

**Gay Health Advocacy Project
Columbia University**

Request for Funding

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**Co-Coordinator
Laura Pinsky, A.C.S.W.
Therapist and Liaison Mental Health Professional
Mental Health Division
Columbia University Health Service
Tel: (212) 280-2878, (212) 864-4236**

**Co-Coordinator
Michael Dowling
Graduate Student, School of Public Health
Division of Sociomedical Sciences
Columbia University
Tel: (212) 749-0897**

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1. Introduction

1.1. AIDS Fears on Campus

During registration for the Spring 1986 term, an estimated 80% of students responding to our survey indicated that they worried about AIDS often or at least sometimes. At least 90% wanted more information. [The survey will be explained later.] These results confirm what the Columbia Gay Health Advocacy Project had suspected: all members of this university are hungry for accurate, current, and non-alarmist information and counseling on AIDS.

The concern had been brewing among some university health professionals since the spring of 1985. The death toll was mounting; the media paid greater attention to AIDS but frequently lapsed in accuracy and fairness. More people wondered: Do I have AIDS? Can I get it? At the university, they found few people with answers. Although the Mental Health Division of the University Health Service allocated a portion of one therapist's time to AIDS counseling, no university department declared AIDS its responsibility.

The Advocates have done just that, and with each day the burden becomes more complex. In the next few pages, we will sketch out what we see as our goals, what we have accomplished in the past six months, and how a well-funded version of our program might increase our audience and our effectiveness with them.

1.2. Proposed Responses

The main target for our current efforts is that part of the Columbia community directly at risk of developing AIDS: primarily gay men, since the number of intravenous drug users on campus is small. We have two main goals: to improve existing services for the risk groups; and to introduce new services appropriate to the needs of these groups.

We are working with the Columbia University Health Services to evaluate and improve the medical services available to gay men on campus. We hope to introduce new practices and personnel with an emphasis on counseling, both to help gays cope with AIDS, and to protect them from the other diseases endemic to homosexuals.

The new services needed are all of an informational, educational, and advisory nature. The services fall into three categories: medical, psychological, and practical.

Gay men need a reliable source for accurate, up-to-date information on all the medical aspects of AIDS. So informed, they will be better able to monitor and protect their own health. It is particularly important that every gay man at Columbia know about "safe sex" -- practices that help one avoid exposure to HTLV-III/LAV (the virus thought to cause AIDS). Gay men also need to know about other medical topics such as whether and how to take the HTLV-III/LAV antibody test, how to get the Hepatitis B vaccine, where to get instruction on lymph node self-examination, and how to avoid other diseases common to gays.

AIDS has serious psychological as well as medical implications for those at risk. We will provide one-to-one and group counseling services to help Columbia's gay men cope with their AIDS-provoked anxiety. [These services and the counselors' curriculum are discussed later.] College is stressful for everyone, but for gay students the AIDS crisis makes these stresses -- especially those related to sexuality -- much more painful, and thus makes counseling all the more necessary.

Along with medical and psychological information and support, there is a plethora of practical knowledge that can help reduce the confusion and uncertainty of those at risk from AIDS. We can provide advice or referral for such crucial topics as how to get and preserve adequate insurance coverage, how to protect the confidentiality of medical records, how to deal with discrimination, gay civil rights, and other legal issues.

Although the first object of any health campaign must be to help those at greatest risk of actually getting sick, no campaign is sufficient that ignores an epidemic's effect on the community at large. Ignorance about AIDS among the general population at Columbia leads to two destructive problems: anxiety and homophobia. We hope that the solution to both these problems will come from increasing the level and quality of knowledge on campus about AIDS. Education will quell unnecessary AIDS anxiety among those not at any reasonable risk, as well as indicate what preventive measures are prudent for people whose anxiety is reasonable, such as women contemplating pregnancy. Broad public information about exactly how AIDS is and is not transmitted may foster a more sympathetic and supportive environment for gays at Columbia.

2. Programs

2.1. Training Peer Counselors

The peer counselor group currently consists of ten gay men who range from undergraduates to Ph.D. candidates. The use of peer counselors is particularly appropriate in the Project for a variety of reasons. Most important is the realization that the major accomplishments in AIDS-related educational and counseling services have been made by volunteer organizations such as the Gay Men's Health Crisis (GMHC). The GMHC, however, is not specifically oriented to serving the needs of a university community and is always stretched to the limit of its resources. We believe a group of properly trained students can understand the particular needs of university life.

Because counselors are peers, clients feel more comfortable discussing anxiety-ridden topics. In particular, the attendant anxiety of discussing sexually explicit material for all groups of people is well documented and this anxiety is heightened when young people are discussing sexuality with those in authority, i.e., professional counselors. The issue of IV drug use is no less anxiety provoking and might best be handled by peer advocates. Under the supervision of professionals, peer counselors can disseminate educational information and assuage AIDS-anxiety in a less threatening atmosphere than otherwise could be expected.

The curriculum for the peer advocates training program has been extensive. The advocates meet for

one-and-a-half hours of class per week with assigned readings and other activities. The class lectures have been given by physicians and therapists. The areas covered are as follows:

- an exhaustive study of the immune system
- the medical aspects of AIDS and AIDS Related Complex (ARC)
- the epidemiology of AIDS and ARC
- the treatment of AIDS and ARC
- Hepatitis B and the Hepatitis B vaccine
- other sexually transmitted diseases
- issues and techniques involved in peer counselling
- role playing
- the social, political and legal issues of AIDS

Between meetings, counselors monitor stories in the press, attend various AIDS forums, lead AIDS discussions in dormitories, and volunteer for the GMHC and other organizations.

2.2. Counseling

One of the central focuses of the project is the development of counseling services. Laura Pinsky, A.C.S.W, and Eric Rystrom, M.D. (therapists for the Health Services, Mental Health Division), counseled approximately thirty clients one or more times. Only a few had seen mental health therapists before. Those we talked to were of all ages, gay and straight, male and female. Most clients we talked to had general fears about AIDS, many wanted specific information, and some needed complex psychological counseling. Questions were asked, for example, about the symptoms of AIDS and AIDS-Related Complex (ARC), "safe sex" guidelines, transmission through sexual and casual contact, pregnancy and AIDS, risk of IV drug use, the HTLV-III/LAV antibody test, and the Hepatitis B vaccine. A number of clients were referred for more extensive psychological services. In fact, this pilot counseling project made it clear that no simple line can be drawn between educational and emotional needs, and that counselors need to be trained and prepared to deal with both.

Several advocates are ready to begin peer counseling with fellow students. Professional therapists will closely supervise the peer counselors. Emphasis will be placed on determining when a client's problem goes beyond a counselor's expertise and requires a referral to a therapist. Peer counseling, we think, will provide a special kind of support to students and make counseling accessible and attractive to larger numbers of students.

We are also in the process of organizing our pilot group counseling program. In February we plan to hold a forum including both a lecture and small group discussions centering around AIDS anxiety and "safe sex". If this is successful, we will offer more extended (5 - 10 sessions) groups on a periodic basis.

2.3. Public Education

The Project's educational efforts have already reached many members of the Columbia community. In preparation for the many projects involved in the education campaign the counselors have been trained to provide a clear and accurate picture of the current state of knowledge regarding AIDS and to answer questions.

In an effort to reach as many people as possible, our efforts have been directed at several target audiences. Counselors have spoken to incoming students in the freshman dormitories, to gay student organizations, to a Haitian student group, to Resident Advisers who work in the dormitories, and to the staff of Nightline, a campus telephone peer counseling and referral service.

The responses to each of these presentations have underscored the need for information packaged and presented in diverse styles and forms to address each group's unique concerns. Incoming freshmen -- who are often living with roommates for the first time, sharing bathrooms, and finding new sexual freedom -- have been most concerned about the issues of transmissibility and assessing their own risks. Gay students have been interested in transmissibility, risk reduction through safe sex practices, the HTLV-III/LAV antibody test, potential co-factors such as Hepatitis B, the current status of research into vaccines and treatments, and issues of civil liberties concerning health insurance and job security. Haitian students have been concerned with the possibility of racial discrimination in the wake of their classification and later declassification as a risk group by the Centers for Disease Control. Resident Advisers have been interested in issues of transmissibility in the dormitories.

To reach broad audiences, the Project has sponsored an open forum on AIDS with authoritative guest speakers attended by 75 members of the Columbia community; some of our members served as consultants to **The Columbia Spectator**, the campus newspaper, for a special issue devoted to AIDS which won 19 college journalism awards.

We have upcoming speaking engagements with the nurse practitioners of the Nursing School of Columbia College of Physicians and Surgeons, and with the Metropolitan College Mental Health Association. Some of our future projects include broad scale speaking in dormitories, classes, and student groups; an informative spot on WKCR, the campus radio station; more open forums with speakers to attract wider audiences; and an escalated campaign to promote Hepatitis B vaccination.

In one-on-one sessions, counselors have met with gays who were not openly so, with women concerned about the risk status of their sexual partners or their HTLV-III/LAV antibody status in anticipation of pregnancy, with intravenous drug users, and with others who, because of social stigmas or other factors, are difficult or impossible to reach in group settings.

Having identified several groups in need of information, one of our major projects is to prepare and distribute written material tailored to their specific needs. So far we have distributed 3500 copies of an AIDS fact sheet supplied by the Gay Men's Health Crisis, thousands of copies of "safe sex" guidelines, and numerous pamphlets concerning Hepatitis B, the Hepatitis B vaccine, the HTLV-III/LAV antibody test, and "poppers" (amyl- or butyl-nitrate inhalents used as recreational drugs). We are currently compiling

our own fact sheet and safe sex recommendations, which we intend to keep updated when new information becomes available. We anticipate ongoing distribution of literature on campus at information booths, at registration, in dormitory lobbies, and through the campus mail.

2.4. Collaboration with the Columbia University Health Service

The counselors have worked with the Columbia University Health Service on two projects aimed at improving the health care services. The coordinators held informal discussions with the professional staff explaining both the project and the ways it can complement health care at Columbia. Written material has also been distributed to the health service staff. We have also worked closely with Richard Carlson, M.D., the director of the Health Service, who attended several meetings with the counselors. In these meetings, suggestions were made to further improve the health care services for gay men. Dr. Carlson also reassured the counselors of the confidentiality of medical records as well as reiterated his desire to increase the sensitivity of the staff concerning gay health issues.

2.5. Needs Assessment Study

One of the ways the advocates are assessing the needs of the university community is through questionnaire data collection. A brief survey sought to determine:

1. the self-perceived risk status of students
2. the clinical risk status of students
3. the desire for educational material
4. the best medium for presenting this material

The data are currently being entered into a computer and will soon be ready for analysis.

2.6. Other Projects

A few other activities of the last few months deserve mention. Counselors are participating as control subjects in an important AIDS research protocol on immunoglobulins and AIDS being conducted by Donald Kottler, M.D., an AIDS researcher at St. Luke's Hospital. The Project is organizing an up-to-date library of books and articles on AIDS including material from general publications, gay periodicals, and medical journals. Several members of the Project are participants in the University Task Force on AIDS, which was formed to help the university deal with the issue of AIDS on campus.

We have been consulted by several colleges seeking help in developing AIDS-related projects and we are in the process of contacting numerous universities to learn from their experience. Eventually we hope to establish a network of college and university AIDS projects to share information and expertise. If resources allow, we plan to write a manual on developing AIDS education and counseling programs which can be used by other universities.

3. Funding Request

At present, the Project is operating on an extremely small budget. The Columbia University Health Service and the Columbia Gay and Lesbian Alliance have each allocated \$600 for the academic year 1985-86. As of January 1986, approximately \$300 remains. Most of the Project's expenses have been for printing costs. Our most pressing need, however, is for funds to pay a part-time coordinator. The job would entail approximately 15 hours per week. Duties would include bookkeeping, peer counseling, public speaking, outreach to university organizations and faculty, scheduling events for the project, monitoring the press and clipping articles for counselors, writing a proposed monthly column for **The Columbia Spectator**, establishing correspondence with others universities and organization, analyzing survey data, writing the survey report, developing and planning future events, conducting additional needs assessment studies of the university community.

In addition to a coordinator, funds are needed to hire consultants in journalism, computer assistance, counseling, and graphic design. Secretarial assistance is also greatly needed.

Future projects are planned but cannot be initiated without additional funds. Specifically, funds are needed to:

- print educational documents for university-wide distribution
- purchase stationary
- pay for telephone expenses
- acquire a Columbia University computer account
- purchase computer software
- rent audio-visual equipment
- make periodic library additions
- cover conference travel expenses
- provide honoraria for guest speakers
- support an in-depth needs assessment study
- provide support for the writing of a manual for other universities to use in setting up similar projects.

Appendices

- 1. List of Advisors and Consultants to the Project**
- 2. Bibliography of Material Used for Training of Peer Counselors**
- 3. List of Miscellaneous Enclosed Literature**

I. List of Advisors and Consultants to the Project

Richard Carlson, M.D., Director, Columbia University Health Service,
University Physician.

Alwyn Cohall, M.D., Attending Physician, St. Luke's Hospital, Staff
Physician, Columbia University Health Service.

Gay Men's Health Crisis:

Mark Chattaway, Attorney, Director of Public Relations

Barry Davidson, Director of GMHC Hotline

Jerry Johnson

Susan Katz, M.S.W., Director of Education

Larry Gross, Ph.D., Professor, Annenberg School of Communication,
University of Pennsylvania.

Donald Kottler, M.D., Assistant Professor of Medicine, Columbia
University College of Physicians and Surgeons.

John Martin, Ph.D., Research Scientist, Division of Sociomedical
Sciences, School of Public Health, Columbia University.

Brian Novick, M.D., Faculty Member, Albert Einstein College of Medicine,
Department of Allergy and Immunology.

Edward Prieto, M.A., Clinical Psychologist, Bronx Psychiatric Center.

Martha Rogers, M.D., Epidemiologist, U.S. Centers for Disease Control.

Robert Schoenberg, A.C.S.W., Office of Student Life, University of
Pennsylvania.

Patricia Taylor, M.D., Research Scientist, New York Blood Center.

Kendall Thomas, LL.D., Assistant Professor, Columbia University Law
School.

Susan Tross, Ph.D., Clinical Assistant Attending in Psychiatry Service,
Memorial Sloan-Kettering Hospital.

Scott Tucker, Journalist.

Carol Vance, Ph.D., Research Scientist, Division of Sociomedical
Sciences, Columbia University.

Daniel William, M.D., President, New York Physicians for Human Rights.
Robert Friedman, Assistant to Dr. William.

II. Bibliography of Material Used for Training of Peer Counselors

"Gay Men's Health", Jeanne Kassler, 1983.

"AIDS: What is to be Done?", Harper's Magazine, Oct. 1985.

"Glossary of AIDS Terminology", Shanti Project, San Francisco, CA.

"Summary: Recommendations for Preventing Transmission of Infection with HTLV-III/LAV in the Workplace", Morbidity and Mortality Weekly Report, Nov. 15, 1985.

"Recommendations for Assisting in the Prevention of Perinatal Transmission of HTLV-III/LAV and Acquired Immunodeficiency Syndrome", Morbidity and Mortality Weekly Report, Dec. 6, 1985.

"The Immune System in AIDS", Jeffrey Lurance, Dec. 1985.

"Cellular Immunology", Henry Claman, M.D.

"Questions and Answers About the HTLV-III Antibody Test", The Official Newsletter of the NCGSTDS, Jul.-Aug. 1985.

"Gay/Lesbian Community Statement on HTLV-III/LAV Antibody Test", The Official Newsletter of the NCGSTDS, Mar.-Apr. 1985.

"Micro-organisms Causing Opportunistic Infections in Patients with AIDS", Treatment of Opportunistic Infections, Armstrong et al.

"Therapeutic Update: Antivirals and Immunostimulants", The Official Newsletter of the NCGSTDS, Aug.-Nov. 1985.

"Poppers and AIDS", John Lauristen and Hank Wilson.

"The Psychological Impact of AIDS on Gay Men", Stephen F. Morin, Kenneth A. Charles, Allen K. Malyon, American Psychologist, Nov. 1984.

"AIDS: A Public Health and Psychological Emergency", Walter F. Batchelor, "American Psychologist, Nov. 1984.

"Behavioral and Psychosocial Factors in AIDS", John L. Martin and Carol S. Vance. American Psychologist, Nov. 1984.

"Poll Finds Many AIDS Fears That Experts Say Are Groundless", New York Times, Sept. 1985.

"AIDS: The Politicization of an Epidemic", Socialist Review.

"Recommendations for Protection Against Viral Hepatitis ", Centers for Disease Control, Annals of Internal Medicine, Sept. 1985.

"Safety of Hepatitis B Vaccine Confirmed", FDA Drug Bulletin, Aug. 1985.

"Introduction to Peer Counseling", Shanti Project, San Francisco, CA.

III. List of Miscellaneous Enclosed Literature

1. Special AIDS issue of **The Columbia Spectator** produced with the assistance of the Columbia Gay Health Advocacy Project
2. Educational material distributed on campus by the Columbia Gay Health Advocacy Project:
 - a. Advertising flyer
 - b. GMHC AIDS fact sheet
 - c. GMHC risk reduction guidelines
 - d. Reprint of **New York Times** article "Fears on AIDS Termed Largely without Cause", Sept. 13, 1985.
 - e. Hepatitis B leaflet generated by the Columbia Gay Health Advocacy Project.
3. Sample of questionnaire used in needs assessment study. Eleven hundred responses were received.