



January 1983

AIDS Forum Draws Crowd

A capacity audience of 300 interested and articulate members of our community participated in an evening forum on Acquired Immune Deficiency Syndrome on December 1 at Seattle Central Community College. The gathering was a timely one (thanks largely to Will Jones' foresight and energy) inasmuch as the local news media had spurred interest (and some unfortunate misunderstandings) about the status of AIDS in the Seattle area during the weeks prior to the forum. Invited speakers covered a broad range of territory, encompassing epidemiological, medical, emotional, and political ramifications of the AIDS phenomenon, globally and locally.

Verbatim excerpts from the five speakers' presentations appear on the following pages. (Apologies for the inevitable violations of context caused by excerpting and by mixing prepared comments with ad lib responses to questions -- Ed.) Anyone wishing to hear the entire forum may borrow a cassette recording of the evening's discussion by contacting Tim Burak (329-0935). Proceeds from the forum's door-donation will be held in trust by SGC and SCS for use in future AIDS-related educational projects.

* * * * *

HUNTER HANDSFIELD, M.D., M.P.H.
Director, Harborview STD Clinic
(Seattle-King County Dept. of Public Health)

"...It was by late 1980 that the Centers for Disease Control were getting enough reports, primarily in homosexual men, with these otherwise peculiar tumors and infections to make it obvious that something new was going on.As of three weeks ago [November 12, 1982] there were 732 cases; 39% had died. That's an artificially low figure because the epidemic curve is increasing rapidly, and over half of those 732 cases have been defined just within the last six months. It takes several months for the repeated one-infection-after-another or one-tumor-after-another to finally become fatal.... The annual mortality rate appears to be about 41% per year.

"It's fair to point out that those 732 cases, of which almost 600 were gay men, are in a population of many million gay men in the country.

"...One of the problems that we need to take care of in gay men, and other people at risk, is distinguishing between people who are sick with garden variety illnesses, and that small minority who in fact may have something very severe going on.

"...I received, through the Federal application process, beginning in January of this year a grant of around \$90,000 to study sexual transmission of cytomegalovirus (CMV) which is a virus that may be related to AIDS. After that grant was funded, we made the decision to look at AIDS in Seattle. And, basically, of the \$90,000 allocated to that research in the first year, we have shifted almost half of that money, \$40,000, into AIDS projects per se. That has happened all around the country. Many research groups that have research projects potentially related have shifted funds.... The people in this room should understand the kinds of stress that the people in our studies are going through, and the fact that they are doing it for you.

Handsfield, continued

"...The immune system can be overwhelmed, and the very system designed to protect, if given multiple exposures to something which (if given once) would cause immunity, but if given many times can actually overwork the immune system, deplete its ability to respond -- that's sort of the hypothesis we're looking at... People who get repeatedly exposed to saliva, semen, urine, feces, and to bacteria and other foreign agents injected when people use drugs intravenously, may in fact, over time, overwhelm their immune system and deplete its ability to respond to the next thing that comes along. And if that next thing that comes along is a virus that we've yet to discover, but a virus that causes AIDS, then maybe what's going on is that people who get multiple exposures to multiple infections or multiple body secretions get a certain level of suppression to their immune system, and now an "AIDS virus" comes along (and whereas I as a non hyperactive heterosexual might not be affected by that virus), somebody else whose immune system has been suppressed because they've had this lifestyle, might in fact be seriously affected. That sort of concept -- and I'm not trying to state that is what's going on with AIDS -- is consistent with the philosophy that if you reduce the numbers of partners and otherwise stay healthy, you may be reducing your risk..."

ANN COLLIER, M.D.
Senior Fellow in Infectious Diseases
(University of Washington)

"As Hunter indicated, there have been 2 cases [in the Seattle area] that have met the criterion for the CDC's registry for AIDS. One of these was in a young gay man who had lived in Seattle for about 3 years prior to his diagnosis, but had spent a considerable amount of time in San Francisco both during his sojourn in Seattle and prior to that. The other is a case of an unusual kind of meningitis that occurred in a Cambodian refugee. This does meet the CDC's definition in that it's an unusual infection in a previously healthy host, but obviously it is somewhat different epidemiologically from the other groups that have been thus reported. There are several other cases that have come to our attention that may fit the definition but at least at this point in time do not..."

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Werner, Allmon, Handsfield, Collier, Burak, Marsella
(Photo:SGN)

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AIDS Forum

ANN COLLIER (from page 1)

"Early in 1981 when the CDC first was recognizing this problem they questioned men who had Kaposi's Sarcoma (KS) and pneumocystis carinii pneumonia (PCP) about their health problems prior to the time of diagnosis. And in questioning 200 individuals who had the overt diseases, between 1/3 and 1/2 of them said that, in retrospect, they had had diffuse lymph node swelling throughout their bodies for months or years prior to the problem that led to their diagnosis of KS or PCP. That led physicians around the country, including our group here, to look at gay men to see if diffuse lymph node swelling is common, and to see if it at all relates to the more overt diseases that have been described....

"There are about 50 men in Seattle who have been referred to our clinic to participate in a study of this [lymphadenopathy]; without a lot of searching there have been a number of men who have come to the clinic spontaneously, who have been noted on physical exams to have lymph node swelling; but the denominator in terms of incidence figures really is not available at present. Whether or not this is a prodrome of AIDS really has not been answered satisfactorily....

"It is clear that at the moment we don't have any good test that is a marker for AIDS. In a research setting we're hoping that this kind of information [lymphocyte ratios] will lead us somewhere, but at least for any one person there is not a yes-or-no test you can do to answer the question 'Do you have AIDS?'...

"...The problem with the studies that have looked at poppers and AIDS is that those studies were unable to separate out the individuals who used poppers from the individuals who had large numbers of sexual partners, making it impossible to distinguish between those two groups...."

DOUGLAS ALLMON, Ph.D.
Counselor in private practice

"We know that the psychological state of a person exerts a very great impact on health maintenance so that it is obvious that a psychological dysfunction or depression or feeling of stress related to AIDS or fear of AIDS is not going to favorably affect the healing process and lengthen the life span of the AIDS victim we're talking about.... So far as I am able to determine the amount of money allocated for AIDS research is at the zero level in examining the psychological impact on recovering from AIDS and AIDS-related diseases....

"...Will I get cancer? Will I get pneumonia? Will I get hepatitis? Will I get generalized infections? Will I die? Will I be sickly the rest of my life? Can I ever have sex again without infecting my partners? Attach right now to your fantasy systems the kinds of fears that go with those questions. These are real fears, that don't go away....

"...When you come to the label 'outcast', recognize that most societies -- 63% on the face of the planet -- make a place for same sex sexuality, make an honored place, a dignified and respected place for same sex sexuality. So that puts this nation in a minority, not the other way around. So begin redefining yourself in terms of that 'outcast' label..."

TOM MARSELLA, M.D.
Internist

"...Everybody in this room needs to become an absolute expert on AIDS because it's going to be your responsibility to make sure that doctors, the media, everyone knows exactly what AIDS is, and what AIDS is not..."

"Factual information about AIDS is constantly changing so it is critical to be informed. You must have a reliable database in order to adequately be informed. Don't believe everything you hear about AIDS.... The mass media tend to sensationalize and dramatize the "new disease," the new "gay disease" of unknown causes. It is not new, it is not gay. It is a definite public health hazard. The media also have no real continuing commitment to informing the population at risk."

TIM BURAK
Screener/volunteer; Board Member, Seattle Gay Clinic

"... Even we health workers, and people in gay clinics, have our blind spots when it comes to knowing what's going on in the gay community, and I wish we could come up with a good mechanism for getting more direct input into the CDC's information-gathering, as well as getting you some ownership of that information..."

"For many gay men, the ability to have sex with a variety of partners [in a climate free of fear] is a very important part of being healthy. I think at Seattle Gay Clinic we will try to honor that fact, and it will be our goal to help gay men decide for themselves, in terms of day to day activity, what the risk may be so that we can at least face it with eyes open.... If we, as individuals, decide we need to moderate some of the sexual freedom we've fought rather hard to attain, let's not allow it to be done through guilt, fear, or coercion from the outside.

"...I think we're all getting a little tired of hearing the way the word 'promiscuous' is used. If there are any opera queens in the audience, maybe you'll remember Mozart's opera Don Giovanni in which there is a famous aria wherein Leoporello lists all of Don Giovanni's lovers. Don Giovanni has made it with 2065 different women. And that's only by the end of the first act! This could be an occasion for boasting in a straight, macho context. But if a gay man were to admit to having the same number of partners, some straights will automatically think of him as compulsive, unable to maintain relationships, uncaring, and somehow not well... The fact that we're here tonight in this room demonstrates that gay men can show a level of concern for the well-being of our partners in a way that would never have occurred to the very straight Don Giovanni in his reflections on his many one-night stands."



(Drawing: Julian Graddon)

(continued from page 2 - Volunteer Committee)

Also in accordance with the QA recommendations, we will be putting together a continuing in-service training program whose scope will eventually be quite wide, but which, at the start, will be used to bring to the existing staff the kinds of information we are adding to orientation for new staff. We hope to combine some of these sessions with a couple of good parties (remember that headline).

Anyone interested in volunteering for any aspect of the program outlined here should contact Bill Bendiner. We can always use recruits.



Chicken Soup Brigade News

by Steve Werner

The Chicken Soup Brigade, a project of SGC's Outreach Committee, aids ill and house-bound gay men with a variety of support services. These services are not limited to people with AIDS. The Brigade is geared to do occasional grocery shopping and pharmacy pick-ups, household visits, emergency transportation to hospitals, and a variety of other helpful things as the need may arise.

The chicken Soup Brigade continues to build its volunteer staff and to organize itself. With the good weather of August, we are relatively well-staffed, and the number of men to whom we are providing assistance is low. We anticipate that, with the arrival of colder, wetter weather, the number of requests for services will increase.

Josh Joshua, who has been acting heretofore as coordinator of the CSB, is taking a two-month leave from Seattle (and when he returns, he says, he "only" wants to work as a fundraiser and a CSB volunteer).

In August, the SGC Board contracted with Stan Ray, an LPN and member of the Gay Men's Health Group, to be the CSB Patient Services Coordinator for a trial period of two months. In this newly-created position, Stan will interview new volunteers and match them to clients requesting help from the Brigade (Stan can be reached at 722-9494). Steve Werner is acting as temporary Project Coordinator for CSB - a job which deals with administrative and public relations details.

Other Brigade news:

* The first volunteer meeting of the Brigade was held July 25. Approximately 20 people attended, many of them new volunteers. Another meeting is planned for October.

* Anne McCaffrey and Steve Werner will develop a brochure to publicize the Brigade as soon as possible. They have asked Terry Morrison, a graphic artist, to design a CSB logo and the brochure.



Notes from the STD Symposium

by Terry Gayle, M.D.

There was a definite and positive gay presence at the recent International Symposium on Sexually Transmitted Diseases, held at the Seattle Sheraton from July 31 to August 3. After a one-day general update on STD's held on Sunday, the remainder of the conference dealt more specifically with current research in the field. In particular, the presentations on Monday morning included a host of gay related topics, including the epidemiology, demography, immunology, and theoretical etiologies of AIDS and KS. Other talks summarized data from follow-up studies of the efficacy of Hepatitis B vaccine, and clinical and immunological characteristics of gay men with and without chronic generalized lymphadenopathy.

I was very pleased with the number of people who stopped at the Seattle Gay Clinic display (that Tom Speer put together so handsomely). There were many questions about how SGC functions, and all of the literature was taken. In fact, the large number of conference attendees seen toting around Seattle Gay Guides (donated by the GSBA) made me wonder just what those people were going to do with their evenings!

Despite the cancellation of the CASTDS symposium, there was still an impressive turnout of gay STD workers from North America and abroad. Most of us got together for a dinner party that Wednesday evening to relax, eat, and enjoy the company. There were many compliments about Seattle, and there was at least a little envy expressed over the extraordinarily cooperative and productive relationship that SGC has with the King County and Seattle STD offices. This is far from the norm in most other cities.

Finally, on Thursday, David Ostrow, M.D., PhD. (Howard Brown Memorial Clinic in Chicago), convened the first AIDS/pre-AIDS Epidemiology Pooling Network meeting at the Public Safety Building. That meeting was well attended by local people, including many from the new AIDS Advisory Committee of King County. At the conclusion of the meeting, it was easy to understand why Seattle has gained the reputation of an STD research mecca. Seattle Gay Clinic should be able to contribute further to this excellence.

(Editor's note: I attended the first half-day of the Symposium, which was devoted largely to papers having to do with one aspect or other of AIDS. Several of these papers were presented by people with names which were instantly recognizable from the national press: James W. Curran (AIDS Director of the CDC), Anthony Fauci (Immunoregulation Chief at NIH), and Kenneth Sell (also of NIH). I shall omit technical considerations in favor of general impressions. This was a group of some of the least hysterical people in the known world; the prevailing attitude was one of fascination with a scientific problem which, during the course of the presentations, lost much of its ghastly mystique and assumed its appropriate proportions as a disease horrible in its course but not as an entity completely alien to the models and procedures of epidemiological science. There is hope. I do not mean to imply in the least that those people attending the conference lacked compassion and concern for the other human beings who are struggling with a vicious affliction and the even more vicious attitudes of a morally primitive society. Rather, the conferees projected an air of focussed purpose and determination to resolve a crisis that, scientifically interesting as it might be, threatens society as a whole. These people are among the few who have no moral confusion between causes and effects.



KNOW YOUR STD — AIDS Anxiety

by Wayne Dodge, M.D., M.P.H.



SUBMITTED FOR YOUR APPROVAL...

Gene Cobridge, 28, a newly successful trial lawyer in our fair city, is getting ready to go to dinner with his lover of the past year, Mark Melody. As Gene straightens Mark's collar, he notices a prominent lump on the back of the young man's neck...

Henry Sutton, 36, the owner of the only known Pacific Northwest Gay Health Food Cruise Bar (happy hour - Perrier and carrot juice ½ price) has just finished his daily 15 mile run. While drying himself off, he notices a slightly purplish spot on the side of his big toe...

These two men are each about to enter an uncharted territory - The Twilight Zone of an AIDS Attack.



WHAT IS AN AIDS ATTACK? It consists of the sudden fear and panic as you become certain that you or a loved one has AIDS. The attack usually occurs at 2:00 of a Sunday morning the week that your doctor has gone on vacation. Some newly noticed symptom or sign that you know can be associated with AIDS - a cough, swollen glands, malaise, an odd-looking mark on your skin - triggers a throbbing uncertainty. Is this??? Could it BE??!?? This uncertainty quickly crystallizes - often thanks to some underlying, unresolved guilt ("I'm such a slut I deserve to get sick.") - into a dread certainty that the unthinkable has happened ("I just KNOW I have IT."). This is the start of a full-blown AIDS Attack.

WHAT ARE THE SYMPTOMS OF AN AIDS ATTACK? The heart rate increases dramatically, the palms start to sweat, breathing becomes rapid and shallow. Often, there is nausea and tingling of the hands, feet, and lips, which may progress to major spasms. Overshadowing all of these physical symptoms, however, is the existential angst of the direct and acute threat of one's own mortality.

HOW IS AN AIDS ATTACK TREATED? Liberal doses of understanding and knowledge are needed - STAT. The person suffering and AIDS Attack will be unable to function properly until his fear and anxiety can be diminished. An AIDS attack is, in fact, a medical emergency. Although the help of a knowledgeable physician may finally be required in some cases, attacks can often be handled by a well-informed layperson. Just having someone around to listen to his fears can be extremely therapeutic for the anxiety victim. An AIDS Attack often can be cured by simply answering the fearful questions that plague the sufferer. Ending the encounter with offers of further help is also important as AIDS Attacks have a nasty habit of recurring. Unfortunately, not all medical providers know how to treat this kind of anxiety. In fact, physicians can cause an attack with unguarded statements ("How long have you had this unusual bluish spot in the middle of your back? Oh? Mmmmmmm.") or their own ignorance ("You have lymphadenopathy, which is a pre-AIDS condition."). Choose your source of medical care and information carefully, and do not be bashful about questioning your doctor's statements.

HOW CAN AIDS ATTACKS BE PREVENTED? The best preventative is knowledge. Having the facts as currently known about AIDS and spreading that knowledge will be helpful both to you and your friends. Be careful, though, not to spread gossip and rumor ("Only those who use Aramis get AIDS."). Good sources of up-to-date information include the SGC newsletter, medical friends, and proven media sources such as The New York Native. Medical publications, especially the CDC's Morbidity and Mortality Weekly Reports (\$25/year) are also recommended for those with a technical bent. Specifically not recommended are The Seattle Times and Seattle P-I - as well as most of the weekly newsmagazines - as they have consistently played on the hysterical aspects of the current health crisis and have not infrequently been factually incorrect in their reporting.

The second best AIDS Attack preventative is the knowledge that all AIDS symptoms are, by definition, persistent. The cough you've had for the past week, the bluish spot you found on your foot after yesterday's soccer match, and the diarrhea you've had since your return from Mexico on Monday are overwhelmingly likely to be strep throat, a bruise, and turista. Concern need not be felt until these symptoms have persisted for an unusual length of time.

Also recommended for AIDS Attack prevention (or at the least early treatment) is development of a strong support network between you and your friends. We all need at least one person whom we would feel comfortable calling at 3:00 in the morning if we needed to talk. Conversely each of us should be on tap for at least one other person. Such support and mutual caring can do more to prevent the ravages of AIDS anxiety than a hundred forums.

ELECTIONS!

Annual elections for Seattle Gay Clinic's officers and Board of Directors are just around the corner. Any Clinic volunteer who has worked a minimum of 30 hours in the past year is eligible to vote. Volunteers will be sent a ballot by mail on or about February 15. New officers and board members will begin their terms with the first Board Meeting of the 1983 fiscal year, March 3.

Officers serve one-year terms, Directors serve renewable two-year terms. If you wish to be considered for a place on the ballot, or if you wish to nominate a volunteer for a position, contact SGC Board President Steve Werner (324-6132) by February 1.

Our hard-working President, Steve, will be stepping down from his position at the end of this term. (But we haven't heard the end of him, by far!) Thanks for your leadership and support, Steve.

The Board of Directors of Seattle Gay Clinic

Whatsa Chinese Auction?

By Josh Joshua

SGC's Outreach Committee has put together a novel Winter fundraising event with the Ritz Cafe. But to make the event a success Outreach is asking Clinic volunteers to help get out the word and/or donate usable items to be auctioned off in the Clinic's first CHINESE AUCTION. The auction's proceeds will solely benefit the clinic, and will be held on Sunday, February 6th, between 4 o'clock and 6:30 P.M., immediately following the regular Sunday Brunch at The Ritz. Our pals at The Ritz will donate all bar receipts taken in during the auction to the Clinic's treasury.

O.K. and Great! But what the hell's a "Chinese Auction"? Well, ethnocentrists put aside, it's just like any other auction in which goods and services are put up to the highest bidder... excepting for one important element that makes for an exciting, hopefully profitable (for us) gamble: in a Chinese auction ALL bids are collected, regardless of the final winning bid. Thus, whether a quarter, buck, or fiver is wagered -- something will go into the "kitty."

Goods and services to be auctioned off will range in value from \$5.00 up, must be of some use to potential bidders, and will be either new or of certified antique or collectible value. A panel of three judges will assemble and compile an auction list of items for bid, and said list will be available to all auction bidders (and biddies).

So, if you have something of value you can live without, or if Saint Nick left some lovely-little-ugly under your Christmas Tree that you'd just as soon chuck out the window --- PLEASE call Jim Limerick (283-8450) or Josh Joshua (545-7165) and Outreach will cheerfully make arrangements to relieve you of the precious item.

Remember, guys, this isn't just for any ordinary "good cause," this Chinese auction is for OUR cause. In any case, save your quarters and whatever spare bucks for Sunday, February 6 and join the fun. Tell your friends to do likewise. (Flyers announcing further details and the premium goods to be auctioned off will appear around town shortly.) In keeping with the Oriental Motif, Outreach members are furiously negotiating with one Ruby Chow Mein, in hopes that Ms. Mein's notable talents as guest auctioneer can be secured for this event. At press time she remains interested but inscrutable.

Retreat

By Jim Limerick

The Board of SGC met at Joel VanEmelen's home on November 14 for a day-long retreat. We saw the need for this retreat during the planning stages for the Hepatitis-B screening (which is now well underway). We discussed lots of long, medium, and shorter range plans for the clinic. Opening the meeting, Steve Werner, our President, commented on the solidarity and effectiveness of our board. We all refelected for a while on why we are volunteers, and I think most of us feel a great sense of pride and identification with the clinic.

In mid-October Ken Fowler and Jim Limerick attended a Survival Skills Workshop. This was a fundraising and volunteer development strategy for gay organizations. We felt that the group who did the training was highly professional, and we carried away lots of good ideas to put into practice. Our attendance at the workshop increased clinic visibility; many of the organizations there had good questions and suggestions for us.

Our newly organized Volunteer Committee, chaired by Ken Fowler, has been assigned the task of setting up quarterly staff educational programs. It was thought that attendance at these will be helpful in maintaining quality standards for volunteer workers, and will be on an optional basis.

News articles appeared in both the Seattle Times and P-I in November about AIDS. These were somewhat erroneous and scary; for that reason Tim Burak and Tom Marsella drafted a letter for publication in both papers.

The familiar column you read in your newsletter, Know Your STD, will appear in the form of handouts that will be available at the Clinic and at other special events. It is the job of the Outreach Committee to distribute new brochures and handouts; to develop a new Clinic poster, and to work on a video educational/promo for use in raising Clinic visibility. Jim Limerick, Chairman, will prepare a questionnaire for our patients to determine perceptions about the Clinic, preference of services offered, and various data about our patients.

In early 1983 the Clinic Committee will have a survey prepared for the volunteers, so here's your chance to speak out on matters relating to changing hours and location of the Clinic.

We will be developing a plan for screening and/or treatment of STDs at special events, and possibly at bars and baths. One such event is the GAA athletic meet held in Volunteer Park every summer.

The Clinic now has a quality assurance task force working on job descriptions, as well as standards that need to be met by our volunteers. A budget process is being developed for fiscal 1983-84 by the Executive Committee, and at this writing Tom Thomas has drafted a preliminary budget which the Board will be studying in coming weeks.

Two ideas are being explored as long range changes dictate our needs. We may be hiring a part time clerk for the Clinic; the committees will all have input and the Board will finally decide the matter. Also discussed were alternative clinic sites. We are aware that we need a contingency plan should the Clinic ever have to move. Clinic physicians and the Board will develop criteria for the possible new site.

Overall there was a lot of action at this retreat; and we shared quality time with each other. Our aim is always to serve our patients and the community better. We certainly welcome any volunteers at Board meetings, and we especially welcome your suggestions.

Buddy Network Proposed

The Outreach Committee has forwarded to the Board a proposal by Tim Burak to have the Committee sponsor an informal network of volunteer "buddies" to provide short-term support services to gay men during periods of illness. The idea would be to establish a roster of a dozen or so volunteers who could be contacted and asked to provide transportation to doctor's appointments or pharmacies, grocery shopping services, or even just a friendly phone call or offer of chicken soup. Local gay physicians and social service agencies would be encouraged to look out for gay clients who might be homebound during periods of illness and who might not have a ready support group to lean on.

Requests for buddy assistance would be initiated by the referring health professional, or by the client himself. Two SGC volunteers would maintain an informal referral switchboard (Josh and Tim have agreed to be contact people).

This is intended to be a fairly loose arrangement with no heavy commitments to extensive support; a chance for the Clinic to broaden its scope and image ("You mean those guys up there are good for something besides VD testing?"); a chance to initiate contact with the wider medical community and with gays who might otherwise be isolated. If you're interested in volunteering for the CHICKEN SOUP BRIGADE (or if you have a better recipe for chicken soup), give a call to Josh(545-7165) or Tim (329-0935).



NEW FACES

Phil Galon	Lab Tech
Chris Matthews	R. N.
Bill Rogers	R. N.
Justin Marshall	Screeener
Jeff Harder	"
Marv Fritz	"
Todd Zwahl	Front Desk
Dale Ward	"
Don Johannessen	Exit Interviewer
Wes Anderson	"

FORMAL RE-ENLISTEMENT (Thanks, guys, for continued good service):
 Richard Villagracia } Screeners
 Fred Simons }
 Bill Bendiner }

CORE PERSONS



- JAN 8 DEAN ALLAN 325-3420
- 15 MILO PETERSON 1-682-1666
- 22 JOEL VAN EMELEN 634-1799
- 29 BILL BROWN 325-0532

- FEB 5 JOEL VAN EMELEN 634-1799
- 12 MILO PETERSON 1-682-1666
- 19 DEAN ALLAN 325-3420
- 26 BILL BROWN 325-0532



CALENDAR

- JANUARY 6 THURS BOARD MEETING (7:30, Country Doc. Fireplace Room)
- 11 TUES OUTREACH COMMITTEE (7:30, Jim Limerick's)
- 17 MON VOLUNTEER COMMITTEE (7:30, Ken Fowler's)
- 20 THURS CLINIC COMMITTEE (7:30, Dean Allan's)

- FEBRUARY 3 THURS BOARD MEETING (7:30, Country Doc. Fireplace Room)
- 6 SUN CHINESE AUCTION BENEFIT (4:00 - RITZ CAFE)
- 8 TUES OUTREACH COMMITTEE
- 15 SGC BOARD ELECTIONS (By mail ballot)

CALENDAR

WHO'S WHO (and how to get hold of 'em)

STEVE WERNER (President)	324-6132	Medical Director	WAYNE DODGE	525-9728
TOM THOMAS (Vice President)	323-5179	Asst. Med. Dir.	TOM MARSELLA	527-8770
SCOT VERDIN (Secretary)	329-5078	Clinic Coordinator	DEAN ALLAN	325-3420
ROGER GRAY (Treasurer)	329-1588	Outreach Comm.	JIM LIMERICK	283-8250
TIM BURAK (Director)	329-0935	Volunteer Recruiter	KEN FOWLER	325-9259
DEAN ALLAN (Director)	325-3240	Newsletter Editor	TIM BURAK	329-0935
WAYNE DODGE (Director)	525-9728	SEATTLE GAY CLINIC PHONE NUMBER		329-8390
JOEL VAN EMELEN (Director)	634-1799			