Bob Adler

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In San Francisco, TV Battles On the Front Lines Against AIDS

By MARY ANN HOGAN

SAN FRANCISCO

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But most of all, Mr. Bunn recalls, television wasn't just reporting the story. It was soon to become part of the story and potentially part of the solution to an epidemic that has hit 52,000 Americans, 29,000 of whom have already died, and has possibly infected as many as one million more.

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But Mr. Bunn's view has prevailed. He soon became the nation's first full-time television AIDS reporter, traveling around the globe for KPIX, a CBS affiliate. And now the programming he helped set in motion is going national. "AIDS Lifeline," an education and public-service campaign developed at KPIX, is being syndicated by the station's parent company, Group W Television [see box]. WPIX-TV in New York plans to carry the first of the hourlong shows on Monday, March 7 with the presentation of "AIDS 101," a prime-time primer, the first of five specials to be broadcast this year.

Television has become part of a pioneering public-education effort in San Francisco, a city of 740,000, where time has been compressed because of urgency, where the 4,100 AIDS cases — and the 20,000 more that are expected to develop within five years — represent the highest number of cases per capita in the Western hemisphere. One station was the first in the nation to broadcast condom commercials. Another was the first to demonstrate the proper use of a condom and to make safe-sex specifics part of its regular broadcast lexicon.

Frank, instructive programming that originated at a Bay Area station is being circulated around the nation.

But most important, stations here have struck a comfortable partnership with health and education organizations throughout the community, on a scale local broadcasters say is unprecedented in television. Although the print media covered the story earlier, more accurately and more aggressively, television, because of its sheer pervasiveness, is generally credited with waging the most powerful educational campaign.

The journey that San Franciso television made in its AIDS coverage went through four stages. First, there was resistance. Next, there was coverage of the story, but overall it was spotty, sensational or off the mark in the choice of what was important and what was not. A third stage found the story being covered accurately, with the scientific information correct, and the science and the sociology in balance. But that, in turn, led to a final stage: the realization that simply covering the story was only a beginning.

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Branching Out

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The package includes a series of five one-hour specials for broadcast this year — the first one, "AIDS 101," to be shown early next month — on topics such as heterosexuals and explain the disease to children and testing and treatment.

But most important, "AIDS Lifeline" urges local stations to take an activist role in their communities by helping to set up local resource networks and panels of consultants, and by generating outreach ideas; they are also encouraged to produce and circulate information pamphlets, and to distribute educational videotapes designed for parents and their children to schools, libraries or parent-teacher associations.

The campaign has already been bought by stations in markets as diverse as Los Angeles; Nashville; Honolulu; Providence, R.I.; Waco, Tex.; Charlotte, N.C.; Atlanta; Miami, and Bakersfield, Calif. Group W hopes to eventually reach at least 100 cities by the end of the year.

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Mary Ann Hogan is an Oakland, Calif., writer who frequently reports on AIDS issues.

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—M. A. H.

TV in San Francisco Helps Battle AIDS

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another 30,000 requests for the pamphlets. The result was the largest single volunteer recruitment effort in the history of the epidemic here.

"It's the traditional American response to a disaster, people pulling together," says Greg Day, the community-education director for San Francisco's Shanti Project, the country's largest AIDS volunteer care organization. "Television played a key role in making that happen."

Today in San Francisco, it is not uncommon to see AIDS prevention placards on buses, brought to you by the same people who bring you the nightly news. Education pamphlets and service organization guides, printed in various languages, bear the names of TV stations as well as the numbers of AIDS hotlines.

For the most part, reporters on the story have become AIDS specialists, like Mr. Bunn and his colleague at KPIX, Hank Plante, who spends at least 80 percent of his office time on AIDS stories and one workday a week reading up on the science of it. Mr. Plante recently broke six AIDS-related stories in the course of one week, all of them picked up by the networks, local print media or national wire services.

■

The city of San Francisco is small, its social fabric closely knit. The gay community, representing one-quarter of the electorate, is organized, political, visible and well connected. For television, that has meant a tough critic, as well as — eventually — a strong ally.

The environment here has been emotionally charged, so much so that the public-health chief, on the brink of closing the city's gay bathhouses in 1984, jogged each morning wearing a bullet-proof vest. But that environment was one the majority of television viewers didn't know about and didn't understand.

Mr. Bunn, speaking by telephone from his office in Geneva, where he on loan to the World Health Organization, helping develop an AIDS education plan for the international media, says: "The staff fights I remember most were when someone would say, 'How are we going to make this story meaningful to Joe Beerbelly out in Martinez?' A real signpost for us as a station came when we said, 'O.K., I guess we're not going to find any heterosexual suburbanites with AIDS. Let's do the story anyway.' "

In effect, television grew up here as the audience it reached grew more tolerant, the one maybe helping to make the way for the other.

"We had discussions about every phrase — about how we could do this so the majority of people wouldn't turn off their TV," recalls the producer Ms. Saslow. Indeed, early on, all the stations in town rejected a series of public-service announcements produced by the San Francisco AIDS Foundation. The spots were considered either too sexually suggestive, or — in the case of one, showing a man with the disfiguring lesions of Kaposi's sarcoma — too shocking.

Community groups, in particular the San Francisco AIDS Foundation, actively lobbied stations to include in their reports repeated, detailed descriptions of how the virus is spread, to whom and why, rather than relying on euphemisms, such as "exchange of bodily fluids." Reporters and producers, in turn, lobbied station executives to do away with TV's traditional prudery and to say outright, when appropriate, that the virus is spread during unprotected sex between men and women and unprotected anal intercourse between men.

Doing the story did not preclude early lapses into the sensational. In 1984, television's coverage of the city's divisive bathhouse controversy "glossed over the intricacies of a complex social dynamic," Mr. Bunn says. "It was a case where TV really didn't serve very well."

■

"What we learned from San Francisco was the urgency," says Jeanne Blake, medical reporter and AIDS specialist at WBZ-TV in Boston, which started an AIDS education campaign soon after KPIX syndicated "Our Worst Fears" in 1985.

In the summer of 1987, scores of mini-documentaries, newscasts and public-service announcements later, KPIX was awarded a national Emmy for its AIDS programming. The AIDS staff won a Peabody Award as well. Though other stations have not shied away from AIDS coverage, there is a feeling around town that KPIX has put its stamp on the issue. Sometimes sources call with tips, saying, 'I know you guys are the AIDS station.' "

A staff member at a competing station puts it this way: "They richly deserve their Peabody. It breaks my heart that we weren't able to somehow work together to carve out different parts of the story. But they're doing it. It's being done. So, what's the difference?"

'Dear Doctor' letter gives advice on AIDS test use

Once the blood test that detects antibodies to the HTLV-III virus is approved by the Food and Drug Administration (FDA), physicians may be visited by "positive" blood donors seeking explanations.

There has been concern that the average physician will be unable to handle the troubled patient. In the words of Paul Volberding, MD, chief of oncology at the San Francisco General Hospital AIDS clinic: "I'm not convinced that physicians are able to sit down and intelligently discuss the implications of a positive test result and AIDS."

Now, in a "Dear Doctor" letter to be distributed to all physicians, FDA Commissioner Frank E. Young, MD, PhD, provides information on how to evaluate AIDS patients. Additional letters will be mailed as new products and information about AIDS are available.

"The antibody test is not a test for AIDS," Dr. Young stressed. "The natural history of the disease is not completely understood and the medical significance of a positive result is unknown in terms of its predictive value for an asymptomatic individual."

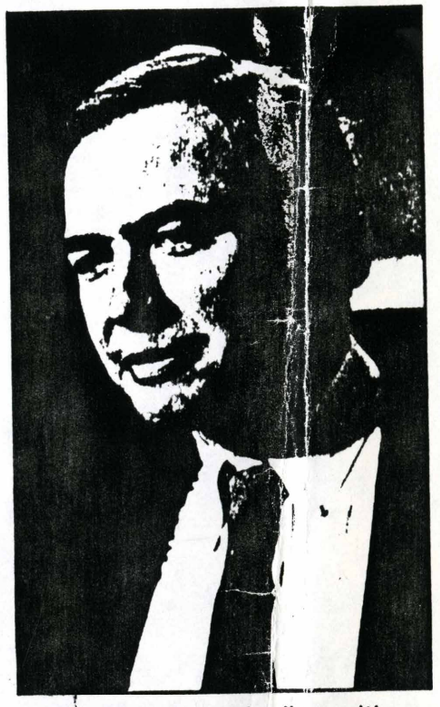
FEWER THAN 1% of blood donors will be reactive for HTLV-III antibodies after repeat testing. Only a small proportion of those individuals will go on to develop AIDS, he said.

Whenever there is a reactive test for the antibody to HTLV-III, the Public Health Service recommends that additional testing — using the Western blot technique — be used. A negative Western blot result does not necessarily mean that the antibody is absent, Dr. Young noted; the test still is only a research tool and has not yet been fully standardized.

A positive HTLV-III test may result from a subclinical infection, immunity, an active carrier state, or cross-reactivity to other viruses, he said. When a true HTLV-III antibody is present in an otherwise asymptomatic individual, it may mean that infection with the virus has occurred without any clinical evidence of the disease.

Some patients may ask physicians to determine their HTLV-III antibody status because of concern that they are at risk of developing AIDS, Dr. Young said. These individuals should be given information about the implications of the test before being tested, with special emphasis placed on the significance of a positive result.

A physician's clinical judgment is the most important aspect of the evaluation of individuals with positive results to the HTLV-III antibody test. Because the test primarily is designed to screen blood and plasma, it may not detect symptoms or signs of disease.



Concerns about dealing with patients were voiced by Paul Volberding, MD.

AN INDIVIDUAL with an HTLV-III infection should be given the following information and advice, according to the FDA:

- The prognosis for an individual infected with HTLV-III over the long term is not known. Data indicate that most people never will eliminate the infection, however.
- Although asymptomatic, these individuals may transmit HTLV-III to others. Regular medical evaluation and follow-up are advised.
- Refrain from donating blood, plasma, body organs, other tissue, or sperm.
- There is a risk of infecting others through sexual intercourse, the sharing of needles, and possibly through saliva from oral-genital contact or intimate kissing.
- Toothbrushes, razors, or other implements that could become contaminated with blood should not be shared.
- Women with a seropositive test, or women whose sexual partner is seropositive, are at increased risk of acquiring AIDS.
- After accidents resulting in bleeding, contaminated surfaces should be cleaned with household bleach freshly diluted 1:10 in water.
- Devices that have punctured the skin should be steam-sterilized by autoclave before reuse or safely discarded.
- When seeking medical or dental care, inform care-givers so that appropriate precautions can be taken to prevent transmission.
- Testing for the HTLV-III antibody should be offered to people who may have been infected as a result of their contact with seropositive individuals.

Revised recommendations will be published as additional information becomes available, according to the FDA.

SEX THERAPY FOR GAY MEN AND LESBIANS:

Issues, Strategies and Skills

A Two-Day, In-Depth Workshop for Helping Professionals

with

Margaret Nichols, Ph.D.

Psychologist, Sex Therapist, Author and Lecturer

WHO SHOULD ATTEND: Professional counselors and therapists who work with lesbians and gay men and who want to be able to help their clients with their sexual problems.

WHAT WILL BE COVERED:
— Overview of the human sexual response
— How to evaluate and diagnose sexual dysfunction...even when clients don't reveal it
— How lesbians and gay men differ from heterosexuals in their sexual response and sexual difficulties
— How to treat problems ranging from impotence, anorgasmia, and retarded ejaculation to lack of sexual desire, sexual addiction, and oral and anal sex phobias
— How to enhance "normal" sexual functioning in individuals and couples
— Different views of contemporary sexual issues in the gay/lesbian community: sexual compulsivity, AIDS erotophobia, fetishism, S/M, porn and anti-porn, intergenerational sex, monogamy vs. non-monogamy.

INSTRUCTIONAL METHODS: Will include slides, tapes, and films, video and live demonstrations, role play, experiential exercises and small group interaction as well as lecture and bibliographic materials.

CONTINUING EDUCATION UNITS: All participants will receive a **Certificate of Attendance** following the course which may be used as evidence of having participated in this fourteen-hour professional education seminar. Check with your State or regional professional association for applicability of CE credit.

ABOUT THE INSTRUCTOR: Dr. Nichols, a licensed psychologist, sex therapist, and hypnotherapist, was the first openly gay postdoctoral sex therapy student at Rutgers Medical School. With seventeen years of experience in the field, she is currently founder and Director of the Institute for Personal Growth, a primarily gay/lesbian counseling center. She has for her credit numerous publications on lesbian, gay and feminist counseling issues and is widely known as an author and lecturer on gay and lesbian sexuality.

TO REGISTER OR FOR MORE INFORMATION: Early registration is recommended as seminar size will be strictly limited.

FEES are $120 per two-day workshop, $80 for full-time students. Fee includes the seminar, all materials, and coffee breaks.

DATES AND LOCATIONS: May 4-5, Seminar on Gay and Lesbian Sexuality; June 1-2, Seminar on Lesbian Sexuality (female participants only). Seminar hours are 9-5 each day. Both seminars will be held at the Washington Square Church, N.Y.C.

TO REGISTER, FILL OUT AND RETURN THE FORM BELOW. FOR MORE INFORMATION, CALL (201) 246-8439.

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_____ Lesbian Sexuality, June 1-2 (female participants only)

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308 Raritan Avenue

Highland Park, New Jersey 08904

Overcoming Sexual Compulsion

by Yaacov Gershoni, C.S.W.

If descriptions of the devastation caused by AIDS end with a positive note, it is the hope that gay men will examine themselves and introduce constructive changes into their lives. In a fast-lane society which tends to flash speedy solutions for every predicament, such hopes have been countered by a harsher, disappointing reality. Changing a specific lifestyle, altering set patterns of behavior, is difficult, time-consuming, requires much effort, and is, at times, painful.

A man who attempts to evaluate his sexual wishes and acts needs to develop a comprehensive understanding of himself and these issues before a lasting change can take place. Such a task is further complicated by the generally repressed societal attitude toward sex. Resulting from these attitudes are most of the terms used to describe sexual behavior which have a negative connotation (e.g., promiscuity, compulsive cruising). The intent of this article is not to judge, but to address the complexity of the issue and the process of this desired change, which has become a major challenge for gay men in the 1980s. I believe that professional knowledge, developed over the years, may assist in understanding the present struggle of the gay community and also in devising strategies to successfully deal with it.

To reach serious answers to the pressing question of how to change one's lifestyle, we need to understand the roots of this behavior, how it evolved, and why it has been maintained. Psychosexual development of gays has recently been approached in professional publications in nonjudgmental ways, emphasizing that homosexuality is a natural, healthy expression of oneself. The connection between emotional and physical health has also been explored by various psychotherapeutic schools, in relation to stress theories and the development of psychosomatic symptoms. Some of what we know in these areas, and its applicability to the present health crisis, is presented here.

Acting Out and the Power of Denial

Central in the psychoanalytic elucidation of problematic sexual behavior is the term "acting out." J. Laplanche and J. B. Pontalis, in *The Language of Psychoanalysis*, define acting out as "action in which the subject [person] in the grip of unconscious wishes and fantasies, relieves these in the present with a sense of immediacy which is heightened by his refusal to recognize their source and their repetitive character."

Repetitive behavior serves certain functions for the person, whether he or she is aware of it or not. The function of acting out is similar to that of defense mechanisms. Someone who acts out usually also relies on denial and avoidance. These defense mechanisms are used against anxiety, depression, or fear, which, if not dealt with directly, may lead the person toward acting out. By seeking immediate gratification, a sense of relief may be achieved, but the causes of the unpleasant "negative" feelings are neither understood nor fully expressed.

The use of defense mechanisms and acting out is naturally learned and is essential in ensuring the emotional development of human beings. However, excessive reliance on such mechanisms and acting out does not lead to health and emotional strength. While there is no single, brief, and all-encompassing definition of mental health, it is commonly accepted that a person who is emotionally well has reached an adequate degree of self-awareness and is able to express a wide range of feelings *directly*. Since denial and avoidance deter the person from experiencing painful and difficult feelings, he or she is simultaneously reducing the chances of learning and of expanding direct coping abilities. A person acting out such emotions because of certain stresses is likely to continue in a similar cyclical pattern. This process is outside of the person's consciousness. If it becomes a major pattern of coping, sooner or later it will dominate the person's ways of dealing with emotions. Repetitive acting out resembles an undesirable state of being, governed by unknown impulses, unexpressed feelings, and having a limited repertoire of coping skills. Moreover, self-awareness is lacking and its development inhibited. Such a person is indeed emotionally weak and not a master of his or her own acts and feelings.

Stress and a person's ability to cope with it have been determined as significant factors in contracting and preventing diseases. The relationship between body and mind is important in understanding what exacerbates illness or enables the person to successfully fight it off. When emotionally vulnerable, a person is physically more susceptible to viruses, infections, etc. As more professionals are trying to unveil the mysterious causes of AIDS, attention is being given to these factors as well.

Louis, 32, a teacher, has always found dealing with his parents stressful. Since he has moved to New York he calls them infrequently. "Each time I visit them I get literally sick. I get colds, the flu. It's strange. I never thought about it, but most of the time I'm with them I spend in bed. Back here they don't call me often, but complain when I don't call them. Then I only talk to them about work or the weather. My father, intelligent and successful as he is, still doesn't accept my gayness. Each time I return from a visit, I can't wait to go to a backroom bar."

Internalized Homophobia

Gay people living in our society, which is basically homophobic and often outright hostile, are dealing with stressful situations constantly. Those who have internalized the negative images of homosexuality have more difficulty freeing themselves toward health and fulfillment. Gay men who seek frequent sex with anonymous partners do so for many reasons, mostly emotional.

Oscar, 29, entered therapy in a desperate effort to overcome his anxiety and depression about AIDS. He was born in South America; his parents separated when he was an infant. After the death of this father, he came with his mother and siblings to live in New York. In his early teens he had his first sexual experience. "It was in a truck, out at the piers. For years I went to the same place, until I started going to the baths. I need a lot of sex and often I'd go two to three times a week. Last winter was the worst period. I was drifting along. I hated my job—it was the pits. Nothing interested me. I couldn't stand the cold weather, either. I went to the baths every other day, until I got scared. Now I go once a week or so. I have a hard time admitting that I'm hurting. I don't deal with it. Still, I don't like being alone in my apartment. When I'm alone, I immediately have the urge to take a cab and hit the baths again."

A. Damien Martin views society's homophobia as a major cause hindering the gay person's ability to develop a positive gay identity. Such an identity is defined by Martin and others as an integration of homosexual activity and emotionality into a meaningful whole. Countless gay men struggle for years before reaching such an integration. In his paper "Learning to Hide: The Socialization of the Gay Adolescent" (*Developmental and Clinical Studies*, Vol. X, Annals of the American Society for Adolescent Psychiatry), Martin summarizes the process of the gay male's sexual conditioning:

> Every child learns not only what is expected of the various social identities he or she is being raised to, but also what groups society abhors. In adolescence, young homosexually oriented persons are faced with the growing awareness that they may be among the most despised. They are forced to deal with the possibility that part of their actual social identity contradicts most of the other social identities to which they have believed they are entitled. As this realization becomes most pressing, they are faced with three possible choices: they can hide, they can attempt to change the stigma, or they can accept it. . . . For most, hiding and attempts to change are the strategies used to cope with their stigmatized status.

Hiding (leading a "double life" defined by others), isolation from gay and nongay peers, and the absence of adult role models perpetuate the negative and inferior self-image. These coping strategies require constant monitoring of acts and expressions, and tremendous mental energy is invested in maintaining a false facade. Continuous use of such energy may wear out even the healthiest adolescent. How do young gay men deal with it? According to Martin:

> There are generally two sources open to gay adolescents troubled by fears, anxieties, pain, and especially isolation:

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Compulsive cruising and anonymous sex have been equated with addiction. When one is repeatedly driven to seek sex in order to release tensions, anxiety, or depression as the primary means of achieving comfort and relief, this becomes habit-forming.

they may turn to casual sexual contact with strangers or they may ask for help from concerned professionals. Casual sexual contact, at least for the young gay male, is common. For a few furtive moments he can achieve, not just a sexual release, but a lessening of the overpowering tensions of hiding. Forced by his fear of disclosure to have an obsessive concern with sexuality, the casual sexual contact becomes a means of compartmentalizing his life and separating sexual action from all aspects of his development. Rather than encouraging a fusion of sexuality and emotionality, the behavior further separates them. The setting, the danger, often the literal filth of the surroundings reinforce the belief that homosexual orientation is sick, deviant and despicable.

For many gay men, this becomes a set behavior pattern, of which they are unaware and which they therefore do not attempt to change. In 1971, in his landmark book *Homosexual Oppression and Liberation*, Dennis Altman wrote:

> The tragedy of the baths/bars scene is not their sordidness—we all have a sneaking fondness for the sordid, and I am not persuaded that anything is lost in giving in to that at times—but rather that so many of those who are involved refuse to accept their homosexuality as anything other than a genital urge.

Altman, too, refers to casual or anonymous sexual contacts as resulting from societal prejudice and inadequate ways of dealing with oppressions:

> There are a large number of neurotic, unhappy, compulsively promiscuous homosexuals whom one might well regard as "pathological." Their pathology is, however, the result of social pressures and the way they have internalized them, not homosexuality itself. If people are led to feel guilty about an essential part of their own identity, they will in all likelihood experience considerable psychological pressures.

Elaborating on this subject, C. A. Tripp offers an analysis which, in part, sheds light on basic differences between male and female sexuality. In his book *The Homosexual Matrix*, Tripp writes (p. 154):

> It is easy enough to see that promiscuity is supported by biological factors, but it is much harder to trace exactly what gives rise to it in practice. Besides satisfying a person's desire for sexual variety, promiscuity frequently gains part of its impetus from social motivations. By "playing the field" a man earns a certain status (the envy of his friends, for one thing); while if he holds back he runs the risk of looking prim and inhibited to himself and to others. In addition, to take on many partners is sometimes the young homosexual's way of meeting people, of exploring the world, and of getting to know what different kinds of individuals are like—more a social than a sexual curiosity. Many homosexuals view their own promiscuity as a hopefully temporary transitional stage in which they more or less search for the "right" partner with whom they can have a lasting relationship. Many observers have scoffed at this as rationalization, a mere excuse for promiscuity. But excuse or not, the search for the right partner and for a significant relationship often is indeed a major motivation in promiscuity.

Pleasure and the Vicious Cycle

Bob, 35, is a bright, educated man who has an executive position with a large international corporation. After breaking up with his lover of two years, he went on "binges" (as he termed it) to the baths, which became his favorite location to spend his free time. Although asserting that he does not wish to be in a lover relationship, he is beginning to doubt whether other options are better. "Last week," he says, "I went to the Chelsea Clinic on Monday morning, just to get the results of VD tests. Well, when they told me the blood tests were positive and that I had syphilis, I was furious, but silently went on and got the shots. When I was through, I became so depressed that I knew I couldn't face my work and the pressures on the job. I just couldn't. So right away I decided to go to the baths. On my way there, I bought 12 condoms—and used them all. It felt so good for a few hours, but when I went home I felt down again."

Bob's story demonstrates, once more, that a chief motivation for quick, anonymous sex is the desire to relieve tension, anxiety, depression. It is this dynamic, I believe, which puts the "promiscuous" male at high risk for contracting AIDS.

When searching for sex as an immediate solution for stress and depression, the likelihood of getting AIDS is greater than when the person is emotionally healthy, not vulnerable. When symptoms appear, like any physically manifested ailment, with the weakening of the body, the person is bound to sense discomfort, fatigue, recurring depression, and feel again under stress. Thus, feelings similar to those which compelled the person to look for hot, cure-it-all sex are generated again by physical symptoms, and the cycle continues.

Compulsive cruising and anonymous sex have been equated with addiction. When one is repeatedly driven to seek sex in order to release tensions, anxiety, or depression as the primary means of achieving comfort and relief, this becomes habit-forming. When physical relief is reached, emotional neediness still spurs the individual to keep searching for more sex, and on and on. Promiscuity and tricking, like drugs and alcohol, are not the problem. They are the "solutions," the "cures" to other problems stemming from loneliness and an inability to reach out and connect with others in personally fulfilling ways. When the underlying emotinal problems are not resolved, the person is "doing more of the same" (more partners, more searching, detailed selection for specific acts). If again equated with addiction, the tolerance level grows ever higher, and the devised solution becomes a problem per se.

Male couples have also had to reevaluate their relationships and make decisions about sexual involvement with others. Some have decided to become monogamous, requiring them to examine their need to face problems with each other directly and find ways to enhance mutual intimacy and pleasure. For Bill and John, this has not been an easy change. Being together for seven years, they recently sought couple therapy, after Bill had begun to develop psychosomatic symptoms (skin rash, frequent colds, a stiff neck and shoulders). Having had a favorable counseling experience in the past, they decided to return. Said Bill:

"I am quite sure I don't have AIDS, but being afraid of catching it, we decided to stop having threesomes or any other extracurricular sex. We love each other and we were quite happy to have reached such an openness that on occasions we could have sex with others. Now, I'm finding it hard. I feel like I'm in jail, with the controlling and demanding attitude of John. I'm pissed at him, but the option of running to the baths is not open to me now."

What Can Be Done?

The AIDS crisis has affected the gay community in various ways. Those who feel content and safe with their sexual expression and couples who have satisfying monogamous relationships have relatively little to worry about regarding their health. For many others, however, this crisis has become a tough struggle, where suddenly it is a survival issue to alter set patterns which were taken for granted to be adequate and functional. Any personal or behavioral change is difficult to attain, even more so when the underlying causes maintaining such behavior are unconscious. In some ways, the present struggle is similar to the painful process of coming out, although the focus is different. The need for giving and receiving support is essential. Sharing information, expressing feelings of fear, despair, anger, and hope has drawn many individuals out of isolation. Such mutual support is the key answer—albeit general—to individual struggles as well, and should be initiated within the community.

Highlighting sexual acting out as unconscious attempts to deal with stress points to a crucial need of every individual affected by the health crisis: to develop self-awareness, to know who one is, to become conscious of why and what leads to certain sexual desires and acts. Surely, sex drive is partly a biological need and thus healthy and natural. But, as explained, there are nonphysical motives which propel many gay men to look for more and more sex.

Each person needs to find his own answers as to why, what, and when seeking sex is overpowering him and dominating his acts. Peer support may assist in consciousness-raising and in developing self-awareness. When this is not sufficient, professional help may be sought. A qualified, sympathetic therapist, who accepts gayness as natural and healthy, may be of help in exploring personal conflicts, promoting better and direct expression of one's feelings, and finding better coping alternatives. A person who is aware of his body and mind is a stronger person, both emotionally and physically.

The equation of promiscuity with addiction may offer another avenue to possible resolutions. The success of peer-support groups such as Alcoholics Anonymous is well known for helping those addicted to alcohol. In AA, where each participant acknowledges that he or she has been overcome by this problem, the support to abstain has made it possible for many to become and remain "dry." While the issues, and therefore the solutions, are different, the sharing and support for those who find it hard to give up casual or anonymous sex are invaluable. Such a support group, called Sex Anonymous, was co-led by me at Identity House. Similar groups are planned under the auspices of other community organizations.

Beyond these concrete suggestions, the most important need is to turn to each other for more ideas, more support. The gay community has many creative and innovative members who have survived difficult and complicated personal struggles. The energy and knowledge are there, but they need to be chaneled to serve everyone better. ■

Yaacov Gershoni, C.S.W. is a psychotherapist in private practice in Manhattan. He is also a staff therapist at Identity House and at the Institute for Human Identity.

THE NEW YORK TIMES, WEDNESDAY, MARCH 13, 1985

Sexual Identity Is Private

By Erwin Chemerinsky

Why can't gay rights be discussed without the speaker's sexual preference becoming an issue? In the last few months, I have been asked to appear on a number of television and radio programs around the country to discuss the constitutional rights of homosexuals. These media appearances followed my being quoted in an article about a case pending before the Supreme Court concerning an Oklahoma law that prohibits teachers from advocating homosexuality. The interviews have been a disquieting experience that have told me a lot about society's attitudes towards homosexuals.

First, it was surprising that in each appearance the interviewer assumed I was gay because I was advocating protection of homosexuals' rights. One interviewer repeatedly referred to gays as "your people," while others simply made clear through their questions and their tone that they presumed I was gay.

I did not attempt to speak for homosexuals. Rather, I was speaking as a constitutional law professor concerned about the need to expand legal protection for a group that is discriminated against. Certainly, everyone accepts that white people can argue for the rights of blacks and men can argue for equal rights for women. But race and gender are visible and sexual preference isn't. The interviewers had no way of knowing my sexual preference and just assumed that one who argues for legal protection of homosexuals must be one.

Second, I was surprised that virtually every interviewer announced his own sexual preference, declaring, "I'm not gay, but . . ." Why was there such a perceived need to be sure that the audience knew the interviewer's heterosexuality? If it was an interview about the rights of handicapped persons, would the interviewer in a radio program state, "I'm not handicapped, but . . .?" I doubt it.

I always found the interviewer's declaration of his heterosexuality unsettling. I never was quite sure how to react. These comments indicated to me how much public perceptions of a person's sexuality matter — even when the audience is completely impersonal and anonymous. It made me aware, in a way I hadn't been before, how hard it must be for gays to disclose or discuss their homosexuality.

Finally, I was surprised by the degree of ignorance people have about the laws concerning the rights of homosexuals. Most interviewers were unaware that most states still have statutes prohibiting private homosexual behavior between consenting adults. None knew that Federal laws that prevent discrimination in housing and employment do not apply to discrimination on the basis of sexual preference.

My basic message is simple: there's nothing more private and intimate than a person's sexual desires and who a person chooses to make love with. I hope this is a principle the Court will recognize as part of the constitutionally protected right to privacy. I would think that it is a principle that all people can support, regardless of their own sexual preference. Yet, my experience of being interviewed makes me worry that society may be a lot further from adopting this principle than I thought. □

Erwin Chemerinsky is associate professor of law at the University of Southern California.

NEW YORK

INTELLIGENCER

BY SHARON CHURCHER

Public Theater's AIDS Play Has City Hall in a Flap

LARRY KRAMER, THE CONtroversial screenwriter and author who has excoriated Mayor Koch in the gay press for inaction over the AIDS epidemic, is taking his case to a new stage. A play by him, slamming City Hall and "timid" homosexual leaders, is in rehearsal at Joseph Papp's Public Theater, and, predictably in an election year, feelings are running high.

"Outrageous!" stormed a top city-agency official. He charged that Papp, who opposed razing theaters to make way for the Marriott Marquis hotel, has had a "long and negative" relationship with Koch and is producing *The Normal Heart* "to get revenge on the mayor. There is no other mayor who has such a terrific record on the AIDS crisis."

But Mel Rosen, director of the state's AIDS Institute, defended some of Kramer's complaints, saying, "It's not that [the state's] doing a lot. It's that we're the only ones doing anything."

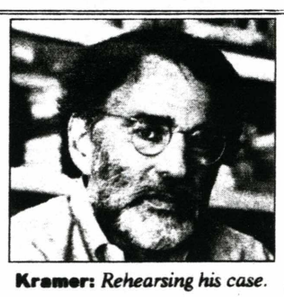
In the script, a volunteer "organization"—based on Gay Men's Health Crisis, cofounded by Kramer—is afraid to take on City Hall because its sympathetically portrayed president "is in the closet" and a board member "works for the health department." GMHC's real-life president hid his homosexuality until recently, and the group has three city employees on its board, including a manager in the Health Department.

"That's not the reason we weren't as aggressive as [Kramer] would have liked," countered GMHC executive director Rodger McFarlane. "We have to work *through* the city to help AIDS victims." But McFarlane said some of the play's gripes mirror fact. For instance, in the script it takes nineteen months for "the organization" to meet with the mayor. "It was an obscenely long time before we got a meeting with Koch," McFarlane said. City records on the meeting weren't available.

According to McFarlane, apart from a failed home-care project, a $41,000 grant to GMHC is the city's only specific AIDS funding this year. San Francisco, with about three times fewer AIDS victims than New York, has set aside $7.4 million.

Papp insisted that he doesn't put on plays out of spite, but city officials weren't mollified. Said health commissioner Dr. David Sencer, Kramer's figures ignore $37.5 million that it costs the city to keep AIDS patients in hospitals (San Francisco's figure does not include the cost of hospitalization, either), $250,000 for new equipment at the city's lab, $360,000 to be spent on blood-testing, and $175,000 for a new counseling hot line. The official said that help with housing is on the way and that much other city spending isn't broken down.

The play starts previews March 29.



Kramer: *Rehearsing his case.*

Stage: 'As Is,' About AIDS, Opens

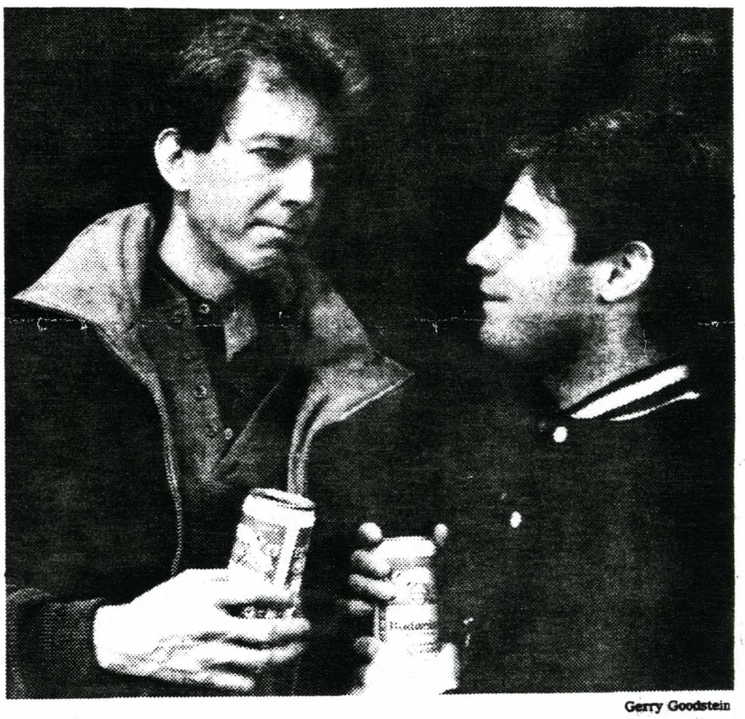
By FRANK RICH

THERE are some subjects audiences would just as soon not hear about in the theater, and surely one of them is AIDS, the lethal illness dramatized by William M. Hoffman in his play, "As Is." But it would be a mistake for any theatergoer to reject this work out of squeamishness. Strange as it may sound, Mr. Hoffman has turned a tale of the dead and the dying into the liveliest new work to be seen at the Circle Repertory Company in several seasons. Far from leaving us drained, "As Is" is one of the few theatrical evenings in town that may, if anything, seem too brief.

This isn't to say that this 90-minute play is painless. A free-flowing journal of the recent plague years for New York's homosexuals, "As Is" rarely spares us the clinical facts of acquired immune deficiency syndrome; only at the end is the audience shielded from the physiological and psychological torments. Yet Mr. Hoffman has written more than a documentary account of an AIDS victim's grotesque medical history. As we follow the tailspin of a promising fiction writer named Rich (Jonathan Hogan), the playwright reaches out to examine the impact of AIDS on hetero- and homosexual consciences as well as to ask the larger questions (starting with, "Why me?") that impale any victims of terminal illness.

It's a feat that Mr. Hoffman accomplishes with both charity and humor. When Rich is hit by AIDS, he is breaking up with Saul (Jonathan Hadary), a photographer who has been his longtime lover. Saul has been badly hurt by Rich, but not so much so that he will turn his back at a time of grave need. Even as the two men bitterly split up their household possessions — from copper pots to "the world's largest collection of Magic Marker hustler portraits" — Saul decides to stick by Rich come what may, to accept him "as is."

Others behave just as compassionately. Although suffering cruel social ostracism, Rich eventually receives support from his married brother (Ken Kliban), from fellow AIDS victims (one of them female), from a maternal hospice worker (Claris Erickson). But such kindnesses are not so easy for the protagonist to accept. Rich swings between denial and anger, lashing out at both friends and strangers. He at first rejects Saul's affections with torrents of abuse and, at one point, vows to spread his infection indiscriminately through New York's demimonde of sex bars. "I'm going to die and take as many as I can with me," cries Mr. Hogan, his voice coursing with rage.



Gerry Goodstein

Jonathan Hogan, left, and Lou Liberatore in "As Is."

Among other pointed digressions, "As Is" offers a satirical tour of that demimonde. We travel to a sado-masochistic haunt whose identically costumed clientele go by the names of Chip, Chuck and Chad; Rich and Saul recall fond memories of past anonymous liaisons in leather bars and Marrakesh graveyards. Mr. Hoffman doesn't deny his characters' enjoyment of what they euphemistically refer to as "noncommitted, nondirected" sex (or laughingly refer to as sleaze). But, in mocking obsessive promiscuity with light wit, the playwright can gracefully bid such behavior a permanent farewell without adopting a hectoring moralistic tone.

Mr. Hoffman devotes more attention to exploring both the present panic and solidarity of a group that has found itself rightly "terrified of every pimple." For the play's homosexuals, the discovery of AIDS was an epoch-altering event: In a group recitation, they each remember where they were when they first heard of the mysterious epidemic. In another chilling scene, Rich is bombarded by a chorus of doctors' voices incantatorily repeating a single sentence: "The simple fact is that we know little about acquired immune deficiency syndrome." The moment is counterbalanced by a vignette in which two men answering phones at an "AIDS hot line" dispense as much solace as they can without pretending to omnipotence or saintliness.

Sometimes the characters of "As Is" seem a bit too saintly: Mr. Hoffman eventually resolves Rich's conflicts with others in the neat, upbeat manner of "Terms of Endearment." But so fluent is Marshall W. Mason's direction of the overlapping scenes that we don't notice the play's begged questions or superficial examinations of character until we're out of the theater. Mr. Mason may arrange the cast's choral configurations too pretentiously, yet his staging is mostly inventive: When Saul discovers a lesion on Rich's back, his reassuring words ("I'm sure it's nothing") are ferociously contradicted by the anxiety-heightening sound of a hospital curtain yanking shut.

●

The acting could not be better. Mr. Hogan gives the breakout performance of his career as Rich: When he's not loudly venting terror, he also reveals a sensitive writer who had just found his way when the disease struck. In what may be his most affecting speech, he recounts Rich's ability to overcome a lonely childhood in which, as he says, "I was so desperate to find people like myself I would look for them in the indexes of books, under H."

Mr. Hadary's conflicted, at times comically whiny Saul is just as compelling, as are the performances of Mr. Kliban and Lou Liberatore in multiple roles. Miss Erickson's generous-spirited hospice worker, whose epiphany-laden monologues open and close the evening, may be more of a sentimental conceit than a character, but the actress makes her moving even so. "My job is not to bring enlightenment, only comfort," is how she describes her mission to the dying and their loved ones. Mr. Hoffman's play, as much as is possible under the grim circumstances, brings a stirring measure of both.

'Why Me?'

AS IS, by William M. Hoffman; directed by Marshall W. Mason; set by David Potts; lighting by Dennis Parichy; costumes by Michael Warren Powell; associate director, George Boyd. Presented by Circle Repertory Company, Mr. Mason, artistic director, and the Glines, John Glines, artistic director. At 99 Seventh Avenue South.

Hospice Worker, Business Partner and Nurse ..... Claris Erickson
Rich ..... Jonathan Hogan
Saul ..... Jonathan Hadary
Chet ..... Steven Gregan
Lily ..... Lily Knight
Brother and Barney ..... Ken Kliban
Clones ..... Mark Myers and Lou Liberatore
Pat and Orderly ..... Lou Liberatore

of a false positive test with her

Physician's Warning

(Continued from previous page)

treatment, and eventual eradication of AIDS, we are urging, in the strongest terms, that the state legislature and the Congress enact legislation which would allow these Assurances of Confidentiality to be granted for AIDS research.

Until that time, we cannot, in good conscience, recommend to our patients, or to the community at large, that they participate in such studies. We are hopeful that there will be a swift resolution of this complex and vexing problem.

We would also make the point that outside the research setting the laws governing the right to privacy and confidentiality of information are much less protective. Some time in 1985 a test will become available which will reveal the presence of an antibody in the blood which may be associated with exposure to the AIDS virus. Since people with AIDS carry the same antibody, the test is not predictive of those who will acquire the syndrome.

In fact, it may well be true that many people will be exposed, and only a few will develop the syndrome. The exact percentage is unknown at this time. Several preliminary studies suggest that in urban Gay populations the percentage of positive antibody samples has been as high as 60 to 70 percent of the Gay men screened. Since the test does not predict the future, or even tell whether this particular person is infectious, the utility of the test is severly limited.

These test results, contained in laboratory, hospital, physician, or clinic records, might be subject to scrutiny by not only state and federal agencies, but also, in a more casual manner, by anyone else interested. Given that the test provides very little information, and given that the potential abuse of such information is high, we strongly urge those involved to consider whether or not it should be done. Considering the current social and legal climate we recommend that the test *not* be done unless results and patients' confidentiality are protected by an appropriate research study and an Assurance of Confidentiality. ■

Op. Concern Hires Counselors For Disabled

Operations Concern announces the hiring of two disability consultants, Daryl Anne Goldman, Ph.D. and Bruce A. Folsom, M.S.W., to provide counseling services for Lesbian and Gay clients with disabilities or chronic illnesses. They offer individual therapy, couples counseling (where one or both are disabled), family therapy, and support groups. They also offer training to the staff of agencies working with disabled Lesbian and Gay clients.

Folsom and Goldman have had clinical as well as personal experience with disability and have worked extensively in the disabled and Gay and Lesbian communities. ■

Gay Suicide

(Continued from previous page)

one from those who complete suicide, although "there is a large area of overlap." Those who complete suicide—and those making the more serious attempts—use violent means, such as trying to cut or hang themselves. The "cry for help" attempter is more likely to use less violent means, most often a drug overdose.

Goldblum recruited 183 Gay men and gave them a 49-item questionnaire. Then he administered the same questionnaire to 20 men who had attempted suicide within the past three years—most of them within the previous year.

He compared the recent suicide attempters to the random group, which also included a number of men who had tried suicide. The study indicates that 20 percent of the Gay men in San Francisco have tried suicide at least once. The median age at time of attempt was 20—meaning half the attempters were Gay youth.

Goldblum cautioned that his study only provides the first indications of a profile for suicide in the Gay community. "We need to be clear about the limits of what we know," he said. The primary goal of his study is to encourage a closer look at suicide in the Gay and Lesbian community. Goldblum pointed out that his initial research did not include women.

The results surprised Goldblum, and contradicted some of his hypotheses. Goldblum had speculated that Gay suicide attempters would have a lower level of participation in the Gay community, would be less likely to be "out," and would be more concerned about being Gay. Two of those three central hypotheses proved untrue.

'SUICIDE PROFILE'

Suicide attempters were just as likely—or more likely—to be involved in Gay groups, clubs, and the bar and baths scene as the non-attempters. The notion of suicide attempters being isolated from other Gays didn't pan out. "They had just as many friends and seemed just as likely to be involved in loving relationships—though not as satisfied with them" as the non-attempters, Goldblum said.

Neither were there significant differences in how "out" the attempters were. Goldblum created a "self-disclosure scale" which probed how many others in a person's life were likely to be aware of the subject's being Gay.

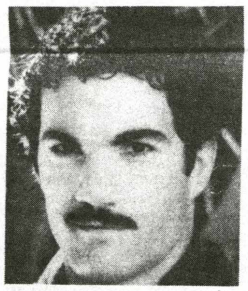
One hypothesis did hold. Goldblum said there was a "clear difference" between attempters and non-attempters in "concern about being homosexual." ■

B. Jones

DEATHS

Dennis Dauth

Dennis Charles Dauth passed away Dec. 2 at the age of 36.



"My Dearest Love: I had *speculated many times, in my life, what would it be like to* share the intimacy of a lover. But never, ever in my wildest dreams or imaginations, could it have measured up to this reality that you and I found together.

"Of all I wish to remember most was your childlike quality, for it was your strongest characteristic that was filled with curiosity, excitement, and that sense of frivolity."

We once said hello and it all began . . . But we shall never say goodbye, for goodbyes are too final . . .

Thank you, my friends, for you were all there when we needed you the most.

Jim

Dick Zautke

A memorial service will be held for Dick (Zelda) Zautke on Friday, Dec. 14 at 6 p.m. at the First Unitarian Church. Richard died of a heart attack Thursday, Dec. 6 and will be missed by his many friends.

Kenneth J. Ernst

Kenneth J. Ernst, 51, native of California, high school educator, teacher and writer, died Nov. 30 at Kaiser Hospital, Walnut Creek after a prolonged illness of chronic hepatitis. he was a resident of Berkeley and well known to many loving friends in San Francisco. Funeral services were held at Hauls Mortuary, Walnut Creek on Dec. 5.

Ken is survived by a son, Michael Ernst; sister Helen; two brothers and his loving companion Jim "J.T." Blazer. Ken will be remembered for his kindness and caring and the professional help he extended to many less fortunate people. His four published books on psychology will serve to remind us of his good life. He will be sadly missed by Don Gentry and Joris Martin who extended needed support in his final months of illness. Donations in his memory may be sent to the International Transactional Analysis Association, 1772 Vallejo Street, San Francisco. May he rest in peace.

Andrew J. Betancourt

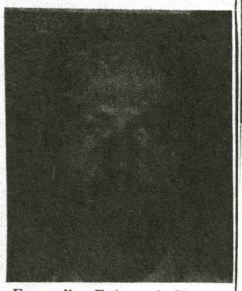
David W. Goad

David Wayne Goad, 32, died Nov. 23, in the company of his lover, Jack Dicey; His family, Hadley, Mark and Meg; and several close friends. His dog, Maggie, was not allowed in the hospital. He was diagnosed six weeks earlier with AIDS.

David's position of "Human Dignity," especially for those rejected by society, was evident in his works. At the Mission Soup Kitchen he has prepared literally thousands of gallons of soup through the years. As an emergency room nurse, he sought out the old and poor to give them a little extra care, or the AIDS patient for that important human touch. He was always outspoken, and active against political and social injustice.

It is appropriate that when his time came, he died surrounded by love and with great "dignity."

A solemn High Mass was celebrated at St. John the Evangelist Episcopal Church Nov. 26, with his brother, Rev. Mark Goad as a participant on the altar. An "Irish Wake" followed at his and Jack's home—a party to say goodbye to David with laughter and tears. "And Maggie Runs."



A memorial to David can be made to: St. Martin De Porres Hospitality House, 2826 23rd St., San Francisco 94110.

'Abomination'—There's Not Much Further To Go

By SENATOR H.L. RICHARDSON

Abomination: Webster defines the word as "something that elicits great hatred and disgust; loathing; anything hateful and disgusting"...that's pretty clear, isn't it?

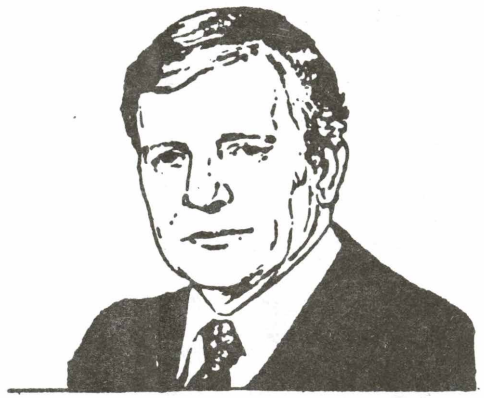
That is what God calls homosexuals...an abomination. However, Art Agnos, Assemblyman from San Francisco, is carrying legislation, Assembly Bill 1, that will force school districts and other ranks of public employment to accept perverts and sodomites as "just one of the gang" — public employees, equal rights, and all that jazz.

The Almighty is mighty emphatic on that subject. To quote the Good Book, "Thou shall not lie with mankind as with womankind: It is an abomination" (Leviticus 20:13)...abomination means something that elicits great hatred and disgust; loathing; anything hateful and disgusting, (Leviticus 20:13).

Oh, you say, "that's just the Old Testament...what does the New Testament say?" In Romans, the first chapter, Paul wrote of the guilt of mankind, specifically those involved in sexual sin — quote, "Wherefore God also gave them up to uncleanness through the lusts of their own hearts, to dishonour their own bodies between themselves...For this cause God gave them up unto vile affections; for even their women did change the natural use into that which is against nature; and likewise the men, leaving the natural use of the woman, burned in their lust one toward another; Men with men working that which is unseemly, and receiving in themselves that recompence of their error which was meet. And even as they did not like to retain God in their knowledge, God gave them over to a reprobate mind" (Romans 1:24, 26, 27, 28). Reprobate, quoting Webster's, means "rejected by God; excluded from salvation and lost in sin."

Also, "Know ye not the unrighteous shall not inherit the Kingdom of God? Be not deceived, neither fornicators, nor idolaters, not adulterers, nor effeminate, nor abusers of themselves with mankind...shall inherit the Kingdom of God." (I Corinthians 6:9)

Now, if you are one of those old-fashioned, God-fearing people, like myself, then Assemblyman Art Agnos' bill, AB 1, which will let sodomites and other perverts teach our children, work in public employment and be deemed lawfully acceptable, is an assault upon God and an affront to His children.



The sin of homosexuality not only condemns the individual, but also the nations (cities/states) that condone such activities. Going back to the destruction of the cities of Sodom and Gomorrha for the sin of sodomy (homosexuality, bestiality), the New Testament affirms, quote, "Even as Sodom and Gomorrha and the cities about them in like manner, giving themselves over to fornication, and going after strange flesh, are set forth for an example, suffering the vengeance of eternal fire." (Jude 1:7)

Also, "...turning the cities of Sodom and Gomorrha into ashes condemned them with an overthrow, making them an example unto those that after should live ungodly." (II Peter 2:6)

Your own legislator should be vociferously speaking out against this abomination (which means something that elicits great hatred and disgust; loathing; anything hateful and disgusting)...I hope I have made my point! If he hasn't, then you should be wondering why not! We are all held accountable for flaunting God's laws, and if it is within our power to oppose evil, we are obligated to do so.

Legislators are our elected representatives, and if your representative votes for the Agnos bill, is not the constituency implicated as an accomplice to that act? Don't you think you should find out how your legislator feels on this issue? If you don't then you should wonder which group of degenerates will be demanding their "equal rights" and their "equal opportunity" next. Maybe it will be the necrophiliacs, the sadists, the incestuous, or those involved in bestiality.

We have just about hit the bottom of the barrel with the casual acceptance of homsexuality as a "normal" lifestyle. There really isn't too much farther to go!

H.L. "Bill" Richardson, a Republican, represents the 25th District in the California State Senate. One of the major figures in the New Right, he is a founder of Gun Owners of America, the Law and Order Campaign Committee, and the Free Market Political Action Committee.

richardson report

hiring can be hazardous to your health

by h.l. richardson

There are a lot of jokes floating around about AIDS (Acquired Immune Deficiency Syndrome); I'm sure you've heard some of them. The biggest joke is Assemblyman Agnos' (D-San Francisco) AB 1, and the laugh may be on the people of California. AB 2 is a bill that would prohibit an employer from firing a homosexual employee because of his sexual kinkiness or prohibit an employer from discriminating against faggots because they prefer to grope with the fellas rather than gals. Am I being a little too verbally graphic for you? Well, think a bit about what homosexuals do to each other and then comment on my verbiage.

Homosexuals are unbelievably promiscuous and are now the prime carriers of a new deadly disease. We know that 70 percent of the AIDS disease is carried by homosexuals. In fact, a recent study by medical researchers at the University of California at San Francisco, found that reported AIDs cases doubled in the first three months of 1983 in that city, compared with the same period last year. It has reached epidemic proportions, and the most frightening thing about AIDS is that it has so many unknown characteristics. Medical authorities know it may be transmitted by sexual contact and blood contact, but it may be transmitted in other ways. In other words, medical authorities do not know all the ways the disease can be transmitted. They do know that it is reaching monumental proportions.

Dr. James Curran, Director of the AIDS Task Force at the Center for Disease Control in Atlanta, gave us the bad news, "We are at the horizon of a new epidemic rather than at the peak." He went on to say, "The epidemic will be with us the rest of our lives."

We also know hospital workers react worse to AIDS patients than they do to lepers, because of their fear of contracting the disease from close contact. There is also a problem with hospital workers who may have contracted the disease, or are unaware that they are carriers. Pity the poor patient who would not otherwise come into contact with AIDS. If there is some sort of blood contact or mucus contact, the patient could very well leave the hospital with a far more serious ailment than he or she went in with. Experts have advised that it is probable such contagion could occur in other close contact employment. What is still unknown is how long a person can be a carrier of the disease without knowing it or showing symptoms. The last guess is from 6 months to 3 years!

Let's now suppose that the Agnos Bill, AB 1, becomes law. A restauranteur in San Fransisco knows his cook is homosexual and notices some lesions on the back of his hand. He dismisses him, then the cook takes the employer to the Fair Employment and Housing Department and complains he was dismissed because he was homosexual. The appeal procedure could take 6 months to resolve. In the meantime, this potential, and statistically probable, carrier of AIDS continues his employment. Can food be a carrier of AIDs? Suppose the AIDS' carrier cut his finger while slicing the lettuce for your salad? Can one who handles foood transmit the disease? The fact is, we don't know! Salad in San Francsico anyone?

We don't know if AIDS can be transmitted in this way, but until we do know for sure, I think it is stupid to pass legislation which will force employers to keep or hire known homosexuals, especially in hospital related industries, blood banks, restaurants or other places where the customer has close contact with a potential carrier of AIDS. San Francisco is known its restaurants and fine foods. It would be a tragedy to force a San Francisco restaurantuer to keep employed a suspected carrier of this dreaded disease.

Am I conjuring up an extreme situation that might not happen? I hope so, but I've never been one to take chances with other people's lives.

Hot Gdlkg GM, FA, GP, Needs info AIDS/KS.

Wants sex. Doesn't want disease!

ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) is a disease of unknown cause in which one's body becomes extremely susceptible to infection and cancer. There is no known cure. By following the recommendations below, prevention may be possible by decreasing one's exposure to substances (such as blood, semen, feces, urine and saliva) which may contain an infectious agent.

IF YOU SUCK COCK, DON'T SWALLOW. AIDS and KS (Kaposi's Sarcoma) behave like infectious diseases caused by a virus present in semen (CUM). Swallowing semen increases the chance of infection by a virus which may cause AIDS and KS.

DON'T RIM. Tongue or mouth contact with the anus results in a high intake of viruses, bacteria and parasites which can cause infection and lower immunity to disease. Absolutely no SCAT.

USE CONDOMS. If you get fucked, have your partner use a condom (safe, prophylactic). Sperm and viruses can get into the blood stream during fucking, which can interfere with your ability to combat infection.

KEEP CLEAN. After sex, especially after fucking, wash up, particularly your penis. If you have been fucked, it is a good idea to move your bowels. If you don't know where the cock you are about to suck has been lately, take a shower together first.

RECTAL CARE. Insertion of foreign objects like fists or dildoes into the rectum can tear its delicate lining, leading to injury and infection. Don't use a communal source of lubrication or communal douching equipment.

WATERSPORTS. Urine, like semen, is known to contain viruses. Don't swallow urine.

AVOID POPPERS. Amyl nitrite and butyl nitrite (poppers) may cause cancer in animals and may decrease immunity to disease in animals and people.

DON'T USE NEEDLES. Injecting drugs into your blood can also inject viruses and bacteria into the blood.

KNOW YOUR SEX PARTNER. Sex with multiple, anonymous partners increases your risk of disease. This doesn't mean celibacy is necessary, but decreasing the number of sexual partners does decrease the risk of disease.

TAKE CARE OF YOUR BODY! Eat well, exercise and get plenty of rest and relaxation. Avoid drugs, including marijuana, tobacco and excess alcohol.

From your partners in gay health,

Southern California Physicians for Human Rights (213) 658-6261
Gay & Lesbian Community Services Center/AIDS
HOT LINE (213) 461-1333

RACE: SEX BD:

ST ZIP CITY HP: BP:

AGE: TOT.DON.: IRWIN: LAST DATE:

CALL: OTHER: LAST 12 MO.:

REG: PHERESIS: LAST DATE:

ANSWER ALL QUESTIONS BELOW "YES" OR "NO" — HAVE YOU...

	YES	NO			YES	NO
EVER HAD YELLOW JAUNDICE, LIVER DISEASE, HEPATITIS OR A POSITIVE BLOOD TEST FOR HEPATITIS?			11.	EVER HAD A BLOOD DISEASE OR CANCER?		
EVER TAKEN SELF-INJECTED DRUGS?			12	ANY Acute or chronic illnesses such as TB OR Q-fever?		
BEEN EXPOSED TO ANYONE WITH YELLOW JAUNDICE OR HEPATITIS IN THE PAST 6 MONTHS?			13	EVER HAD A VENEREAL DISEASE		
EVER RECEIVED BLOOD OR PLASMA TRANSFUSIONS OR RECEIVED BLOOD INJECTIONS?			14	EVER HAD HEART, LUNG KIDNEY DISEASE, CHEST PAIN OR SHORTNESS OF BREATH?		
RECEIVED HEPATITIS B IMMUNE GLOBULIN OR ANY INNOCULATIONS OR VACCINATIONS IN THE PAST 12 MOS?			15	EVER HAD CONVULSIONS, SEIZURES, OR FAINTING SPELLS?		
HAD TATTOOS, EAR PIERCED, ACUPUNCTURE OR OTHER SKIN PIERCING IN THE PAST 6 MONTHS?			16	TAKEN ANY MEDICATIONS IN THE PAST WEEK OR TAKEN ASPIRIN IN PAST 24 HOURS?		
HAD MALARIA OR TAKEN ANTIMALARIAL MEDICATION IN THE PAST 3 YEARS?			17	ANY KNOWN ALLERGIES?		
BEEN OUTSIDE OF THE UNITED STATES IN THE PAST 3 YEARS?			18	HAD A TOOTH PULLED OR HAD MOUTH SURGERY IN THE PAST 72 HOURS?		
(FEMALE) EVER BEEN PREGNANT — ARE YOU PREGNANT NOW?			19	ARE YOU FEELING WELL TO-DAY?		
HAD ANY SERIOUS ILLNESS OR HOSPITALIZATION IN THE PAST 6 MONTHS?			20	EVER BEED DEFERRED AS A BLOOD DONOR?		
			21			

TO ASSIST IN DEFERRAL OF PROSPECTIVE DONORS WHO MAY BE SUFFERING FROM AIDS, PLEASE INDICATE WHETHER ANY OF THESE CONDITIONS APPLY OR HAVE APPLIED TO YOU BY ANSWERING YES OR NO BELOW:

* recurring fever over a long period of time
* unexpected weight loss of 10 lbs or more in a short time
* heavy night sweats
* residency in Haiti
* enlargement of glands throughout your body
* Kaposis sarcoma
* multiple sex partners (male to male only) in the past 2 years.
* AIDS OR intimate contact with an AIDS sufferer.

☐ Yes ☐ NO

I have read and understand the instructions "What You should know About Giving Blood." The medical history I have given above is true and accurate to the best of my knowledge. I voluntarily donate my blood to the Irwin Memorial Blood Bank of the San Francisco Medical Society to be used as decided by the blood bank.

DONOR'S SIGNATURE:

MEDICAL HISTORIAN SIGNATURE:

WT.	HT.	TEMP	PULSE	HGB	HCT

DEFERRAL CODE: TEMP PERM: NEXT ELIG. DATE:

REACTION: SL MILD SEVERE

TP: ARM CHK: BAG CODE: ANTICOAGULANT:

V-PUNCTURE RL DB. BAG CODE: ANTICOAGULANT:

TIME: FAILURE: EQUIP. DONOR HEMATOMA. V.P. SIGNATURE

SEE OVER FOR REMARKS AND FOR LABORATORY REPORT

Creative Sex, Creative Medicine

Gay Physicians Meet for a Health Conference

by Lawrence Mass, M.D.

"Creative sexuality," observed a cynical New York acquaintance. "That's what they have in San Francisco." Giggle, giggle.

My mother used to compliment me for being such a "creative" child. If I were still identifying with my mother, I might say the same thing about San Francisco.

But San Francisco is no longer the reflection of the boundlessly affirmative gay child I fell in and out of love with during my undergraduate years at Berkeley. Today, the most creative sexuality in the world is more consistently reflected in the quality, abundance, and mature professionalism of San Francisco's many human services, especially its medicine.

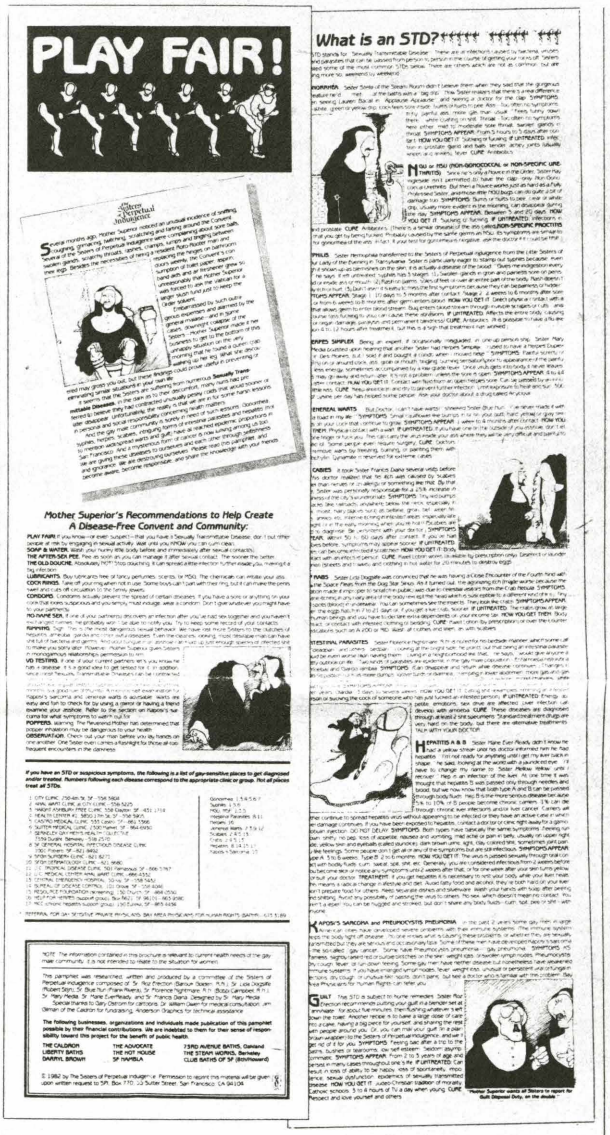
Bay Area Physicians for Human Rights (BAPHR) is the oldest and, with more than 350 members, the largest organization of gay physicians in history. Its achievements include many firsts.

At BAPHR's second annual Gay Pride Week symposium, "Medical Aspects of Sexual Orientation," there was much to be proud of. Most medical conferences are ordeals. Not enough coffee breaks, mediocre food, dull talks, sour, exhausted faces, pressure. Not this one. Probably because I'm a gay physician, but mostly because the coordinators did such a great job, I've never been part of a friendlier, more attentive gathering of health care professionals. Much of the credit for this event must go to its principal coordinator and chairperson, Dr. James Krajeski. A psychiatrist, Jim is also president of the Lesbian, Gay, and Bisexual Caucus of Members of the American Psychiatric Association. In this office, he succeeds Dr. David Kessler, a past president of BAPHR who is currently serving as a board member of NGTF. Both Krajeski and Kessler have been deeply involved in foundational contributions to sexual medicine. It's true that gay medicine has much to be concerned about. But in the selfless professionalism of mavericks like Drs. William Owen, founder of BAPHR, Dale McGee, current president of BAPHR, Krajeski, Kessler, and other Bay Area physicians, gay medicine has most to be proud of.

Pride and concern were the surprisingly compatible moods of this conference. It may have been more than coincidence that discussions of sexually transmitted diseases (STD's) and acquired immune deficiency (AID) occupied less than a quarter of the program. Is "Alcoholism in the Gay Relationship" as "medically" important as "KS Update?" Were the coordinators (consciously or unconsciously) attempting to place the current epidemics of sexually transmitted and immune deficiency diseases in some kind of perspective?

Deemphasizing such associations, Krajeski later explained that the program was arranged to reflect a spectrum of concerns. Research in the gay community is still so tentative, he cautioned. "We are *not* certain, for example, that alcoholism is any higher in gays than in other groups." In this sense, it may have been more significant than coincidental that the symposium opened with an exploration of "Research and the Gay Community."

The "new" gay diseases may not be as important as the "old" disabilities, like alcoholism and, overridingly, homophobia. But they are becoming much more important as newer diseases emerge.



A substantial body of evidence now gives circumstantial support to an association between prolonged or complicated hepatitis B infection and hepatoma. As discussed by Dr. Patrick McGraw, cofounder and president of the Resource Foundation, a non-profit community organization committed to ending the epidemic of hepatitis B, this is bad news for sexually active gay men, who have something like ten times the incidence of this infection in the general population. While noting that the incubation time for hepatoma is still very indefinite, McGraw warned that the gay community is probably headed for "a disastrous new gay cancer in the 1980s and 1990s as a result of the increased incidence of hepatitis B in the 1960s and 1970s."

"Unless we can use the immunization techniques that are now available to curtail the epidemic of [hepatitis B] virus, [the gay community] will probably always have an unfortunate prevalence of this highly fatal carcinoma. Already, San Francisco has ten times the national average of hepatoma."

McGraw's warning echoed the recently described association between *yet another* highly fatal malignancy—squamous-cell carcinoma of the anus and rectum—and a history of such anorectal, sexually transmitted diseases as syphilis, gonorrhea, herpes, and venereal warts in gay men.

Somehow, the gravity of McGraw's subject was transformed by BAPHR president, Dr. Dale McGhee, in his discussion of prostatic medicine. With the most academic, terminology-laden rhetoric, he reviewed important diseases and conditions of the prostate as slides in the background alternatingly flashed a hand-balling embrace, impenetrable scientific graphs, and underground guides to San Francisco's bost bars, bathhouses, and restaurants.

Pride alternating and mixed with concern.

The most affirmative of the presentations were on "The Aging Gay" by Douglas Kimmel, a professor of psychology at CUNY, and "Gay Couples" by psychiatrist-sexologist David McWhirter and psychologist-sexologist Andrew Mattison, both from San Diego. McWhirter and Mattison have been studying gay male couples for a number of years. While their book on this subject has been in various stages of pre-publication for some time, their perspective has become increasingly persuasive, and their presentation even more polished than when I heard it at a spring meeting of Gay Psychiatrists of New York (GPNY).

In *Man To Man: Gay Couples in America* (Morrow, 1981), author Charles Silverstein, founding editor of the *Journal of Homosexuality*, is at pains to repudiate psychoanalytic stereotypes of gay men while simultaneously exploring in depth and ultimately reaffirming the importance of father-son dynamics in many gay relationships. By contrast, McWhirter and Mattison give stronger emphasis to the human being-human being (and, secondarily, male-male) character of similar couplings. Edmund White has described *Man To Man* as "the closest thing we have to a gay *Passages*." I think this endorsement may already be more applicable to the work of McWhirter and Mattison.

There weren't many women at the symposium. This was unfortunate because health issues in the lesbian community were intelligently and generously addressed. In fact, psychologist Brownwyn Anthony's discussion of "Lesbian Relationships" was among the session's most popular talks.

There was a strong note of optimism—a sense of beginning—at the symposium's conclusion. Immediately following Krajeski's closing statements, American Association of Physicians for Human Rights (AAPHR), the first *national* organization of residents, interns, and medical students from *all* specialties (the Gay Caucus of Members of the American Psychiatric Association was the first national organization of gay physicians, but membership is only open to gay psychiatrists and psychiatrists-in-training), held its first major membership drive and open meeting. The hosting of this event was another first for BAPHR.

Both BAPHR and AAPHR are anticipating the forthcoming hepatitis B vaccine crisis. At $150 a shot, many of the young, sexually active gay men who would most benefit themselves and others from immunization, will not be able to pay for it. As has so often been the case for important gay health care services, the money will have to be raised by the gay community.

Among the New York physicians present at both BAPHR and AAPHR meetings were Drs. Dennis Passer, Stuart Nichols, and Bertram Schaffner, president of Gay Psychiatrists of New York (GPNY).

(Continued on page 13)