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The San Diego Union-Tribune

September 30, 1987

Column: AIDS AND DOCTORS IN SAN DIEGO, ETHICS CRISIS IN MEDICAL CARE. First of a two-part series.

Ethics crisis: AIDS patients denied care by some doctors

By Susan Duerksen; Tribune Health Writer

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Article Text:

First of a two-part series

TIMOTHY Wren was the first case of AIDS infection in McAllen, Texas, a dusty burg just up the border from Brownsville.

Hospitalized while visiting friends there in 1983, he was kept in isolation, fed from paper plates and shunned by nurses.

Back home in San Diego, four years later, similar fears of AIDS contagion again threatened Wren's health care when he tried to get his teeth checked.

Calling dentists from the phone book and asking flat out whether they would treat an AIDS patient, Wren was turned down by everyone he called.

"I'm getting a mixed message from the medical community," he said. "You hear, 'Don't worry, you can't get it from casual contact,' but the professionals are giving me another message by refusing to handle me."

He had run up against a problem that is becoming more critical as the epidemic of acquired immune deficiency syndrome spreads: Many doctors and other medical professionals are shying away from AIDS care out of ignorance, fear of infection or because people with AIDS often have little money.

Surgeon General C. Everett Koop last week denounced such denial of care as unfounded scientifically and threatening to "the very fabric of health care in this country."

In San Diego, as in most other cities, a handful of doctors handle nearly all the AIDS cases, and they are becoming overwhelmed by the increasing numbers of dying patients. When their patients need a specialist or dentist, it's often hard to find one.

"A significant proportion of physicians are emotionally disabled or have an affective block to learning about AIDS because it's dealing with certain types of sexual behaviors they consider to be immoral," said Dr. Charles Lewis, a UCLA professor of medicine who has published a survey of California doctors on the subject.

"Half of us react to AIDS as if we had never been to medical school or knew anything about medicine," Lewis said. "It is a very strong stimulus to basic emotions that one can't paint over with formal education."

The risk of catching the AIDS virus from a patient is low. Since the disease was identified in 1981, eight health-care workers in this nation and four others elsewhere are believed to have been infected in the course of their jobs, according to the U.S. Centers for Disease Control.

In ongoing studies, only three cases of infection have been found among 1,344 health-care workers tested after known exposure to the virus -- either through accidental needle pricks or mucous membrane contact with contaminated fluids.

Also among the eight U.S. cases is one New York dentist believed to have caught the virus from accidentally sticking himself with used syringes, which he reports doing 10 times in the past five years. Despite the low infection rates, dentists, doctors and hospitals across the country are taking precautions such as wearing latex gloves and masks to guard against AIDS transmission.

And when they know a patient is infected, many won't take the risk at all.

Tim Wren, 38, was diagnosed with full-blown AIDS in February. He has been treated for the disease at the Owen Clinic at UCSD Medical Center, which provides the outpatient care for nearly half the AIDS patients in town, and for almost all who lack private insurance. But when Wren went to a private dentist for a checkup, he was asked on a form whether he had AIDS and he answered honestly, yes. After a long wait, a nurse came in and said Medi-Cal would not allow the dentist to treat him.

Next, he thumbed through the Yellow Pages and called about a dozen dentists, then another dozen from a list provided by the local dental association. To avoid another wasted visit, he told them he had Medi-Cal coverage and AIDS. The only two who said they would treat AIDS patients didn't accept Medi-Cal.

Even a dentist recommended by the San Diego AIDS Project said he couldn't treat anyone with AIDS because his assistants were frightened of infection.

Wren finally was accepted for dental care at a community clinic where the director said she doesn't want to publicize the fact that the clinic accepts AIDS patients because irrational fears may keep other patients away.

She said the important thing is to take adequate precautions with all patients, precautions that are needed anyway to guard against other infectious diseases or catching AIDS from patients who aren't sick yet and don't know they're carrying the virus.

"We firmly believe that if our infectious disease procedures are in place, we can treat anybody," the clinic director said.

The fear of contagion isn't the only barrier to dental and medical care for AIDS patients. Too sick to work, with their savings and insurance coverage depleted, they often end up on Medi-Cal. Only about 90 of the 985 members of the San Diego County Dental Society will take Medi-Cal patients. Medi-Cal, the state health program for low-income people, pays only about 30 percent of the average dental bill, said Dr. David Donnelly, president-elect of the society.

Donnelly said many dentists are concerned about "dumping" AIDS patients, but refer them to the UCSD dental clinic because they believe sanitation procedures are better there.

"If you don't feel you're equipped in your office, you don't have to treat them, and you shouldn't," Donnelly said.

But the UCSD dental clinic is referring AIDS patients right back to private dentists. The clinic has a backlog of four to six months for new Medi-Cal patients and is not intended for general dentistry services, said Sumiyo Kastelic, UCSD hospital and clinics director. She said the dental service is limited to university employees, emergency cases and backup for other hospital patients with special dental needs.

A clinic administrator who refused to be identified said AIDS patients are referred to the only four dentists she knows who will take both Medi-Cal and AIDS patients.

It may be illegal for anyone to refuse AIDS patients if they treat other Medi-Cal recipients, said Tim Pestotnik, a lawyer who runs a legal clinic at the San Diego AIDS Project.

The U.S. Vocational Rehabilitation Act of 1973 prohibits

discrimination against the handicapped by any enterprise that receives federal funds. Pestotnik said he believes that includes a medical or dental practice that accepts Medi-Cal reimbursement, but has asked another attorney to research the question fully on Wren's behalf.

In the three months he has been volunteering at the legal clinic, Pestotnik said four clients have complained of being refused service by doctors or dentists.

Of the 255 known AIDS patients alive in San Diego County, Dr. Christopher Mathews treats 120 at the UCSD Owen Clinic, a four-day-a-week outpatient health service for gay men and lesbians. He has another 300 patients with AIDS-related complex, a set of debilitating symptoms that usually precedes the fatal infections defined as AIDS.

With his staff overextended and space at the clinic nearing its limit, Mathews is proposing a program of "miniresidencies" to train doctors and nurses throughout the community in AIDS treatment. Doctors and nurse practitioners, mainly from the community clinics and hospitals that serve indigent patients, would be trained in about six sessions working with AIDS patients at Owen Clinic.

Mathews said such "hands-on" experience is essential because "doctors who haven't seen AIDS before don't feel comfortable with it." Doctors must be taught how to identify someone at risk for infection, when to recommend an antibody test, how to evaluate the symptoms of AIDS infection and how to use available drugs to treat the disease and related infections, he said.

Mathews has asked UCSD Medical Center administrators for fund-raising staff to solicit community contributions for the project, which would take about \$100,000 a year.

Kastelic said she doesn't know yet whether the hospital can afford the personnel, and will have to "prioritize" all the needs of Owen Clinic.

Mathews also said funding mechanisms must be changed to allow other outpatient clinics for

AIDS.

Sister Mary Jo Anderson, vice president of Mercy Hospital, said Mercy would provide the service if it could be reimbursed, as UCSD is, through the County Medical Services program for those who don't have insurance but don't qualify for Medi-Cal.

Kastelic said negotiations have begun to include Mercy in the county contract.

Mercy now has about seven patients a day hospitalized for AIDS, compared to about 10 inpatients a day at UCSD, Anderson said. "I think the hospitals throughout the city are caring well for the AIDS patients," she said. "The stress is on the outpatient services."

As of the end of August, there have been 576 AIDS cases in San Diego County, and 321 of those patients have died. The toll has been escalating every year and at least 3,000 cases are expected locally by 1991.

Dr. Keith Vrhel, one of three private doctors known for treating AIDS in San Diego, said he now has about 35 patients with AIDS and hundreds who have tested positive for the virus, making up 60 percent of his practice.

Vrhel recently began a program of stress-reduction counseling for his staff.

"The potential for burnout is very real," he said. "We will need to have more people entering the field."

Vrhel said he has had trouble finding specialists to treat his patients, especially dermatologists and ophthalmologists. Anytime there is a potential for blood exposure during treatment, he said he is ethically bound to note that a patient has AIDS when he makes a referral because not all doctors take the recommended precautions with all patients.

But Vrhel said more local doctors now are accepting their first AIDS cases, and most who refuse are concerned mainly that they lack the expertise to give adequate treatment.

But Dr. Jacquelin Trestrail, president of the San Diego County Medical Society, admitted that the problem usually is fear of getting the virus or even bias against homosexuals.

"Some of the health professionals are feeling they really don't want to touch this disease," Trestrail said. "It's an ethical dilemma, but I do think that doctors have to live up to their commitment about taking care of sick people."

Historically, doctors have continued to treat patients despite the personal risk of other contagious diseases such as bubonic plague and polio, she said.

Hepatitis B now infects hundreds of health-care workers each year and kills many of them, yet someone who has hepatitis still gets care, said Jeffrey Levi of the National Gay Task Force.

Levi blamed the federal government for failing to educate doctors and the public about AIDS. Gay health clinics such as Owen Clinic have voluntarily taken on the burden of AIDS care, but there is no similar "heterosexual community" to carry the load as AIDS spreads into the general population, Levi said.

Many doctors may have emotional difficulties dealing with AIDS as well as fears for their physical safety, said Dr. Neil Schram, former head of the Los Angeles County AIDS task force.

"Treating AIDS patients is extremely difficult," Schram said. "People with AIDS are young, in the prime of their lives, and they're angry and frustrated because they're dying. Doctors don't like to see patients die."

Dr. Roy Schwarz, an assistant executive vice president of the American Medical Association, said only "a very small number of physicians" decline to treat AIDS patients.

He said the refusal can be ethically justified if the doctor's fear of the disease is strong enough that the care would be substandard. "Every physician who graduates from school in the United States and Canada takes an oath that they will treat patients who have needs," Schwarz said. "The only possible excuse that would be ethically responsible is that you're so frightened you wouldn't be able to do your job."

But Schwarz admitted that the fears often are irrational. He said some doctors even believe there is a conspiracy among researchers to cover up potential methods of transmission of the virus.

Schwarz said the AMA this year is spending more than \$1 million to educate its 385,000 member doctors about AIDS, with informational mailings and regional conferences.

The AMA has no mechanism to penalize doctors for denying treatment. The People's Medical Society, a national health consumer

organization, this month urged all state medical licensing boards to notify physicians in writing that they may not deny care because a person has AIDS, and to revoke the licenses of any doctors found to have violated that "public trust."

Dr. Richard Johnson, a neurologist at Johns Hopkins University who treats and researches AIDS, said he is at greater risk from lightning, falling in the bathtub or car accidents than AIDS infection.

"Assuming the danger in the world," Johnson said, "I think the least dangerous thing I do is examine AIDS patients with my bare hands." Tomorrow: What doctors aren't doing to help all patients prevent AIDS.

Caption:
CAUTIOUS CARE FOR AIDS PATIENT
Dr. David Donnelly,
aide use gloves, masks (Eds. 1,2,3,4)
CAP= Tribune photo by Thomas B. Szalay
1 PICTURE

Memo: Head varies

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**AIDS awareness: close to home
Doctor, a gay activist, made own diagnosis**

By Susan Shroder; Tribune Staff Writer

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INTERVIEW SPEECH

Article Text:

Dr. Brad Truax approached the podium with an upbeat stride -- aware that perhaps some people had come not only to hear him but to see him.

Truax, 41, a crusader for gay rights and chairman of the county's regional Task Force on AIDS, crossed the line from caring to carrier on June 13 when he noticed a small purple spot on his leg. No doctor needed to confirm his suspicions. The spot was like many he had seen on his patients. He knew he had AIDS.

Truax was invited to UCSD yesterday as a participant in "AIDS Awareness Week," sponsored by the campus AIDS Education and Prevention Task Force.

His 40-minute talk provided basic information about the disease, its treatment and prevention.

Starting off with statistics -- of which he now is one -- Truax noted that more than 600 San Diego County residents have been diagnosed as having AIDS since 1981. He said the national estimate is now more than 46,000.

Truax did not mention his own illness during the talk, and it was not raised in a question-and-answer session that followed.

He told the audience -- which included about 90 students, faculty and staff members -- that safe sex is "the most effective way of preventing AIDS," adding that there are two ways to define safe sex -- "by what you do and by whom you do it with."

Truax said there is a higher risk of transmitting the AIDS virus through anal rather than vaginal intercourse. He said oral-genital sex is "risky," but less so than anal and vaginal intercourse. He said safe activities are "body rubbing, mutual masturbation and kissing," adding that concerns about getting AIDS through kissing are unfounded.

Truax said the AIDS virus on "rare" occasions is found in saliva, but in such small amounts that it "is not a sufficient amount of virus to be infectious material."

However, he said, "Someday, there is going to be one (AIDS) case that is going to be established as having occurred through kissing, and the world will go into a panic."

But, he said, "We shouldn't modify our activity because some day in the future it might happen to one person. Kissing is a safe activity."

In an interview following his talk, Truax commented on reaction to his disclosure last month that he has AIDS.

"I got a lot of mail response, a tremendous amount -- all types of mail," he said. "Mostly by and large ...very supportive. I got a few pointing their finger and saying, 'You deserve it.' " Among the latter, he said, was a letter from the Rev. Dorman Owens, the fundamentalist pastor from Santee charged with conspiring to bomb a College area family-planning clinic. Owens has openly condemned homosexuality.

"He (Owens) wanted to offer me salvation and redemption, I think. Now it's the other way around," Truax quipped.

Truax said others who contacted him offered suggested cures for the disease, including a chiropractor who suggested a concoction of dew and salt.

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LEXIS®-NEXIS® Academic Universe

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HEADLINE: FIRED UCSD DEAN ALLEGES OUSTER PLOT, SUES FOR \$6 MILLION

BYLINE: By LEONARD BERNSTEIN, Times Staff Writer

BODY:

In a lawsuit that reads like a steamy television soap opera, a fired UC San Diego administrator is seeking \$6 million in damages for an alleged "conspiracy" to oust her "under a cloud of disgrace and humiliation."

Beverly Varga, who was relieved of her position as dean of student affairs at UCSD's Third College in October, 1986, claims that her superiors schemed to fire her and "discredit (her) credibility and reputation" because she embarrassed the university by clearing a student activist of charges brought against him by UCSD police.

Varga also alleges that her immediate supervisor, Third College Provost Faustina Solis, harassed her and conspired to fire her after Varga confronted Solis about allegations that Solis made homosexual advances to and "sexually harassed female members of her staff and female students."

As part of the plot -- which Varga alleges included Chancellor Richard Atkinson and Joseph Watson, vice chancellor for undergraduate affairs, and unidentified others -- Solis recruited the help of Varga's assistant, Eric Koenig, by promising to help him get Varga's job once she was fired, the suit claims.

"In my opinion, what happened to Beverly Varga is a travesty," said Varga's attorney, Susan Mosich. "This is a woman who did a tremendous amount of good for that university. Her good (deeds were) not appreciated. She was disposed of for political reasons. She certainly did not deserve the shame, disgrace and humiliation that was inflicted on her by the way this was handled from start to finish."

Charges 'a Terrible Blow'

University spokeswoman Win Cox said that no UCSD official would comment on the suit because none has been served with legal papers. Patricia Hansen, Solis' staff assistant, said that Solis would not comment.

Hansen said: "It's a terrible blow to her and to all of us that someone would make such ridiculous statements."

Koenig could not be reached for comment.

The lawsuit seeks \$5 million in punitive damages and \$1 million in general damages for Varga's "wrongful termination" and emotional and physical distress inflicted on her by the firing, Mosich said. Varga, 52, is not seeking to be reinstated because she has become "totally disabled" by physical and emotional problems that stem from the stress of the firing, Mosich said.

The suit also claims that UCSD in July, 1986, switched the terms of Varga's employment without her

consent, changing her contract to one that allows her to be fired at the whim of her employer.

Defendants Named in Suit

The suit names **UCSD** regents, Solis, Atkinson, Watson and Koenig as defendants along with two clerical employees in Varga's department and a **UCSD** student and his father who wrote letters attacking Varga.

Varga's ouster from the minority-oriented Third College last year was controversial, causing alumni students loyal to her to demand her reinstatement and establish a legal defense fund for her.

Other students offered conflicting descriptions of the former dean's demeanor and administration at the time. One praised leadership training programs she initiated, but cited her "aggressive" management style and said that "personality conflicts" between Varga and students and staffers were not uncommon.

UCSD officials have steadfastly refused to discuss the firing on the grounds that it is a personnel matter governed by privacy considerations. Solis' notice that she intended to fire Varga, which was obtained by *The Times* last year, cited Varga's "erratic, unprofessional, argumentative and demeaning manner toward (the) staff and students."

Varga also has not commented, allowing Mosich to speak for her.

Charges Led to Protests

Mosich believes that Varga's downfall can be traced to her decision, as an independent hearing officer, to clear student activist Russell Andalcio of charges brought against him by **UCSD** police, and her report to an investigating faculty committee that **UCSD** mishandled the situation.

The charges against Andalcio led to protests by some students and faculty and ultimately led to a faculty report critical of the way campus police and administrators handled the matter.

The charges stemmed from a Jan. 23, 1986, scuffle between an anti-apartheid demonstrator and a supporter of the South African government immediately after a speech at **UCSD** by Nobel laureate Bishop Desmond Tutu. When police took the anti-apartheid demonstrator into custody, a crowd of protesters surrounded them, chanting, "Let him go!" Some pushing and shoving ensued before police released the demonstrator.

Andalcio was accused of attempting to free the demonstrator by force. As dean of students in Third College, Varga conducted the inquiry and cleared Andalcio, finding "insufficient evidence to support the allegations."

'Actions Designed to Harass'

In her lawsuit, filed Oct. 19 in San Diego Superior Court, Varga alleges that Watson subsequently told her that she had violated "the Number 1 unwritten rule of the university: Never make the university look bad at any cost." She claims that the regents, Atkinson, Watson and unidentified others then "undertook actions and conduct designed to embarrass and harass . . . Varga privately and in front of her peers, colleagues, staff members and students."

The suit maintains that Varga had already provoked Solis' ire when, in late 1984 or early 1985, she spoke to Solis about rumors that Solis was "openly involved in a **lesbian** relationship with a member of her staff," that Solis had "sexually harassed" female staff members and students, and that one student was "seriously contemplating a sexual harassment suit" against Solis.

Varga's court papers claim that Solis "responded with outrage" and "implied that . . . Varga would pay 'a heavy price' for attempting to discuss these matters" with Solis.

Before that conflict, "Varga was a big supporter of Faustina's and, in fact, was instrumental" in persuading Third College to promote Solis from acting provost to full-time provost, Mosich said.

Varga also is suing former **UCSD** student Steven Cooper and his father, Gary, for letters critical of Varga that they wrote to Solis and Atkinson. The letters accused Varga of badgering and criticizing Steven Cooper, who was chairman of Third College's Student Council, and for making an anti-Semitic remark about him. Mosich denied both charges.

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November 18, 1987

Column: City/County ... in brief

Ex-UCSD dean sues over firing

By Mitch Himaka; Staff Writer

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LEADERS

RACE RELATIONS

RULINGS

SAN DIEGO

Article Text:

The former dean of student affairs at UCSD's Third College has filed a \$6 million wrongful-termination suit against university officials she accused of conspiring to have her fired "under a cloud of disgrace and humiliation."

Beverly Varga, who was hired by the university in 1972 as assistant dean, alleges officials took action to "publicly embarrass and harass" her.

Defendants in the action include the University of California Regents; UCSD Chancellor Richard D. Atkinson and Vice Chancellor Joseph Watson; Faustina Solis, Third College provost and Varga's former immediate supervisor; and Eric Koenig, Varga's former assistant dean of student affairs.

Also named as defendants are Steven Cooper, former chairman of the Third College student council; his father, Gary Cooper of Los Angeles; and two clerical assistants who worked under Varga, Alice Murphy and Phyllis Binder.

In her 43-page suit, Varga alleges university officials took action to publicly embarrass and harass her after she served as hearing officer for student Russell Andalcio. Andalcio was accused of "lynching" when he tried to free another student who had been taken into custody during a 1986 anti-apartheid demonstration that took place when Nobel laureate Bishop Desmond Tutu spoke on campus. Varga ruled there was insufficient evidence in the case to support the allegations against Andalcio, which drew national attention to the campus, she said in the suit.

Varga alleges that university officials feared her ruling left the regents and UCSD potentially liable for civil damages. She said Watson told her she had violated "the No. 1 unwritten rule of the

university: Never make the university look bad at any cost." Varga also alleges that Solis conspired to have her fired because she confronted Solis about alleged lesbian activities on campus during the 1983-84 and 1984-85 academic years.

The suit says the rumors were that Solis "was a lesbian and openly involved in a lesbian relationship" with an unnamed staff member. Varga also alleges that students and staff members told her Solis allegedly had sexually harassed female students and staff members. Varga alleges that it was because of the confrontation that Solis "publicly and privately degraded and criticized her."

Memo: Head Varies

Editions Vary

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**AIDS burnout
10 from San Diego in front lines of AIDS care**

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DEATHS
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SAN DIEGO
USA
VETERANS
WELFARE
BIOG
Capt. William Berg
Don Boisvert
Terry Cunningham
Maxine Fischer
Celia Lamke
Dr. Chris Mathews
Mary Paradise
Twyla Perry
Phyllis Spechko
Kathleen Trueblood

Article Text:

Since the early 1980s, when the first cases of AIDS were diagnosed in San Diego County, the time-consuming and difficult work of medical treatment, financial assistance and support has been borne by a small group of people. In these profiles, by Staff Writer Cheryl Clark, 10 San Diegans in the front lines of AIDS care reflect on the effort, its personal toll and why they got involved.

Terry Cunningham, 41, is the executive director of the San Diego AIDS Assistance Fund, which disburses \$25,000 a month in food, clothing, shelter and medical expenses for more than 190 people with AIDS and AIDS-related disease.

A technical writer, he volunteered in 1982 to help with the Beach Area Community Clinic in Mission Beach on a new program screening homosexual men for sexually transmitted diseases. He

soon became director of the program.

Not long after, he noticed articles in medical journals about a strange disease identified as Kaposi's sarcoma, a symptom associated with AIDS. Soon Cunningham saw the spots on a clinic patient, Charlie.

By 1983 the county had nearly 30 cases of AIDS. Cunningham and several gay health professionals, including Dr. Keith Vrhel and Dr. Brad Truax, met to lay the groundwork for the non-profit San Diego AIDS Project. Cunningham became a volunteer, then a paid staff member and, eventually, co-executive director.

He was appointed to then-Mayor Roger Hedgecock's AIDS Task Force, the predecessor of the county task force on AIDS, and helped distribute AIDS information to gay bars and bathhouses. He now spends much of his time raising money and speaking to groups for the AIDS Assistance Fund, which he joined this year.

After numerous brushes with burnout, Cunningham said, he is finally able to cope with the horror of the disease by immersing himself in it. "I don't do very much that isn't AIDS-related anymore, and I won't be out of it totally until there is no more AIDS," he said. Mary Paradise, 36, a nurse practitioner, formerly worked in Colorado with the Adolph Coors Co. medical program. As a lesbian, she began taking an interest in AIDS, helping out with fund raising in Denver. In May of 1985 she moved to San Diego on a whim. That fall, she heard that UCSD Medical Center was looking for a nurse practitioner to work on a study that evaluated the effects of a drug, Ribavirin, on people with early symptoms of AIDS.

Paradise applied and was hired.

A year ago she began working with a federally funded project that evaluates several other drugs, such as AZT, for their effectiveness in stopping the AIDS virus from reproducing.

She helps decide which AIDS patients meet the testing requirements for certain drugs, and which ones no longer qualify for the program -- decisions that frequently result in anger from people who have been excluded.

Sometimes the patients in the testing program need treatment, and rather than sending them elsewhere Paradise provides that care, an added responsibility.

And sometimes, she said, she gets the feeling that she and the relatively few others specializing in AIDS in San Diego are all alone, terribly overworked and under intense stress in watching patients die.

In October, close to burnout herself, she took some time off and participated in the National Gay Rights March in Washington, D.C., where thousands of AIDS activists gathered to muster political support. "I didn't feel alone anymore," she said. "I thought, maybe, what I'm doing is worth it.

"But I'd give anything to work myself out of a job."

Celia Lamke, 44, a nurse practitioner at the Veterans Administration Outpatient Clinic in Mission Valley, was asked in 1983 by Dr. Chris Mathews, a gay physician, to help him with the Owen Clinic, an outpatient facility he had started for homosexual men at UCSD Medical Center.

"He was seeing more and more of this unusual pneumonia and diarrhea and how sick these people were," Lamke said. "He said he needed help."

She agreed. A deeply religious woman who teaches Bible classes with the Lutheran Church, Lamke says she has been called upon by Christ "to do whatever is in my power to help out with the epidemic, no matter who they are."

Four years later, 75 percent of her work at the VA is done with AIDS patients, she is frequently involved with AIDS activities in the community and continues to help at Owen Clinic. AIDS isn't her whole life, but it's a huge part of it.

At church, Lamke said, "We pray on a regular basis for my patients, by name, and by disease."

Treating the hundreds of AIDS patients, and watching them die, hasn't been easy. But she's used to it, she said.

"When I was in nursing school," she said, "I had all the dying patients -- from children with cancer to older people with other terminal illnesses. Death is a part of life for me."

Besides, she said, "My goal in my profession wasn't (only) to cure people, but to support them wherever they needed support, making them more comfortable in whatever life they have left.

"Patients teach you what's important in life -- that worrying about how things will end isn't important, but that how you live right now is." Twyla Perry was 24 in June 1985, when two men in her largely gay church were diagnosed with AIDS. She and a friend knocked on the door of the newly formed San Diego AIDS Project and asked if they could help out.

Perry became a volunteer receptionist, which meant helping with almost everything, including being a buddy for an AIDS patient named John.

In those early days, the project was fragmented by personality clashes in the gay community and worries over money. That compounded the group's horror at so many suddenly getting sick and dying. It sometimes seemed that everyone who wasn't sick was worrying about someone who was.

"People would yell for no reason," Perry said. "The stress was so very real. The anger was the real killer."

One day, her buddy John walked down the street to get coffee and a doughnut. On the way back he fell and dropped the doughnut, she recalled.

"So there he stood on the sidewalk, crying out, 'I don't want to go get another doughnut!' He didn't have the strength, he was miserable and he was going blind. And there was nothing I could do." When he died in December, Perry decided not to have another buddy. But she helped out in other ways and has since become a paid staff member who assists in education efforts.

Sometimes the stress and emotional burdens of dealing with AIDS every day are too much, and Perry decides she doesn't want to talk about it. "If people ask me what I do, I just tell them I'm a florist," she said.

In 1984, nurse practitioner Phyllis Spechko, 41, was working with sexually transmitted diseases in women at the UCSD student health center. Compared to AIDS work she does now, it was a lighthearted job, and one that didn't involve death.

Spechko wondered about a job with more challenge, and answered an ad for a nurse in a federally funded UCSD research project that would monitor several hundred gay men to see how AIDS developed. Early on, she examined her fears -- of coping with death and dying, of getting the disease from a patient. And she decided she could handle all that.

She soon met her first AIDS patient, Ron. "Everyone has to know a patient who makes AIDS real to them," she said.

His death opened up a whole Pandora's box of emotion, of profound sadness but relief at the end of suffering, and of anger that science couldn't do more, she said.

"I went to work the next day, and felt that because of Ron, AIDS was no longer just a job, but a commitment," Spechko said. "From then on, everything was a monument to him. I started to write about it." Her story, "Knowing Ron" appeared in the prestigious Journal of the American Medical Association on Feb. 15, 1985.

Spechko lives with a man who is heavily involved in AIDS health care. They frequently work together, then talk about work when they go home. Sometimes that's hard, she acknowledged. Leaving work at work is something they don't always do well, she said, "but we're learning how to do it better."

Don Boisvert, 56, is the county health department's bad news/good news man.

In 1983, he began interviewing AIDS patients here trying to find out what behavior might have led to such a disease.

He was used to such questions. Boisvert had worked in communicable disease control in the Navy for 20 years. And in 1971, he had started with the county as a communicable disease investigator, trying to locate and help people who might unknowingly have been infected with syphilis or gonorrhea.

Then came AIDS.

Boisvert said that since he is homosexual, AIDS was of obvious interest. He began attending seminars about the disease in 1981 and 1982.

In 1984, he said, he started working on AIDS full-time for the county.

When the county began an anonymous testing program for antibodies to the AIDS virus, Boisvert became primarily an AIDS counselor. So far he has had to give the bad news of infection to more than half of the 4,000 people who have tested positive at county test centers. Boisvert frequently gives out his home telephone number so people can call him if they need to talk. For him, proper education and counseling "is an obligation, a civic duty. It's a religious commitment I have, my own brand of higher power."

In the fight against AIDS, "I feel that the counseling session is probably the most important educational tool," Boisvert said. And when he starts to feel burned-out, he said, "I get up early in the morning, look at myself in the mirror and say, 'You're a great guy. You're going to do it.'"

Kathleen Trueblood, 30, a nurse practitioner, chose to work exclusively with AIDS patients when she volunteered to finish her clinical training at UCSD Medical Center in 1984.

Previously, she had worked as a staff nurse at the University of California at San Francisco, and had seen her first AIDS patients there.

"I had experience with AIDS, and felt that I had a lot to offer the program here," Trueblood said.

Now she is program coordinator for UCSD Medical Center's Owen Clinic, which treats most of the people with AIDS-related disease in the county. She also has been on the front lines of the fight for financial resources from the county and city to take care of patients.

It has been draining, and she sometimes burns out. But she wouldn't trade her job.

Trueblood described the work as interesting "because there's so much to learn, and I feel I can make a difference. I like being overworked. I think I'm addicted to it."

When she started out, she didn't know a lot about the gay lifestyle. Her first AIDS patient talked

about what it was like going to bathhouses, and about his lover and other aspects of gay culture. Trueblood said she soon "came to realize that this man was dying of something no one knew anything about. And people were afraid to take care of him."

Since moving to San Diego, Trueblood has cared for upward of 200 patients -- and more than 100 of them have died. She keeps their names in a stack of index cards that bulges out of her lab coat pocket.

Dr. Chris Mathews, 38, founded UCSD Medical Center's Owen Clinic in 1982 as a one-day-a-week operation, primarily for gay men and women. But what began as primary care for illnesses such as venereal disease has now become an outpatient AIDS clinic, seeing most of the county's AIDS patients at some point in their illness.

"I wanted to bring gay people into the mainstream of hospital medical care and teaching," Mathews said, "but I never thought it would come to this."

At first, AIDS patients were infrequent. The first to seek treatment at the Owen Clinic was a sexually active 39-year-old man from New York who suffered from a rare form of pneumonia.

Mathews said he doubted that the disease would spread as fast as it did. "I thought this is such a bizarre thing, I was taken aback," he said. "I thought some of the physicians talking about this -- the bizarre theories of some amoeba or drugs causing it -- were hysterical."

After getting a master's degree in health research at UCLA, he returned this summer to direct and expand the clinic. As part of his work he writes grant proposals, lobbies university officials to allocate more personnel, and advises non-profit AIDS agencies. He works six days a week, saying patient care is "a privilege." Mathews has been frustrated at the lack of resources in the fight against AIDS, whose victims often become destitute. "It's very hard to recruit providers to take care of indigents," he said. He gets angry, saying society "views this as not a mainstream problem and will not allocate adequate resources to provide a standard of care that most people want for themselves."

Maxine Fischer, 33, is the county's only AIDS clinical social worker, with a temporary caseload of 55 clients. Normally she has 30, but an AIDS case co-worker recently took another job and Fischer assumed more of the burden.

She started with the county's Adult Protective Services division in 1984 and six months later replaced the existing AIDS caseworker, spending half her time with AIDS clients. Eventually the county caseload grew to require the efforts of two full-time social workers. In the past three years Fischer has helped 300 people with AIDS or AIDS-related disease. She first visits them in their homes, helping them fill out often-complicated and lengthy forms to obtain benefits. It is often hard when clients have AIDS-related mental problems, which occurs in more than half of her clients. Often, they cannot remember important details, like what years they worked, she said. Frequently, she is their first call in a crisis that comes when the check doesn't arrive, when they're evicted, when they're depressed, or when a scheduled home-care worker fails to show up.

At first Fischer's clients were all gay men. Then there was the first bisexual. "There was the first woman, the first mother, and the first person old enough to be my father," she recalled. "Each time there was a first, there'd be a shock, another 'first' tragedy." Fischer says she enjoys her work and cultivates "a special expertise in something that's new, that's open and interesting. My clients are creative, well-educated and articulate. They do talk about other things besides dying."

Capt. William Berg, 44, headed Naval Hospital's infectious disease division here when the Navy saw its first AIDS case in the early 1980s.

Recognizing this new disease could get nasty, the Navy made Berg its West Coast AIDS coordinator. And when the military began mandatory testing of all active-duty personnel in the

summer of 1985, Berg headed the Navy's first program to counsel and evaluate the 640 men and women who were found to be infected with the virus but showed no symptoms.

He directed the Navy's first special ward for the infected sailors and Marines, called the "Hug Ward." Infected men and women from all over the world were brought here to be evaluated by Berg's team and reassigned to shore duty.

"I found it frustrating, trying to educate people that this was also heterosexually transmitted, that it did not mean they were gay," he said. "People would say, 'C'mon. We know they're all a bunch of fags.' Over time, they were able to realize that some probably were gay, but that was not the point."

Early on, the Navy's policy on the future careers of infected personnel was uncertain, he said, adding: "They'd ask me 'what's going to happen to me?' And I had to answer, 'I don't know.'" Recently Berg reflected that he didn't appreciate in 1985 how complicated the disease would become. "The horror of this thing just overwhelmed us," he said.

Berg no longer supervises the Naval Hospital program. He now speaks to troops about diseases such as AIDS and safe sex before they go overseas.

Caption:

1. Dr. Chris Mathews 2. Mary Paradise 3. Don Boisvert
4. Capt. William Berg 5. Terry Cunningham 6. Twyla Perry 7. Kathleen
Trueblood 8. Celia Lamke 9. Phyllis Spechko 10. Maxine Fischer
10 PICTURES

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The San Diego Union-Tribune

January 11, 1988

Students snubbing warnings on AIDS

By Cheryl Clark; Staff Writer

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HOMOSEXUALS
INFORMATION
LEADERS
SAFETY
SAN DIEGO
TESTS
YOUTH

Article Text:

Rick, a 21-year-old senior at San Diego State University, is convinced it's impossible to get AIDS through sexual contact with the women he dates, even though he never uses a condom.

"I do sleep around," he acknowledged last week while sitting at the bar of a beach-area nightclub. "But I use discretion. I can tell who is infected and who isn't."

Although San Diego area college students have been bombarded by AIDS information in the media and through campus health programs, many have ignored warnings that AIDS can be transmitted through heterosexual intercourse, say college health officials.

It's impossible to tell if someone is infected with the AIDS virus based on appearance and conversation, the warnings caution. Signs of the disease may not show up for as long as 10 years. But in the meantime, a person infected with the AIDS virus is quite capable of infecting others through traditional sexual relations. The AIDS virus is spread sexually through contact with an infected person's blood, semen and vaginal secretions, according to a report by U.S. Surgeon General C. Everett Koop. The virus enters the bloodstream through unseen tears in the tissue of the vagina, penis or rectum.

Koop will be at SDSU this week for an address on AIDS sponsored by the university's Graduate School of Public Health. He will speak Wednesday at 3:30 p.m. in the student Aztec Center.

High rates of other sexually transmitted diseases among students seen at campus health centers indicate "a huge number of people are not using condoms and practicing safer sex," said Dr. Lee Wessel, SDSU's assistant director of preventive medicine. ve for chlamydia. "This is a very sexually active population. If students were using condoms, they wouldn't be getting sexually

transmitted diseases such as chlamydia," Wessel said.

SDSU has been working hard on a campuswide AIDS education effort. "But there's a huge difference between knowing about safer sex and actually practicing it," he said.

Student leaders and campus health officials said the fear of AIDS appears to have prompted some students to alter their sexual behavior, reduce their number of partners and discontinue one-night stands.

But many students still are choosing not to hear all the information they get about AIDS. Paula Liska, San Diego City College director of health services, estimated that 10 to 30 percent of college students deny that AIDS is a problem for them, or are still ignorant about how AIDS is transmitted.

Rick, for example, thinks AIDS is heterosexually transmitted only if partners engage in anal intercourse, which he doesn't practice. Therefore, he said, he's home free.

That's an incorrect conclusion -- but one that college health officials say is all too common among students who consider AIDS a gay disease. It's an error that could prove fatal.

"Students still think AIDS is a disease for older male homosexuals, that it's not something that could affect them," said SDSU student body president Larry Emond, 22 and a member of a fraternity. "And since students are often in their most sexually active time, it's frightening that they don't realize they are very much possible targets."

Most colleges offer condoms through their health centers. As of last fall, UCSD allows condom dispensers in restrooms and some campus stores. Several schools offer condoms in campus pharmacies. Byron Shultz, 22, a health sciences graduate student at SDSU and former fraternity member, has been nicknamed "Dr. Whopee" after a Doonesbury comic strip character who runs a condom delivery service. As part of his work in the health promotion department, Shultz has spoken to SDSU fraternities and classes about AIDS and passed out condoms, some bought with his own money.

These days, he said, many people wink at him as they acknowledge their switch to safer sex. But some people in the fraternity system "are living in the dark ages, still," Shultz said. "They're not waking up to smell the coffee."

At the University of San Diego, AIDS education starts with freshman orientation, said student affairs vice president Tom Burke. "A lot of students are surprised when they learn a lot of women are getting this (from sexual intercourse)," said Jeanne Elyea, campus nurse at Southwestern Community College in Chula Vista.

Nationwide, nearly 1,100 women and 900 men diagnosed with AIDS have contracted the disease through heterosexual activity, according to the Centers for Disease Control in Atlanta. Three to 10 times that number are believed to be unknowingly infected with the virus, which may take as long as 10 years to damage the body's immune system enough to cause the symptoms known as acquired immune deficiency syndrome.

Of the 690 people diagnosed with AIDS in San Diego County since 1981, eight women and one man caught the virus through heterosexual activity. That might not seem like many, but seven of the nine were diagnosed in 1987.

Nationally, one-third of the men and half the women who contracted the disease heterosexually were diagnosed last year.

UCSD student body president David Marchick said that many students "will try to practice safe sex, but still, people at UCSD do not believe that other students are in a high-risk category, so they're not that concerned."

"Guys talk about AIDS a lot more, and joke around about being careful," said David Fish, president of the UCSD Intrafraternity Council. "But I still think if there's a big party and a girl is flirting with them, it's not going to stop them if they don't have a condom."

Tony Marshall, an AIDS educator for the county Health Department who has spoken to 10,000 college students about AIDS, said that college campuses need trained people to "go out every day and talk to student groups, eyeball to eyeball, giving honest answers to questions." Depending on posters to do the job, he said, doesn't work. "We're not talking about the four basic food groups here. This is life and death."

Marshall also advocates quizzing students before a talk and then giving the same test afterward, so they can see how much they didn't know.

"Students, especially the younger ones, have a real hard time admitting they might be at risk. It's a beautiful sunny day, and they can't conceive it could ever happen to them," said Marshall. City College's Liska sees three basic student reactions to AIDS warnings.

One is overreaction, with a complete misunderstanding of how the disease is transmitted. "People still think they can get AIDS by shaking hands with people who are infected or breathing the same air space," she said.

The second is denial or indifference. Many continue to have sex without protection.

The third is a serious commitment to changing behavior, which she said often comes after students are diagnosed with another sexually transmitted disease.

Erica Schatz, an educator for the San Diego AIDS Project who frequently speaks to college groups about AIDS, noted that college days "are a time of real exploration about sex."

"If they're infecting each other, they're not going to get sick for many years. And they don't have confidence about talking to each other about using condoms. My guess is that students are listening intellectually, but they aren't taking it very seriously in their own lives."

Wessel and Dr. Kevin Patrick, SDSU student health services director, are seeking a state grant to hire a health educator to do campus AIDS education at SDSU and at San Diego City, Mesa and Miramar community colleges.

"What we need is not all these media blitzes, but peer counseling, role playing, using people to talk to each other to help people feel more comfortable talking about AIDS," Wessel said.

Memo: Editions Vary
In text Erica Schatz should read Erika Shatz.

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Record 7 of 31

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January 16, 1988

Regents OK expansion at 2 sites here

By Michael Scott-Blair; Staff Writer

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APPOINTMENTS

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HOSPITALS

LITERATURE

SAN DIEGO

STATISTICS

Article Text:

LOS ANGELES - LOS ANGELES(Staff Writer) -- University of California regents yesterday approved almost \$70 million in funding to nearly double the size of the **UCSD** library and to complete major alterations to the **UCSD** Medical Center in Hillcrest.

They approved the design of a \$36.4 million underground expansion to the library and the \$32.3 million expansion and strengthening of the medical center.

The regents also indicated that they may abandon their policy of meeting on different campuses around the state, a policy which has been controversial among regents for the past two years.

During the years of constant **student** unrest in the 1970s, the regents always met in a fortress-like building in San Francisco where demonstrating students could be kept at a distance.

In more peaceful times, the regents decided to hold alternate meetings in San Francisco and on the UCLA campus.

This expanded two years ago into a policy of holding three of their nine annual meetings on different campuses around the state, including UC San Diego.

The idea was that students and faculty members could get to know the regents and the regents could learn more about the campuses. But regents agreed yesterday that they rarely meet with students and faculty members during such meetings, and that they generally go from the airport to the meeting and back to the airport.

Consequently, the regents are now prepared to abandon the campus meetings, but have delayed any decision until their next meeting, which is scheduled for March at UC Davis.

At yesterday's meeting, the regents observed a moment of silence for former regent Sheldon Andelson, an attorney and **gay** activist who died of AIDS on Dec. 29.

Four regents' terms expire in March, and Andelson's death creates a fifth opening on the board. However, three years ago it was decided that the board would be reduced from 32 to 28 members, so only three appointments will be made by Gov. Deukmejian.

Among the four regents up for reappointment to 12-year terms is San Diegan Frank Hope Jr., a Deukmejian appointee who is expected to be reappointed.

The others are former U.S. Ambassador to the Vatican William A. Wilson, appointed in 1972 by then-Gov. Ronald Reagan; Frank W. Clark Jr., a prominent Los Angeles attorney and currently board chairman; and veteran board member Edward W. Carter, chairman emeritus of the Carter Hawley Hale Stores Inc., who has served continuously since being appointed by former Gov. Earl Warren in 1952.

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NewsBank InfoWeb
The San Diego Union-Tribune

March 6, 1988

'No one preparing' for AIDS crunch

By Cheryl Clark; Staff Writer

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COST
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DISEASE
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HOMOSEXUALS
HOSPITALS
LAWSUITS
MEDI-CAL
PREDICTIONS
RESEARCH
SAN DIEGO
USA
STATISTICS

Article Text:

San Diego County is unprepared to deal with the demand for AIDS health care that is just around the corner, particularly once researchers find a drug that can keep healthy but infected people from getting sick.

That's the warning from several AIDS experts at UCSD Medical Center, who want the county to hire a special planner to coordinate future AIDS care here.

Researchers estimate that more than 120,000 San Diego County residents may be sick from or infected with the AIDS virus by 1991.

The experts say that vastly expanded programs for testing, counseling, outpatient health care, inpatient hospital care and long-term nursing are needed to meet the anticipated onslaught. "No one is preparing for this," said Dr. Allen McCutchan, an infectious disease specialist who treats AIDS patients and coordinates several federally and state-funded research programs at UCSD. "This is a brewing crisis that is to come at us in the next couple of years, perhaps within the year."

AIDS cases in the county since the early 1980s have totaled 745. "What we've seen so far is just the beginning," said Dr. Chris Mathews, who with McCutchan in 1982 founded the Owen Clinic, UCSD's outpatient treatment facility for people with AIDS.

County health officials estimate that another 25,000 San Diegans are infected with the AIDS virus,

but don't know it.

Researchers say that 50 to 70 percent of those infected will develop symptoms of AIDS within 10 years, and many say that eventually, the virus will kill nearly everyone it infects.

"The rapidly rising intravenous drug-related cases now seen in our hospital indicate there is a second epidemic now, outside the gay community, which will bring along with it heterosexual transmission to women and children," said Mathews.

Health researchers estimate that in San Diego County by 1991, there will be 7,000 cases of AIDS, 40,000 patients with less serious symptoms and 75,000 people infected but without symptoms. Also by 1991, 3,500 people will have died of acquired immune deficiency syndrome.

Binnie Callender, head of the county health department's newly created Office of AIDS Coordination, said county officials had hoped to hire a health planner with \$50,000 from a \$1.2 million federal grant. But the grant was cut to \$1 million, and the health planner's job was the first to go.

"We support the idea of an AIDS health planner," Callender said. "The only question is, where is the money?"

With the cost of care for an AIDS patient from diagnosis to death now averaging \$50,000, public officials say the epidemic will be a continuing drain on government budgets.

"The resources can be found," Mathews said. "There are funding mechanisms to enhance reimbursement and distribute care, but it will take more involvement from movers and shakers in the county who up to this time have stood on the sidelines."

Supervisor Susan Golding said she agrees with the physicians and urged them to "voice their concerns as loudly and ferociously as possible... The need for additional funds is desperate."

AIDS specialists at UCSD see the issue as so critical that they recently organized an ad hoc panel to address the dire consequences AIDS could have within that hospital, which has been taking the bulk of the patient load in the county.

Although some AIDS patients have private insurance, most are dependent on Medi-Cal or state-funded programs for the indigent to pay for their care. Those programs do not reimburse hospitals for their full costs, say officials.

Such resources need relief, the experts said.

So far, many non-medical services for AIDS patients, such as food, shelter and counseling, have been provided by volunteers at non-profit organizations that draw largely from the gay and lesbian community, the AIDS experts said.

This year, the county Department of Health Services will allocate more than \$2 million from state, federal and county sources on AIDS-related services.

The \$2 million must cover the county's AIDS testing centers; purchase of the drug AZT for AIDS patients; AIDS education; outreach to those in high-risk groups, such as drug abusers, those in jail, minorities and migrant workers; supplemental medical staff for the Owen Clinic, the staff of the county Office of AIDS coordination and public health workers.

Money from county and city coffers has been slow to come, experts said.

County officials say they don't have more to spend on AIDS because San Diego County's level of per-capita health funding from the state is the second-lowest in California. The county is suing to

have that level raised.

The city has allocated \$150,000 this year from a community development block grant to assist AIDS service groups, but City Council members last week declined to set aside an additional \$250,000 for emergency AIDS funding because it was not targeted for specific programs.

Responding to the council's action, Dr. J. William Cox, county health director, said the county needs millions of dollars in funds immediately for nursing homes, hospice beds, additional home health services, and to hire people to educate high-risk groups. McCutchan and Mathews, along with UCSD's epidemiology director, Marguerite

Jackson and UCSD internist Jim LaBelle, recently outlined several key health care problems worrying them:

- o Between 50 percent and 70 percent of all AIDS patients are not privately insured. As medical indigents, their care is reimbursed at a level lower than the cost of providing it. That causes financial problems for hospitals with the largest share of AIDS cases.
- o Because of low rates of reimbursement, lack of knowledge about AIDS and, perhaps, some fear of the disease, physicians and dentists in private practice have been reluctant to take AIDS patients, overburdening the small number of doctors who do, many without pay.
- o Many hospitals have been reluctant to accept AIDS patients.
- o No skilled nursing facility in the county will accept an AIDS patient.

- o While the county offers AIDS testing, there is no program in the county to provide follow-up counseling and medical evaluation for those infected with the virus.

On any given day, there are about 40 patients hospitalized in the county with AIDS. There are a record 28 of them now at UCSD, double the number from a year ago. That number is expected to dramatically rise.

Owen Clinic is following about 400 people with AIDS and AIDS-Related Complex and that number is growing.

The county's regional Task Force on AIDS forecasts that 300 to 400 beds will be needed by 1991 to handle all the critically ill AIDS patients.

That worries Dr. Harvey Shapiro, chairman of UCSD's anesthesiology department and head of UCSD's ad hoc committee to study AIDS. "If we open our doors so wide to meet a need of 300 to 400 AIDS beds by 1991 -- that's more beds than we have in the hospital," Shapiro said.

"This is a teaching hospital, and you can't teach medical students, interns and residents with only one disease," he said.

Other hospitals have acute care beds available for AIDS patients, but lack the physicians or the programs to handle their special needs, said Mathews. They're unwilling to absorb the difference between reimbursement and the cost of care, he said.

Compounding the problem is the anticipation of the chaos that will occur when federal researchers announce they have developed a drug, possibly AZT, that can prevent or postpone symptoms of AIDS in healthy but infected people.

"Suddenly, one day, the headlines are going to be very big that there is a drug that has been found effective," McCutchan said. The annual cost of supplying AZT to a single patient is about \$10,000, so if the demand for it suddenly skyrockets, existing programs to pay for the drug would have to be dramatically enhanced. News that a drug is effective in treating AIDS would cause greater numbers of people to be tested since they would have hope of being able to protect themselves against getting sick.

After testing positive for the virus, they will need psychological counseling and medical evaluation, assistance in applying for the drug and routine follow-up, McCutchan said.

"And there is no system here that can rapidly respond to a big demand like that," he said.

McCutchan said that even if there are 10,000 infected people in the county instead of the estimated 25,000, and only one-fourth of the 10,000 seek medical care, the Owen Clinic will be overwhelmed by 2,500 people. "We can't do it," he said.

"The volunteer effort at the Owen Clinic is barely able to handle the caseload now," said Mathews.

Callender said there are no plans to handle such an onslaught. She said the county probably will just "cross that bridge when they come to it," although she is hoping to receive some money from a future federal grant.

AIDS patients who participate in federal and state drug research programs in San Diego also receive health care through the programs. Researchers Dr. Doug Richman and Dr. Stephen Spector are worried that cuts to their 15 research projects will reduce the care they can provide for the several hundred people infected with the virus who are enrolled in the projects.

Federal and state funding shortfalls have forced the center to begin sending an increasing number of patients to Owen Clinic.

"There's a realization we can't care for all that we see," Spector said, adding that the research projects need twice what it is allocated.

AIDS: Infected but not sick

Estimates predict that for every case

of AIDS in the United States, numerous other persons are infected with the AIDS virus who have no overt symptoms of illness. '86 16,000

'87 30,000

'88 45,000

'89 56,000

'90 66,000

Total infected 75,000

Estimates for San Diego County:

Percent

Year Increase

1987 187%

1988 150%

1989 125%

1990 120%

1991 115%

By 1991 scientists predict that San Diego County can expect: 3,500 cumulative AIDS deaths.

7,000 cases of AIDS.

40,000 cases of lesser illnesses associated with AIDS.

75,000 infected with the AIDS virus but without symptoms of illness. SOURCE: San Diego County Regional AIDS Task Force

Caption:

1. AIDS: Infected but not sick

Estimates predict

that for every case of AIDS in the United States, numerous other persons are infected with the AIDS virus who have no overt symptoms of illness. 2. Estimates for San Diego County

CAP= 1,2. SOURCE: San Diego County Regional AIDS Task Force

| The San Diego Union/ Ken Marshal

2 CHARTS

Memo: For charts see end of text.

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The specter of AIDS

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FINANCE

MEDICINE

PREVENTION

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EDITORIAL

Article Text:

A truly tragic milestone was passed earlier this month when San Diego County health officials recorded the 1,000th case of AIDS to have been diagnosed since 1981. Of those afflicted, more than half are dead.

The terrible news about AIDS is unalloyed. At least 250 more cases are expected to be diagnosed before the end of the year -- or 500 new cases of AIDS in San Diego during 1988, compared with 332 in 1987. One unrecognized aspect of this is the AIDS impact of newcomers to the area. As San Diego's population increases, so do the AIDS cases. An estimated one-fourth of the AIDS cases diagnosed during the last three years were individuals who had moved to the county before becoming ill. In addition, another 200 persons with AIDS, who were diagnosed elsewhere, have moved here for treatment or to be near friends and relatives.

Barring a miraculous medical breakthrough for a vaccination or cure, which is thought to be unlikely, health officials have no reason to doubt that the AIDS epidemic will spread inexorably to crisis proportions. As many as 25,000 county residents are believed to have been infected with the AIDS virus, and AIDS experts now believe that everyone who is infected will eventually get AIDS. Everyone who gets AIDS will die, as of now. It is the first epidemic in human history that is 100 percent fatal. ing health crisis in San Diego's history.

It is true, the county is keeping better track of numerous sources of funding for a variety of AIDS programs, which include epidemiological studies, HIV testing, free AZT drug treatment, health education, mental-health programs, case management, and monitoring of the four gay bathhouses that remain open despite regulatory ordinances.

Approximately \$4.3 million will be spent this year on

county-administered AIDS programs, or roughly \$1 million more than was spent during the previous fiscal year. But this amount is still less than half the additional \$10 million that the County Regional AIDS Task Force has recommended. The city of San Diego has also pledged to double its financial assistance to three organizations that provide assistance to AIDS patients, but the total is only \$250,000.

Predictably, the growing number of AIDS cases has prompted the UCSD Medical Center to limit

its average AIDS caseload to a maximum of 650 outpatients and 15 bed cases. With a current average caseload of 550 outpatients and 12 bed cases, AIDS patients may soon have to be wait-listed for treatment unless other medical institutions help to shoulder the burden.

Obviously, the AIDS crisis requires more, much more in the way of community planning and public funding from local, state, and federal sources. This emergency is certain to swamp health-care facilities here unless more is undertaken and achieved.

Meanwhile, San Diegans, like many Americans, seem to be divided over how to control the disease: Whether laws should be enacted to protect the rights of those with the AIDS virus, as has been recommended by the President's AIDS commission, or whether tougher policies concerning testing should be adopted, as sought by many

conservatives. Perhaps the answer will have to be both approaches; they are not mutually exclusive.

Few would argue, however, that those who are sick and dying with AIDS should go without adequate care and that is the real issue for San Diegans.

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