

DEPARTMENT OF PSYCHIATRY GRAND ROUNDS
UNIVERSITY OF CALIFORNIA SAN FRANCISCO SCHOOL OF MEDICINE

TUESDAY 11:00 A.M. - 12:00 NOON LANGLEY PORTER AUDITORIUM DECEMBER 1988

MINISERIES on AIDS

- 11/29/88 DAVID WERDEGAR, M.D., Professor, Family & Community Medicine, UCSF; Director, Department of Public Health, San Francisco; on "The AIDS Epidemic."
- 12/6/88 JAMES DILLEY, M.D., Assistant Clinical Professor of Psychiatry; Director, AIDS Health Project, UCSF; on "The AIDS Health Project: A Community Psychiatry Response to the AIDS Epidemic."
- 12/13/88 JERROLD POLANSKY, M.D., Resident in Psychiatry, UCSF; and LYNN PONTON, M.D., Assistant Professor of Psychiatry and Chief, Adolescent and Young Adult Unit, UCSF; on "AIDS Education on Psychiatry Units."

Happy Holidays. Grand Rounds will resume January 3, 1989.

One Category 1 CME credit awarded per one hour conference. Please complete attendance card after each conference.

UCSF AIDS Awareness Week

SAN FRANCISCO GENERAL HOSPITAL
Carr Auditorium, 12 Noon - 1 p.m.

Thursday, December 1

International AIDS Awareness Day Ceremony, David Weredgar, Art Agnos, Connie Wofsy, and others (SFGH Lobby)

Monday, December 5

Where Can Employees Turn When Touched by AIDS, panel presentation by UCSF Departments

Tuesday, December 6

Occupational Concerns of AIDS, Dr. Julie Gerberding

Wednesday, December 7

AIDS in the Latino Community, Dr. Sandra Hernandez

Thursday, December 8

Women and AIDS, Dr. Connie Wofsy

**AIDS AWARENESS WEEK
EVENTS
December 1 - 9, 1988**

Thursday, Dec. 1

C-130, 8 am - 9 am

A coffee for UCSF parents of young children

Do Children Think About AIDS?

A Presentation on AIDS Awareness in the Very Young, Esther Jacobs Kahn, L.C.S.W.

Director of Parents' Place

Andy Rose, L.C.S.W.

AIDS Project Director of Jewish Family & Childrens' Services

HSW 301, Noon

The Science of AIDS for the Non-Scientist, Harvey Bartnof, M.D.

Friday, Dec 2

HSW 301, Noon

Update on Occupational Concerns Related to AIDS, Harry Hollander, M.D., Julie Gerberding, M.D.

Veterans' Administration
Auditorium, Noon

The Science of AIDS for the Non-Scientist, Michael Clement, M.D.

Monday, Dec. 5

HSW 301, Noon

Multicultural Approaches to the AIDS Epidemic, Mindy Fullilove, M.D.

Carr Auditorium
SFGH, Noon

Where Can Employees Turn When Touched by AIDS?, UCSF Benefits & Services

Tuesday, Dec 6

HSW 301, Noon

The Politics of AIDS

Mervyn Silverman, M.D., M.P.H.

Director of Robert Wood Johnson Foundation

AIDS Health Services Program

Veteran's Administration
Auditorium, 1 pm - 2 pm

Where Can Employees Turn When Touched by AIDS?, UCSF Benefits & Services

Wednesday, Dec 7

HSW 301, Noon

People With AIDS Talk About Living With AIDS, Panel moderated by Margaret Grade, Ph. D.

Toland Hall
5:15 pm - 6:15 pm

Care for AIDS Care Givers: Professionals, Volunteers, and Loved Ones
Center for Attitudinal Healing, and AIDS Health Project staff

Thursday, Dec. 8

HSW 301, Noon

Where Can Employees Turn When Touched by AIDS?, UCSF Benefits & Services

Laguna Honda School
Conference Room
5:30 pm - 7:30 pm

"Exploring the Heart of Healing", a video featuring Stephen Levine and RAM DASS who discuss provision of support to people with life-threatening illnesses. To be followed by discussion.

Friday, Dec. 9

HSW 301

noon

We Bring A Quilt, Cleve Jones, Executive Director of the NAMES Project

AIDS AWARENESS WEEK AT UCSF

EVENING PRESENTATIONS

WEDNESDAY, DECEMBER 7TH 5:15 - 6:15 PM

TOLAND HALL 505 Parnassus, First floor, Medical Sciences Bldg.

"CARE FOR THE CAREGIVERS"

A panel discussion of the needs, fears and feelings of people with AIDS - for professionals, families, friends, partners

Panel Participants:

Phyllis Nauts, LCSW, Family Consultant - UCSF AIDS Health Project
Bob Coe Center for Attitudinal Healing
Ellen Nash Center for Attitudinal Healing
Bruce Flynn UCSF Employee Rehabilitation Service

THURSDAY, DECEMBER 8TH 5:30 - 7:30 PM

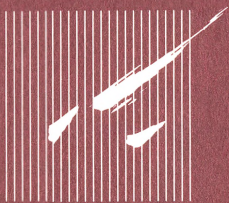
LAGUNA HONDA CONFERENCE ROOM 1350 Seventh Ave.

"EXPLORING THE HEART OF HEALING"

A videotape by Stephen Levine and Ram Dass followed by a discussion of their exploration of the feelings associated with helping the terminally ill. Video will last approximately one hour.

Bruce Flynn and Marty Kortebein UCSF Employee Rehabilitation Service
Panel discussion moderators

AIDS



in the workplace

**a guide
for
employees**

As the number

*of AIDS cases in America increases,
questions will arise about possible exposure
to the disease in the workplace.*

*This pamphlet is designed to answer those
questions.*

*Initial concern about a deadly disease
is understandable. It is natural for
people to be afraid of a new illness until they
understand the facts. You will find that
unlike many other illnesses, AIDS is spread only
in very limited ways, and that you are not at
risk in the workplace.*

**How much
is known about
AIDS?**

A great deal is known about *what causes AIDS*, *how AIDS is transmitted* from person to person, and *how AIDS can be avoided*. What is not yet known is how to cure the disease.

**What
is AIDS?**

AIDS (Acquired Immune Deficiency Syndrome) is caused by a virus. This virus is called HIV. If the virus gets into a person's bloodstream, it can attack a certain kind of white blood cell (a lymphocyte) that is vital to the working of the immune system. Over time, the infected person's immune system may be unable to fight off certain other "opportunistic" diseases.

**How could
someone get
exposed to the
AIDS virus?**

AIDS is difficult to get. The virus is not easily spread from person to person, and it is never spread by casual contact.

Medical authorities who have studied thousands of cases of AIDS for several years (going back as far as 1977) agree that AIDS is spread in only four ways:

- ☐ *Sexual intercourse with a person infected with the AIDS virus.* Semen can transmit the virus. Vaginal fluids can also transmit the virus. As in the case with other sexually-transmitted diseases, the proper use of condoms prevents transmission.
- ☐ *Sharing IV drug needles with an infected person.* Sharing an IV drug needle with someone else can inject the virus directly into the user's bloodstream.
- ☐ *Injection of contaminated blood products, such as in blood transfusions.* This method of transmission should no longer occur because of blood-screening programs put into place in 1985. (You cannot get AIDS by *donating* blood.)

□ *A woman infected with the AIDS virus who becomes pregnant or breastfeeds can pass the virus to the baby.*

The AIDS virus cannot be passed through the air. Sneezing, breathing or coughing do *not* spread AIDS. Touching, hugging, holding or shaking hands do *not* spread AIDS.

No cases of AIDS have resulted from casual contact. No health care workers, such as doctors, nurses, dentists, or orderlies have contracted AIDS from routinely taking care of AIDS patients while using proper infection control measures. Even where children have played, eaten, slept, kissed and fought with a brother or sister with AIDS, none have become infected.

Should people with AIDS be allowed to work?

So long as people diagnosed with AIDS feel well enough to work, they are able to work at no risk to themselves, and at no risk to their co-workers or to the public.

The companies having experience in dealing with employees with AIDS have determined that AIDS can be treated like any other life-threatening illness, such as cancer or heart disease. Thousands of persons who have been diagnosed with AIDS are successfully employed.

Should we share the same equipment and facilities?

AIDS is spread through blood or sexual contact. No cases of AIDS have ever been linked to sharing typewriters, telephones, tools, papers, water fountains, bathrooms, vehicles, uniforms, chewed pencils, desks, toilet seats, showers, coffee pots or eating facilities.

***What
about sharing
food?***

AIDS is not transmitted through preparation or serving of food or beverages. Food is not a vehicle for transmitting the AIDS virus.

***What
about saliva,
tears and sweat?***

Contact with these fluids is not a risk. No cases of AIDS have ever been linked to saliva, tears or sweat.

***What
If I am
exposed to
blood?***

Outside the body, the AIDS virus is fragile. Skin is a barrier against the virus. However, in case of heavy bleeding, spilled blood is best cleaned up with a normal solution of ordinary household bleach (10 parts of water to one part bleach).

***How can
I protect
myself from
AIDS?***

On the job, there is no need for any special protection. Off the job, don't share IV drug needles, and unless you know your sex partner's sexual history, condoms should be used. Protect yourself from fear by learning the facts.

***What does
a co-worker
with AIDS need
from me?***

He or she needs the same kind of concern and support that you would want if you had a serious and probably fatal disease.

***If I still
have questions,
what do I do?***

Talk with your supervisor or manager. Ask your supervisor or manager, your company human relations or personnel department, and appropriate employee representatives to remain informed about AIDS, and to keep you and your co-workers informed. Call the AIDS information Hotline in your area.

Remember that fear of a new disease may not vanish overnight, even where there is no risk to you. Be patient with yourself. Help end fear by learning and spreading the *facts* about AIDS.

**AIDS
Information
hotlines**

National AIDS Hotline: 1-800-342-AIDS

CDC Printed Materials: 404-329-3534

CDC Recorded Information: 404-329-1290

Alabama: 1-800-455-3741

Alaska: 800-478-2437

Arizona: 800-334-1540

Arkansas: 1-800-445-7720

California:

□ Northern California: 800-FOR-AIDS

□ Southern California: 800-922-AIDS

Caroline Islands/Micronesia: 011-691-9-619

Colorado: 303-331-8305

Connecticut: 203-566-1157

Delaware: 302-995-8422

District of Columbia: 202-332-AIDS

Florida: 1-800-FLA-AIDS

Georgia: 1-800-551-2728

Guam: 011-6710734-2947

Hawaii: 808-922-1313

□ Honolulu: 808-924-2437

□ Kauai: 808-245-4495

□ Maui: 808-244-4288 or 808-667-0655

□ Hawaii: 808-961-7276

□ Oahu: 808-735-5303

Idaho: 208-334-5944

Illinois: 1-800-AID-AIDS

Indiana: 317-633-8406

Iowa: 800-532-3301

Kansas: 800-232-0040

Kentucky: 1-800-654-AIDS

Louisiana: 1-800-992-4379

Maine: 800-851-AIDS

Marianas Islands/Saipan: 011-670234-8950

Marshall Islands: 011-692-9-3487

Maryland: 1-800-638-6252

Massachusetts: 800-235-2331

□ Boston: 617-424-5916

Michigan: 517-335-8371

□ Wellness Network, Inc. Hotline:

1-800-872-AIDS

Minnesota: 1-800-248-AIDS

Mississippi: 1-800-826-2961

Montana: 406-444-4740
 □ Billings: 406-252-1212
 Nebraska: 800-782-2437
 Nevada:
 □ Reno: 702-329-AIDS
 □ Las Vegas: 702-383-1393 or 702-369-6162
 New Jersey: 800-624-2377
 New Mexico: 505-827-0006 or 505-984-0911
 New York: 800-462-1884
 North Carolina: 919-733-7301
 North Dakota: 800-592-1861
 Ohio: 1-800-332-AIDS
 Oklahoma:
 □ Oklahoma City area: 405-271-6434
 □ Enid area: 405-242-5555
 Oregon: 503-229-5792
 □ Portland: 503-223-5907
 Pennsylvania: 1-800-692-7254
 Puerto Rico: 809-765-1010
 Rhode Island: 401-277-6502
 South Carolina: 1-800-322-AIDS
 South Dakota: 800-472-2180
 Tennessee: 1-800-342-AIDS
 Texas:
 □ Dallas: 214-559-AIDS
 □ Houston: 713-524-AIDS
 Utah: 800-843-9388 or 801-466-9976
 Vermont: 800-882-AIDS
 Virginia: 1-800-533-4148
 West Virginia: 1-800-642-8244
 Wisconsin: 1-800-334-AIDS
 □ Milwaukee area: 273-AIDS
 Wyoming: 307-777-7953

Reprints of this brochure and other educational materials are available by contacting: AIDS in the Workplace Project
 The San Francisco AIDS Foundation
 333 Valencia Street, 4th Floor
 San Francisco, California 94103
 Telephone 415-861-3397



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SAN FRANCISCO AIDS FOUNDATION
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San Francisco, CA 94103

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AIDS

AND THE HEALTHCARE WORKER

Fourth Edition

March, 1987

**SERVICE
EMPLOYEES**
INTERNATIONAL UNION, AFL-CIO, CLC



(This brochure also available in Spanish)

2303-8500 

QUESTIONS AND ANSWERS

What is AIDS?

Acquired Immune Deficiency Syndrome, or AIDS, is a condition which weakens the body's immune system and lowers its resistance to infection. People with AIDS are vulnerable to a wide range of life threatening illnesses, including Kaposi's sarcoma (KS), a rare form of cancer, and *pneumocystis carinii* pneumonia (PCP), an uncommon lung infection.

What is ARC?

ARC stands for "AIDS Related Complex". ARC refers to a variety of conditions caused by infection with the AIDS virus. Conditions range from mild symptoms to life-threatening ones.

What causes AIDS/ARC?

AIDS/ARC is caused by the Human Immunodeficiency Virus or HIV (formerly called Human T-lymphotropic Virus Type III or HTLV-III).

How is AIDS/ARC spread?

It's hard to come in direct contact with the AIDS virus, which is only spread through body fluids (primarily blood and semen). The virus can be passed from an infected individual (male or female) to another person (male or female) through sexual contact or sharing contaminated needles. An infected pregnant woman can pass the virus to her fetus. To avoid exposure to the AIDS virus, public health officials urge that people practice safe sex by using condoms and don't share needles or syringes.

How is AIDS/ARC diagnosed?

There is no test for AIDS/ARC, but doctors diagnose AIDS/ARC with a physical exam, which includes blood tests.

One blood test—the HIV antibody test—shows only whether the person has the AIDS virus antibody. A positive test means only that a person has been exposed to the AIDS virus, but does not indicate if that person might develop AIDS or ARC.

What are the AIDS Statistics?

So far, more than 29,000 AIDS cases have been reported in the United States. Experts believe that between 1 and 1.5 million Americans have been infected with the AIDS virus. They predict that by 1992 there will be 270,000 cases in the U.S., including 179,000 deaths. While most people with AIDS in the United States are gay and bisexual men or intravenous drug users, most African AIDS cases occur among heterosexuals. Therefore, risk of exposure to the AIDS virus is not restricted to any particular group. (In 1987 there are as many cases of AIDS among heterosexuals in the United States as there were in the gay community in 1983.)

In the United States, 92% of people with AIDS are male. Twenty three percent of these men are black and 14% are hispanic. Of the 8% who are female, 51% are black and 21% are hispanic. It is imperative for health care workers to be sensitive to the incidence of AIDS in minorities and women so that more timely—and better—health care can be provided.

What about reports of healthcare workers getting AIDS?

In his October, 1986 *Report on AIDS*, the U.S. Surgeon General referred to a study completed on 2,500 healthcare workers who were tested for infection with the AIDS virus. All of these workers had cared for AIDS patients. Out of these 2,500 individuals, only three workers tested positive for exposure to the AIDS virus. These three had reported accidental needle sticks while attending AIDS patients. Clearly the AIDS virus is not easily transmitted when appropriate precautions are taken.

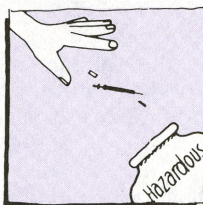
PRECAUTIONS FOR HEALTHCARE WORKERS:

ALWAYS



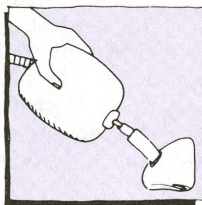
Wash Hands

before and after patient contact.



Dispose of Needles properly

by placing them in a puncture-resistant container used only for this purpose. NEVER resheath or recap needles before throwing them away, as this is a major cause of puncture injury.



Keep an Ambubag at bedside

for the resuscitation of an AIDS patient. Require the hospital to furnish an Ambubag in the patient's room.

AS NEEDED

Masks are necessary only when the patient has a lung infection such as tuberculosis and is actively coughing, or during medical procedures that produce aerosols. If you have a cold, wear a mask to protect the patient.

Gloves should be worn when you have direct contact with blood or secretions from AIDS patients, as when handling stool specimens or cleaning up stool or urine.

Linen precautions are necessary only when the patient has draining wounds or is unable to control excretions. Then linen should be placed in isolation bags and handled in accordance with hospital procedures for controlling the spread of all blood-borne infectious diseases.

Waste material should be handled and disposed of in accordance with hospital procedures for controlling the spread of all blood-borne infectious diseases.

NONE NEEDED

No dietary precautions are needed, since there is no evidence that AIDS can be spread through food, dishes or utensils.

No isolation gear is needed when providing routine care to an AIDS patient. Taking unnecessary precautions makes it harder for patients to cope with their illness physically and emotionally.

Special precautions for pregnant women

Many AIDS patients excrete cytomegalovirus (CMV). Since this virus can cause birth defects, it may be advisable for pregnant women to be excused from the direct care of any known CMV excretor.

The Patient's Right to Privacy

Information regarding every patient's diagnosis, sexual orientation, and general medical condition is confidential. Because people with AIDS face discrimination in housing, employment, and provision of services, maintaining confidentiality is vitally important.

To help ensure confidentiality, infection control precautions should be indicated only by general labels (for example, "Blood/Secretion Precautions") posted on charts and doors.

The patient alone must determine who will have specific information about his or her condition.

Co-Workers with AIDS

Since AIDS is not spread through the normal, casual contact that occurs in the workplace, you are not at risk by working alongside a person with AIDS/ARC.

Workers with AIDS have a lot to offer both professionally and personally. Co-workers, in turn, can be an important source of support for them.

More AIDS information

is available through local AIDS agencies, public health departments, or similar organizations in cities across the country. In addition, the Service Employees International Union has a more detailed booklet, *The AIDS Book: Information for Workers*, which is available from your local SEIU representative.

Call these national toll-free hotlines:

Public Health Service
National AIDS Hotline
(24 hours, 7 days a week)
1-800-342-2437
1-800-342-7514

For more information call the San Francisco AIDS Foundation Hotline:

in San Francisco 863-AIDS

in Northern California (toll-free) 800-FOR-AIDS

TDD 415-864-6606

between the hours of 9am to 9pm Pacific Time on weekdays, and 11am to 5pm on weekends.

This brochure is produced by the Occupational Health and Safety Department, Service Employees International Union, AFL-CIO, 1313 L Street, N.W., Washington, D.C. 20005, (202) 898-3386 with the assistance of the AIDS Education Committee of SEIU Local 250, Hospital and Institutional Workers Union, 240 Golden Gate Avenue, San Francisco, CA 94102, (415) 441-2500.

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CLINICAL CARE OF THE AIDS PATIENT

AIDS (The Acquired Immune Deficiency Syndrome) is an extremely important public health problem across the country. Although education and information about this health issue are becoming more readily available, there remains an urgent need to broaden the medical community's knowledge and ensure that patients with AIDS are evaluated and treated properly.

Designed for practicing physicians, including family practitioners, internists, infectious diseases specialists and other primary care physicians, this symposium will focus on the practical issues that arise in the care of patients infected with HIV and patients with ARC or AIDS.

The program is presented by the Division of Infectious Diseases, Department of Medicine and sponsored by Extended Programs in Medical Education, University of California, San Francisco School of Medicine.

Educational Objectives

The intent of this continuing medical education program is:

- to make the practicing physician aware of current issues in the diagnosis and treatment of HIV and its related diseases;
- to provide a better understanding of the possible strategies in caring for patients;
- to investigate some of the ethical and counseling issues related to AIDS patients;
- to explore physician responsibility in caring for AIDS patients.



Accreditation

Extended Programs in Medical Education of the University of California School of Medicine at San Francisco designates this continuing medical education activity as meeting the criteria for **13 hours** in **Category 1** of the Physicians Recognition Award of the **American Medical Association** and the Certification Program of the California Medical Association. This conference is presented by the Department of Medicine, University of California, San Francisco and sponsored by Extended Programs in Medical Education, University of California, San Francisco School of Medicine.

Registration

(Enrollment is limited; please use attached form for advance registration.)

Registration information:

415/476-5808

Fees:

\$175/registrant (non-refundable)

Conference Location

Sheraton-Palace Hotel

2 New Montgomery Street (at Market)

San Francisco, CA 94105

415/392-8600

A block of rooms has been reserved for this conference with group rates of **\$125/single or double**. Accommodations are limited and you are encouraged to make your reservations immediately to guarantee availability. When phoning in your reservation, **please be sure to identify yourself as a member of this conference to receive the special rate.**

Program Outline

December 5-6, 1988

Sheraton-Palace Hotel, San Francisco

MONDAY, DECEMBER 5, 1988

- 7:00 AM** Check-in, Obtain Syllabus and Name Tag
Continental Breakfast
- 8:00** Introduction
Merle A. Sande, M.D.
- 8:15** Acquisition and Transmission of HIV
Harold W. Jaffe, M.D.
- 8:45** Prevention of HIV Transmission
Constance B. Wofsy, M.D.
- 9:15** How HIV Causes Infection
Jay A. Levy, M.D.
- 9:45** BREAK
- 10:15** Diagnostic Tests for HIV Infection
Richard E. Chaisson, M.D.
- 10:45** Natural History of HIV Infection
Donald I. Abrams, M.D.
- 11:15** Panel Discussion:
Public Health and Control of Epidemic
Merle A. Sande, M.D., Moderator
- 12:00 PM** LUNCHEON (Hosted)
Sheraton-Palace Hotel
- 1:30** Evaluation of the Potential and Known
HIV Seropositive
Harry Hollander, M.D.
- 2:00** Ethical and Counseling Issues
Molly Cooke, M.D.
- 2:30** Hospital Testing and Infection Control
Julie L. Gerberding, M.D.
- 3:00** BREAK
- 3:30** How to Treat Infections Caused by HIV—
New Antiviral Drugs
Paul A. Volberding, M.D.
- 4:00** Oral Manifestations of AIDS
John S. Greenspan, B.D.S., Ph.D.,
FRCPath
- 4:30** AIDS-Related Dementia and HIV Brain
Infection
Richard W. Price, M.D.
- 5:00** RECEPTION
Garden Court, Sheraton-Palace Hotel

TUESDAY, DECEMBER 6, 1988

- 7:00 AM** Continental Breakfast
- 8:00** **Psychiatric Manifestations of AIDS**
 Francisco Fernandez, M.D.
- 8:30** **Diagnosis and Therapy of Pneumocystis**
 Carinii Pneumonia
 Philip C. Hopewell, M.D.
- 9:00** **Mycobacterial Diseases—Tuberculosis and**
 MAI
 Mark A. Jacobson, M.D.
- 9:30** **Toxoplasmosis**
 Benjamin J. Luft, M.D.
- 10:00** BREAK
- 10:30** **Fungal Infections—Cryptococcosis,**
 Histoplasmosis, Coccidioidomycosis
 Merle A. Sande, M.D.
- 11:00** **Infectious Diarrhea in AIDS**
 Rosemary Soave, M.D.
- 11:30** **Other Gastrointestinal Manifestations of**
 HIV Infection, Including Sclerosing
 Cholangitis
 John P. Cello, M.D.
- 12:00 PM** LUNCHEON (Hosted)
 Sheraton-Palace Hotel
- 1:30** **Management of Viral Infections (CMV,**
 HSV, VZ)
 W. Lawrence Drew, M.D.
- 2:00** **Caring for the Patient in the Community**
 Sandra Hernandez, M.D.
- 2:30** **Hospice Services for AIDS Patients**
 Robert V. Brody, M.D.
- 3:00** BREAK
- 3:30** **Panel Discussion:**
 Controversies in Clinical Management
 Paul A. Volberding, M.D., Moderator
- 4:15** **Unusual Clinical Manifestations of Patients**
 with HIV Infection
 Abe M. Macher, M.D.
- 4:45** **Children with AIDS**
 Moses Grossman, M.D.
- 5:15** ADJOURN

Program Chairmen

Merle A. Sande, M.D., Professor and Vice Chairman, Department of Medicine, University of California, San Francisco; Chief, Medical Service, San Francisco General Hospital

Paul A. Volberding, M.D., Associate Professor of Medicine, University of California, San Francisco; Chief, AIDS Activities Division, San Francisco General Hospital

Program Faculty

(University of California, San Francisco except where noted.)

Donald I. Abrams, M.D., Associate Professor of Clinical Medicine; Assistant Director, Division of AIDS Activities, San Francisco General Hospital

Robert V. Brody, M.D., Associate Clinical Professor of Medicine; Medical Director, Hospice Programs, Visiting Nurses & Hospice of San Francisco

John P. Cello, M.D., Professor of Medicine; Chief, Division of Gastroenterology, San Francisco General Hospital

Richard E. Chaisson, M.D., Assistant Clinical Professor of Medicine, Epidemiology, Hygiene and Public Health, Johns Hopkins University School of Medicine; Director, AIDS Service, Johns Hopkins Hospital

Molly Cooke, M.D., Assistant Professor of Clinical Medicine; Chair, Ethics Committee, San Francisco General Hospital

W. Lawrence Drew, M.D., Director, Clinical Microbiology and Infectious Diseases, Mt. Zion Hospital and Medical Center, San Francisco

Francisco Fernandez, M.D., Chief, Psychiatric Consultation Service, St. Luke's Episcopal Hospital and Baylor College of Medicine, Houston

Julie L. Gerberding, M.D., Assistant Professor of Medicine; Project Director, AIDS/Health Care Workers Study, San Francisco General Hospital

John S. Greenspan, B.D.S., Ph.D., FRCPATH, Professor of Oral Biology and Pathology; Acting Chair, Department of Stomatology; Director, Oral AIDS Center, School of Dentistry; Professor of Pathology, School of Medicine, University of California, San Francisco

Moses Grossman, M.D., Professor of Pediatrics; Vice Chairman, Department of Pediatrics; Chief, Pediatric Services, San Francisco General Hospital

Sandra Hernandez, M.D., Clinical Instructor of Medicine; Chief, Health Resources and Services Branch, AIDS Office, San Francisco Department of Public Health

Harry Hollander, M.D., Professor of Clinical Medicine;
Director, AIDS Clinic

Philip C. Hopewell, M.D., Professor of Medicine;
Associate Chief, Medical Service, San Francisco General
Hospital

Mark A. Jacobson, M.D., Assistant Professor of
Medicine

Harold W. Jaffe, M.D., Chief, Epidemiology Branch,
AIDS Program, Centers for Disease Control, Atlanta

Jay A. Levy, M.D., Professor of Medicine; Research
Associate, Cancer Research Institute

Benjamin J. Luft, M.D., Assistant Professor of Medicine,
State University of New York, Stony Brook

Commander Abe M. Macher, M.D., USPHS, Director,
Collaborative Center for the Investigation of AIDS;
Registrar, Registry of AIDS Pathology, Armed Forces
Institute of Pathology, Washington, D.C.

Richard W. Price, M.D., Associate Professor of
Neurology, Cornell University Medical College;
Associate Member, Memorial Sloan-Kettering Cancer
Center, New York

Rosemary Soave, M.D., Assistant Professor of Medicine
and Public Health, Cornell University Medical Center,
New York

Constance B. Wofsy, M.D., Associate Clinical Professor
of Medicine; Co-Director, AIDS Activities Division, San
Francisco General Hospital

Course Registration

Clinical Care of the AIDS Patient

D81128

December 5-6, 1988

Mail to:

Extended Programs in Medical Education

Registration Office

533 Parnassus, Box 0766

San Francisco, CA 94143-0766

Registration information: 415/476-5808

Name _____
(Please Print) Last First M.I. Degree

Address _____

City State Zip Code

() _____

Daytime Phone Specialty Professional Memberships

\$175/registrant

NOTE: Registration fees are non-refundable.

Make checks payable to **The UCSF Foundation.**

Please charge my ☐ VISA ☐ Mastercard for \$ _____

Account Number Exp. Date Authorized Signature



University of California San Francisco
Department of Medicine, SFGH
1001 Potrero Avenue
Room 5H22
San Francisco, CA 94110

Course #D81128

December 5-6, 1988

CLINICAL

CARE

OF THE

AIDS

PATIENT

Nonprofit Organization
U.S. Postage
PAID
University of California
San Francisco

EDUCATIONAL MATERIALS

Monthly Newsletter

FOCUS: A Guide to AIDS Research

Books

**WORKING WITH AIDS: A RESOURCE GUIDE
FOR MENTAL HEALTH PROFESSIONALS**

**AIDS AND SUBSTANCE ABUSE:
A TRAINING MANUAL FOR
HEALTH CARE PROFESSIONALS**

STRESS MANAGEMENT LEADER'S GUIDE

**GUIDELINES FOR DISCLOSING
ANTIBODY RESULTS: A PROTOCOL**

Videotape Cassettes

**"THE OTHER CRISIS: AIDS AND
MENTAL HEALTH"**

**"AIDS AND MENTAL HEALTH:
PROFESSIONALS SPEAK OUT"**

"WHAT'S NEXT? AFTER THE TEST"

Audiotape Cassette

RELAXATION AND VISUALIZATION

Brochures

AIDS' EFFECTS ON THE BRAIN

EL SIDA Y SUS EFECTOS EN EL CEREBRO



All materials are available at low cost.
For information or to order materials,
please call (415) 476-6430.

When the AIDS Health Project first started in 1984, few people recognized the dangers to emotional health created by the AIDS epidemic and the potential devastating affect on one's own physical health and well-being. Fewer still understood the need for their own support systems to manage stress and to protect themselves from infection whether they were diagnosed with AIDS, ARC or were part of the worried well group — either HIV positive or negative.

We've spent the last four years spreading the word that there are things you can do — indeed must do, to protect yourself. Through individual health assessments and support group activities, we've given help and hope to tens of thousands of people in the Bay Area. Through our publications, films, audio cassettes, conferences, and special services, including training and consultation, we've helped over 70,000 health care workers, caregivers and educators in California, across the nation and throughout the world. The crisis intervention and support models we've pioneered have helped those at risk and those infected improve the quality of their lives and the lives of their lovers, families, friends and co-workers.

Today, the AHP is a nationally recognized leader in the field of AIDS and mental health and psychosocial support for everyone most affected by the epidemic. Individuals, psychotherapists, social workers, nurses and doctors depend upon us to provide them with the tools they need. Schools, universities, hospitals and AIDS organizations look to us for experience and expertise. We plan to continue reaching out to all who are affected by AIDS, and the professionals who serve them, for as long as the need exists.

THE
AIDS
HEALTH
PROJECT

P.O. Box 0884

San Francisco, CA 94143-0884

(415) 476-6430

PROFESSIONAL AIDS SERVICES

TRAINING AND EDUCATION

For Mental Health Care Professionals, AIDS Caregivers, Private and Public School Educators and Business Professionals:

- ❖ AIDS and Mental Health
- ❖ Neuropsychiatry and AIDS
- ❖ Substance Use and AIDS
- ❖ Antibody Testing and Counseling
- ❖ AIDS Education for Youth
- ❖ Care for the AIDS Caregiver
- ❖ General AIDS Information

OTHER SERVICES

For Health Care Professionals, Educators and AIDS Caregivers:

- ❖ AIDS Education Curricula Development
- ❖ AIDS and Mental Health Conferences
- ❖ AIDS Program Development and Consultation
- ❖ Educational Materials Development



Training and Consultation can be tailored to the needs of each organization. For further information, please call *Judy Macks* at (415) 476-6430.

Funding provided, in part, by the San Francisco Department of Public Health, private donations, grants and fees.

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Education: Laying the Framework

Knowledge is a primary tool in understanding and confronting the AIDS crisis. The AIDS Health Project provides educational materials and training opportunities to help lay the groundwork for healthy, informed change.

"FOCUS, A Guide to AIDS Research" is an internationally-distributed newsletter that highlights issues of concern to professionals in mental health, social service and health care. FOCUS places AIDS data and medical reports in a meaningful and useful context.

A wide variety of other educational resources are available from the Project for both professionals and individuals facing AIDS. Resources include manuals, workbooks, audio and video tapes, and brochures. Materials reflect the extensive clinical experience of the staff and focus on the psychosocial implications of the AIDS epidemic, professional and personal concerns of health practitioners working with people with AIDS, stress management and relaxation techniques, substance abuse assessment and disclosure of AIDS antibody test results.

Training:

Developing Professional Skills

Public health and social service professionals are in a unique position to help people understand AIDS and prevent its spread. The AIDS Health Project provides professionals with the training they need to help confront AIDS in their communities. Consultation, education and training services are designed for professionals working in the fields of mental health, substance abuse, education, social services and health care.

Training is designed to meet the needs of specific provider groups, including . . .

- Mental health and substance abuse professionals in public and private settings
- Health care workers in hospitals, clinics and the community
- Educators in public and private schools

Programs are tailored to fit the needs of individuals and their organizations. Training formats can range from a one-hour inservice to a three-day workshop. Current areas of interest have included . . .

- Psychosocial aspects of HIV infection
- AIDS and substance abuse
- AIDS antibody counseling
- Neuropsychological complications of AIDS
- Staff response to working with AIDS
- Establishing AIDS education curricula in school settings

The professional staff of the AIDS Health Project also offers consultation in:

- Clinical case consultation
- Planning and implementing AIDS service programs

Facilitating Change: Taking Steps Toward Health

While much remains to be learned about AIDS, researchers speculate that psychological and social factors play a key role in determining an individual's susceptibility to illness. Thus, the AIDS Health Project's health promotion programs emphasize the importance of social support, general health habits and the management of stress. The Project provides low-fee and no-cost counseling, workshops and support groups for people with HIV infection and those at risk for AIDS.

The range of services includes . . .

- Mental health services at San Francisco General Hospital for people with AIDS and ARC, including crisis intervention, psychiatric consultation and referral to community-based services.
- AIDS and substance abuse services: Substance use assessments, drug treatment referrals, and consultation with health care professionals in hospitals and outpatient settings.
- Therapy services: Volunteer therapists provide low- and no-cost services to people with ARC or AIDS who are unable to afford private therapy.
- Individual Assessment: One-hour consultations with experienced staff include discussions of personal concerns about the AIDS epidemic and referrals to appropriate support services.
- Wellness and Skill-Building Services: Group services for men and women focused on developing skills in such areas as managing stress, reducing risk in sexual practices, building support networks, strengthening personal relationships, and adapting to change.
- AIDS Antibody Counseling Program: Group pre-test and individual post-test counseling and education to clients utilizing the Alternate Test Sites in San Francisco.
- Operation Concern, in conjunction with the AIDS Health Project, provides individual assessments, wellness and skill-building group services, and mental health services.

AIDS HEALTH PROJECT

Box 0884, San Francisco, CA 94143-0884
415/476-6430

Please . . .

- ☐ Contact me about participating in a wellness and skill-building group
- ☐ Send me an order form for Educational/Training Resource materials
- ☐ Send me a sample issue of FOCUS: A GUIDE TO AIDS RESEARCH.
- ☐ Contact me about your Consultation Services in Planning and Implementing AIDS Service Programs
- ☐ Contact me about your Professional Training Services.
- ☐ Put me on a mailing list for future events sponsored by the AIDS Health Project.

Name _____

Title _____

Organization _____

Address _____

City/State/Zip _____

Phone (_____) _____

AIDS HEALTH PROJECT

Box 0884, San Francisco, CA 94143-0884
415/476-6430

PLACE
STAMP
HERE

AIDS HEALTH PROJECT
Box 0884
San Francisco, CA 94143-0884

THE
AIDS
HEALTH
PROJECT

A Health Promotion and
AIDS Risk Reduction Effort

Funded by the City of San Francisco,
Department of Public Health,
through the University of
California, San Francisco.

The AIDS Health Project is an AIDS prevention and mental health promotion program serving people at risk for AIDS, those with HIV infection, and their health care providers.

The Project facilitates AIDS risk-reduction and health promotion through individual and group activities and trains health professionals about the psychological and social impact of the epidemic.

Collaboratively designed in 1984 by a group of mental health professionals from the University of California and the private practice community in San Francisco, the Project also provides mental health and health promotion services to people with AIDS and their caregivers at San Francisco General Hospital while providing community-based AIDS risk reduction services for those at risk.

aids

**HANDBOOK
FOR
UCSF
EMPLOYEES**

**UNIVERSITY OF
CALIFORNIA
SAN FRANCISCO**



s part of its continuing effort to provide timely and useful information to staff and students regarding Acquired Immune Deficiency Syndrome (AIDS), the University of California, San Francisco Personnel Department has prepared this brochure responding to questions about AIDS in the workplace. This handbook is intended to help all UCSF employees, both those with AIDS and those who may be working with someone who has AIDS, to maximize productive employment at UCSF while assuring a safe and secure work environment.

You may ask, "What is the University policy regarding AIDS?" Just as there is no special policy for employees who develop TB, cancer, or multiple sclerosis, there is no special policy designated for employees diagnosed with AIDS. Existing UCSF personnel policies, collective bargaining agreements, and employee benefit coverages contain provisions pertaining to employees who are ill and/or disabled. These are policies that also apply to employees confronting AIDS at UCSF. If you have questions about UC policies or benefits, the end of this booklet contains a listing of phone numbers, which includes the Benefits, Employee Relations, and Labor Relations Departments.

AIDS has affected, directly and indirectly, many lives in the Bay Area over the past few years and will touch many more in the coming years. Thus, it is important that we know the facts about AIDS. Information is not only the best defense against contracting this disease, but knowledge about what AIDS is (and what it is not) will minimize misunderstandings that can lead to fear, prejudice, and invasions of privacy.

The UCSF administration encourages all members of the University community to review this handbook and attend University-sponsored public lectures, training sessions, and workshops. Learn as much as possible about AIDS—this serious health threat demands enlightened and responsible action from each of us.

What is AIDS?

AIDS is a disease caused by infection from a virus that weakens and eventually can destroy the body's immune system, which is our natural defense mechanism against all infection

from outside organisms, viruses, or bacteria. The AIDS virus, known as the Human Immunodeficiency Virus (HIV), can leave the body vulnerable to many different "opportunistic infections" (including specific rare forms of pneumonia) and cancer. They are "opportunistic" because they usually appear only in people whose immune systems are damaged, thus giving infections an opportunity to flourish. Healthy immune systems can effectively fight off such infections.

Is there a cure?

Although some drugs hold promise for slowing the process of the disease, there is still no cure for AIDS, and the destruction of the immune system ultimately leads to death.

What is ARC?

AIDS-Related Complex (ARC) is the term which, in the past, referred to a group of less severe (though often just as debilitating) symptoms resulting from infection with the Human Immunodeficiency Virus (HIV), and a compromised immune system. These symptoms are not unique to AIDS but, in the presence of HIV, result in disruption or destruction of the person's immune system. As the understanding of HIV infection has increased, ARC has come to be seen as one of the stages of HIV infection, and not a separately diagnosed category. As the health of a person with these early symptoms deteriorates, he or she may eventually fall prey to one of the AIDS opportunistic infections and the diagnosis of AIDS can be made.

What causes AIDS?

The Human Immunodeficiency Virus (HIV) causes AIDS. It is fragile and usually needs to live inside a human body to survive. HIV also may be present in body fluid and tissue samples handled in laboratory settings (under closely controlled conditions).

The virus needs a direct route from an infected person's blood, semen, or vaginal fluids into another person's blood stream through mucous membranes or a break in the protective surface of the skin. Contact with unbroken skin is not enough to transmit infection. AIDS is *not* an airborne disease.

Not everyone infected with HIV has con-

tracted AIDS. The infection has produced a wide range of responses in individuals. Many are healthy with no symptoms of AIDS. Others develop mild to severe symptoms yet live for years without developing AIDS.

How is the AIDS virus spread?

The most common way the AIDS virus spreads is through sexual contact when an infected person's semen or vaginal fluids are exchanged with a partner. The latex material used in condoms has proved to be effective in blocking the spread of the virus.

Exposure to contaminated blood through the use of shared needles has been the way intravenous drug users have become infected. A number of hemophiliacs and others receiving blood transfusions were infected before massive screening of the blood supply began. Babies have been born with the AIDS virus transmitted from an infected mother during her pregnancy.

Direct inoculation of blood through needle-stick injury or mucous membrane contamination may transmit HIV infection to health-care personnel.

Not all exposures result in infection with the HIV. A sufficient quantity of the virus must be taken directly into the body to cause an infection. Therefore, the small concentration of the HIV that might exist in a person's tears or saliva is not enough to lead to infection.

You *cannot* be infected with the AIDS virus by touching a person with AIDS, by working with a co-worker who has AIDS, or by other nonsexual forms of contact with someone who has AIDS. AIDS *cannot* be spread by mosquitoes, a sneeze or a cough, or by food prepared by a person with AIDS. Similarly, the HIV infection is not spread by insects, toilet seats, or by being near, eating with, or hugging someone who is infected. If it could be spread so easily, many millions more people would be infected now.

What is the "antibody test"?

Originally developed to test and protect blood supplies, the test for antibodies to HIV is also being used by individuals to discover whether or

not they have been infected with the virus. People exposed to HIV usually develop "antibodies," part of the body's own defense response to an invading organism. The antibodies are usually produced within 2 to 8 weeks after initial infection, although some studies indicate that the period can be longer. If a person has a positive antibody test, it means that person is infected with HIV. It does *not* mean that the antibodies have fought off the infection. To the contrary, the antibodies produced to HIV are not successful in fighting the infection. Rather, infection with HIV is a chronic condition, and infected people can transmit the disease even if they themselves look like they are healthy and are completely without symptoms.

If you or someone you know might be at risk for HIV infection, you may want to learn more about the Alternative Test Site program, which guarantees anonymity for participants. Information about the Alternative Test Sites may be obtained from the San Francisco Department of Public Health (telephone number is listed at the back of this handbook). Testing requires written consent.

How confidential is an antibody test result?

California law specifically prohibits the disclosure of HIV antibody testing results without the written consent of the individual involved. More generally, the law provides that an employee's medical diagnosis is personal information and such information, if known by the employer, shall not be released without that employee's permission. The law does provide for some exceptions, for example, when the employer needs to verify a claim for disability or other compensation. In all cases of illness (including AIDS), an employee's supervisor may not request or require a specific diagnosis of the employee's illness beyond what is required to make arrangements to accommodate the employee in the work setting, or to process medical disability claims. The employee may be asked to have a physician certify whether the employee can return to work and to specify any limitations for work due to illness or the amount of time needed for recuperation. These records are reviewed only by authorized University per-

sonnel to determine how best to accommodate the employee.

People with AIDS or a positive HIV antibody test result face the difficult personal decision of whether or not to disclose the diagnosis to others, and when to do so. As in the case of other diagnoses of potentially terminal illnesses, it is the employee's choice whether or not to disclose the information.

Is it safe to work with co-workers who have AIDS?

Yes. Medical research has not uncovered a single case in which the casual contact that occurs between co-workers resulted in HIV infection. The virus is not transmitted through such contact, which includes touching, sneezing, coughing, handshaking, and any other non-sexual activity typical of the work place.

Refusal to work with an employee who has AIDS is not a valid reason for failure to fulfill assigned tasks, since there is no known risk of transmission of the AIDS virus through ordinary work activities. Should an employee express concern about working with a co-worker who has AIDS, who has a positive antibody test result, or who is a member of a high-risk group, the supervisor should arrange for the concerned employee to talk to an expert about these concerns. The list of campus resources in the back of this handbook will help you identify whom to contact for information and assistance.

Are health-care workers at risk?

Contact with AIDS patients or their blood products does carry with it a small but controllable risk of infection. Recent studies of health workers and research lab personnel exposed through needle sticks, splashes to the face, and other unprotected contact with HIV-contaminated blood suggest that the possibility of HIV infection from such exposures is real but very remote. Guidelines for health-care workers have been prepared by the UCSF and San Francisco General Hospital Infection Control Committees following the recommendations of the Centers for Disease Control. If you deal with the blood or body fluids of any patient, or wish to learn more

about how you can protect yourself from risk of HIV exposure on the job, you can call Infection Control at the number listed in the back of the handbook.

Because of their impaired immune systems, health-care workers who have AIDS must be cautioned that they are at increased risk of complications resulting from exposure to infectious diseases at the work place. On an individual basis, changes in work assignment may be necessary for such persons upon consulting with the employee's personal physician.

If an employee has an accident involving exposure to the blood or body fluid of any patient, the incident should be treated like any other work-related injury: it should be reported immediately to the supervisor, and the Employee Injury Questionnaire should be completed to fulfill Workers' Compensation reporting requirements at the time of the accident. The employee should then go to the Emergency Department for evaluation. Further follow-up, if indicated, will be done through the Employee Health Service. The number for Employee Health listed at the back of this handbook can be called and an appointment can be made for follow-up of an exposure. You may also call the Infection Control number for information. Resources for emotional support are available to employees as well. The resource list at the back of this handbook will tell you where to call.

How are employees with AIDS protected?

The University of California considers AIDS to be a handicap/disability, as does the California Fair Employment and Housing Commission. Under the Federal Rehabilitation Act of 1973 and the California Fair Employment and Housing Act, it is unlawful to discriminate against those with a physical or mental handicap/disability. Moreover, employers must provide "reasonable accommodation" to job applicants and handicapped employees—adjustments to the workers' physical environment which will help them perform assigned duties.

Many people with AIDS have productive months or even years after their diagnosis in

which to make their contributions to society. Because anyone with a disability is put under considerable financial pressure, it is important that they be given the opportunity to work to the full extent of their productive capacities.

What is reasonable accommodation?

Reasonable accommodation for an employee or applicant with AIDS must be considered on a case-by-case basis depending on the nature of the job and the individual's physical and mental condition. Depending on the particular circumstances, reasonable accommodation may include the following:

- modifying the job duties
- making reassignments or transfers
- offering part-time or modified work schedules
- offering the employee the option of going on a leave of absence.

The question presented is whether an applicant or employee is, with reasonable accommodation, qualified to perform the essential functions of his or her job. The extent to which accommodation must be offered will depend on a variety of factors, including the size and operation of the particular department, as well as the nature and cost of the accommodation. The department should also consider any undue hardship on other employees or the department before offering a particular accommodation. The types of accommodation suggested above merely present some options. If other types of accommodation are suggested by an applicant or employee with AIDS, they should be given reasonable consideration. The Employee Rehabilitation Services office is available to assist in any effort to determine how an employee may be reasonably accommodated.

AIDS-related leaves of absence?

For individuals with AIDS, such leaves are administered according to current practice, policy, and/or collective bargaining agreement. A department may not request a medical diagnosis since the specifics of an illness are not necessary to administer sick leave. However, a request may be made for a physician's certification of ability to work, or any work re-

strictions, or of the amount of time needed for medical leave. The expectation that an employee may never return to work is not sufficient grounds to deny a leave of absence. Sick leave and, if the employee so desires, vacation leave should be exhausted before a leave of absence is approved. If a leave of absence has been extended, but medical information indicates that it is unlikely that the employee will be able to return to work, medical separation may be considered.

A medical separation may be pursued by the department if the employee can no longer perform the essential functions of the job even with reasonable accommodation. Such action must comply with the provisions of University policies or collective bargaining agreements and must be reviewed by the Employee Rehabilitation Services office. Employee Rehabilitation will typically request updated medical information from the employee's physician while reviewing a medical separation request. A job analysis may be completed with the department to determine if reasonable accommodation can be accomplished. If accommodation is not feasible, then, and only then, will medical separation be recommended.

What can supervisors do to help?

Department managers are responsible for ensuring that the most current information about AIDS, the AIDS virus, and its transmission is available to faculty and staff in their departments. The resource list at the back of this handbook includes on- and off-campus resources that can help managers stay abreast of information on AIDS, and identifies units with specially trained people who can be called upon to answer questions, give counseling, or provide support. For instance, employees seeking AIDS-related counseling can contact, or be referred to, Employee Rehabilitation Services, or the Faculty, Staff, and Student Assistance Program listed on the final page of this handbook. Health-care workers who have direct patient contact can receive counseling and information from the AIDS Health Project. Courses providing basic information

on AIDS are held regularly through the Development and Training Division of the Personnel Department. Upon request, the Development and Training Division can also arrange for special AIDS training, which can be brought directly to departments. Making information available to employees is an important way in which managers and supervisors can help avoid crises that result from an incomplete understanding of the disease, how it is transmitted, and who is at risk.

Another way in which managers and supervisors can help avoid problems in the workplace related to AIDS is to encourage people who need to explore their fears and anxieties to do so, and to direct them to professionals on campus (see Resource List) who can work with them to resolve their own issues surrounding AIDS. Some of these issues will arise for employees who are themselves at risk for AIDS, or who have friends or relatives at risk. Other issues will arise for those who are afraid of contracting the infection. The problems in the workplace that arise from AIDS can often be confronted only when a receptive tone is set on the part of a manager or supervisor—a tone that tells employees that AIDS-related issues are appropriate for education, discussion, and exploration here at UCSF and that these concerns are not viewed as only personal problems that employees should hide while at work. Providing an atmosphere in which AIDS can be discussed openly by all employees will help increase understanding of the nature of the disease, decrease anxieties or hostilities not supported by the facts, lower the rate of infection, and generate sympathy for those who are suffering.

What about grievances or complaints?

Employees may file a formal complaint in cases of alleged discrimination for sexual orientation or physical handicap. Employees may also grieve alleged violations of University policies and collective bargaining agreements that apply to use of sick leave, leaves of absence, and medical separation. Non-represented employees and their supervisors should contact the Employee Relations Division. Represented employees may

contact their appropriate union representative to initiate a complaint. Supervisors of represented employees should call the Labor Relations Department for assistance in cases of alleged discrimination.

What university benefits apply?

The Campus Benefits Office is available to review *in confidence* with any employee their current status with respect to the University benefits program. Programs of interest to employees who cannot continue working their regular schedule may include disability insurance, continuing health and dental coverage, life insurance, and/or benefits available through the UC Retirement System (UCRS).

Resource List

San Francisco General Hospital AIDS Clinic: Medical services for those with AIDS. Ward 84, Bldg. 80, 995 Potrero Ave.—821-8830.

UCSF AIDS Clinic: Medical services for those with AIDS. A-555, Box 0324—Extension 63226.

UCSF AIDS Health Project: Education and support services for health care providers; antibody test result counseling; mental health services for people with AIDS. Box 0884—Extension 66430.

UCSF AIDS Professional Education Project: Education for health care professionals, students, house staff. LPPI 34B—Extension 67880.

UCSF Campus Benefits Office: Benefits information and applications. 145 Irving, Box 0918—Extension 61400.

UCSF Department of Affirmative Action/Equal Opportunity: Discrimination complaints; training on employee/employer rights and responsibilities; assistance and counseling. 145 Irving, Box 0988—Extension 64752.

UCSF Development & Training Division: For regularly scheduled AIDS training programs for employees; AIDS information brought to department on request. LH-152, Box 0834—Extension 64032.

UCSF Employee Health Service: Medical assistance and testing services. A-440, Box 0320—Extension 61214.

UCSF Employee Rehabilitation Services: Accommodation assistance and counseling for disabled employees. LH-163, Box 0836—Extension 62621.

UCSF Employee Relations: For policy information concerning nonrepresented employees and their supervisors. LH-150, Box 0832—Extension 61563.

UCSF Faculty, Staff, and Student Assistance Program: Personal counseling for employees and their families who have fears/concerns about AIDS. 1456 9th Ave., Box 0938—Extension 68279.

UCSF Infection Control Department: *Infection Control Manual*. LS 105, Box 0208—Extension 65793.

UCSF Labor Relations Department: For policy/contract information for supervisors/managers. LHts, Suite 101, Box 1202—Extension 63905.

UCSF Occupational & Environmental Medicine: Medical assistance with workplace accidents/exposures. A-585, Box 0322—Extension 61841.

UCSF Women's Resource Center: Referral and information resources regarding women and AIDS. 1308B 3rd Ave., Box 0930—Extension 65836.

If you would like to find out about resources outside of UCSF, contact:

San Francisco AIDS Foundation	Center for Disease Control
333 Valencia Street	Atlanta, Georgia
San Francisco, CA 94103	1-800-342-AIDS
864-4376	

Hotline: 863-AIDS

If you would like information regarding the free and anonymous AIDS antibody testing program call: San Francisco Department of Public Health, Alternative Test Site, 621-4858.

I would like to give special thanks to the following individuals who helped the Personnel Department write, review, edit, format, and/or produce this handbook:

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University of California, San Francisco

... A Health Sciences Campus

Focus

Published for the faculty and staff of the University of California by the Office of the President

Vol. 3, No. 3 November 1988

UC plans for growth amid budget uncertainties

By Ron Kolb

The announcement reverberated through the state like a shot.

Three new University of California campuses. That's what the headlines proclaimed. And although the manifestations of projected enrollment growth — how many campuses, how many students per campus, when and where they will be built — were yet to be decided, the prospects of expanding the system had everyone buzzing.

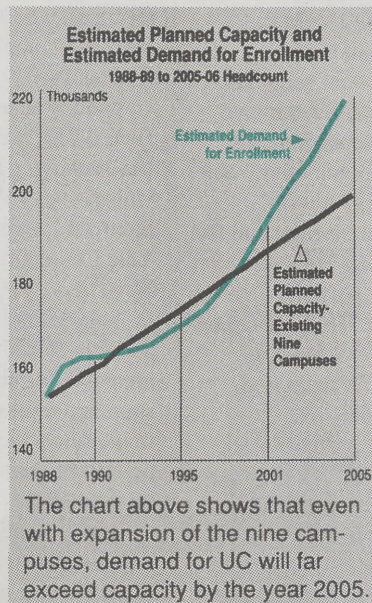
"This issue," President David P. Gardner said at the October Regents meeting, "is not whether the University should add new campuses. Rather, it's how can the University accommodate the increased enrollment anticipated between now and the year 2005."

For his part, the President sees the solution as three new campuses, which would be the first additions to the system since Irvine, San Diego and Santa Cruz joined the family in 1964-65.

A preliminary analysis of current campus capacities and projected enrollment demand has led Gardner to call for consideration of new campuses while also projecting continuing growth for eight of the University's nine existing campuses.

Growth, however, is dependent upon state budget support to accommodate the increased student load. And in the wake of the passage of statewide Proposition 98 on the November ballot, such funding possibilities are more cloudy.

Proposition 98 guarantees for K-12 schools and community colleges a base level of funding, plus accumulated reve-



nues in excess of the Gann spending limit. In short, it potentially reduces the general fund money available to UC, increasing the competition among the University and other state agencies for the remaining pool.

Gardner told the Regents in November that the combined effect of the Gann limit and Proposition 98 "will be to deny the state the ability to fund UC's projected growth, with or

without new campuses. In short, growth projected for UC is unattainable without the Gann limit and Proposition 98 being modified or removed."

The President presented his preliminary feasibility analysis concerning long-range plans from 1988-89 to 2005-06 to the Regents on October 20 at UC San Francisco-Laurel Heights. Then, after extensive discussions that day and at the subsequent meeting in November at UC Irvine, the Regents gave Gardner and his staff the go-ahead to begin the formal planning process for additional campuses.

The projected need is based upon a preliminary assessment of the estimated capacities of the nine existing campuses and demographic estimates that predict UC's enrollment reaching 217,000 students by the year 2005, of which 197,000 can be accommodated on existing campuses. Under these assumptions, it is projected that the additional 20,000 students would be added at three new campuses, to be opened in 1998, 1999 and 2000, respectively.

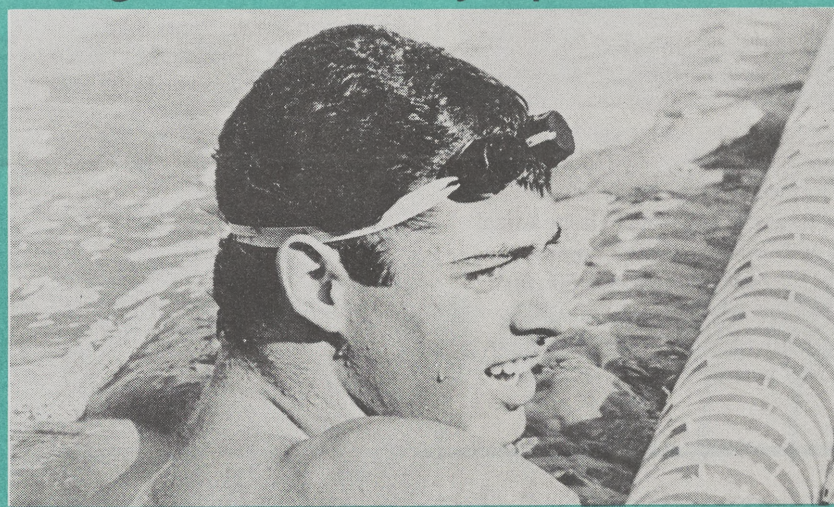
Gardner emphasized, however, that the campus capacity figures for the existing nine campuses will be brought before the Regents for approval over the next 18 months through individual Long-Range Development Plan procedures for each campus. Both campus and community consultation will take place.

To accommodate the projected growth, the University's operating budget will have to grow about 4 percent a year compounded (9 percent if a 5 percent inflation

factor is included), according to William B. Baker, UC vice president for budget and university relations. He reiterated Gardner's concern that such growth will only be feasible with modifications in Proposition 98 and the Gann spending limit. "In the meantime, because of the long lead time involved in preparing for major growth, our planning process must move forward," he told Regents at the November meeting.

GROWTH continued on page eight

UC goes to the Olympics



Berkeley alumnus Matt Biondi swims his way to a gold at the 1988 Olympics. For more on UC alumni, staff and students who went to Seoul, please turn to page 6.

Regents OK hold-the-line budget

By Laurie Itow

The University of California is seeking a 10.4 percent increase in state funds for the next fiscal year simply to maintain its existing level of operations and to cover enrollment growth of about 3,000 students, according to UC's 1989-1990 proposed budget.

Unlike previous budgets, the proposal doesn't request funds for program improvements.

The funding request, approved Nov. 18 by UC's Board of Regents, calls for \$2.19 billion, \$206.5 million more than the University's current operating budget. The request for state funds now goes to the Governor and state Legislature.

"The University will require a budget increase of slightly more than 10 percent in 1989-1990 just to fund salaries, to maintain the purchasing power of our base budget and to provide for increases in our enrollment," President David P. Gardner said.

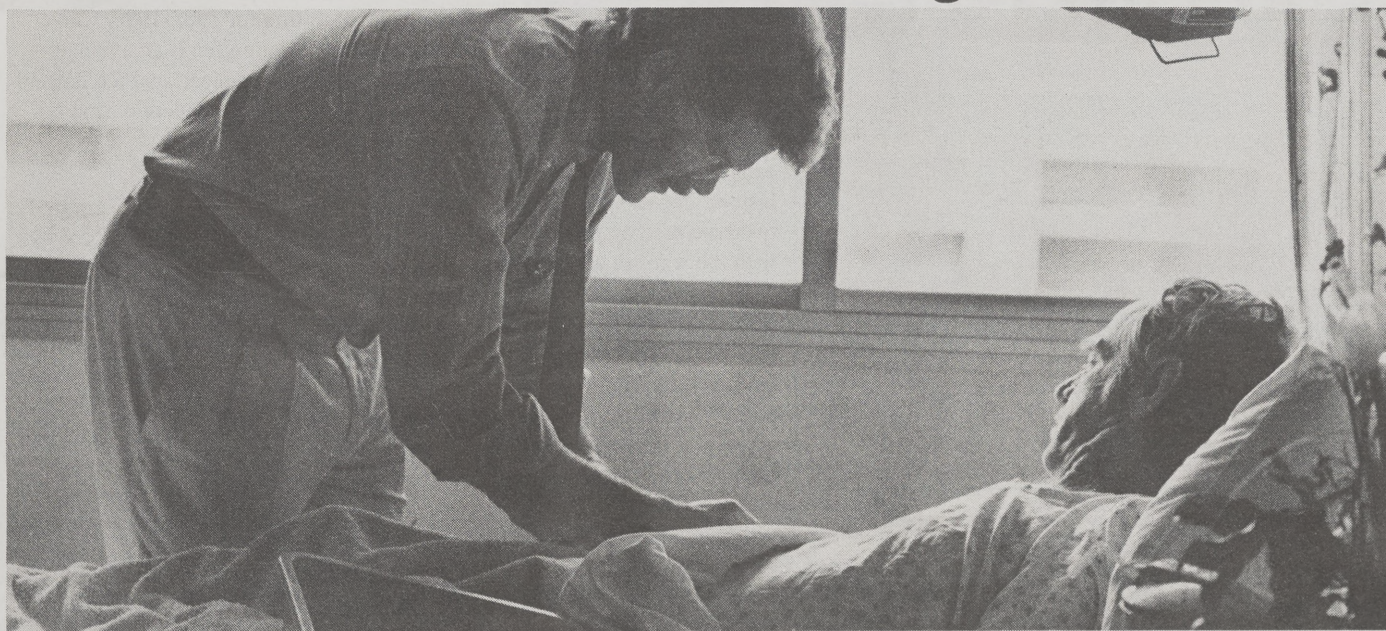
"If we receive less, we will confront essentially the same dilemma we faced this past summer, and that is the need to choose between allowing our base budget to erode or to limit enrollments to levels funded by the state," he said.

Gardner said that to maintain the momentum of UC's affirmative action programs, "I intend to reallocate funds within our existing base budget for these programs." He said, "We must find ways of sustaining our efforts in this area, and expanding them as we can, even in the absence of new funds from the state to help fund these programs."

The single largest expense — about 50 percent of the proposed increase — is employee pay raises and related benefits,

BUDGET continued on page two

On the front line in the battle against AIDS



UCSF physician Michael Clement treating an AIDS patient at San Francisco General Hospital.

photo by David Powers

By Valerie Sullivan

When Dr. Michael Clement first decided to specialize in AIDS care, he was counseled against it by colleagues who warned him that five years down the road there would be a cure for the disease and he would be out of a job.

Sadly, that has not yet turned out to be

the case but when it does, the 35-year-old UC San Francisco physician says emphatically, "I will dance in the street."

Clement describes himself as having "no aspiration to become famous or publish a lot." But it is more than that that draws him, and other dedicated UC doctors and researchers to the care of AIDS patients.

"It makes all the sense in the world that we would want to fight this disease. When I look at the providers we have in this clinic, I think that these people are in it because they care. They're dedicated. It's incredible. Emotionally you're continually dealing with that loss. All of your patients die," he said.

AIDS continued on page four

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news digest

President David P. Gardner said passage of Proposition 78, the higher education bond issue on the Nov. 8 ballot, was a "vote of confidence" by the people of California in public higher education. "It was the spirit and vision of the people of California that built this great University. The passage of Proposition 78 signals a reaffirmation of that spirit and vision," Gardner said of the measure, which captured 58 percent of the California vote. Proposition 78 will function as the backbone of UC's building program through fiscal 1989-90. It provides \$600 million in bonds this year and next for construction and renovations within the UC system, California State University and the community colleges. UC's share of the money — \$121.3 million this year and approximately \$85 million next year — will be used for a variety of campus projects from library expansion to laboratory improvements and seismic safety corrections.

A national research committee has been formed to study weapons-related activities at 14 Department of Energy facilities, including the UC-managed national laboratories at Los Alamos and Livermore. The Committee to Provide Interim Oversight, formed to study safety and environmental issues, is expected to issue a final report by December 1989. Congress currently is considering legislation that would establish an independent review board to provide permanent oversight of the DOE's nuclear weapons complex.

UC hit a new record in contract and grant awards for fiscal 1987-88, passing the \$1 billion mark for the first time. According to the latest figures, the awards total was \$1,067,653,501, a 13 percent increase over the previous year. Federal awards were up 9 percent and accounted for 77 percent of the total. State awards decreased by 5 percent while private sponsor support was up 45 percent. Overall, UC receives more than 10 percent of federal awards allocated to universities for research and development.



The Third Berkeley Seminar on Federalism Nov. 3-4 brought together UC experts to talk about such issues as the federal/state roles in criminal justice and educational policy. The seminar was sponsored by the Institute of Governmental Studies, the UC Humanities Institute and Berkeley's School of Law. Pictured from left, Robert Kelley, Santa Barbara; Julie Van Kamp, UC Humanities Institute; Karen Orren, UCLA, and Harry Scheiber, Berkeley.

Faculty members studying the general issue of education of black Americans are being urged to contact the Task Force on Black Eligibility, which was established two years ago by President David P. Gardner to examine reasons for the declining eligibility rates of black students

to UC. Task Force Director Ed Keller said he hopes to develop an inventory of faculty studying the issue. Faculty can contact him at (415) 643-6212 or mail a description of research and publications to the Office of Academic Affairs, 359 University Hall, Berkeley, CA, 94720.

Hundreds of UC faculty and staff will participate in the 155th national meeting of the American Association for the Advancement of Science (AAAS) Jan. 14-19 in San Francisco. President David P. Gardner will serve as co-chair of the conference, which will feature some 200 sessions on subjects that include climate change, mapping of the human genome, retroviruses, AIDS, superconductivity and biotechnology. The pre-registration deadline is Dec. 16 for the meeting and for hotel reservations at the San Francisco Hilton, site of most of the sessions. Registration forms and further information can be obtained at the AAAS Meeting Office, 1333 H St., N.W., Washington, D.C. 20005 (202) 326-6448.

The UC Systemwide Biotechnology Research and Education Program is seeking research proposals that address scientific problems at the cutting edge of biotechnology. The deadline for campus and laboratories to submit two multidisciplinary research and training proposals in basic sciences or in engineering is Jan. 16, 1989. There is no limit on the number of planning grant or conference award proposals that may be submitted and no deadline. For further information, contact Paul Silverman at (213) 206-6814.

BUDGET continued from page one

said William B. Baker, UC vice president for budget and university relations.

Since the 1988-89 raises for faculty and staff were postponed until the last month of this fiscal year, the full impact of the pay increase cost won't be felt until 1989-1990 when raises will be funded for 12 months.

Next fiscal year, a 4 percent pay raise for staff employees has been proposed effective Jan. 1, 1990. The budget seeks a 5 percent pay raise for faculty but that figure may be adjusted when a salary survey is complete.

Faculty pay raises are determined by comparing salaries at eight universities: Harvard University, University of Illinois, Massachusetts Institute of Technology, University of Michigan, Ann Arbor, Stanford University, University of Virginia, Yale University and State University of New York, Buffalo.

Salary and benefit increases, inflation and other fixed costs (such as price increases for library books and classroom supplies) represent the bulk of the additional funds requested for 1989-90, 9 percent of the requested 10.4 percent increase, Baker said.

The remaining 1.4 percent of the requested increase is attributed to costs to accommodate an additional 3,000 undergraduate and graduate students, bringing the full-time student equivalent to 150,300. It also includes costs such as additional library staff to support enrollment growth and the maintenance of facilities expected to come on line during the year, Baker said.

"Our decision to defer all improvement requests is a judgment about what is realistic and feasible -- and not a reflection on the legitimacy or urgency of the University's needs," Baker said.

The budget request, Baker said, takes into consideration the state's fiscal constraints including the Gann amendment limit on spending and the Governor's intention to rebuild the state reserve.

Although the budget doesn't request funds for new or expanded programs, it does identify the need for funds in the future to cover expenses such as instructional improvements and research programs.

Regents also approved a capital budget that requests \$213.5 million in state funds. "Work on projects that have received previous state approval constitutes more than 90 percent of the capital budget request," Baker said.

The board also approved a 3 percent increase in student registration and educational fees, and a 5 percent increase in nonresident tuition for 1989-1990. Currently, the registration fee is an average \$594 a year and the educational fee is \$840 a year. The annual nonresident tuition is \$4,806.

East meets west, both talk books, at UC Irvine conference

By Colleen Bentley-Adler

Fundamental academic changes have occurred in the Soviet Union as a result of Mikhail Gorbachev's reform policies, three Soviet scholars said at a UC Humanities Research Institute conference at UC Irvine.

"Perestroika and glasnost essentially have changed the whole notion of culture in the Soviet Union," said Feliks Kuznetsov, director of the A.M. Gorky Institute of World Literature in Moscow. "Censorship has been abandoned almost, and people now have access to new layers of our culture."

"Literature is the leading force in the perestroika process," said Dmitry Urnov, senior researcher at the Gorky Institute and editor of "Problems in Literature," a major Soviet journal.

While certainly not as historic as the Reagan-Gorbachev meetings or the Kennedy-Khrushchev clashes, the "Literature and Social Values: Soviet and American Views" conference proved to be an open exchange of ideas on which to build a better understanding of the literature of both countries, participants agreed.

A rewriting of Russian literary history is now occurring in the Soviet Union, Kuznetsov said. It involves printing of previously banned books of emigres as well as new editions of Russian classics.

"The 21st century will be the age of humanities and the heyday of humanism (in the Soviet Union)," Kuznetsov said through a translator.

Literature is the important force in the country, Urnov said. "There are no problems in life more important than literature because life itself is the raw material for literature," Urnov said.

Explaining that he was "happy to have survived the worst times of the Cold War," Urnov said that literary scholars were almost the only ones "who kept on going — it amazed many people here (in the United States) and at home."

There is some irony to the "new" Soviet Union. "The problem is not what the limits are, but how to use the freedom to create a genuine humanistic society," said Nikolai

Skatov, director of the Pushkin Institute of Russian Literature. "I feel no limitations on my activity."

Asked for their views on American literature, Kuznetsov called much of it "just brilliant," while Skatov said it is very popular among young Russians. However, he added, Russians have more access to American literature than the Americans do to Russian works.

"The literature of the West is too much rhetoric. At its highest level it's a rather sterile game of intellect; there's too much 'literature' in it," said Urnov. "Soviet literature is much more raw; there's not enough literature in it. Perhaps with the exchange of ideas we can improve both."

Barbara Herrnstein Smith of Duke University said she was surprised at the general climate of the conference.

"It has not turned out to have two sides, and it has not been antagonistic. It's been very amiable and respectful on both sides, even though we do have different perspectives," she said.

UCHRI director Murray Krieger, a university professor of English and ex-officio conference participant, called the program "a historic occasion. I'm overwhelmed by pleasure with the warmth and candor."

"We've tried to create glasnost and perestroika in ourselves. I hope our guests have seen us struggling to redefine our own attitudes," Krieger said.

Hosted by UCHRI, the gathering was initiated

and funded by the International Research and Exchange Board and was co-sponsored by the Gorky Institute of World Literature and the Modern Language Association as a project of the U.S. - U.S.S.R. Commission on the Humanities and Social Sciences of the American Council of Learned Societies and the U.S.S.R. Academy of Sciences.

A follow-up to the three-day symposium will occur next year in the Soviet Union and a book will be published of the conference papers and discussions, said J. Hillis Miller, UCI distinguished professor of English and comparative literature.

Bentley-Adler is a public information officer at UC Irvine.



Soviet and American scholars open a new literary dialogue at a recent symposium sponsored by the UC Humanities Institute at Irvine.

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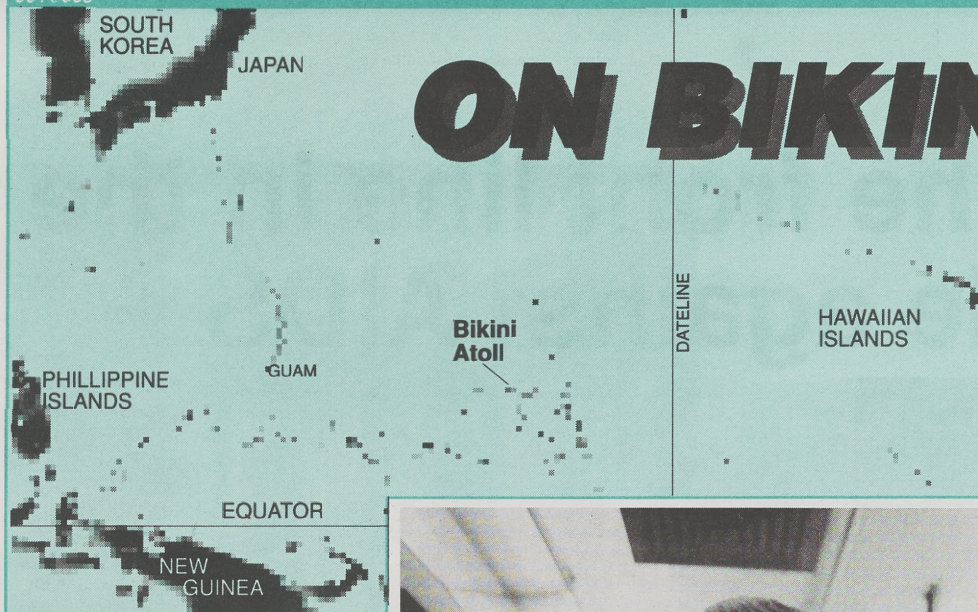
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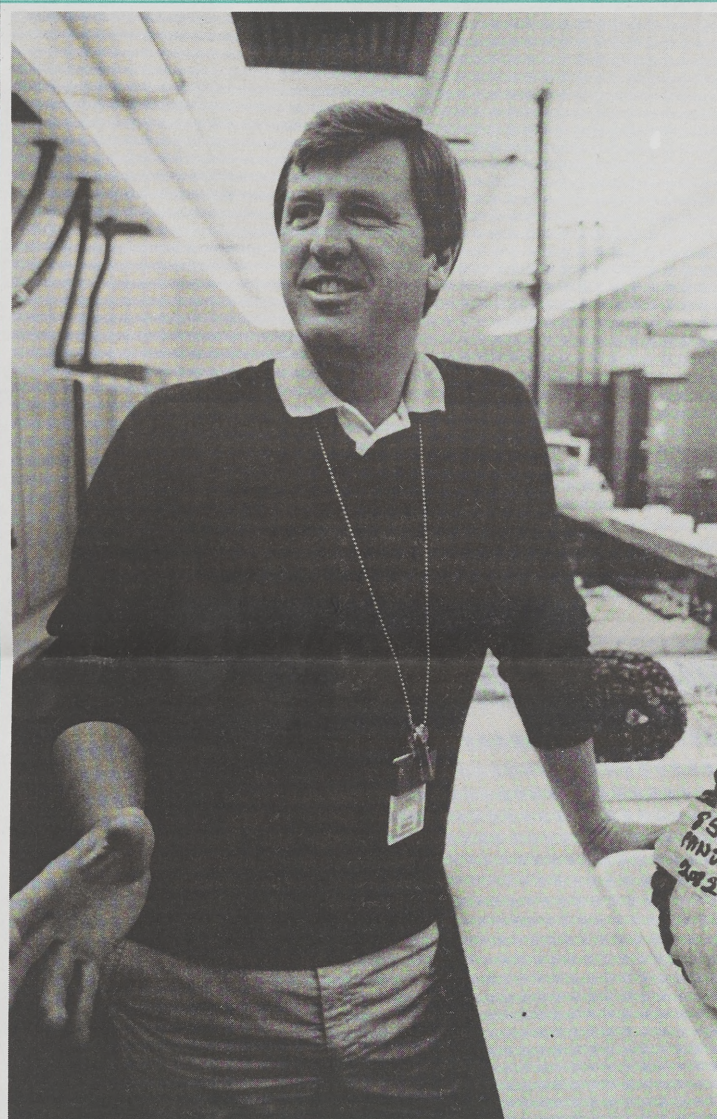
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ON BIKINI...bringing the people back home



One of the atomic tests undertaken during Operation Crossroads, Bikini Atoll 1946.



By Valerie Sullivan

The past has a way of catching up to us. At least that may be said of Bikini Atoll, where scientists are still cleaning up from atomic bomb tests conducted 40 years ago.

One of those scientists is Bill Robison, a radioecologist at Lawrence Livermore National Laboratory (LLNL). Robison spends roughly a third of each year living in a converted schoolhouse on Bikini Island, where he measures the radioactive contamination of plants and the soil.

He takes approximately four trips a year, and is gone for four or five weeks at a time. "This will be the first time in eight or nine years that we'll be home for Thanksgiving. We usually spend it out there," said Robison cheerfully as he prepared to depart for yet another journey in late October.

Robison and his crew collect soil samples and samples of local fruits such as coconuts, breadfruit and pandanas, which then are shipped back to Livermore for chopping, freeze-drying and eventual analyses that tell how much cesium 137, plutonium, americium and strontium 90 are still contained in the plants. He also is experimenting with ways to clean it up.

"The critical thing now is that the U.S. government is doing the right thing in funding the program and doing the right things to get the people back home," he said.

The saga of Bikini Island began some 40 years ago, in 1946, when the Bikinians agreed to vacate their island so that America could conduct atom bomb tests on the remote island cluster. The islanders left believing they would be allowed to return when the tests were over.

They probably would have had Bravo not happened, Robison said. Bravo was an atom bomb test on March 1, 1954, which was more powerful and far-reaching than had been anticipated. An unexpected wind shift sent radioactive fallout back over the atoll, rather than out over the ocean.

For Bikinians it meant long delays in a return home. They settled first on an island called Rongerik, where a Navy doctor later examined them and found them nearly

"The critical thing now is that the U.S. government is doing the right thing in funding the program and doing the right things to get the people back home," said Bill Robison, staff scientist at the Livermore Laboratory.

starved to death. Then they moved to Kili where they live today on an unprotected lagoon.

"Nobody involved could foresee what happened," Robison said. "Everyone thought they'd do the testing and they (the Bikinians) would come back home. They never anticipated the Bravo event."

The Bikinians' first attempt to return to the island in 1971 turned out to be premature. When the native crops they planted began bearing fruit six years later, the islanders' body burden radiation levels began to go up and exceeded federal guidelines. It became clear the island was still radioactive.

It was at about that time that Robison and his staff became involved. "It became clear we did not have adequate data," said Robison. He said the islanders faced

potential exposure from several sources, including external exposure from gamma rays absorbed just by walking around.

Tests showed marine life was not affected. But plants and fruits were. "We were able to identify that cesium was a major problem and that the terrestrial food chain was the most significant exposure pathway," Robison said.

One of his main tasks now is to help islanders understand clean-up alternatives. "It's a scary thing for them. It's hard to explain radiation and radiation doses," Robison said.

The most dramatic way of ridding the soil of its radioactive elements is to excavate the top 16 inches of soil where most of the radiation is. To do so however would mean destroying some 40,000 mature coconut, breadfruit and pandanas

trees, and excavating organic material that has taken decades to build up, Robison said.

A preferable alternative with which Robison has been experimenting is adding potassium to the soil. Potassium is a close relative to cesium. "When both elements are available plants prefer potassium over cesium," Robison said.

He oversees several experimental plots where potassium has been added to the soil. Tests show it has reduced the plant's uptake of cesium by 90 percent, Robison said.

Still it remains to convince islanders that is the best alternative, Robison said.

"They understand the excavation option from the point of view that it (the contaminated soil) is gone. If it's still there, (they want to know) what happens when you leave?"

Construction was to get underway this month on nearby Eneu Atoll to pave the way for the eventual return of the Bikinians to their island. The multi-year project includes construction of a new pier, industry and commercial center, warehouse, power plant, water plant and housing to support the work group.

Robison said Bikinians will be expected to make a decision on a clean-up method for their island within the next three or four years.

Some 143 Bikinians were relocated to other islands in 1946. Today Robison estimates the Bikinian population at between 900 and 1200.

Robison was with a group of elders who revisited the island recently for the first time since leaving it. "It was really emotional," he recalled. "There's always been the desire to go back home."

Some of the elder Bikinians also have visited the Livermore lab to see Robison's work. The important thing, Robison said, is to make sure they can make an educated decision about their homeland.

"If I felt they fully understood and still chose to do the excavation, then that's their choice," he said. "I just would hate to see a decision made without that understanding."



On the front line in the battle against AIDS



AIDS *continued from page one*

Clement is one of a number of UC doctors and researchers who have committed their careers to dealing with the AIDS crisis. The University's involvement in AIDS ranges from individual research projects on almost all of the nine campuses to model AIDS care and research programs that are the envy of many other communities in the nation.

Clement is director of outpatient services in Ward 86 at the UC-affiliated San Francisco General Hospital. Inside the aging red brick building where the clinic is located is a sign that reads: "I have AIDS. Please hug me. I can't make you sick."

It was a UC San Francisco doctor, Donald Abrams, who first inspired Clement to become involved in AIDS care. Clement said he was working at an Oregon hospital when he heard Abrams, a professor of medicine, talk about caring for AIDS patients.

Clement said the death of many of his friends, including a physician mentor, inspired him to continue in the field despite warnings.

"To see him sit and die of this disease was personally very devastating," Clement said. "I see myself as avenging his death, carrying on what he taught me and making an impact."

Clement oversaw inpatient services at Ward 5A at San Francisco General Hospital from July 1986 until this October when he took over as director of the outpatient clinic.

An organizational chart in the staff room at the clinic is testament to the hard work and the large population served. The chart is a grid;

beneath each doctor's name is a list of some five to seven patients they will see that afternoon.

Tuesday, Oct. 25, is a fairly typical day in Ward 86 with some 110 patients being seen. Clement said they average 1,800 patient visits per month.

He has patients scheduled at 15-minute intervals from 1:30 p.m. on. Because of the time he spends with each patient, he will be late for most of them.

Clement is very much a hands-on physician who has developed relationships with many of his patients over time. This day, they include a healthy-looking young Texan who marvels at his own good health, and one named John who is not so lucky. He has had Kaposi's sarcoma, a cancer associated with AIDS, and pneumocystis pneumonia. AIDS has left him much thinner and weaker and he must walk with the aid of a cane.

"I'm tired and I'm tired of feeling tired," he said.

Another patient is there with his parents who are concerned about the fact he has lost 27 pounds in one month and is quite literally wasting away. Clement has his arm around the mother's shoulder as they walk down the hall to where her son waits in an examination room.

Thus far there is no cure for AIDS though researchers have found some drugs such as AZT and aerosol pentamidine helpful in treating or preventing AIDS-related infections.

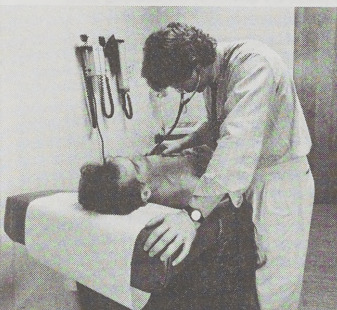
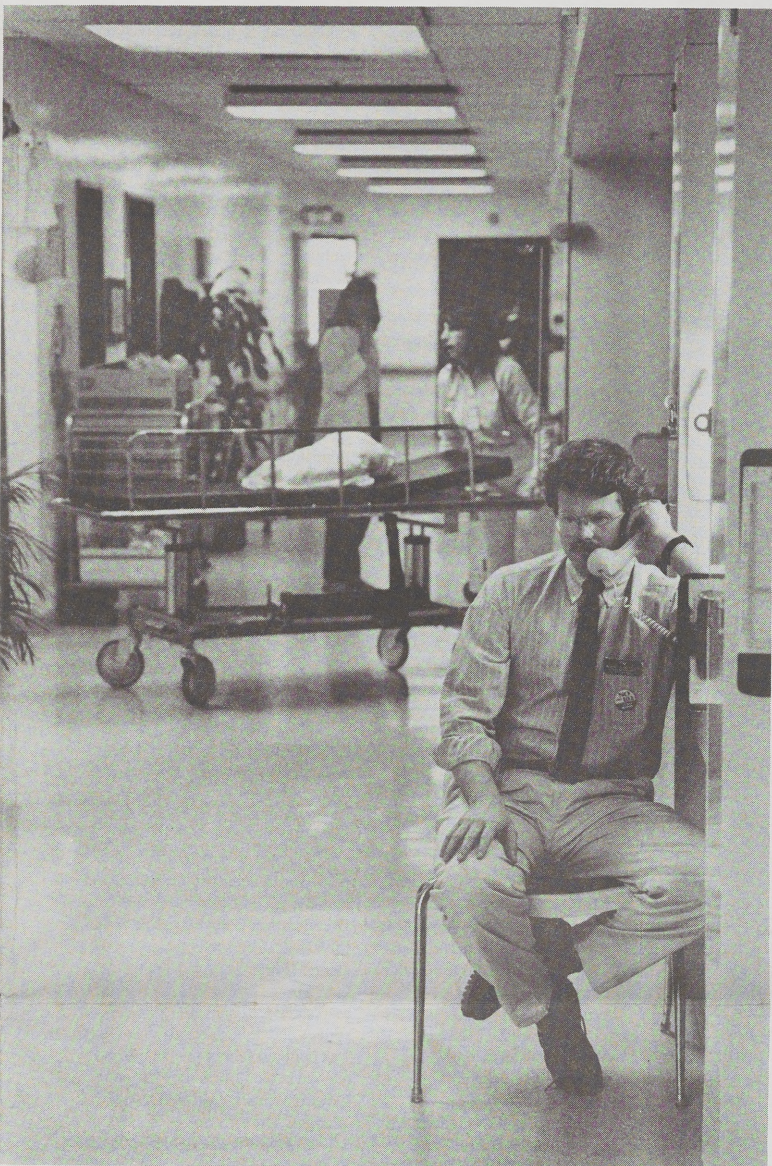
"We're trying to prolong people's lives, to keep them alive long enough hopefully to find an anti-retroviral therapy (a cure)," said Clement, who is a co-investigator in several AIDS drug



trials at San Francisco General Hospital.

Clement's duties also bring him to Ward 5A, the first dedicated AIDS unit in the country. The ward is unique in the multidisciplinary approach it takes to treating AIDS patients, bringing together doctors, specialized nurses, social workers and counselors—in short, people committed to helping AIDS patients with both their physical and emotional ills.

Clement said he is seeing more complex medical problems, including patients ravaged by cryptococcal meningitis and toxoplasmosis, a



disease that affects the brain.

One patient hospitalized in late October was a young lawyer whose biggest fear was of losing his intellectual capacity, Clement said.

Sadly that is exactly what happened. "He told his parents the world is going to end (today)," Clement said. "I always listen to them because many times they're telling you when they are going to die."

A letter from a patient posted on a hospital wall urged other patients to see themselves as medical pioneers rather than as victims.

For Clement the history of AIDS lies less in his own research breakthroughs than in the names of such patient-pioneers who have come before him.

"This is by far the most important work I've ever done. I can't see myself stopping it," he said. "If it ends I'll do something else and that will be wonderful."

UCSF physician Michael Clement is shown in photos above checking patients, conferring with doctors and on the telephone at San Francisco General Hospital.

Photos by David Powers

No cure but some breakthroughs in the AIDS battle

An anti-cancer drug that has been around for the last 20 years is among the most promising drugs now being tested for AIDS treatment, according to researchers testifying at a day-long hearing Nov. 15 in San Francisco.

The good news about AZT, however, was followed by the "bad news" that a vaccine or cure for the deadly epidemic does not appear likely in the next four to five years.

Dr. Merle A. Sande, professor and vice chair of the department of medicine, UC San Francisco, and chief of medical services, San Francisco General Hospital, called drug development the "hottest issue" ongoing in UC's AIDS research program but urged continued funding for all levels of AIDS research.

"We need more funds. We need more support. We've in a way only scratched the surface," he said.

The hearing was called by Assemblyman Tom Hayden (D-Santa Monica), chair of the Assembly Subcommittee on Higher Education, to address UC's role in AIDS research. Two future hearings on education and health services are planned.

California researchers have received approximately \$42 million since the state first began funding AIDS research in 1982-83. That money has enabled California to build a model AIDS program and to attract approximately 20 percent of all federal funds going to AIDS, Sande said.

Money is allocated to California researchers based on recommendations of a nine-member Universitywide Task Force on AIDS.

Education aimed at prevention appears to have had a significant impact in San Francisco's gay community, where the rate of human immunodeficiency virus (HIV) infection has dropped from some 5,000 new cases per year to 100 per year today "and falling," according to Andrew Moss, professor of epidemiology, UCSF.

The bad news, he noted, is in the increasing numbers of intravenous drug users with HIV-infection, particularly IV cocaine users. "There's no therapy for cocaine use, there's no policy and there's no treatment," he said.

Paul Volberding, an associate professor of medicine at UCSF, said other drugs besides AZT have proven effective in treating AIDS-related illnesses such as pneumocystis pneumonia, the number one killer of AIDS patients. He said many AIDS patients now are able to remain outside a hospital setting for some treatments.

"We need more clinical trials (of drugs) which do not cure, but will make the disease a lot more comfortable for our patients," he said.

Dr. Cornelius Hopper, UC's vice president of health affairs, said more emphasis was being placed on prevention and education, including studies designed to prevent the spread of AIDS among teenagers.

A recent UC study of teenage girls attending a family planning clinic in the Santa Cruz area found they reported having sexual intercourse an average of 15.1 times during a two month period, but practiced "safe sex," using a condom, only 2.1 times.

"If we want them to be responsible sexually, we need to teach them how to do it," said Thomas Coates, professor of medicine, UCSF, who conducted the study.

Some members of the public invited to testify at the hearing said that for some, such scientific research comes at an agonizingly slow pace.

Many patients desperate for a cure are going to "guerilla clinics" to obtain drugs not available through normal medical channels. Paul Boneberg of San Francisco said the commonly accepted wisdom seems to be that the first wave of AIDS victims — gay men — will die.

"This plan on AIDS, at least in my community, is a losing battle," he told the hearing.

-- Valerie Sullivan

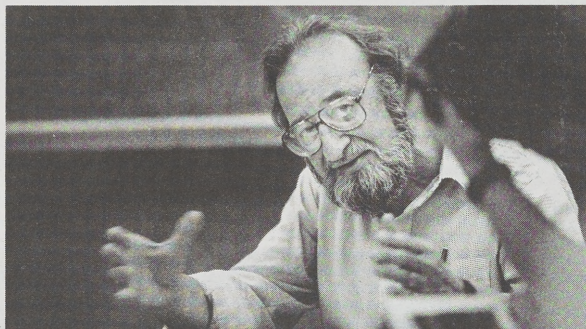
awards

Mohamed A. Abdou, professor of mechanical, aerospace and nuclear engineering, UCLA, received the Outstanding Achievement Award from the Fusion Energy Division of the American Nuclear Society. The award is considered the most prestigious of the fusion energy division. Abdou also received the U.S. Department of Energy Distinguished Associate Award for his "exceptional leadership."

William Baxt, professor of medicine, San Diego, received an award for best oral clinical science paper at the annual meeting of the University Association for Emergency Medicine.

William Bunney, professor of psychiatry and human behavior, Irvine, gave the presidential address at the 16th Congress of the Collegium Internationale Neuro-Psychopharmacologicum in Munich, Germany.

Four UC professors were among 20 researchers in the nation to receive the first David and Lucille Packard Foundation fellowships designed to encourage talented young scientists and engineers. Recipients were **John F. Canny**, assistant professor of computer sciences, Berkeley; **Nancy M. Haegel**, assistant professor of



Berkeley educator is professor of the year

Norman Jacobson, professor of political science at UC Berkeley, was named California Professor of the Year by the Council for the Advancement and Support of Education (CASE) in Washington, D.C. He also was named one of 10 gold medal winners in CASE's national Professor of the Year competition.

A specialist in modern American and European political theory, Jacobson joined the Berkeley faculty in 1951 and served as political science chair in 1974-75. He teaches introduction to political theory, American political theory, a graduate research seminar and a seminar for advanced undergraduates.

material science, UCLA; **Timothy J. Mitchison**, visiting assistant research pharmacologist, UCSF; and **Robert L. Whetten**, assistant professor of

chemistry, UCLA. The fellowship allocates \$100,000 per year for five years to each recipient.

Thomas Cowan, a 29-year-old

physicist at Lawrence Livermore National Laboratory, received a special honor when his dissertation was selected as the nation's best in nuclear physics in the past two years. Cowan received the biennial Dissertation Award from the Nuclear Physics Division of the American Physical Society.

Two civil engineering professors at Berkeley, **Ben C. Gerwick Jr.**, and **P. Kumar Mehta**, were honored at the Second International Conference on Performance of Concrete in Marine Environments by the American Concrete Institute.

Alan Hofmann, professor of medicine, San Diego, received an honorary doctor of medicine degree from the University of Bologna, Italy.

David Jenkins, professor of sanitary engineering, Berkeley, received the Harrison Prescott Eddy Medal of the Water Pollution Control Federation, and was named an honorary member of the federation.

Glen Langdon, professor of computer engineering, Santa Cruz, received an unusual honor. His former students from the University of Sao Paulo in Brazil named a commercial office building after him. Langdon lived and taught for many years in Brazil.

Saul Levin, a fourth-year psychiatric resident at UC Davis School of Medicine, was named one of the nation's top 10 "rising stars in medicine" by the New Physician magazine.

Katherine Mawdsley, assistant university librarian, Davis, recently testified before a subcommittee of the House Committee on Appropriations on behalf of the American Library Association.

Former UC San Diego chancellor **William D. McElroy**, professor emeritus of biology, was honored recently at the Fifth International Symposium on Bioluminescence and Chemiluminescence in Italy. A special half-day symposium was held in his honor. An annual memorial lecture also was instituted at the meeting in honor of **Marlene DeLuca**, McElroy's wife and a professor of chemistry at San Diego for 15 years until her death last year.

Harvey L. Molotch, professor of sociology, Santa Barbara, was named a co-winner of the Robert E. Park Award from the American Sociological Association for co-authoring "Urban Fortunes, the Political Economy of Place."

C.D. Mote Jr., professor of mechanical engineering, Berkeley, won a Humboldt Senior U.S. Scientist Award for his research and teaching.

Virginia Olesen, professor of social and behavioral sciences, UCSF, won the Leo G. Reeder Award of the Medical Sociology Section, American Sociological Association, for her distinguished career and contributions.

New award created

The National Academy of Engineering (NAE) has established a major new international award for achievement in engineering. The Charles Stark Draper prize will consist of a gold medal and \$350,000, and will be awarded biennially. The prize is designed to focus worldwide attention on the critical role engineering and technology play in improving the quality of everyday life. Nominations will be solicited from members of the NAE, the National Academy of Sciences and the Institute of Medicine, among others.

Antoni K. Oppenheim, professor emeritus of mechanical engineering, Berkeley, received the Sir Alfred C. Egerton Gold Medal by the Combustion Institute.

Norman Rostoker, professor of physics, Irvine, received the James Clerk Maxwell Prize in Plasma Physics for his "outstanding contributions and leadership."

H. Bolton Seed, professor of civil engineering, Berkeley, received an honorary degree from the Scientific Council of the Ecole des Ponts et Chaussees, the oldest school of civil engineering in the world.

Raymond B. Seed, assistant professor of civil engineering, Berkeley, received the New Engineering Educator Excellence Award from the American Society of Engineering Educators.

David Shapiro, professor of psychology, UCLA, received the Award for Distinguished Contributions to Psychophysiology from the Society for Psychophysiological Research.

Thomas P. Singer, professor of biochemistry and biophysics, UCSF, received an honorary doctor of medicine degree from Semmelweis University, Budapest.

John Steel, professor of mathematics, UCLA, won the Carol Karp Prize, awarded every five years by the Association for Symbolic Logic for outstanding contributions to the field.

Margaret Walsh, associate professor of dental public health and hygiene, UCSF, won the Professional Excellence in Dental Hygiene Award for Research from the American Dental Hygienists Association.

Mary Lindenstein Walshok, associate vice chancellor of extended studies and public service, San Diego, was honored for her leadership and service at the California Women in Government's annual "Tribute to Women."

Gerald Westheimer, professor of physiology, Berkeley, was awarded an honorary doctor of science degree by the University of New South Wales. He also received a bicentennial medal from the Australian Optometric Association.

Gayle E. Woodson, assistant professor of otolaryngology, San Diego, received a Clinical Investigator Development Award from the National Institute of Neurological and Communicative Disorders and Stroke. The special award is made to encourage and support outstanding young clinicians who also pursue research.

Ronald W. Yeung, professor of naval architecture and offshore engineering, Berkeley, received a Humboldt Senior Scientist Award for his research and teaching.

UC San Diego received a Governor's Transportation Award for an outstanding ridesharing program. The award was one of only five granted statewide and was the only one presented to a college campus. UCSD was selected for contributing the most toward reducing traffic congestion in the San Diego area during the past year.

in memoriam

Former UCR chief dies

Former UC Riverside Chancellor Herman T. Spieth died Oct. 20 at the age of 83. Spieth, a professor emeritus at UC Davis, headed the Riverside campus from 1956 to 1964, when he returned to Davis where he headed the zoology department. An internationally respected biologist, Spieth studied mayflies and the mating behavior and evolution of vinegar flies.

Olympic medals



Steven Lewis

If UC had competed as a country in the 1988 Olympics, it would have tied for seventh among nations in the number of team and individual medals won.

Some 66 students, staff, faculty and alumni athletes from five UC campuses travelled to South Korea to participate. Their efforts brought home a total of 28 team/relay and individual medals — 16 gold, 7 silver and 5 bronze.

This total placed the University behind the USSR (132 medals) East Germany (102), USA (94), West Germany (40), Bulgaria (35), South Korea (33) and tied with China, 28.

Some Olympic standouts included Matt Biondi, a Berkeley alumnus who dominated swimming with five gold medals, a silver and a bronze; Greg Louganis, an Irvine alumnus, who repeated his 1984 exploits by winning two gold medals in diving; and UCLA alumnae track and field standouts Florence Griffith Joyner, who won three gold medals and one silver medal, and Jackie Joyner-Kersey who won two gold medals, including one for her world-record performance in the grueling seven-event heptathlon.

Other UC Olympic participants included James C. Puffer, chief of family medicine at UCLA, who served as USA team head physician. Michael Mahoney, professor of education at Santa Barbara, served as an advisor to the wrestling team and other athletes. Ruth Solomon, professor of theater arts in dance at Santa Cruz, lectured at the scientific congress held in conjunction with the Olympics. Three Berkeley coaches, Bob Milano, baseball, Steve Heaston, water polo, and Nort Thornton, swimming, served as assistant coaches in their sports for the USA team.

Jack Snyder, a surgeon in the Davis School of Veterinary Medicine, headed an international team of veterinarians who staffed a state-of-the-art equine surgery for emergency cases during the Olympics.

Following is a list of Olympic athletes associated with UC, their event and medals won:

Berkeley

Matt Biondi, swimming, 5 gold (2 individual, 3 relay), 1 silver, 1 bronze
Hui-Chien Chang, swimming
Kim Chen, swimming
Lee Concepcion, swimming
Guy Concepcion, swimming
Sheila Conover, kayak
Chris Huntington, crew
Sheryl Johnson, field hockey
Paul Kingsman, swimming, 1 bronze
Nico Lahanaus, swimming
Atlee Mahorn, track & field
Mary T. Meagher, swimming, 1 bronze
Hiroko Nagasaki, swimming
Stephan Persson, swimming
Kevin Robertson, water polo, 1 silver (team)
Michael Soderlund, swimming
Dave Steen, track & field, 1 bronze
Ted Swinford, crew
Conny van Bentum, swimming, 1 silver (relay)
Marcy Place von Schottenstein, field hockey
Tommy Werner, swimming
Mark Zemsch, crew

Irvine

Jeff Campbell, water polo, 1 silver (team)
Peter Campbell, water polo, 1 silver (team)

Bonnie Dasse, track & field
Chris Duplanty, water polo, 1 silver (team)
Mike Evans, water polo, 1 silver (team)
Greg Louganis, diving, 2 gold
Steve Scott, track & field

Los Angeles

Evelyn Ashford, track & field, 1 gold (relay), 1 silver
Willie Banks, track & field
Paul Caligiuri, soccer
Roberto Cassio, swimming
Mark Dean, swimming
Danny Everett, track & field, 1 gold (relay), 1 bronze
Rodrigo Gonzalaez, swimming
Sherri Howard, track & field
Tom Jager, swimming, 2 gold (relay), 1 silver
Florence Griffith Joyner, track & field, 3 gold (2 individual, 1 relay), 1 silver (relay)
Jackie Joyner-Kersey, track & field, 2 gold
Karch Kiraly, volleyball, 1 gold (team)
Paul Krumpe, soccer
Steve Lewis, track & field, 2 gold (1 individual, 1 relay)
Ricci Luytles, volleyball, 1 gold (team)

Mike Marsh, track & field
Liz Masakaayan, volleyball
Giovanni Minervini, swimming
Franz Mortensen, swimming
Craig Oppel, swimming, 1 gold (relay)
Doug Partie, volleyball, 1 gold (team)
Andre Phillips, track & field, 1 gold
Tony Pineda, gymnastics
Mike Powell, track & field, 1 silver
Gail Devers Roberts, track & field
Peter Rohde, swimming
Dave Saunders, volleyball, 1 gold (team)
Francie L. Smith, track & field
Karin Smith, track & field
Dave Vanole, soccer
Darren Ward, swimming
Kevin Young, track & field

San Diego

Alan Mouchawar, water polo, 1 silver (team)

Santa Barbara

Greg Boyer, water polo, 1 silver (team)
Monica Hall, team handball
Richard Schreder, swimming, 1 gold (relay)
Craig Wilson, water polo, 1 silver (team)



Evelyn Ashford

Apodaca: Working to ensure others beat the odds

By Laurie Itow

As a youth growing up in Hurley, New Mexico, Ed Apodaca didn't consider himself college material. The closest he would get to a college classroom, he thought, was working part-time in the cafeteria of Western New Mexico University in nearby Silver City.

But a twist of fate and an aborted career as a barber steered Apodaca into college and eventually to a key post at the University of California.

As UC's director of admissions and outreach services, Apodaca works to ensure that minority students don't rely on a fluke, as he did, to get a college education.

Apodaca oversees programs that help underrepresented minority students -- blacks, Chicanos and American Indians -- prepare for college, or at least consider college as an option.

For many young Chicanos, who drifted through school speaking broken English in his hometown, higher education meant vocational school, he says. The odds were stacked against Apodaca ever going to college.

Mexican-Americans went to segregated schools, churches and stores in a community divided by railroad tracks. By the seventh grade, all students went to a single junior high school and that's when most Chicanos dropped out, he says.

Apodaca, whose father worked in a copper mine and didn't speak English, was the first in his family to attend college. He led the way for his five brothers and a sister, who now all have college degrees. Even his two older brothers followed Apodaca's example and went back to school.

"We didn't have any role models, not a single Chicano teacher, coach or administrator," Apodaca recalls. "Most of us didn't speak English and most of our teachers didn't speak Spanish. You got through most of the school day by not saying anything in class."

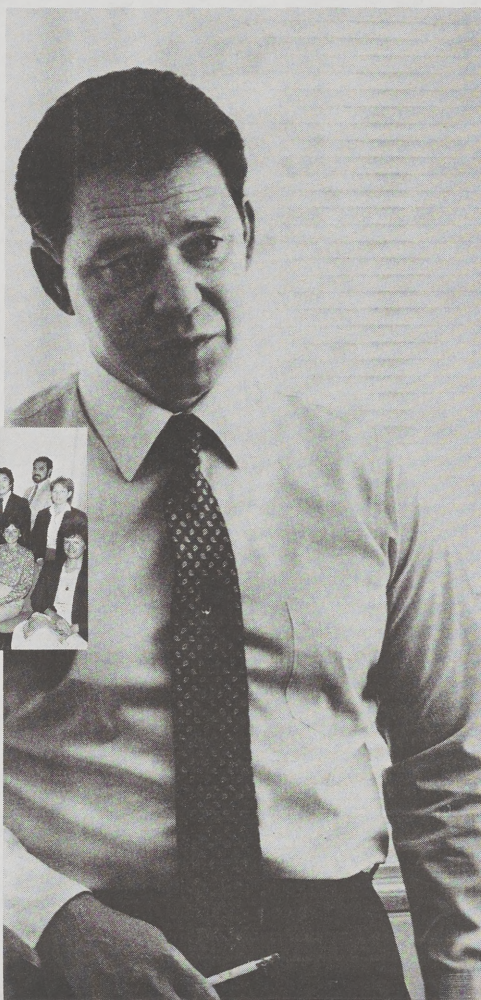
After high school, Apodaca set out to make a living as a barber and completed six months of training at a trade school. But a surplus of barbers locked him out of a job.

Apodaca went back to work at the cafeteria of Western New Mexico University, where his boss, Harold Cope, convinced him to give college a try. "I urged him to go to college," says Cope, now retired. "I knew he had a lot of talent."

Even at age 14, when Apodaca first went to work part-time for Cope after school, "he never ceased to amaze me," Cope says. "He was always a hard worker."

With encouragement from Cope and others, Apodaca studied to become an art teacher while working full-time. At the same time, he got married and started raising a family.

During his first year at the university, "I made the dean's list," he says. "I didn't even know what it was." He



Ed Apodaca shown here with his staff (inset). UC's director of admissions and outreach services, he works to ensure others don't rely on a fluke to go to college, as he did.

also won an art contest and a scholarship.

While a part-time student, he was appointed Cope's assistant and then food service director.

After eight years of that grueling schedule, Apodaca had completed all but science course requirements necessary for a bachelor's degree. By then, he decided to move to Southern California for a job as purchasing coordinator for aviation goods at Lockheed Air Services in 1968.

The following year, he was hired as office manager of financial aid at UC Riverside. "He was clearly a person who showed great promise," says A.T. Brugger, then UCR's vice chancellor of students, who hired Apodaca. "He is an enormously sensitive, dedicated person."

Apodaca quickly rose to director of educational

opportunity programs.

Brugger, who retires in December as university dean of students and special assistant for international education in the Office of the President, says, "You make a great many decisions during a career. The hiring of Ed was unquestionably one of the best decisions I've made."

Even without his bachelor's degree, Apodaca was named at age 32 UCR assistant vice chancellor in 1973.

But Apodaca says he needed to complete his degree. "I was always explaining my educational background," he says.

He got his bachelor's degree at California State University at San Bernardino and went on to get a master's degree in business administration at Pepperdine University.

Meanwhile, he moved on again in 1974, this time to UC Santa Barbara as financial aid director.

To get a dose of "Eastern perspective," Apodaca in 1979 joined the University of Massachusetts at Amherst as financial aid director. His former colleagues established an annual \$1,500 Edward Apodaca Scholarship when in 1981 he returned to California to coordinate admissions and outreach services for UC's nine campuses.

That kind of recognition from peers as well as students has helped inspire Apodaca, he says. This year, he won the Tomas Rivera award for outstanding contributions and leadership, an award issued by the statewide Chicano group, Raza Administrators and Counselors in Higher Education.

At UC, "what we're trying to do is work with students who are in schools that are predominantly minority and that have a poor track record in sending students," Apodaca says. There are 1,250 high schools in the state, but 250 of them provide 60 percent of UC's students, he says.

In his seven years on the job, admissions issues have become increasingly complex. UC, Apodaca says, has to look at more than grade point averages and test scores to create a diverse student enrollment. "Not all students should be cut out of a mold," he says. "We need to give people a chance, not just the super stars."

That means not every student with a 4.0 grade point average will be accepted to campuses such as Berkeley and UCLA that have far more qualified applicants than they have space, Apodaca says.

"We're committed to diversification and a greater representation from throughout the state," from both rural and urban communities, he continues. "We want students with diverse backgrounds and skills."

In addition, "Our concern is not only identifying and admitting minority students, but to make sure they continue through the pipeline," to complete doctorate and professional degrees, he says.

Apodaca, 47, knows from personal experience the importance of guidance. For each student that his staff helps, Apodaca believes several others - brothers, sisters and friends of that student - are indirectly influenced.

Many Chicanos in higher education, Apodaca says, wouldn't have made it through college without encouragement or, in some cases, insults that motivated them. "I could've been a barber in Silver City," he says.

appointments

C. Clifford Atkisson, professor of medical psychology, UCSF, was appointed to the Clinical and Behavioral Sciences Subcommittee, Mental Health Small Grant Review Committee, National Institute of Mental Health.

Edwin R. Bayley, professor emeritus and retired dean, Graduate School of Journalism, Berkeley, was appointed a distinguished panelist at a national symposium on The Red Scare held at Middle Tennessee University.

Leslie Z. Benet, professor of pharmacy and pharmaceutical chemistry, UCSF, was appointed to the Forum on Drug Development and Regulation of the Institute of Medicine.

Millie Hughes-Fulford, associate professor of medicine, UCSF, was appointed to the Committee on Space Biology & Medicine of the National Research Council.

Alfred Katz, professor emeritus of public health and social welfare, UCLA, was appointed the 1989 Pins Memorial Lecturer at the Hebrew University, Jerusalem.

Gordon C. Rausser, professor of agricultural economics, Berkeley, was named chief economist of the Agency for International Development. He will serve as an advisor on strategic economic issues while continuing his duties at Berkeley.

Quelda Wilson, assistant vice chancellor of staff personnel, San Diego, was selected by the Office of Women in Higher Education of the American Council on Education (ACE) to serve as state coordinator of the Southern California State Planning Committee of the ACE National Identification Program for the Advancement of Women in Higher Education.

elections

Chris Biby, R.N., program director of the UC San Diego Diabetes Center, was elected to the board of directors of the American Association of Diabetes Educators.

A.W. Brant, extension food technologist emeritus, Davis, was elected to the World Poultry Science Association's International Poultry Hall of Fame.

Michael H. Chase, professor of physiology, UCLA, was elected president of the newly-formed World Federation of Sleep Research Societies. He also serves as president of the U.S. Sleep Research Society.

Anil K. Chopra, professor of civil engineering, Berkeley, was elected to the board of directors of the Structural Engineers Association of Northern California. He also was appointed to the executive committee of the Structural Division of the American Society of Civil Engineers.

Jack Hug, assistant vice chancellor of physical plant services, San Diego, begins a one-year term as president-elect of the Association of Physical Plant Administrators of

Universities and Colleges.

Yuet W. Kan, professor of medicine and laboratory medicine, UCSF, was elected to the Academia Sinica (Chinese Academy of Sciences) in Taipei, Taiwan.

G. Robert Mason, professor of surgery, Irvine, was elected vice-president of the Southern California Chapter of the American College of Surgeons.

Ricardo F. Munoz, associate professor of psychiatry, UCSF, was elected a fellow of the American Psychological Association, Division of Community Psychology.

Oreste Piccioni, professor emeritus of physics, San Diego, was elected to membership in the Accademia Nazionale dei Lincei of Rome.

Frank A. Pitelka, professor emeritus of zoology, Berkeley, was elected a fellow in the Animal Behavior Society and a member of the board of directors of the Cooper Ornithological Society.

Mark B. Rosenzweig, professor of psychology, Berkeley, was elected

president of the International Union of Psychological Science at the XXIV International Congress of Psychology in Sydney, Australia.

Joseph H. Silverman, professor of Spanish literature, Santa Cruz, was elected a corresponding member of the Spanish Royal Academy. The Modern Language Association also presented him with a volume entitled "Hispanic Studies in Honor of Joseph H. Silverman."

Marlene Tebo, Physical Sciences Library, Davis, was elected to the board of directors of the Special Libraries Association.

Santa Barbara Chancellor Barbara S. Uehling was elected president-elect of the Western Association of Schools and Colleges (WASC) for a two-year term. WASC oversees accrediting of schools, colleges and universities in the western U.S.

Harold F. Weaver, professor emeritus of astronomy, Berkeley, was elected an Honorary Fellow of the California Academy of Sciences.

GROWTH *continued from page one*

Baker said the amount of money needed to accommodate the projected growth would be about the same whether building new campuses or expanding existing ones.

Gardner told the board, "The basis for our preliminary feasibility analysis is rooted in the belief that Californians will wish to provide for UC in the future as they have in the past, and that UC will continue to grow with the state as it has since its chartering in 1868."

Demographic projections indicate that, if UC continues to accept the top 12 1/2 percent of all high school graduates in the state — as provided by the Master Plan for Higher Education — and to admit all eligible applicants who choose to enroll, some 63,000 additional students will have to be accommodated by UC by 2005.

About 43,000, or two-thirds of those, can be added to existing campuses, based upon the proposed estimated capacities. The President said that the estimated planned capacities were determined by considering the unique characteristics of each campus; campus opinions; academic and non-academic program requirements; demand for enrollment; the graduate/undergraduate mix and enrollments in the health sciences; environmental factors, such as land, water, services and facilities; prospects for faculty recruitment; student and faculty housing; the interests of the communities in which campuses are located; and the University's obligations to the state under the Master Plan.

Campus targets

The estimated planned capacities for the existing campuses for the planning period are:

Berkeley: 29,450, a slight reduction from present size. "The Berkeley campus currently exceeds its reasonable carrying capacity in virtually all respects," Gardner said. The modest reduction, he said, will allow the campus to maintain its resource base and its programmatic capability "while easing the pressures that are taxing both the campus and its host community."

Davis: 26,850, an increase of 6,059 students, or 356 per year. "Carefully controlled and planned growth at Davis is not only possible but highly desirable and should permit Davis to further enhance the range and quality of its already quite comprehensive and highly regarded academic program while preserving, indeed improving, the environment for learning that has proven to be so attractive to generations of students," Gardner said.

Irvine: 26,050, an 11,125 increase, or a growth rate of 654 students per year. "The campus is used to growth, knows how to grow, is geared for growth, and wishes to grow," the President said. He noted the proposed growth rate is consistent with the plans of the communities directly affected by UCI.

Los Angeles: 34,500, just 526 more students than are currently enrolled. "Significant growth is not needed to enhance UCLA's program or its well-established international reputation and

Gardner at press conference: growth difficult but necessary



Editor's note: President Gardner met with reporters after the October meeting — the first of two historic meetings on growth of the UC system. The following is an excerpt of his remarks made extemporaneously at the Oct. 20 press conference.

Our assumption all along has been that the people of the state will wish to have the University of California grow with the state as, indeed, they have since the chartering of the University 120 years ago. If we are going to grow with the state consistent with our history and with the expressed will of the people of California then we will be growing by 63,000 students between now and the year 2005.

Our best estimate is that two-thirds of that growth can be accommodated on the existing campuses without unduly crowding them and, thus, risking a deterioration of the education offered to the students, with the remaining one-third enrolled on additional campuses. Now people can debate those percentages. Someone might argue, for example, that instead of taking two-thirds we should take 75 percent, or instead of taking two-thirds we should take 50 percent on the existing campuses and the new campuses should take more or less than what's projected, or we should start them in 1995 instead of 1998, or start them in the year 2000 instead of 1998.

The main point is that we expect to grow roughly 60,000 to 70,000 students if we continue to make the University of California as accessible in the next 17 years as it has been in the last 120 for the young Californians who are eligible for admission and who wish to enroll.

Now, this is not, as it might otherwise be portrayed, an expression of institutional self-interest. It is going to be difficult for the University of California to accommodate this growth. It will be an enormous task for us, even if the resources are forthcoming, to develop new campuses of the quality we have at the present nine. It's not as though the University, for reasons of institutional self-interest, is seeking to grow at this rate or to add new campuses. We are motivated solely by our desire to provide a place for young people who qualify themselves for admission and who want to study at the University of California. That's what's driving us.

It would be much easier for the University of California to say, "Well, we've arrived. We don't wish to be encumbered by this additional growth or to run the risk of bleeding resources away from the existing campuses or to add new ones, to try and recruit out of the very tight faculty pool in the 1990s, to run the political gauntlet with respect to gaining the resources, questioning the Gann limit and so forth."

Life would be much easier for us if we didn't contemplate this growth. But we feel obliged to meet our historic role and our historic obligation to provide access to what is doubtless the world's leading public university. And the question of whether we should have X number of students on existing campuses in the year 2003 and whether 1999 should be the exact year to open a campus is just a fine point. I wanted to lay this out to the publicly elected officials of the state and to the people of California for their consideration and judgment because, in the end, they'll be making this decision, not us.

would, in any event, be very difficult to manage in its tightly constrained physical environment," Gardner said.

Riverside: 15,050, up nearly 8,000 from present totals, or about 471 students per year. "This is the highest rate of growth projected in our feasibility analysis for any campus," Gardner said. "The campus in the early years of the planning period will have to recruit annually between 8 and 9 percent of its current ladder-rank faculty."

San Diego: 26,050, an increase of 9,831 students, or 578 annually. "The campus has the land and the momentum," according to Gardner. "Growth will permit the further development of UCSD's already distinguished academic program while allowing for the development of new programs, professional schools, and colleges over the years."

San Francisco: 4,000, an increase of

426 students. UCSF is the nation's premier health-science campus. Gardner said, "UCSF's future will be influenced not so much by enrollment-related issues as by space considerations. The 'no' or 'limited growth' attitude of the surrounding neighborhoods and the City of San Francisco will be an increasing problem for UCSF if the campus is to sustain its present quality, continue to perform its pioneering research, offer the superb teaching and patient care for which it is rightly renowned and respected throughout the world, and to realize its full potential."

Santa Barbara: 20,000, a 2,176-student increase, about 128 per year. This means "closely limiting campus growth," Gardner said, due to physical resource, land and water limitations and housing shortages. He said, however, that the proposed campus growth rate is 0.7 percent a year, which is below the 1 percent growth rate expected for the Santa Barbara area generally and will allow UCSB "to grow sufficiently to accommodate its programmatic needs and achieve its research potential...without adversely impacting the host communities."

Santa Cruz: 15,000, an increase of 6,051, or 356 students a year. "This rate of growth is generally supported by the campus community and is, in my view, crucial in order for UCSC to fully and properly develop and balance the breadth and depth of the

academic program, improve the graduate/undergraduate ratios, permit the development of professional schools, enhance research, and invigorate the college system and undergraduate education," Gardner said.

Faculty needs

The President also emphasized that the planning estimates in all cases increase the percentage of graduate students enrolling on campus, to at least 20 percent everywhere by 2005-06.

He pointed out that UC and campuses across the country face a tremendous shortage of faculty members due to an unprecedented retirement rate in the 1990s. William Frazer, UC senior vice president for academic affairs, estimated that UC will need 10,200 new faculty between now and 2005 to meet the turnover and accommodate the expected growth.

"The only way to increase the size of the (faculty recruitment) pool available," Gardner said, "is to prepare significantly larger numbers of graduate students to enter academic careers than is the case today, and UC will have to play a major role in fulfilling that objective."

It's also an opportunity, Frazer added, to diversify the faculty ranks. "It further signals the need to redouble our efforts to increase the number of women and minorities in our graduate programs and aggressively to pursue new and innovative hiring and retention strategies for recruitment and retention of women and minority faculty," he said.

Regents Chairman Leo Kolligian praised the analysis and called growth "the most critical issue for UC. It has reached urgent proportions. We must start to plan now to meet the demand by 1999. We can't shut the students out. The timing is right for new campuses; let's begin to plan now."

"We need more campuses," Regent Roy Brophy echoed, "and the lead time for something like this is considerable. We can remain flexible, but we need to move ahead with the planning."

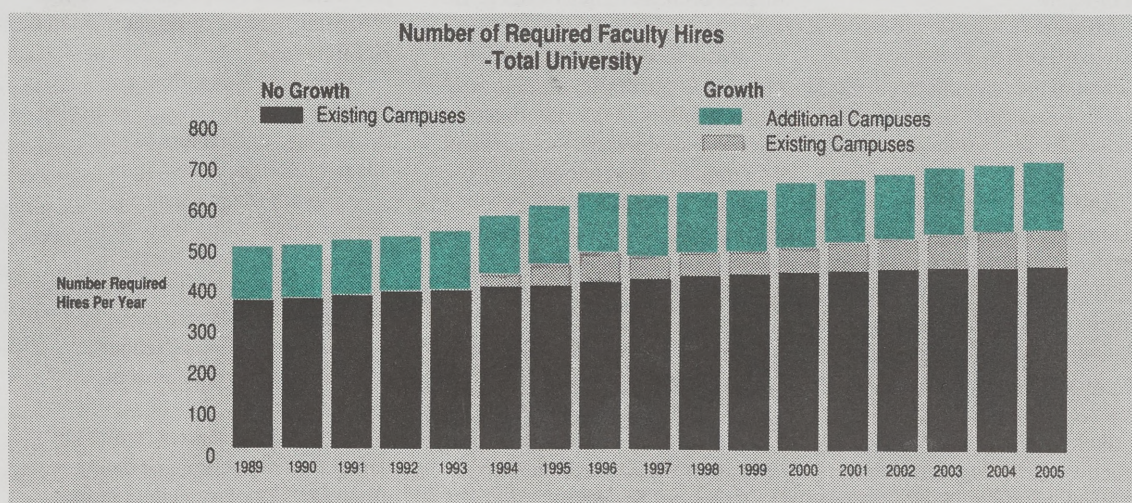
Other Regents were not as convinced. Vilma Martinez said she did not "feel persuaded that we should be seeking three additional campuses. I do not feel I have received the range of options you (Gardner) have considered to make such a decision. There may still be some 'wiggle room' there (in individual campus capacities)." Jeremiah Hallisey also expressed concern about what he called the "arbitrary" low numbers at some of the current campuses, and Sue Johnson said her home campus, Riverside, desires and could accommodate more than 15,000 students in the future.

The President, in acknowledging their uncertainties, reminded the Regents that his analysis was preliminary, subject to change, and merely his best advice on how to accommodate student demand. Discussions will continue as the planning for additional campuses proceeds.

Baker said capital funding to finance enrollment growth at existing and additional campuses also will have to increase. He said UC's capital needs will average \$189 million a year, and with renovation and modernization projects at current campuses, the total required capital package will be about \$425 million annually.

"At first glance that seems like a large sum," Baker said. "But in the growth days of the 1960s California taxpayers contributed \$17 per person each year to the University's capital program. The funds we need now come to just \$12 a person per year."

And Baker concluded, "In my view it was the spirit and vision of the people of California that built this great University. I have confidence that the same spirit and vision of today's Californians will build the University of California of the future."



The chart above shows the projections for new faculty hiring through the year 2005. The highlighted areas reflect faculty necessary to staff additional campuses.