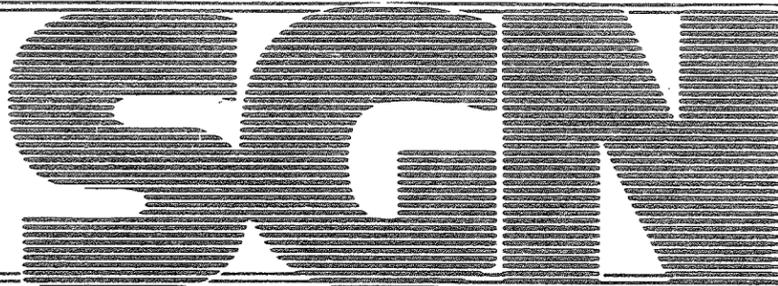


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SEATTLE  
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News

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# AIDS case is diagnosed in Seattle

## Local diagnosis brings increased concern, queries

by ROBIN EVANS

Half of the men who showed up at the Seattle Gay Clinic last Saturday for routine STD examinations asked about AIDS. That is an acronym, becoming uncomfortably familiar to gay men throughout the country, for a condition called acquired immunodeficiency syndrome in which the body's ability to fight off infections is severely impaired.

AIDS affects mostly gay men and, although it isn't a great threat to health in itself, disposes its victims to diseases that are deadly.

What worried the men at the clinic Saturday, according to volunteers, was a report, carried on the front page of the *Seattle Times* on Friday, November 12, that the first positive diagnosis of AIDS in a man living in Seattle had been made.

What worries volunteers at the clinic, according to Tim Burak, one of the volunteers, is that there are so few answers to any of the questions about AIDS.

Burak said that the staff of the clinic has been keeping close track of both the growing medical literature on AIDS and reports in the gay press — especially in New York where almost half of the reported AIDS cases are concentrated — of the alarm of gay men faced with an unknown threat. "We're all gay men who have to go through those same fears ourselves," Burak said. "We're talking about coming up with a response [to patient's questions] which will be as sex-positive as it can possibly be, in order to keep a climate of fear

from happening, a response that will allow men to make choices based upon their own judgement of their risk, rather than upon what someone else tells them to do.

A local gay bartender, who was asked to listen for comments about AIDS after the *Times* and then, on Saturday, the *P.I.* had printed stories about the Seattle case, said a few days later, that he had been surprised by the sudden interest in the topic. "Most people seem to be saying that it won't change their sex patterns much but that they'll be more careful by taking vitamins and things to bolster their resistance."

Dr. Tim Smith is an internist at a local practice whose clientele includes a large number of gay men. He said he has been surprised that there are still many gay men in Seattle who do not know about AIDS. "The level of awareness is different here," he said, "than in larger urban areas where there have been more reports" of AIDS. But Smith said that is changing. He said his practice is getting more calls each day from men who want to know more about the disease or who are afraid that they may have AIDS.

None of the men examined by Smith and his colleagues have shown the full-blown symptoms of AIDS, but Smith said at least 50 men with chronic swelling of the lymph nodes — a condition thought to be closely related to AIDS

Tim Burak, of the gay clinic, said he worries that some men are waiting too long before they get checkups. Although the clinic cannot provide the sort of testing needed to detect AIDS, its volunteers can, Burak said, give guidance and refer clients to sympathetic doctors. He said people have to ask questions and seek out medical help if they are worried they may have the disease. Overreaction is better, he said, than hiding fear.

## Guesses are still only answer to meaning of case

by ROBIN EVANS

Acquired immunodeficiency syndrome (AIDS) has been diagnosed in a gay man who lived in Seattle. Reports of the diagnosis appeared last week in both local dailies and on several broadcast stations.

Some of the reports indicated that the man diagnosed with the syndrome may have been little more than a visitor in Seattle. But according to Dr. Hunter Handsfield of the Seattle/King County health department, who monitors AIDS-related diseases here for the federal Centers for Disease Control (CDC) in Atlanta, that indication is wrong.

The man was a long-time resident of Seattle, who, at one point moved to San Francisco. For three or four years before he got sick, Handsfield said, he man was a resident of both cities, traveling frequently between the two.

Reports of AIDS have been clustered in several cities. The latest report by the CDC showed that, of a total 716 cases, 369 had been reported in the greater New York area. From San Francisco, 98 cases of AIDS resulting in 27 deaths so far had been reported to CDC as of November 12. Los Angeles, with 45 cases, Miami, Houston, and Chicago, were the only other cities where more than ten cases had been reported. New cases of AIDS are reported to CDC at a rate of about two a day. 284 of those with the disease had died when the current figures were compiled.

Because the syndrome causes a pro-

found suppression of the body's immune system, leaving it unable to fight off infections, AIDS — through other diseases — is eventually fatal in almost all cases.

Three-quarters of those who have become sick with AIDS have been gay men. According to Dr. Robert Johnson of CDC's AIDS task force, the number of cases being reported among gay men is increasing at a high rate while the rate of increase among other groups — mainly non-gay intravenous drug users — is decreasing.

Does a diagnosis of AIDS in Seattle mean more such cases are likely?

As in any question about AIDS, it is impossible to get a clear answer. Medical researchers still know nothing about the cause, mode of transmission, or cure of the syndrome. All they can do is say "I don't know," or make an educated guess.

Dr. Handsfield, who is director of the sexually transmitted disease program at Harborview and a UW associate professor of medicine, is willing to do both. He is conducting a study funded by the National Institutes of Health on a condition called lymphadenopathy which is often thought to be closely related to AIDS. The long word refers to a swelling of the lymph glands.

Handsfield said he and his staff are in a unique position to study the relation of AIDS and unexplained lymph gland swelling because, so far, while the gland condition is relatively common (affecting a small but larger than would normally be expected group) among gay men in Seattle, there have been very few actual cases of AIDS. Elsewhere, he said, the two conditions overlap.

That could be bad news for gay men here, he pointed out, but, because so little is known about the causes of either condition, it's impossible to say for sure.

Handsfield said that he can, at this point, do nothing but make an educated guess about the relationship between the two conditions. That makes it difficult to judge the significance of the recently reported local diagnosis of AIDS.

### Local AIDS research

It is of little real comfort to a man who can't be sure that he hasn't contracted a condition which could cause his death, but the presence of lymphadenopathy in gay men who do not show other symptoms of AIDS may help researchers unravel another link in the mystery of AIDS.

"Other studies of unexplained lymph gland swellings in gay men have been done in settings where overt AIDS is common," Handsfield explained. "Therefore, it's difficult to sort out the relationship between the two problems.

"Our ability to look at this syndrome in a setting where AIDS is so far uncommon," he continued, "allows us to make observations that may allow us to distinguish between the two syndromes and more clearly establish whether they are part of the same disease or whether they have two totally separate identities.

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## Watkins gives funny, inspiring talk

by ROBIN EVANS

Tacoma — His good humor is contagious. As Sergeant Perry Watkins talked to a crowded meeting of the South Puget Sound Chapter of The Dorian Group here on Tuesday, November 9, the audience laughed, applauded, and eagerly questioned the 34-year-old soldier who has managed to stay in the Army for 14 years and to recently reenlist for another six-year hitch despite the fact that he is — and always has been — openly gay.

"Some things just aren't easy to hide," Watkins said, drawing laughter from the crowd as he patted down an imaginary wig. "It's not like I was a football player. I was a cheerleader in high school. With a good comic's sense of timing and delivery, Watkins added, "You got to make the team any way you can."

He told a small group which gathered around him after the meeting was adjourned that he had hoped to be an entertainer before he was drafted and decided to make a career of the military.

He entertained the people at the Bavarian restaurant for the TDG meeting. He also inspired with his honesty. It is his honesty above anything which prompted District Judge Barbara Rothstein to rule last summer that the army could not discharge Watkins and recently that it had to disregard its rules against lesbian and gay servicemen and allow Watkins to reenlist.

"[Watkins] was candid with the army about his homosexuali-

ty: that fact is central to this case," Rothstein wrote in her October 5 decision advising the army to let Watkins reenlist. "On each of many occasions, the army told [Watkins] his homosexuality was not disqualifying. The injury to [Watkins] from having relied on the army's approval of his military career — and being denied it now — is the loss of his career. The harm to the public interest if reenlistment is not prevented is nonexistent. [Watkins] has demonstrated that he is an excellent soldier. His contribution to this nation's security is of obvious benefit to the public."

When he reported for his preinduction physical in 1967, the medical history form he was given to fill out contained a question about current or past "homosexual tendencies". "When I came to that box," Watkins told the Tacoma meeting, "I thought, do I tell the truth or lie or what. But the thought that went through my mind was, if I lie and if my mother finds out about it, I know she's going to skin me alive."

He checked the 'yes' box and was quickly taken to a psych ward for an evaluation. He said that the doctor asked him very specific questions about his sexual practices. Drawing laughter from the Tacoma audience, Watkins explained that he was "19 and innocent — well, 19 and learning." But despite the questions and Watkins' candid answers, the evaluating physician deter-

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