

**Choosing the Best Community-Based
Interventions for STDs:
Differences by Disease and Phases of an
Epidemic**

**Dan Wohlfeiler
STD Control Branch
California Dept. of Health Services**

Why should we involve the community at all?

- **Many people at risk won't come to us.**
 - Trust
 - Distance (real and/or perceived)
- **Have a chance of reaching *and changing* more people:**

“I have discovered that whenever I hear the statement ‘if we only save one person, it will be worthwhile,’ I am listening to the definition of a failing program”.

(Mark Worden, 1979)

Take home messages:

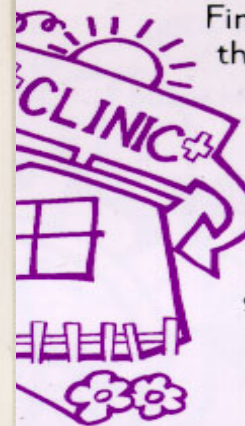
- Community level responses are dynamic and are not sustainable, particularly when the threat diminishes.
- We then have to make a series of strategic choices: we can go up or downstream.
- Multiple forces pushed us downstream.
- If it's hard to maintain community interest with a fatal and highly prevalent disease, it will be even harder with less dangerous and common diseases.



Or?



PLAY FAIR!



tell

Finally the bright nun who start the whole discussion remarked "The bottom line...hee hee... everyone must get regular check-ups at their local V.D clinic." And with that, the entire order set out to get examinations. But first they shouted out from the rooftop

**"IT'S ONLY
RIGHT TO
PLAY FAIR!!!"**

1983

STDs: Symptoms and Treatments

Gonorrhea

Penis: White green or yellow discharge burns or hurts during pee

Ass: Too often no symptoms; itchy painful asshole, more gas than usual, white coating on shit; "feels funny down there"

Throat: Too often no symptoms; Mild to moderate sore throat, swollen glands in the throat.

Vagina: cervicitis (inflammation of the cervix: the thing you bump at the top of the vagina, and what they look at for pap smears), usually a

thick yellow discharge. Some vaginas just have burning and peeing a lot

Symptoms: appear 5 hrs to 5 days after contact

Exposure: through sucking or fucking

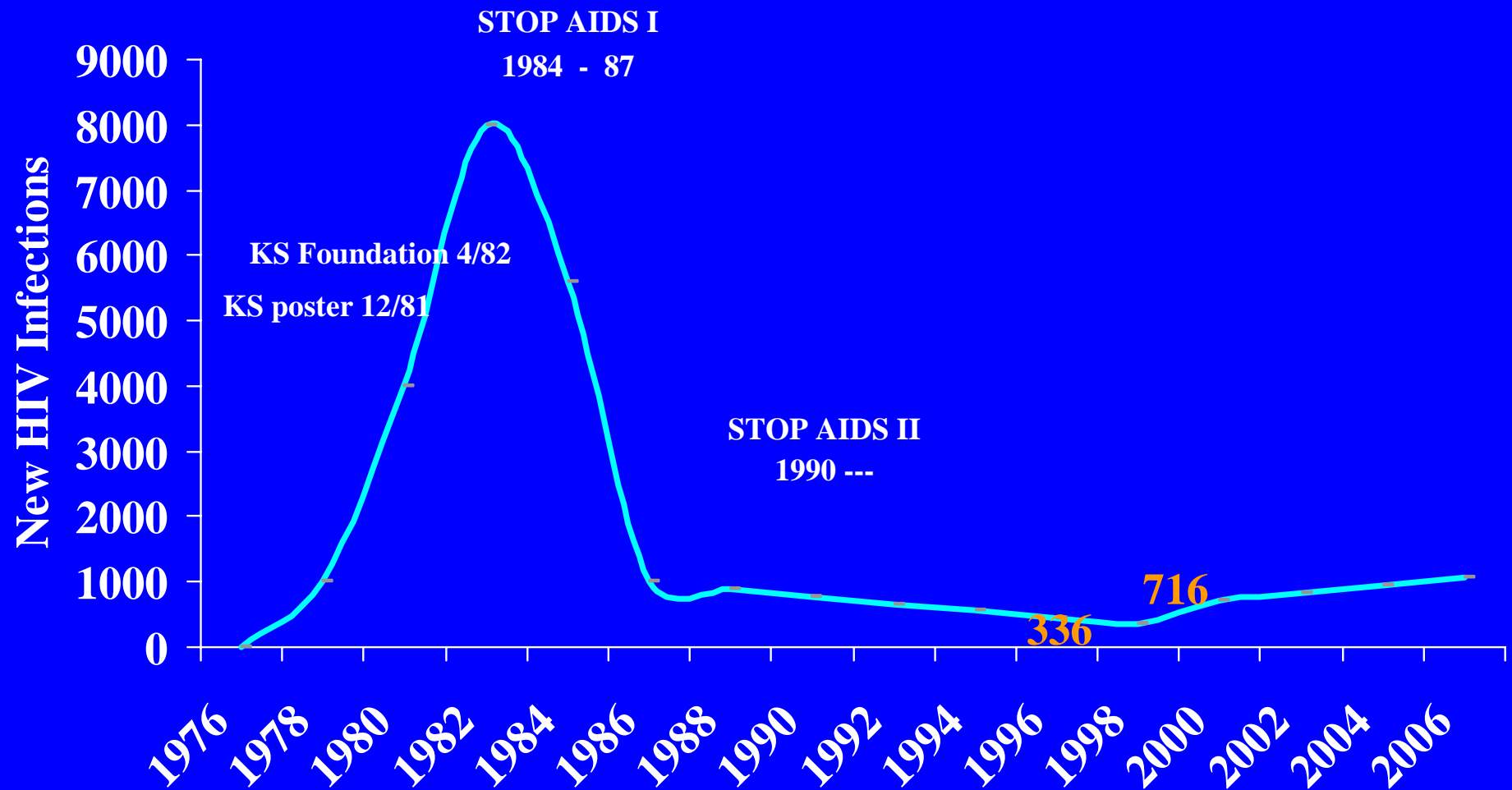
Untreated: Sometimes vaginas develop pelvic inflammatory disease, PID (infection of the tubes), this can cause abnormal periods or lower bellyache and tenderness, sometimes it causes a perihepatitis and right upper quadrant pain. Infected Prostate or balls, tender achy joints and fever.

Cure: Antibiotics

1996

Most gay male urban prevention programs have few volunteers, emphasize prevention case management, individual-level interventions.

Incidence and Prevention of HIV Among Gay and Bisexual Men in San Francisco



Source: AIDS surveillance data, back calculation estimates, behavioral studies, HIV cohort studies, 1992 and 1997 DPH Consensus Meetings

Take-home points about HIV and STDs in San Francisco

- **Gonorrhea rates rose dramatically in the late 70's and plummeted in the early 80s.**
- **There was almost no community response whatsoever.**
- **In San Francisco, HIV is a gay disease.**
- **The community agencies didn't create the massive behavior change; new infections dropped as and while the community was creating its own prevention efforts...and was the most active.**

To Speak Out or Keep Quiet

Three Gay Figures Join the AIDS Debate

ED NOTE: Following in the fallout of a shift in policy and coverage of AIDS by this newspaper (which took its cue from New York City and the Larry Kramer violent outcry) three Gay leaders felt it time to lend their private thoughts to the crisis.

The one apprehension of both the authors and the Bay Area Reporter was that the piece be interpreted as self-serving, or an attempt to jump on the bandwagon. We discussed it repeatedly — the trio had nothing new to offer but the weight of their reputations and the depth of their feeling.

Since it was submitted, we have seen a new, less pleasant trend develop: a desire to punish the bearers of bad news. We have seen evidence of making mischief with the issue — still the trio wanted to be heard — with the thought let the chips fall where they may.

by Ron Huberman, Political VP, Harvey Milk Gay Democratic Club
Cleve Jones, Legislative Aide to Assemblyman Art Agnos
Bill Kraus, Legislative Aide to the late Congressman Phillip Burton

Three Gay men are convinced that the AIDS epidemic means that we men must — temporarily, we hope — change our sexual lifestyles in order to save our lives. Still, despite all the evidence, despite the suffering we see around us, despite the pleadings of the doctors who care for AIDS patients and are trying to avert a full-scale epidemic — there are those who insist on believing that there is no relationship between AIDS and sexual contact.

But what a peculiar perversion it is of Gay liberation to ignore the overwhelming scientific evidence, to keep quiet, to deny the obvious — when the lives of Gay men are at stake.

What a strange concept of our Gay movement it is to care more about what straight people think of us, and to worry more about what they may do to us, than about the need to spread the news about this disease to our people so that we can protect each other.

Can anyone who believes passionately that we must respect and love one another be so afraid to see this epidemic for what it is — and to say so — that we remain silent while thousands of Gay people come here from all over the world — especially dur-

ing Lesbian/Gay Freedom Week — without knowing what is happening here?

Are we so insecure about homosexuality that we don't understand that telling the theories about sexual transmissibility will save Gay people's lives, but implies nothing bad about being Gay at all? Don't we understand that the fact that this disease agent is loose among us is no more a condemnation of being Gay than keeping people out of the ocean during a severe undertow is a condemnation of swimmers?

The fact is that we are in the middle of the deadliest epidemic of our lives.

AIDS is no longer a rare disease in San Francisco. If present trends continue, it will soon be across the country.

All the talk about the odds of getting killed in a car accident being greater than the odds of getting AIDS is, simply, no longer true.

Right here, right now in San Francisco, there are over 200 cases of AIDS.

In the most heavily Gay neighborhoods, this translates into one out of every 350 Gay men.

And the rate continues to climb.



Bill Kraus (Photo: Rink)



Ron Huberman (Photo: Rink)

And, given the speculated long latency period (4-24 months) it is probable that many more Gay men have AIDS — and are capable of transmitting it — than these statistics reveal.

Like nearly everyone else, we three have spent a good deal of time denying this horrible reality, trying to explain away the worsening statistics, fearing to think or to say the things that no one wanted to hear.

We have seen too many friends and acquaintances fall to this epidemic to deny that it is real, or that all of us are at risk.

We see the concern, the fear, in those who really know about this epidemic. Even worse, we see the lack of concern, the life-threatening lack of concern, of many who still do not take AIDS seriously.

We are not moralists, and we are not homophobes. We have worked for Gay liberation for years — with Harvey Milk, with No on 6, and in many of the struggles against oppression, including the effort to rescue the Jaguar Book Store.

We are Gay men who have lived the San Francisco lifestyle. We do not have lovers with whom to retire to a cozy home and wait out the epidemic. We face the same choices that other Gay men face.

And we have decided not to be passive victims of this epidemic, but to take steps to protect ourselves by making serious changes in our sex lives.

We have stopped going to baths and similar places. We have greatly reduced the number of our sexual partners. We have decided to spend more time with our friends, and to get to know our sexual partners better.

We have decided to take better care of our health — to drink less and sleep more.

We have decided to listen to the doctors who say that the risk of transmission of AIDS is through bodily fluids — urine, semen, blood, fecal matter — and to avoid sexual practices that involve contact with or ingesting these fluids.

Meanwhile, we have paid special heed to avoiding the non-productive, panicky response which an epidemic will produce.

What's left to do? Is there life after AIDS? We can't say that the adjustments in lifestyle are easy. We miss some of the old ways, and look forward to the time when they will be safe again. But there are ways in which we Gay men can transform this epidemic into our finest hour.

There is nothing bad about taking care of our health. And there's nothing bad about getting to know people better, about re-emphasizing our friendships, about helping to take care of one another.

This difficult time will bring us closer together, and it will help to forge a Gay community which has been developing over decades of struggle.

As individuals and as a community, we have survived all of the crises which have confronted us in what is still a homophobic society. We have fought it alone, in our private lives in coming out, and we have fought it together, in the streets when they killed Harvey and on the ballot when they tried to take our rights away.



Cleve Jones (Photo: Rink)

And out of that shared pain and triumph, and the overwhelming desire to be free, we have built a community.

Now that the community will sustain us — and, ultimately, help lead us to another victory — in this crisis which is more grave than all the other crises.

What we have learned is to respect and care for ourselves and each other — to value our lives — and in the next year we will have the opportunity to deepen that respect and caring.

We will learn that there is something we share that is deeper than quick and easy sex — and once again, we will survive.

* * *

How many of us will survive — and how soon the nightmare ends — will in some part depend on how willing we are now to fight for our lives.

We can use our strength and the allies we have made, to insist that an epidemic of which we are the first victims not be used as a pretext for a new wave of homophobia.

We can tell the world that we intend to take care of ourselves insofar as we can, to cooperate with others to end this epidemic.

We can continue to be proud of who we are and to insist on governmental recognition of our rights on every level — federal, state, and local.

We can help to spread the word to our people that might help save their lives.

In the meantime, we can continue to enjoy the fruits of a Gay liberation process which means far more now than how many people we have sex with.

We can continue to dance and have a drink with our friends, to enjoy the Gay Softball League, the Band, and the dozens of other Gay groups which have developed here; we can continue to plan for the next GAY Olympics . . .

And we can start fighting like hell for the government research money, and other help, which will someday put all of this behind us. ■

“Right here, right now, in San Francisco, there are over 200 cases of AIDS...”

“And we have decided not to be passive victims of this epidemic, but to take serious steps to protect ourselves by making serious changes in our sex lives. We have stopped going to baths and similar places. We have greatly reduced the number of our sexual partners.”

Bay Area Reporter
March 26, 1983

Gay Graphics

1528 15th Street, SF 94103
(between Mission and S. Van Ness) • 861-7232

- Stats • Screens • Layout
- Typesetting • Flyers
- Brochures • Newsletters
- Reasonable and Fast Service

AIDS: A Workshop for Religious Outreach

The Shanti Project has announced a conference for clergy, personal contact with people exposed to AIDS, over the next two



The beginnings: community involvement



— *“Given the urgency of behavior change, the educational strategy would focus more on changing community norms and on developing peer-support for lower-risk behaviors, than on changing individual behavior. . . . Marketing and selling, rather than more traditional academic models, would be used.”*

San Francisco AIDS Foundation, 1984



STOP AIDS Project participation as an indicator of community interest

Workshop participation:

1985 – 1987: 1750 workshop participants/yr.

**1990: 5200 outreached to recruit
1200 workshop participants**

**1995: 8000 outreached to recruit
1000 workshop participants**

Staff/volunteers:

1985: 5 staff, 300 volunteers

1995: 21 staff, 175 volunteers



Factors pushing us downstream...

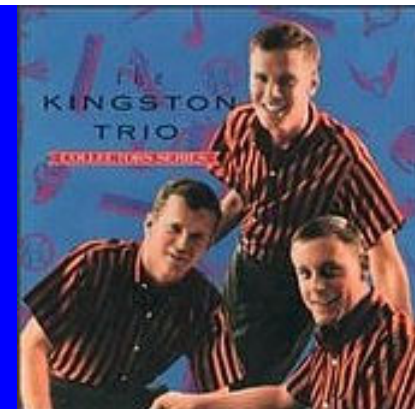
- **Care overwhelms prevention**
- **Hard to organize around prevention**
- **Self-perpetuation**
- **Threat diminishes in developed countries**
- **1:1 interventions easier to plan and implement**
- **They're easier to measure – which then provides us with evidence to do more of the same**

Individual-level interventions' success depends on:

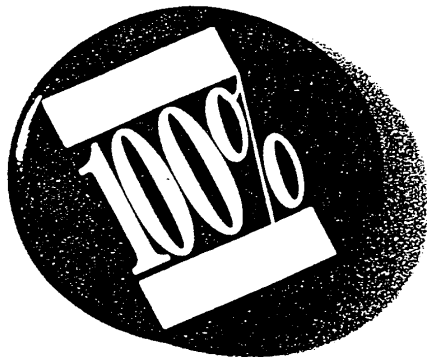
- reaching the riskiest**
- in sufficient numbers**
- with an intensive-
enough intervention**



Community-level interventions



- **Madonna vs. The Kingston Trio**
- **May reach some who never seek services through diffusion**
- **Rely heavily on motivation**
- **Small dose for many people**
- **“Organic” or “implanted?”: Kelly’s POL, Kegeles’ Mpowerment, Diaz’ Hermanos de Luna y Sol**
- **Rely on some level of community interest – not necessarily realistic across disease, time, or space or origin**



100% SAFE SEX. 100% OF THE TIME.

It's the commitment we have all made for ourselves and our community. It's important. But it's not always easy.

Some of us find it hard to always have safe sex. But keeping sex safe is more important now than ever before. With so many men infected in San Francisco, unsafe sex will lead to new infections for guys who are negative, and reinfections for guys who are positive.

That's why these agencies in our community have come together to help us keep our safe sex commitment. A variety of programs are now available to talk about how to keep sex safe, and what to do if you slip, or think you might.

Give us a call. We want to help you have safe sex.



476-6430



749-6709

18th Street Services

861-4898



863-AIDS



621-7177

“These results question the replication and transferability of peer-led, community-level sexual health promotion for gay men outwith the USA and across time.”

Flowers, Hart, Williamson et al, International Journal of STD and AIDS, 2002

Favorite quotes providing evidence we've drifted apart from the community

- **“What message should we tell people?”**
- **“How do we make this culturally appropriate?”**
- **“How will our clients respond?”**
- **“AIDS, Inc.”**

What HIV prevention for gay men almost never addresses

- $R_0 = \beta D c$
- Number of unsafe partners (variation and total number of partners)
- Sexual or social networks
- Segmentation by risk (vs. by ethnicity/age/HIV-status)

If we don't address these – can we win?

Of those men with whom STOP AIDS contacts had anal sex with...how many did they have unprotected anal sex with? (previous 6 months)

July 1997 - January 2002 n = 15,267

Number anal sex partners	Number unprotected anal sex partners								
	0	1	2	3	4	5	6-10	11-20	
1 (n=6403)	2799	3216 (50%; 21% of total)							
2 (n=2615)	1452	605	382						
5 (n=700)	332	152	65	34	19	69			
10 (n=609)	283	81	72	22	14	29	87		
20 (n = 312)	117	23	26	16	7	20	35	52 (17%,.35%)	

SECTION

B

THURSDAY

MARCH 23, 2000

CC

METRO

Los Angeles Times

Cops Crack Fish-Filching Mystery of Big Mama

By JESSICA GARRISON
SPECIAL TO THE TIMES

Police say they know who put the hook on Big Mama.

That's the fishy South Bay mystery that officers solved Wednesday after the beloved 50-pound halibut—who contributed millions of eggs to boost halibut populations statewide—was stolen from her hatchery tank, along with

Syphilis Outbreak Declared Among Gay Men

Health: County discovers 23 cases, most in past six weeks. Finding suggests absence of safe-sex practices.

By JULIE MARQUIS
TIMES HEALTH WRITER

Los Angeles County health officials declared an outbreak of syphilis among gay men Wednesday after discovering at least 23 new cases, most of them in the past six weeks.

The outbreak appears to be clustered in Hollywood, West Hollywood and Silver Lake and has struck men between the ages of 25 and 50. The sudden spread is unusual in a county that normally

sees only about 100 cases a year, mostly among heterosexual men and women.

"This is different, and that's why we've jumped on it," said Dr. Jonathan Fielding, director of public health for Los Angeles County. But, he added, "This is not an epidemic" and there is no reason for panic.

There is no evidence that the outbreak has spread to heterosexuals or that it has links to other geographic areas in this state or elsewhere. But the outbreak is worrisome to health officials because

the numbers are growing by the day, and the spread of syphilis, a sexually transmitted disease, suggests that safe sex practices—particularly condom use—are not being followed.

In fact, the spike in syphilis cases could presage an increase in transmission of HIV, the virus that causes AIDS. Some of those men infected with syphilis also have HIV—a matter of concern because the genital sores caused by syphilis make it easier to spread (and acquire) HIV sexually.

Health officials are scrambling this week to notify health providers to test appropriate patients and to locate sexual partners of those stricken to ensure they are tested

and treated, if necessary. Syphilis usually is diagnosed through a blood test.

"I am sure we are going to see a significant increase in cases," Fielding said. "We are urging those at risk to be screened and urging physicians with high-risk patients to screen them."

"The good news is it's very treatable," Fielding said. "Penicillin, the old standby, is the primary treatment."

One dose of penicillin will cure a person who has had syphilis less than a year. More doses are needed for someone who has had it longer. There are no home remedies or over-the-counter drugs that cure syphilis.

Fielding said it is likely that syphilis in Los Angeles County and elsewhere is consistently underreported. Still, the outbreak is somewhat surprising because syphilis is considered to be in decline. The U.S. Centers for Disease Control and Prevention has even talked about the possibility of eradication, Fielding said.

Nationally, rates of syphilis have been on the wane since the last national epidemic in 1990, according to the agency. In 1998, 6,993 cases were reported in the country, which meant an all-time low of 2.6 cases per 100,000 population.

But "this outbreak shows [syphilis] can be resilient," Fielding said.

Please see HEALTH, B5

www.nytimes.com
The New York Times
ON THE WEB

February 23, 2001

Alarm Over Calif. Syphilis Outbreak

By THE ASSOCIATED PRESS

Los Angeles, CA **4st**
LOS ANGELES
Station Home Page & More Local Information

Health officials declare syphilis outbreak

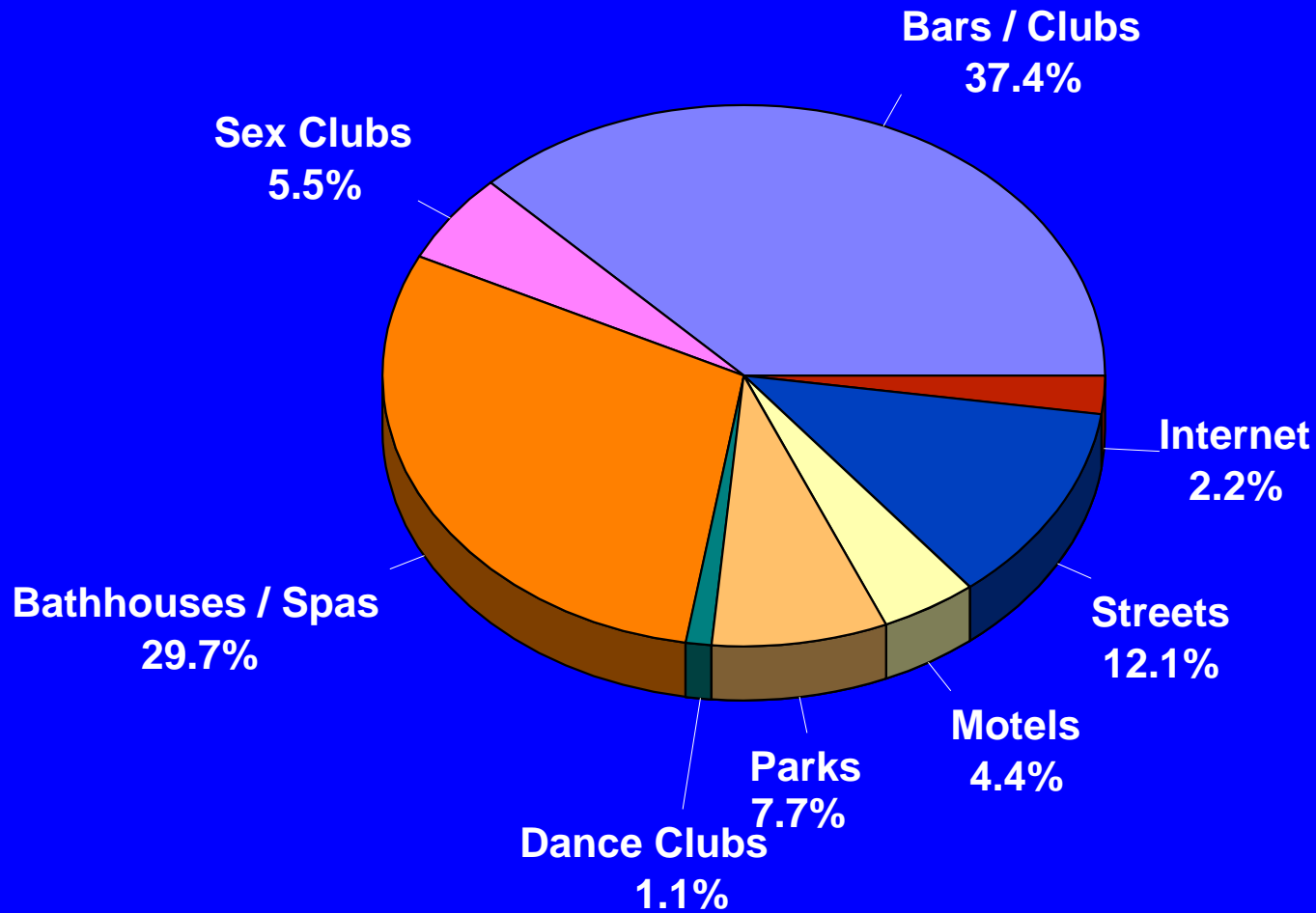
LOS ANGELES, March 22 – Health officials declared an outbreak of syphilis in Los Angeles County on Wednesday. Apparently, 18 cases have been reported in the last two weeks.

HEADLINE: California syphilis outbreak among gay, bisexual men alarms officials

BYLINE: By ERIN McCLAM, Associated Press Writer

LAC 2000 Syphilis Outbreak Cases

By Reported Social/Sexual Venues



What we need

- **Interventions which reach those who may never come into contact with even our most aggressive community-level interventions (or our more intensive one-on-one)**
- **Address sexual networks and mixing**
- **Develop a shared sense of responsibility for sexual risk-taking behavior: individuals, partners, and individuals who control venues**
- **Don't confuse hard-to-reach with not-in-our-clinic or with hard-to-change**



10% of men in a recent bathhouse screening in Los Angeles were found to be HIV-positive – and didn't know it (Bingham)



Policy options for baths:

Owner conveys rules

Owner enforces rules

Lighting throughout

Put doors on

Take doors off

Prohibit anal sex

Increase screening

Legalize/license/fees

HIV-positive-only nights



12.4% of gay men recently screened in Los Angeles jails were found to be HIV-positive (Kerndt, 2001)



Policy options for jails:

Education and
vocational
programs

Family transition
support

Alcohol/Drug
treatment

Condom
distribution for
“gay tanks”



21% of HIV-positive and 9% of HIV-negative participants reported unprotected anal sex during a (distant) circuit-party weekend (Colfax, et al, 2001)

The most unscientific study done two nights before a presentation

AOL profiles, barebacking and disclosure

Time taken: 5 minutes at 11:00pm Wed. night

Methodology: Search for “Bareback, CA, and
online” in member directory of AOL

Bareback and Status: 3

Bareback and No Status Listed: 6

No bareback: 4



welcome

BAREBACK.COM

craigslist
online community



Policy options for internet

Encourage profiles to make HIV status explicit

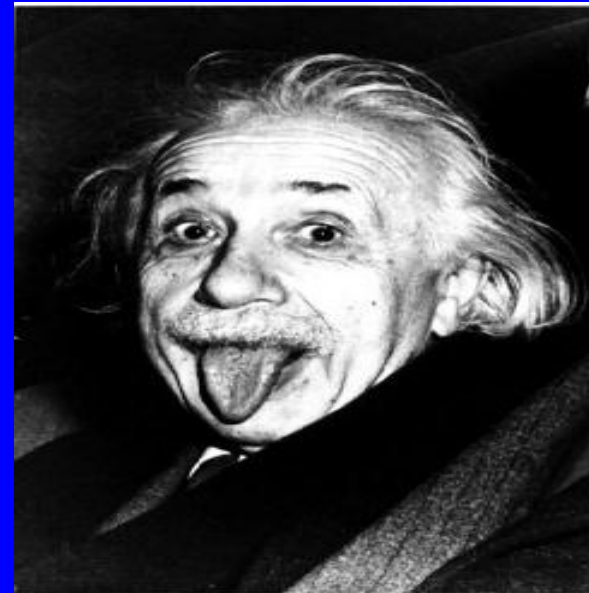
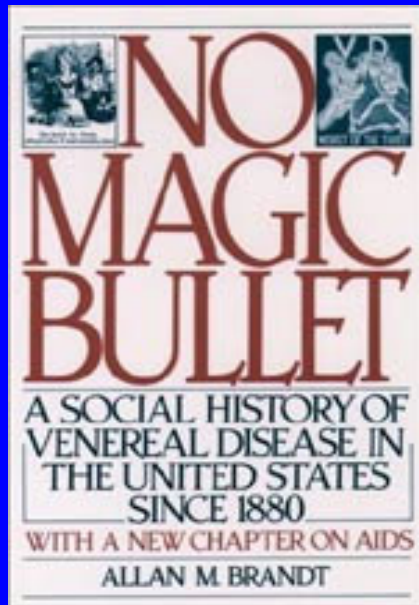
Create links to safe-sex and services sites

Develop and pilot “active” outreach strategies

Advocate for membership fees to include donation to public health

cruisingforsex.com

sponsored by bedfellow



“The definition of insanity is doing the same thing over and over, and expecting a different result.”