AIDS in San Francisco

The Medicine Gilland Travelling Fellowship 1995

... so many sick people in the streets, full of sores, and so many sad stories overheard as I walk, everybody talking of this dead, and that man sick... (Samuel Pepys, Diary, 1665)

The purpose of my visit to San Francisco was to study the community care of people with human immunodeficiency virus (HIV) disease, health education programmes in the city, and outreach projects to meet the needs of disadvantaged groups.

San Francisco is a compact city with a population of about 724,000. By March 1995, 20,962 cases of acquired immune deficiency syndrome (AIDS) had been reported in the city, mostly among gay white men, with 13,892 deaths. In the USA as a whole, 401,749 cases of AIDS had been reported by the end of June 1994, with 242,429 deaths (data from San Francisco Department of Health AIDS Office). Thus, about 5% of all the US cases of AIDS had occurred in San Francisco, with about 3% of its population diagnosed as having the disease and nearly 2% dying from it. A second wave of AIDS cases is expected to follow as HIV spreads into other ethnic groups and among injecting drug users (IDUs), as it has been estimated that by 1993 over 27% of the city's heterosexual IDUs were infected with HIV.

The scene for my visit to San Francisco was set the first evening when I went to the Dance-a-thon at the city's Moscone Center. Over 7,000, mostly sponsored, dancers raised over $1 million for 10 AIDS organisations. I had expected a mainly gay white male crowd. I was wrong; at least half the dancers were female and many were people of colour. HIV now affects all the disparate groups in the city. I met Bobby Rosenthal, who helped to programme my early visits. He worked for Mobilisation against AIDS, one of several lobbying organisations advocating increased central funding for care, HIV transmission prevention, housing and research.

Primary care in San Francisco

There are many openly gay physicians in San Francisco. One, Dr Marcus Conant, has a large private practice on Divisadero; more than 3,000 of his patients have HIV infection. He started the Kapoisi's sarcoma clinic with colleagues at the University of California's Medical Center in July 1981. His office is a large, airy, welcoming suite, staffed mainly by young gay men. All aspects of care are offered, including intravenous therapy, plasma exchange and CD8 enhancement. In the adjacent research suite patients and recruits take part in Phase II and III clinical trials; for example, a randomised, double-blind trial of a protease inhibitor ABT-538 and zidovudine.

There are five district health centres in the city, run by the Department of Health. I visited Number 1 clinic situated to the East of Castro (a mainly gay area). Staff are available who speak Spanish, Chinese, Portuguese, Tagalog and English. The director, Dr Jane Bailowitz, foresees problems testing people for HIV in the future, as the Californian Medical Association is advocating the notification by name of all positive cases. One of the medical social workers advises patients on their entitlements and the various resources available in the community. Many of the patients are IDUs, particularly of amphetamines, and she tries to encourage them to enter 'detox' programmes. Research nurses from the Community Consortium advise HIV infected people about the various clinical trials in which these individuals may enrol and ensure their compliance with trial protocols.

San Francisco has one main sexually transmitted disease clinic, on 7th Street, which charges $10 a visit, but this can be waived. It is an extremely busy clinic, and waiting times of up to three hours are not unusual. At the time of my visit there were staff shortages. It was at the city clinic that 6,704 gay men were recruited between 1978 and 1980 for ongoing studies into hepatitis B. Retrospective study of their blood samples showed that 75% had been infected with HIV by December 1993; 40% had been diagnosed as having AIDS, and 31% of the latter had died. The date of seroconversion is known for 601 of the men: 1% had developed AIDS within two years, 11% by five years, 51% at 10 years and 79% within 15 years.

There are specialised clinics for HIV infected people at Mount Zion Hospital, San Francisco General Hospital (SFGH) and at four other hospitals in the city. The HIV outpatient clinic at SFGH is overcrowded and lacks sufficient accommodation; a lot of time and work is spent determining the insurance status of patients, and the necessary paperwork has to be repeated monthly. Twelve per cent of the patients are women, 40% are gay and 65% people of colour. About one third of the patients are addicted to heroin or crack. Many have housing problems or live on the streets.
Medical social workers spend much of their time ensuring that people get any financial help to which they are entitled. Some qualify for general assistance, which is funded by the city and county; written proof of symptomatic HIV disease is required and the patients have to be fingerprinted. Disability allowance is available, and some people qualify for supplemental security income. All financial assistance is strictly means-tested, with a maximum benefit of about $690 a month.

Community care in San Francisco

There are dozens of charitable and civic organisations caring for people with HIV in San Francisco. Some give financial counselling and assistance through the maze of regulations to obtain financial support. Some offer peer support and counselling, social events and peer education; others provide help such as meals-on-wheels, one-to-one buddies, holistic massage, aromatherapy, delousing and reclothing. There are hot lines to gain information about needle exchange, mental health, drop-in clinics, emergency housing and legal help. They often deal with particular groups in the community, defined by ethnicity, drug use, age or sexual orientation. With so many organisations providing services to these groups, there is considerable duplication of resources.

The most famous organisation is the Shanti Project, which provides trained volunteers to provide two or three hours' support each week to people with disabling HIV disease. This can take the form of emotional support and peer counselling, or more practical help like assistance with daily living needs such as basic house cleaning, laundry, cooking and shopping for groceries. Shanti has a van service to take people with AIDS to their doctors or clinics. Many of the volunteers are women, some of whom have lost family members through AIDS. The Shanti Activities Program organises social events, outings and weekend retreats for people with AIDS and also provides free tickets to theatres and art galleries. Its Crossings Program is directed towards people living in the poorest areas of the city (Mission, South of Market and Tenderloin). Unlike many other organisations, it provides practical assistance and emotional support to anyone with HIV, and also works within the local prisons and youth detention centres.

Tenderloin is the dirtiest and shabbiest area in San Francisco with porn shops, soup kitchens and flop-houses, and it is full of addicts, beggars and prostitutes. The Ambassador Hotel is a seedy, run-down six-storey building with 150 rooms to rent; about half the 200 residents have AIDS. Some are referred after in-patient care, particularly at SFGH, or by organisations caring for the homeless (of whom about 1,600 have AIDS). Stepping over the drunks and comatose addicts lying on the sidewalk, I entered the hotel and met the manager, Hank Wilson. The stench in the building from vomit, urine and open rubbish bins was overpowering, with cockroaches scuttling over the sodden carpets. Hank has lived at the Ambassador since 1978. He is gay and has symptomatic HIV disease. He told me that the owner of the Ambassador lives abroad, so public health regulations cannot be enforced. The rooms cost $328 a month ($418 if the room is shared). Drug and alcohol usage by the residents is a major problem. Two on-site nurses at the hotel cater for the health needs of the residents in two small rooms. This assistance can range from lancing boils in IDUs, to giving intravenous therapy to people with AIDS. Much of their work is directed towards the social needs of the residents.

Programs for youth

The situation with regard to HIV among young people seen at the Special Programs for Youth (SPY) centres in San Francisco is shown in Table 1. The director has worked with youths in San Francisco since 1982. HIV-positive young people were overlooked when care and treatment facilities were first set up but, when given

| Table 1. HIV statistics among all youths seen at the Special Programs for Youth centres in San Francisco |
|---------------------------------------------|
| Prevalence: | % |
| males | 4.1 |
| females | 1.0 |
| Age: (years) | |
| under 15 | none |
| 15–19 | 2.6 |
| 20–24 | 22.9 |
| Ethnicity: | |
| Whites | 4.7 |
| Afro-Americans | 2.1 |
| Latinos | 1.9 |
| Asians | 3.5 |
| Gay and/or bisexual youths: | |
| Non-IDUs | 29.2 |
| IDUs | 56.5 |
| Heterosexual youths: | |
| IDUs | 1.1 |
| With an at-risk partner | 6.7 |
| Without risky behaviour | 0.5 |

IDUs = intravenous drug users
the chance, the young can serve as powerful advocates for their rights, and act as leaders. With proper training, they can act as co-workers amongst their peers in the youth programmes. Youths are seen in three SPY centres:

- Cole Street, which deals mainly with local runaways and inner-city youths;
- Larkin Street, serving homeless and ‘throw-away’ youths and
- the youth guidance center, serving imprisoned youths.

When a youth on the streets feels safe and relaxed he or she is said to be ‘chilled out’. Weekly chill-out sessions are held for youths in detention centres. They are presented in a language acceptable to the detainees and often incorporate rap music, slides, videos and games. Their object is informally to teach them about all the common sexually transmitted infections, including HIV, and how they can be transmitted. The sessions give people an opportunity to discuss sexuality in an atmosphere in which it feels right to do so. Condom relay races (using model penises) are very popular and amusing; rewards such as condom key chains with a slide-out compartment for a condom are given to the winners. Before they leave detention youths are counselled, either individually or in small groups, before being given packs of condoms and a key chain if they did not win one during a chill-out session.

Larkin Street and Cole Street are combined medical and drop-in centres for youths, both of which offer primary medical and mental care, with peer education and counselling. All the clients receive risk reduction advice, condom education and access to free condoms. At Larkin Street there is an adjacent youth centre, where youths can get hot food and showers, play games and get help with housing needs. There is an extensive outreach programme; working in pairs, outreach workers, who wear red jackets, go to the places where young people congregate and work. These include ‘hotels’ where rooms can be hired by the hour by those taking or giving money for sex, the back streets, seedy coffee-houses and abandoned derelict buildings. The teams distribute condoms, bleach for cleaning needles, candy, T-shirts and health education material. They contact over 400 young people a month and encourage them to go to the clinic for comprehensive medical care.

At Larkin Street, and at many other centres, one of the health education schemes is the Wedge Program. Four one-hour sessions are held, with a person with HIV participating. The goals of the sessions are:

- to provide information about HIV, how it is transmitted and prevented, and risk reduction;
- to help adolescents examine their personal feelings, attitudes and beliefs about AIDS; and
- to introduce adolescents to the psychological, emotional and social impacts of living with HIV and AIDS.

The final session integrates the factual, emotional and social aspects of HIV and AIDS presented in the previous three sessions.

SPY plans to initiate several activities in the next five years, including more research, a gay and lesbian youth centre, a residential substance abuse centre, long-term housing and jobs for HIV-infected youths, and greater public and private funding.

**Training**

I visited two of the largest training centres, the Department of Public Health’s training centre on Mission Street and the Institute for Community Health Outreach. Everybody who works in an HIV or AIDS programme attends a training course at one of the training centres in the city, be they an outreach worker, a peer counsellor, medical social worker or medical personnel. These courses are varied, their content and length depending on the needs of the participants, and supplemented with training manuals. The Institute has contracts and funds from the State Office of AIDS. It provides training for community health outreach workers, their supervisors and administrators. Entrants to the courses, who have to show commitment and be acceptable to and show empathy with the various groups with whom they will work, are drawn from every ethnic group and orientation; some are recruited from a background of previous drug use or living on the streets.

**Support groups**

I visited several support groups. The Lavender Youth Recreation and Information Center (LYRIC) was originally founded as a peer-led HIV support group for gay and bisexual young men aged 13-24 years, with an emphasis on men of colour, but now also incorporates a women’s centre. LYRIC moved into its present building about 10 months before my visit, and had been used by 700 people in that time. Efforts are being made for it in future to be independently run and financed. Currently, it has a three-year contract from the State Office of AIDS. It has an ongoing HIV and AIDS education and prevention programme for its members, and runs several different recreational activities. About 45–50 attend after-school groups, 35–40 the women’s group, and 75 the men’s group. Dances, which are popular, raise money for lesbian and child charities.

The Bay Area Young Positives (BAY+) is a peer-run agency catering for gay or bisexual people under the age of 26, living with HIV. Some of them are or have been sex-workers and about two-thirds are white. It offers one-to-one peer counselling, informal case
management and support groups for young people with HIV. There are daily, free drop-in sessions from 10am until 6pm. The centre is partially funded by the annual Dance-a-thons.

Clinical trials in San Francisco

The city’s Community Consortium coordinates trials conducted in clinics and private medical offices in San Francisco, Alameda and Marin counties. It is funded by the National Institutes of Health, the American Foundation for AIDS Research and pharmaceutical companies. Trial protocols are designed by an advisory committee of physicians, with a medical biostatistician and a pharmacist. The trials are designed to allow a broad entry of recruits and to fit into office protocols. Clinical research nurses visit the participating physicians and their patients to ensure compliance with protocols and help to complete modular case report forms. Twelve trials were in progress when I visited the Community Consortium. One recently completed trial had shown that although influenza vaccination causes a rise in HIV plasma RNA levels, they return to pre-vaccination levels within 12 weeks, from which it was concluded that the vaccine was safe to use in people with HIV.

The Community Consortium publishes a directory of all clinical trials in the Bay area, their purpose, the drugs involved, how they are conducted and the entry requirements; 92 trials were in progress at the time of my visit. A major problem is that some people with HIV enrol in several different drug trials despite not qualifying because they are taking other drugs. Information about another 400 clinical trials may be obtained from the AIDS Clinical Trials Information Service, in Rockville, Md.

The San Francisco AIDS Foundation publishes a quarterly journal, the Bulletin of Experimental Treatments for AIDS (BETA). This publishes items of news, resumés of trials, overviews, reports of conferences, and general articles about AIDS. BETA is intended to be read by both medical and lay people. The white gay men with HIV in the city are an articulate and well-informed group because of such publications.

Conclusions

The size of the HIV and AIDS epidemic in San Francisco is daunting. Just as the city is divided geographically by race, wealth and poverty, religion and sexuality, so are many of the organisations dealing with HIV disease. As a result, there is much duplication of the available services. The determination of those working with HIV disease, both professional and voluntary, is inspiring, but the infection is continuing to spread. Federal, state and other funding of the city’s HIV and AIDS projects needs to continue and increase to contain the epidemic.

While I was in San Francisco, Eric White died. He was better known as Easy-E, who sang with the rap music band Niggaz-Wit’ Attitude. Travelling on the city’s trams his albums could be heard, with tracks like ‘Fuck tha’ Police’, being played by young Afro-Americans at the back of the car. With Easy-E’s death from AIDS at the age of 31, perhaps the health education messages will get through to some of the next generation of at-risk people. At present, they—and much of America—see AIDS as a white gay male problem.

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