March 23, 1988

To: All Staff
Wards 84, 86, 95

From: AIDS Activities Division
Via C. Wofsy

Re: **Introduction to Dynamics of Teamwork - A Preview Meeting**

THURSDAY
MARCH 24, 1988
8:00-9:00 A.M.
CARR AUDITORIUM

We have been working with the Concepts of Teamwork workshop organizers for several months to provide an opportunity for staff of the AIDS Acitivies Division to participate in a two part workshop now scheduled for Wednesday p.m., April 13th and April 20th. The workshop leader, Arky Ciancutti, M.D., has conducted hundreds of workshops for many industrial and medical groups. The introduction of this workshop does not mean that we are not doing well on our own. Rather, it is an opportunity to have access to the experiences of which many large organizations avail themselves.

We have previewed Dr. Ciancutti's work and believe this will be extremely valuable. Your attendance at this introductory meeting is strongly encouraged. Enrollment in the final workshop is open to all. The March 24th meeting is held for you to decide if you would like to participate in the actual workshop.

Dr. Arthur Ciancutti is a Pediatrician trained at San Francisco General Hospital. From his experience here in trauma medicine, he has published a book entitled, View from the Gurney Up, a primer on the interpersonal dynamics which affect emergency care. For the past several years, he has been working with teams in medicine and business to make them more effective by identifying and surfacing unspoken motivation and using it to effect more fulfilling results for everyone involved. The purpose of the meeting is to interact with Dr. Ciancutti to shape a workshop for hospital staff to be held April 13th and 20th.

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SCHOOL OF MEDICINE

Please address reply to undersigned at
AIDS ACTIVITIES DIVISION
San Francisco General Hospital
Building 80, Ward 84
1001 Potrero Avenue
San Francisco, CA 94110

March 23, 1988

Marvin R. Canter, M.D.
Director
Special Corporate Education Programs
Valley Presbyterian Hospital
15107 Vanowen Street
P.O. Box 9102
Van Nuys, CA. 91409-9102

Dear Dr. Canter:

Thank you for your very gracious letter of March 14th. I am thrilled to hear how successful the conference was. I had a very good feeling during the short time I was in attendance and could feel a very powerful chemistry within the audience of concerned interest and enthusiasm. You can take a great deal of personal credit as can the rest of the your dedicated staff.

Sam expressed his immense appreciation for the lovely gardening book and your letter to him. How clairvoyant of you to know of his special interest in flowers and growing things.

I am enclosing for you a copy of the airplane receipt. After you had invited me to come to visit you in Van Nuys, I incorporated a non-reimbursed trip to San Diego and would ask that your organization reimburse the round trip airfare from San Francisco to Burbank and back which actually would be $188.00. I called Campus Travel which does all of our travel arrangements to confirm the SFO-Burbank price. The reimbursement check for the airfare shou;ld be made payable to THE GENERAL FOUNDATION FOR MEDICINE.

Very best wishes to you. Perhaps our paths will cross in the future. I am impressed at your dedication and human concern.

Sincerely,

Constance B. Wofsy, M.D.
Co-Director
AIDS Activities Division
Assistant Chief
Infectious Diseases
San Francisco General Hospital

CW:sb

CAMPUS TRAVEL

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AGT NO 2604 | DATE 2 FEB 88 | PAGE 1 | INVOICE 214344

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SFGH WARD 84

WOFSY/CONSTANCE DR
SFGH WARD 84

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	AR BURBANK, CA	723A				
10MAR THU	LV BURBANK, CA	300P	UNITED	3215B		
	AR SAN DIEGO, CA	350P				
11MAR FRI	LV SAN DIEGO, CA	615P	UNITED	1074Q		
	AR SAN FRANCISCO	740P				

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Corporate AIDS Education™
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VALLEY PRESBYTERIAN HOSPITAL
15107 Vanowen Street
P.O. Box 9102
Van Nuys, CA 91409-9102
(818) 902-5794

March 14, 1988

San Francisco General Hospital
995 Potrero Avenue
Building 80, Ward 84
San Francisco, California 94110

Attention: Constance Wofsy, M.D.

Dear Dr. Wofsy:

Words simply cannot express my appreciation for the time you took out of your extremely busy schedule to participate in our Conference on March 10, 1988.

When they describe a superb athlete and give him a nickname such as "Magic" for Magic Johnson, it connotates a unique quality that very few of us have but we can all appreciate. In my mind, they should call you "Magic" Wofsy, M.D. That special quality of care, concern, and brilliance that you bring to a program and your capability to talk to an audience as equals, is absolutely unbelievable.

All during the day and after the conference was over, those attending periodically would come up to me and tell me that they are now going to start educational programs in their work environments, and they all added that your presentation put them on the road to this desire with tremendous impact.

In so many conferences a medical person will speak who may have superb knowledge, but they simply cannot convey the message to the audience. You not only can convey the message, but your care and concern is obvious also.

There was an incident that I would like to relate to you because I think it is really the greatest thanks I can give you. During the presentation of the panel from 1:00 to 2:00 o'clock, they all spoke about their experiences in the work environment in relation to AIDS. David Goodenough spoke quietly and simply about

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his feelings and his desires and made a tremendous impact on the audience. Then Chuck Woodman, his supervisor, talked about how his idol has always been John Wayne and he has come from a construction background, and he got on the train to change his attitude and believe in equality and compassion for those with AIDS and employee education four or five times before he was able to complete the trip and truly believe in it. Then Kevin Oliver, his co-worker, described his feelings and Kim O'Hara, the union steward, described his experiences, and by this time, the panel and the audience were almost One. And at the very end after questions from the audience, Tim O'Hara very quietly said into the microphone, "I would like to share something with you because I can feel the love in the audience." And he said, "I have ARC. And this program has been especially meaningful to me as well as you." Tim, of course, is a great big guy with big shoulders and a big moustache and looks like the ideal Macho man. The audience became deadly quiet and there wasn't a sound in the auditorium, filled with over 120 people. Then the audience just rose to their feet en masse and for five minutes, gave the Panel a standing ovation.

It was a moment of emotionalism that I can never remember experiencing. I could not go on with my part of the program and asked someone to take over for a few moments. Afterward, a woman from the audience went up to David and essentially I believe told him that, yesterday she would not have walked up and talked to someone with AIDS, and today, at this point in the program, she realizes that in the workplace and other environments, it is no different than if you were talking to someone with cancer or heart disease. She said that she was going to start employee education in her workplace immediately. She had tears in her eyes and could speak no further, reached over and hugged David, and he hugged her back, and became very emotional. And they just looked at each other and parted. At that point, I knew that our program and the year of effort behind it had been successful.

And you were an integral part of that success, and for that, again, let me thank you most sincerely.

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Van Nuys, CA 91409-9102
(818) 902-5794

When we do another conference such as this, the first call I make will be to you.

With love and affection,

Marv

DR. MARVIN R. CANTER, Director
SPECIAL CORPORATE EDUCATION PROGRAMS
VALLEY PRESBYTERIAN HOSPITAL
MRC/esg

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Please address reply to undersigned at
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San Francisco General Hospital
Building 80, Ward 84
1001 Potrero Avenue
San Francisco, CA 94110

March 24, 1988

Marvin R. Canter, M.D.
Director
Special Corporate Education Programs
Valley Presbyterian Hospital
15107 Vanowen Street
P. O. Box 9102
Van Nuys, CA. 91409-9102

Dear Dr. Canter:

I was very pleasantly surprised by the receipt of your gift and I was even more gratified by the very gracious and kind sentiments expressed in your accompanying letter. Thank you so much for both the gift and the positive feedback. Communications such as yours greatly contribute to my sense of how well I am satisfying the professional needs of both Dr. Wofsy and those groups which she addresses.

You could not have picked a more apt or more usable gift for me; as a former professional gardener and a collector of horticultural tomes, I am absolutely delighted with your selection and I know that I will both treasure as well as use and re-use the Encyclopedia of Garden Flowers over and over again. It is a book that I have seen in bookstores and coveted for quite some time.

I would like to also thank you for having invited Dr. Wofsy to attend your conference; she returned with a sense of having participated in an important and worthwhile endeavor and had very positive statements to make about both the conference and your participation in the entire event. It is always my hope that the combined efforts of the inviting agency and myself will result in a productive and nurturing experience for all parties concerned which obviously occurred in this event.

Please express my thanks to your support staff for their assistance to me which was greatly appreciated. Thanks again for your kindness.

Sincerely,

Sam Broyles

Samuel L. Broyles
Administrative Assistant
AIDS/Oncology Division
San Francisco General Hospital

SB:sb

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Please address reply to undersigned at
AIDS ACTIVITIES DIVISION
San Francisco General Hospital
Building 80, Ward 84
1001 Potrero Avenue
San Francisco, CA 94110

March 18, 1988

Kenneth M. Fisher, M.D.
Parkwood Professional Plaza
5501 North 19th Avenue
Phoenix, AZ. 85015

Dear Dr. Fisher:

Thank you very much for your note. I very much appreciate the support you indicate. The Conference was full of very warm and caring people but very often those individuals take a back seat when the microphone pops up during the Question and Answer period and indeed, the total population becomes misrepresented.

Please introduce yourself at some subsequent meeting and keep up whatever good work in which you are engaged.

Sincerely,

Connie Wofsy

Constance B. Wofsy, M.D.
Co-Director
AIDS Activities Division
Assistant Chief
Infectious Diseases
San Francisco General Hospital

CW:sb

KENNETH FISHER, M.D.
PARKWOOD PROFESSIONAL PLAZA
5501 NORTH 19TH AVE.
PHOENIX, ARIZONA 85015
telephone 242-4843

March 7, 1988

Constance Wofsy, M.D.
C/o San Francisco General Hospital
San Francisco, CA 94100

Dear Dr. Wofsy:

I recently attended the AIDS Medicine and Miracles Conference in Boulder, Colorado, and I want to take this opportunity to thank you very much for attending and offering the balance that only someone in your position could. I was amazed that such divergent medical thoughts could have come together with as little conflict as there was, and I want you to understand that you are well supported. Reason sometimes takes a back seat to emotional feelings when opposing opinions are held by hard-line scientific establishment versus the insights of patients with AIDS experience. I have tried to meet with you at several conferences that I attended, but have not yet been able to - perhaps the next conference we both attend.

Very sincerely,

Kenneth M. Fisher, M.D.

KMF/FTS/pss

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Please address reply to undersigned at
AIDS ACTIVITIES DIVISION
San Francisco General Hospital
Building 80, Ward 84
1001 Potrero Avenue
San Francisco, CA 94110

March 7, 1988

David N. Gilbert, M.D.
Director of Medical Education
Providence Medical Center
Professor of Medicine
Oregon Health Sciences University
4805 Northeast Glisan Street
Portland, OR. 97213-2967

Dear Dr. Gilbert:

I have received your letter of March 1st regarding the AIDS 1988 Symposium scheduled for September 26th and 27th. It looks like a stellar cast of speakers and I am honored to be among them. As I had mentioned to you on the telephone, I have one other obligation in September, the dates of which have not been set. In the off chance that the other obligation takes place in the last week in September, I will notify you at the earliest possible time so that another speaker can immediately be identified. I have every reason to think that my other commitment will take place in the early part of September and actually anticipate no difficulty at all.

I have one suggestion about the title which would be to change it to "Prevention of HIV Transmission". The task of defining "How to Stem the AIDS Epidemic" is so overwhelming to even contemplate that I am not sure I would be equal to the task. I would not want people to think I have any secrets in my back pocket for, sadly, I do not.

I will be in communication about the specifics of travel and other arrangements as the time draws nearer. I am looking forward to this talk and if any further information is required, please do not hesitate to call me at (415) 821-5531.

Sincerely,

Connie Wofsy

Thank you for the invitation.

Constance B. Wofsy, M.D.
Co-Director
AIDS Activities Division
Assistant Chief
Infectious Diseases
San Francisco General Hospital

CW:sb

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Please address reply to undersigned at
AIDS ACTIVITIES DIVISION
San Francisco General Hospital
Building 80, Ward 84
1001 Potrero Avenue
San Francisco, CA 94110

March 31, 1988

Natalie Goodman
Ross Associates
1362 North Doheny Drive
Los Angeles, CA. 90069

Dear Ms. Goodman:

Enclosed, please find a curriculum vitae, a brief biographical sketch, a picture, and other information relative to Constance B. Wofsy, M.D., and her association with your organization. If any other information is necessary for your purposes, please do not hesitate to contact me.

Dr. Wofsy has asked me to communicate to you her honoraria as follows:

Appearances before profit making groups:	$1,000-1,500
Appearances before not-for-profit groups:	$ 500-1,000

The above does not include airfare, shelter, and other incidental expenses which may arise during Dr. Wofsy's appearances under your auspices. Given the many demands placed upon Dr. Wofsy's time and energies, it would be very much appreciated if all possible pre-planning time could be allocated prior to actual dates of requested appearances as you so graciously did with the October 22nd Rancho Mirage appearance.

Thank you for your attention to these matters. I look forward to speaking with you again and to working with you in the future.

If there are any questions or you require further information, please do not hesitate to contact me at (415) 821-5531.

Sincerely,

Samuel L. Broyles
Administrative Assistant
AIDS/Oncology Division
San Francisco General Hospital

SB:sb

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Please address reply to undersigned at
AIDS ACTIVITIES DIVISION
San Francisco General Hospital
Building 80, Ward 84
1001 Potrero Avenue
San Francisco, CA 94110

March 1, 1988

Anne Gregory
Chief of Professional Education
Riverside Hospital
3575 11th Street Mall
Riverside, CA. 92501

Dear Ms. Gregory:

Enclosed, please find a copy of my editorial written for the Journal of the American Medical Association, entitled Human Immunodeficiency Virus infection in Women. Permission is herein granted to David Dassey, M.D., to use said publication in his presentation on March 18, 1988.

Best wishes for the success of your seminar.

Sincerely,

Con Wof

Constance B. Wofsy, M.D.
Co-Director
AIDS Activities Division
Assistant Chief
Infectious Diseases
San Francisco General Hospital

CW:sb

Enclosure

GENSIA
PHARMACEUTICALS, INC.

March 8, 1988

Dr. Constance Wofsy
Co-Director
AIDS Activities Division
San Francisco General Hospital
Bldg. 80 - Ward 84
1001 Potrero Avenue
San Francisco, CA 94110

Dear Dr. Wofsy:

I want to take this opportunity to thank you for taking your valuable time to be a part of the Young Presidents' Chapter Meeting on February 23 focusing on the topic of AIDS. Your presentation on "The Impact of AIDS on Women" was most informative. I believe it was a very educational presentation for our YPO members and their spouses.

Thanks again. I look forward to seeing you again sometime in the near future.

Sincerely,

David

David F. Hale
President and CEO

DFH:sa

11075 ROSELLE STREET ▪ SAN DIEGO, CALIFORNIA 92121-1207 ▪ 619 546-8300 ▪ FAX 619 453-0095

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Please address reply to undersigned at
AIDS ACTIVITIES DIVISION
San Francisco General Hospital
Building 80, Ward 84
1001 Potrero Avenue
San Francisco, CA 94110

March 23, 1988

Cristopher S. Hall
Development Coordinator
Clearinghouse and Resource
National AIDS Network
1012 14th Street N.W., Suite 601
Washington, D.C. 20005

Dear Mr. Hall:

I have looked at the National AIDS Network survey for AIDS Service and Education Organizations and feel that our organization really doesn't qualify. We are, for all intents and purposes, an AIDS Treatment Evaluation Unit affiliated with a major hospital and don't, per se, provide community services beyond medical care and the associated community support for patients receiving medical care.

I am therefore returning the questionnaire without filling in the requested information.

I am sorry for the delay in returning this information to you. The directory assistance that is distributed by NAN is invaluable.

Best wishes.

Sincerely,

Connie Wofsy

Constance B. Wofsy, M.D.
Co-Director
AIDS Activities Division
Assistant Chief
Infectious Diseases
San Francisco General Hospital

CW:sb

Enclosure

NATIONAL·AIDS
NETWORK

Paul Akio Kawata,
Executive Director

Board of Directors

Richard Dunne, Chair
Gay Men's Health Crisis, NYC

Edward Brandt, MD, Vice-Chair
Chancellor, Univ. of Maryland

Larry Kessler, Vice-Chair
AIDS Action Committee, Boston

Rashidah Lorraine Hassan, Secretary
BEBASHI—Blacks Educating
Blacks About Sexual Health Issues

Jim Graham, Treasurer
Whitman-Walker Clinic

Kirk Baxter
Arizona Stop AIDS Project

Father Paul Desrosiers
Catholic Family Services

Eric Engstrom
Minnesota AIDS Project

Michael Hirsch
NAPWA—National Assn.
of People with AIDS

Richard Keeling, MD
American College Health Assn.
Task Force on AIDS

Bea Kelleigh
Northwest AIDS Foundation

Peter Laqueur
Woodhull Health & Mental
Health Center, AIDS Program

Daniel Lara
AIDS Project Los Angeles

Lawrence Mack, MD
Broward County Health Dept.

Mike Mitchell
Metropolitan St. Louis AIDS Program

Al Novick, MD
Yale Univ, Dept. of Biology

Rev. Janet Pierce
Nashville CARES

Veneita Porter
Rhode Island Project AIDS

Gloria Rodriguez
New Jersey Dept. of Health
Division of Narcotics & Drug Abuse

Julian Rush
Colorado AIDS Project

Bella Selan
Illinois Alcoholism & Drug
Dependence Assn.

Dace Stone
Washington, DC

Constance Wofsy, MD
San Francisco General Hospital

Tim Wolfred
San Francisco AIDS Foundation

23 February 1988

Dear Friend:

NAN is currently compiling information on community-based AIDS agencies for our*Service Profiles* directory. *Profiles* will describe your agency's staff, general activities, programs, budget, and funding base. It will facilitate networking between organizations like yours and will enable others to access your services more effectively.

The scale and scope of the community-based response to AIDS are still largely unquantified. *Profiles* will serve as a crucial tool in NAN's efforts to provide you with services and represent you on a national level.

In the October 15, 1987, issue of Network News, a general administrative survey was enclosed. Because we did not receive a response from your agency, a copy of that survey is again enclosed here. We realize your agency is incredibly overworked, understaffed, and underfunded. But the completion of the survey will provide us with a needed tool in our efforts to advocate for your agency's needs. Please complete the enclosed questionnaire and return it by March 7, 1988. We realize that sections of the questionnaire may be difficult to complete, so we ask that you simply provide us with as much information as possible. In addition, please make appropriate address and contact information changes on the label at the top of the survey.

You will receive a follow-up phone call from Mary Ellen Bavaro so that we can track progress on the surveys and also obtain any additional information necessary for organizing the directory. Mary Ellen is currently working in the Clearinghouse and Resource Development Program at NAN and will be responsible for coordinating the publication of *Profiles*.

Sincerely,

Christopher S. Hall
Clearinghouse and Resource
Development Coordinator

1012 14th St. NW • Suite 601 • Washington, DC 20005 • 202/347-0390

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SCHOOL OF MEDICINE

Please address reply to undersigned at
AIDS ACTIVITIES DIVISION
San Francisco General Hospital
Building 80, Ward 84
1001 Potrero Avenue
San Francisco, CA 94110

March 2, 1988

Harry Haverkos, M.D.
Department of Health and Human Services
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration
Rockville, MD. 20857

Dear Dr. Haverkos:

I am responding to your recent letter requesting an abstract for the NIDA Technical Review Meeting on Heterosexual Spread of HIV Infection and AIDS. The remarks I made at that meeting really drew from information accumulated as part of our grant funding for Project AWARE which comes from the University of California Statewide Task Force. I have enclosed an abstract which was prepared several weeks ago for that group for the annual symposium held for investigators to share their information. I have also enclosed the abstract that was prepared for the 1987 ICAAC in New York City which focused on similar though slightly different aspects of our research. I was impressed at your repeatedly spoken sensitivity to the issue of unpublished data. In fact, the summation of this information is in the manuscript preparation phase and I am sure that you will be sensitive to issues of publication of this material.

I had not realized that written materials were expected and hope the delay in forwarding these materials to you has not been an inconvenience to you.

The meeting served the purpose of gathering together investigators managing very diverse aspects of heterosexual transmission and was, in my opinion, most valuable. I am glad to have had the opportunity to participate and am only sorry that Dr. Judith Cohen was unable to attend as well.

Let me know if there is any further information I can provide.

Sincerely,

Constance B. Wofsy, M.D.
Co-Director
AIDS Activities Division
Assistant Chief
Infectious Diseases
San Francisco General Hospital

CW:sb

cc: Tina Vanderveen, Ph.D.(w/enclosures)
Gloria Weissman (w/enclosures)

Progression Study

1 Progression of HIV infection to AIDS in seropositive men: Implications for clinical trials. AR MOSS, RE CHAISSON*, D OSMOND, P BACCHETTI, W KRAMPF. UCSF and SF General Hospital, SF, CA.

The natural history of HIV infection has been studied in a cohort of 288 asymptomatic gay men initially seropositive in 1983-84. Actuarial progression to AIDS at three years is 23%. Clinical predictors of progression include presence of thrush, hairy leukoplakia, and constitutional symptoms (all $p<0.01$). Generalized lymphadenopathy was not associated with subsequent AIDS. Laboratory predictors of progression at baseline include HIV core antigenemia, CD4 lymphocytes <400/mm3, CD4/CD8 ratio <0.6, elevated beta-2 microglobulin, elevated ESR, and Hgb <13.5 g/dl (all $p<0.01$). Bivariate analyses combining low helper T-cell count and any other laboratory abnormality identified most progressors. We conclude that HIV infected individuals at highest risk for progression to disease can be identified through clinical and laboratory screening and are preferred subjects for clincal trials of anti-retroviral therapies. Lymphadenopathy is not a predictor of progression to AIDS and should not be used as an entrance criterion. Subjects with normal CD4 counts are at low risk for progression in a three year trial and large numbers of such subjects would be required to prove benefit.

2 Incidence of AIDS-Related Manifestations in Men with New (Incident +) or Preexisting (Prevalent +) HIV Infection. R.A. KASLOW,* W.C. BLACKWELDER, D. LYTER, H. FRIEDMAN, R. DETELS, B.F. POLK, J.P. PHAIR for the Multicenter AIDS Cohort Study (MACS), NIH, Bethesda, MD.

The incidence of AIDS-related manifestations has not been well quantified. On the basis of findings available to most clinicians, gay men with HIV infection were scored at serial 6-month intervals on a logistic regression-derived index (diarrhea, weight loss, anogenital herpes, anemia, neutropenia or thrombocytopenia = 1; lymphopenia or thrush = 2). A score ≥ 3 and CD4 <300 each conferred a >20% risk of AIDS in the next 1 year. Men initially free of the AIDS-related features (score=0, CD4 ≥ 300) had these life table probabilities of developing score ≥ 3 or CD4 <300:

	Incident(+) (98)	Prevalent(+) (990)	
Developed:	In 12 mo:	In 12 mo:	In 18 mo:
Score ≥ 3	3.0%	4.1%	9.4%
CD4 <300	15.3%	11.4%	16.5%
Score ≥ 3 or CD4 <300	16.7%	14.0%	20.0%

In 18 months, 9.4% of gay men with prevalent infection developed a score ≥ 3, and 20% developed that score or a CD4 count <300. In 12 months, the incidence of those features in men with prevalent and incident infection was similar. Our analysis in gay men suggests that AIDS-related manifestations may begin and accumulate early in HIV infection.

HIV 4

3 HIV Infection and Immunologic Abnormalities in 500 High Risk Women in San Francisco

C.B.WOFSY,* J.B.COHEN, L.B.HAUER, J.R.CARLSON, L.E.POOLE. University of California, San Francisco and Davis

A prospective sero-epidemiologic study of heterosexual transmission of HIV began in S.F. in 1985. Sexually active women (N=500, mean partners/yr=27) are tested every 6-12 months for antibodies to HIV, CMV, EBV, HSV, HBV, and syphilis. HIV+ and high risk HIV- women are further evaluated. HIV seropositivity (6%) was associated with IV drug use (IVDU) and ≥ 1 IVDU sexual partner (SP)(52% of 29 HIV+ vs 9% of 460 HIV-), or having an infected SP (38% of 29 vs 10% of 239), but not with number of SPs. Significant differences between HIV+s and HIV-s were found in antibody to HBV (44% vs 18%) and CMV (100% vs 71%). Of 150 women retested at 6-12 months, only 1 became HIV+. HIV cultures done on 18 HIV+s and 18 HIV-s found viremia in two HIV+s (11%) and 1 HIV- (6%); viremia was associated with ≤ 400 T4 cells in the HIV+s only (nl T4= ≥ 460). Of 15 HIV+s with ≤ 400 T4 cells, half have AIDS, ARC, or LAN; half are well. Three of five HIV-s with ≤ 400 T4 cells (60%) were SPs of an infected man; all are well. Conclusions: 1)seroprevalence is low and seroconversion is rare despite IVDU and multiple high risk SPs; 2)HIV viremia is rare but occurred in 1 HIV- woman; 3)T4 cells ≤ 400 may be present in exposed women without clinical or lab evidence of HIV.

+ → −

4 Reversion of HIV Serologies from Positive to Negative in Gay/Bisexual Men Who Remain Healthy. M.A. POLIS,* B.F. POLK, J.P. PHAIR, C.R. RINALDO, J.L. FAHEY, A.J. SAAH, et al., for the Multicenter AIDS Cohort Study (MACS), NIH, Bethesda, MD, USA.

Five of 4955 participants in the MACS have been found to have reverted their HIV ELISA results from positive to negative with corresponding changes in the Western blot. Blots were performed simultaneously from serial frozen sera. Genetic relatedness of the longitudinal sera was confirmed by evaluating 7 serum proteins using the same serum aliquots that were used for the immunoblotting.

Serum specimens were drawn at 6 month intervals over a period of 6 to 18 months after the initial positive test. Three participants had multiple bands by Western blot that disappeared at the next 6 month sampling (n=2) or gradually over 12 months (n=1). The remaining two subjects did not become completely negative by immunoblot but showed progressive fading of bands over 12 months. Both men lost detectable antibody to p24 and gp41 but retained other bands.

Culture of cryopreserved peripheral blood lymphocytes is being done to determine if the subjects were ever infected with HIV. All sera were negative for p24 using an antigen detection test. Clinical and laboratory features of the 5 subjects were not significantly abnormal and did not parallel changes in the Western blot. These features were similar to those of the seronegative men in the cohort as distinct from the seropositives.

↓ KS over time

5 AIDS in the S.F. City Clinic Cohort Study. AR LIFSON*, TW BODECKER, JL BARNHART, PM O'MALLEY, GF LEMP, NA HESSOL, DR FRANKS, JJ CAMPBELL, D WERDEGAR, HW JAFFE, GW RUTHERFORD; Dept Public Health, San Francisco, CA; CDC, Atlanta, GA.

To evaluate the incidence, prevalence and natural history of HIV infection, we sought additional information on 6,709 homosexual and bisexual men recruited between 1978 and 1980 for studies of hepatitis B. As of April 1,1987 we estimated approximately 70% of the cohort to be infected with HIV; 656 (10%) of these men were known to have developed AIDS; 431 (6%) were known to have died. Of these 656 patients, 333 (51%) presented with P. carinii pneumonia (PCP) and 246 (38%) with Kaposi's sarcoma as their primary diagnosis; 11% presented with other opportunistic infections and cancers including disseminated C. neoformans (3%) and non-Hodgkins lymphoma (2%). The proportion presenting with KS has significantly decreased over time (77% in 1981 vs. 29% in 1986; $p<.01$). S.F. patients with KS or PCP as their primary diagnosis did not significantly differ by age at diagnosis, race or history of intravenous drug use. For 28 patients with AIDS, the date of seroconversion was well characterized (within 24 months); the median time between seroconversion and diagnosis of AIDS was 47 months (range=15-86 months). Although incubation times for 10 KS and 12 PCP patients were different (KS: median=44 mo., range=15-68; PCP: median=58 mo., range=31-86), these differences were not statistically significant ($p>.10$).

6 **Progression of Morbidity in Patients with HIV Infections in a European City.** J. BRÜHWILER, B. LEDERGERBER, R. LÜTHY,* M. G. TÄUBER, F. COLLA, J. JOST, S. RIETIKER, R. SCHLÄPFER, W. SIEGENTHALER. University Hospital, Zürich, Switzerland.

Using the CDC classification (1986) of HIV-associated morbidity, we examined the progression of morbidity in 302 HIV-infected patients in Zürich, whom we had followed for at least 180 days. Mean follow-up time of all patients was 386 days (range 180-1383). At entry, 57% of the patients were asymptomatic (stage II), 25% had persistent generalized lymphadenopathy (PGL) (III), 9% had ARC (IVA,C_2) and 9% had AIDS (IVC_1,D). Using Kaplan-Meier analysis, we observed the following progression rates in the different categories after 1 and 2 years (n includes patients at entry and those added during study):

	1 yr(95% c.l.)	2 yr(95% c.l.)
Asymptomatic to ill (n=174)	21% (15-29%)	42% (28-59%)
PGL to ARC or AIDS (n=85)	11% (6-22%)	32% (15-62%)
ARC to AIDS (n=36)	28% (15-47%)	57% (33-84%)
AIDS to death (n=41)	34% (19-55%)	91% (68-99%)

Progression was significantly more rapid ($p<0.05$) in stage IV (ARC or AIDS) than in stages II and III. Of the patients not diagnosed as having AIDS at entry, 24/276 (8.7%) developed AIDS. Of all patients with AIDS, 23/50 (46%) died. All patients who died of the HIV infection developed AIDS prior to death.

These results show a substantial progression in all stages of the HIV infection. Apparently, the progression of the disease accelerates in more advanced stages, as judged on the basis of the CDC classification.

UNIVERSITYWIDE TASK FORCE ON AIDS

ABSTRACT

Title of Project: HIV Infection in San Francisco Women at Risk via Sexual Activity

Principal Investigator: Constance B. Wofsy, M.D.

Institution: University of California San Francisco

Collaborators: Judith B. Cohen, Ph.D.

Award Period: July 1, 1987 - June 30, 1989

Use only the space provided.

This is a prospective study of 700 sexually active women who are at high risk for HIV infection or who already have antibody to the virus. Participants include women with multiple sexual partners (including women in the sex industry and those not paid for sex), as well as female sexual partners of high risk men: bisexuals, IV drug users, and hemophiliacs. Phase I found a prevalence rate of 5%; positivity was associated with IV drug use and/or a steady HIV+ sexual partner, but not with number of partners, other infections or specific sexual practices.

Phase II has two goals. The first continues to focus on the natural history of HIV infection in women. Prospective studies focus on changes in antibody status, viral carriage, immune status, and progression to ARC or AIDS, as well as bidirectional transmission of HIV. 79 women are in the intensive follow-up group; they include 42 Ab+(incl. 12 pregnant) and 36 Ab-(7 pregnant) women who have HIV infected sex partners. Of the 25 Ab+ who have been followed for 6-24 mos, 12% (2/17) have progressed from asymptomatic to LAN or ARC; 57% (4/7) from LAN to ARC or AIDS. Among Ab+ women who are symptomatic 86% (6/7) are HIV culture positive, compared to 31% (8/26) asymptomatic/LAN women. Although average T-cell values have declined over time, there is little association between T-cells and symptomatology. Follow-up T-cell values for Ab+'s are $\bar{X}$ 363(range 85-1558) and Ab-(N=36) are 792(479-979). T-cells were not lower in Ab+ IV drug using ($\bar{X}$=385) women. Pregnancy was not associated with decline in immune function($\bar{X}$=697; range 209-1558). 11 completed pregnancies in Ab+ women produced 12 babies. At 4-30 months follow-up, 1 is dead, 1 lost, and 10 appear healthy as do all mothers. Bidirectional transmission study participants to date include 6 Ab+ women with Ab- sexual partners.

The second focus of Phase II is on behavior changes over time:

Behavior during previous 12 months:	At Entry Ab+ (N=35)	At Entry Ab- (N=712)	At Follow-up Ab+ (N=25)	At Follow-up Ab- (N=215)
Bisexual partner(s)	40%	62%	28%	30%
IVDU sexual partner(s)	46	35	39	24
More than 10 partners	40	42	16	41
Any self IV drug use	49	21	20	9
Vaginal sex with condom	32	38	44	63
Any anal sex	46	48	15	25
Anal sex with condom	6	5	80	67

However, 22% of seronegative women continue in unsafe sexual relationships with seropositive, bisexual or IV drug using men and/or personal IV drug use. Of these, 41% report interpersonal obstacles to achieving safer behavior; the one most frequently reported is resistance or refusal by their male partner.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Alcohol, Drug Abuse, and
Mental Health Administration
Rockville MD 20857

February 10, 1988

Constance Wofsky, M.D.
Project Aware
Ward 84
San Francisco General Hospital
995 Portrero Avenue
San Francisco, CA 94110

Dear Dr. Wofsky:

Just a brief note to thank you for your contributions to the January 19-20, NIDA Technical Review Meeting on Heterosexual Spread of HIV Infection and AIDS in the United States. Your presentation and participation in the general discussion comments helped to expand NIDA's knowledge about this important topic. The Institute is grateful to you for taking time out of your demanding schedule to share your research with us.

If you not have already mailed your abstract, please mail it as soon as possible to Dr. Harry Haverkos, Division of Clinical Research, National Institute on Drug Abuse, Parklawn Building, Room 10A-08, 5600 Fishers Lane, Rockville, Maryland, 20857.

If you are entitled to reimbursement and have not done so already, please send your expense voucher and supporting receipts to Ms. Paula Watts, Social and Scientific Systems, Inc., 7101 Wisconsin Avenue, Suite 610, Bethesda, Maryland, 20814.

Thank you again for helping to make our meeting so meaningful.

Sincerely,

Harry Haverkos, M.D.

Tina Vanderveen, Ph.D.

Gloria Weissman

Government of the District of Columbia
District of Columbia General Hospital
19th Street and Massachusetts Avenue, S.E.
Washington, D.C. 20003
Telephone (202) 675-5000

cc MDS PAPS Activities

March 7, 1988

Office of the Medical Director

Constance Wofsy, M.D.
Co-Director of AIDS Activities
San Francisco General Hospital
San Francisco, California 94110

Dear Dr. Wofsy:

I am writing to ask you to post this letter and announcement of an opening for an HIV Program Director at the District of Columbia General Hospital. We are seeking an individual who is board eligible/certified and has experience in the diagnosis and treatment of HIV positive individuals.

The position is for a physician director for an outpatient center at the District of Columbia General Hospital within the Georgetown University Department of Internal Medicine.

The incumbent will direct a comprehensive HIV program with potential for research and academic activities. The HIV program director must be qualified for appointment to Georgetown University's School of Medicine.

Interested candidates should forward inquiries and curriculum vitaes promptly to:

Lawrence B. Johnson, M.D.
Medical Director
Room 5416
D.C. General Hospital
Washington, D.C. 20003

Thank you for your assistance.

Sincerely,

Lawrence B. Johnson M.D.
Lawrence B. Johnson, M.D.
Medical Director

Enclosure

HIV PROGRAM DIRECTOR

Announcement #88-70

The District of Columbia General Hospital, a 400-bed university affiliated medical center in the City of Washington, D.C., seeks an HIV Program Director in the Department of Internal Medicine. As a supervisory medical officer, the applicant must be board eligible/-certified and have experience in the diagnosis and treatment of HIV infected individuals. Attractive compensation package includes competitive salary and excellent fringe benefits. Interested applicants should send an SF-171 to:

Human Resources Department
D.C. GENERAL HOSPITAL
19th & Massachusetts Avenue, S.E.
Washington, D.C. 20003

Phone inquiries to Patricia A. Milon, AIDS Program Coordinator, 202—675-7532

EOE

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SCHOOL OF MEDICINE

Please address reply to undersigned at
AIDS ACTIVITIES DIVISION
San Francisco General Hospital
Building 80, Ward 84
1001 Potrero Avenue
San Francisco, CA 94110

March 15, 1988

Michael Kessler, M.D.
Medical Director
Physicians Medical Seminars, Inc.
3960 Peachtree Road, Suite 418
Atlanta, GA. 30319

Dear Dr. Kessler:

I received your letter today dated March 9th indicating that I had been recommended to you as a lecturer for one of your summer programs in Cancun, Mexico, or Barbados, BVI. It is with much regret that I am unable to participate because of existing extensive summer camp and vacation arrangements. I have always thought, however, that it would be most intriguing to participate in such a program and, indeed, I enjoy lecturing very much on a wide variety of AIDS-related topics which have, in general, been quite well received.

I hope that you will keep me in mind for future courses. I have enclosed a curriculum vitae for your files.

Good luck with the program and thank you again for the invitation.

Sincerely,

Constance B. Wofsy, M.D.
Co-Director
AIDS Activities Division
Assistant Chief
Infectious Diseases
San Francisco General Hospital

CW:sb

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Please address reply to undersigned at
AIDS ACTIVITIES DIVISION
San Francisco General Hospital
Building 80, Ward 84
1001 Potrero Avenue
San Francisco, CA 94110

March 23, 1988

David Landis
Community/Public Relations Director
AIDS Lifeline
Channel 5 / KPIX
855 Battery Street
San Francisco, CA. 94111

Dear David:

Sorry for delaying the return of your inquiry about availability, phone numbers, etc. All the information you have is correct. I would like to be able to provide generic times when my calendar is usually free, but the reality is that my calendar isn't programmed that way. I have indicated times when there are absolutely fixed meetings. Other times get very heavily scheduled but without a predictable pattern.

Again, sorry for the delay. Keep up the good work. The program on Wednesday has gotten a lot of good feedback from people who have spoken to me. I am pleased to be part of your commendable enterprise.

Sincerely,

Connie Wofsy

Constance B. Wofsy, M.D.
Co-Director
AIDS Activities Division
Assistant Chief
Infectious Diseases
San Francisco General Hospital

CW:sb

AIDS LIFELINE

29 February 1988

Dear KPIX AIDS Advisory Panel Member:

We would like to thank you for your continued support in helping us with our ongoing AIDS LIFELINE campaign and the fight against AIDS.

We thought you might be interested in the enclosed article from last Sunday's New York Times which features the AIDS LIFELINE campaign. With your help, we can be justly proud of the successful start to this national campaign. If you would like additional copies of this article, please don't hesitate to call our offfice.

So that we may coordinate KPIX AIDS Advisory Panel meetings and events more efficiently, we are updating our mailing list. We would like each of you to send us the following information by Friday, March 11: the best address to which correspondence should be sent; the best daytime phone number to reach you and a phone number where a message can be left for you; the best time to reach you during the day; and the best day and time for you to attend an AIDS Advisory Panel meeting.

Once we have this information, we would like to establish a semi-regular meeting schedule, as your advice is invaluable to us.

Again, thank you for all your help. Your support is helping thousands battle a disease that needs special and continuous attention.

Sincerely,

David Landis
Community/Public Relations Director
(415) 765-8874

NAME Constance B. Wofsy, M.D.
AFFILIATION University of California, San Francisco/S.F. General Hospital
ADDRESS Bdlg. 80, Ward 84, S.F. General Hosp., 995 Potrero Ave.,94110
BEST DAYTIME PHONE NUMBER (415) 821-5531
BEST PHONE FOR MESSAGES (415) 821-5531
BEST TIME DURING DAY TO BE REACHED variable
BEST MEETING DAY AND TIME FOR AIDS ADVISORY PANEL MEETING:
BEST MEETING DAY Always fixed obligations Mon 1-5 Tu 8-3:30 W 4-5, overtime
BEST MEETING TIME heavily scheduled but not predictably
PLEASE FILL OUT AND RETURN TO KPIX, 855 Battery, SF, CA, 94111 no later than Friday, March 11. Thank-you!

---

enclosure

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Please address reply to undersigned at
AIDS ACTIVITIES DIVISION
San Francisco General Hospital
Building 80, Ward 84
1001 Potrero Avenue
San Francisco, CA 94110

March 16, 1988

Christina Maslach, Ph.D.
Professor of Psychology
Director, Executive Committee
UC Health Psychology Consortium
Department of Psychology
University of California, Berkeley
Berkeley, CA. 94720

Dear Dr. Maslach:

This letter follows the message I left on your answering machine on March 14th. I want to extend my appreciation for the invitation to speak at your conference, Health Psychology Research on AIDS, to be held June 24 and 25, 1988. There is a greater than 95% likelihood that I will be out of town during that time i n conjunction with the International AIDS Conference to be held in Stockholm. I wanted to get the information to you as quickly as possible so that you would have the opportunity to find another speaker for the area that you had slated for my involvement.

Again, thank you so much for invitation. I am sure the conference will be well received and will address some crucial areas that are now getting quite a bit of attention.

Sincerely,

Constance B. Wofsy, M.D.
Co-Director
AIDS Activities Division
Assistant Chief
Infectious Diseases
San Francisco General Hospital

CW:sb

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DEPARTMENT OF PSYCHOLOGY

BERKELEY, CALIFORNIA 94720

March 4, 1988

Dr. Constance Wofsy
Assistant Chief, Infectious Diseases
San Francisco General Hospital Medical Center
22nd and Potrero
San Francisco, CA 94103

Dear Dr. Wofsy:

The UC Health Psychology Consortium is an organization of research faculty, postdoctoral fellows, and graduate students at the nine campuses of the University of California. The purpose of this organization is to develop and promote health-related research, and to foster collaborative efforts in this regard among the various campuses.

At this time, the Consortium is particularly concerned about the contributions that health psychologists could make to the understanding and prevention of AIDS. Therefore, the Consortium is going to hold a conference on "Health Psychology Research on AIDS" on June 24-25, 1988, at the Clark Kerr residential campus of the University of California at Berkeley. The goals of the conference will be to educate Consortium members on current medical knowledge and research issues with respect to AIDS, and to develop and initiate a collaborative intercampus research effort in this area. The conference will consist of two days of lectures, panel presentations, and general discussion. There will only be one session at any one time, and all participants (members of the Consortium) will attend all sessions. The tentative program is composed of five key parts:

1. A medical overview of AIDS
2. A keynote address on psychosocial factors in AIDS and the role that can be played by health psychologists
3. Four areas of psychosocial research
    a. Psychosocial model of AIDS risk behavior
    b. Psychoneuroimmunology and AIDS
    c. Psychosocial consequence of AIDS
    d. Prevention programs for AIDS
4. Methodological and ethical issues in AIDS research
5. Development of an intercampus research agenda

Because of your expertise in this area, we cordially invite you to be one of the distinguished speakers at this conference. In particular, we would like you to participate in a panel discussion on prevention programs for AIDS. This presentation would be about 1½ hours in length, and would take place (according to the tentative schedule) on June 25th at 9:00 a.m. If possible, we hope that you will join us for the rest of the conference as well. We will pay for your meals and lodging at the conference.

Partial funding for this conference is being provided by the Universitywide Taskforce on AIDS. Additional funds are being sought from the National Institute of Mental Health and the American Psychological Association. Both of the latter organizations are interested in sponsoring publications that might emerge from this conference (such as an edited volume, a special journal issue, or a series of papers). If we are successful in obtaining these additional funds, then we would be able to offer you a modest honorarium as well.

The Consortium is very excited about the potential contributions of this conference, and we all hope that you will accept our invitation to address our research group. I would appreciate it if you would let me know as soon as possible whether or not you would be willing to be one of the conference speakers. If you have any questions about this, please feel free to call me at my office in Berkeley (415-642-7140) or to contact one of the other members of the planning committee -- Dr. Margaret Kemeny (UCLA) or Dr. Susan Kegeles (UCSF).

I look forward to hearing from you -- and I hope very much that you will be able to participate in this important conference.

Sincerely,

Christina Maslach

Christina Maslach, Ph.D.
Professor of Psychology

Director, Executive Committee
UC Health Psychology Consortium

CM:ba

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Please address reply to undersigned at
AIDS ACTIVITIES DIVISION
San Francisco General Hospital
Building 80, Ward 84
1001 Potrero Avenue
San Francisco, CA 94110

March 8, 1988

Morton A. Meyer, M.D.
Chairman
Clinical Faculty
Department of Medicine
University of California, San Francisco
San Francisco, CA. 94143

Dear Dr. Meyer:

I am grateful to have the opportunity to write a letter supporting the promotion of Dr. Stephen E. Follansbee to the position of Assistant Clinical Professor of Medicine and Family and Community Medicine.

Dr. Follansbee may well be the quintessential example of a practicing physician who uses his skills gained in the community to teach others in a university setting. Dr. Follansbee has served as an attending physician in the AIDS Clinic since it was opened in 1983. He is universally respected by the medical staff, nursing staff, administrative and laboratory staff, and perhaps most importantly, the patients. He is approachable, highly respected, fair in his judgment, outstanding in his ethical standards, and uses measured and highly sensitive judgment skills about difficult patient management issues. He is able to convey information and nuances of judgment to other physicians and nursing staff and treats all staff with equal respect.

Dr. Follansbee has been in the AIDS Clinic two half-days a week for the last five years and has just recently cut back his time spent here to one half-day a week. He is a very respected member of the infectious disease community, has a very successful infectious disease practice, is an excellent lecturer, and overall, he is an outstanding person. The promotion to Assistant Clinical Professor of Medicine is, in my opinion, long overdue and I heartily support an expedited decision so that his university-related title will match more closely his university-related contribution.

Sincerely,

Connie Wofsy

Constance B. Wofsy, M.D.
Co-Director
AIDS Activities Division
Assistant Chief
Infectious Diseases
San Francisco General Hospital

CW:sb

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DEPARTMENT OF MEDICINE

SAN FRANCISCO, CALIFORNIA 94143

Box 0954, 1482 - 5th Avenue
(415) 476-5933

February 25, 1988

Constance B. Wofsy, M.D.
SFGH
Ward 84

Dear Doctor Wofsy:

We are considering the promotion of Dr. Stephen E. Follansbee to the position of Assistant Clinical Professor of Medicine and of Family and Community Medicine.

This recommendation must be reviewed by several promotion committees and letters concerning the candidate are required. I wonder if you will be good enough to write me, stating your opinion of Dr. Follansbee's qualifications for this proposed promotion.

Under University of California policy, your letter as part of the official personnel file, will be held in confidence. While not given access to it, the candidate will, upon request, be provided with a summary of all such confidential evaluations. While we cannot make an absolute guarantee that no court or governmental agency will in the future order or demand disclosure of these confidential-source evaluations in University of California personnel files, the University has successfully opposed challenges to its policy and will vigorously oppose any future challenges in any form.

Thank you for your courtesy in this matter.

Sincerely,

Morton A. Meyer, M.D.
Chairman, Clinical Faculty
Department of Medicine

MAM:at

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Please address reply to undersigned at
AIDS ACTIVITIES DIVISION
San Francisco General Hospital
Building 80, Ward 84
1001 Potrero Avenue
San Francisco, CA 94110

March 23, 1988

William Paiss
Conference Coordinator
Exploring AIDS - Challenges and Opportunities
2880 Folsom, Suite 104
Boulder, CO. 80302

Dear Bill:

This letter will address the follow-up issues to complete the AIDS Medicine and Miracles assorted reimbursements. I have enclosed for you the airline ticket in the amount of **$300.00.** Reimbursement for the airline ticket should be made payable to **The General Foundation for Medicine** as the University makes initial purchase of tickets pending reimbursement.

I had an extensive conversation with Alec Tsoucatos about the financial straits of the conference. It appeared to me that you did meet a very, very handsome enrollment which appeared close to the 300 that you had indicated in correspondence to me. Given the straits of the conference, I agreed with Dr. Tsoucatos that I would reduce the honorarium that we had agreed to by signed contract from $1,500.00 to $1,000.00.

Three additional expenses totaling **$147.30** should be made reimbursable to me, Constance B. Wofsy, M.D.:

1. Dinner
   March 3, 1988
   $30.00
   (receipt misplaced)

2. Airport transportation
   Limousine
   Hotel to Denver Airport
   March 4, 1988
   $8.00

3. Hotel Expense
   March 3&4, 1988
   $109.30

In regard to the videotape recordings, I reached an agreement with the producer and other personnel that I would review the tape and determine whether I felt comfortable with the preliminary product and would grant or decline permission at that time.

I know that there were some cumbersome pieces of putting this conference together and some periods of awkwardness. The portions of the conference I attended offered many outstanding lectures and some very, very valuable workshop experiences. It was an ambitious project. I hope that for future programs, better specification of the nature of the program at the time of invitation and issues of videotape should come up earlier rather than later in the arrangement process.

Thank you for processing the administrative pieces still left after the conference. You and the other course organizers were most cordial and personally supportive during the portion of the conference I was able to attend.

Sincerely,

Connie B Wofsy

Constance B. Wofsy, M.D.
Co-Director
AIDS Activities Division
Assistant Chief
Infectious Diseases
San Francisco General Hospital

CW:sb

Enclosures

Clarion Hotel Boulder

1345 Twenty-eighth Street Boulder, Colorado 80302 303-443-3850

Statement Date

[redacted] CONNIE WOFSY
2880 FOLSOM
BOULDER CO 80302

Folio Number [redacted]

69274 (248)
CO-JFK 11:08AM

Date	Reference	Description	Charges	Credits
03-03-88	GR248	GROUP ROOM	50.00	
03-03-88	RT248	ROOM TAX	4.65	
03-04-88	GR248	GROUP ROOM	50.00	
03-04-88	RT248	ROOM TAX	4.65	
03-05-88	MC11:08AMMC/VISA/CHOICE			109.30

4024 0046 5911 6251
06/01/87 05/88*CV
CONSTANCE B WOFSY
GR 8
100
CLARION HOTEL 795 248
Rocky Mountain 030388
Bank Card System
8048900000355
1050113273 CO
CARDHOLDER SIGN HERE X Constance B Wofsy

The issuer of the card identified on this item is authorized to pay the amount shown as TOTAL upon proper presentation. I promise to pay such TOTAL (together with any other charges due thereon) subject to and in accordance with applicable law and the agreement governing the use of such card.

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DATE
AUTHORIZATION CODE 00139 2400
REFERENCE NUMBER GR 8 100 69274
CASHIER SERVER

DESCRIPTION	AMOUNT
SALES TAX	
DRAFT TIP	

TOTAL DOLLARS 109 CENTS 30

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BALANCE DUE .00

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any or the full amount of these charges. I also agree that all charges contained in this account are correct and any disputes or requests for copies of charges must be made within five days after my departure.

SIGNATURE _____

CAMPUS TRAVEL

"a name you should always remember"

251 HUGO STREET/SAN FRANCISCO, CA 94122/(415) 753-1400

ACCT NO DATE PAGE INVOICE
2604 24 FEB 88 1 215326

DR CONSTANCE WOFSY
SFGH WARD 84

WOFSY/CONSTANCE DR
SFGH WARD 84
UC CHECK

DATE	CITY-AIRPORT	TIME	AIRLINE	FLIGHT/CL	SEAT	MEAL
03MAR	LV SAN FRANCISCO	500P	UNITED	702H	13F	DINNER
THU	AR DENVER/STAPLT	824P				
05MAR	LV DENVER/STAPLT	100P	UNITED	227H	12F	LUNCH
SAT	AR SAN FRANCISCO	225P				

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O	DENVER/STAPLT			UA	227H		05MAR	100P	OK	H
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———	5:20 AM M-F ONLY	5:30 AM	6:10 AM
———	5:50 EX. SUN	6:00	6:40
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4:30	4:50 EXCEPT SAT. & HOLIDAYS	5:00	5:40
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	6:50 EXCEPT SATURDAYS & HOLIDAYS	7:00	7:40
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Kittredge Commons
Briar Rose
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Golden Buff
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Holiday Inn
Boulder Inn
Rodeway Inn

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10:00	10:40	
11:00	11:40	
12:00 N	12:40 PM	Fare **$8.00**
1:00 PM	1:40	
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2604	24 FEB 88	1	215326

DR CONSTANCE WOFSY
SFGH WARD 84

WOFSY/CONSTANCE DR
SFGH WARD 84
UC CHECK

DATE	CITY-AIRPORT	TIME	AIRLINE	FLIGHT/CL	SEAT	MEAL
03MAR THU	LV SAN FRANCISCO	500P	UNITED	702H	13F	DINNER
	AR DENVER/STAPLT	824P				
05MAR SAT	LV DENVER/STAPLT	100P	UNITED	227H	12F	LUNCH
	AR SAN FRANCISCO	225P				

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For DR CONSTANCE WOFSY

SAN FRANCISCO: SCHOOL OF MEDICINE
DEPARTMENT OF MEDICINE

March 18, 1988

To: Richard Schlobohm, M.D.
Director - Medical Surgical ICU
San Francisco General Hospital
SFGH 3S50

From: Constance B. Wofsy, M.D. CW

Re: Methemoglobin levels for AIDS patients on Dapsone

Pneumocystis has become a relatively frequent infection and Dapsone a fairly standard therapy, making methemoglobin determinations not a luxury or an occasional need, but rather an imperative requirement for the clinical management of a large sub-group of patients at San Francisco General Hospital.

We estimate that 10-12 patients per month have Dapsone trimethoprim therapy initiated in the AIDS Outpatient Clinic and an equal number, perhaps, have continuation of therapy in the Clinic after initiation in the hospital. Patients on Dapsone therapy usually have 3-6 methemoglobin determinations during a 21 day course of therapy.

The service of the ICU Stat Lab has been excellent, but we are very dependent upon these methemoglobin levels to maintain patients on therapy. Recently, there was an equipment breakdown about which we were notified immediately. Several patients had to be switched off Dapsone during that period because of concerns about methemoglobinemia.

Newer equipment or additional equipment would obviously be valuable in your laboratory to cover for equipment failure and to provide for the needs of the Intensive Care Units as well as the other hospital services such as methemoglobin determinations which you provide. I wanted to make you aware of how necessary this testing is for clinical management of patients with Pneumocystis.

Thank you for your cooperation and provision of this service.

cc: G. Niebaum
SFGH 3S50

SAN FRANCISCO: SCHOOL OF MEDICINE
DEPARTMENT OF MEDICINE

March 3, 1988

To: Merle Sande, M.D.

From: Connie Wofsy, M.D.

Re: New Clinical Series for Full Time Faculty

I would be most interested in a reclassification to Associate Professor of Clinical Medicine and feel that that classification, in fact, most aptly describes my professional activities for the University.

At the request of Dr. John Mills, I am enclosing an updated curriculum vitae, a list of current and past grant support, a summary of research and teaching activities, and a list of national medical, educational, research and consultation efforts for 1987. I have also included a group of letters that gives some testimony to my local and national involvement in community and public service issues. If there are any other materials that would be helpful in documenting my teaching, professional competence and activity, creative work, and university and public service, I will of course provide them to you with alacrity.

John Mills has indicated that he will be reviewing this with you at an upcoming meeting. Thank you for your review of these materials.

MEMORANDUM

DATE: March 18, 1988

TO: All Faculty, Medical Services

FROM: Merle A. Sande, MD
Richard J. Haber, MD

RE: General Medicine Ward Attending 1988 - 1989

As in past years, each faculty member will attend for 2 months. Please list your preferences below. Since traditionally we have had difficulty in filling the summer months (July, August, September) and December, please also indicate your preference for these months in order from 1-4 on the list below (none is not an option). If necessary we will "draft" people from this list who have not recently attended in these months. The quicker the replies, the faster the schedule can be gotten out.

Thanks in advance for your efforts. They are what make the resident and student training programs work so well at San Francisco General.

Name: Connie Woesy

Month #1: 1st choice: January

2nd choice: _____

Month #2: 1st choice: April

2nd choice: _____

Preference (1-4) for :

July	_____	(APEX)
August	_____	VACATION
September	_____	ID month
December	_____	School vacations

Please return to Kay in 5H22 - ASAP - Thanks

with ID Attending APEX (AIDS education course) Clinics + Medical Wards it is impossible to find alternate months. I will be away a week in January but nonetheless cannot identify alternatives I request your understanding + accomadation

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SCHOOL OF MEDICINE

Please address reply to undersigned at
AIDS ACTIVITIES DIVISION
San Francisco General Hospital
Building 80, Ward 84
1001 Potrero Avenue
San Francisco, CA 94110

March 23, 1988

Merle A. Sande, M.D.
Professor and Vice Chairman
Department of Medicine
University of California, San Francisco
San Francisco General Hospital, 5H22
1001 Potrero Avenue
San Francisco, CA. 94110

Dear Merle:

Thank you for the invitation to attend the AIDS Clinical Research Forum on Thursday, March 31, 1988. Unfortunately, I will be unable to attend as I will be on vacation with my family at that time, but I want to very much support the value of open exchange between university staff and community organizations. I would like to be included in future meetings and very much support the goal.

Sincerely,

Connie Wofsy

Constance B. Wofsy, M.D.
Co-Director
AIDS Activities Division
Assistant Chief
Infectious Diseases
San Francisco General Hospital

CW:sb

Observe +

Return

Sam - you haven't yet lived through a medicine attending mouth. They are brutal! I think Lauren is attentive now

C.

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Please address reply to undersigned at
AIDS ACTIVITIES DIVISION
San Francisco General Hospital
Building 80, Ward 84
1001 Potrero Avenue
San Francisco, CA 94110

March 23, 1988

Michael K. Spayd, Jr.
Speakers' Coordinator, Fundraiser
Exploring AIDS - Challenges & Opportunities
2880 Folsom, Suite 104
Boulder, CO. 80302

Dear Mr. Spayd:

I have received your letter of March 15th and want to expres my thanks for your words of encouragement and support. It sounds as if the whole experience made an extraordinary impression on you and many of the others who attended the conference. AIDS will challenge all of us and each of us enters into that challenge as a result of our own individual experience.

I am not able to offer any leads for fundraising as the area of holistic medicine and non-traditional approaches is not the area of AIDS in which I have my day-to-day exposures or contacts. I am sure through your extraordinary list of well-connected individuals on the National Advisory Board, you will have access to some very important people upon whom you might call.

The last issue regarding a transcript of my talk - I am sorry; I do not have a transcript. I always rearrange my topic to best meet what I perceive to be the needs of the audience to whom I am speaking and thus, I have no preset transcript or written manuscript. Since things change so very frequently, I have not found it possible to even attempt to keep up in writing.

Again, thank you for your words of support and best of luck in your endeavor.

Sincerely,

Constance B. Wofsy, M.D.
Co-Director
AIDS Activities Division
Assistant Chief
Infectious Diseases
San Francisco General Hospital

CW:sb

Exploring AIDS
CHALLENGES & OPPORTUNITIES

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Boulder Community Hospital

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Wellspring, Partners in Health

Alec Tsoucatos, Ph.D.
President, Boulder College

March 15, 1988

Constance Wofsy, M.D.
San Francisco General Hospital
1001 Potrero Ave.
San Francisco, CA 94110

Dear Dr. Wofsy:

I wanted to write to thank-you for your presentation at the conference and all that you did for us. I think that your standing by your position was both courageous and helpful to the conference atmosphere of open inquiry. You were missed when you needed to leave before the end. I wish you could have stayed and imagine you wish the same. I certainly hope you plan to come back next year.

Many things have been happening in Boulder since the conference. We have been receiving news from accross the country as people learn of the conference's message of hope and profound impact on people. Some are taking it easy after the intensity of the conference, while others are a whirlwind of activity. Personally, the experience of the conference has changed my life in a major way. I have been working with Bill Paiss and others in Boulder exploring the possibility of setting up a permanent structure around the conference. Clearly it needs to be an ongoing event. If you have any contacts or leads that might help us get the conference on sound footing (financially and credibility wise) please let me know. We are in the process of putting together a major fundraising effort which might be coupled with a presentation of what the conference was about, including the showing of a videotape. We will be looking for appropriate audiences.

A final follow-up to the conference: do you have a transcript of your talk? If so, and you have not already given this to someone at the conference, please send it to us for our archives. We will be putting together as much documentation as possible on the conference and your paper would be very valuable in that regard.

Again, thank-you so much for all your contributions.

Best regards to you and your family,

Michael

Michael K. Spayd, Jr.
Speakers' Coordinator, Fundraiser

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ASAP
Copy to Mark Nash

March 4, 1988
88-TLS-045

Constance Wofsy, M.D.
San Francisco General Hospital
995 Portrero Avenue
Building 80, Ward 84
San Francisco, CA 94110

Dear Dr. Wofsy:

This letter will confirm our meeting scheduled for Wednesday, March 16th, at 9:00 a.m. on calendar (s)

Please have available for me patient records and all study documentation so we may close out all issues.

I look forward to meeting with you and your staff.

Sincerely,

Terry L. Stanton

Terry L. Stanton
Clinical Research Associate

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

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SCHOOL OF MEDICINE

Please address reply to undersigned at
AIDS ACTIVITIES DIVISION
San Francisco General Hospital
Building 80, Ward 84
1001 Potrero Avenue
San Francisco, CA 94110

March 23, 1988

Maida B. Taylor
Assistant Clinical Professor
University of California, San Francisco
3838 California Street, #316
San Francisco, CA. 94118

Dear Maida:

Thanks so much for your Sports Medicine literature contributions. My talk went very well and now I have developed a whole new area of HIV-related concern. I had never, however, considered boxing. I hope by the time all the issues have been brought to light we will have some constructive means of dealing with this.

Thanks again.

Sincerely,

Connie W.

Constance B. Wofsy, M.D.
Co-Director
AIDS Activities Division
Assistant Chief
Infectious Diseases
San Francisco General Hospital

CW:sb

SAN FRANCISCO: SCHOOL OF MEDICINE
DEPARTMENT OF MEDICINE

March 23, 1988

To: Paul Volberding
Barbara Woodruff
Peg Trezivant

From: Connie Wofsy

Re: Teamwork Workshop

As per my memo of this date which was distributed to all staff including yourselves, there will be an introductory workshop on the Concepts of Teamwork as presented by Dr. Arky Ciarcutti and Terry Pearce on Thursday, March 24, 1988, in Carr Auditorium from 8:00-9:00 a.m.

The best possible dates for the future workshops are April 13th, a Wednesday, and April 20th, a Wednesday, in the afternoon on both occasions. If the introductory presentation goes well, we should probably proceed. If there are hesitations or reservations, then we may need to reconsider. Barbara and Peg, I have already spoken to you to keep your calendar clear in order to spend a little time with them after the presentation on Thursday as they will need some background information to look ahead to the workshop development.

I will let you know as I get further information.

CWPS
center for women policy studies

March 28, 1988

Constance Wofsy
AIDS Activities, San Francisco General Hospital
1001 Potrero Avenue
San Francisco, California 94110

Dear Dr. Wofsy:

On behalf of the Center for Women Policy Studies (CWPS) and the Center for Constitutional Rights (CCR), we are writing to invite you to participate in a **joint planning meeting** to help us define the missions and set the agendas for our organizations' efforts to meet the needs of women and persons of color as we confront the AIDS crisis. The CWPS **National Resource Center on Women and AIDS** will focus on policy development, prevention education, and advocacy for women, particularly women of color. The CCR **AIDS Clearinghouse for People of Color** will focus on data collection, education, and legal advocacy for persons of color.

We are working together on these two projects to share information and resources, avoid duplication of efforts, and multiply our ability to serve the needs of women and persons of color. We are convening **two planning meetings**, one in Washington and one in New York; we would like to invite you to join us at either meeting, whichever is most convenient for you. The **Washington meeting** will be held on **April 14, 1988,** from **10:00 am to 3:00 pm** at **1616 P Street, NW,** in the top floor conference room. The **New York meeting** will be held on **April 20, 1988,** from **10:00 am to 3:00 pm** at CCR's offices at **666 Broadway,** 7th floor.

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I've called + declined but to her 4/11/88
copies of 1. JAMA Editorial on women
2. Surg Gen workshop
3. article

Thanks.

2000 p street n.w., suite 508, washington, d.c. 20036, (202) 872-1770

CWPS
center for women policy studies

March 28, 1988

Constance Wofsy
AIDS Activities, San Francisco General Hospital
1001 Potrero Avenue
San Francisco, California 94110

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We are enclosing a brief summary of the activities that each organization will conduct, and those that we propose to conduct as joint projects of CCR and CWPS. At the April meetings, we will describe our programs in greater detail and ask your advice about our plans.

We are particularly eager to have the benefit of your perspective on the critical issues facing us in this struggle and your thoughts about CWPS and CCR's roles in addressing them. It is our hope that these meetings will culminate our intensive planning process and move our work forward. With your help, we will officially launch our two projects later this spring. We hope that you will share our commitment to these two projects and to

our collaboration and that you will join us on April 14 in Washington or on April 20 in New York for a "brainstorming" session to help shape our future.

Please contact either of us if you have any questions. If you will be able to attend the Washington meeting, please call Ruth Schiller at CWPS (202-872-1770); if you plan to attend the New York meeting, please call Tanaquil Jones or Vernice Miller at CCR (212-614-6464). We will appreciate hearing from you by **April 8.** If you are unable to attend either meeting, please let us know if you have any comments or suggestions that should be addressed at the meetings. Please be assured that we will keep you fully informed of the meetings' outcomes and our next steps.

Sincerely,

Leslie R. Wolfe
Executive Director
Center for
Women Policy Studies

Marilyn Clement
Executive Director
Center for
Constitutional Rights

Enclosure