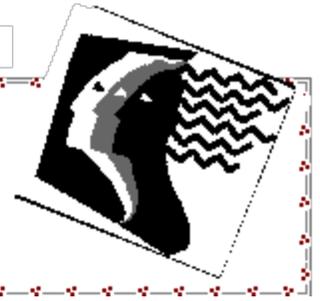


The WITHS Woman



MAYOR'S SUMMIT ON AIDS & HIV

On Tuesday, January 27, 1998, Mayor Willie Brown held a meeting at the Masonic Auditorium on the topic of AIDS & HIV in San Francisco. The purpose of the meeting was to discuss issues that have emerged due to the changes seen the AIDS epidemic. There have been many important and positive developments made towards the treatment of AIDS and HIV yet the problems of affordable housing, access to healthcare, and the basic needs of people living with AIDS & HIV will continue to exist. To address these needs, various committees were created to address these issues. The following issues were presented to the Mayor:

- New Direction in Prevention.
- Access to Therapy.
- Adherence to Treatments.
- Insurance Issues.
- Testing, Surveillance, and Reporting.
- Workplace Entry & Re-entry.
- Housing.
- Other Issues - employment, mandatory testing and reporting, funding.

Prior to the various presentations the Mayor

announced that he would appoint a senior-level staff person in his office to oversee the implementation of Summit recommendations, as well as other AIDS-related issues.

HIV PREVENTION

Dr. Mitch Katz made a presentation on HIV prevention in SF. He reported that overall, the number of new AIDS cases is going down in the city, and the number of people living with AIDS is going up. However, the issue of prevention among people of color, women, IVDUs, and young gay men need to be improved. Recommendations made by committee members and the audience were as follows:

- Continue the clean needle exchange programs.
- Hold public forums to educate and update the public on HIV research findings.
- Make condoms available at all high schools and minimize barriers to their availability.
- HIV prevention must be integrated with other social services.
- Provide HIV-positive people with primary HIV prevention education & support.
- City should continue to support post expo

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sure prophylaxis (PEP).

- HIV prevention practitioners must be current with changing information.
- Educate law enforcement agents not to harass HIV outreach workers at needle exchange sites, commercial sex areas, and massage parlors. This harassment affects the distribution of condoms and needles.

ACCESS TO THERAPY

Dr. Herminia Palacio, one of our WIHS investigators, spoke on the importance of proper medical care for patients infected with HIV. She suggested that San Francisco use its influence as a purchaser and provider of health care, and its relationship with the business community, to improve the quality and access to health care for individuals with HIV by assuring that health care services are comprehensive, affordable, accessible, and available. San Francisco has the opportunity to lead in the development of quality

patient's ability to pay. Health insurance plans doing business in SF should have an adequate number of providers with HIV expertise. For individuals with HIV, access to all FDA approved drugs and therapies must be assured by the health plan. Quality care of HIV patients can result in improved quality of life and prognosis as well as a reduction in healthcare costs.

ADHERENCE TO NEW TREATMENTS

With the introduction and use of multi-drug therapies adherence to these intensive regimes has become difficult for many patients to handle. Doctors are emphasizing that even if a patient skips a day or two the development of resistance strains of the HIV virus may develop. However, if you are homeless or a low wage earner where are you going to get clean water to drink with your medication? Where is your support? How do you remember to take your drugs? What if the medication makes you sick and you need to be near a bathroom but have no access to one? What if you have to take a pill on a full stomach, but if you are unable to stop

panels posed to the Mayor. It did not matter whether a patient was well educated, rich, or poor, sheltered or unsheltered; taking all those drugs is a royal pain in the butt! It was discussed at the summit that perhaps a way to address these problems is for the City to set up Action Point Centers. These centers would be designed to help the homeless and marginally housed patient. Counseling, food, shelter, prevention services, referrals, showers, and treatment for TB and HIV would be provided. Tools such as clock timers, pill containers, and watches would be provided. A proposal was to set up two centers, one in the Haight district and the other at the Civic Center. Many of the summit's participants also urged that drug companies develop less complicated drug therapies.

In summary, the City of San Francisco since the beginning of the epidemic has taken the lead in providing services that aid in the prevention of HIV infection and care for those that are ill. As more people are living longer with HIV, the demand for existing services and needs are increasing. The various committees designed for this

standards toward the purchasing of quality health care services for its residents and employees. It was suggested by members of the various panels and the audience that all health care providers be held to the same high standards of care of the HIV patient regardless of the

what you are doing, and have a meal?. What if you have no food? These are the many questions that the audience and members of the adherence

summit along with the audi

[*\(Continued on page 3\)*](#)

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ence recommend policy changes on a number of important issues that pertain to HIV. The Mayor intends to meet with the steering committee of this summit within 6 months to assess what has and has been done. The Mayor will also have quarterly meetings with the various City departments assigned to carry out summit policies and to monitor their progress.

The Summit meeting was videotaped and if you are interested in future broadcasts please call 415-557-4293 for information. If you have access to the Internet, the presentations made at the summit are available on-line at <http://hivinsite.ucsf.edu>. ☼

by Yvonne De Souza



OLDER and HIV POSITIVE

by Donna Haggerty

After a long time of silence, isolation, (and some suggestions from my therapist), I feel the need to open up, reach out, and hopefully connect with other women who are older (over 50) and HIV+ who may feel as I do.

My name is Donna, I am 57 years old, and I have been HIV+ since 1990. Lately, it feels like I've been HIV+ forever. I've started Crixivan with 3TC and 4DT. It seems to consume my whole day with all the water you have to drink plus the pill schedule. Sometimes I want to throw all the pills away, I really do.

I have over the last few months (the truth - the last 4 years) felt alone with this virus. I have tried many times to find other women that are my age to connect with, so that I would not feel that I am the only older woman who is HIV+. After awhile, there was no one of similar circumstances to relate to and I would forget that I am HIV+. My health has been good and hopefully with the protease inhibitors, my energy and motivation will come back. Isolation can creep up on you or be a quiet presence. We are kept busy with appointments, coming and going from the clinic, taking medication, trying to remember to eat, that only when we stop and are by ourselves, we realize that we are alone with our thoughts and silence (nothing at the moment to distract us). Then it becomes too quiet and I don't know about you but I instantly turn the TV on for sound. Once I start to stay in my apartment - leaving the world out there becomes easy - flannel PJ's, my favorite junk food and TV- it would take a fire to have me give that up, or a wonderful vacation!

I feel some of the heavy feeling of being older and HIV+ is finding someone over 50 whom is HIV+ too. Keeping feelings (both highs and lows) inside can be anything from being afraid to die to feeling good about finally taking care of yourself. Without that red light (HIV) I would have kept going with my life just the way it was - eating all and any



food.

A confusing area for me is when I do not feel good - I am tired, depressed, my appetite is gone, etc. I am not sure if I

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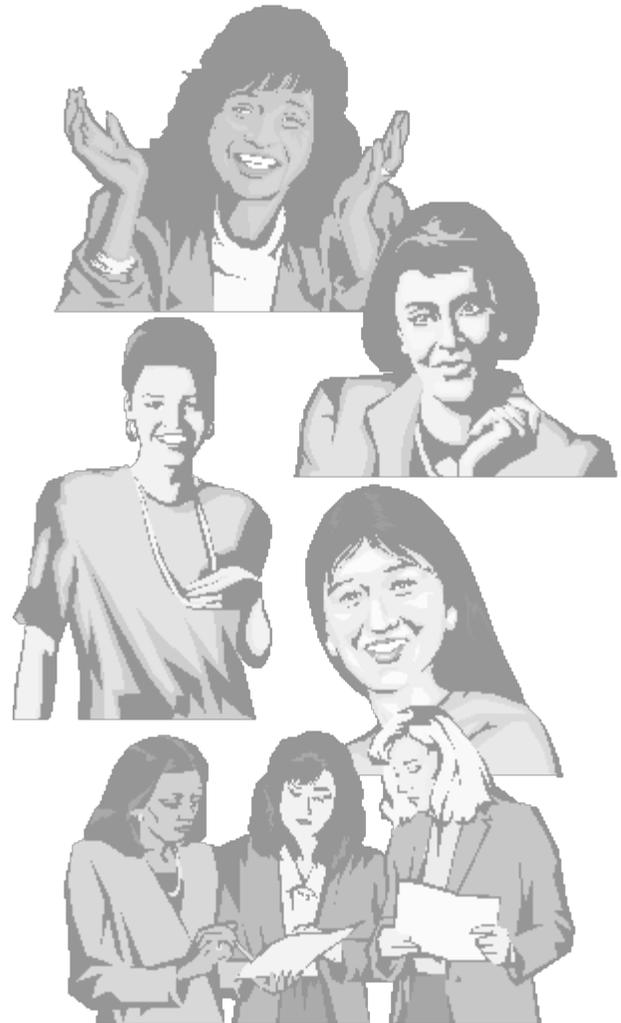
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feel that way because I am HIV+ or as people sometimes say, "you're getting older". So, not only am I HIV+ but I'm getting older! I only want to handle one issue at a time!

So, those of us over 50 infected with HIV/AIDS may be 10% of the US population, (I heard this from a TV report), but AIDS organizations and the government need to know that we need attention, support, recognition, care, and concern. I feel that up to now, all that I just mentioned has been missing from their agenda.

Having someone to talk to, who knows where your feelings are coming from and what things are on your mind, can make a person feel better - and at times has kept me from going into the freezer for ice cream.

Sometimes there is no one to talk to (people do have lives) and because this happens to me, I feel alone, I would like to know the thoughts and feelings of other older women who live each day with HIV or AIDS.



WIHS Clinically Relevant Lab Tests

by Dr. Herminia Palacio

Liver Function Tests (LFT): Measures how well your liver is working

Laboratory Test	Measurement	Abnormal	Meaning of Abnormal Results
Total Bilirubin	a chemical that is processed by your liver and bile ducts	too high	blockage in the bile duct (from problems with your gall bladder or your liver)
Akaline Phosphatase	an enzyme that is produced by your liver and bile ducts		blockage in the bile duct (from problems with your gall bladder or your liver)
AST	an enzyme that your liver makes	too high	inflammation or "hepatitis": this can be from infections, or side effects of drugs (medications, alcohol, etc.)
ALT	an enzyme that your liver makes	too high	inflammation or "hepatitis": this can be from infections, or side effects of drugs (medications, alcohol, etc.)

CAB CORNER

by Moher Downing, Community Liaison

This author had an opportunity to interview Dr. Ruth Greenblatt (*WIHS Principal Investigator*) about study results and the future of WIHS. Many of you will be happy to hear that the WIHS will be given funding for another five years (December 1997 to November 2002).

AN INTERVIEW WITH DR. RUTH GREENBLATT, WIHS PRINCIPAL INVESTIGATOR

Moher: What are your personal goals for the next five years?

Ruth: There are three things that are important to me. The **first** is that there are very few studies looking at diverse groups of people and many studies are focused on middle-class people. That's what makes this cohort so important. This is especially true because people have the impression that the Bay Area is very affluent and that's just not true. There are people living difficult lives in Northern California--it's just not all mellow and nice. The **second** thing is

as research focused on men. The **third** thing is that the study can really assist many participants to get quality health care. Based upon the personal interactions between the participants of the study and the study staff; this is tremendously important. The study both provides numerous tests and sends the information to providers. The information we give participants, and the encouragement we give participants, including sponsoring advocacy training is all part of trying to keep people in touch with what's going on in HIV. Now that we have treatments that are highly effective in most people, at least access to services and information may become the most important predictor of how people do.

Some of the six national WIHS sites enrolled women who were getting their primary care at that site.

Consequently, the women who were WIHS participants at those sites were already getting high quality care. However, in San Francisco we did outreach to attract women who were not receiving primary care. Therefore, we satisfied two of our goals; the

have access to primary care or advisory options concerning their illness.

Moher: What new sub-studies received funding?

Ruth: We got our first installment! One study headed by Ron Stall, a behavioral scientist, will do interviews asking women how they make decisions about drugs and sex. I think this is exciting because it will explore what people are dealing with when making these decisions and how they are able to support their decision.

Another sub-study of a totally different sort will be done by Karen Smith McKune, she is an Ob/Gyn and a molecular biologist who works in a Nobel Prize winning lab. She is researching molecular factors involved in cervical dysplasia--a cervical abnormal change that involves formation of new blood vessels. The interesting thing about cervical dysplasia is that these changes occur very early on, before people develop cancer. This research could lead to new treatments for cervical dysplasia in its early stages.

that we can prove that research involving women can be as productive

first to enroll HIV positive and negative women in our study, and the second to enroll women who did not

Another sub-study we're going to do is to look at the virus

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that causes the disease Kaposi's Sarcoma (KS). Women do not have as much KS as men and we don't know exactly why. But, the virus (a herpes virus) is a very interesting one because it has an impact on many different immunologic functions. We will be looking at how the virus is shed, how it spreads, and try to make a better assessment of it, so that we may predict how women might end up having KS, or be at increased risk for KS. This study will be done in conjunction with the Oral AIDS Group.

The last sub-study is under the direction of Dr. Kathleen Clannon. This sub-study will survey medical providers and see if the providers are able to determine who is really going to take their medicines. For example, one thing that I have seen a lot in the medical literature, is that drug users aren't going to be able to take their medicines as directed. However, the opposite was true. In fact the very first studies showed that drug users can be quite capable of taking their medicines as directed. So we want to make sure that people aren't making these decisions on the wrong

that participants might want to know about?

Ruth: There are interesting results. One study compared depression among women with HIV infection to women without HIV. This study accounted for poverty, drug use, domestic violence, stress factors, and showed that depression among HIV positive women was not that much greater compared to women without HIV infection. The message here is not that depression is not a problem for women living with HIV, but rather that the social issues, and the economic issues are so pervasive that if you're poor and living under difficult circumstances, these can be powerful contributing factors to one's depression.

A study I've done looked at STD's in the participants and found that once women are aware of their HIV infection, they get fewer STD's than HIV negative women by reducing risky sexual behavior. But still there is a third of both HIV infected and uninfected women that remain very sexually active and at some risk.

Another study done in the WIHS looked at bacterial vaginosis (BV), the kind of

positive women, perhaps because they had higher risk behaviors. Gonorrhea and chlamydia was very uncommon in both HIV positive and HIV negative women in the study.

The death rate has varied quite a bit from site to site in the WIHS and that's currently being looked at. We do know that the causes of death differ from site to site, and some sites enrolled women with more advanced disease.

A history of domestic violence has been very common in the WIHS cohort. Many women reported domestic violence situations in childhood or earlier in adulthood or in association after their HIV. The domestic violence rates were somewhat higher in the HIV-infected women.

Moher: If you could change anything in the study, what would you change?

Ruth: Well, I would have liked to have been able to recruit more people into the study.

Moher: NIH did not approve money to recruit new people?

basis.

Moher: What results have come out of the WIHS study

vaginitis that gives you a smelly discharge. They found that HIV uninfected women were more likely to have BV than HIV

Ruth: No, frankly they

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spent a lot of money on this study. To recruit new people would have been a big expense.

Moher: I remember a couple of years ago, our CAB wrote a letter to NIH requesting that in the next funding round, it be opened to new enrollment.

Ruth: Yes, now may be a good time to send that letter out again because NIH appropriations are supposed to go way up with the budget being balanced and it's possible that the NIH would be more open to this. I know in my clinic there are many women who are not in the WIHS. The women who are now arriving in the clinic are somewhat different than the ones a few years ago in terms of their life experiences and such. I would like to see enrollment occur again. I think the women who are in the WIHS get a direct benefit from it.

Moher: Well, thank you, Dr. Ruth, for your time.

END

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TERMS USED IN THIS

people who are participating in the study.

"STD's" means Sexually Transmitted Diseases.

"NCAB" means National Community Advisory Board, which is made up of a representative and one alternate from each of the WIHS sites (Chicago, Los Angeles, Brooklyn, the Bronx, and Washington, D.C.).

"Post-exposure prophylaxis" means taking AIDS drugs after you think you have been exposed to HIV either through unprotected sex, needle sharing, or occupational exposure.

NIH stands for the National Institutes of Health which is the federal agency that funds the WIHS study.

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CAB MEMBER BARBARA GARCIA WINS CHANCELLOR'SAWARD

Our very own long-time CAB member and study participant, Barbara Garcia, a UCSF staff member, has been awarded the very prestigious 1998 Chancellor's Award for the Advancement of Women. The Chancellor of the University of California, San Francisco, will present Barbara her award at a ceremony on March 11.

has been on our CAB for many years and has contributed greatly to its success. She has also been on the Board of Directors of WORLD and WAN, plus has served on the San Francisco HIV Planning Council for many years. This means that she had to attend Monday night meetings for many hours year after year!

Barbara has two daughters and three grandchildren and lives in Berkeley with her oldest grandson, Ben. She is caring for Ben while his mother attends nursing school on a scholarship at the University of California. Currently Barbara is an "Interventionist" with the California Partners Study where she works with couples where one partner is HIV+ and the other is HIV-. The goal of this work is to prevent the negative partner from getting HIV. Barbara travels to all nine Bay Area Counties and often has to work nights, week-ends, and holidays. She does this without complaint.

Barbara is, of course, modest and somewhat embarrassed about this award, but don't let that stop you from congratulating her the next time you see her at an event that involves women and HIV.

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CAB CORNER INTERVIEW

Barbara's long-time commitment to women with HIV is apparent to anyone who knows her. She

"Cohort" means the group of

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HERE'S WHAT YOU HAD TO SAY

Comments from the Clients January 1998



Personally I think nothing is wrong with the programs. Everybody there is very nice. Maybe they should have nighttime visits.

I just think that Donna and the rest of the staff are very nice caring people. I love them very much. It's such a pleasant place and very important to get your body examined.

I always get excellent care and a timely amount of time. The staff are very kind.

Since I've been coming to the women's study and talking to some of the ladies that work there, such as Donna Williams (especially Donna), I have come to know more about my body and why certain things happen to me that maybe other women don't experience, especially women who are not positive. Donna makes it easy for me to talk about it because she makes you feel real at ease. You get to laugh and the next thing you know you are talking about things you said you wouldn't because you felt no one really cares. Donna does as do the other ladies that work on the study. There is nothing that I would change except maybe the time the study takes (make it a little shorter) (smile). I'm really glad I was introduced to this because it helps me to keep in touch with my body and me.

Coming to the study is enjoyable. All of the staff is nice and efficient. You can get real relaxed. That's the way they make me feel. One in particular, Maribel, she makes you laugh and you leave feeling even better than when you came. Thank You!

When I attend my appointment at WIHS, I feel very comfortable and at ease. It has always been a pleasant experience. The women are cordial and pleasant. The doctor is very informative and

pleasant and answers all of my questions. Coming to my appointment is a joy.

I really enjoyed participating in the WIHS Study. The staff are very nice.

Having WIHS availability has truly been a blessing. Kaiser overlooked 2 infections that the WIHS caught. I had told my primary doctor about it but "I" forgot to make a follow-up and the WIHS caught it. I had the infection for six months untreated. This is one of the reasons I'm no longer with Kaiser. The staff here are friendly and professional. This is much appreciated. Thanks!

My visit is always pleasant! However, how cab (taxi vouchers) are supplied, why not cash for gas or vouchers for personal transportation. Maribel is my contact person. I am happy to be involved with WIHS. So is my doctor.

Positive: At first I had doubts about the WIHS study. I guess because of it being different. Now that I have been involved with the study I'm glad I took part. I've met some very caring and concerned women. Being a client I do not feel uncomfortable talking with WIHS staff. I feel that the staff I have met and spoken with has genuine care and concern about my health, feelings, etc. Negative: At the present time I truly do not have anything negative to say. Thank You. God Bless the WIHS Study.

I feel blessed to be in the study and I hope my participation is beneficial. I have no complaints. Keep up the good work. The staff is very professional with a friendly touch!

I am very satisfied with my treatment here at WIHS.

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Comments from the Clients



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I love everything about this study. Maribel is great and I hope she never leaves.

Donna Williams is very good at her work. Maribel is the very best worker of all.

I am very satisfied with the work here at the Women's Study. The staff treats me with great respect and honor. They treat me like I am a human being. I am very happy!

I enjoy coming here. I am very comfortable with Maribel and Donna. They both are wonderful to me. We're lucky to have them in the study.

People here have been really nice. I am happy that Maribel interviewed me this time because she had called my mom when I was having problems and she really helped my mom and me. I am happy to have a place where I can get health care where people are nice and know what they're doing. I am happy to get \$\$ I need.

Everybody treats me very well and I love them. Thank you.

*Positive: (1) this study is very helpful to me especially updating my history towards medical procedures. (2) The staff is very helpful.
Negative: (1) I just had a problem with coming back to my appointment. I understood because you were in the process of moving.*

The staff of WIHS gave me a chance to find out what really was wrong with me. I owe my life to them. I want to thank them each and every one of them!

I like coming to the women's study. When I come, if I am not in such a good mood, by the time I leave I am. WIHS has a very friendly and pleasant staff. I really appreciate their confidentiality.

I am a transsexual. A female-to-male transition. My gender change was accepted and handled without judgmental actions. I'm grateful to the staff for being caring and generous in this respect. Thanks you so much!

This was my 5th visit for the WIHS study and EVERY time I come I feel more like I am visiting with friends instead of some cold impersonal clinic visit. I want to tell you that this is very much appreciated. Thank you.

I value the WIHS study and feel virtuous, like I am helping other women with HIV. Also, the money really helps me through the month. I am on disability and need extra money to make me feel welcome. Sometimes it's hard to set up an appointment. We play phone tag a lot. I am in the Oral part of the study, also the anal part of the study. I feel that I am getting thorough medical information that I might not otherwise receive.

Jill and Rochelle, Thanks for coming out to Laguna Honda. That was a very nice thing to do. You two are very easy to work with. Thanks. It was a joy to do the interview with you. Thanks. Looking forward to the next one.

Hey ladies--remember that extra \$20 Debbie offered you to "put a Q-tip in your butt and swish it around"? Well, thanks to that sub-study (the anal cancer study), I learned I have severe to moderate anal dysplasia. Whoever heard of anal dysplasia? What's so amazing is none of my friends, many of whom are at risk due to a history of anal sex, have never heard of it either. I'm not thrilled about the treatment for this problem (surgery), nor do I like getting quarterly follow-up visits, and I am also very happy I didn't end up with anal cancer at the age of 45 or 50. I guess that's the magic of the WIHS study--my greed ended up paying off. Thanks WOMEN!

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Comments from the Clients

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Marquita and Julia were excellent, I felt very comfortable talking with both of them. Marquita is very caring and I am very impressed that my first visit with Julia, who was very gentle and understanding as well, I didn't feel rushed even though from the first appointment they were running behind they both still took time to listen to me as I got kind of sensitive to some of the questions that were asked of me. They were both great, I came here this morning feeling very depressed. I left feeling very relieved and got some information.

To the WIHS study, ever since I've been coming here, the people made me feel so comfortable and happy. We laugh and talk. They are really there for you. They mean a lot to me. That's why I like coming here. PS We need more money for the butt study!

Please keep up the good work. I am proud to make a difference. I hope for a cure and to be a significant source to women of this epidemic. Thank you for your kindness and expertise.

All of my visits have been very successful and the ladies have been very nice to me. Thanks Sincerely!

I would like the results from the study. I have been a participant since 1986 AWARE Study.

Rochelle has really been very cheerful and for me and myself, I look forward to seeing everyone when I do come.

Hi! I'd like to share this thought with others in my situation...On my second visit, the interviewer asked about my sexual experiences in the past six months. I admitted to having unprotected anal sex, and she gave me her canned warning about taking responsibility for my actions. I left that visit hurt, confused and

*feeling so hurt and angry, I could only direct this anger toward the disease itself. I am a 39-year-old woman. I have given birth to a beautiful (HIV-) little girl who is the joy of my life. I have experienced the love of not only my blood relatives, but also of a man who (although we're no longer together) still loves my daughter as his own, and whom I consider a friend. I am now able to admit to myself that my risky behavior was a well-thought-out attempt to: **a)** live in the world of denial and behave as I wanted to, and **b)** punish anyone stupid enough to want to make it with me. My anger still exists--every day I think how unfair it is that I have to wonder how long will it be before I start feeling sick, before I can't care for myself or my daughter, before I die! I am working on dealing with my anger, and my disease, one day-at-a-time. All of the above is to say that, yes, I do have to take responsibility for my actions, and to say that I've changed my behavior because I was made to think about the choices I make in my life. I am glad to be alive, glad to participate in a study for women with HIV, and glad to be able to share my story.*

Maribel has been great. Talking to her helps me a lot. It's good to be on this study so we can know more about our bodies.

I very much like and enjoy the study groups. I think I've been with this clinic 5 or 6 years. The staff are wonderful and very sister/family like feeling, and are very caring and patient. Time between visits are too long sometimes. Sincerely yours.

I really think that I have learned just about all I need to know about HIV and how it affects women. I have no further comments.

I am satisfied with the study. I would like my daughter to become part of the women's study.

I'd like to hear about a paper or something at the 6-month visit. I would like to see women's group

angry. I was tempted to withdraw from the study because I felt put upon by someone who had no idea what it was like to live with HIV, day in and day out! But when I got to think about the reasons I was

that meets every month. I would like to be enrolled in it.





Bio-Sketches

Hi, my name is **Niloufar Ameli**. I am the senior statistician and data manager for the WIHS project. My staff and I *make sure* that all the information on the interview forms and laboratory reports are collected and entered into the computer data base. I am also one of the statisticians who analyzes and describes the study information.

I was born and raised in Teheran, Iran. After I graduated from high school, my parents sent my sister and I to California to go to school. I lived in Chico during my undergraduate studies and then went to Santa Barbara to go to graduate school. I studied mathematics and statistics. After I graduated, I worked at UC Santa Barbara as a statistician on a project where we studied the effects of a nuclear power plant on marine biology. Then I worked for EXXON evaluating the environmental damages from the Valdez oil spill in the Gulf of Alaska. Two years later I went back to UC Santa Barbara and worked on a project measuring quality and effectiveness of medical care

work and having the opportunity to work on the WIHS project is very rewarding to me.

Now that I live in San Francisco, I am happy to be closer to my sister and visit with her often. I also travel to Iran when I get the opportunity to visit with my parents.

When I am not working, I like hiking, swimming, and gardening. I have recently landscaped my garden and plan to grow flowers and vegetables this spring (I am a rookie gardener so I welcome any advice).

I wish you all a happy New Year and hope 1998 is wonderful for everyone.

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Hello, my name is **Cheryl Conover** and I am the Medical Record Abstractionist for the WIHS. It is my job to abstract medical records to confirm self reported information. I request medical records from hospitals, clinics and doctor's offices. I then review the medical records to confirm a self reported event. Helping

sweetheart, Phillip, and we have 5 wonderful kids. My children's names are Ian, Brandon, Nicole, Max and Phillip Jr. Our children are each very special and often make us proud. We are a baseball family and love to play the game as well as watch the professionals. My sons play little league and my husband coaches. We also enjoy going to the snow, movies and camping.

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Hi, my name is **Elizabeth Glazier** and I am the Administrator for the WIHS. For those of you who attend the CAB meetings, you may know who I am. My responsibility is to oversee all fiscal and administrative activities for the WIHS.

Born and raised in San Francisco and this is a rarity, so I've been told, I lived in the Richmond District with my parents and cat, Bruiser. I went to high school in Seattle and remember many rainy days. After high school, being adventurous and independent, I went to New York for college where I attended Parsons School of Design. My major was fine

pertaining to mothers and newborns. After this project ended I transferred to UC San Francisco to work on the WIHS project. I love my

to keep participant information confidential is one of my job priorities. I enjoy my job very much. In my personal life I married my high school

arts. This included course work of mostly art history, painting, sculp

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ture, and drawing. After graduating from Parsons, I worked as a decorative painter in New York painting interiors to look like marble, wood, and other raw materials. Ready for more steady employment, I began working at an architectural firm, managing their finances. Two years later I moved back to San Francisco.

Now, I live in the city and am enjoying working on the WIHS project. In March I am planning to run the Napa Valley Marathon and currently my training involves running eight to ten miles five times a week. This will increase as I get closer to the race. I also practice Yoga, which is relaxing and helps increase my flexibility for running. I also enjoy mountain biking, cooking, and seeing movies.

I hope to meet more of you at the CAB meetings. This is where I get to hear your stories.

bbbbbbbbbbbbbb

Hello, my name is **Francisco Espinoza**. I joined the WIHS Project data management team in March of 1995. I am responsible for entering data from the study interview forms and lab reports into the

my wife and two daughters to San Francisco in 1985. I am now a happy "grandpa" of two boys and one little girl. My wife Lavinia and I now live in Daly City.

In my spare time, I love outdoor activities, such as fishing, boating, and camping. I also find some time to do volunteer community work with the Mission Neighborhood Health Center, the "Escuela de Promotores de Salud" (School of Health Promoters), and the American Heart Association community-based program "El Corazon de la Comunidad", by providing health materials to educate Hispanics within the Mission District.

I enjoy being a part of WIHS and feel privileged to contribute to this important study.



bbbbbbbbbbbbbb

HAPPY VALENTINES DAY



computer.

I was born in El Salvador,
Central America and moved
with





ASK DOCTOR WIHS

Dear Dr. WIHS:

"What is the name of the viral load test used by the Study? How does it compare to other viral load tests? For example, if your viral load is 5,000 in the WIHS how would it read using another kind of viral load test?"

The WIHS uses the NASBA test because it is very precise and it can be used to test several different kinds of fluids (so we can determine viral load for cervical fluid and saliva, as well as blood using the same test).

Due to the differences among the available tests, the best information regarding how well a woman is doing over time is obtained when viral load levels are measured by the same laboratory using the same kind of test each time. The following table lists the most common viral load tests. New viral load tests, that detect even lower amounts of HIV are being developed (can detect as few as 20 copies of HIV RNA). No one knows if detection of lower amounts of HIV will provide clinically useful information (it may not make much difference if a person's viral load is 300 or 30). The tests vary in how much HIV RNA they can detect and how precise they are (how much the results vary from day to day).

Adapted from the Report of the NIH Panel to Define the Principles of Therapy of HIV Infection, 1997 by Ruth Greenblatt, MD

Differences in Viral Load Tests

Test/Brand	Range of results	Variation in testing (Precision)	Type of specimen(s)
RT-PCR (Roche)	400 - >100,000	<0.15 - 0.33	blood
bDNA (Chiron)	500 - >1,000,000	0.08 - 0.2	blood
NASBA (Organon-Teknika)	400 - 10,000,000	0.13 - 0.23	blood, cervical fluid, saliva



Have Questions for Dr. WIHS ?

Please submit your questions to:

OR.....

Dear Dr. WIHS
UCSF
c/o 405 Irving Street
Box 1352
San Francisco, CA 94143

Submit your questions to the WIHS Clinical Staff.

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for HIV+ women
Oral Isotretinoin
Pays \$20. per visit**

**Contraceptives and AZT ~ ACTG 317
The effects of oral and injectable contraceptives for
women taking AZT
not currently using oral contraceptives
Pays \$250. Total**

**MAC Prevention with Azithromycin ~ ACTG 362
History of below 50 CD4 & No prior MAC disease
Pays \$20. per visit ~ (\$380. Total)**

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