, using medical, nursing, and counseling resources, allows the patient and family to best understand the implications of their decision. This decision will become more complex as potentially effective antiretroviral therapy for AIDS becomes available. Therefore, we will be monitoring patterns of choice during January-June 1987.

2. Category submitted under (see reverse side)
General Category Health Care Code H
Sub-Category Health Care Strategies Code 5

3. Preference: Oral presentation ☒ Poster Presentation ☐

4. Provide the following about the presenter:

Name of presenter Rita Fahrner, RN, MS
Affiliation/Institution San Francisco General Hospital
Mailing address (Business) 1001 Potrero Avenue
San Francisco, CA 94110
(415) 821- 5478

5. Mail this original Official Abstract Submission Form and 5 copies to:

Scientific Program Committee
III International Conference on AIDS
655 15th Street, N.W., Suite 300
Washington, DC 20005 USA

ABSTRACTS MUST BE RECEIVED
NO LATER THAN FEBRUARY 1, 1987

6. Complete and return the Acknowledgement Card with your abstract if you wish to receive confirmation of receipt of your abstract(s).

REVIEWERS USE ONLY: A _____ R _____ Score _____ Oral _____ Poster _____
COMMENTS:

ORAL presentation

III International Conference on Acquired Immunodeficiency Syndrome (AIDS)

June 1-5, 1987—Washington, DC USA

Official Abstract Submission Form

ONLY THIS OFFICIAL FORM IS ACCEPTABLE (no photocopies) as the original submission. However, 5 copies on white bond paper should be submitted with this original abstract form.

1. Type within blue lines: Title, Authors' Names (6 or less), Affiliations, City, State, Country and Abstract. (Underline name to indicate presenter; if there are more than 6 authors, type et al. to indicate additional authors. Do not include more than 6 authors' names. Limit abstracts to 250 words—includes author information.)

Evaluation of an Educational Program to Help Perinatal Nursing Staff Provide Care to HIV Infected Patients

KATHERINE M. NELSON, R. FAHRNER, J.B. COHEN, Dept. of Staff Development and Research, San Francisco General Hospital, San Francisco, CA, USA.

The increased incidence of perinatal HIV infection has had significant impact on nursing care practices in Labor and Delivery and the Nursery. Nursing staff education and support are necessary to circumvent exaggerated fears of AIDS. At SFGH an educational and support program has been developed to facilitate high-level nursing care standards as well as appropriate multidisciplinary patient management.

Program methods were: 1) a baseline survey of knowledge and attitudes about AIDS prior to the intervention program; 2) a multistage intervention program extending over a 4 month period, and 3) a post-intervention evaluation examining knowledge, attitude, and behavior changes. Intervention programs were for all nursing staff in Nursery and Labor and Delivery (N=45). Strategies included open staff meetings, didactic programs, onsite reinforcement, and implementation of perinatal HIV infection control guidelines.

Results: Changes observed included increased knowledge about HIV transmission and infection control. Staff also demonstrated increased sensitivity to more appropriate discharge teaching and made increased numbers of referrals for follow-up. Some nurses increased their skills in providing patient education about prevention of HIV transmission. Attitude changes were less predictable and more complex. Changes tended to proceed through several stages, but most staff reported reduced fear and more confidence in caring for HIV infected patients.

2. Category submitted under (see reverse side)
General Category Health Care Code H
Sub-Category Nursing Code 1
3. Preference: Oral presentation X Poster Presentation _____
4. Provide the following about the presenter:
Name of presenter Katherine M. Nelson, RN, MS
Affiliation/Institution San Francisco General Hospital
Mailing address (Business) 1001 Potrero Avenue
San Francisco, CA, 94110
Telephone No. (include area code) (415) 821-8503
5. Mail this original Official Abstract Submission Form and 5 copies to:
Scientific Program Committee
III International Conference on AIDS
655 15th Street, N.W., Suite 300
Washington, DC 20005 USA

ABSTRACTS MUST BE RECEIVED
NO LATER THAN FEBRUARY 1, 1987

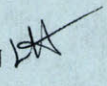
6. Complete and return the Acknowledgement Card with your abstract if you wish to receive confirmation of receipt of your abstract(s).

REVIEWERS USE ONLY: A _____ R _____ Score _____ Oral _____ Poster _____

COMMENTS:

May 11, 1987

MEMORANDUM

TO: Connie Wofsy, MD
John Mills, MD
FROM: Laurie Hauer, RN 
RE: Employment status

I am still unclear about my future employment status with the AIDS Activities and Infectious Diseases Divisions. As you know, I have applied for the Clinical Trials Manager AN I position. In the event that I do not get that job, I am requesting clarification of my status with the two Divisions.

I was told by Connie that she could not guarantee my funding beyond July 1, was told by John that there would probably be half time funding by ID for a while, then later was told that I might be able to work full time for ID for some period to start the three (now two) new studies.

During my four and one-half years of employment here, I have always assumed continued full time status, and have not been informed otherwise until now. To my knowledge, my AWARE funding has always depended on grants, and my ID funding on drug studies. I do need a full time job, with a relatively secure future.

I have been advised by the UC personnel department that if I am in effect being laid off, I should get an official notice from you, and that there are certain other steps that should be taken. One purpose of this would be that I may get preferential consideration in other UC CN III (but not AN I) jobs that I apply for.

Since I do not know when the AN I decision will be made, and have no idea whether I will be chosen for that job, I do request that you answer this memo assuming that I am not planning voluntarily to leave for that job. As I have told each of you, I would be very happy to remain in my current positions, or to move full-time to AWARE. Thank you very much for your time.

cc: Judith Cohen, PhD



A.W.A.R.E.
Association for Women's A.I.D.S. Research and Education
San Francisco General Hospital
Bldg. 80, Ward 84
San Francisco, CA. 94110
(415) 476-4091

May 8, 1987

SUMMARY OF 4/27/87 MEETING OF AWARE AND CPS

The meeting was attended by Connie Wofsy, Judith Cohen, Lauren Poole, Bridget Wagner, and Laurie Hauer from AWARE; and Nancy Padian, Ruth Greenblatt, Nancy Veerheusen, and Sarah Glass from CPS. These are Laurie's notes; please do correct me if I missed or misunderstood something. Next meeting will be Tues. June 16, 1987 at 3 pm at AWARE, unless Nancy's site visit interferes.

I. General Assumptions

- A. The guidelines in this memo are to some degree dependent on funding allocations.
- B. The basic rule is that each study will continue with operations and procedures as established, whenever possible.
- C. Participants in each study should be handled in as cohesive a manner as possible, in terms of locations and personnel for visits.
- D. Analysis of transmission data will be the primary focus of CPS. Analysis of natural history data will be the primary focus of AWARE. Authorship on research findings will be decided by the study with primary responsibility for that area of analysis.

II. Referral Patterns

- A. In general, AWARE will accept women from CPS who live within a 20 mile radius of SF, and will help women pay for transportation costs. CPS will refer seropositive women for natural history study; prostitutes; and pregnant women (unless another large-scale study starts). Women in these three categories who live outside the 20-mile radius who are in the CPS will stay in it, but data will be shared with AWARE as appropriate.
- B. In general, CPS will accept male partners of AWARE women as follows: seronegative or seropositive (or sero-unknown) partners of AWARE seropositive women; new male partners of former CPS seropositive women; and seropositive partners of AWARE seronegative women. See drawing.

III. Issues

- A. AWARE needs to change its consent form to include referral to another arm of a UC study (referral of both names/bodies and data).
- B. AWARE and CPS need to be doing the same physical exams and lab tests, and similar update questionnaires, so that data can be exchanged.
- C. CPS would prefer to receive names of women who have male partners for referral (or names of the partners), but AWARE could also pass the CPS info along to participants so that they can initiate referral on their own.

IV. Tasks

- A. Make questionnaires similar: Judith, Nancy P.
- B. Make physical exams/labs similar: Lauren, Nancy V., Ruth
- C. Make consents similar (change AWARE consent): Laurie, Sarah

$\begin{matrix} \text{♀} \oplus \\ \text{♂} \oplus \end{matrix} \left\{ \begin{array}{l} 1. \text{ CPS } \text{♀} \text{ to AWARE if SF + 20mi.} \\ 2. \text{ Their new } \text{♂} \text{ partners back to CPS} \\ 3. \text{ AWARE } \text{♂} \text{ partners to CPS} \end{array} \right.$

$\begin{matrix} \text{♀} \oplus \\ \text{♂} \ominus \end{matrix} \left\{ \begin{array}{l} 1. \text{ All } \text{♀} \text{ stay in own study} \\ \text{ (but CPS data to AWARE)} \\ 2. \text{ AWARE } \text{♂} \text{ partner to CPS} \end{array} \right.$

$\begin{matrix} \text{♀} \ominus \\ \text{♂} \oplus \end{matrix} \left\{ \begin{array}{l} 1. \text{ All } \text{♀} \text{ stay in own study} \\ 2. \text{ AWARE } \text{♂} \text{ partners to CPS} \end{array} \right.$

March 16, 1987

MEMO

TO: Judith Cohen, PhD.
Project Director, AWARE

FROM: Roberta R. Wilson *RW*
AIDS Programs Coordinator

RE: J-1 Visa Status and Post Doc Fellow Appt

In response to your request to me regarding any possible insights or helpful information that might expedite Dr. Bridget Wagner's obtaining a J-1 Educational Visa and a UC Visiting Post Doc Fellow appointment, I have the following information:

1. It is possible for Dr. Wagner to obtain J-1 visa status by applying for a post doc fellowship with the UC. To do this you must route the request through the administrative manager for the Division of AIDS Activities, whether it is a paid position or non-funded.
2. The visa request form that you submitted to the International Students and Scholars office is incomplete and cannot be processed until the missing information is filed. The form is being returned STAT.
3. This form should be filed via Barbara Woodruff and Paul Volberding. Once it is filed with the appropriate information, Dr. Wagner will be issued IAP-66 forms which she should submit to the American Embassy in Barbados. The Embassy will stamp her passport with J-1 status which will allow her to return to the U.S.
4. In the meantime, arrangements can be made for a post doc fellowship for Dr. Wagner with the AWARE program.

I met with Ms. Woodruff regarding Dr. Wagner's status with the Division. Please contact her with regards to your plans for Dr. Wagner.

cc: P. Volberding, M.D. Chief, Division of AIDS Activities
B. Woodruff, Business Manager, Division of AIDS Activities
✓ C. Wofsy, M.D., Program Director, AWARE

August 14, 1986

TO: Connie Wofsy, M.D.
Judith Cohen, Ph.D.

FROM: Laurie Hauer, R.N. *LH*

RE: Request to increase per cent time on Project AWARE from 40% (16 hrs/wk)
to 60% (24 hrs/wk).

As a followup to our conversations of the past few weeks, I am writing to request an increase in my AWARE time to 60%, effective Sept. 1, 1986 (reflected in the October 1 paycheck). A primary reason for this increase is the need for me to assist with data management and analysis as the Project nears completion of the initial recruitment phase. I have prepared a brief outline of my proposed tasks and time breakdown, following the format of my job description on my last evaluation (December 1985).

Simultaneous with this request, I am requesting an increase in my I.D. time from 30% to 40%; I will therefore be working full time once again. If you agree with my AWARE increase, I hope that you will quickly forward the necessary paperwork to Roberta Wilson and possibly to Georgette Skellenger also. Thank you for your consideration.

Attachment

LAURIE HAUER: AWARE JOB DESCRIPTION, 60% (24 HRS/WK)

I. Protocol Development and Implementation

- Data management and analysis; update computer skills to assist with management of lab and questionnaire data. 8 hrs/wk
- Other: assist with writing and editing articles for journals, update slides, other protocol-related tasks as needed. 4 hrs/wk

II. Clinical Coordination

- Lab/specimen coordination, including ordering supplies, processing supervision, lab results, assist with developing system for computer input/analysis of lab data. 4 hrs/wk

III. Community Outreach/Liaison and Recruitment Coordination

- WAN (Women and AIDS) 1 hr/wk
 - ASATF (Substance Abuse/AIDS) 1 hr/wk
 - Other: Liaison with other studies e.g. perinatal, liaison with community groups, preparing handouts, giving talks. 2 hrs/wk
- total
4 hrs/wk

IV. Staff Supervision/Internal Issues

- AWARE staff meeting 2 hrs/wk
 - AWARE interviewer meeting 1 hr/wk
 - Other- education, problem-solving with interviewers, liaison with Ward 86 and other hospital departments as needed. 1 hr/wk
- total
4 hrs/wk

TOTAL

24 hours/week

MEMORANDUM

To: Roberta Gonzalez-Wilson
From: Judith Cohen and Constance Wofsy
Date: May 29, 1986
Re: End of Fiscal Year for Project A.W.A.R.E.

Once again we are nearing the time when we must make decisions regarding the project, but have not heard from the Statewide Taskforce regarding our request for renewal and additional funds for FY 1986-87. We have heard that the notification date for such applications will be around June 16th; in the interim, here is what we propose:

1. Since there will be some carryover funds available, and we have been informed by the Statewide office that carryover is permissible, we will assume that some continuing activity is likely.
2. Suzanne Whaley has been asked to provide all possible assistance to Gilda to document the current balance in various budget categories as soon as possible, so that we can identify resources available for carryover.
3. When the information is available, we should meet briefly to agree on priorities for allocating whatever resources exist.
4. All staff (e.g. survey workers) whose appointment dates terminate on 30 June 1986 should have papers prepared extending their appointments until 30 June 1987, if possible without notification of renewal from the Taskforce.

Thank you for your assistance.

cc: Gilda Raboy
Suzanne Whaley

INSTRUCTIONS TO SENDER:

- A. Remove Yellow copy for your file.
B. Send Remainder of form intact with carbon to person addressed.

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INSTRUCTIONS TO PERSON ADDRESSED:

- A. Write reply at bottom of form.
B. Remove carbon from form.
C. Return Blue to sender, retain Pink for your file.

51475

University of California

Inter-Office Memorandum

To:

Connie Wofsy, M.D.
SFGH Ward 86

From:

Tita Reyes
Cancer Research Institute
Moffitt 1282

Subject:

cell culture charges

Our File No.

Date:

1/22/86

Message

Please process the balance due for cell culture for the amount of \$20,000.00 on account and fund 555270-30310. Please process as soon as possible before the ending date of project.

cc: Jay Levy, M.D.
Elaine Mclarin
Bobbie Wilson

Reply

Date:

To:

THIS COPY RETURNED TO SENDER

To:

Connie Wofsy, M.D.
SFGH Ward 86

From:

Tita Reyes
Cancer Research Institute
Moffitt 1282

Subject:

cell culture charges

Our File No.

Date:

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cc: Jay Levy, M.D.
Elaine Mclarin
Bobbie Wilson

Reply

Date:

To:

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

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SANTA BARBARA • SANTA CRUZ

SCHOOL OF MEDICINE
CANCER RESEARCH INSTITUTE

SAN FRANCISCO, CALIFORNIA 94143-0128

April 10, 1986

MEMORANDUM

TO: Dean Echenberger, M.D.
Constance Wofsy, M.D.
Judith Cohen, Ph.D., MPH
John Ziegler, M.D.
Herbert Perkins, M.D.
Nathan Clumeck, M.D.
Warren Johnson, M.D.
Dean Pape, M.D.

FROM: Jay A. Levy, M.D.

This is just a reminder about your chapter for the book, AIDS: Pathogenesis and Treatment. The new deadline date for completed chapters is June 5, 1986. For those of you who have not submitted an outline for your chapter, please send one to me by April 25, 1986.

Once again, thank you for your valuable contribution to this project.

JAL/cb

cc: Marcel Dekker Publishing



University of California San Francisco
School of Dentistry
Division of Oral Biology
HSW-604
San Francisco, California 94143
(415) 666-2943
John S. Greenspan
BSc, BDS, PhD, FRCPath
Professor and Chairman

February 10, 1986

Constance Wofsy, M.D.
Assistant Chief, Infectious Diseases
Ward 84
San Francisco General Hospital
San Francisco, California 94110

Dear Dr. Wofsy:

We understand that you are eager to study AIDS-virus seropositive women as part of your core control study. We occasionally see such people and will be happy to ask them if they would be prepared to participate.

Sincerely,

A handwritten signature in blue ink, appearing to read "John S. Greenspan".

John S. Greenspan

JSG/nf

January 28, 1986

To: Connie Wofsy, Judith Cohen
From: Laurie Hauer *LH*

Re: My percent salary from AWARE

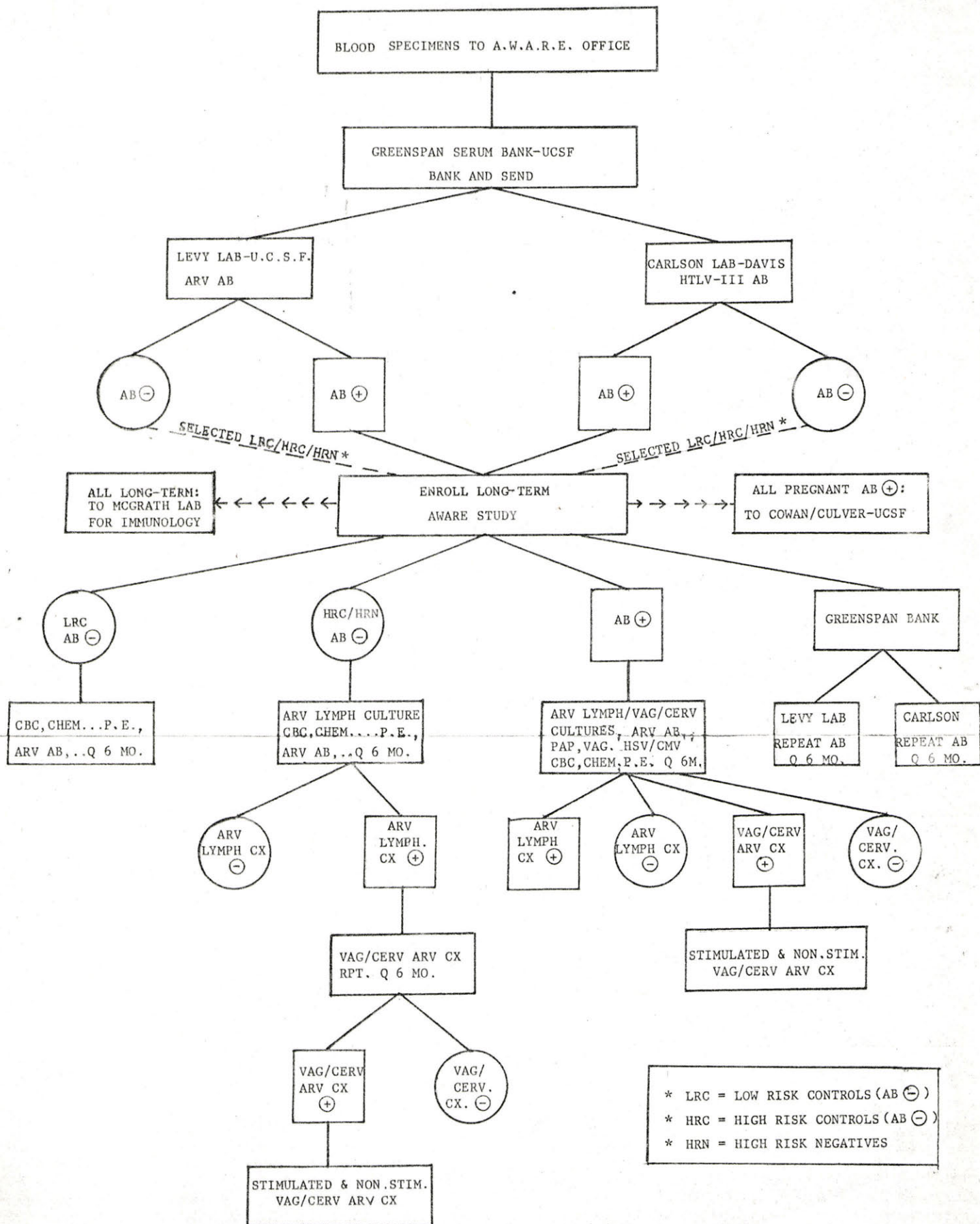
I would like to temporarily increase my AWARE percentage to 40% from the current 30%. My current total work hours are 24 per week (equally divided between AWARE and I.D.); during the month of January I have been putting more time in for AWARE than the allotted 12 hours. The particularly time-consuming activities have been Paris abstracts, the article, a LIP funding proposal, and lab and physical exam arrangements and protocols. I see the next couple of months as also being busy for me, as we finally begin sending specimens to Greenspan/Davis, and as the CDC study gets underway.

My understanding is that I am currently funded at 30%, and that I am on the CDC grant for an additional 20%. Until the CDC money comes through (and until it is confirmed that I am included in it), I think that the additional 10% funding could come from the money that was not spent on me during November and December when I was on leave. During that time most of my sick and vacation leave was paid through I.D., although some was from AWARE. Georgette would probably have the exact figures. At any rate, I did suggest that this could be done in a memo in September, and when Judith mentioned it to Bobbi at that time there seemed general agreement that it could be done.

I do hope that you can arrange this change. I would like it to go into effect as of February 1, 1986, if possible. If there is to be a change, Georgette will need to be notified (and she has already told me that if money is available, there should be no problem in upping my hours from her end of things).

Thank you very much for your time and effort in this direction.

Ok turn March, don't think Laurie is on CDC grant can't recall.



* LRC = LOW RISK CONTROLS (AB ⊖)
 * HRC = HIGH RISK CONTROLS (AB ⊖)
 * HRN = HIGH RISK NEGATIVES

PROJECT A.W.A.R.E.

INITIAL SCREEN

500 HIGH RISK WOMEN

INTERVIEW
ARV Ab

IMMEDIATE CALLBACKS

50 POSITIVES

50 CONTROLS *

ARV CULTURES :
BLOOD
URINE
VAGINA
SALIVA
CMV SEROLOGY
AND CULTURE
IMMUNOLOGY

ARV Ab
CMV Ab
+ CULTURES IF CONVERT
? IMMUNOLOGY

Q THREE MONTHS

BRIEF QUESTIONNAIRE
DRAW, STORE SERA

BRIEF QUESTIONNAIRE
DRAW, STORE SERA

Q SIX MONTHS

SAME AS AT FIRST CALLBACK
PLUS LONG INTERVIEW

SAME AS AT FIRST CALLBACK
PLUS LONG INTERVIEW

REMAINING 400 WOMEN

200 ARV Ab-

200 Ab -

CONTINUING
(ALL SEX IND.)

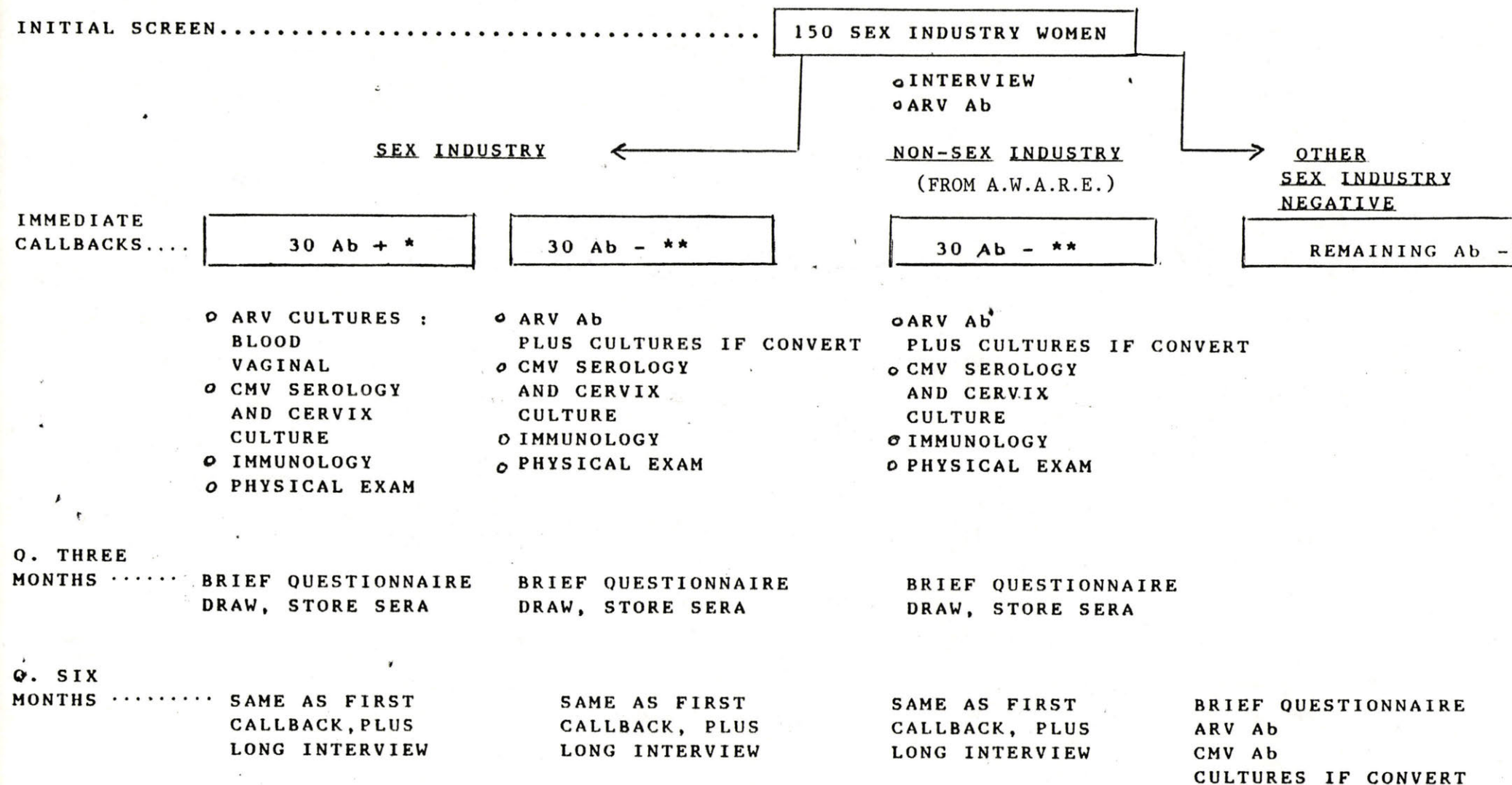
WILL NOT CONTINUE

Q SIX MONTHS

BRIEF QUESTIONNAIRE
ARV Ab
CMV Ab
+ CULTURES IF CONVERT

* MATCHED ON AGE, RACE, RISK EXPOSURE TYPE

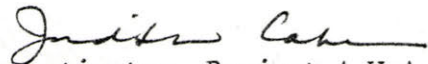
FIGURE 1. TASK SCHEDULE FOR SEX INDUSTRY STUDY



* NUMBERS ARE AN APPROXIMATION OF MAXIMAL EXPECTED POSITIVES
 ** MATCHED ON AGE, RACE, RISK EXPOSURE TYPE

March 6, 1986

TO: Priscilla Tankersley
Business and Fiscal Services

FROM: Judith Cohen 
Co-principal Investigator, Project A.W.A.R.E.

RE: Consultation on data base design for A.W.A.R.E.

Enclosed is a documentation for an "Independent Consultant Agreement" to pay Mark Kell the sum of \$1,000 for completion of the necessary design and integration of our two software systems so that we can begin to run our analyses for A.W.A.R.E. (Acct. no. 534983-20520). We have limited success and no productivity to date, even with the best efforts and the limits of the experience of programming staff available to us here. Mr. Kell has been advising us informally, and it is clear that he has the knowledge and experience to help us to make the necessary transition.

He has not been employed by the University previously.

The hourly fee requested is extremely reasonable; we have been quoted rates of \$35 to \$40 per hour for similar service. The funds requested are specifically justified current fiscal year budget as statistical consulting services, although the hourly rate quoted is slightly higher (\$25/hr). A copy of the budget page is enclosed with this memorandum.

We also request waivers for auto liability and for professional liability, since neither transportation nor patient care are included as part of these services.

Thank you for your assistance on this matter; If you have any questions, please feel free to contact me at x64091.

Encls.

c: Constance B Wofsy, MD
Robertta R. Wilson
Susan Hicks



San Francisco General Hospital
Medical Center

December 17, 1985

TO: AWARE Staff *Through Judith Cohen*
FROM: Connie Wofsy, M.D.
RE: Abbott Laboratories

I spoke to Derek Bonewitz, (312) 937-7993, about the collaboration with Abbott Laboratories in their developmental research for HTLV-III testing. He will send a confirmatory letter, but the gist of our conversation before it escapes my memory is:

1. We will send sera to Abbott on our negatives, positives, and high risk negatives in the amount of 1 cc minimum, better 1.25 cc, through the phlebotomy services of Ward 86 to be shipped Federal Express without refrigeration as they have agreed as part of their core Abbott Agreement. An advanced call to Dr. Heller at (312) 937-1621 will be appreciated.
2. They will do screening tests on the samples, and for the positives or indicated high risk negatives will do confirmatory tests which measures P22 and P41 with or without western blot. The confirmatory test uses 100 mcl, and the antigen test uses 200 mcl.
3. They are particularly interested in the high risk negatives including culture positive seronegatives, and serum from those individuals should be sent in the amount of 2 ccs if at all possible, and indicated as high risk negative "for antigen testing."
4. They have agreed by telephone conversation, to be confirmed in writing, to provide \$3500 for the year in addition to the core grant which goes to the AIDS Clinic for special processing that we require.

I have estimated that the maximum samples in a year would be 90 x 4 testing times or 320 samples, but that for the calendar year January 86 to January 87, we wouldn't be likely to have more than two-thirds of that for a round number of 250.

This is an informational communication. It will be confirmed by a letter from Mr. Bonewitz, and we will not proceed with any of the above until that letter has been received, read, and signed.

CW:m



December 17, 1985

TO: AWARE Staff *through Judith Cohen*
FROM: Connie Wofsy, M.D.
RE: Samples to Jay Levy

Jay Levy and I met yesterday, December 12, and reviewed the cumulative cultures from the AWARE study. The following issues were discussed:

1. Dr. Louise Evans is a post-doctoral fellow working with Dr. Levy who will be involved with the AWARE samples and will be the contact person for exchange of information about cultures. The reports will be given to me so that there is direct physician-to-physician continuity, and her number is 476-4071. She has tabulated the results. A *single* copy is enclosed, not to be circulated.
2. We have done 50 samples via the breakdown in the 'not to be circulated' summary, and I will meet with Bobbi Wilson about appropriate payment to Jay.
3. Jay would like to put this together for publication in the reasonably near future, and I agree. By January, the cultures should be in their most final form from the existing patients. As it stands now, 7 out of 11 *dissect* IFA's are positive, and 6 out of 8 vaginal or cervix cultures have at least suggestive evidence of possible virus. *I think it* would probably be prudent to keep this closely under wraps until culture reports are final.
4. Future Directions: Jay would like to continue doing the IFA's on all of our samples in addition to samples going to Carlson, which we will initiate after the first of the year, that is, Carlson will do all serologies, *(HIV, Hepatitis etc)* and Jay Levy will continue to do the IFA's. Jay understands that we don't have monies budgeted to continue the serologic testing, but this is not a cost intensive procedure for him. We should probably redirect the *serum* volume of material that goes to Jay's Lab to be the minimum amount necessary for testing.

As to cultures, we have agreed to do the following:

1. Blood: Do lymphocyte cultures only on 15 seropositives, and if the lymphocytes are positive to do a vaginal and a stimulated vaginal.
2. To culture lymphocytes from all high risk negatives, and to do no lymphocyte cultures on the matched negatives.
3. They will do serum ARV cultures if the lymphocytes are positive, but can do it from the stored serum, so we will not have to send additional specimens.
4. For the cervical cultures that we do in those who are lymphocytes positive, they feel that the cervical wash is the most effective means of gathering materials, and we should not continue to do cervical scraping.
5. They are very anxious to get more stimulated samples, and we should probably make an effort on those persons who are lymphocyte positive to get both unstimulated and stimulated samples to answer the two questions: 1) Is the virus present in vaginal secretions, and 2) Is it enhanced in the stimulated setting.

cc: Jay Levy

CW:m

February 10, 1986

TO:

Carnie
~~Nancy Mahl~~

FROM:

Sara Burke *sb*

RE:

DEVELOPING SERVICES FOR COMPREHENSIVE AIDS CARE: A SFGH WORKSHOP

As you know, Dr. Volberding and I have been meeting to work on rescheduling the AIDS workshop. Originally scheduled for May, the proposed dates are now September 19-21, 1986.

Dr. Volberding suggested that I advise you of the dates so that you could check with the other faculty for serious conflicts.

Hope these dates will be OK with the majority of the faculty. Thanks very much for your help.

/sb

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UNIVERSITY OF CALIFORNIA
AIDS SPECIMEN BANK
HSW-604
(415) 666-2943

SAN FRANCISCO, CALIFORNIA 94143

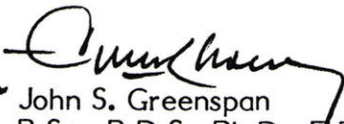
January 17, 1986

Dr. Jim Carlson
UC Davis Medical Center
Microbiology Lab
2315 Stockton Blvd.
Sacramento, CA 95817

Dear Jim,

The people listed are among those who plan to send sera and cells to you for ARV Ab and culture. When you get this letter, please call me so that we can talk about the logistics. I would like to invite you here to meet with me and these collaborators so that we can work out how the bank can best serve them.

Sincerely,

per 
John S. Greenspan
B.Sc., B.D.S., Ph.D., F.R.C.Path.

JSG/pkr

cc: Dale E. Bredesen, M.D.
Mort Cowan, M.D.
Donald Abrams, M.D.
✓ Connie Wofsy, M.D.
Larry Drew, M.D., Ph.D.
Andrew Moss, Ph.D.
Robert M. Levy, M.D., Ph.D.
Mark L. Rosenblum, M.D.
Nancy Padian, Ph.D.
John Ziegler, M.D.
Paul Volberding, M.D.
Marcus Conant, M.D.
Yvonne de Souza, M.S.

Judith,

Louise Tipton
from IRB

"emancipated minors
cannot consent for
themselves for
research only for
medical ~~research~~ "
care

X1814



A.W.A.R.E.
Association for Women's A.I.D.S. Research and Education
San Francisco General Hospital
Bldg. 80, Ward 84
San Francisco, CA. 94110
(415) 476-4091

November 7, 1985

Ms. Carol Viele, R.N., M.S.
Chairperson
Committee on Human Research
Clinics 116
UCSF

Dear Ms. Viele:

We are writing to request clarification of IRB policy in regard to the definition of "adult", for situations like the one described below. Our research is a "Point Prevalence Study of Antibody to AIDS Retrovirus (ARV) in Sexually Active Women Not In Known Risk Groups". Your number for the protocol is UCSF CHR 243907.

The protocol states that women at risk shall be recruited from adults who are at high risk of exposure to this virus through heterosexual activity and includes women who have multiple partners, both where payment is expected, and where it is not expected. In addition, women who may not have had multiple sexual partners, but have had one partner whose status in regard to AIDS is definitely high risk, are eligible to participate. It is also relevant to add that our activities include counseling and referral around lifestyle activities related to AIDS risk.

The problem can be illustrated with the present example: we have been approached by a 17-year-old prostitute who wishes to participate in the study. She is an emancipated minor, and has been so for a number of years (e.g. is admitted to S.F.G.H. under her own consent, and has been treated as such by several other agencies), but for our purposes, is under 18 years of age and therefore not an "adult" as we have operationally defined one. In terms of her behavior, general status, and risk of being exposed to the AIDS virus, we would include her as eligible for the study, but would appreciate your opinion on whether and how to proceed.

Thank you very much,


Constance B. Wofsy, M.D.
Co-Principal Investigator
Project A.W.A.R.E.


Judith B. Cohen, PhD.
Co-Principal Investigator
Project A.W.A.R.E.

Sept. 25, 1985

To: Connie Wofsy, Judith Cohen
From: Laurie Hauer ~~LH~~
Re: My percent salary from AWARE

I thought of something after our meeting yesterday. As of now, I am being paid either 30% or 40% by AWARE. However, for the period Nov. 1-Jan. 1 (approximately) I will be paid (or should be paid) 100% by I.D., since I will be using two months of sick and vacation leave accrued before AWARE existed. In this case, AWARE will be saving quite a bit of money, which could be used for me in January or later, depending on what else happens.

From my point of view this is a great idea, but I'm not completely familiar with the budgetary ins and outs. As I mentioned yesterday, I would strongly prefer to work exclusively on AWARE (probably half to three-quarter time) in January. I think that the project needs me that much, since I'm working on it full time now and am not getting everything done.

Shall I communicate somehow with Bobbi, Georgette, or John Mills about the pay situation for Nov. and Dec.??? Please advise....and thanks.

City and County of San Francisco

Department of
Public Health

San Francisco General Hospital
Medical Center



Novemeber 1, 1985

TO: Andrew Moss, Ph.D

FROM: Connie Wofsy, M.D. *AW.*

RE: I.V. Drug Abuse meeting tentatively scheduled for November 15

Confirming our conversation on October 30:

1. I will review the issues surrounding prostitution, I.V. drug abuse and a report from the CDC prostitute study cooperative group for the proposed meeting.

2. Judith Cohen should obviously be involved, although she may be at the meeting in Washington D.C. that is taking place at about that time.

3. I suggest that the Ward 92 San Francisco Substance Abuse Clinic with Barbara Falkes and Scott Madover be invited as participants probably without a speaking role.

4. Marty Jessop, whom I don't know, from Alameda County, should be included though I don't know in what category. I gather that she is very involved in the Substance Abuse Task Force.

5. I think as a researcher, Moses Grossman should be invited to speak or designate who should speak about research in pediatric AIDS because it relates so specifically to IV drug abuse.

6. Included either in the program or as a discussant should be a person who is knowledgable in ethics and legal issues. Dr. Johnson from U.C. in ethics might be invited or asked to represent somebody. For legal issues I'm a little more vague.

Discussion would logically involve a succinct presentation of the existing data on IV drug users and the populations they affect including prostitutes and maternal pediatric issues, and subsequent policymaking related to the issues.

As suggested in our conversation, a good way to do that might be to have key investigators and senior policymakers discussing in a workshop manner at a large table for instance with a coordinator, and then have invited guests as active participants in the discussion, but sitting as an audience.

cc: John Ziegler, M.D.
Judith Cohen, Ph.D.

Patrick

Department of Epidemiology
and International Health

SAN FRANCISCO, CALIFORNIA 94143

AWARE LOOFSEY
COHEN

October 16, 1985

John Ziegler, M.D.
V.A. Medical Center 141
4150 Clement St.
San Francisco, CA 94121Mary Butt
Nancy Wall

CITY OF SF

WARD 92

Barbara Falles

Scott Madover

North 9
Jesseup Alameda

Dear John,

You should by now have received a copy of a letter to Dave Werdegard putting forward the idea of a meeting jointly sponsored by the Clinical Center and the Health Dept. about the issue of AIDS in IV drug users. I talked to Werdegard on the phone and he has basically agreed.

I would suggest that we have the meeting in about a month or six weeks, that it be private, i.e., by invitation only, and with no media, so that unpublished data and ideas about prevention can be discussed frankly. A (very) preliminary list of invitees follows, which should probably be circulated as a basis for further recommendations.

I suggest that we think of a one-day meeting, that the morning be basically data from SF and other cities, and that the afternoon be a discussion about intervention and prevention for SF.

First shot at invitation list:

1. Researchers

- (a) Us. Me, Robin Onishi, Dick Chaisson, Dennis Osmond. We would present some different kinds of data from our ongoing studies.
- (b) Don Desjarlais, from New York. He would present NY data.

- (c) Jack Rutledge, from New Jersey, ditto for NJ data
- (d) For serology: Judy Wilbur, Jim Carlson
- (e) For Statewide data: Norm Levy from Davis
- (f) Ask Connie Wofsy for nominations from AWARE and allied studies. *CW J.C.*
- (g) John Newmeyer or John Watters for the NIDA-funded research project based at the Haight-Ashbury Clinic.

(2) Treatment programs *? WARD 92*

- (a) Jim Sorensen from SF General
- (b) Ron Kletter from BAART program
- (c) John Newmeyer from the Haight.

(Someone from Hunter's-Point Bayview? Ed Morales?
(Other treatment program people?))

(3) City of SF

Ask Werdegarr to nominate (Health Dept., Substance Abuse Task Force, Prevention groups)

Supervisor Nancy Walker?

(4) Prevention/Policy

- (a) Dr. David Smith (possible chair)
- (b) Phil Lee, or a representative
- (c) Someone from the State. Jim Chin? Bob Anderson? Don Francis?

McDonald

(d) Prison system. Conte?

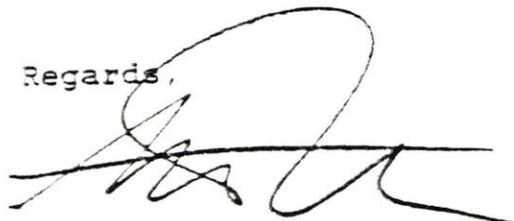
(e) Observer from NIDA — *Hal Ginzberg, MD, MPH*

(f) Alameda County health director (Martinez)

(g) Priscilla Alexander? *OK*

This is a first approximation, which I suggest be circulated among interested parties. Again, I suggest this be a relatively informal meeting among a group of people small enough to discuss the issues with confidence.

Regards,



Andrew R. Moss, Ph.D.
Adjunct Assistant Professor
Department of Epidemiology
and International Health

ARM:cn

cc: Dick Chaisson ✓
Dennis Osmond ✓
David Werdegart ✓

Treatment Program directors →

RON KLETTER, BAART ✓
NEWMAYER, HAIGHT-ASHBURY ✓
SORENSEN, SFGH ✓

A.W.A.R.E. FOLLOW-UP

PROCEDURES:	<u>POSITIVES</u>	<u>HIGH RISK NEGATIVES</u>	<u>CONTROLS</u>
LOCATION	Ward 86: Days/clinics to be set	Ward 86 or sites with exam possible	Ward 86 or sites with exam possible
INTERVIEW	Update, with long ques.fill-in if not already given	Update, with long ques. fill-in if not already given	Update, with long ques. fill-in if not already given
LABORATORY	Repeat ARV Ab? CMV Ab Immunology To be specified Cultures: Serum: ARV CMV Vagina?	Repeat ARV Ab CMV Ab Immunology To be specified Cultures? (All, or if convert?) Serum: ARV CMV Vagina?	Repeat ARV Ab Cmv Ab Immunology To be specified Cultures? (All, or if convert?) Serum: ARV CMV Vagina?

ISSUES:

1. Physical exam for everyone, or only positives or symptomatics?
2. How much follow-up can be done at other sites than Ward 86?
3. Can we combine a lot of what is done in two stages in initial visits into one visit? (e.g., presume that we want all data on everyone, and not schedule most procedures contingent on others)
4. What immunological parameters do we want on everyone? CMV Ab? CMV cultures? Where/how will they be arranged (e.g. as part of the new Davis package?)
5. We are learning enough about ambiguous and false positives to make us need to consider, at least, the possibility of false negatives. How much exploration can we or do we want to do of this issue?
6. How long and thoroughly do we want to pursue cultures information?

PROJECT A.W.A.R.E.

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500 HIGH RISK WOMEN

INTERVIEW
ARV Ab

IMMEDIATE CALLBACKS

50 POSITIVES

50 CONTROLS *

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URINE
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BRIEF QUESTIONNAIRE
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Q SIX MONTHS

SAME AS AT FIRST CALLBACK
PLUS LONG INTERVIEW

SAME AS AT FIRST CALLBACK
PLUS LONG INTERVIEW

REMAINING 400 WOMEN

200 ARV Ab-

CONTINUING
(ALL SEX IND.)

200 Ab -

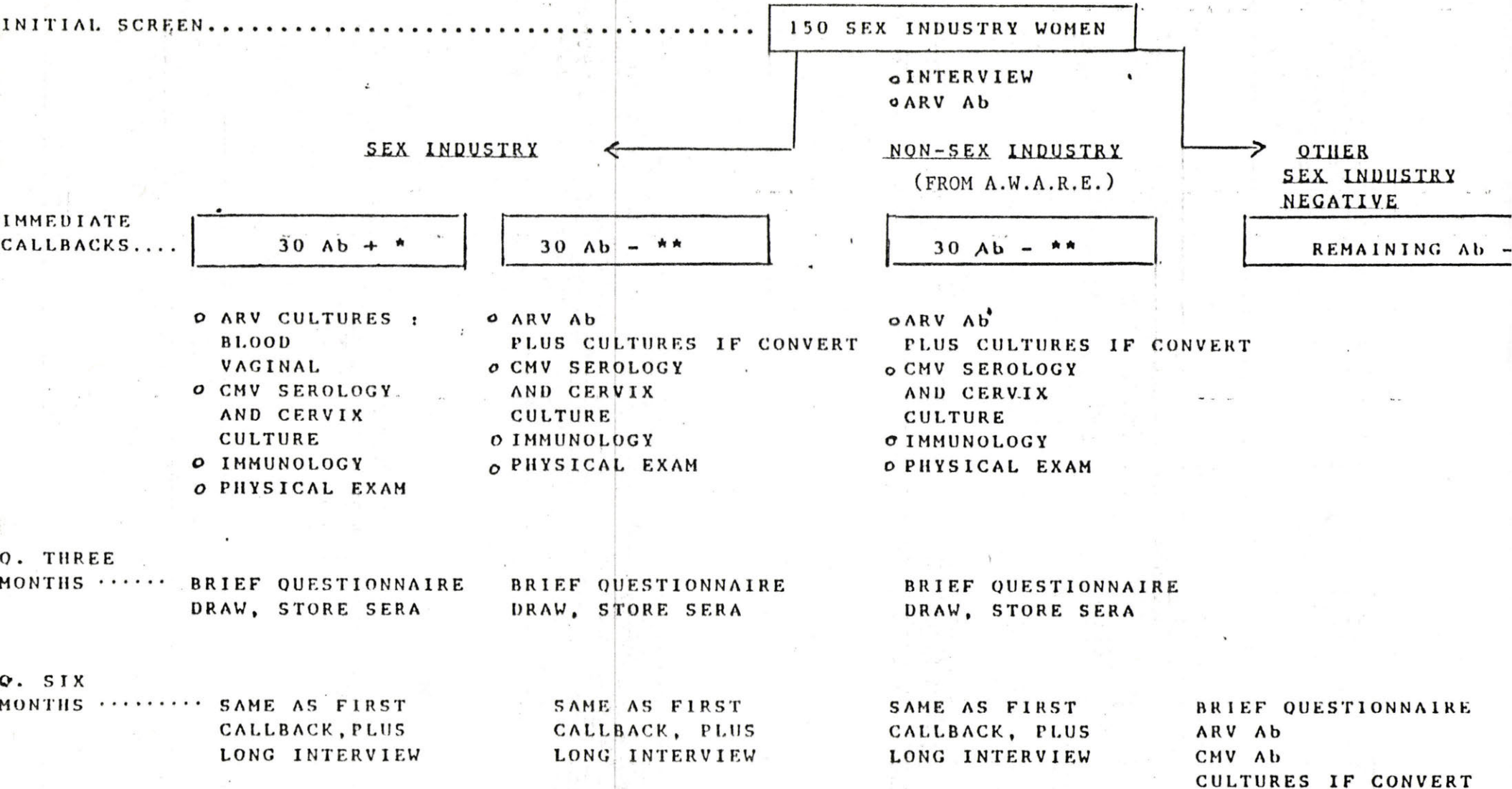
WILL NOT CONTINUE

Q SIX MONTHS

BRIEF QUESTIONNAIRE
ARV Ab
CMV Ab
+ CULTURES IF CONVERT

* MATCHED ON AGE, RACE, RISK EXPOSURE TYPE

FIGURE 1. TASK SCHEDULE FOR SEX INDUSTRY STUDY



* NUMBERS ARE AN APPROXIMATION OF MAXIMAL EXPECTED POSITIVES

** MATCHED ON AGE, RACE, RISK EXPOSURE TYPE

WOMEN

IF YOU:

—Have been tested for AIDS antibodies

WE NEED YOUR HELP With AIDS Research

We are interested in your feelings
about this test and its impact on your
life. Our goal is to help other women
who will be tested in the future.

Please call: DIANE, JANE or JOHN at 415/621-5998

COMPLETE CONFIDENTIALITY ASSURED

Project of the University of California, San Francisco
and the San Francisco Department of Public Health

UNIVERSITY OF CALIFORNIA, DAVIS

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SANTA BARBARA • SANTA CRUZ

Please reply to:

DEPARTMENT OF PATHOLOGY
SCHOOL OF MEDICINE
DAVIS, CALIFORNIA 95616
(916) 752-2710

DIVISION OF PATHOLOGY
UC DAVIS MEDICAL CENTER
2315 STOCKTON BLVD.
SACRAMENTO, CALIFORNIA 95817
(916) 453-2525

44 453 2107 med center

September 6, 1985

Joanne Wilson research
assistant

Constance Wofsy, M.D.
S.F.G.H. Bldg 30 Ward 86
1001 Potrero Avenue
San Francisco, CA 94110

Dear Dr. Wofsy:

I have received funding to establish the AIDS Virus Central Diagnostic Laboratory for the Universitywide Task Force on AIDS. The services that are operational at this time include AIDS virus serologies (ELISA, IFA and Western blot) and isolation as well as serologies for CMV, EBV, HSV and Hepatitis B. I am requesting that you notify me of your needs for this service so that I can form a priority schedule to accommodate an orderly, rapid expansion of my laboratory. I can be reached by phone at (916) 752-2710 or 453-2107.

As laboratory director, I anticipate working with you to assure that the AIDS Virus Central Diagnostic Laboratory will fully support your specific research goals.

Sincerely,

A handwritten signature in dark ink, reading "James R. Carlson".

James R. Carlson, Ph.D.
Assistant Professor
Director, AIDS Virus
Central Diagnostic Laboratory

JRC:dh

CC: C.L. Hopper, M.D.

Myra Jennings Ph.D.
Sr Res Asst IV
Coord AIDS Viral Lab

8 d turn around routine specs.

1. 500 women  200 -

2. do cmv EBU H5U hep B as package 

3. if can do all great

4. if limit to serologic

All $\oplus$

matched controls.

100 ~ 200

5. all $\oplus$ will be confirmed

6. estimate 50/500 - all 3 even if
Eliza neg

7. turn around

8. batching + shipping -

→ 9. Culture - What do they want to do.

name Laurie Hauer

10. matched $\ominus$ Control - Culture 

11. H5 ratio

12. CBC -



money 7 mo ago 

turn around 

in 7 mo 500 AIDS serologies

compared here to Carlson & Moss.

Eliza sensitive to IFA + WB on)

97% false $\oplus$ $\pm$ their Eliza given
sensitivity set.
do all assays.

AIDS group term
JAMA June 21, 1985 vol 253 3405 -

September 25, 1985

Dear Dr. Wofsy:

I am a nurse practitioner certified as both a Family Nurse Practitioner and as an Ob-Gyn Nurse Practitioner and have been working as an interviewer for the AWARE study since March. I have thoroughly enjoyed my involvement with AWARE and am writing to express my interest in an NP position with the project should such a position become available.

Laurie Hauer has informed me that AWARE may move in the direction of studying mothers and babies at risk for AIDS. My area of most clinical expertise and interest is in maternal-child health. I also have a strong interest in AIDS and would like very much to continue to work in that field.

I am currently working as a Clinical Research Nurse for the Transfusion Safety Study, a study of people at risk for AIDS because of their exposure to blood products. I will be resigning my position as of November 1 and am beginning to explore options for a new job.

I would be happy to meet with you if it is appropriate at this time. I am enclosing my resume.

Thank you and I look forward to hearing from you.

Sincerely,



Lauren Poole, RN NP

work: (415) 666-1898

CERTIFICATION: Registered Nurse with ANA Family Nurse Practitioner Certification and NAACOG Ob/Gyn Nurse Practitioner Certification.

EXPERIENCE: Clinical Nurse III - University of California at San Francisco, Department of Laboratory Medicine, Moffitt Hospital, San Francisco, California; May 1985 - present.

- "Patient Manager" for San Francisco cohorts of a national research project called the Transfusion Safety Study. Major research objective is to study the natural histories of transfusion-transmitted infections, especially AIDS. Patient manager responsibilities include: recruitment of study subjects among people with congenital hematologic disorders, blood donors and blood recipients; performance of physical exams, clinical histories and venipuncture according to the study protocol; counseling, education and referral for study subjects and their families.
- Start up duties included: working with human research committees from various participating institutions; communicating with potential study subjects, physicians and blood banks; self-education regarding blood products and transfusion, AIDS in general and transfusion and hemophilia associated AIDS.
- Additional responsibilities include: organizing systems for patient recruitment, scheduling and follow-up; preparing patient education material; networking with community agencies and support services for people at risk for AIDS.

Senior Survey Worker - Association for Women's AIDS Research and Education, San Francisco General Hospital, San Francisco, California; part-time, March 1985 - present.

- Major responsibilities are conducting interviews, venipuncture, education, counseling and referral for study subjects enrolled in a prevalence study for presence of HTLV-III antibody in Bay Area women at risk as defined by study protocol.

Family Nurse Practitioner - Lyon-Martin Women's Health Services, 2480 Mission Street, San Francisco, California; part-time, August, 1984 - August, 1985.

- Major responsibility is provision of primary health care to women in a supportive setting. Nurse practitioners perform annual exams, provide follow-up care, and treat episodic illness in consultation with physicians. Most visits are for health maintenance, gynecological, medical and psychosocial problems.

Family Nurse Practitioner - Family Health Center, Montefiore Medical Center, Bronx, New York; November, 1980 - May, 1984.

- Major responsibility was provision of primary health care to children, adolescents and adults in a medically underserved Bronx community. Patient population is primarily Hispanic with a large number of Cambodian refugees. Practice shared with physician-partner and care delivered using team approach.
- Areas of clinical expertise include: well infant, child and adult care; diagnosis and treatment of acute illness in children and adults; routine prenatal and gynecologic care, including all methods of family planning; and co-counseling individuals and families with psychosocial faculty.
- Submitted proposal and received funding from Montefiore Women's Auxiliary to develop an Adolescent Pregnancy Prevention, Prenatal Care and Parenting Program at the Family Health Center. Coordinated project which involved networking, community outreach, group work and in-service education for staff.
- Additional responsibilities included: co-coordinated Health Center Leadscreening Treatment and Prevention Program; coordinating Health Center Prenatal Education Program; and precepting nurse practitioner and medical students.

ADDITIONAL
EXPERIENCE:

Staff Nurse - Riker's Island Women's Prison, Montefiore Medical Center, Bronx, New York; part-time, September - October, 1980.

Staff Nurse - Planned Parenthood of New York City, Margaret Sanger Center, New York, New York; part-time, September - October, 1980.

Nursing Assistant - Rush-Presbyterian-St. Luke's Hospital, Chicago, Illinois; summer, 1979.

Director, International Student Program - Planned Parenthood of New York City, New York, New York; 1977 - 1978.

Community Organizer - Jane Addams Center Hull House, Chicago, Illinois; 1975 - 1977.

EDUCATION: Pace University, Graduate Division of Nursing, Briarcliff Manor, New York; Master's of Science, with Distinction, 1978 - 1980.

Family Nurse Practitioner Preceptorship; Jewish Hospital and Medical Center of Brooklyn; summer, 1980.

Macalester College, St. Paul, Minnesota; Major: Spanish; Bachelor of Arts, magna cum laude; member, Phi Beta Kappa; 1975.

PROFESSIONAL
AFFILIATIONS:

- American Nurses Association
 - American Public Health Association
 - Women and AIDS Network
-

LANGUAGE: Spanish - fluency in speaking, reading and writing.

PUBLICATION: Poole, L., "The Birth of a Nation: Maternal and Child Health in Nicaragua", Health/PAC Bulletin, Vol. 13, No. 6 and Vol. 14, No. 1, pp. 23-26, Spring, 1984.

REFERENCES: Available upon request.

A.W.A.R.E. STUDY - LAB/CLINIC VISIT

Study # and/or Code

Date of Visit

Entry Date

Type of Visit

neg[] pos[] lab:

HTLV III/ARV Ab Test -

Date

neg[] pos[] site:

HTLV/ARV Culture -

Date

Ord	Done	Results	Procedures or Tests to be Done	Disposition of Specimens
			Repeat Questionnaire	File
			Physical Exam (use Registry form)	File
			Referral to:	
			Blood for ARV culture/serology: 3 green top tubes 1 red top tube	UCSF - J. Levy Lab MS 1265 666-4071
			Blood for H/S ratios/immunology 3 lavender top tubes MUST DO CBC ALSO	UCSF -C.Casavant Lab Long Hospital 553 666-5279
			Blood for CBC/platelets 1 lavender top tube	Smith-Kline/Bioscience Lab-call for pick up 800-772-3408
			Blood for CMV serology 1 red top tube (or 1 serum vial)	SFGH Virology Lab x5466 4th floor, Bldg. 30
			Blood for other serology _____red top tube(s)	AWARE Serum Bank
			Other blood:	
			TOTAL BLOOD _____red top _____green top _____lavender top	
			Endocervical scraping for ARV culture 1 stick in Hanks (urine cup)	UCSF - J. Levy Lab 666-4071 ON ICE
			Cervical/vaginal swab for ARV culture 1 swab in Hanks (vial)	UCSF - J. Levy Lab 666-4071 ON ICE
			Urine for CMV Culture 1 vial	SFGH Virology Lab x5466, 4th Floor, Bldg. 30
			Cervical/vaginal swab for CMV culture 1 swab in saline (vial)	SFGH Virology Lab x5466 4th Floor, Bldg. 30

Other tests done (PAP, GC, etc): List on separate piece of paper.

Draft - OK?

A.W.A.R.E. STUDY - LAB/CLINIC VISIT

Study # and/or code _____

date of visit _____

Entry date _____

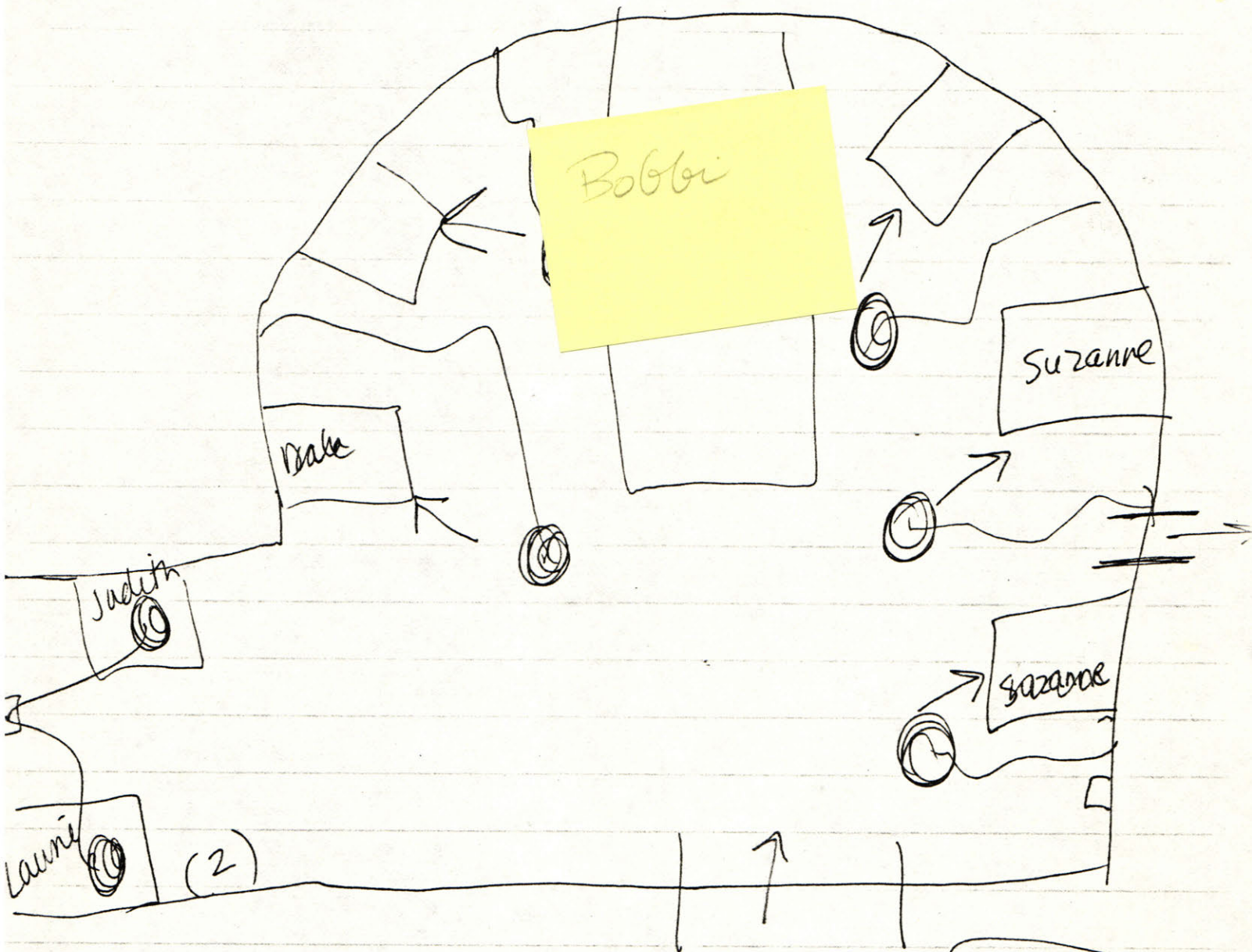
Type of visit _____

neg pos / /
HTLV III/ARV Antibody Test - date

neg pos / /
HTLV/ARV Culture - date

ordered	done	PROCEDURES or TESTS TO BE DONE	DISPOSITION OF SPECIMENS
		Repeat Questionnaire	
		Physical Exam (use Registry form)	
		Referral To:	
		Blood for ARV culture/serology 3 green top tubes 1 red top tube	UCSF - J. Levy Lab MS 1265 666-4071
		Blood for HIs ratios/immunology 3 lavender top tubes MUST DO CBC ALSO	UCSF - C. Casavant Lab Long Hospital 553 666-5279
		Blood for CBC/platelets 1 lavender top tube	Smith-Kline/Bioscience Lab call for p/u 800 772-3408
		Blood for QW serology 1 red top tube (or 1 serumvial)	SFGH Urology Lab x5466 4th floor, bldg. 30
		Blood for other serology _____ red top tube(s)	AWARE Serum Bank
		Other blood:	
		TOTAL BLOOD _____ red top _____ green top _____ lavender top	
		Urine for QW Culture 1 vial	SFGH Urology Lab x5466 4th floor, bldg. 30
		Cervical/vaginal swab for QW culture 1 swab in saline vial	SFGH Urology Lab x5466 4th floor, bldg. 30
		Cervical/vaginal swab for ARV culture 1 swab in Hanks vial	UCSF - J. Levy Lab, 666-4071 on ice
		Endocervical scraping for ARV culture 1 stick in Hanks - urine cup	UCSF - J. Levy Lab, 666-4071 on ice

PROJECT AWARE AND I D RESEARCH

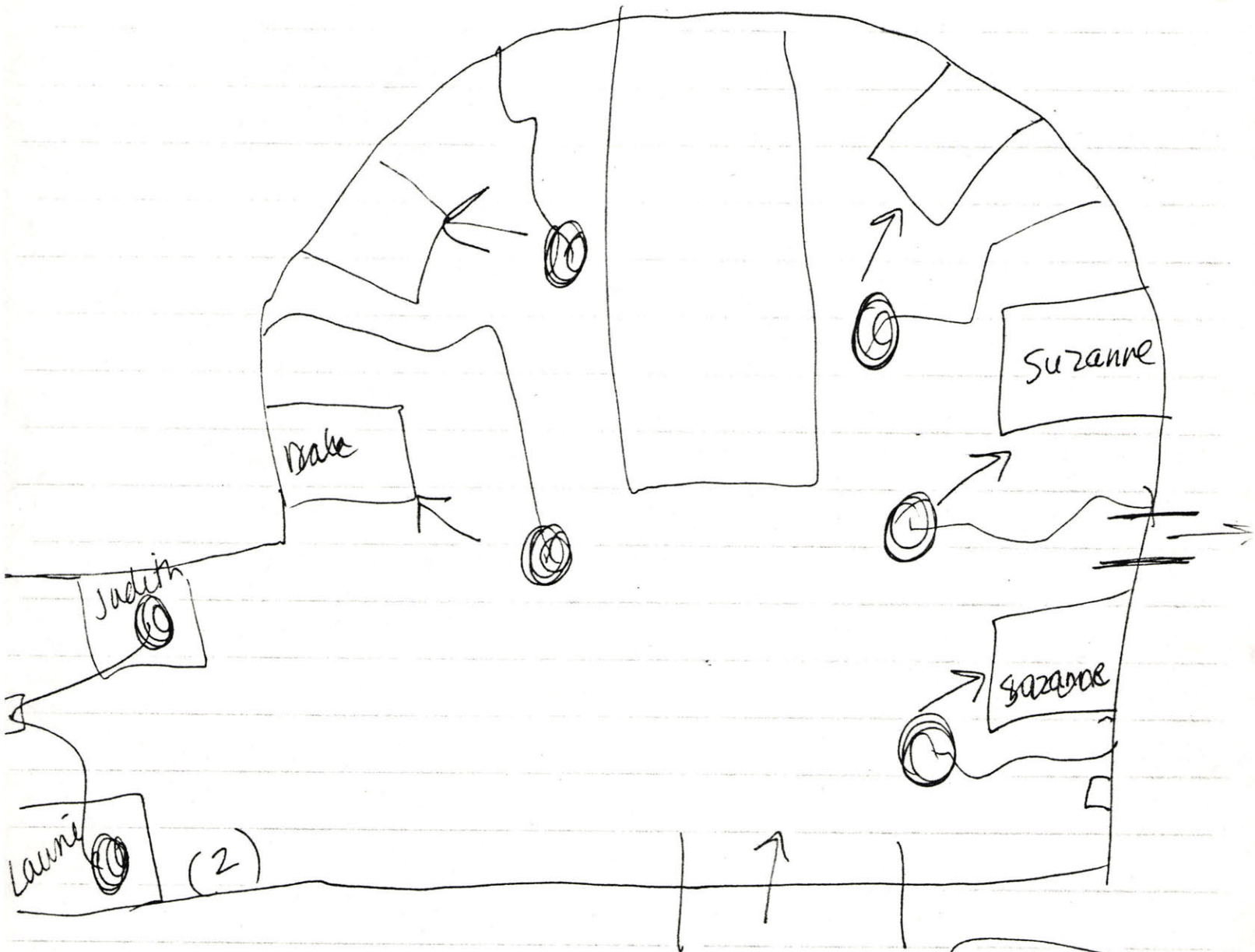


7 phones

Phone on Ward 86
in I.O. Exam rm.
821-8695
Com line to 84

(Wd 84)
All phones
476-4091
476-4092
821-8695
1 other line for out calls
com lines to us
com line to Connie
Com line to wd 86.exe.

PROJECT AWARE AND ID RESEARCH



7 phones

phone on Ward 86
in I.O. exam rm.
821-8695
com line to 84

Wd 84
All phones
476-4091
476-4092
821-8695
1 other line for out calls
com lines to us
com line to Connie
com line to wd 86.exe.

press 7 letters
TO:

Michela Reichman

Assistant Chancellor-Communications

SOURCE: Alice Baloff (415-821-5310 or 666-2557)

FOR RELEASE - Date:

TITLE: Project AWARE Evaluates Risk of AIDS Transmission in
Heterosexual Women

Women investigators at San Francisco General Hospital are evaluating heterosexual women for the risk of exposure to the AIDS virus by means of heterosexual activity alone. Women under study include: women whose sexual partners had AIDS or were at high risk for the disease (intravenous drug users or bisexual); women with multiple (minimum of five sexual partners) over three years in San Francisco or women in the sex industry. The project is dedicated to issues of confidentiality and accurate information. Preliminary data is available on the first 100 women enrolled including 26 women who are in the sex industry.

Constance Wofsy, M.D., University of California, San Francisco, Associate Clinical Professor of Medicine and Co-Director, AIDS Clinic at San Francisco said, "While our project is still in progress with the anticipation of enrolling 500 women over the next year, we felt that our preliminary data should be made public. Of the 100 women analyzed since the beginning of the study in April, there

were less than 5% with antibody to the AIDS virus. Those who were positive had very specific high risk exposures, and none of the 26 women in the sex industry were positive including a third of those who used IV drugs."

Wofsy and her co-investigator, Judith Cohen, Ph.D.,.....have hypothesized at the beginning of the project AWARE study that the greater the number of sexual partners, the greater the likelihood of exposure to the AIDS virus, and was designed in part to evaluate the increasing allegation in the media and published literature that prostitutes constitute a special risk group for the transmission of AIDS. We wanted to look at the broad range of heterosexual exposure, not focusing specifically on prostitutes, but carefully evaluating their risk in conjunction with other sexually active women.

While none of the 26 women in the sex industry who were studied showed evidence antibody to the AIDS virus, Wofsy cautioned, "The initial 26 women studied were not necessarily a cross-section of women in the sex industry, and the lack of antibody positive individuals does not suggest that this population is free of risk. Further studies are definitely indicated. Just because these women had no positive results doesn't mean that there are no prostitutes with the antibody or with the AIDS virus itself. Reports from other groups have suggested a strong association between IV drug use and those prostitutes who do reveal evidence of antibody to the AIDS virus. It remains to be seen whether that association is also

identified in San Francisco.

Wofsy said one of the goals of the project is to increase public awareness of the need for programs and services for women in the sex industry and to develop alternative means for them to make a living. Prostitutes have the same personal human rights as all other members of society and they likewise have the same moral and ethical obligations to protect members of society from the transmission of disease. In fact, the use of condoms in the individuals in sex industry was particularly high.

Project AWARE is continuing to enroll women in the study. One of the key goals of the all-women investigative team at San Francisco General Hospital is the absolute confidentiality of any woman contacting the office and/or participating in the program. Women who call are not required to give their names. Persons interested are asked to call Project AWARE at 666-4091.

Michela Reichman, Assistant Chancellor-Communications

WOFSY

Source: Alice Baloff (415) 821-5310 or 666-2557

FOR RELEASE -- date

PRELIMINARY RESULTS OF STUDY OF SEXUALLY ACTIVE WOMEN FINDS NO
PROSTITUTES WITH ANTIBODIES TO AIDS VIRUS

Preliminary results in an ongoing study of sexually active women being conducted at San Francisco General Hospital has shown no incidence of antibodies to the AIDS virus in 26 women in the sex industry.

Project AWARE (Association for Women's AIDS Research and Education) has studied 100 sexually active women to date. The group included women whose sexual partners either had AIDS or were at high risk for the disease (being intravenous drug users or bisexual), women with more than five sexual partners in San Francisco in the last three years, or women in the sex industry.

Constance Wofsy, MD, UC-San Francisco associate clinical professor of medicine, and co-director of the AIDS Clinic at SFGH, said, "While our project is still in progress and we hope to enroll over 500 women in the next year, we felt our preliminary data should be made public. Of the 100 women analyzed since the beginning of the study in April, there were less than five percent with the antibody to the acquired immune deficiency syndrome virus."

"None of the 26 women in the sex industry were positive," Wofsy said, "including a third of them who were IV drug users. The only women who were positive for the antibody either had a history of IV drug use or a known exposure to a partner who had AIDS."

Wofsy and her co-investigator, Judith Cohen, PhD, (title), had hypothesized at the beginning of the Project AWARE study that the greater the number of sexual partners, the greater the likelihood of exposure to the AIDS virus ~~would~~ ⁽⁴⁾ ~~be~~.

"One of the increasing allegations in the media has been that prostitutes constitute a special risk group for the transmission of AIDS," Wofsy said.

"We undertook the study to evaluate women with multiple anonymous sexual partners or women who had exposure to men in high risk groups, in other words exposure to men who had AIDS, were bisexual or IV drug users."

While none of the women in the sex industry were positive for antibodies to the virus, Wofsy pointed out, "Further studies are definitely indicated. Just because these women had no positive results, doesn't mean that there are

no prostitutes with the antibody or with the AIDS virus itself. In fact, we have an expectation that we will find prostitutes who do have the disease and they will probably also be IV drug users."

Wofsy said one of the goals of the project is to increase public awareness of the need for programs and services for women in the sex industry to develop alternative means for them to make a living.

Project AWARE is continuing to enroll women in the study. One of the key goals of the all-women investigative team at San Francisco General Hospital is the absolute confidentiality of any women contacting the office and/or participating in the program. Women who call are not required to give their names. Persons interested are asked to call Project AWARE at 666-4091.

#

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SANTA BARBARA • SANTA CRUZ

INSTITUTE FOR HEALTH POLICY STUDIES
SCHOOL OF MEDICINE
1326 THIRD AVENUE
SAN FRANCISCO, CALIFORNIA 94143

September 9, 1986

Constance Wofsy, M.D.
Department of Infectious Disease
San Francisco General Hospital
Ward 86
San Francisco, CA

Dear Dr. Wofsy,

Judith Cohen has told me about your burdensome schedule in September, and we have arranged a meeting with the AWARE staff on the earliest possible date, on October 2nd. At that time, my research partner, Diane Beeson, and I plan to present a brief summary of our social science study, which is examining the personal and social consequences of individuals' finding out their AIDS antibody status.

As far as we know, our study is the only one currently looking at the social aspects of AIDS antibody testing among women. Women who have participated in the early stages of our project are aware of the pioneering nature of the information they possess and seem eager to engage in our open-ended format interview. Many of them are committed to sharing their experiences with other women at risk.

Nancy Padian has been referring interested women from her study to us for interviews so that we can compare differences between women and men in their responses to knowledge of antibody status, management of privacy and the like. We would like very much to supplement this group with other women at high risk who present themselves for the AWARE study. We would prefer not to wait another month (until the staff meeting in October) to broaden our recruitment efforts. Would it be possible to distribute the enclosed flier describing our study to the AWARE research participants prior to the staff meeting? Participation in our study, of course, is completely voluntary, and respondents' identities are kept absolutely confidential.

Please give me a call at 666-3801. We apologize for adding to your September schedule, but are eager to develop mutually satisfactory ties with you.

Sincerely,

Jane Jones

Jane Jones, Ph.D.
Assistant Professor

*called
9/16
menus*

WOMEN

IF YOU:

—Have been tested for AIDS antibodies

WE NEED YOUR HELP

With AIDS Research

We are interested in your feelings
about this test and its impact on your
life. Our goal is to help other women
who will be tested in the future.

Please call: DIANE, JANE or JOHN at 415/621-5998

COMPLETE CONFIDENTIALITY ASSURED

Project of the University of California, San Francisco
and the San Francisco Department of Public Health

AWARE

8/14/85

1. publicity
2. C. Vacation ^{MGold.}
3. Research goals. HOLD.
4. move.
5. Confirm test -
6. phones -
7. Inservice - Pet OBGYN
- 8. Update FACET - /counseling women./ list of players.
9. Peggy W. -
_{Jane Diage}
10. Zones Season presentations
11. Goals Internal mtg -
12. Letter to NISM.
13. Blood bank -
14. Vacation - Mark Gold. /do husbands
15. prostitute forum.
16. APHA - Abstract - Nov. M 18 → Th 21st W or Thurs
17. report hiring thru AA.
18. memo levy - bank pts longit study
19. Alt test site resource + site
20. Assoc Res Analyst.
21. Cherie Tim Chin - \$ for insem project / MD for \$ partners sero ⊕

1. update FACET PLAYERS
LIP

2. Laurie M Gold long term

3. C. Alice Bailoff - on vacation to Judith
press release / memo Bobbi out line
I Judy Wilbur / Denise Hardy

City and County of San Francisco

Department of
Public Health

San Francisco General Hospital
Medical Center



DATE: August 5, 1985

TO: Chris Christiansen
Personnel Analyst
University of California, San Francisco

FROM: Roberta Wilson
Administrative Analyst
Division AIDS Activities/Oncology
San Francisco General Hospital

RE: Program Assistant

The AWARE project (Women and AIDS) went into operation last February 1, 1985. The funding for the project was effective through June 30, 1985. In an effort to get the project up and running, the recruitment for the program assistant II was waived. Bernadette Cracchiolo was hired into the position on the strength of her working experience with women's health organizations.

Funding has been continued through June 30, 1986. Recruitment for Ms. Cracchiolo's position would be in order, however, she has performed at quite a high level. Her contacts and knowledge of the women's community have been an asset to the project. Her actual UC systems knowledge was weak initially, but great improvement has taken place. It would be difficult to find an employee as knowledgeable in the areas that the position requires. I would recommend and request consideration to waive recruitment with a permanent hire date of August 1, 1985.

Ms. Cracchiolo's initial salary level was at Step 3. With due regard to her lack of UC system experience and comparison to other Division of Oncology/AIDS Activities employee's entry levels, I recommend that her salary remain at this level until June 1986. Your suggestions in this regard are welcome.

Thanks so much for your attention to this request.

BW/nc
cc C. Wofsy
C. Roberts

Connie,

Again thanks for helping me to take care of myself.

I called employee benefits this morning and they informed me that any new employee signs a "statement of health" and so I ~~insurance~~ would not be eligible for insurance ^{with a pre-existing condition} unless I was already classified as a permanent employee.

I would greatly appreciate any assistance you could offer to speed Personnel's recognizing me as a permanent employee.

Thank You.

Bern

Tulane University Medical Center

INFECTIOUS DISEASES Section
Department of Medicine



Newton E. Hyslop, Jr., M.D.
Section Chief

13 June 1985

Dear Dr. Cohen -

express

ourself

you have

Connie -
guess we
better deal
with this?
J.

th of 31 May 1985
the collaboration between
of us.

coming from you when
view the situation.

Newton Hyslop

Tulane University Medical Center

INFECTIOUS DISEASES Section
Department of Medicine



Newton E. Hyslop, Jr., M.D.
Section Chief

13 June 1985

Dear Dr. Cohen —

Thank you for your letter of 31 May 1985 expressing an interest in possible collaboration between ourselves, and you and Dr. Wafsy.

We look forward to hearing from you when you have had a chance to review the situation.

Best wishes,

Newton Hyslop

Tulane University Medical Center

1430 Tulane Avenue
New Orleans, La. 70112



Judith B. Cohen, MPH, PhD
Epidemiologist
AIDS Oncology Clinical Unit
San Francisco General Hospital
1001 Potrero Avenue Bldg 80
San Francisco, California
94110

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SCHOOL OF MEDICINE
DEPARTMENT OF MEDICINE

May 31, 1985

Dr. Newton Hyslop, M.D.
Chief, Infectious Diseases
Tulane University Medical Center
1430 Tulane Avenue
New Orleans, Louisiana 70112

Dear Dr. Hyslop:

I am writing in response to your letter of May 24 to Dr. Wofsy, in which you expressed interest in our study of women at risk for AIDS. Connie passed it along to me as co-principal investigator for the A.W.A.R.E. study. She has asked me to respond immediately that we are interested, but will be unable to give a possible collaborative arrangement the serious review it deserves until she returns from a very full travel schedule over the next two weeks. Knowing the inflexibility of review groups and human subjects committees as we do, we hope that this delay will not make your planning more difficult.

We will be back in touch as soon as possible.

Sincerely,

Judith B. Cohen

Judith B. Cohen, MPH, PhD
Epidemiologist
Co-Director, A.W.A.R.E.

JBC:sw

cc: Dr.. Constance Wofsy, M.D.

New Orleans.

Sylvia
Seet

Aug 5

Barbara
Hannah

A CRUZ

A.I.D.S.? WOMEN?

FREE TEST

NEW STUDY

WE ARE TESTING FOR ANTIBODIES
TO THE AIDS VIRUS
IN WOMEN IN SAN FRANCISCO

TO JOIN THE STUDY, YOU MUST HAVE HAD:

1. Sexual contact with (or donor insemination from) a man in an AIDS risk group (gay or bisexual man, IV drug users, hemophiliac, Haitian, or known AIDS patient);
OR
2. Five or more male sexual partners in the last three years.

WE NEED: Five teaspoons of blood and less than an hour of your time.

WE DON'T NEED: Your name, address, social security number, birthdate, or money.

FOR MORE INFORMATION, CALL AWARE AT
(415) 666-4092

OR DROP BY THE AMBASSADOR HOTEL
55 MASON, BETWEEN EDDY AND TURK
TUESDAY AND THURSDAY, 4:00-7:00 P.M.

AWARE: Association for Women's
AIDS Research and Education

Dear Sisters:

When the first stories appeared in the newspapers about AIDS, COYOTE became concerned about the risk to women who work as prostitutes. We have become even more concerned, recently, as the press has begun to blame prostitutes for giving AIDS to men, although only a small number of men have gotten AIDS from sexual contact with women in this country.

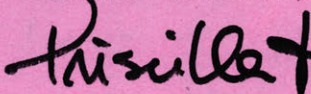
The people at the AWARE Project, which is described on the other side of this flyer, are concerned, and they have been in the forefront of efforts to stop the press from blaming prostitutes. Now they are doing a study to find out about the risk of getting AIDS for women who have many sex partners.

The information only you can give us will help us to educate prostitutes and other women about ways to protect themselves from AIDS. It will also help us to fight attempts to blame prostitutes for this epidemic, for which no one should be blamed.

The AWARE study involves a 45-60 minute interview and a free blood test. The results, which you can get, are absolutely confidential.

We hope you will take part.

In Sisterhood,



Priscilla Alexander
for COYOTE



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SCHOOL OF MEDICINE
DEPARTMENT OF MEDICINE

SAN FRANCISCO, CALIFORNIA 94143

July 24, 1985

Mr. Les Win
Accounting Department
SFGH
Bldg. 20 Fifth Floor

Dear Mr. Win:

Pursuant to our phone conversation this morning, Project A.W.A.R.E. (Association For Women's Aids Research And Education) is interested in opening an account with SFGH Materials Management Storeroom for the periodic purchase of laboratory supplies (used for blood drawing). My understanding is that you can make these arrangements and that it will take about four weeks to accomplish, after which we could purchase supplies by preparing a Purchase Requisition which will be converted to a Purchase Order by the UCSF Purchasing Department.

If you have any questions please feel free to contact me at 666-4091 or 666-4092. The Project staff is located in Bldg. 9, Room 330 on the SFGH campus.

Thank you very much for your cooperation.

Sincerely,

Suzanne Whaley

Suzanne Whaley
Administrative Assistant
Project A.W.A.R.E.

cc: Roberta Wilson
Dr. Constance Wofsy

NEW HIRE FORM

Employee name: Christine Shepard

Emp. Req #: E-40581

Position: Sr. Survey Worker

Requested start date: August 31, 1985

Request step: \$8.00 Hour

Submitted: *B. Cracchiolo* July 29, 1985
Supervisor's name date

Approved: Roberta Wilson date
Administrative Analyst

Women's Cohort

864-8100 or 642-5512

7/31/85

Insemination

1. Fall

- sperm bank screens current donor + segn
- going to go back.
- letters to donors.
- private MPs not screening
I ask known donors to alt test site

Cheri Pies 642-5512

140 Warren Hall

Sch Pub Health

UC Berkeley 94710

Artificial insemination blamed in 4 Australian AIDS cases

ASSOCIATED PRESS

SYDNEY, Australia — A hospital said today it was "highly likely" four female patients were infected with the AIDS virus after being artificially inseminated with semen from the same donor three years ago.

One of the women has swollen lymph glands, an AIDS symptom, Westmead Hospital said in a statement. The other three are in perfect health and are unlikely to suffer symptoms but could pass it on to others, the hospital said.

Two of Australia's leading AIDS researchers, Ron Penny and David Pennington, said the case was the first such instance reported.

Doctors said that while infection

did not mean the women necessarily would contract the disease, they ran a risk of infecting others through sexual contact, or donating blood or organs.

AIDS, an acronym for the acquired immune deficiency syndrome, attacks the body's immunity system, leaving victims unable to fight disease.

It is most likely to strike homosexuals, abusers of injectable drugs and hemophiliacs. It is apparently spread by sexual contact, contaminated needles or blood transfusions, but not by casual contact.

Westmead, one of the top teaching hospitals in the state of New South Wales, said the women were unsuccessfully inseminated in 1982 with semen from the same donor.

Three of them later became pregnant and gave birth to healthy children, all now more than a year old. None of the women's husbands was found to have AIDS antibodies, it said.

The hospital did not say how the women became pregnant, or whether the woman suffering from swollen lymph glands was one of those who had given birth. During the past decade artificial insemination had become a routine treatment in Australia for infertility, which affects between 15 percent and 20 percent of all couples in Australia. The hospital said more than 100,000 Australian women had been artificially inseminated since 1980.

When doctors realized several weeks ago that other women might

have contracted the disease through artificial insemination, the hospital sent letters to all women who had been artificially inseminated at the hospital during the past five years, offering medical tests, the statement said.

Eighty percent of the women responded, but none of the tests came back positive, the hospital said.

The four women "were infected by semen donated three years ago at a time when it was not known if the AIDS virus had come to Australia at all and when the antibody test was not available," the hospital statement said.

The hospital said it would submit a study for publication soon to "allow doctors overseas access to the information needed to advise their pa-

tients."

Pennington, a professor who heads the federal government's AIDS task force, said in a telephone interview that it was unlikely there would be any more cases of women's contracting AIDS from donor semen.

All sperm banks in Australia were closed last November because of such a possibility, Pennington said.

They were reopened in April on condition that strict AIDS screening procedures be used.

Screening involves a legally binding declaration by donors that they are not homosexual and have not had blood transfusions or anything else that might lead to AIDS.

Donors also must undergo blood tests at the time sperm is donated and frozen. The semen can be used

only after another test three months later. Research indicates people develop AIDS antibodies one to two months after being infected.

Australia also introduced nationwide blood screening tests this year and doctors say screening standards are the world's strictest.

Penny estimates that 150,000 to 200,000 of Sydney's 3.2 million people are homosexual. Penny says at least 80 percent of the AIDS cases in Australia are a result of homosexual contact.

Of more than 100 AIDS cases detected so far in Australia, 44 have resulted in death.

Health Minister Neil Blewitt has predicted a 600 percent increase in the number of AIDS victims by the end of next year.

7/31/85

prostitute
long term consent + algorithm

consent.

New Orleans

Baker

Andrew out of 94 babies

sharing

space

press release

Ask 9 babies

haurie → Im/PV mtg.

[NIDA "Certificate of confidentiality" Note Anst Drug Bureau
subpoena proof

→ case report form. haurie

need RP for F10

Padeau

mtg Don Francisco

press

- insert

Rublee

Timeline long term

Funderlow site

report

Crimes Dept -

fitterhead

meeting = Robur

CPC-RFP

1. Women's cohort study - logo.

move = city clinic

2. Contact with other counties

Sonoma Marin, Colameda, San Mateo.

3. offer optional PE + pap smear.

? V. Odell, space at City clinic

4. exam on Tolson

5. has money for exams

6. Bob Benjamin - Colameda - most # at alternate
test sites - but other person needed.

7. other research projects A Mon

women → Davis for lab

8. interview - Service Research Center notes

+ Review copy end of week.

9. Donald - refer man to Padeau ^{give} Donald Fly

10. BAC adverse study

11. Belinda

12. Call Nancy re: mtg
Donald

June 28, 1985

MEMORANDUM

TO: Ms. Roberta Wilson
Administrative Analyst

FROM: Ms. Bernadette Cracchiolo 
Project Assistant

RE: LAB COSTS FOR THE FEBRUARY TO JUNE 1985

This memo outlines the labcosts for the 1985 Feburary to June budget. The following details the line items awarded.

ARV	200 @	\$20 =	\$4,000
CMV	80 @	\$25 =	\$2,000
ARV Cultures	20 @	\$300 =	\$6,000
Special	200 @	\$10 =	\$2,000
TOTAL.....\$14,000			

The amounts spent or to be spent are targeted below.

ARV	\$4,000	to be paid out to Levy
CMV	\$2,000	paid out to Drew
ARV Cultures	approx. \$ 650	to be paid out to Roche Labs for antibody confirmatory testing
	\$5,350	to be paid out to Levy for cultures to be done in the '85 - '86 fiscal year.
Special	\$2,000	allocated for phlebotomy costs on Ward 86
TOTAL.....\$14,000		

Of the monies to be paid out to Levy for ARV cultures, a cost of \$900.00 has already been incurred. An additional amount of this work will be done in the next couple of weeks and ,thereafter, on an ongoing basis.

Thank you for your ongoing assistance.

c.c. Dr. Constance Wofsy, Co-Principal Investigator
c.c. Dr. Judith Cohen, Co-Principal Investigator

SPACE NEEDS FOR A.W.A.R.E. 1985-1987

PERSONNEL:

Co-Principal Investigator, Dr. Constance Wofsy - faculty office
on Ward 84

Co-Principal Investigator, Dr. Judith B. Cohen - 60% time, needs
assigned desk

Clinical I.D. Research Coordinator, Laurie Hauer - determined
by AIDS Activities
/I.D.

Project Assistant, Bernadette Cracchiolo - 100% time, needs
assigned desk

Administrative Assistant, Suzanne Whaley - 100% time, needs
assigned desk

Plus Part - Time:

Statistician, to be named - 25% time

Field Liaison Consultant, to be named - 20% time

Computer Consultant, Mark Kell - 10% time

Student Intern, Pat Madden - will be p/t during the school
year, f/t during the summer

10 Interviewers, various - will usually work in the field;
20% of time will be at SFGH;
10% will be clinic space and
10% will be A.W.A.R.E. office
space.

WORKSPACE:

5 desks: 3 assigned to Cohen, Cracchiolo, Whaley
2 shared, to be used by part-time staff and for other
central office tasks

1 clerical station: typing table; needs to be separate - used by
many staff and work groups

1 meeting/work table: 30"x60"; to be used for the following meetings - coding conferences, interviewer supervision, site performance review, staff, data entry quality control, data analysis, etc...

(These are small, regular staff meetings. We are of course prepared to share larger conference room space as available, by reservation.)

2 locked file cabinets

1 computer work station: computer and printer table

Shelving for supplies, data, etc...

(Space needed to store data is estimated at 4 stacked shelves each 75"x36"x12")

NOTE: This does not include freezer space for 70 serum boxes. (first round of testing) (500 x 7 serum tubes = 3500, 3500/50 perbox = 70)

As volume increases, selected vials can be transferred to the AIDS tissue bank at U.C.S.F.

TO: Ward 86 Staff

FROM: *Connie Judith Laurie Bernadette*
Connie, Judith, Laurie, Bernadette

RE: The A.W.A.R.E. Study

As most of you already know, the A.W.A.R.E. study of women at risk for AIDS is now underway. We are actively seeking volunteer participants from among women who may be at risk for exposure to the virus through sexual activity. The attached study description gives more details on eligibility and procedures.

While most of our activities will not be taking place on Ward 86, we would like to let you all know how we will be operating here. For those times when screening activities are most likely to include women (Monday mornings, Thursday all day) we will have one of our interviewers located here on the Ward, based in the chart room. She will be checking with Jana and others in advance, to obtain information on women who may be possible candidates for the study. However, if any of you learn of others who seem to be possible candidates, please feel free to tell her or one of us; we can get someone to interview on very short notice if necessary.

Our procedures call for drawing three tubes of blood at the initial interview; the whole procedure should take less than an hour. All of our interviewers can draw blood; some situations may require help from Steve, however. The study is contributing funds to ward resources for blood processing, supplies, etc.

When we are not here, study staff are based in Building 9, in the room formerly used for the computer classes on the third floor. The phone number there is 666-4091 and there will be an answering machine if no one is there.

We are most appreciative of all your help and support so far. Please let us know if we can work with you in any other ways to accomplish our mutual goals.

TO: Connie Wofsy
FROM: Suzanne Whaley
Subject: Budget Rollover
Date : June 19, 1985

Dear Connie:

I talked directly with Jane Powers, Assistant Accounting Officer who deals with 19900 funds and reports to systemwide for UCSF and she said that it is true about the rollover and that we don't have to do anything. All the projects in our account number series will automatically roll over. Great news, huh?! *Would you like to inform Bobbi?*

Also, regarding the mystery of how much money we have left to spend brought to mind the attached blurb from the Policy and Procedure manual that clearly gives you and Judith the "right to know" at any given time. I am to meet with Bobbi next Tuesday, June 25th at 9:30 to supposedly get the facts, but in the meantime Bern and I are doing some accounting on our own and will try to come up with some ballpark figures.

Suzanne

The request, and additional documentation should provide all relevant commitment information. The Accounting Officer, or his Designee, will approve or disapprove. If approved, the account/fund assignment will be written on the request and returned to the department.

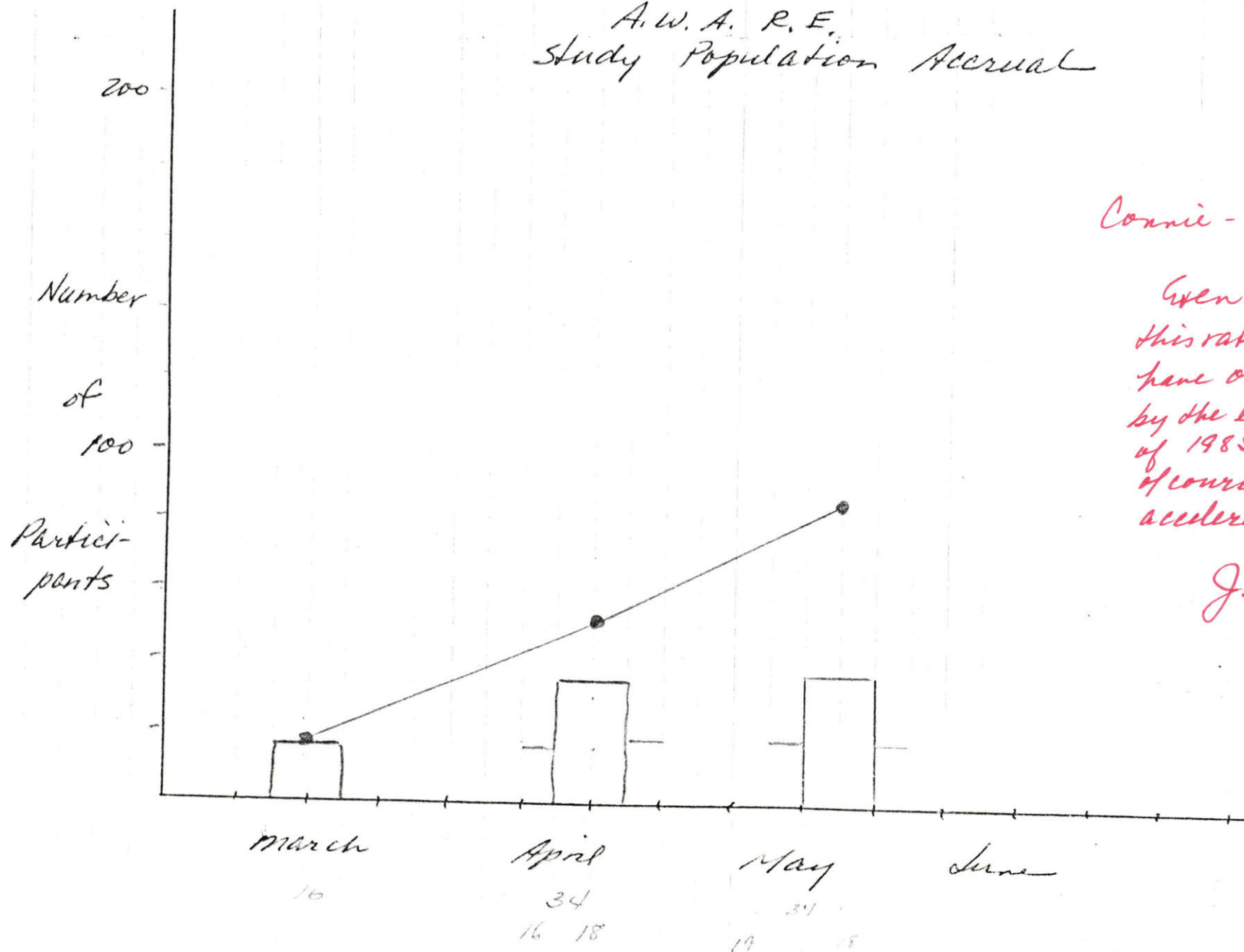
V RESPONSIBILITY

- A. Principal investigators are responsible for supervising the spending of awarded funds so that they are neither committed before or after the contract beginning and termination dates, nor spent in an amount exceeding that awarded.
- B. The Accounting Office is responsible for maintaining the accuracy of the ledgers, closing out the accounts as they terminate and sending out reports of grants expenditures on the anniversary date of the award. This Office is also responsible for the review and verification of written requests for continued spending.

VI ATTACHMENTS

- A. Budget Adjustment Journal (U-Fin 1521)
- B. Stanley Bateman's memo to Campus, re: "Rebudgeting of Grant Funds within Public Health Service Components"
- C. UFIN-120, Non-Payroll Expenditure Adjustment Request
- D. UPAY-9, Payroll Expenditure Adjustment Request
- E. Request for Account and Fund Numbers Prior to Receipt of Award Document

A.W.A. R.E. Study Population Accrual



Connie - FYI

Given at
this rate, we'll
have our 500
by the end
of 1985 - but
of course we're
accelerating!

J.

June 7, 1985

To: Judith B. Cohen

From: Bernadette Cracchiolo

Re: Closing out the current contract and the move to Ward 86

Dear Judith:

The following is a compiled list of questions and issues regarding the closing of the last contract and the transition from Building 9 to Ward 84..

1. What is left in the budget and in which categories? Can we make purchases on the balance up to June 30th? Do all vendors have to be paid prior to July 1st? - *No*
2. Will future expenditures on the new grant be billed on the current budget number or will we need to request a new account and budget number?
3. Since the current employee PAF's list June 30th as the termination date, do we submit new PAF's for all current employees? What salary changes will be noted on the new PAF's.
4. When will full-time staff receive benefits?
What happens to the \$5000 in benefits not disbursed in current budget?
5. By what method can we create a petty cash fund for the miscellaneous items that occur on an ongoing basis?
6. In the same vein, many local vendors will not accept the low value purchase number without a signed P.O. Requisition. This requires pricing out the items at the store then acquiring the signature of authorized personnel, etc... Another method would be to authorize full-time personnel for low value purchases such as books, keys, etc.. Forms are attached for your perusal.
7. Does our mailing address change when we move?
8. Telecommunications has suggested that we leave an answering machine at 666-4091 for a period of time to route calls to our new number. We have requested a new number since this is so unreliable. Will rooms 330 and 332 be in use after we leave?
9. Can we continue to borrow furniture and the computer from Frank Becker? By what method should it be moved? *If yes. Can we get a hard disk with the input \$1000?*
10. When will Ward 86 be hiring the phlebotomist who will replace our current lab. tech.?

Is there anything else that I have overlooked?

Put Madden - work study paperwork

WBC

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SANTA BARBARA • SANTA CRUZ

Department of Epidemiology
and International Health

SAN FRANCISCO, CALIFORNIA 94143

December 19, 1984

Merle Sande, M.D.
Chairman, Medical Services
San Francisco General Hospital
5 H 22

Dear Merle:

As you know we have hired Dr. Judith Cohen to assist with the development of AIDS epidemiology here at SFGH. Dr. Cohen has been working in our prospective AIDS studies and is now part of the group Connie Wofsy has assembled to develop AIDS studies in women. Dr. Cohen has been working temporarily at the Assistant Researcher level.

We would now like to have Dr. Cohen classified as an Associate Research Epidemiologist. This letter is to request that she be reclassified without a search.

Dr. Cohen notes that she reached the level of Associate Research Analyst in the State system in 1967, since then she has had extensive teaching and research experience. She also notes that her last salary within the U.C. system was at the level of \$32,000 a year as an Assistant Professor at Berkeley. (Personnel may have misread the nine-month salary of \$24,000 per year.) I should point out that salaries paid in the research series are generally higher than those paid in the teaching series because the teaching series is thought to compensate with added prestige.

Dr. Cohen is expected to take major responsibility in our studies in the AIDS clinic, essentially acting as my deputy in our prospective studies. She is supervising at least one staff member at the Associate Research Specialist level. She is generating her own studies, on which she will serve as principal investigator. She has currently been classified at the same level as we have previously classified new Ph.D.'s entering epidemiology. This is clearly inappropriate.

I am informed that in order for a search to be waved, Dr. Cohen must obtain letters of support from faculty inside and outside U.C. Six letters of support have been obtained and forwarded to the Department of Medicine. I enclose a list of the signatories, together with copies of her updated CV and various reprints.

Sincerely,

Andrew R. Moss, Ph.D.
Adjunct Assistant Professor
Department of Epidemiology & International Health

cc: C. Wofsy

- 1. yr ago ANN
- 2. August asst res 40 to lower
- 3. G O'Keefe Rec paperwork G.O on vac.
- 4. in a Deans office
- 5. Carol
- 6. Academic Channels

assistant researcher

associate research epidemiologist

adjunct sort of position

staff position like stabilization

Academic PI is OK

~ Conrad Cassavant