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Last Updated: 04/22/2024

THE CRENSHAW CLINIC
HILLCREST NORTH MEDICAL CENTER
550 WASHINGTON STREET SUITE 723
SAN DIEGO, CALIFORNIA 92103-2277

November, 1986

AIDS

FACTS:

- * By 1991, we may have 20 - 30 million people infected with the AIDS virus. (The AIDS Epidemic. J. Slaff, M.D., J. Brubaker, Warner Books, 1985). There is cause for alarm.
- * In 1981 when the AIDS epidemic was first recognized, there were 181 cases reported. By the end of 1986, there will be approximately 30,000 cases. In 1991, we will have, according to the public health department, 270,000 cases of AIDS. 54,000 AIDS patients will die in 1991 alone. According to Slaff and Brubaker, using the estimates of the public health department, the "attack rate" of AIDS infection (antibody positive status) at the end of 1985 was 40,000 per month or 1,600 per day or one new infection every 60 seconds. In New York alone, two babies a day are born to AIDS infected mothers. The mortality rate is thought to be 100%.
- * AIDS statistics are unrealistically low for the following reasons: Most doctors still have difficulty distinguishing between AIDS and other common diseases, so AIDS is underdiagnosed and therefore underreported. AIDS statistics do not include AIDS related complex (ARC) or antibody positive individuals. Some patients are dying of AIDS related complex (ARC) without ever being diagnosed with AIDS. In the opinion of many of today's experts, ARC is AIDS - distinguished only by being an earlier phase of the disease. Other patients are dying of opportunistic infections or cancer without recognition of the underlying disease of AIDS. Because of the stigma of AIDS, and the insurance reimbursement problems, some patients with AIDS are not reported correctly. Unknown numbers of deaths from AIDS are reported as pneumonia or cancer for "social" reasons without ever becoming a part of the official statistics for AIDS.
- * An estimated 1 - 2 million Americans or more are already infected by the AIDS virus. These people are currently without disease symptoms but can infect others. In a recent Lancet article, Lancet, May 24, 1986, only 40% of AIDS antibody positive individuals were symptom free after 3 years. Beyond three years, we have no reliable figures to predict how high the percentage will become. However, it is reasonable to suggest, based on these figures that 5 to 10 years after infection, the majority of confirmed antibody positive could be symptomatic.

AIDS (Cont.)

- * As the number of exposed but asymptomatic people increases, the risk of infection spreading to others will also increase unless preventative measures are taken. High risk groups are merely a mathematical calculation of probability. Anyone who is exposed to the virus, through sex or blood, risks contracting the infection. AIDS has spread beyond the initial high risk groups. AIDS may eventually affect every group and city in the United States. Every state in the U.S. and almost every country in the world has now reported AIDS cases.
- * AIDS is an infectious viral disease that destroys the body's immune function so that it cannot defend itself against infection by other diseases such as pneumonia, herpes, hepatitis and mononucleosis. The disease was first diagnosed in 1981. The virus was first identified in 1984. Aids, however, did not become a reportable disease until March of 1983. ARC (AIDS related complex) and confirmed antibody positive individuals are not yet reportable, although, they both result of the same virus.
- * The AIDS virus has a long incubation period so that active disease may not appear for 5 years or more after exposure. AIDS patients are infectious prior to developing clinical signs of the disease. Asymptomatic carriers can spread the disease without even knowing they are infected. It is estimated that 90% of people carrying the virus don't know it (Slaff and Brubaker); and therefore are not in a position to prevent the spread to others.
- * AIDS virus has been found in the brain and spinal fluid in significant concentrations. This shows that the virus can cross the blood brain - brain barrier and infect the central nervous system. The virus can have degenerative effects on the brain regardless of whether or not the immune system is affected and whether or not AIDS-typical symptoms appear. Meningitis, encephalitis, mental illness and other neurological problems may be the first sign of the HIV (AIDS) virus infection rather than the symptoms and diseases currently included in the definition of AIDS. Furthermore, degenerative changes in the brain can continue even if the other symptoms of AIDS outwardly appear to be in remission or stabilized due to medical/pharmacological treatment. The presence of brain infection can compromise the ability of infected persons to make rational decisions towards others or to care for themselves. AIDS dementia is one of the most worrisome and challenging aspects of this epidemic.

AIDS (CONT.)

- * The public health department and the CDC (Center for Disease Control) are not routinely contacting the sexual partners of known AIDS patients. Confidentiality laws have limited the investigation of the spread of the disease and notification of those at risk. In San Diego, no sexual partners of AIDS patients are being contacted by the Public Health Department. In San Francisco, the sexual partners of homosexuals are not being notified. They are attempting to contact the sexual partners of bisexuals and heterosexuals. Policy varies from city to city.

- * A recent California law (see attached flyer) forbids physicians to test for HIV (an antibody test for AIDS virus) without written permission from the patient in advance, and requires written permission from the patient before any intimate sexual partners can be informed. Laboratories are not required to report positive HIV tests to anyone. This is a marked departure from the procedure used in testing for any other contagious disease.

AIDS Antibody Tests:

- * The test for AIDS is a screening test for the AIDS antibody. The two most frequently used antibody tests are the Elisa and the Western Blot. The Elisa, used by most laboratories is extremely accurate at detecting the absence of the antibody. If there is an error in the assay, it is most likely to be a false positive - indicating the presence of antibody when none is there. Because of this, one positive test should not be taken to mean there is antibody present. The person with one positive test should be tested again. But one negative test is very reliable. The Western Blot is often used to confirm a positive result on an assay. The Western Blot, by contrast to the Elisa, has very few false positives. A positive test by Western Blot test is reliable.
- * Most, perhaps all, AIDS antibody positive persons carry live virus in their body fluids and are contagious. Persons with no symptoms who may not know they are antibody positive can spread the disease to others.
- * Anyone who is confirmed antibody positive is considered infectious, whether or not symptoms of disease are present. Antibody positive individuals should be counselled so that they do not spread the disease to others.
- * After being exposed to the AIDS virus, it can take from two weeks to six months or longer to develop antibodies, although the majority of people who become infected become antibody positive within six weeks of exposure. Screening tests done before antibodies develop would show negative results. These individuals are infected with the virus, but do not test positive. If they donate blood, their blood will pass the screening tests presently in use. This is why members of "high risk" groups are being asked not to donate blood.
- * A recent study suggests up to 33% of antibody positives will develop AIDS. A more recent study showed that after three years, 60% had symptoms of infection with the AIDS virus (Lancet, May 24, 1986). Because the incubation period can be up to seven years, perhaps more, the actual percentage of cases that go on to develop AIDS could be even higher over a longer time frame. Some predict that almost all of those infected will develop disease.

AIDS (CONT.)

AIDS Antibody Tests Cont.

- * ARC (AIDS related complex) is characterized by swollen lymph nodes, fever, fatigue and malaise. Since it is not a reportable disease and statistics are not kept on ARC, it is unknown exactly how many cases of ARC there are, but estimates range between 100,000 and 200,000 cases of ARC in the U.S. The distinction between ARC and AIDS is arbitrary. Some experts feel there is no distinction between them other than degree of severity.

- * In California, and some other states, a law was passed that prohibits a physician from testing for AIDS antibody without written consent from the patient. Physicians are also legally prohibited from informing public health officials, sexual contacts, or anyone else of a positive result on an antibody test, even if that test result has been verified. This law was passed before it was known that antibody positive persons are contagious. It currently hampers efforts to stop the spread of AIDS, and hampers the research of epidemiologists in tracking the spread of AIDS.

AIDS (CONT.)

Modes of Transmission

- * AIDS is a heterosexual disease, a child's disease, an old person's disease - not just a homosexual disease.
- * It is mainly a heterosexual disease in Central Africa (Zaire) and Belle Glade, Florida.
- * Prostitutes are a reservoir of AIDS in many parts of the world and in the U.S.A. It is estimated that as much as 40% of the prostitute population in New York is positive for AIDS antibodies.
- * AIDS virus has been found in many body fluids, including blood, semen, urine, pulmonary secretions, saliva, and even tears. (Ziza J.M. et al. New England J. Medicine, V. 313, p. 183, 1985). Recently it has also been identified in vaginal secretions and it has been demonstrated that AIDS can be spread during sexual activity by infected females to male partners (Vogt MW et al, Lancet, March 8, 1986; Wofsy CB et al, Lancet, March 8, 1986), as well as by male to female.
- * In spite of the presence of AIDS in saliva, the virus does not appear to be transmitted by casual (dry) kissing. However, casual kissing may not be advisable because:
 - 1) AIDS patients are susceptible to developing diseases from organisms which are normally found in healthy mouths, and to any diseases that can be spread by oral contact (i.e., Beta strep). For their protection, casual kissing may not be advisable.
 - 2) AIDS patients often carry other diseases that are contagious by mouth to others, such as herpes, mononucleosis, cytomegalovirus, hepatitis B, etc.
- * "Deep kissing" (wet, French) is probably not safe and increases the risk of contacting diseases associated with AIDS.
- * Many cases of AIDS cannot yet be explained. Some cases of AIDS do not fall into any of the categories presently identified as high risk, namely: homosexuals, bisexuals, I.V. drug users, hemophiliacs, transfusion recipients, children of mothers with AIDS and heterosexuals with multiple partners. Statements often made by experts that all modes of transmission are known are not accurate. Experts still disagree on such issues as insect transmission, saliva transmission and casual contact.

AIDS (CONT.)

Modes of Transmission Cont.

SEX:

- * The AIDS virus is transmitted by sexual contact (heterosexual or homosexual) from male to female and from female to male.

BLOOD:

- * AIDS can be spread through contaminated blood or blood products, such as transfusions. One cannot get AIDS from giving blood. The blood supply is relatively safe since screening for HIV was instituted. However, it is not completely safe because there is a "window" between the time a person's blood is infected (carrying the virus) and the development of antibodies. It takes an average of 6 weeks to develop these antibodies but can take 11 months or longer. If someone gives blood during this "window", their blood will pass the screening test and infect those who receive it.

Another problem of grave concern is that two new strains of the virus have been discovered - one by the French and one by the Swedish. The blood screening test we are now using fails to detect these strains in about 1/3 of cases.

SHARED NEEDLES:

- * Illicit drug use is a particularly high risk mode of AIDS transmission. Sharing of contaminated needles is now considered the predominant factor in AIDS infection in New York City. AIDS infection in women may be due to either I.V. drug use or sexual activity.

HETEROSEXUAL TRANSMISSION:

- * There is now considerable evidence of heterosexual transmission of AIDS within the United States - both male to female and female to male. This mode of transmission may be expected to increase as the number of asymptomatic antibody positive individuals increases among prostitutes, bisexuals, heterosexual IV drug users and heterosexuals with multiple partners.

CHILDREN:

- * There are an estimated 345 cases of AIDS in children under 13. About 75% of these children had a mother in a high risk group as their only risk factor. The virus can be transmitted from infected women to their fetuses during pregnancy. Breastfeeding can transmit AIDS to the infant from an infected mother. Additionally, antibody positive asymptomatic women are more at risk for developing AIDS during pregnancy due to changes in their immune system function.

AIDS (CONT.)

Modes of Transmission Cont.

ARTIFICIAL INSEMINATION

- * In Australia, AIDS has been linked to donor semen in eight women. All eight women were artificially inseminated in 1982 with semen from the same donor. We have only recently begun AIDS screening guidelines in the U.S.A. for artificial insemination, or donor organs. Anyone considering artificial insemination, or for that matter, an organ transplant, should insist that the donor be tested for the AIDS virus.

NEEDLESTICK:

- * The low incidence of health care workers who have become AIDS antibody positive (26 out of 1700 - 3 of whom had no other known risk factors) demonstrates that when medical precautions are taken the disease does not spread easily.

However, three health care workers with no other risk factors who were accidentally exposed by needle prick or open wound and with body fluids from AIDS patients have converted to AIDS antibody positive demonstrating that one minor exposure to infected blood can transmit the virus.

MOSQUITOS:

- * The AIDS virus has been found in mosquitos, ticks, bedbugs and 50 insects tested in Africa. Many experts still say AIDS cannot be spread by insects. However, since the virus has been found in mosquitos and many other biting insects and since there are reports of infection from a single needlestick, logic and common sense suggest reevaluating this position.

CHILDREN:

- * Children can get infected from transfusions, and sexual abuse. AIDS can also be passed from mother to child through pregnancy and/or birth, and through nursing.

BITING:

- * There is one case of a brother becoming infected with the AIDS virus as a result of being bitten by his brother who had AIDS (Lancet).

AIDS (CONT.)Modes of Transmission Cont.CONDOMS:

- * Of twelve cases of AIDS patients and their partners who continued having sex but used condoms, the infection spread in two cases - "a very disturbing finding" according to Dr. Margaret Fischl, the study director. In both cases, the virus spread from man to woman. These cases demonstrate that condoms are not enough.

UNKNOWN:

- * Three to six percent of cases in adults are unknown - ten percent of cases in children are unknown. Some of these cases died before complete histories could be taken, but in others, the mode of transmission could not be identified.

SALIVA TRANSMISSION:

- * One case of transmission of AIDS virus through saliva has been reported by Dr. Gallo. (Gallo, Robert; HIV in Symptom-free Seronegative Person; The Lancet, Dec 22-29, 1984) In another case, the wife of an AIDS patient became antibody positive with kissing as the only sexual contact with her husband. (Lancet, Dec. 22-29, 1984, p.1419)

It will be difficult to establish how common saliva transmission is because it is rare to find a couple who only kisses without engaging in other forms of sexual activity.

CASUAL CONTACT:

- * There is a case of transmission of the AIDS virus from baby to mother (Family Practice News, V. 16, March 15-31, 1986)

The AIDS virus has been found to live up to seven days at room temperature on inanimate surfaces (Barre-Singussi, F; Resistance of AIDS Virus at Room Temperature; The Lancet, Sept 28, 1985 p.722). However, the virus is easy to kill with heat, alcohol, or chlorine bleach. Several studies of families of AIDS patients have not found evidence of casual transmission. If this does occur, it would be a very inefficient means of contagion, and would not show up until later in the epidemic. It is too early to draw conclusions about this mode of transmission. The AIDS virus has often been compared to the Hepatitis B virus. Hepatitis B can spread through casual contact (Centers For Disease Control: Ann. Int. Med., 1985, v. 103, 391-402; Breuer et al., JAMA, 1985, v. 254, 3190-3195).

AIDS SYMPTOMS OF DISEASE

- * Most Common Symptoms of AIDS antibody positive (indicating presence of AIDS virus)
 - * No overt symptoms for up to seven years or more.
 - * Symptoms of ARC or AIDS if disease progresses.
- * Most Common Symptoms of ARC:
 - * Symptoms resemble those of influenza, and may include:
 - * Recurrent fever and night sweats
 - * Persistent swollen glands in the neck, arm pits and groin
 - * Unexplained weight loss unrelated to known causes.
 - * Recurrent diarrhea
 - * Persistent coughing
 - * Persistent debilitating fatigue
 - * Loss of appetite
 - * Unusual oral sores or white patches on the tongue
 - * Unusual blotches or bruised areas on the skin that do not go away.
- * Most common symptoms of AIDS are the same as ARC, but to be diagnosed as AIDS one of the following associated diseases must be present:
 - * Kaposi's sarcoma
 - * Pneumocystis carinii
 - * Hepatitis
 - * Cytomegalovirus
 - * Mononucleosis
 - * Candida (yeast, monilia) of the mouth & throat
 - * A series of infections and illnesses.
- * The symptoms of ARC and AIDS imitate symptoms of common diseases like flu, colds and other minor infections. If you have these symptoms, don't become alarmed unless they persist for an unusually long period of time. However, if they do persist, a medical evaluation is indicated.

AIDS (CONT.)Treatment

- * There is no cure for AIDS, and there is no known way to eliminate the virus from the system once infection has occurred. No one has recovered from the disease. It appears to be 100% fatal. A vaccine, if possible at all, is thought to be 10 to 15 years away. There are over 200 different strains of the AIDS virus and if a vaccine is developed, it may be more like the influenza vaccine, protecting only against some strains not others and perhaps requiring reinoculation each year. We have not found a cure for the common cold, influenza, hepatitis, herpes, or any other virus. Discovering a cure for AIDS in the near future is possible but not probable.
- * There are treatments that slow the progression of the virus and that cure many of the opportunistic infections that occur. However, no satisfactory solution is in sight. This is why it is so important to prevent the spread of the disease.
- * Good nutrition and general health guidelines are important but not enough.
- * Avoiding other sexually transmitted diseases and other infections seems to play an important role.
- * No drug has been effective in curing AIDS. Some show promise as a treatment. Suramin has been most widely tested since it has been used effectively to inhibit viral reproduction in other diseases. It is quite toxic, however, is not consistently effective, and full-blown symptoms recur when it is stopped. Ribavirin and HPA-23 have also been used experimentally but have not yet been shown to be effective. The most promising results have occurred with treatment by an investigatory drug from Burroughs Wellcome, azidothymide (AZT). This drug is believed to inhibit the enzyme action essential to the spread of the AIDS virus within the body. It is well absorbed orally, is less toxic than other drugs tested, and it can cross the blood-brain barrier to act on AIDS infection within the brain. Experimental trials with AZT are underway and considerable testing will be needed to show the extent of its effectiveness. Due to clear differences between AZT treatment and placebo, the government has approved use of AZT in clinical trials on AIDS patients. The hotline number for AZT physician inquiries is (800) 843-9388. It is in operation from 8 a.m. to midnight, seven days a week. While

AIDS (CONT.)Treatment

AZT has not been shown to cure AIDS, it may bolster the immune system, ameliorate infection symptoms, and retard worsening of the disease. AZT appears to be more effective in ARC patients than in AIDS patients. Though it has not been made available for ARC patients, clinical research trials are in progress. Given the beneficial effects of AZT in ARC patients, it appears that early treatment may prevent more serious disease and certain death. Therefore, it is imperative that persons at risk be tested for AIDS antibody presence, so that treatment may be started if and when ARC symptoms first appear. Unfortunately, AZT is made from herring sperm, and that is in limited supply. Lymphocyte transfusion, isoprinosine, interleukin-2 and interferon have been used to boost the damaged immune system but have not yet been shown to be effective. Other experimental drugs such as Foscarnet, ansamycin, and cyclosporine are still being tested. Vitamin C in high dosages is also being investigated.

* Nonoxynol-9, a spermicide ingredient, has been shown to inactivate AIDS virus infected cells in experimental research trials. Though studies have not been conducted to test its use in prevention of AIDS virus transmission, spermicides with at least 5% concentrations of nonoxynol-9 may, to some extent, prevent the spread of AIDS through sexual activity.

* Treatment of AIDS involves three phases:

1. Preventing reproduction of the virus.
2. Killing the virus.
3. Repairing the immune system.

* Preventing AIDS requires:

1. An effective vaccine.
2. conservative sexual practices.

** AIDS is preventable. The progress of this epidemic can be slowed, perhaps stopped in its tracks, if preventative measures are taken. (See Recommendations Next Page)

AIDS (CONT.)

Prevention

- 1) Be sexually conservative. Develop one primary relationship and attempt to establish exclusivity. The most dependable way of avoiding AIDS, other than celibacy, is to be monogamous with a monogamous partner who is not already infected.
- 2) Do not have casual or anonymous sex. There is no safe sex except celibacy, masturbation, or monogamy with a monogamous partner who is not already infected. However, one can not always be certain of a partner's sexual integrity. Today, trust is becoming a more and more important feature of relationships.
- 3) Do not have sex with prostitutes.
- 4) Do not depend on "safe sex" practices alone. Condoms are a form of Russian Roulette. Condoms are not sufficient to prevent transmission of the AIDS virus. Condoms have a 10% failure rate for pregnancy per woman year. A virus is 500 times smaller than a sperm and consequently, the risk of being exposed to the virus is at least 10%, probably much higher. Nonetheless, if you choose to have sex without exclusivity, use condoms along with a spermicide Nonoxynol-9, they provide some protection. Just remember that condoms are not fool proof.
- 5) Do not use illegal I.V. drugs (it will impair your judgement), or share needles.
- 6) Get periodic blood tests for HIV (AIDS antibody) for you and your sexual partner(s). Find out if you are negative and then make every effort to stay negative.
- 7) Insist that your dentist and dental hygenist wear gloves.
- 8) If having surgery, elective or otherwise, request autologous blood. Either donate your own blood in advance if it is possible to plan ahead or request that your surgery be performed in an operating room that has the facilities to filter and return your own blood in case of excessive loss.
- 9) Do not shun AIDS patients, but use common sense hygiene measures in their presence. The low incidence of AIDS in health care workers treating AIDS patients indicates that when proper precautions are taken, the disease is preventable.
- 10) Improve personal hygiene and nutrition. Keep your immune system healthy.

AIDS CONT.)

Prevention

- 11) Use 1/4-1/2 cup chlorine bleach to 1 gallon of water, 70% alcohol solutions, phenolic sanitizers to disinfect environment (especially if living with AIDS victim). Normal laundry cycles are adequate as well as dishwasher cycles.
- 12) Do your part to educate spouses, friends, lovers and children. Only effective education can arrest this epidemic at this time. You can save a life today.
- 13) Work to change laws that interfere with the medical management of this epidemic (see attachment).
- 14) Keep up on new information as it is published. Aggressive research in progress will provide additional information in time. Keep informed. This flyer will be out of date soon.



COUNTY OF SAN DIEGO
DEPARTMENT OF HEALTH SERVICES
1001 JONES BLVD. SAN DIEGO, CALIF. 92161



PHYSICIANS' BULLETIN

Donald G. Ramirez, M.D.
Health Officer 236-2237

JUNE 1985, NO. 296

NEW AIDS LAW REQUIRES STRICT CONFIDENTIALITY

Physicians evaluating patients for acquired immune deficiency syndrome (AIDS) should be aware that a new State law is now in effect which requires extraordinary protection to persons who have the antibody test for the probable causative agent of AIDS (HTLV-III). Specifically, the law:

1. Requires written consent of a patient prior to the test.
2. Requires written authorization for each separate disclosure of the test. Such authorization shall include to whom the disclosure is made.
3. Requires that test results not be used for the determination of insurability or suitability for employment.
4. Provides that "...no person shall be compelled in...civil, criminal, administrative, legislative or other proceedings to identify...any individual who is the subject of a blood test to detect antibodies to the probable causative agent of AIDS."
5. Provides fines of no more than \$1,000 plus court costs for negligent disclosure and, no less than \$1,000 and no more than \$5,000 plus court costs for willful disclosure.
6. Provides that in the event of negligent or willful disclosure, the person responsible "...shall be liable to the subject for all actual damages, including damages for economic, bodily or psychological harm which is a proximate cause of the act."

If negligent or willful disclosure results in economic, bodily or psychological harm to the subject, the person responsible "...is guilty of a misdemeanor, punishable by imprisonment...for a period not to exceed one year or a fine not to exceed ten thousand dollars (\$10,000) or both."

The above discussion is not intended to be a legal or even complete review. Its purpose is to alert physicians involved in the evaluation and testing of patients for AIDS to the importance of discussing the implications of the law with legal counsel. Persons wishing a copy of the law, AB 403, may obtain one by calling the Bureau of Public Health Education, 236-2705.

SUMMARY

THERESA L. CRENSHAW IS A GRADUATE OF STANFORD UNIVERSITY AND THE UNIVERSITY OF CALIFORNIA, IRVINE, MEDICAL SCHOOL.

SHE RECEIVED HER SPECIALTY TRAINING IN SEXUAL MEDICINE FROM DR. WILLIAM MASTERS AND VIRGINIA JOHNSON, AT THE MASTERS AND JOHNSON INSTITUTE IN ST. LOUIS, MISSOURI.

SHE IS PRESIDENT-ELECT OF THE AMERICAN ASSOCIATION OF SEX EDUCATORS, COUNSELORS, AND THERAPISTS (A-A-S-E-C-T.) AS WELL AS CHAIRPERSON OF THE A-A-S-E-C-T. AIDS TASK FORCE. DR. CRENSHAW IS FORMERLY THE CO-CHAIRPERSON OF HUMAN SEXUALITY IN THE DEPARTMENT OF REPRODUCTIVE MEDICINE AT UCSD MEDICAL SCHOOL UNTIL 1983.

DR. CRENSHAW IS CURRENTLY THE DIRECTOR OF THE CRENSHAW CLINIC IN SAN DIEGO. SHE IS A WIDELY PUBLISHED AUTHOR AND LECTURER, AND IS FREQUENTLY SEEN ON THE MEDIA INCLUDING: THE "PHIL DONAHUE", "MERY GRIFFIN SHOW" AND "HOUR MAGAZINE". SHE HAS A NATIONALLY SYNDICATED RADIO PROGRAM ON THE COPLEY NEWS SERVICE AND A NEWSPAPER COLUMN TITLED "BEDSIDE MANNERS" WITH COPLEY NEWS SYNDICATE. SHE HAS A CALL IN RADIO SHOW ON SAN DIEGO'S KSDO RADIO. HER MOST RECENT BOOK IS BEDSIDE MANNERS: YOUR GUIDE TO BETTER SEX, PUBLISHED BY MCGRAW HILL.

CURRICULUM VITAE

Theresa L. Crenshaw, M.D.

Present: Director of The Crenshaw Clinic, private practice in San Diego, California.

Specializing in the Evaluation and Treatment of Sexual Dysfunction, Sexual Medicine and Human Relationships.

President-Elect of the American Association of Sex Educators, Counselors and Therapists.

1974-1975 One year Fellowship at the Masters and Johnson Institute, St. Louis, Missouri, under the direction of William H. Masters, M.D. and Virginia E. Johnson.

Prior History - Academic, Professional, Military

1960-1964 Stanford University
Bachelor of Arts Degree, Honors Program in History

1964-1965 Research technician
Palo Alto Research Foundation

1965-1969 University of California, Irvine
M.D. Degree

1966 Research in Psychiatry
Department of Psychiatry Preceptorship, University of California, Irvine

1967 Ensign 1915 Program, U.S. Navy
Clerkship, San Diego Naval Hospital in OB/GYN, Medicine and General Surgery

1968 Senior Program, U.S. Navy
Clerkship, San Diego Naval Hospital in Plastic Surgery, Radiology and Psychiatry

1969-1970 Internship, San Diego Naval Hospital: Mixed Medicine.
4 mo.: Medicine 2 mo.: General Surgery/OB-GYN
2 mo.: Pediatrics 2 mo.: Orthopedics
2 mo.: Dermatology

- 1970-1973 General Medical Officer, U.S. Navy, Navy Hospital, Naples, Italy:
 1970-1973 Emergency Room Physician
 1970-1971 Pediatrics Department
 1971-1973 Outpatient Department
- 1970-1973 Consultant to local Elementary School and High School:
 Evaluation and treatment of learning disabilities, emotional disorders and behavioral problems.
- 1970-1973 Department of Psychiatry
 a) Co-Therapist in:
 1) Group therapy for teen-agers
 2) Alcoholic Rehabilitation Program
 3) Drug Program
 b) Individual Psychotherapy:
 1) Pediatric Psychiatry
 2) Marriage Counseling
 3) Family Counseling
- 1971 Training Course in Allergy, U.S. Naval Hospital, Frankfurt, Germany
- 1971-1973 Chief of Allergy Department, U.S. Naval Hospital, Naples, Italy
- 1973-1974 General Practice, San Diego, California
- 1973-1976 Emergency Room Physician
- 1980-present Surgical Assistant - Penile implant surgery, San Diego, California

LICENSURE CERTIFICATION:

- 1970 California Federal Licensing Exam (FLEX)
 1974 Missouri License, Physician and Surgeon
 1976 AASECT Certified Sex Therapist and Educator
 1976 Certified Continuing Medical Education Provider, State of California
 Advanced (CMA Category I) Cardiopulmonary Resuscitation Certificate (CPR)

AWARDS:

- Physicians Recognition Award - American Medical Association, 1972, 1976, 1985
 Golden Mike Award, 1986
 AASECT Western Regional Award, 1985

WHO'S WHO:

Marquis' Who's Who in American Women, 1976 to present
Marquis' Who's Who in the West, 1977 to present

MEMBERSHIPS: (Present)

American Psychiatric Association (APA) Associate Member
American Academy of Family Practice (AAFP)
American Association of Marriage and Family Therapists (AAMFT)
American Association of Sex Educators, Counselors and Therapists
(AASECT)
San Diego Society for Sex Therapists - Founding Member
San Diego Women's Physicians
Charter 100 Club - Founding Member - Board Member
Society for the Scientific Study of Sex (SSSS)
American College of Emergency Physicians
American Medical Association (AMA)
American Medical Tennis Association (AMTA)
Society for Sex Therapy and Research (SSTAR)

MEMBERSHIPS: (Past)

American Medical Women's Association (AMWA)
American Association of Emergency Physicians
Eastern Missouri Psychiatric Society
American Medical Association (AMA)
National Council on Alcoholism (NCA)
International Platform Associates

COMMITTEES:

Member World Congress on Ethics of Sexuality, Masters and Johnson
Institute (1976)
Committee to rewrite licensure exam for Marriage and Family
Counselors, State of California (1977)
AASECT Ethics Committee (1976)
Consultant to San Diego Ad Hoc Committee on Rape (1977-1978)
San Diego Ad Hoc Committee on Child Abuse Task Force on Sexual
Molestation (1976-1977)
Social Health Program Advisory Committee, San Diego City Schools
Continuing Medical Education Committee, San Diego Women
Physicians (1984)
Chairperson, AIDS Task Force, AASECT (1986)

OFFICES HELD:

Co-Chairperson, Western Region of The American Association of Sex Educators, Counselors, and Therapists (1979-1981)
National Board Member, American Association of Sex Educators, Counselors, and Therapists (1979-1981)
Vice President, American Association of Sex Educators, Counselors, and Therapists (AASECT)
Nominating Committee, American Association of Sex Educators, Counselors, and Therapists (AASECT), (1983)
President-Elect, American Association of Sex Educators, Counselors, and Therapists (AASECT), (1985)
Chairperson, American Association of Sex Educators, Counselors, and Therapists, AIDS Task Force (AASECT), (1985)
Board Member, San Diego Women Physicians (1984)

CLINICAL APPOINTMENTS:

Clinical Instructor, Department of Reproductive Medicine, University of California, San Diego, Medical School (1976-1978)
Assistant Professor, Department of Reproductive Medicine, University of California, San Diego, Medical School (1978-1984)
Co-Chairperson, Human Sexuality, Department of Reproductive Medicine, University of California, San Diego, Medical School (1978-1983)
Adjunct Professor, Union Graduate School, in Reproductive Biology and Human Sexuality (1975-1980)
Associate Professor, American Institute of Higher Studies (1977-1978)

CONSULTING:

San Diego County Board of Education
AIDS Education and Information (1985)

Alvarado Parkway Institute
Formation and development of Women's
Psychiatric Treatment Unit (1985-1986)

National Medical Enterprises (NME) (1985-present)

TEACHING EXPERIENCE:Courses:

Reproductive Biology Research Foundation Workshop, St. Louis, Missouri, June 1974

Reproductive Biology Research Foundation Workshop, St. Louis, Missouri, August 1974

Human Sexuality Course, Spring 1974, Washington University Medical School, St. Louis, Missouri

University of California, San Diego Extension Course (Psychiatry X439), "Concepts of Effective Sex Therapy", Fall Qtr. 1975

University of California, San Diego, Medical School Course (221), "Introduction to Human Sexuality", Fall Qtr. 1975

University of California, San Diego Extension Course, (Psychiatry X439.1) "Techniques of Effective Sex Therapy" for professionals, an advanced workshop, Spring Qtr. 1977

University of California, San Diego Extension Course, (Psychiatry X439) "Concepts of Effective Sex Therapy", for professionals, Spring Qtr. 1976, 1977, 1979, 1980

Concepts of Effective Sex Therapy, MGM Grand Hotel, Las Vegas, February 10-12, 1978

Techniques of Effective Sex Therapy, Spa Hotel, Palm Springs, March 20-23, 1978

Human Sexuality - Workshop I, University of San Diego, March 30 and 31, 1984

Human Sexuality - Workshop II, University of San Diego, April 27 and 28, 1984

Symposia:

Human Sexuality Symposium: "Sexuality and Sexual Dysfunction", and "Concepts of Sex Therapy and the Future of Sex Research", Colorado State University, April 1975

"Psychological Dimensions of Human Sexuality"; Female Sexuality: The New Dimension, University of California Extension, July 1975

"Dual Sex Team Approach to Sex Therapy", California State University, Los Angeles; Graduate Colloquium, March 1975

San Diego State University Colloquium, October 1975

Program Committees:

AASECT First Western Regional Conference: "Current Sexual Issues - Literature, Legislation, Legend and Legacy", San Diego

AASECT Regional Conference, Districts I and II, Hawaii, 1983

Scientific Society for the Study of Sex (SSSS) National Conference, San Diego, 1985

AASECT National Conference, San Francisco, 1985

AASECT National Conference, Los Angeles, 1986

RESEARCH GRANTS:

Burroughs Wellcome - Crenshaw Clinic
Protocol #58
Double blind comparison of Wellbutrin and placebo in outpatients with impaired sexual functioning
Principal Investigator - Theresa L. Crenshaw, M.D.
1983-1984

Burroughs Wellcome - Crenshaw Clinic
Protocol #78
Double blind of bupropion and placebo in male patients with inhibited sexual excitement (erectile dysfunction)
Principal Investigator - Theresa L. Crenshaw, M.D.
1984-1985

Burroughs Wellcome - Crenshaw Clinic
Protocol #39
Long-term - Open uncontrolled evaluation of Wellbutrin (bupropion)
Principal Investigator - Theresa L. Crenshaw, M.D.
1985-continuing

Alleghany Pharmacal Corporation
Protocol #27
Open dose - Ranging evaluation of Yohimbine in impotent males
Principal Investigator - Theresa L. Crenshaw, M.D.
1985

Grant MH28288 from the National Institute of Mental Health
Initiation of erection and semen release by rectal probe electrostimulation (RPE)
1982

PUBLICATIONS:Books:

- "Organic Impotence", Sexual Problems of the Disabled by Alex Comfort, Geo. Stickley Co., Philadelphia, Pa., 1978
- "Emergency Management of Sexual Assault", EMERGENCY CARE: Assessment and Intervention, Carmen Warner (ed.), C.V. Mosby Co., St. Louis, Missouri, 1978, 1982
- "Counseling of Family and Friends", Rape: Helping the Victim, contributing editor, Medical Economics, Oradell, N.J., 1978
- Expressing Your Feelings, The Key to an Intimate Relationship, Theresa L. Crenshaw, M.D. and Roger T. Crenshaw, M.D., 1979
- Ethical Issues in Sex Therapy and Research, contributor and participant, Little Brown & Co., 1977
- Bedside Manners, Your Guide to Better Sex, Theresa L. Crenshaw, M.D., McGraw Hill, 1983
- Bedside Manners, Your Guide to Better Sex, Theresa L. Crenshaw, M.D., paperback edition, Pinnacle, 1984
- "Treatment of Psychosexual Dysfunction - Treatment Methods", American Psychiatric Association Book (in press)

Papers, Articles
and Questions:

- "Sexual Aversion", British Journal of Sexual Medicine, 1976
- "Sex Therapy Training - Is It Critical?", California Association of Marriage and Family Counselors
- "Initiation of Erection and Semen Release by Rectal Probe Electrostimulation (RPE)", Journal of Urology, March 1983
- "The Sexual Aversion Syndrome", Techniques of Marriage and Family Counseling, Vol. VI, p. 22. American Institute of Family Relations, Los Angeles, California, 1977
- "Effect of sexual climate on women of today", Medical Aspects of Human Sexuality, Hospital Publications, Inc., New York, 1977
- "Nymphomania", Medical Aspects of Human Sexuality, July 1977, Hospital Publications, Inc., New York

"Best ways for physicians and women's family to be supportive after a rape", Medical Aspects of Human Sexuality, January 1977, Hospital Publications, Inc., New York

DSM III Revision, American Psychiatric Association (in press)

"Women's Attitudes About Penis Size", Medical Aspects of Human Sexuality, Sept. 1984, Hospital Publications, 1984

"The Resistant Patient - Understanding Sex Therapy, ARE THERE PATIENTS WHO SABOTAGE SUCCESSFUL THERAPY", Sexual Medicine Today, contributor, 1983

"Insurance Reimbursement and Sex", Brokers World Magazine (in press)

"The Sexual Aversion Treatment", Journal of Sex and Marital Therapy, Winter 1985

"Pharmacological Modification of Psychosexual Dysfunction" (in press)

Tapes:

Crenshaw Sexual Forum Tapes:

Forum I

Forum II

Forum III

Concepts of Effective Sex Therapy Techniques

Techniques of Effective Sex Therapy

Miscellaneous:

Book reviews for San Diego Union

"Monthly Case Reports", Medical Aspects of Human Sexuality, Hospital Publications, January 1985 to present

CONTINUING EDUCATION:

California Medical Association Conference, Carmel, California, May 1967

American Heart Association Conference, Los Angeles, California, 1968

7th European Rheumatology Convention, London, June 1970

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- American Heart Association Conference, Anaheim, California, 1971
- American Academy of Family Practice, Spain, September 1972
- Institute for Comprehensive Medicine: Course on the Management of Sexual and Marital Inadequacy, Los Angeles, California, December 1973
- Reproductive Biology Research Foundation Workshop, St., Louis, Missouri, March 1974
- Fellowship at Reproductive Biology Research Foundation, St. Louis, Missouri, 1974-1975
- American Psychiatric Association Annual Meeting, Anaheim, California, May 1975
- American Academy of Family Physicians, Los Angeles, California, October 1975
- American Academy of Family Physicians, Coronado, California, November 1975
- Symposium I, Emergency Medicine, San Diego, California, Spring 1976
- Advanced Cardiopulmonary Resuscitation, Samuel Merritt Hospital, Oakland, California, April 1976
- American Association of Sex Educators, Counselors and Therapists (AASECT), Western Regional Meeting, Phoenix, Arizona, 1977
- American Association of Sex Educators, Counselors and Therapists (AASECT), National Meeting, San Francisco, California, 1978
- Strategies for Personal Effectiveness, Helen Krumboltz, Ph.D., University of California at San Diego Extension, January 1978
- American Association of Sex Educators, Counselors and Therapists (AASECT), National Meeting, Washington, D.C., June 1979
- American Association of Sex Educators, Counselors and Therapists (AASECT), Regional Meeting, Anaheim, California, November 1979
- American Association of Sex Educators, Counselors and Therapists (AASECT), National Meeting, Washington, D.C., 1980

-
- Advanced Cardiopulmonary Resuscitation, San Diego, California,
September 1980
- American Association of Sex Educators, Counselors and Therapists
(AASECT), National Meeting, San Francisco, California 1981
- Advanced Cardiopulmonary Resuscitation, San Diego, California,
September 1981
- American Association of Sex Educators, Counselors and Therapists
(AASECT), Western Regional Meeting, Long Beach, California, 1982
- American Association of Sex Educators, Counselors and Therapists
(AASECT), National Meeting, New York, New York, 1982
- Advanced Cardiopulmonary Resuscitation, San Diego, California,
September 1982
- World Sex Congress Annual Meeting, Washington, D.C., 1983
- American Association of Sex Educators, Counselors and Therapists
(AASECT), Honolulu, Hawaii, 1983
- Advanced Cardiopulmonary Resuscitation, San Diego, California,
September 1983
- American Association of Sex Educators, Counselors and Therapists
(AASECT), Boston, Massachusetts, 1984
- American Geriatric Society, Clinical Management of the Elderly
Patient, San Francisco, California, 1984
- Advanced Cardiopulmonary Resuscitation, San Diego, California,
September 1984
- University of California at San Diego Extension Course -
Neurobiology (U.C.S.D.), October 19 and 29, 1984
- University of California at San Diego Extension Course - Nutrition
and the Brain (U.C.S.D.), November 2 and 3, 1984
- American Medical Association, Speakers Training - Health Reporting
Radio-T.V. Conference, May 2, 3, 4 and 5, 1985
- Clinical Management of the Elderly Patient, The American
Geriatric Society, August 8-10, 1985

American Association of Sex Educators, Counselors and Therapists
(AASECT), Western Regional Meeting, Fall 1985

The Society for the Scientific Study of Sex, 28th Annual Meeting,
San Diego, California, September 19-22, 1985

Southern California Neuropsychiatric Institute, "Sexual Abuse: An
Interdisciplinary Exploration", October 24-26, 1985

Advanced Cardiopulmonary Resuscitation, San Diego, California,
September 1985

EMERGENCY ROOM EXPERIENCE:

- 1969 United States Naval Hospital Emergency Room, San Diego, California
Night call x 2 months, every third night
Census: 100-150 patients per shift; 2 physicians on duty
- 1970-1973 Emergency Room Physician - United States Naval Hospital, Naples,
Italy
Night call 6 times per month
Census: 40-60 patients per shift
120 inpatient beds
1-3 deliveries per night
One physician on duty; responsible for complete hospital coverage:
emergency room, inpatient care, deliveries, back-up physicians
on call
- 1973-1974 Emergency Room Physician:
Clairemont Community Hospital, San Diego, California
- 1975-1978 Emergency Room Physician:
Oceanside Hospital, Oceanside, California
Lakeview Hospital, Lakeview, California
Centre City Hospital, San Diego, California
Hemet Community Hospital, Hemet, California
Census: 50-60 patients per 24-hour shift
One physician on duty

LECTURE ENGAGEMENTS

DATE	LECTURERS	TOPIC	ORGANIZATION	LOCATION
2/14/75	RTC/TLC	"Sexual Myths & Misconceptions"	Clipper Club	La Jolla
3/6/75	RTC/TLC	"The Office Management of Sexual Trauma and its Sequelae"	Mercy-Sharp Ob-Gyn Staff Conference	San Diego
3/11/75	RTC/TLC	"Dual Sex Team Approach to Sex Therapy"	Psychology Colloquium Cal State University	Los Angeles
3/15/75	RTC/TLC	"Sex as a Natural Function"	Lawyers Group	La Jolla
3/14/75	RTC/TLC	"Male Sexual Dysfunctions"	Rees-Stealy Medical Clinic Staff Meeting	San Diego
4/2/75 4/3/75	RTC/TLC	Human Sexuality Symposium: "Sexuality & Sexual Dysfunction" and "Concepts of Sex Therapy & the Future of Sex Research"	Colorado State University	Ft. Collins, Colorado
4/5/75	RTC/TLC	"Human Sexuality"	NAACOG (Nurses Assoc. of the American College of Ob-Gyn)	San Diego
4/7/75	RTC/TLC	"Sexual Dysfunction"	Oceanside Tri-City Hospital Staff Meeting	Oceanside, Ca.
6/2/75	RTC	"Sexual Dysfunction"	Hillside/Heartland Quarterly Staff Meeting	San Diego
6/4/75 6/11/75	TLC RTC	"Female Sexual Dysfunction" "Male Sexual Dysfunction"	Hemet Community Hospital Staff Meeting	Hemet, Ca.
6/19/75	RTC/TLC	"How to Evaluate & Deal With Sexual Problems Encoun- tered In Office Practice"	ACOG (American College of Ob/Gyn)	San Diego
7/9/75	TLC	Female Sexuality: "Female Sexual Physiology"	UCSD Extension	San Diego

LECTURE ENGAGEMENTS

DATE	LECTURERS	TOPIC	ORGANIZATION	LOCATION
8/8/75	TLC	"Sexual Therapy"	Joint Psychology Colloquium: USIU (United States International Univ.) & USIU Chapter of Psi Chi	San Diego
10/8/75	RTC	Human Sexuality: "Myths & Misconceptions"	Grossmont Hospital	San Diego
10/14/75	TLC	Sexual Function & Dysfunction	Psychology Colloquium San Diego State Univ.	San Diego
10/23/75	TLC	"Female Sexuality"	Public Health Nurse Prac. Assoc.	San Diego
11/1/75	RTC/TLC	"Concepts of Effective Sex Therapy" 1-day workshop	UCSD Medical School	UCSD Campus
1/8/76	TLC/CM	"The Sexual Concerns of Young Women"	Grossmont School System	La Mesa
1/14/76	RTC/TLC	"The Sexual Relationship"	All Saints Church	San Diego
1/23/76	RTC/TLC	"Sexual Dysfunction - Medical Considerations"	San Diego Gastroenterology Society	San Diego
1/26/76	RTC/TLC	Human Sexuality	4th College UCSD	UCSD Campus
2/3/76	RTC/TLC	"The Sexual Experience After Menopause"	UCSD School of Medicine	San Diego
2/13/76	RTC/TLC	"Sexual Dysfunctions"	Rotary Club	San Diego
3/4/76	RTC/TLC	"Female Orgasmic Dysfunctions"	Mercy/Sharp Ob-Gyn Staff Conference	San Diego
3/22/76	RTC/TLC	Sex: "Myths & Misconceptions, His and Hers"	UCSD Medical Center Auxiliary	San Diego
4/2/76	RTC/TLC	Concepts of Effective Sex Therapy	UCSD Medical School	San Diego

LECTURE ENGAGEMENTS

DATE	LECTURERS	TOPIC	ORGANIZATION	LOCATION
5/4/76	RTC/TLC	Grand Rounds on Sexual Dysfunction	Scripps Memorial Hospital	La Jolla
5/6/76	RTC/TLC	Male Sexuality	Il Genacolo	San Francisco
5/16/76	RTC/TLC	Advanced Workshop, "Techniques of Effective Sex Therapy"	UCSD School of Medicine	La Jolla
5/18/76	RTC/TLC	"Sexual Problems in Clinical Practice"	Scripps Memorial Hospital	La Jolla
6/5/76	RTC/TLC	Workshop on Female Sexuality	N.O.W.	San Diego
6/9/76	TLC/CM	Pregnancy & Unwed Mothers	Grossmont School System	La Mesa
6/12/76	RTC/TLC	Sexual Aversion	Society for Scientific Study of Sex	San Diego
6/14/76	RTC/TLC	Normal Sexual Functioning for the Aged	Grossmont Hospital	La Mesa
6/16/76	TLC	Contemporary Influences on Female Sexual Response	American Medical Women's Association	Westgate Plaza San Diego
6/12/76 to 6/29	TLC	The Emergency Management of Sexual Trauma	Community Hospital & Doctors Hospital	San Diego
6/4/76	RTC/TLC	Sexual Myths and Misconceptions	Pt. Loma Rotary Club	San Diego
8/9/76	TLC	The Sexual Aversion Syndrome	Int. Symp. on Sex. Ed. & Therapy	Stockholm, Sweden
8/24/76	RTC/TLC	The Management of Sexual Disorders in Clinical Practice	Grand Rounds Mercy Hospital	San Diego
9/20/76	TLC	Problems in Rape Emergencies	Emergency Medical Care Committee	County of San Diego

LECTURE ENGAGEMENTS

DATE	LECTURERS	TOPIC	ORGANIZATION	LOCATION
10/2/76 10/3/76	RTC/TLC	The Sexual Consequences of Rape	AASECT	Vacation Village, San Diego
10/7/76	RTC/TLC	The Management of Sexual Dysfunctions in Clinical Practice	Grand Rounds Mercy Hospital	San Diego
10/9/76	RTC/TLC	Sex Therapy Training - Is It Critical	3rd Int. Conference on Marriage Counselor Ed. (CAMFC)	San Francisco
10/21/76	RTC/TLC	Techniques in Taking a Sexual History	San Diego State Health Services	San Diego
11/16/76	RTC	Sex and the Handicapped	San Diego State University	San Diego
11/17/76	TLC	Rape Panel	Mobile Intensive Care Nursing	Sharp Hospital San Diego
11/21/76	RTC/TLC	Clinical Skills in Distinguishing Between psychological & physiological causes of sexual dysfunction	Cal State University at Northridge	Northridge
11/23/76	RTC	Sex as a Natural Function	University City Kiwanis	San Diego
12/10/76 to 12/17	RTC/TLC	Sexuality Seminar - Cruise for Physicians	UCSD	Mexico
1/10/77	RTC/TLC	Rape: Symposium III	Postgrad Institute for Emergency Medical Care	UCSD
1/24/77	RTC/CVM	Sex as a Natural Function	Christ Unity Church	El Cajon
2/3/77	RTC/TLC	Teaching Children About Sex issues of sexuality and gender development	Symposium on teaching & raising healthy children - UCSD	San Diego
2/9/77	RTC	Sex and the Handicapped	San Diego State Rehab Center	San Diego

LECTURE ENGAGEMENTS

DATE	LECTURERS	TOPIC	ORGANIZATION	LOCATION
2/16/77	RTC/TLC	What is Sex Therapy: Why, What are the Problems	Desert Community Hospital	Palm Springs
2/22/77	TLC	Sex Education for Children	Pt. Loma Mothers Club	Point Loma
2/22/77	RTC/TLC	Sex for Better or for Worse in Sickness and in Health	California Hospital Association	San Diego
2/26/77	RTC	Sexual Communication	Southwestern College	Chula Vista
3/1/77	RTC	Differentiation between Psychological & Physio- logical Impotence	Grand Rounds University Hospital	San Diego
3/13/77	RTC/TLC	Optimal Health Course: Misconceptions & Contra- ception	San Diego State University	San Diego
3/18/77	RTC/TLC	Sex Education for Children	Mercy Pediatric Department	San Diego Yacht Club
3/77	RTC	Male Sexual Dysfunctions	Grand Rounds Palomar Hospital	Escondido
3/24/77	RTC/TLC	Evaluation & Treatment of Marital & Sexual Dysfunc- tion	Palm Springs Academy of Medicine	Palm Springs
4/19/77	RTC/TLC	Sex Therapy	AASECT	San Francisco
4/30/77	RTC	"Sex in the Office"	Soc. of Association Executives	Sheraton - Harbor Island
5/9/77	DBM	Sex Education for Children - Avoiding Dysfunctional Adulthood	Grossmont Adult Education School	La Mesa
5/11/77	RTC	"Sex and Marriage: Communication and Sex Roles"	U.S. Naval Air Station, Miramar Chaplain Corps Premarital Counseling Group	U.S. Naval Air Station

LECTURE ENGAGEMENTS

DATE	LECTURERS	TOPIC	ORGANIZATION	LOCATION
5/13/77	TLC	"Battered Wives" Seminar	UCSD Extension	La Jolla Village
5/21/77	TLC/DBM	"The Vulnerable Woman Seminar"	Mesa College	San Diego
6/3/77 to 6/4	TLC	Concepts of Effective Sex Therapy	University of California at San Diego	La Jolla
6/8/77	TLC	"Sexual Dysfunction"	Ob/Gyn Department	Mercy Hospital
7/29/77	RTC	"Organic vs. Psychogenic Impotence"	Prof. Lec. Dept. Urology UCSD Medical School	University Hospital
8/2/77	TLC	"Techniques of Marriage & Family Counseling"	American Inst. of Family Relations	South Coast Plaza Motel, Costa Mesa
9/8/77	TLC	Female Dysfunction	Staff Meeting	Palomar Hospital
9/16/77 to 9/23	TLC/DBM	Seminar in Female Sexuality	Rancho La Puerta	Tecate, Baja California
9/21/77	TLC	The Art of Touching	Alternate Pursuits Institute	San Francisco
9/28/77	TLC	Psych. Colloq: The Sexual Aversion Reflex	San Diego State University	San Diego
9/29/77 to 11/17	TLC/RTC/DBM	Thursday night seminars, Crenshaw Sexual Forum, varied topics	University of California at San Diego	La Jolla
10/18/77	RTC	"Sex in the Office"	American Bottled Water Assn. Nat'l. Meeting	Beverly Hills, California
10/21/77	DBM	Incest & Child Molestation	South Bay Youth Services Committee	San Diego
10/22/77	RTC/TLC	Male & Female Sexual Dysfunction	Alternate Pursuits Institute	San Francisco

LECTURE ENGAGEMENTS

DATE	LECTURERS	TOPIC	ORGANIZATION	LOCATION
10/25/77	TLC	Sexual Dysfunction	Staff Meeting, San Luis Rey Hospital	Encinitas
10/29/77 to 10/30	RTC/TLC	Antabuse (Alcohol - RTC) (Aversion - TLC)	Society for Scientific Study of Sex	Las Vegas
11/12/77	RTC/TLC	Panel	SD Society of Sex Therapy & Education	San Diego
11/14/77	TLC	Sexual Counseling	SD State Social Workers Student Association	San Diego
11/15/77	RTC/DBM	Miramar Premarital Seminar	Miramar Naval Air Station	San Diego
11/22/77	TLC	Sexual Dysfunction	Staff Meeting Bay General Hospital	Chula Vista
11/22/77	RTC/TLC	Myths & Misconceptions	UCSD Medical School	UCSD San Diego
11/23/77	TLC	Treatment of Sexual Dysfunction in psychologists, attorneys & physicians	SD Psychology & Law Society	Hanalei Hotel San Diego
12/2/77	TLC	Dyspareunia Exam	OB/GYN Clinic	Mercy Hospital
12/3/77	TLC	Aversion	SD Society for Sex Therapy & Education	San Diego
1/30/78	RTC	Emotional Health Program	Annual Meeting, Public Health of Palm Springs	Palm Springs
2/10/78	RTC/TLC/ DBM	Concepts of Effective Sex Therapy	The Crenshaw Clinic	Las Vegas
4/16/78	TLC	Contemporary Sexual Attitudes & Alternate Life Styles	Single Spirits Club Church of Relig. Science	La Jolla
4/20/78 to 4/23	RTC/TLC/ DBM	Techniques of Effective Sex Therapy	The Crenshaw Clinic	Palm Springs

LECTURE ENGAGEMENTS

DATE	LECTURERS	TOPIC	ORGANIZATION	LOCATION
6/3/78	RTC	Impotence & Physiology of Erection	Eisenhower Hospital	Palm Springs
6/13/78	TLC	Female Sexuality, Self-Esteem and Depression	Wives of Rectal Surgeons National Meeting	San Diego
9/14/78 to 2/79	TLC	Female Sexuality Lecture Series - Six Lectures	University of California at San Diego	UCSD San Diego
9/29/78	DBM/MFS	Presentation for SD City School Social Health Counselors, "Love and Relationship Education"	San Diego City Schools	San Diego
11/78	TLC/DBM	Sexual Forum	AASECT Regional Meeting	Anaheim, Ca.
12/2/78	TLC	Aversion	San Diego Society for Sex Therapists	San Diego State Univ.
1/13/78	TLC	Female Sexual Dysfunction	AMA Regional Meeting	Palm Springs
2/26/79	TLC	Aversion	College Park Hospital Staff	San Diego
4/5/79	TLC/DBM	Sexual Forum	KAFR Conference	San Diego
4/17/79	TLC	Symposium on Sex Therapy	UCSD Student Association	UCSD San Diego
6/18/79	TLC	Sexual Physiology & Psychological Factors in Sexual Dysfunction	UC Irvine Medical School	UC Irvine
9/19/79	TLC	Sexual Factors in Marital Discord	"We Care"	San Diego
10/26/79 to 10/27	TLC/DBM	Concepts of Effective Sex Therapy	University of California at San Diego	San Diego
10/27/79	DBM	Sex Therapy Panel	Society for Scientific Study of Sex	San Diego

LECTURE ENGAGEMENTS

DATE	LECTURERS	TOPIC	ORGANIZATION	LOCATION
8/28/79	TLC	Crisis Intervention	Society for Scientific Study of Sex	San Diego
2/1/80	TLC/DBM	Sex Education for Children	AASECT Meeting	Town & Country San Diego
2/11/80	TLC	Psychological Developmental Attitudes of Childhood Leading to Adult Sexual Deviation	CMA Annual Scientific Meeting	Town & Country San Diego
3/13/80 to 6/5/80	TLC/DBM	The Crenshaw Sexual Forum III Four Lectures	University of California at San Diego	San Diego
5/21/80	TLC	Enjoying Your Sexuality	Belles for Mental Health	San Diego
9/9/80	TLC	Sex and The Doctor's Wife	San Diego County Medical Society Auxilliary	San Diego
10/1/80	TLC/DBM	Treatment of Sexual Dysfunction	Psychology Colloquium Graduate Department San Diego State University	San Diego
10/3/80 to 10/4	TLC/DBM	Concepts of Effective Sex Therapy	University of California at San Diego	San Diego
10/6/80	DBM	Therapeutic Approaches to Sexual and Marital Dysfunction	Jewish Family Services	San Diego
10/24/80	DBM	Male & Female Sexuality	Kiwanis Club	Rancho Bernardo, Ca.
11/20/80	TLC	Illness/Health and Sexuality/ Sexual Dysfunction	UCSD Medical School	San Diego
12/17/80	TLC	Sexual Problems of the Cancer Patient	Scripps Hospital	San Diego
2/13/81	TLC	Medical Aspects of Sexuality	Balboa Hospital Grand Rounds	San Diego
3/13/81	TLC	Male Impotence	Grossmont Hospital	San Diego

LECTURE ENGAGEMENTS

DATE	LECTURERS	TOPIC	ORGANIZATION	LOCATION
3/18/81	TLC	Sex After Sixty	Desert Hospital	Palm Springs
3/19/81	TLC	Evaluation of Sexual Dysfunction	Eisenhower Medical Center	Palm Springs
4/2/81	TLC	Sex Aversion: Techniques for the Treatment of Arousal Dysfunction	National AASECT Meeting	San Francisco
5/27/81	TLC	Panel: Juvenile Victims of Rape and Molestation	San Diego Woman Physicians and Lawyers	San Diego
10/14/81	TLC	Sexuality and Cancer: The Secret to Liking Yourself (I Can Cope Series)	Scripps Memorial Hospital, Cancer Center	La Jolla
2/8/82 to 2/12	TLC	Visiting Professor Lecture Series: The Medical Aspects of Sexual Dysfunction in Males and Females	Department of the Navy Naval Regional Medical Center	San Diego
2/11/82 to 2/13	TLC	Female Sexuality & Sexual Dysfunction Over Sixty The Impotent Male: Assessment, Management	Eisenhower Medical Center, Annenberg Center for Health Science	Palm Springs
3/13/82	TLC	The Resistant Patient: Treatment Technique Women's Perceptions of Male Sexual Attractiveness: The Role of Eye Contact	AASECT Annual Meeting	New York City
5/15/82	TLC	Sexual Problems: Fact or Hang-up	San Diego State University	San Diego
6/9/82	TLC	Sexual Manners	Medical Service Society of San Diego	San Diego
6/24/82	TLC	Impotence & Implants	Coronado Optimist Club	Coronado

LECTURE ENGAGEMENTS

DATE	LECTURERS	TOPIC	ORGANIZATION	LOCATION
6/18/82	TLC	Human Sexuality	Mercy Hospital Ob/Gyn Residents	San Diego
9/30/82	TLC	Sex as a Natural Function	Rotary Club	San Diego
10/20/82	TLC	Sex & Women	Scripps Research Clinic & Research Foundation, Well Being Lecture Series	La Jolla
10/21/82 to 10/22	TLC	Love, Sex & Addiction Alcohol & Implants: Alter- native Treatment Methods	Naval Regional Medical Center, Long Beach, 3rd Annual Symposium on Substance Abuse	Long Beach
11/4/82	TLC	Sexual Dysfunction	Scripps General Internal Medical Group	La Jolla
1/19/83	TLC	Impotence & Implants	Rancho Bernardo & Kensington Optimist Club	San Diego
2/16/83	TLC	His/Her Brain	Charter 100 Professional Women's Organization	La Jolla
3/16/83	TLC	Bedside Manners	Southwest Yacht Club	San Diego
5/17/83	TLC	Medical Aspects of Sexual Dysfunction	Hillside Hospital	San Diego
6/8/83	TLC	Vaginismus - Resident Teaching	Mercy Hospital	San Diego
9/1/83	TLC	Bedside Manners	Point Loma Rotary	San Diego
9/1/83	TLC	Medical Aspects of Sexual Dysfunction	Paradise Valley Hospital	San Diego
2/14/84	TLC	Impotence	Kiwanis Club	San Diego
5/19/84	TLC	Manipulating Sexual Chemistry	American Psychiatric Association (APA)	Los Angeles

LECTURE ENGAGEMENTS

DATE	LECTURERS	TOPIC	ORGANIZATION	LOCATION
5/23/84	TLC	Sex, Tennis & Physicians	American Medical Association Tennis Club	San Diego
5/23/84	TLC	New Developments in the Treatment of Male Sexual Problems	San Diego Yacht Club	San Diego
6/7/84	TLC	Manipulating Sexual Chemistry	American Association of Sex Educators, Counselors & Therapists (AASECT)	Boston
6/20/84	TLC	Sexual Medicine	Collegium Internationale Neuro-Psychopharmacologicum (14th C.I.N.P.)	Florence, Italy
10/25/84	TLC	Medical Causes of Sexual Dysfunction	American Association of Sex Educators, Counselors & Therapists (AASECT)	Las Vegas, Nevada
1/26/85	TLC	Sexual Dysfunction	Hillside Hospital	San Diego
3/13/85	TLC	Sex & The Business Woman	Charter 100	San Diego
3/20/85	TLC	Sex Therapy	Mercy Hospital Residents' Office	San Diego
4/10/85	TLC	Vaginismus	Mercy Hospital Residents' Office	San Diego
6/13/85	TLC	Manipulating Sexual Chemistry	Harbor View Medical Center & Western Mood Disorders Institute	San Diego
6/14/85	TLC	Newest Advances in Sexual Medicine	CPC San Luis Rey Hospital	San Diego
6/16/85	TLC	Sex & Drugs - Manipulating Sexual Chemistry	San Diego Academy of Family Physicians	San Diego
8/6/85	TLC	Sexual Attitudes	San Diego Forum	San Diego
8/8/85	TLC	Sexuality	American Geriatric Society	San Francisco

LECTURE ENGAGEMENTS

DATE	LECTURERS	TOPIC	ORGANIZATION	LOCATION
8/10/85	TLC	Sexual Disorders & How	American Geriatric Society	San Francisco
8/20/85	TLC	Sex and the Business Woman	San Diego Women Physicians	San Diego
10/17/85	TLC	Tennis & Sex	American Medical Tennis Association	San Diego
10/18/85	TLC	Medical Aspects of Human Sexuality	The Institute for Advanced Study of Human Sexuality	San Francisco
10/26/85	TLC	The Rape Trauma Syndrome: Impact of Victim, Family and Sex	California Neuro-psychiatric Institute	Laguna Niguel, California
11/15/85	TLC	The Role of Government in Preventing the Spread of AIDS: A Public Policy Discussion	San Francisco State University	San Francisco

MEDIA ENGAGEMENTS
(Television)

DATE	TOPIC	PROGRAM	LOCATION
7/20/78	Female Sensuality	Sun-Up	Channel 8 San Diego
8/30/78	Sex and the Aging	Looking Glass	Channel 39 San Diego
3/30/80	Harold Keen	Keen's Telepulse	KFMB TV San Diego
11/14/80	Male Sexuality	Sun-Up	Channel 8 San Diego
1/23/81	The Romantic Novel	Sun-Up	Channel 8 San Diego
4/24/81	Sexual Fantasies Series	Daybreak	ABC TV Los Angeles
6/11/81	Sexual Fantasies Series	Daybreak	ABC TV Los Angeles
7/15/81	Sexual Fantasies Series	Daybreak	ABC TV Los Angeles
5/26/82	Sexual Counseling	Human Sexuality	NBC TV Los Angeles
8/4/82	Sexual Dysfunctions	Making Love Better	H.B.O. Cable New York
9/17/82	The Grafenberg Spot	Phil Donahue Show	Chicago, Ill.
11/12/82	Pilot for Series	Breakaway	New York
4/7/83	Sexual Fantasy	The Merv Griffin Show	Los Angeles
4/14/83	Sexual Communications	With Richard Hogue Show	MetroMedia Los Angeles
4/19/83	Bedside Manners (Book Tour)	Straight Talk	WOR-TV New York

MEDIA ENGAGEMENTS
(Television)

DATE	TOPIC	PROGRAM	LOCATION
4/19/83	Bedside Manners (Book Tour)	Midday	WNEW-TV New York
4/20/83	Bedside Manners (Book Tour)	A.M. Philadelphia	WPVI-TV Philadelphia
4/21/83	Bedside Manners (Book Tour)	Panorama	WTTG-TV Washington, DC
4/21/83	Bedside Manners (Book Tour)	Fred Thomas in the Morning	WRC-TV Washington, DC
4/22/83	Bedside Manners (Book Tour)	Morning Exchange	WEWS-TV Cleveland, Ohio
4/22/83	Bedside Manners (Book Tour)	"5:30"	WYRC-TV Cleveland, Ohio
4/22/83	Bedside Manners (Book Tour)	Merle Pollis Show	Cleveland, Ohio
4/25/83	Bedside Manners (Book Tour)	People Are Talking	WBZ-TV Boston, Mass.
4/26/83	Bedside Manners (Book Tour)	Pittsburgh Today	KDKA-TV Pittsburgh, Pa.
4/26/83	Bedside Manners (Book Tour)	Pittsburgh Woman	WPGH-TV Pittsburgh, Pa.
4/27/83	Bedside Manners (Book Tour)	Kelly & Company	WXYZ-TV Detroit, Mich.
4/27/83	Bedside Manners (Book Tour)	Good Afternoon Detroit	Detroit, Mich.
4/28/83	Bedside Manners (Book Tour)	EXTRA	WKRC-TV Cincinnati
4/29/83	Bedside Manners (Book Tour)	Midday AM	KSDK-TV St. Louis, Mo.

MEDIA ENGAGEMENTS
(Television)

DATE	TOPIC	PROGRAM	LOCATION
4/29/83	Bedside Manners (Book Tour)	Newsroom	KMOX-TV St. Louis, Mo.
5/2/83	Bedside Manners (Book Tour)	Good Morning Houston	KTR-TV Houston, Tx.
5/2/83	Bedside Manners (Book Tour)	This Day With Katheryn	KPRC-TV Houston, Tx.
5/2/83	Bedside Manners (Book Tour)	All Night Live	KOA-TV Denver, Colo.
5/3/83	Bedside Manners (Book Tour)	Midday Eyewitness News	KWGN-TV Denver, Colo.
5/4/83	Bedside Manners (Book Tour)	AM Northwest	KATU-TV Portland, Ore.
5/5/83	Bedside Manners (Book Tour)	Northwest Today	King-TV Seattle, Wash.
5/5/83	Bedside Manners (Book Tour)	Looking Good	Viacom-Cable Seattle, Wash.
5/6/83	Bedside Manners (Book Tour)	People Are Talking	KPIX-TV San Francisco
5/12/83	Bedside Manners (Book Tour)	Hour Magazine	Group W Los Angeles
5/23/83	Bedside Manners (Book Tour)	Eros America	New York
7/7/83	Sexual Revolution in America	Friday Special	Daiei Eizo Film: Tokyo, Japan (on location at The Crenshaw Clinic)
7/22/83	Bedside Manners	The Merv Griffin Show	KTTV-TV Los Angeles

MEDIA ENGAGEMENTS
(Television)

DATE	TOPIC	PROGRAM	LOCATION
8/3/83	Sexual Attitudes	Alive & Well	Cable TV Los Angeles
8/25/83	Oral Sex	Women on Sex	Playboy-Cable Los Angeles
10/2/83	Bedside Manners	Sun-Up	Channel 8 San Diego
10/7/83	Bedside Manners	People Are Talking	KPIX-TV San Francisco
11/5/83	7-segment series on Sexuality	Sun-Up	Channel 8 San Diego
1/11/84	The Crenshaw Clinic	P.M. Magazine	San Diego Edition
1/31/84	Sex & Aging	The Phil Donahue Show	Chicago, Ill.
2/14/84	What's New in Aphrodisiacs?	Sun-Up	Channel 8 San Diego
3/8/84	Sexual Communications	Thicke of the Night	MetroMedia Los Angeles
3/24/84	Impotence	Thicke of the Night	MetroMedia Los Angeles
4/13/84	Sexual Etiquette	Women on Sex	Playboy-Cable Los Angeles
5/24/84	Impotence	People are Talking	San Francisco
6/1/84	Male Impotence	Love Report	Los Angeles
6/10/84 to 6/20	Bedside Manners (British Book Tour)	Exley Publishers	England
8/10/84	Sex and Aging	People are Talking	San Francisco

MEDIA ENGAGEMENTS
(Television)

DATE	TOPIC	PROGRAM	LOCATION
8/30/84	Female Sexual Problems: Nature or Nurture	The Phil Donahue Show	Chicago, Ill.
11/21/84	Sexual Dysfunction	Town Meeting	Seattle, Wa.
1/31/85 through 2/24/85	Bedside Manners Australian, New Zealand Book Tours	Landsdowne Rigby Publishers	Australia & New Zealand
4/26/85	Co-Host Advisor	Dick Clark's Good Times '85 (pilot)	Los Angeles
5/3/85	Male Impotence	The Phil Donahue Show	New York
5/10/85	Host	Face to Face (T.V. pilot)	Los Angeles
5/15/85	Love and Sex	Sun-Up San Diego	San Diego
5/17/85	Love and Sex	Sun-Up San Diego	San Diego
5/22/85	Sexual Attitudes	Channel 10 News	San Diego
7/17/85	Sexual Therapy, Research & Aphrodisiacs	Australian T.V. Documentary, The Film House	San Diego for Australia
8/9/85	AIDS	People Are Talking	San Francisco
8/23/85	AIDS	People Are Talking	San Francisco
9/11/85	Altering Sexual Behavior	Channel 10 News	San Diego
10/24/85	AIDS - Mayor's Press Conference	Channels 10 and 39	San Diego
11/24/85	AIDS	39 News (live show)	Channel 39 San Diego

MEDIA ENGAGEMENTS
(Radio)

DATE	TOPIC	PROGRAM	LOCATION
7/7/78	Female Sensuality Series	Lawrence Gross Talk Show	KSDO Radio
8/21/78	KGB Interview: Female Sensuality	KGB Radio	KGB San Diego
9/8/78	Luncheon in the Park: RE: Female Lecture Series	PBS	PBS Radio
9/21/78	Talk Show: The Sexual Troika	KSDO	KSDO Radio
9/26/78	The Bill Ballance Show	KFMB	KFMB Radio
10/3/78	Continuing weekly guest on the Lawrence Gross Talk Show Thursday Nights: 10 pm-1 am	KSDO	KSDO Radio
5/16/79	New Trends in Sexual Dysfunction Therapy	KSDO	KSDO Radio
7/26/79	Lawrence Gross Talk Show	KSDO	KSDO Radio
9/14/79	Guest Host of Lawrence Gross Talk Show	KSDO	KSDO Radio
10/20/79	Lawrence Gross Talk Show	KSDO	KSDO Radio
3/6/80	Lawrence Gross Talk Show RE: Crenshaw Forum III	KSDO	KSDO Radio
3/31/80 to 5/13/83	Lawrence Gross Talk Show Midday, Wednesday 11 a.m.-noon Weekly Guest	KSDO	KSDO Radio
4/3/81	Sexual Aversion	KOGO San Diego	San Diego
4/8/81	Sexual Aversion (Tape interview with Brian Hill)	KILT Radio	Houston, Texas
4/9/81	Sexual Aversion	RKO Radio	New York
5/5/81	Sexual Aversion	ABC Radio	Detroit, Mich.

MEDIA ENGAGEMENTS
(Radio)

DATE	TOPIC	PROGRAM	LOCATION
5/27/81	Sexual Aversion (Live Interview)	3AW Radio Derryn Hinch Show	Melbourne, Australia
4/5/83	Guest Host	Bill Ballance Show	San Diego
4/19/83	Bedside Manners	Ross & Wilson Show	WABC-Radio New York, NY
4/19/83	Bedside Manners	Radio Network	RKO-Radio New York, NY
4/19/83	Bedside Manners	Public File	WPIX-Radio New York, NY
4/20/83	Bedside Manners	The Walley Kennedy Show	WCAU-Radio Philadelphia
4/20/83	Bedside Manners	Inside Philadelphia	WMGR-Radio Philadelphia
4/20/83	Bedside Manners	Joel Spivak Show	WRC-Radio Washington, DC
4/21/83	Bedside Manners	Physicians Radio	Radio Network Washington, DC
4/23/83	Bedside Manners	Project 1260	WBBG-Radio Cleveland, Ohio
4/25/83	Bedside Manners	On the Agenda	WBSO-Radio Boston, Mass.
4/25/83	Bedside Manners	The Jerry Williams Show	WRKO-Radio Boston, Mass.
4/26/83	Bedside Manners	Scott Cassidy Show	WTKN-Radio Pittsburgh
4/27/83	Bedside Manners	WWJ Radio News	WWJ-Radio Detroit, Mich.
4/27/83	Bedside Manners	Midday	WJR-Radio Detroit, Mich.

MEDIA ENGAGEMENTS
(Radio)

DATE	TOPIC	PROGRAM	LOCATION
4/27/83	Bedside Manners	Dave Newman Show	WXYZ-Radio Detroit, Mich.
4/28/83	Bedside Manners	Jan Michaelson Show	WCKY-Radio Cincinnati
4/29/83	Bedside Manners	St. Louis Report	KSHE-Radio St. Louis, Mo.
4/29/83	Bedside Manners	At Your Service	KMOX-Radio St. Louis, Mo.
5/2/83	Bedside Manners	Ben Baldwin Show	KTRH-Radio Houston, Texas
5/3/83	Bedside Manners	Gary Tessler Show	KNUS-Radio Denver, Colo.
5/3/83	Bedside Manners	The Denver Gazette	KBRQ-Radio Denver, Colo.
5/3/83	Bedside Manners	Northwest at Night	KEX-Radio Portland, Ore.
5/4/83	Bedside Manners	Midday	KVKI-Radio Portland, Ore.
5/5/83	Bedside Manners	Larry Nelson Show	KOMO-Radio Seattle, Wash.
5/5/83	Bedside Manners	The Mike Lanagran Show	KTNT-Radio Seattle, Wash.
5/6/83	Bedside Manners	Magazine	KCBS-Radio San Francisco
7/5/83	Guest Co-Host	Bill Ballance Show	San Diego
7/11/83	Bedside Manners	Good Morning Canada	CHML-Radio Montreal
7/12/83	Bedside Manners	Larry Britt Show	WNWS-Radio Miami

MEDIA ENGAGEMENTS
(Radio)

DATE	TOPIC	PROGRAM	LOCATION
7/14/83	Bedside Manners	WOAI Radio	WOAI-Radio San Antonio, Tx.
7/15/83	Bedside Manners	Up on the News	WTWN-Radio Grand Rapids, Mich.
7/18/83	Bedside Manners	Richard Hawk Show	WPLP-Radio Florida
7/26/83	Guest Co-Host	Bill Ballance Show	National Syndication, San Diego
8/3/83	Sexual Impotence	Desert Living	KPSI-Radio Palm Springs
8/31/83	Guest Co-Host	Larry Himmel Show	KSDO-Radio San Diego
11/1/83	Guest Co-Host	Bill Ballance Show	KFMB-Radio San Diego
11/15/83	Guest Co-Host	Bill Ballance Show	KFMB-Radio San Diego
11/29/83	Guest Co-Host	Bill Ballance Show	KFMB-Radio San Diego
10/30/85	Host	6-Hour Public Service AIDS Awareness Day	KSDO-Radio San Diego

MEDIA ENGAGEMENTS
(Regular Features)

DATE	PROGRAM	ORGANIZATION	LOCATION
1981 - weekly	Dr. TLC - Question & Answer Column	Navy Dispatch	West Coast
1978-1982 - weekly	Lawrence Gross Show	KSDO Radio	San Diego
1983 to 1985 monthly	Playgirl Advisor "ADVICE"	Playgirl Magazine	International
1984 - weekly	Bill Ballance Show	KFMB Radio	National Syndication
1979 to present - quarterly	Sun-Up	KFMB-TV Channel 8	San Diego
1984 - weekly	Love Report	ABC-TV	National
1983 to present - quarterly	People Are Talking	KPIX-TV	San Francisco
1985 - ongoing	<u>Feature Net</u> Bedside Manners with Dr. Theresa Crenshaw	Copley Radio Network	International
1985 - ongoing	Newspaper Column Bedside Manners	Copley News Syndication Service	International
1984 - ongoing	Monthly Medical Case Reports	Medical Aspects of Human Sexuality, Hospital Publications	International
1985 - 1986	It's A Great Life	Earl Greenberg Productions	National

FAINT LIGHT, D

Roy Cohn, AIDS, and the question

Roy Cohn died August 2 at the Warren Grant Magnuson Clinical Center of the National Institutes of Health, in Bethesda, Maryland. The primary cause of death was listed as "cardio-pulmonary arrest"; the death certificate named "dementia" and "underlying HTLV-3 infections" as secondary causes. The mention of HTLV-3 implied what many suspected: Roy Cohn had AIDS. Cohn's NIH records—leaked to me last summer and published here, in part, for the first time—confirm he knew as early as last November that he had AIDS. But like other public figures who have contracted the disease, Cohn never admitted to having it. Not all of the problems and complications associated with AIDS are medical; journalists are having a difficult time writing about it, drawing a plausible distinction between private and public information. Their dilemma raises questions about what society wants, or doesn't want, to know about itself.

Cohn was admitted last November 4 to an AIDS treatment program at the NIH center. It is a publicly funded program, and one not easy to gain admission to. Sources at NIH told me that Cohn used his political influence in Washington—he counted the Reagans among his friends—to get into the program. Reporting on political favors is a staple of American newspapers, but when such reporting has to do with AIDS, there arises a problem of judgment. What matters most: publishing (making public) or privacy? And should privacy be respected if the individual whose privacy is at issue is getting favored treatment with public money?

"Companion Peter Fraisure" is Peter Frazier. He has been described in the press during the past year as the office manager in Cohn's law firm, and as one of Cohn's travel companions. Lois Romano, writing in the *Washington Post* last December, described Frazier as "the one who brings the evening to an end when he sees Cohn drooping." Frazier often accompanied Cohn when he went to the center for his treatments.

PATIENT RECORD

PATIENT NAME: COHN, ROY
NURSING UNIT: OP12

BED NUMBER: C MB
INST/BR: 18-76-32-6
REGISTRY NO: 11/04/85
ADMITTED: YOUNG, ROY
ATTENDING MD: SARCOMA
ADMIT DX:

HOME ADDRESS: 39 E, 68TH
NEW YORK,
10021

NEXT OF KIN:
DATE OF BIRTH: 02/20/27

COHN, ROY MARCUS 11/22/85
12:00NN 102 (CCAK)
12:00NN 36.5 (CCAK) 11/21/85

01:00PM SEXUALITY OBSV -
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COHN, ROY MARCUS 11/22/85
11:00PM SOCIO/PSYCHOLO
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THE DETAILS. INSTRUCTI
MEDICATIONS REVIEWED W
PETER FRAISURE. (DTAF)
11:00PM MOBILITY OBSV
TOLERATED WELL. (DTAF)
11:00PM NEURO/SENSORY
ALWAYS ORIENTED. VERY
HOME IN AM. GAIT SLIG
TREMORS CONTINUE. NO
(DTAF)

I, DARK PRINT

Question of privacy, by Dale Van Atta

T RECCRD PRINT
 HN, ROY MARCUS
 12
 MB
 3-76-32-6
 1/04/85 12:42PM
 OUNG, ROBERT C
 ARCOMA ..
 19 E. 68TH ST.
 NEW YORK, NY
 10021
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 Y OBSV --PT ASKED FOR
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 TY OBSV --OUT ON PASS
 .. (DTAF)
 /SENSORY OBSV --ALERT. NOT
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 RCUS
 1/23/85
 ED BY FRIEND WITH RX

During an interview with Mike Wallace aired last March on *60 Minutes*, Cohn categorically denied that he had AIDS. "We were told [that your] name was on the NIH computer for AIDS," Wallace said. "Well, I shouldn't be," Cohn said. "I'll get that taken care of very fast." Cohn said he had cancer, and in a sense he did. He had Kaposi's sarcoma, the cancer to which AIDS victims, with profoundly impaired immune systems, are extremely vulnerable. Wallace did not press the matter, as he often does. Newsmen find it hard enough simply to raise the question.

Rumors that Roy Cohn was a homosexual first appeared in the 1950s, when he was the communist-hunting chief counsel to Senator Joseph McCarthy. Cohn, another young McCarthy investigator, G. David Schine, and McCarthy were all bachelors, and very devoted to one another—Lillian Hellman called them "Bonnie, Bonnie, and Clyde." Cohn always denied to reporters that he was "ever gay-inclined," and went out of his way to convey an impression of heterosexual orthodoxy. He would talk of having discussed marriage with Barbara Walters. And he was a lawyer for the Roman Catholic Archdiocese of New York, which vociferously opposed New York City's gay-civil-rights legislation.

In the descriptions of Cohn in her *Post* story, Romano noted that his right hand and shoulder would often shake, that he moved "as if in slow-motion." These symptoms can be associated with AIDS, but not with liver cancer, the disease from which Cohn claimed to be suffering. Romano was apparently doing the best she could—legally and, by today's standards, ethically—to tell her readers that Cohn was lying.

Dale Van Atta, with Jack Anderson, writes the nationally syndicated column "Washington Merry-Go-Round."

According to NIH medical personnel I have spoken with—and as noted in the medical report here—Cohn was “somewhat reluctant to become celibate.” AIDS is a lethal disease, and certain sexual acts—in particular, anal intercourse—apparently facilitate transmission of the virus. Did members of the public, especially someone who might have become a sex partner of Cohn’s, have a right to know that he had AIDS? If Cohn was reluctant to become celibate and reluctant to tell the truth, did journalists have a right (an *obligation*) to publish the truth?

Cohn was not above using his illness, however misleading his testimony, when it could help him muster sympathy. His lawyers in his disbarment case—he was disbarred from the practice of law in New York State six weeks before his death—pleaded for leniency on the grounds that he was too ill to continue in his profession. No medical certificate was ever presented describing his ailment. The press never made an issue of it.

Azidothymidine (AZT) is one of the brightest hopes for AIDS patients; the drug has been shown in some cases to hold the virus at bay. Only a limited number of AIDS patients in government-approved testing programs received the drug. Of the more than 10,000 people thought to be dying of AIDS last spring, only twenty-eight had access to AZT through NIH programs. Cohn was one of the fortunate. Did he use his Washington connections to obtain the drug? A private matter, or a public one?

ALWAYS ORIENTED
HOME IN AM. GAIT SLIGHT HUFFY
TREMORS CONTINUE. NO PROBLEMS
(DTAF)

ROY MARCUS

11/23/85

11:00AM ACCOMPANIED BY FRIENDS
METS (CCAK)

11:00AM PT DISCHARGED WALKING

11:00AM GOALS—PT WILL NOT HAVE
OF BODY FLUIDS WITH ANY OTHER
PLAN—REINFORCE NEEDS

CELIBATE STATE CAUTION AGAINST
DISEASE. (CCAK)

11:00AM SEXUALITY.

ASSESSMENT—PT CAUTION
HAVE SEX WITH ANY ONE WHO
POSSIBLE TRANSMISSION OF T

PROBLEMS/NURSING T
STATD SOMEWHAT RELUCTANT T
CELIBATE. (CCAK)

11:00AM SOCIO/PSYCHOLOGICAL
(CCAK)

11:00AM SAFETY STATUS; (CCAK)

11:00AM PROBLEMS/NSG DIAGNOSIS
SUPERVISION AT HOME WITH

ABILITY TO AMBULATE HAS I
ADMISSION. (CCAK)

11:00AM MOBILITY STATUS;

PENDENT; STAIRS, NEEDS AS
TRANSFER, INDEPENDENT; AC

TOLERANCE—DOES TIRE EASILY

11:00AM PROBLEMS/NSG DIAGNOSIS
AT HOME TO PREPARE MEALS

IDENTIFIED. (CCAK)

11:00AM FOOD/FLUID STATUS

PENDENT; FOOD PREP, UNABLE
HIGH PROTEIN; APPETITE—F

11:00AM CIRCULATION STATUS

100; BP—170/100; COLOR—F

PROBLEMS/NSG DX
GOALS—AT THIS T

DEFERRED DUE TO PT CURRENT

LOFE STYLE CHANGES WOULD
INAPPROPRIATE FOR THIS—

(CCAK)

11:00AM AIR STATUS; RATION

11:00AM CURRENT HEALTH
(CCAK)

11:00AM DISCHARGE PLAN

CRITERIA; STAT

CIRCUMSTANCES PT NEEDS

HEALTH PROFESSIONAL &

QUESTIONS REGARDING PR

REQUIREMENTS OR CHANG

STATUS; STATES NEEDED T

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3/85
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PSYCHOLOGICAL STATUS

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/NSG DIAGNOSIS-HAS
OME WITH SERVANTS BUT
ATE HAS INCREASED SINCE
)

STATUS: WALKING, INDE
NEEDS ASSIST;
ENDENT; ACTIVITY
TIRE EASILY (CCAK)
S/NSG DIAGNOSIS-HAS COOK
ARE MEALS SO NO NEEDS
AK)

UID STATUS: FEEDING, INDE
REP, UNABLE TO DO: DIET-
PPETITE-FAIR (CCAK)

ATION STATUS: PULSE(S) -
J; COLOR-PINK.
MS/NSG DX-HYPERTENSION.
AT THIS TIME THIS WAS
O PT CURRENT PROGNOSIS
ANGES WOULD BE
FOR THIS--PROGNOSIS.

TATUS; RATE-20 (CCAK)
NT HEALTH STATUS SUMMARY

ARGE PLANNING SUMMARY.
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S PT NEEDS TO CONTACT A
SSIONAL & WHERE TO CALL FOR
GARDING PROTOCOL
OR CHANGE IN HEALTH
ES NEED TO CONTACT HEALTH
FOR FEVER INFECTION
UGH; PERSON TO CONTACT-12
FLOOR CLINIC OR DR.
NUMBERS WRITTEN DOWN AS TAKE
IONS: STATE(S) MEDICATION,
VISTR, DOSAGE, SCHED, (CCAK)

Cohn had many friends in the press who chose to defend or simply leave unchallenged his lies and evasions. William Safire, in the *New York Times*, denounced the July 25 column Jack Anderson and I wrote about Cohn's AZT treatment: "Doctors with some sense of medical ethics and journalists with some regard for a core of human privacy are shamed by [this] investigative excess." The *New York Post* usually carries the column, but didn't publish that one.

Only after Cohn's death, in his obituaries, was it widely reported that he had AIDS. Even that was something of a show of nerve—readers of the *New York Times* and other big-city papers learn of young men dying of "pneumonia" or after a "long illness," but not of an AIDS-related illness. The *Times's* in-house publication, *Winners and Sinners*, noted recently with regard to the paper's obituaries that "some suspect us of shrinking from our duty to report on an epidemic." There are a few bold patients dying of AIDS who have sought to expose their illness to public discussion. Obituaries of makeup artist Way Bandy noted that he had requested mention be made that he died of AIDS. Most remarkable was an editorial published in the *Honolulu Star-Bulletin* on September 1. The paper's managing editor, Bill Cox, announced he was going on disability leave because he had AIDS. He wrote that "as a journalist I have spent my career trying to shed light in dark corners. AIDS is surely one of our darkest corners. It can use some light."