

NAPA Valley College

*nice letter
unable to
Thank you etc*

Dr. Constance Wofsey
995 Potrero
San Francisco, CA 94110

4/19

Dear Dr. Wofsey,

On behalf of the Napa Valley Conference Committee, I am pleased to invite you to speak at our annual seminar entitled "Current Concepts in CardioPulmonary Care". The seminar is scheduled for September 20 and 21, 1990.

Our goal is to provide and meet the educational needs of the local medical community - normally 200 Respiratory Care Practitioners and Nurses attend from all over California. Ours is a non-profit, volunteer Committee composed of members from the school of Respiratory Therapy at Napa Valley College, the American Lung Association of the Redwood Empire, and the California Society for Respiratory Care, Chapter 10.

The Committee would like you to speak on Current Treatments for AIDS, discussing the current therapies and also the treatments we may see in the future.

Round trip expenses, accomodations at a bed and breakfast in our beautiful Napa Valley, meals, and an honorarium of \$150 will be provided.

Your participation in this year's program would certainly enhance its professional status. The Committee hopes you will be able to include our meeting in your busy schedule. Please direct your response to me at the address below, or call me at [REDACTED]

Thank you for your kind consideration,

Kate Benscoter

Kate Benscoter
Clinical Director, Respiratory Therapy
Co-Chair, Napa Valley Conference
Napa Valley College
Napa, CA. 94558

PS. I saw you speak many years ago at a Respiratory meeting at Mt. Zion on the incidence of previously healthy young men coming in with Pneumocystis Pneumonia. That was the first time many of us heard of AIDS.

***** UF-250 ***** -JOURNAL- ***** DATE APR-18-1990 ***** TIME 14:40 *****

NO.	COM	DOC	DURATION	X/R	IDENTIFICATION	DATE	TIME	DIAGNOSTIC
20	OK	03	00:02'00	XMT	T	96548474	APR-18 14:38	840440AC0800

-EPIDEMIOLOGY & BIO -

***** -PANASONIC- ***** - 415 476 0341- *****

Children's Hospital

O A K L A N D

TELECOPY (FAX) TRANSMITTAL

From RITA FAHRER
RED H2O Program x 3010
To: SAM Broyles / Connie Wolfy
SFest / Arts Activities

Subject/Comments:

Please edit, rewrite, add
Anything etc to this
letter. Please call me
at 428-3000 beeper 623
for any questions.
Thank you so much

Total Pages, including Transmittal 5

Sender's FAX number 415/654-8474 Phone number 415/428-

Receiver's FAX number 476-0341

Date 4/18/96

Time 1:15 pm



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PLEASE ADDRESS REPLY TO UNDERSIGNED AT:
AIDS ACTIVITIES PROGRAM
Ward 95, Bldg 90
San Francisco General Hospital
995 Potrero Avenue
San Francisco, CA. 94110
(415) 550-6890 (tel)
(415) 476-0341 (fax)

April 18, 1990

Janet Shalwitz, M.D.
Director / Special Programs for Youth
Department of Public Health / City and County of San Francisco
375 Woodside Avenue
San Francisco, CA. 94127

Dear Dr. Shalwitz

I am very pleased to write this letter in support of your proposal to the Office of Maternal and Child Health, Health resources and Services Administration, United States Department of Health and Human Services, to fund a Pediatric AIDS/HIV Health Care Demonstration Project. Project AHEAD (Alliance for the Health of Adolescents), your proposal for a community-based, collaborative effort involving the public and private sectors with the purposes of reducing HIV infection and developing comprehensive, holistic, health care services for high risk and HIV-infected youth, is very much needed at this critical time in San Francisco.

As Co-Director of the AIDS Activities Program at San Francisco General Hospital for the past eight years, I am well aware of the complex medical and psychosocial needs of HIV-infected individuals. HIV-infected and high risk adolescents, particularly those who are homeless, runaways, and/or who are involved in the juvenile justice system have more complex needs that require increased multi-agency, multidisciplinary collaboration and training in order to provide the outreach, case management, medical care, and individual/family/community support intervention necessary to render high quality, comprehensive care.

As Director of the AIDS Provider Education Experience (APEX) for the past three years, I also understand the importance of and necessity for appropriate training of health care providers. We are committed to working with you in providing training specific to the special needs of HIV-infected adolescents.

We currently have support from the Centers for Disease Control for several studies evaluating HIV and STDs in prostitutes and their partners; from NIAID for a study of partners of seropositive women, and through the APEX program have trained key physicians affiliated with the California Area Health Education Center directed by Dr. Charles Gessert and affiliated with the University of California, Davis.

I look forward to consulting with you and Project AHEAD in providing the much needed comprehensive prevention and health care services for HIV-infected and at risk youth.

Sincerely,

Constance B. Wofsy, M.D.
Professor of Clinical Medicine
University of California, San Francisco
Co-Director / AIDS Activities Program
Assistant Chief / Infectious Diseases
San Francisco General Hospital

CW:sb



FACSIMILE TRANSMISSION
AIDS ACTIVITIES PROGRAM
WARD 95, BLDG 90
SAN FRANCISCO GENERAL HOSPITAL
995 POTRERO AVENUE
SAN FRANCISCO, CA 94110

(415) 550-6890 [TEL]
(415) 476-0341 [FAX]

April 18, 1990

TO: RITA FAHRNER, R.N.

FROM: CONSTANCE B. WOFSY, M.D.

NUMBER OF PAGES IN THIS TRANSMISSION INCLUDING COVER SHEET -

**IF INCOMPLETE TRANSMISSION OCCURS, PLEASE CALL SAM BROYLES AT
THE ABOVE-LISTED NUMBER. THANK YOU.**



Special Programs for Youth

Community Public Health Services, San Francisco Public Health Department
Huckleberry House Larkin Street Youth Center Log Cabin Ranch
Youth Guidance Center

April 13, 1990

To: Colleagues and Letter Writers

From: Janet Shalwitz *JS*

Thank you again for agreeing to write a letter of agreement/understanding/support for the Pediatric HIV/AIDS Health Care Demonstration Project Grant. Attached is a project synopsis for your reference.

It would be ideal if you could include the following in your letter:

- 1) Your relationship with this proposal
- 2) Your responsibilities to and your expectations from this project.
- 3) Your current activities with regard to HIV/AIDS (particularly with youth) and sources of HIV/AIDS-specific public/private funding. It's particularly important to highlight any involvement and/or financial support from MCH, HRSA, CSHN (CCS), Hemophilia Diagnostic and Treatment Centers, NIDA (Community Outreach Demonstration Grants), CDC, School Health Education Cooperative Agreements, NICHD, NIAID, HCFAA, OHDS, State and/or City/County Office of AIDS.

Please address your letter to:

Janet Shalwitz, M.D.
Director
Special Programs for Youth
San Francisco Department of Public Health
375 Woodside Avenue
San Francisco, CA 94127

If you will be unable to complete the letter by Tuesday, April 17, please call me (753-7780) or Susan Elder (753-7778). Your letter will be picked up by a messenger. Please call us when it is ready at the above telephone numbers.

Thanks a million. The enthusiasm generated by the planning of this project has been very gratifying.

Special Programs for Youth

Community Public Health Services, San Francisco Public Health Department
Huckleberry House Larkin Street Youth Center Log Cabin Ranch
Youth Guidance Center

Special Programs for Youth (SPY), a division of the San Francisco Department of Public Health, is submitting a proposal to the Office of Maternal and Child Health, Health Resources and Services Administration, U.S. Department of Health and Human Services to fund a Pediatric HIV/AIDS Health Care Demonstration Project. Project AHEAD (Alliance for the Health of Adolescents) will be a collaborative effort with Larkin Street Youth Center; Youth Advocates, Inc.; the National Center for Youth Law; the Division of Adolescent Medicine, University of California at San Francisco; and the Department of Pediatrics at San Francisco General Hospital. The purpose of this project is to (1) demonstrate effective ways to prevent HIV infection, (2) develop community-based, family centered, coordinated services, (3) develop programs to reduce the spread of HIV infection. The target group will be composed of youth who are homeless, runaway, and/or involved with the juvenile justice system.

At the Larkin Street Youth Center, San Francisco's Youth Advocates' (YA) programs (Huckleberry and Sojourner Houses and the Page Street Counseling Center) and the Youth Guidance Center, there are currently very active prevention/education programs and comprehensive primary care clinics (SPY). Larkin Street's clinic has provided confidential HIV antibody counseling/testing for one year. Treatment services for HIV infected youth are currently being initiated. Medical staff work collaboratively with outreach, case management, substance abuse and drop-in staff to ensure follow-through in dealing with the multiple and complex needs of the youth. Confidential HIV Antibody testing will be initiated by the Youth Guidance Center and Huckleberry House medical staffs in June, 1990.

Consultation, subspecialty care and hospitalization will be provided primarily by the staff from the two sites designated by California Children's Services as Pediatric HIV Treatment Units; the Department of Pediatrics at San Francisco General Hospital and University of California, San Francisco. Primary care, case management, counseling and support will continue to be provided by Special Programs for Youth, Larkin Street and Youth Advocates staff on an ongoing basis.

This demonstration project would make available funding to do the following: mobile community health outreach (Larkin Street); case management (Page Street Counseling, Youth Advocates) of high risk and infected youth and their families; enhanced medical care consultation and "back up" for HIV-related health care concerns in adolescents. Additionally, due to the continuing need to examine the legal and ethical issues which regularly present regarding HIV, health care of minors and interagency collaboration (i.e., confidentiality) the National Center for Youth Law Health Care Project will provide ongoing participation and consultation for the duration of the grant period.

It is the ultimate goal of Project AHEAD to provide comprehensive, high quality, accessible holistic care for high risk or HIV infected young persons in a manner which respects and responds to their individual needs and ensures appropriate family and community support and acceptance.

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(415) 476-0341 (fax)

April 17, 1990

Sal La Rosa
Department of Medicine
SFGH 5H22
1001 Potrero Avenue
San Francisco, CA. 94110

RE: EPME Hours Letter

Dear Sal:

Sam commented on your promptness in providing information about my Continun Medical Education hours for a recent audit. Thank you for responding so promptly. These are tedious little matters that must be attended to. Your excellent record keeping and timely reply made this picayune matter a piece of cake.

Sincerely,

Constance B. Wofsy, M.D.
Professor of Clinical Medicine
University of California, San Francisco
Co-Director / AIDS Activities Program
Assistant Chief / Infectious Diseases
San Francisco General Hospital

CW:sb

FAMILY
HEALTH
CENTER

SAN FRANCISCO GENERAL HOSPITAL MEDICAL CENTER



Inter-office Memorandum

Date: April 20, 1990

To: Connie Wofsy, MD
Ward 95

From: Mary McCutcheon, RN

Subject: Code Blue Recommendations

FYE - CC

- AWARE

- EPI

-

note: in the event of
code - dial 911

The attached memo is a draft of proposed recommendations to the campus Code Blue Committee regarding training and equipment for your clinic. Please review and respond with your approval or recommendations and comments appropriate for your clinic by May 11, 1990. I can be reached at x5545 or by campus mail at Ward 81.

Also attached are minutes from our November meeting as well as recommendations to the Code Blue Committee regarding the code blue team's response to the outlying buildings.

Thanks for your input.

FAMILY HEALTH CENTER



SAN FRANCISCO GENERAL HOSPITAL MEDICAL CENTER
995 POTRERO AVENUE SAN FRANCISCO, CA 94110
(415) 821-5252

DRAFT ONLY

TO: Alan Gelb, Chair
Code Blue Committee

FROM: Mary McCutcheon
Outpatient Representative

RE: Recommendations for Outlying Buildings

DATE: April 12, 1990

=====

The following recommendations are only for clinics affiliated with the outpatient department and/or those located in the 80/90 buildings. The recommendations are based on the type of clinic services offered and the expected acuity of the clients served. The recommendations includes the type of emergency equipment needed in each area as well as the basic level of training for medical staff.

		<u>Equipment</u>	<u>Training</u>
Building 90			
Ward 90	Child Protective Services	none	BLS
Ward 91	Pharmacy/FHC offices	none	none
Ward 92	Substance Abuse Service	Ambu bag/02	BLS
Ward 93	S/A	S/A	S/A
Ward 94	TB Clinic	Ambu bag/2	BLS
Ward 95	AIDS offices	none	none
Building 80			
Ward 81	Family Health Center	crash cart (pedi/adult)	BLS
Ward 82	Outpatient Administration	none	none
Ward 83	Family Practice Offices	none	none
	Casarc	none	BLS
Ward 84	AIDS offices	none	none
Ward 85	Family Health Center	crash cart (pedi/adult)	BLS
Ward 86	AIDS/Oncology Clinic	crash cart	BLS
Ward 87	Rape Treatment Center	none	BLS
Building 9	CMOSH	Ambu bag	BLS

CODE BLUE SUB-COMMITTEE - "OUTLYING BUILDINGS"

Meeting Minutes

November 17, 1989

Present: Mary McCutcheon, R.N., Head Nurse Family Health Center
Sandra Hudson, M.D., Ward 94 TB Clinic
Ken Wilkinson, N.P., Ward 92 & 93 Subst. Abuse Program
Bill Shore, M.D., Chair, OPD Quality Assurance Committee
Lee Wugofski, M.D., Director, CMOSH

Issue: Code Blue Team Response to Outlying Buildings

Discussion:

A meeting was held with representatives from Buildings 80, 90 and 9 to discuss the previous Code Blue Subcommittee Recommendation of 11/87 re: "Areas Where the Code Blue Team Will Respond" (see attached). The recommendation was that the Code Blue Team would respond only within the main hospital building and patient care areas in Building 100; the outlying buildings were to utilize the 911 EMS system.

Recommendations:

After general discussion, it was a consensus of the representatives that 911 EMS should be the mechanism for calling a Code Blue in Buildings 80, 90 and 9. However, concerns raised for the Code Blue Committee to address were:

1. The need for 911 Dispatch and Paramedics to be familiar with the campus layout so that accurate dispatch of ambulances to campus locations is correct.
2. Assurance from 911 that Code Blue calls to the SFGH campus "outlying buildings" will not be given low priority status.
3. The need for new stickers for the clinic telephones with instructions to call 911 for a Code Blue as well as new instructions on what to tell 911 dispatch, e.g. "Code Blue, Bldg. 90, 5th floor, Room 5", or other information.
4. The need for each clinic to detail staff to the first floor of the building to meet and direct paramedics to the correct location.



Code Blue Subcommittee

MINUTES

December 4, 1989

Next Meeting: Monday, January 8th from 11:00 AM to noon in
Room 2A6

Present: Alan Gelb, MD, Emergency Department, Chair
Arthur Beckert, QA Staff
Carol Bird, QA Coordinator
Mary Dohrmann, MD, Cardiology
Gary Donahue, QA Staff
Gayling Gee, RN, Director of Nursing, OPD
Brenda Lauer, RN, Nursing Administration
Dan Lyman, MD, Anesthesiology
Mary McCutcheon, RN, Head Nurse, Family Health Center
Debra McGrath, RN, Nursing Administration
Deanna Mooney, Director, CPD
Lori Panther, MD, Internal Medicine
William Shore, MD, FCM
Maribeth Spratt, RN, Psychiatric Nursing
Janet Welsh, RN, Emergency Department
David Woods, Pharm D, Pharmacy

ISSUE: Areas Where the Code Blue Team Will Respond.

DISCUSSION:

Mary McCutcheon reported on a meeting that was held with representatives of clinics and other programs in outlying buildings. While not all clinics were represented and this process is not complete, some preliminary issues and conclusions were reached:

- o 911 EMS response was an appropriate choice for codes in outlying buildings.
- o Paramedics need to be familiar with the outlying buildings and the locations of clinics.
- o EMS dispatches for arrests at SFGH should not be given a lower priority than similar Code 3 calls in the community.
- o New stickers for telephones should be designed that include information to be provided to the C-Med dispatcher when calling 911.

There was general agreement that the Emergency Department would only respond directly to Codes in the basement and first floor of the main hospital. Further, it was agreed that housestaff should not be pulled from their responsibilities in the hospital to assist in emergent situations in the outlying buildings as has occasionally been the case.

Carol Bird noted the lack of proper signage on outlying buildings identifying the buildings and locations of clinics. A proposal for signage has been made but is a low budget priority at this time.

ACTION:

Mary McCutcheon will complete the consultation process with outlying clinics and programs and provide the Subcommittee with written issues and recommendations for the next meeting.

Alan Gelb will write to James Pointer, MD, EMS Chief, to clarify issues regarding priorities in dispatching paramedics to SFGH, orientation of paramedics to the SFGH campus, and the information that paramedics and dispatchers at C-MED require when a 911 call is initiated from SFGH for an arrest.

Alan Gelb will draft a letter to Ed Walera and the Buildings and Grounds Department regarding the need to make proper signage of the outlying buildings a higher budget priority and explore interim measures for building and clinic identification if necessary.

ISSUE: Composition of the Code Blue Team.

DISCUSSION:

Nurse Participation:

Brenda Lauer met with nursing administrators regarding CCRN participation on the Code Team and the role of Med/Surg RN's during codes. They identified the following issues:

- o Head Nurses felt that Med/Surg staff RN's are able to handle nursing duties during a code both in terms of training and staffing.

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Ward 95, Bldg 90
San Francisco General Hospital
995 Potrero Avenue
San Francisco, CA. 94110
(415) 550-6890 (tel)
(415) 476-0341 (fax)

April 17, 1990

Tonya L. Miller, S.P.T.
University of Kentucky
Division of Physical Therapy
U.K. Medical Center, Annex 1, Room 4
Lexington, KY 40536-0079

Dear Ms. Miller:

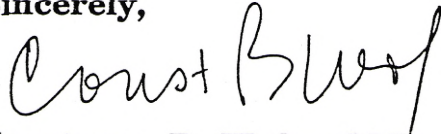
Dr. Volberding has suggested that I respond to your letter of March 2, 1990, as pneumocystis is an area of my particular interest. Needless to say, there is a great deal of information about pneumocystis pneumonia. While I am not in the position to give a particular synopsis, I am enclosing a copy of a review article which you might find useful. The role of the physical therapist is an intriguing one to consider. We have a very motivated but very understaffed and financially marginally supported physical therapy department here at San Francisco General Hospital and therefore have not had the luxury of incorporating physical therapy programs as much as we would like for AIDS patients in general and for pneumocystis pneumonia patients in particular.

Physical therapy may come into play in several instances relative to (1) the frequency of HIV-related neuropathy which often occurs simultaneously with the immunologic deficiency found in patients with pneumocystis and other opportunistic infections, and (2) in the recovery phase from treatment of patients with severe *pneumocystis carinii* who may have been bedridden for a substantial period of time and need to regain strength. As we have become very adept at the therapy for pneumocystis pneumonia, we have actually been able to maintain patients very well in the outpatient setting and the prolonged hospitalizations previously characteristic of treatment for pneumocystis are now diminishing.

I am not aware of any significant body of knowledge or written information on the role of physical therapy in treatment of patients with HIV. However, I must confess it is not an area in which I have placed a great deal of focused attention.

I wish you the very best in pursuing your independent studies. I think you will find the area very fruitful and you can put your own good thoughts to excellent use.

Sincerely,

A handwritten signature in cursive script, appearing to read "Constance B. Wofsy".

Constance B. Wofsy, M.D.
Professor of Clinical Medicine
University of California, San Francisco
Co-Director / AIDS Activities Program
Assistant Chief / Infectious Diseases
San Francisco General Hospital

CW:sb

cc:Paul Volberding, M.D.

Dr. J. R. SANKARAN, M. D.

"RAJAYOGAM" New Avadi Road, Alagappa Nagar, Madras - 600010.

F.C.C.P. (USA), F.I.C.A., F.A.C.G. (USA), F.R.S.H. (LOND)
F.R.S.T.M. (LOND), F.I.S.E., F.T.N.A.Sc., F.M.A., Ph.D., (Hon) C'hagan, D.Sc. (Hon) C'hagan F.M.M.C.
PROFESSOR, DEPT. OF MEDICINE, MADRAS MEDICAL COLLEGE
PHYSICIAN, GOVT. GENERAL HOSPITAL, MADRAS
PHYSICIAN, LIVER CLINIC AND AIDS CLINIC, G.S.H., MADRAS
I.C.M.R PROJECT OFFICER, TRADITIONAL REMEDIES IN VIRAL HEPATITIS - TAMILNADU
HYPERTENSIONOLOGIST, CARDIOLOGIST, L.I.C. OF INDIA,
Hony. Secy. INDIAN ASSN. OF HISTORY OF MEDICINE
W.H.O. FELLOW IN AIDS, U.S.A.
RECIPIENT OF DAG HAMMARSKJOLD AWARD IN MEDICINE 1988
MEMBER, NATIONAL EXPERT COMMITTEE ON AIDS.
PHYSICIAN 1/c AIDS, WARD 7, G.H., MADRAS-3

PHONE 61 19 59

FASCIMILE TRANSMISSION FROM FAX No. 044-476609

Date.....4-7-90.....

Prof. Constance B.Wofsy, M.D.,
Prof. of Clinical Medicine,
San Francisco General Hospital,
U.S.A.

To Fax No. 00-1-415-821-3172

faxed to Wacker
7/5/90

Dear Prof. C.B.Wofsy,

Since faxing to you my letter dated 22nd May 1990, I had received the letter from MR. WACKER to whom I faxed, in turn, for funding assistance. Ms. Jean Berg, Project Co-ordinator, C.A. Program has kindly faxed a reply to me about their inability to fund the delegates.

I am likely to get some funding from our country but unfortunately, the file containing your original 2-page letter as well as the itinerary sent by Mr. Michael Wacker has been lost by me. I request you, therefore, to send at your earliest convenience, another letter of invitation to me for being a member of the HIV delegates to China. This will enable me to proceed fast in getting the financial assistance for participation in the delegation.

Thanking you and with kind regards,

Yours sincerely,
J. R. Sankaran
(DR. J. R. SANKARAN)



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SCHOOL OF MEDICINE
DEPARTMENT OF MEDICINE

April 24, 1990

Harrington Sims, F.A.C.P.
Consultant in GU Medicine
Norfolk and Norwich Hospital
Brunswick Road
Norwich, Norfolk
NR1 3SR
GREAT BRITAIN

SAN FRANCISCO, CALIFORNIA 94143

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San Francisco General Hospital
995 Potrero Avenue
San Francisco, CA. 94110
(415) 550-6890 (tel)
(415) 476-0341 (fax)

Dear Harrington:

It was good to hear from you again and I am very glad that the APEX experience has had ongoing return for you. HIV is indeed an issue for everyone involved in the jail and prison system in the United States.

I should note that our system is divided into two areas, usually under different administration. The prison system is both statewide and dual in that it is composed of Adult Corrections and the California Youth Authority, the first administering the incarceration of those individuals sentenced as adults and the second that of individuals sentenced to incarceration as "youth" (age 16 to 23). Both systems house those who have already been sentenced and are thus going to be incarcerated for times ranging from a low of a few months or years to a lifetime. Some of the prisons have quite well-developed medical care systems and specifically-maintained medical facilities. The other portion is the county and local jail systems which in San Francisco is under the administration of the combined city and county government and houses individuals who have not yet been tried or sentenced or who are there for short term imprisonment, usually less than one year.

I have made several inquiries (listed in the subsequent paragraph) on behalf of the hospital prison officer, Tony Goldson, who will be visiting the United States and possibly Holland and Kenya as part of his Butler Trust Award. I am making an assumption that this individual is a physician; if not, that is probably not relevant as anyone who has delved into HIV for several years comes to a common point of sophisticated knowledge about ethics, infection control, virology short of the cellular level, and other issues.

1. John Conte, M.D.
Director, Infection Control
LS 105
University of California, San Francisco
San Francisco, CA. 94143-0208

Dr. Conte has been involved in lectures and some policy discussions with the California Prison System and kindly expressed willingness to be contacted and to meet with Mr. Goldson and to supply names of appropriate officials in the prison system for Mr. Goldson's visit.

2. Joseph Goldenson, M.D.

[REDACTED]
[REDACTED] (message phone)

Dr. Goldenson has express willingness to meet with Mr. Goldson to explore other possibilities within the jail system.

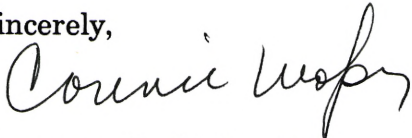
The Prison Medical Director, Elizabeth Kantor, M.D., is on leave at the moment but Dr. Goldenson believes she would be very willing to meet with Mr. Goldson if she is available at the time of his visit.

I suggest that you contact the above individuals directly with more details of Mr. Goldson's background, the time of the visit, the goals and specific questions, and allow Drs. Conte and Goldenson to respond directly about the specific possibility, feasibility, duration, and site of a visit from Mr. Goldson.

I hope the visit goes well and things can be arranged. HIV is clearly a very significant problem in those who are incarcerated.

It was good to hear from you again. Please accept my very best wishes.

Sincerely,



Constance B. Wofsy, M.D.
Professor of Clinical Medicine
University of California, San Francisco
Co-Director / AIDS Activities Program
Assistant Chief / Infectious Diseases
San Francisco General Hospital

CW:sb

cc: John Conte, M.D.
Joseph Goldenson, M.D.
Elizabeth Kantor, M.D.

NORFOLK & NORWICH HOSPITAL

PLEASE REPLY TO
THE UNDERSIGNED
TELEPHONE NORWICH 628377

BRUNSWICK ROAD
NORWICH
NORFOLK
NR1 3SR

Your Reference :

Our Reference : HS/JJB

12th April, 1990

Constance B. Wofsy M.D.,
Associate Clinical Professor of Medicine UCSF,
C/o Ward G5 SFGH,
995 Potrero Avenue,
San Francisco, CA 994110
United States of America.

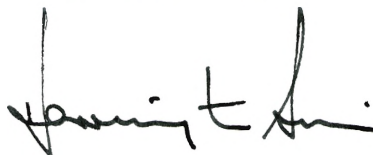
Dear Connie,

I hope you remember me, I was in the Apex 'Class' of October/November, 1988 sitting at your feet and absorbing knowledge from yourself and others. The whole experience was wonderful and has 'paid' for itself several times over as the epidemic has started to unfold in East Anglia.

I am writing on a different matter though. Part of my remit is exercising my Specialty in local prisons. We do not as yet have an extensive HIV problem in the prisons but we are preparing for the worst. At one prison I visit - HMP Blundeston in Suffolk, I have an excellent hospital prison officer, namely Tony Goldson, who has applied himself enthusiastically to the burgeoning HIV problem. He has absorbed all that has been given to him and more and his enthusiasm is such that he has been awarded a 'Butler Trust Award' for his work. This is a highly prestigious prize which enables him to travel the world for up to six weeks and study HIV problems in other countries. I have advised him that he would achieve maximum benefit by dividing the time into three separate visits of two weeks each - probably America, Holland and Kenya. Which takes me to my reason for writing. Do you have a 'prison HIV' problem in San Francisco (or in California) and do you have anyone who I could approach to possibly arrange a visit in the immediate future?

Thanking you in anticipation. It is nice to have an excuse for writing to you again.

Yours sincerely,



H.Sims
Consultant in GU Medicine