"A plague is a formidable enemy, and is armed with terrors that every man is not sufficiently fortified to resist or prepared to stand the shock against."

"A JOURNAL OF THE PLAGUE YEAR"
LONDON, 1665
BY DANIEL DEFOE

1984 THE YEAR OF THE PLAGUE
SELECTED COVERAGE FROM THE
San Francisco Chronicle
The AIDS story began with the mysterious deaths of a few scattered and ostracized men in the gay community. But it’s a big story now — and growing bigger each day.

As 1984 ended, acquired immune deficiency syndrome had struck 7,699 people nationwide and killed 3665.

The problem was perceived, at first, as an affliction unique to homosexuals. By the end of 1984, the first cases of AIDS had been confirmed among heterosexuals.

Well before the full dimensions of the AIDS epidemic became clear, The San Francisco Chronicle recognized the unfolding tragedy as a matter of concern for all of our readers—not just the Bay Area’s substantial gay population.

The AIDS crisis exploded on several fronts. It was a costly and net¬lensome public health problem. It was a haunting medical detective story. It stirred political passions in the gay community. And it landed like a hot potato in City Hall.

The Chronicle committed itself from the start to cover the story every step of the way, illuminating the issues at the same time we battled the panic and prejudice threatening to isolate AIDS victims.

Though it is a small consolation, we take comfort in the knowledge that we may have played a role in helping San Francisco to develop the best system in the country for caring for AIDS victims.

Still, the tragedy continues. No cure has been found, and medical researchers say six cases are incubating for every person who already has been stricken. Barring the miracle cure everyone hopes will be found, the prospect is that the AIDS epidemic will continue to rage in 1985 and beyond.

This is a problem that won’t go away, and we are dedicated to staying with it as long as it takes. We offer this sampling of our coverage as a challenge to scientists, public officials and journalists to join in that commitment.

ALAN D. MUTTER
City Editor
San Francisco Chronicle
AIDS
THE HUMAN TRAGEDY

THE LIVES TOUCHED
BY ONE VICTIM

BY KATY BUTLER

"A plague is a formidable enemy, and is armed with terrors that every man is not sufficiently fortified to resist or prepared to stand the shock against."

—from "A JOURNAL OF THE PLAGUE YEAR."
LONDON, 1665, BY DANIEL Defoe

Driving rain was falling on the Haight-Ashbury, falling on the 1-Beam disco, falling on darkened bookstores, ice cream parlors and bars that serve both the city of San Francisco and the gay village within it.

Car doors slammed and umbrellas opened. Figures moved through the rain, drawn from Chicago, Orange County, San Mateo, Mill Valley, Oakland, the Sunset District and Castro Street.

In ones and twos, they passed the Auntie Pasta store on Waller Street, an oasis of warm light, and turned halfway down the block into an entryway scattered with soggy newspapers.

Thirteen-year-old Tony Sanchez, wearing a name tag on his fresh white shirt, solemnly opened the door, and his 10-year-old brother Joseph stood at the first twist of the staircase.

One by one, they welcomed friends of their uncle, Felix Velarde-Munoz, a child of the working-class Orange County suburbs who made it through Harvard Law School to a promising life in San Francisco before he died at age 31, the 36th San Franciscan reported to have died of AIDS.

An AIDS Death Each Day

Wakes like this take place in San Francisco almost daily, as one human being dies each day in the enigmatic epidemic.

A higher proportion of the population of San Francisco has died of AIDS than in any other city, and in 1984 the wave of death grew large enough to subtly affect almost all of the city's inhabitants.

In the gay village, more than 1 percent of the inhabitants — many of them vibrant men in their 30s, on the brink of successful careers — were dying. In the surrounding metropolis, heterosexuals heard of neighbors or co-workers who were stricken — and grew uneasy as the virus began to make its home in heterosexual bodies, too, transmitted by intimate sexual contact.

As the year drew to a close, the number of cases in the Bay Area topped 1,000, and the deaths grew so numerous that nobody could continue to pretend they were not happening.

Each dying human being was part of a web of relationships. Each death touched mothers, fathers, lovers, friends and neighbors, sending ripples through the gay village and the straight city, like a pool after a stone is dropped into it.

That Saturday evening on Waller Street, the friends of Felix Velarde-Munoz shook off rainy coats, drank Budweiser and white wine, ate his favorite pate, pear tarts and guacamole, and exchanged memories.

His mother, Rose, still numbly on straight-backed chairs in the living room.

Christine Ball, an attorney with the National Labor Relations Board, brought her copy of the yearbook from the Upward Bound program where she and Felix, both children of factory workers, got the confidence to apply to college.

Jim Stacy, a former nuclear chemist who met Felix when he was a bubbly but insecure Berkeley sophomore, struggling with his gay identity, unwrapped pink boxes of ice cream and solemnly ordered another round.
of tarts from his bakery.

By midnight, only the core friends and family remained. A huge bowl of guacamole stood half-eaten on the living room table.

When nearly all the guests were gone, Rose, her husband and two daughters, Ledia and Yvette, prepared for the long drive back to Orange County in her husband's sausage delivery truck.

Richard hugged Kiko, his late stepson's 28-year-old lover.

"Now Kiko, come and see us whenever you're in Garden Grove," he said.

Rose hugged Christine Ralls, and the tears that had been hidden all evening appeared. Both women began to cry in each other's arms.

John Baker, a public relations man who had known Felix at Berkeley and had flown in from Chicago, looked at the odd collection of hugging figures and remembered the night a week earlier when the same people had gathered at Felix's bedside, preparing for his long dying.

"I'm better for it," said Baker. "They radiated such love to him. I'm better for the opportunity to be in the same room with these people. I never expected to see that kind of love before. This wasn't pity, it was love for a human being, that had affected us."

A Man Who Was Going Places

Rose Pawling got the call one evening a year ago, on the phone in her bedroom in Garden Grove. It was a doctor in San Francisco. "He used all these big words," she remembered. "And then he said, 'Can you understand what I'm saying?' I said yes. And he said, 'Then, you know it's AIDS!' and I said yes."

After she hung up the phone, she began to cry. She went into the living room, told her husband and cried some more. Her son was going to die. Why my kid and not someone else, she thought, and there was no answer.

Although she loved all of her children, Felix was the one of whom she was the most proud. She saved all of his childhood honors in scrapbooks: his third-grade report card, the letter saying he would be valedictorian of his eighth-grade class, his induction into the National Honor Society, his 1988 Kiwanis Certificate of Merit, his scholarship to UC Berkeley for leadership and scholastic ability.

Rose felt proud as he grew, and honor followed honor. The daughter of cannie workers, she raised five children, worked hard all her life and now spends her days assembling telephones.

"We were going to have somebody in the family who was going to go somewhere," she said, smiling. "The rest of us are common everyday workers."

But none of the pieces of paper she saved, none of the honors, could convey what she felt for him.

It was a connection that never failed, not when he left home, not when he wrote and told her he was gay, not until the moment he died.

Groping for words, she said, "He was just ours, that's all."

Rose opened a scrapbook with small, puffy hands.

Onto the white plastic tablecloth fell the engraved invitation to Felix's 1977 graduation from Harvard Law School. A fire burned in the living room; the late November day was clear and cold, and outside the window the San Bernardino mountains made a jagged white-and-blue bowl above an endless carpet of shrubs.

When he was little, he told her he was going to be president and go to the White House. When he was 7, he decided he would be a lawyer first. She bought him books, and he spent his vacations reading the family encyclopedia. He told her he wanted to earn enough money so she could stop working.

He was small and smart and wore glasses — something of an oddity in the working-class and white suburban community of Garden Grove, where parents work in restaurants and factories and most children's ambitions are soon squashed as flat as the landscape and the sky. Kids teased him and called him Poindexter, after the super-bullwinkle cartoon character.

He Didn't Fit the Stereotypes

In high school, he found his niche, and teachers remember him as a bright, athletic, bowlegged little man with a high voice, who played football on the "C" team, helped decorate the gym for dances and liked to hang around the cheerleaders.

"He was a very vivacious young man, a go-getter, one who could go from an all-Spanish group to an all-white group, to a mixture," remembered Emily Senece, who still teaches civics at the low-slung collection of concrete buildings connected by open walkways that make up Santiago High School, four blocks from Felix's home.

"He wasn't doing what he was supposed to be doing. I always knew where to find him. He would be with the pretty girls, talking and lapping it up. Heil no, he wasn't a goody-goody. He was always willing to help till your back was turned. I thought he might have a bit of a small man's complex, trying to be a little more macho than what he had to be."

"He's one of the few I did know from the school who went to Harvard," said John Baker, his Santiago High School civics teacher. "I wouldn't picture him as being the top student in his class, but he was one of the sharpiest. He really worked hard. He was determined to make good."

He spent the sunny Southern California summers in an Upward Bound enrichment program for bright disadvantaged kids. There, the daughter of a factory worker, rode over to California State University at Fullerton every morning in his stepfather's lunch delivery truck. She played a dancer in "West Side Story" at Upward Bound. Felix sang "Officer Krupke" in his distinctively high voice, and by the end of the summer of their junior years, they knew they were going to leave Garden Grove and go on to college.

He and Christine became soul-mates, and once she entered his life, he never let her go. His family thought they were second-rate, but she was more like a sister. In the next 10 years, Felix never forgot her birthday, and she was in the room with him when he died.

Upward Bound gave him a new confidence. He began to talk about going to college, even though he knew he was going to have to earn or borrow every penny.

"Felix turned everything into proud defiance," said Christine. "Unlike all those people who spend their lives wondering who they are, he caught on fast. He was called faggot long before he knew he was gay."

He never abandoned his fierce devotion to his mother. After he left for college — the only family member who had ever gone — he came home on vacations and washed her walls and ceilings, talking to her in "10-dollar words." He still quietly nurtured the dream that he would make enough money to soften the hardships of her life, buy her rented house and support her.

He told her he did not want to use his education to get rich, he wanted to help the poor, the Mexican-American people, the underdogs. "Fino, Felix," she used to joke, "first make money, then help."

Once he cooked a five-course Chinese dinner for her friends, and three or four times a year, up until the end, he sat down at the kitchen table with her and they had long, private talks for hours.

There was one subject that those talks skirted, and even after she knew, they never talked about it. Almost nobody in high school suspected that his longings were not satisfied by flirting with girls on tennis courts and beaches. There was a long untreated crush on Brian, his best friend, and a few proms and romances with girls, but nothing caught fire.

None of his close friends dreamed of his sexual confusion.

He kept his feelings in check until he got to Berkeley during the full flower of the sexual revolution. But even as he began to spend nights with other men, self-doubt remained.

One fall night in 1969, Don Share, a Berkeley sophomore, a wealthy Chicano, came home to the grand decaying house on College Avenue he shared with Felix and other students and heard sounds coming from an upstairs bathroom.

All of Felix's roommates were straight, and they had never talked about the fact that Felix never brought a girl home.

"We found Felix on his knees, drunk, vomiting into the toilet, crying and hitting himself on the head with the toilet seat," Don remembered. "When we got him out of there, he said he was gay, and we said, 'We love you, don't worry about it.'"

Today, Share is a successful young tax lawyer with a view of Treasure Island from the 22nd floor of a San Francisco skyscraper and a framed original Doonsbury cartoon panel on the wall.

"As far as we were concerned, it was no big deal at all. But he was a mess, poor baby. It was a heavy time, and it got heavy again," Share said.

Felix, Share and Bob Kane were roommates in the College Avenue house, and once the bond was made, it was never broken. Once Felix let someone into his life, he did not let them go.

"The people in our house treated Felix as Felix," remembered Kane. "There wasn't a box we stereotyped him in. He doesn't fit into any of the stereotypes, of a Mexican-American, or a Harvard Law graduate or a stereotyped gay man."

The three corresponded when they went to different law schools, and when they returned to the Bay Area as young lawyers starting out, they had dinner together on every birthday. Don Share was holding Felix's hand when he died.

The Struggle for Gay Pride

On Nov. 27, 1978, San Francisco Mayor George Moscone and gay Supervisor Harvey Milk were shot to death in City Hall. After Milk's death, his closest friends played a tape he had made in premession of that moment.

"Let the bullets that enter my brain pass through every closet door," said the dead voice over the radio, and Felix shouted.

He was 27 years old, fresh out of Harvard Law School, meeting men and living near Castro Street. He was a public interest lawyer with the Mexican American Legal Defense Fund where he was negotiating on behalf of Chicanos who had applied for jobs with AC Transit.

Felix's mother got his letter in Garden Grove. "He said that Moscone and Milk were shot, and that Milk had said to come out and say... and that's what he was doing," Rose said haltingly, painfully. "He said he would never do anything to make me ashamed. He didn't know
If he was born that way or had acquired it, but I should never feel guilty.”

They never discussed the letter.

“It didn’t bother me that he was that way,” said Rose.

“I never thought being married and having kids was for everybody. No way, Jose. But it bothered me that he had kept it to himself all those years.”

Rose showed the letter to her husband, to whom it came as no surprise. “He had achieved too much growing up to feel it was a loss,” said Richard Pawling. “I never felt any disappointment with him. It was accepted and just ignored.

But that Christmas, Felix’s oldest brother, Clyde, got drunk and called him a faggot — something Felix never forgot, although he finally forgave him.

A Final Peace

The forgiveness came a week before Felix died, in a private hospital room on the sixth floor at Presbyterian Medical Center.

The hills and streets sparkled with light outside his window. The little man lay back on pillows, almost a skeleton, his gray-blue eyes sunken, his lungs and stomach bleeding; his body starved from months of dysentery.

His breath was short, drawn into lungs damaged by pneumonia. The room smelled of blood and death. All day he had been gathering strength for this moment.

Eight people — his mother, father, sisters, brothers and sisters-in-law — stood around his bed. He had something to say to each of them.

Clyde, who had found it so difficult to have a gay brother, had driven up through the dawn that day from Chino with his wife, Pam, and stood facing his dying brother.

Felix said, “I’ll never forget you calling me faggot, and I love you anyway.”

He told his brother Ricky not to change. He told his stepfather he had put on weight. He told his youngest sister, Yvette, not to cry so much. He told his reserved sister-in-law, Terry, “You know, the rest of the family isn’t sure you like us.”

He told the whole family, “Love each other and take care of each other, and make sure you stay together.”

And then he turned to Ledia, his older sister, who had always loved him, always supported him, who used to send her young son to spend vacations roller-skating in Golden Gate Park with him. “Nobody could have asked for anything more,” he said.

Then he faced his mother, the woman whose life he had hoped to make more easy, the woman he could not bear hurting by his dying.

“I know you’re disappointed,” he said.

“You couldn’t have been a greater mother. No matter what I did, no matter what my life was like, I knew you always understood and accepted me.”

From that moment until he died a week later, still fearing death, Felix Velarde-Munoz was never alone, held in the web of human relationships that he had created during his life.

Like a stone dropped into a pool, his death sent ripples through the gay village, the straight city and the country beyond it, and nobody who had known him would ever be quite the same again.

12/12/84

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Felix lighting a candle beside a statue of Abraham Lincoln during a demonstration protesting the verdict in the trial of Dan White in 1979 for killing Mayor George Moscone and Supervisor Harvey Milk.

When he was little, he told her he was going to be president and go to the White House.

Felix, at 10, with his siblings: (clockwise, from left) Felix, Clyde, Ledia and Ricky
AIDS
THE HUMAN TRAGEDY
THE GAY VILLAGE
CONFRONTS DEATH

BY RANDY SHULTS

"A pestilence isn’t a thing made to man’s measure; and therefore we tell ourselves that pestilence is a mere bogey of the mind, a bad dream that will pass away. But it doesn’t pass away and from one bad dream to another, it is men who pass away."

— "THE PLAGUE" BY ALBERT CAMUS

A week before Felix Velarde-Munoz died of AIDS, his doctor came in room 657 of Presbyterian Medical Center and put it bluntly: his brain was deteriorating.

If Felix were to make an informed consent to "let nature take its course," as the physician put it, he would have to decide now. Otherwise, the nurses would put him on a respirator when his tortured lungs stopped breathing, and the futile struggle for life would continue, perhaps for a few more weeks.

After the doctor left, that drizzly November afternoon, Jim Stacy, Felix’s closest gay friend, stayed alone in the room with him.

"It was the most terrifying moment of my life," said Stacy, 33. "All I could do was watch while my best friend made the ultimate decision a person could ever make in his life. When he told me he was too tired to go on fighting, we cried, I told him I would miss him."

A young community without rituals, with little experience in burying its own, is having to improvise as it goes along, finding new ways of commitment and compassion, grief and survival.

In the Castro village alone, 2 to 3 percent of the gay population has AIDS — the highest concentration of the disease in the world. Scientists are warning that within two years, one in 10 of San Francisco’s 70,000 gay men will be stricken in the epidemic.

By the end of 1984, the year the plague could no longer be ignored, 1000 Bay Area men had contracted AIDS. One of them was Felix Velarde-Munoz, 33, a Harvard-educated civil rights lawyer who became the 34th San Franciscan to die in the epidemic on a drizzly evening last month. For his friends, life will never be the same.

The Big ‘Candy Store’

Tragedy was unthinkable in the summer of 1980 as Felix and his friend, Michael Strain, danced so many nights away at the cavernous I-Beam disco, where the strobe lights pulsed and disco music pounded.

Our lives lay ahead of us — we were filled with dreams; there was nothing we couldn’t do,” said Strain.

"All of us — even people you didn’t know — shared this idealism."

They were among tens of thousands of gay men who converged on the international gay mecca in the 1970s and created an instant village of largely well educated professionals.

Their visible marks on the city were the new faces on the old Victorians, artfully painted and tastefully restored inside. The renovation effort itself became a small industry, creating a job for the soft-spoken Strain, who arrived from New Mexico in 1973.

The friends Strain found reflected the ambition of the new village. Felix, already a winner of the Hispanic Community Service Award for championing minority legal rights, was a hard-working attorney for the federal Office of Civil Rights.

Jim Stacy, a forceful emigre from Philadelphia, had earned a doctorate in nuclear chemistry but preferred the kitchen to the laboratory.

After leaving Berkeley, he bought $200 worth of flour, sugar and baking powder and developed his own line of fruit pastries. His bustling Laguna Street bakery, Tarts, became a San Francisco success story.

Cleve Jones, from Arizona, was a leader of the rau¬
sous gay marches that echoed through the city in the turbulent late 1970s. By the time he met Felix at the I-Beam, however, Jones had cut his long brown hair and taken a job as aide to then-Assembly Speaker Leo Mc¬
Carthy, becoming the first openly gay legislative aide in the nation.

"The summer of 1980 was to gay people what the summer of love had been to hippies — we had finally found our gay Camelot," Jones said. "We had been through all the turmoil — the assassinations of Moscone and Milk, the riot, Anita Bryant. And we had survived."

Jones and Felix had one of the many casual "affair¬ettes" that were commonplace then in gay San Fran¬
cisco. Life tended toward a series of satisfactions charac¬
terized by the central axiom of Castro Street romance:

"Men are like streetcars. If you miss one, there’ll be another one coming down the tracks in 15 minutes."

"We all were like kids in the biggest candy store ever
built," said Jones, then a vibrant 25-year-old. "For the first time in history, we were free to do what we wanted."

Sometimes Jones would join Felix and Jim Stacy in relaxed brunches at Felix’s apartment on Yukon Street, overlooking the cozy Castro neighborhood. Stacy would bring some new tart he was perfecting. Felix fixed huevos rancheros the way his mom used to cook them back in Garden Grove.

Some afternoons, the group would convene the "Gore Vidal Memorial Fanny Club" at the Patio Cafe on Castro Street, an outdoor restaurant where the hummingbirds and butterflies flitted among the rosebuds and fuchsias.

In a less idyllic corner of San Francisco, Ken Horne, a 37-year-old station agent in the Powell Street BART Sta¬
tion, was feeling vaguely ill. He was haunted all summer by fatigue and mysterious infections that never went away.

Bowed Over in Camelot

Francisco Maldonado spent his high school years in Calexico reading about the gay community emerging up north, and he set about convincing his reluctant parents that only San Francisco State University offered the computer-science program that was right for him.

"For years I imagined it as a fenced-in neighborhood with a sign over the door saying "Gay Community," and only gays were allowed to go in," he said. "All of a sudden, I was living there, free in a way I could never be in Calexico. It seemed too wonderful to be true."

The young Mexican-American worked 60 hours a week to keep up with the studies, classes and the part-time bank job that was paying for his college educa¬
By his sophomore year, he had eased into the Castro life. It was amid the clanking Nautilus machines at the City Athletic Club that his attention was drawn to a short, muscular man absorbed in Herculean sets of push-ups and sit-ups.

"He made it clear he was interested in me, by the way he kept looking at me from the corner of his eye," said Maldonado. "But he wouldn't do anything, so I followed him home one day to see where he lived. Then, whenever I could, I'd happen to walk by the house, hoping to see him. My roommates heard all about him — every time he'd smile at me."

By the time Felix introduced himself on a brisk afternoon in November 1980, Francisco was in love. The 22-year-old student was bowled over by the Harvard law diploma on Felix's bedroom mantel. Felix saw Maldonado as a mirror of himself, overcoming barriers against gays and Mexican-Americans to win success.

They spent long, quiet hours in Felix's comfortable living room — Maldonado doing his homework while Felix studied legal briefs. Neither took Felix's health problems seriously at first.

"He started to get more and more tired — he would come home and just want to go to bed," said Maldonado. "I took it as personal rejection. He didn't ever want to do things I'd suggest. I was 22 and had all this energy. All around me was this wonderful gay scene."

Meanwhile, Ken Horne grew angrier in the cold Powell Street station. None of the doctors could figure out why he was so fatigued. None of the specialists could explain the purple lesions spreading over his body.

Looking the Other Way

Michael Strain, taking a May afternoon off from his job with the renovation firm, ran into Felix standing at the bus stop at 18th and Castro streets.

No, he wasn't waiting for a bus, Felix said. He was just getting the energy to walk up the hill to his apartment. "He hadn't even taken one step up that hill and he was exhausted," said Strain. "But Felix was too proud to let anyone know something was wrong."

"The summer of 1980 was to gay people what the summer of love had been to hippies — we had finally found our gay Camelot. We had been through all the turmoil — the assassinations of Moscone and Milk, the riot, Anita Bryant. And we had survived."

CLEVE JONES
Felix Velarde-Munoz and Jones, a leader of gay marches in the late 1970s

THE YEAR OF THE PLAGUE
By now Strain had an experienced eye. He had made a momentous decision and signed up as a volunteer with the Shanti Project, a group helping the quietly growing numbers of AIDS patients with practical and emotional support.

He had heard the stories of lovers, friends and landlords deserting AIDS victims. How could gays, who had all felt the sting of rejection, reject their own? "I decided I wanted to be part of the solution, not the problem," he said.

He thought of himself as civic-minded, beginning from his days as a Boy Scout. Had he been straight and gone to work in the hometown copper mines as his brothers and sisters had done. Strain figured, he would have been active in Congregational Church groups.

As it was, he walked into the former convent building in the Western Addition that housed the Shanti Project and offered his skills as a handyman. He was put to work as a repairman for one of the six hospices for AIDS patients. Most tradesmen were afraid to go into them.

As he watched the young men in the hospices waste away, the frantic Castro Street pickup scene lost its appeal to Strain. The gay village, thought Strain, was denying the presence of the epidemic.

Most gay men, having escaped the painful stigma of being homosexual in their hometowns, didn't want to be associated with the sickness that would make them pariahs once again.

But Strain pressed his friend Felix about the obvious deterioration of his health. Felix maintained he was anemic.

"I didn't want to believe that Felix could have AIDS," said Strain. "I didn't want to believe it could happen to someone I had known for 10 years. Not someone so close."

The thought that Felix might have AIDS also occurred to baker Jim Stacy, but, again, it did not seem possible. For his own part, Stacy made dramatic changes in his life as he heard more about the baffling epidemic spreading in his urban gay village.

Like thousands of others, Stacy stopped his once-weekly trips to the Club Baths at Eighth and Howard streets. He started consuming expensive vitamin packets that promised to bolster his immune system. Quiet evenings playing gin rummy with friends took the place of ribald forays in gay bars. Life was settling down.

For Ken Horn, there was only anger. The doctors had told him finally that he had acquired immune deficiency syndrome — a malady for which they could find neither cause, cure nor treatment.

He became too sick to keep his job as a SART station agent. He was filled with rage at his condition to the end, cursing his fate as he died at age 38 in Presbyterian Medical Center.

As the first San Francisco known to have contracted AIDS, he became the man whose case was written up in the medical literature.

The Darkest Secret

Maldonado would not believe Felix had AIDS even early in 1983 after Felix developed a mouth infection called thrush, a condition that often precedes the more serious AIDS-related diseases.

"I don't think either one of us wanted to face it — AIDS was something that affected other people, not us," said Maldonado. "I don't think Felix wanted to know, either. Maybe if he ate well and saw the doctor, he'd get better."

Felix did not tell any of his closest friends when his physician officially added his name to the federal roster of AIDS patients in October 1983.

But his secret came out a few weeks later as Felix and Strain drove back to the gay village after dropping an old college friend at the airport. Strain, the Shanti volunteer, grilled Felix about his health.

"Then Felix laid it out clearly — just the facts ma'am," said Strain. "It was clear he didn't want people to know about it. He couldn't stand mandolin scenes or being pitted. He told me he was doing fine and he could handle this on his own. It didn't seem quite real to me."

The Victim's Victims

Another friend from the liberating Berkeley campus days was aware that Felix was a victim of the epidemic — and couldn't face him. "I knew what was going on," the friend said. "I should have called him more, but it was too scary."

He took a sip from a glass of chilled Riesling and leaned back in his comfortable Noe Valley apartment. The friend said he has been warned that he could lose his job in a conservative insurance firm if he is publicly identified either as gay or as the friend of an AIDS victim.

"There were the nights when I would think about Felix, know he had AIDS, and still go to the Caldonia (a private sex club). I had the feeling it was a crap shot. Felix had gotten a wrong throw of the dice. The way the times were shaping up, I don't see that many good things there are about life. Sex is one of the only things that make it worthwhile."

"I've cut back 90 percent, but if I saw a handsome enough guy even now, I couldn't guarantee I'd have safe sex with him.... I won't give it up. Let's face it, safe sex is a bore."

Felix Maldonado was in his junior year at San Francisco State and it was harder to keep up his B-plus average. Between his job and his studies, he dated Felix but was seeing other men and drifting away from the relationship.

Still, he dutifully drove Felix to Presbyterian Medical Center on a cold night in January 1984. He was not prepared the next morning, when one look at Felix stumped on his bed told him the truth he had so long avoided. Felix was fighting off the virulent pneumonia.

Felix wanted his young friend more than ever now, but he would not be there.

"I foresaw that Felix was going to die and I blocked it out," he said. "I didn't handle it very well. I should have been there more for him. It wasn't right. It was more than I could cope with, and Felix didn't want to talk much about it, either."

Growing Up Fast

Gary Ebert, 31, worried as he walked toward the Cafe Flore on a corner of Upper Market Street. An accountant at St. Francis Memorial Hospital, he had just completed 40 hours of intensive training in volunteer grief counseling.

He was approaching his first client. Would he like him? Would the client like Ebert?

Ebert had not come to San Francisco to spend his
"One day he started talking about suicide... I never had a conversation like that. It made me think about what I was doing with my own life. That kind of thing makes you grow up fast."

GARY EBERT

afternoons talking to dying young men. A native of Silver Spring, Md., Ebert spent his first two years in San Francisco living with a chic clothing retailer, enjoying the expensive cars and cocktail parties of the Pacific Heights "A gay.

But the chatter grew dull. He moved out of his boyfriend's apartment and found he was lonely in the crowds in gay bars. At a Russian River resort, he met a man who impressed him with his social conscience and commitment to the Shanti Project grief counseling. Ebert enlisted in the war against the epidemic.

When he walked into the Cafe Flore that sunny afternoon, Ebert immediately recognized his first client, Felix, a fragile man sitting impertinently at a table in the courtyard.

"He was angry when we talked. He kept saying his body had betrayed him. He looked so vulnerable, like you wanted to hold him and make it all better."

"Even during the time we spent together, watching movies at his house, he didn't want to talk about AIDS too much. One day he started talking about suicide, weighing it analytically, like, 'When would it be better to just die than suffer?' I never had a conversation like that. It made me think about what I was doing with my own life. That kind of thing makes you grow up fast."

Ebert shared the strain of his grief counseling with six other young people who met every Monday night in the living room of his Sutter Street flat. Like himself, they were guiding AIDS patients, their families, and friends through the difficult passage toward untimely death.

In other living rooms around the city, dozens of other Shanti support groups struggled with the difficult questions of their work — how to deal with questions about suicide, afterlife and the physiological process of dying itself.

"I didn't volunteer to do this because I wanted to be around dying people — that freaked me out," Ebert said. "But the longer I worked, I realized that I was learning a lot about life through understanding death. Every day of living became much fuller."

An Outpouring of Love

Felix's spirit lifted improved through the summer of 1984. He even worked on his "base tan" after an old college friend from Chicago offered to take him to Hawaii.

"Some friends thought I was crazy to go on vacation with an AIDS victim," said John Baker, 33, a public relations man. "But they didn't know Felix. He'd given us his loyalty and we were going to do the same for him."

Slowly, tentatively, Francisco Maldonado edged back into Felix's life. Maldonado realized he had loved Felix more than any other man; this was not the time to leave him alone. Once again, he was tending his homework over to Felix's apartment.

"We apologized to each other for everything we had done to each other," he said. "Once I got back into his life, I began to cherish every moment I could spend with Felix. We had to enjoy those moments then, because these moments weren't going to go on forever."

When Felix's friends were united in the waiting room of Presbyterian Medical Center Hospital in early November, they joked that it was like the movie, "The Big Chill." They all knew that Felix was back in the hospital for the last time. They had shared a youthful idealism, but it was of little comfort at Felix's deathbed.

Everyone agreed. Felix never should be alone. The days and long nights were divided into shifts for the friends and family who were there to hold Felix's hand.

Maldonado and Stacy virtually lived at the hospital, sneaking onto vacant gurneys for brief naps.

"Both Felix and I shared the same ideas about after-life," said Stacy. "At best, we figured there might be a merging with the universe, but there would be a total loss of ego and total boredom.

"But here were all these people, pouring this intense love on Felix," he said. "I had never known that such love, such caring could exist. It totally changed my life in those days. Things that had seemed so complicated — decisions I had to make — became so simple. I saw the most basic struggle going on in Felix as he fought and fought against death."

Every afternoon, Stacy lifted his dying friend to watch the sunset from the hospital on Pacific Heights. They watched the blue bay turn a dark silver, watched the yellow car-lights tracing their way across the Golden Gate Bridge, watched Alta Plaza's emerald grass darken, watched the light leave Felix's favorite city. Pink clouds streaked the sky, and a dull red glow remained against the hills after the sun dropped below the horizon.

An hour after the sunset of November 8, Felix Ve¬

larde-Munoz took three long breaths and died.

A Celebration of Life

A week after Felix's death, Michael Strain and his partner, dancing to the fiddles of "Blue Nun Cafe," won first place in the semiannual Western dance contest at the Rawhide bar on Seventh Street.

Strain had told Felix why he liked the Rawhide: The scene was as all-American as a barn dance in Kansas. Cruisers were frowned away to the pick-up bars on Castro and Folsom Street. Intimacy was found in the touch-dancing of the old-fashioned Western two-step, not the furtive "tricking" of the 1970s. For Strain, the barn-dance ambience was a lot like the weekend nights when his mother, father, aunts, uncles and cousins would gather at the high school gym in Silver City, N.M.

Now, more than ever, Strain needed community and family again as he coped with Felix's death. He was finding that extended family, in part, with the friends who had grown so close during Felix's long dying.

"In a way, I felt guilty and stupid doing something like being in a dance contest just days after Felix had died," Strain said.

"I felt that maybe I shouldn't be dancing, but doing something about Felix's death, instead. Then, I felt I had to strike this balance between death and life, and I knew I should go dancing. Life won out."

MICHAELE STRAIN

Strain (left) two-stepped with a friend at the Rawhide Bar soon after Felix's death
Patrick Cowley, 32
BORNS: Buffalo, N.Y.
EDUCATION: Attended Niagara University, State University of Buffalo (N.Y.), and City College of San Francisco.
OCCUPATION: Producer, Megatone Record Co.
A lighting technician in a San Francisco dance club, he went on to produce six records on pop, soul and disco that hit the national charts. Three were written, arranged and recorded in the year he was fighting AIDS. He collaborated with soul singer Sylvester on the hits, "Do Ya Wanna Funk?" "Mighty Real" and "Disco Heat." The Cowley sound is found everywhere, from Jive Fonda's workout to the movie, "Trading Places." Two of his records have come out since his death. "He invented trademark sounds that other groups copied. He was a creative, prolific genius. His soul came through his music. It all came from his soul. He was angry about having to die." — Marty Blecman, his partner.
DIED: November 12, 1982

Paul Byron Dague, 46
BORNS: Walla Walla, Wash.
EDUCATION: Stanford University, bachelor's degree in international relations; Texas Christian University, master's degree in sociology; California School of Professional Psychology, doctorate.
OCCUPATION: Clinical psychologist, marriage and family counselor.
The son of a wheat farmer and a former army captain in Germany and Vietnam, Dague left farming in Washington and an unhappy marriage to pursue his master's degree. One of his three children came to live with him in San Francisco after he came out as a gay.
Dague counseled AIDS patients at the Kaposi's Sarcoma Clinic and at UCSF and was formerly executive director of Operation Concan, a clinic for counseling gays, lesbians and their families. The American Psychological Association convention gave him a standing ova
tion for a talk entitled "When Practitioner Becomes Patient." It was delivered again posthumously at an American Medical Association symposium in June.
His eldest daughter, Sabina, now in college, said, "He was the best father in the entire world. He taught me how to think for myself. He taught me to express my ideas. He taught me acceptance and he taught me to be independent. He was the most loving, non-judgmental and supportive person I've known. I am who I am because I loved with him. I would not have changed that for the world." 

William F. Kendall, 35
BORNS: Indianapolis
EDUCATION: Attended Indiana University for dramatic studies.
OCCUPATION: Assistant director, assistant choreographer.
Kendall came to San Francisco in 1974, where he founded a place for his "wild brand of humor" and "ability to stage the outrageous" in "Beach Blanket Babylon." He was best known for creating the "Mr. Peanut" role, which charmed Queen Elizabeth on her visit here last year. He directed and choreographed a hit revue of Noel Coward tunes, called "Champagne in a Cardboard Cup," from 1980 to 1982. He was also noted for producing and directing private shows for large corporations, successfully directing untrained employees to sing, dance and act.
"I always knew he would be in show business somehow. I gave him tap dancing lessons when he was 6 because he was so clumsy. Then he started out giving little shows in the garage for anybody who would come—and he just kept giving them. I don't know whether I can see that show ("Beach Blanket Babylon") again. That show was him." — May Kendall, his mother.

Allan Blair Estes Jr., 29
BORNS: Groton, Conn.
EDUCATION: Emerson College, bachelor's degree in speech, cum laude.
OCCUPATION: Theater administrator and artistic director.
Estes apprenticed at the Eugene O'Neill Theatre Center in Waterford, Conn. After working his way through college in 1976, he came to San Francisco from Boston to establish a theater that would reflect gay life. By 1984, through his skillful administration, Theater Rhinoceros' attendance was second only to that of the American Conservatory Theater.
"He wanted to go into politics and eventually ran for supervisor. Allan was kind of a person who wouldn't take no for an answer, and he worked hard, which is probably why Rhinoceros was the largest community theater in San Francisco. He could sell talent." — Steve Douglas, production manager and friend.
DIED: May 6, 1984

Jon Reed Sims, 36
BORNS: Sefton Center, Kan.
EDUCATION: Wichita State University, bachelor's degree in music theory and composition, Indiana University, master's degree in French horn.
OCCUPATION: Musician.
Sims taught music for six years, elementary through college level, and performed with the Chicago Civic Orchestra for two years before coming to San Francisco. He founded the San Francisco Gay Freedom Day Marching Band and Twirling Corps in 1978, which won honors.
Douglas MacDonald, 37
BORN: Framingham, Mass.
EDUCATION: Southern Methodist University, bachelor's degree in English.
OCCUPATION: San Francisco sheriff's deputy.
MacDonald joined the Sheriff's Department in 1978, impressed by then-Sheriff Richard Hongisto's efforts to hire gays in the department. In 1981, MacDonald received a commendation for saving the life of a jail inmate. He was a low-profile political worker for campaigns and causes he felt most strongly about. An athlete, MacDonald won six gold medals at the California Police Olympics in 1982 and 1983. The last year he competed while suffering from AIDS.

"Doug was a person with a tremendous sense of social justice and social responsibility. He wanted to see that the United States was a place where people weren't discriminated against because of their racial background, their sexual orientation or their economic status. He worked on political campaigns because he respected the individual's politics - not for his own gain."
— Richard Hongisto, San Francisco supervisor.
DIED: February 29, 1984

Scott Chapin Kingsley, 32
BORN: Lloyd Harbor, N.Y.
EDUCATION: University of Oklahoma, bachelor's degree in botany; studied at University of California Extension for certificate in landscape architecture.
OCCUPATION: Land planner, gardener and student.
Kingsley worked part-time as a land planner for Blayney-Dyett Urban and Regional Planners while going to school full-time. He was a groundskeeper at College of Notre Dame in Belmont from 1980 to 1983 and formerly a gardener at Golden Gate Park.
An "exceptional gardener," Kingsley renovated many of the Victorian gardens of the William Chapman Robinson Estate, now Notre Dame College. He planted conifer seedlings on 40 acres of land in Humboldt County and hoped to build a home there. After hearing his illness was terminal, he went back to plant more.
Kingsley was only a few months away from completing the landscape architecture program and fulfilling a career dream. With his education in botany and horticulture, Kingsley wanted to go into environmental planning and design.

"His goal had been to take his botany and horticulture experience into landscape architecture. He was over-educated for this job, but he enjoyed it. He wanted to see the beauty in the world. What he could have accomplished was to share that beauty with the world."
— George Meyer, his supervisor at College of Notre Dame.
DIED: April 24, 1984
For a long time the people of those parts had flattered themselves that they should escape, and how they were surprised when it came upon them as it did; for, indeed, it came upon them like an armed man when it did come.

— "A JOURNAL OF THE PLAGUE YEAR," LONDON, 1665, BY DANIEL DEFOE

The windswept trees atop Potrero Hill stood stark against the cool gray sky last week, offering a bleak vista to the woman who stared vacantly out from her hospital bed.

While gay men wheezed and coughed in nearby rooms, the woman, in her 50s, was silent and withdrawn. She was the first and only woman on Ward 5B, the AIDS ward at San Francisco General Hospital.

The women nurses on the ward, sensing her alienation, gravitated to her bedside. She asked the question reverberating through the city: What was she doing there?

For so long, the city had comforted itself with the hopeful thought that AIDS would remain confined in the gay village. Now AIDS had begun to seep into the heterosexual community. Henceforth, it would be everybody's problem.

In 1984, the number of San Francisco AIDS cases jumped from 367 to 833. In the first six days of December alone, 11 people died. Heterosexuals had already watched gay friends die. Now they began to think of their own vulnerability.

Calls to the AIDS hot line tripled from November to December, and a majority of them came from worried heterosexuals who suddenly realized they were at risk — people who had been intimate with bisexuals, prostitutes or intravenous drug users.

Insulation Breaks Down

In the Sierra foothills, a 40-year-old housewife learned about the heterosexual woman in San Francisco who had apparently contracted AIDS from a bisexual man. The news made her choke on her lentil soup.

"My stomach churned. I got some herb tea to calm me down," said the woman. "It suddenly struck me. Some day I might be like that woman in San Francisco, I might be a leper."

She didn't know her husband was bisexual until after they were married three years ago and moved into a comfortable ranch home in a small town. They had a baby.

"I didn't feel threatened or worried when he started telling me that he had sexual feelings for friends — men friends," said Patricia. "At first, my main concern was that I wanted him to let me in on it, be honest about it with me. It didn't occur to me that he might go with strangers."
In her mind, AIDS was irrelevant to her comfortable life. The epidemic was neatly insulated among the gays of San Francisco, 150 miles away.

"Somewhere in my mind was this idea that they wouldn't be getting AIDS if they behaved properly," she said. "Intellectually, I knew better, but that's what I thought. I figured I would never have to worry about AIDS because I had done nothing in my life to deserve it. I led the straight life."

Then she learned that her husband had found a boyfriend in a nearby city.

She now wonders whether she should leave her husband, whether she will live to see her child graduate from high school. She has had a cold for two weeks now. She lies awake at night worrying that the sniffles might really be the prelude to AIDS pneumonia.

"I realize the chances of me getting AIDS are infinitesimally small and that I'm ridiculously worried about the cold," she said. "Still, I know that I'm not free any more. Suppose I want to leave my husband and find someone else. I'm not free to do that because I might have this. I might be able to give it to someone else."

A Lover's Questionnaire

She was one of hundreds of heterosexuals who dialed 863-AIDS, the AIDS Foundation hot line headquartered in a small brick building near Civic Center. Holly Smith is one of the staff people who talk to callers about "safe sex" and the advantages of the condom.

"Before, heterosexuals thought it was someone else's problem," she said. "The anxiety we hear from them now is exactly the anxiety we heard from gay men two and three years ago in the first wave of the epidemic. They're concerned about themselves and about the future, and about transmitting it to other people."

For some heterosexuals, the news was the final warning in lives that had been tending away from promiscuity anyway. One young nurse had kept her distance from a bisexual man who wanted to get involved with her. She added a new question to "the list."

"Nowadays," she said, "before you get involved with a man, not only do you have to ask him, 'Are you married?' Then you have to ask, 'Do you have herpes? Are you bisexual? Have you slept with anyone who's come down with AIDS? It turns into a 10-question list."

Courage in the Workplace

There was a time when AIDS was something remote to San Francisco Police Lieutenant Jack Ballantine, like Legionnaires' Disease. But with the death of Patrolman Ken Blevins a few weeks after the young officer's 33rd birthday, it had come home.

In the last months of his life, Blevins was a highly regarded part of Ballantine's eight-member psychiatric police unit that roamed the Tenderloin, helping to calm the potentially dangerous mentally ill. The patrolman had been shifted to the psychiatric unit after some officers at Park Station — not his co-workers. Ballantine said, but cops on different shifts — had complained to the brass about being around an AIDS victim.

"He wanted to keep working very badly, so we had him checked out by both the city's doctor and the department's doctor who said he was healthy enough to stay on the job," said Ballantine, a beefy, 19-year veteran of the force.

"I had mixed feelings about him working in the unit at first, but you had to be impressed by his determination, how much he wanted to work," said Ballantine. "AIDS had been so remote from me, but it hits close to home when you work with a guy."

Ballantine delivered the eulogy at the memorial service. "Ken changed the lives of everyone around him. Everyone in our unit was changed by him, and changed for the better. Watching him go through the terrible and horrible experience — and watching him dealing with it, maybe not perfectly, but facing it, anyway — showed a lot of courage.

"You wonder how you'd act. You hope you'd have the same courage."

Hundreds of women have reached through their own fears and volunteered to work with AIDS patients through the Shanti Project and the Hospice of San Francisco, running errands, comforting their lovers and listening to them talk about death.

"Some of my friends say, 'How can you do it? It's so morose,'" said Rose Reeser, 34, as she sat with an AIDS worker.
victim in the quiet hospice ward at Garden Sullivan Hospital. "But these people are teachers for me. Dying cuts a lot of crap. It transcends AIDS, age, sexual orientation."

Reeser, a former nurse, has wheeled AIDS patients into the hospital garden for their last experience of greenery and the smell of earth, and cooked chili for a homesick young Guatemalan man dying of AIDS. Once she helped a woman from a small North Carolina town close up the apartment of the brother who had just died from a disease the woman had never even heard of.

Ten of her patients with AIDS have died since she began volunteering through the Hospice of San Francisco last February.

"It's hard sometimes," she said. "I've gone home and cried. It's abnormal to be too stooic. Sometimes they're so ill all you can do is sit with them. You wonder if you're being effective, and yet when the person holds your hand, you know."

This compassion from the straight community eased a bitter sense of isolation for Jim Bulon, a gay administrative assistant at the Shanti project.

"With all the rejection I've suffered in my life, I now know there are straight people who love me and care about me," he said. "It raises my feeling of self-worth to know."

The Price of Compassion

It was the Shanti Project that provided a grief counselor for Felix Velarde-Munoz. Even after his death, the counselor helped Felix's homosexual friends to piece back their lives. For them, Felix had become a memory, perhaps a presence.

In the Sunset District, Louise and Manuel Aguilar, who had shared their rented house with Felix in the six months before his death, struggled with self-doubt. They had been friends with Felix for seven years, and when they heard he had AIDS and needed companionship and cheaper rent, they invited him in, despite the fears of their families.

"We had a warning we were going to lose somebody we loved, and we were going to try to do something," said Louise as she sat in her living room.

"If we had thought it through — thought how hard it people were doing, which was pretending everything was OK and saying let me know when he dies, I really cared about Felix and I didn't want to do that," said Louise. "We were foolish, silly people."

Louise and Manuel were scrupulously careful. They bought a dishwasher, used separate dishes and toilets, and didn't share food that Felix cooked, except when he cooked something they couldn't resist, like pancakes. But nothing prepared them for the daily emotional toll of living with a dying man.

"Very gradually, he was getting less and less able to take care of himself," said Louise. "It was scarier. These fears reared their ugly heads. I just felt like I couldn't take coming home and seeing Felix die day after day in front of me any more."

Three weeks before he died, they asked Felix to move out, comforting themselves with the thought that they had all agreed that when he got really sick, he'd find another place. But to Felix, their message came as a painful surprise.

"Now, I wish we hadn't said anything," Louise said slowly, all her generosity forgotten in her pain and self-doubt. "But it's easy to say in hindsight. Everybody who knew him can have something to feel guilty about."

Thanksgiving

Gladys Watts, 42, a nurse who watched Felix dying for three weeks, feels no guilt but an immense thankfulness that it is over.

A strong, straightforward woman, she works as a team leader in Unit Six North Five at Presbyterian Medical Center, where Felix died.

In 25 years in nursing, she has held the hand of many a dying patient. But most of them have been old, having already lived full lives. In the last three years, as the AIDS patients have come to Six North Five, it has been different.

"The AIDS patients are young," said Watt. "We're young, and we identify with these people."

She was particularly upset by Felix's long final struggle.

"Every day I came to work and didn't want to find him alive," she said. "I didn't want to be there when he died. I didn't want to be broken up. I was so glad when I came in and found he was dead. I was very thankful."

Christine Ralls, who was wiping Felix's brow when he died, received her first-year evaluation this week in her new job as a lawyer with the National Labor Relations Board, and she knows Felix would be proud.

"I think about Felix every day," said Ralls, Felix's friend from his hometown of Garden Grove. A month after his death, her voice still sounds tired and broken.

"I'm still trying to figure out why disease exists. It doesn't make sense. I'm putting it all through the sifter.

"I don't know, I miss him. I don't cry a whole lot. I cried so much while it was happening. I think of how much struggle he had in his life and how he did feel San Francisco was a place for him.

"What if he'd been straight? He'd still be with us, maybe.

"I am talking to Felix; I'm thinking about him. The task of the next few stages of my life is to decide for myself — how does our spirit carry on? Is he looking at us now? Does he sense us like we sense him? Does all feeling stop? I don't know. Wherever we're going, we're going together."

"I'm better for having known him. His death renews that life is a gift. We're not in control of it. His death is the mirror of my own death and the mirror of my own life."

She thought back to Felix's wake a month before. She wasn't feeling in much of a party mood when she came in out of the rain that was coming down in a steady drizzle down that night. She had grown up in the bridges between Felix's Orange County childhood and his adult life in Northern California.

But she cheered up and talked to lots of people, and when Manuel and Louise turned to go at midnight, she said to Manuel, "It was a nice party."

"Yes," said Manuel, "but there was one thing missing, and that was Felix."

"You're right," said Chris. "But we are going to have to get used to that."
The contagion despised all medicine . . .

— "A JOURNAL OF THE PLAGUE YEAR," LONDON, 1665. BY DANIEL DEFOE

Three years of high-pressure research on three continents have yielded no cure but at least one note of moderate reassurance from physicians and epidemiologists trying to stem the spreading AIDS epidemic.

Although the diseases continue to kill in ever-growing numbers — and even the so-called heterosexual world is by no means immune — it appears now that infection by the presumed AIDS virus does not necessarily mean doom for everyone it touches.

Despite the near 100 percent death rate among victims who contract the various full-blown diseases that their paralyzed immune systems cannot ward off, many other patients are developing much milder symptoms that some specialists feel may remain limited and non-lethal.

Hundreds of other people are alive and well today even though their blood has been infected with the AIDS virus, they have carried antibodies to that virus for years, and they may even have what some fear are preliminary signs of AIDS. Yet their immune systems still are capable of fighting off any damage from the organism.

But there is little else that can be called encouraging in the battle against the most virulent epidemic of the century.

There is still no cure for AIDS.

There is no vaccine against it.

There is no definitive blood test to screen for it.

The toll of its victims — now more than 7,000 in America and 10,000 in the Bay Area alone — continues to double every nine to 12 months.

And the evidence is growing that AIDS is no respecter of lifestyles or of sexual preference. It already is claiming victims among men and women who are in none of the known high-risk groups for the disease.

One Major Achievement

The hundreds of physicians and researchers trying to understand the acquired immune deficiency syndrome and to treat its ugly spawn of lethal infections can claim only one major scientific achievement so far. That single triumph — if it proves to be one — is the isolation of the virus now strongly believed to be the basic cause of AIDS. The virus may not be the only factor in inducing the disease, but it does seem to be the essential one.

The organism, isolated at laboratories of America's National Cancer Institute, France's Pasteur Institute and the University of California's Cancer Research Institute in San Francisco, bears three names: Human T-Cell Lymphotrophic Virus III, or HTLV-III, by the NCI's Dr. Robert Gallo; Lymphadenopathy-Associated Virus, or LAV, by Dr. Luc Montagnier in Paris, and ARV or AIDS-Associated Retrovirus by Dr. Jay A. Levy at UCSF.

All three appear to be virtually identical versions of the same organism. They belong to a unique and poorly understood class called retroviruses, which invade cells and take over their genetic machinery utilizing specialized enzymes in a manner different from more conventional viruses.

The basic genes of retroviruses are composed of molecules of RNA — ribonucleic acid — rather than the DNA or deoxyribonucleic acid, of most better-known viruses.

Dr. Phillip Markham of the National Institutes of Health told a recent international AIDS conference in Irvine that the virus under the spotlight is extremely disturbing because the proteins on the organism's outer coat seem to vary from one set of isolated cultures to another.

The viruses themselves may mutate, or alter their genetic characteristics rapidly, according to Gallo, the pioneer expert in retroviruses who isolated HTLV-III. They also seem to come in many variations, or substrains, with different antigenic activity.

These problems ultimately may create major difficulties in finding a vaccine to "recognize" and ward off invasion by viruses that can disguise themselves in so many variations, scientists concede. It also can mean the virus itself may vary in its attack: One variant may prove extremely virulent, while another may be far more benign.

Then there is the problem of "co-factors." Other viruses are almost invariably present in AIDS patients. One is the familiar hepatitis-B virus; another is the Epstein-
"I'm seriously worried. The experience in Zaire and Haiti — and the emerging evidence right here — all strongly support the concept that this virus can be spread heterosexually."

DR. MERLE A. SANDE, Chief of Medicine at San Francisco General Hospital and head of the mayor's advisory committee on AIDS.

Barr virus, associated with lymphatic cancers and the various forms of herpes. Still another is the widespread cytomegalovirus, or CMV, which is known to cause mononucleosis and is responsible for weakening the human immune system.

Many researchers question whether these other viruses may in some way be essential for the ultimately lethal attack by the AIDS virus. Levy and Dr. John L. Ziegler at UCSF have proposed that the AIDS virus itself is an "opportunistic infection" that attacks only those victims whose immune systems already have been weakened by damaging co-factors.

Clinicians such as Dr. Donald Abrams at San Francisco General, as well as Gallo and his co-worker, Dr. Anthony Fauci at the National Institutes of Health, wonder whether certain parasitic diseases may not begin weakening the immune systems of potential AIDS victims even before the virus attacks.

Abrams, for example, conducted a large-scale study of San Francisco men with what are known as AIDS-related complex diseases. He found that 80 percent of his patients with chronically swollen lymph nodes showed long-term infections from other parasites in their systems. That compared with only 14 percent in a control group of randomly selected men undergoing routine physical exams through the Kaiser Health Plan.

Researchers and clinicians hold conference after conference during the past three years and more and are scheduled as the community of AIDS-fighters tries to keep up with the reams of data pouring from medical centers in America and Europe, and from field investigators in Central Africa.

**Bad Omen for Heterosexuals**

In recent weeks, the emergence of the first few AIDS cases among presumably heterosexual men in San Francisco has alarmed physicians and public health officials here.

Abras, who sees distressed patients every day as assistant director of the AIDS clinic at San Francisco General, has been in close contact with his fellow doctors and health workers this week:

"We've seen AIDS among plenty of heterosexual people already. They have generally been in what we call high-risk groups. But it was always naive of us to postulate that any viral infection would ever be specific for people's sexual preference."

Dr. Merle A. Sande, a specialist in infectious diseases who is chief of medicine at San Francisco General and head of Mayor Dianne Feinstein's advisory committee on AIDS, said in an interview:

"I'm seriously worried. The experience in Zaire and Haiti — and the emerging evidence right here — all strongly support the concept that this virus can be spread heterosexually. It's clear the virus can be spread from men to women, and probably from women to men as well."

The African data in particular pose a foreboding prospect that a new spread of the epidemic into the heterosexual population may be only beginning. In at least two African nations, AIDS diseases are widespread almost equally among both men and women who appear to belong to none of the known risk groups. They are not homosexual, bisexual, intravenous drug abusers, homosexuals, or recipients.

In both Zaire and Rwanda, former Belgian colonies, the AIDS epidemic is widespread and the only known risk factors seem to be "heterosexual promiscuity," affluence and urban living, according to Dr. Kevin M. DeCock of Rancho Los Amigos Hospital near Los Angeles, who has been reviewing epidemiological data from Africa.

DeCock presented evidence that the onset of today's global AIDS outbreak may well have occurred in Zaire as far back as 1976 — five years before the disease was recognized here.

A Danish woman surgeon working in Zaire back then contracted one of the major AIDS diseases — the lethal lung infection called Pneumocystis carinii pneumonia — and died in Denmark. A year later, in Belgium, a black African woman with a long history of a severe oral yeast infection died of a form of meningitis typical of AIDS. A year later her husband died of the AIDS-related pneumonia. None of these three victims belonged to any risk group.

More recently, Dr. Nathaniel Clummeck of Brussels University, working at San Francisco General Hospital that tests of 42 prostitutes in Zaire showed 35 were carrying antibodies to the AIDS virus, while four had one of the many outright AIDS diseases. And in a random sampling of blood drawn from Zaire men, 33 percent proved positive for the AIDS virus, Clumeeck said.

Dr. Warren Johnson of Cornell, working in Haiti, reported that close and careful questioning in months that at least half the patients with AIDS belong to no known risk group, and at least 30 percent are women.

"Although AIDS seems likely to spread more slowly among American heterosexual men and women than it has among the gay community here because of differences in sexual activity, Sande predicted that in San Francisco alone the broadening spectrum of AIDS cases will exceed 1600 by September. He said it will double to 3000 by June 1986 and again to more than 5000 by March 1987."

San Francisco's support groups for AIDS patients — the Shanti Project, the AIDS Foundaton, the hospice workers, the private physicians and volunteer counselors and nurses — have aided tremendously in helping AIDS victims stay out of the hospital, said Dr. Paul Volberding, chief of San Francisco General's AIDS services.

Yet nearly 12 percent of the patients do require hospitalization at one time, Volberding and Sande said, and at the moment 85 AIDS victims are being treated in the city hospitals. San Francisco General is doubling its AIDS beds to 25, but Sande estimated that, by next fall, the city will require beds for 130 to 150 AIDS patients, and that the number will double six to nine months after that.

The answer, Sande predicted, is that every one of San Francisco's private hospitals soon will have to make more beds available for AIDS victims, and that political efforts will be needed to change Medi-Cal rules so patients can be covered whether or not they are in the hospital or whether or not they are being treated with purely experimental drugs.

Meanwhile, as the first few heterosexual AIDS cases appear in patients not in any known risk group, public health officials are planning to cope with a new facet of the epidemic.

"No one would want to infect others," Ehrenberg said, noting that the case-contacting system already is used successfully to track 6000 San Franciscans exposed to AIDS cases last year. It can do much to slow the epidemic's spread, Ehrenberg is convinced.

Despite optimism by the Reagan administration's health leaders last spring, no vaccine against AIDS is on the horizon, and even a quick and reliable blood test for the virus or its antibodies is many months away.

**Work on a Vaccine Continues**

Researchers are continually trying new approaches to treat the AIDS diseases. Experimental efforts seek to restore some strength to the damaged immune systems of patients who show symptoms such as lymphadenopathy — chronically swollen lymph nodes — that may be forerunners of lethal AIDS or merely a more benign variant.

Genetically engineered versions of natural human proteins called interferons, which are known to protect against some viral infections, are being tested in carefully controlled experiments against Kaposi's sarcoma — the AIDS-induced skin cancer — at UCSF, San Francisco General and many other medical centers in Europe and America.

Scientists have seen a temporary regression of the tumors in some cases, but the overall results are only partly encouraging, according to Volberding.

A hormone called interleukin-2, which is produced by the T-cells of the immune system, can be cloned in large quantities by genetic engineering techniques, and it is being tested now in 100 San Francisco AIDS patients. "We've been using the hormone for six months of treatment, we have seen no major impact on the disease so far," Volberding said, "but we've seen changes in the immune system of the patients that seem positive enough to encourage us to continue the trials."

The thymus gland, which atrophies as children grow to adulthood, is the source of the immune system's vital T-cells, and the gland produces hormones that regulate the activity of the cells as they normally fight off invading viruses.

Many researchers are experimenting with fractions of thymus hormones, called thymosin and thymopoetin, in an effort to build up the strength of immune mechanisms paralyzed by the AIDS virus.

Dr. Allan L. Goldstein of the George Washington School of Medicine in Washington is one of many researchers trying to stimulate the immune system with hormones, and he reported this month that the substances may be useful in treating "AIDS-like immune dysfunction."

But that's a far cry from effective treatment against the disease, Volberding noted.

Another drug, now undergoing early trials with volunteer patients at the National Cancer Institute, has long been used in Africa to treat lethal parasitic diseases — including the widespread sleeping sickness known as nagana whose infectious organism is transmitted by the tsetse fly.

The 69-year-old drug is called suramin. It is powerful and dangerous because overdoses can cause shock and even fatal kidney disease. But Gallo and Dr. Samuel Broder have discovered — in the test-tube at least — that the drug blocks the AIDS virus from reproducing inside the specialized white blood cells, called helper T-cells, that are critical in the human immune system. When the virus does reproduce after penetrating those cells, it takes over their genetic machinery and destroys the cells.

The experiments by the researchers indicate that suramin interferes with the action of a specific enzyme called reverse transcriptase, which all retroviruses must use in order to reproduce.

While the early laboratory tests seem hopeful, suramin is still no more than a dimly hopeful sign on the horizon of AIDS treatments. Like all the other treatment efforts so far, it is still only a hope.
Experts Predict ‘Nightmare’ Over Bay Area AIDS Cases

BY RANDY SHILTS
3/7/84

The projected increases in Bay Area AIDS cases with respect to private medical facilities and public medical facilities by the next year and cost California taxpayers tens of millions of dollars, California AIDS officials and AIDS researchers said yesterday.

Dr. Marcus Conant, chairman of California’s AIDS Task Force, described the unfolding problems of treating and finding funds for the multiplying AIDS cases as a “medical nightmare.”

“Even if you are John Q. Citizen and you don’t think you’re affected because you’re not in a risk group or don’t know anyone likely to get AIDS, you can be affected in every setting. Every body is going to have to pay for the staggering medical bills that are coming down the road,” he said.

“Even the conservative figures are frightening,” said Conant, a researcher at the University of California at San Francisco. “Even with just the AIDS cases already in the pipeline, we’re looking at a crisis that will strain every hospital in San Francisco.”

Dr. George Wilson, medical consultant for the state Medi-Cal program, said that hard numbers were difficult to pin down on AIDS costs, but that treatment for California’s current caseload of more than 1000 AIDS patients was devouring a significant part of the Medi-Cal budget.

“We do know is that we’re talking about a lot of money when you think of what it could do to take care of known, treatable diseases,” said Wilson.

“Whether you’re talking about AIDS or organ transplants, catastrophic diseases are creating a situation where fewer and fewer people are taking up more and more of the money in a finite budget,” he said. “At some point, somebody’s going to say there isn’t any more money.”

The growing alarm in medical circles comes from new projections from Dr. Andrew Moss of the San Francisco AIDS clinic. He predicts AIDS cases in the Bay Area may top 1000 by the end of this year.

An average AIDS patient needs between $70,000 and $100,000 worth of hospital treatment, according to state and federal figures. Thus the cost for 1000 AIDS cases — which researchers think already are incubating and cannot be prevented — could end up being between $70 million and $100 million.

About half of California’s AIDS patients are in the Bay Area.

“We’re looking at a crisis which is in the proportions of the disaster you’d have with an earthquake,” said Conant. “An earthquake is a dramatic situation which happens in an hour. This is an unfolding situation where you’ll see the problems one or two years down the line, but the numbers are already there. A prudent man would start making contingency plans now, like we have for an earthquake.”

The facilities at the 12-bed ward in San Francisco General Hospital are already at capacity, and four of the AIDS patients usually are waiting in other wards of the hospital for admittance to the unit, said hospital AIDS coordinator Cliff Morrison. Plans are under discussion to expand that facility, the only ward in the nation geared strictly for patients stricken by acquired immune deficiency syndrome.

A city-financed unit for long-term, nonacute AIDS patients is scheduled to open next week at Garden-Sullivan Hospital, Morrison said, and more hospice beds soon will be available for terminal cases. Still, the city is having a hard time keeping up with the increasing numbers of AIDS victims.

“This winter, it’s been real tough,” said Morrison, a clinical nurse specialist. “It’s going to take a real strain to take care of everybody.”

Facilities in private hospitals also are limited for AIDS patients, who often need intensive treatment, lengthy stays in private rooms and extensive nursing care.

“At some point in time, all your patients are going to need critical care units,” said Mike Redding of St. Francis Hospital, which usually has an average of four AIDS patients in the hospital. “I could not take any more than 10 critically ill AIDS patients.”

Conant said that San Francisco hospitals may run out of intensive care units for critically ill AIDS patients if the increases continue. “We need contingency planning now to take care of these people in outlying areas if necessary,” he said.

No matter who cares for the patients, California taxpayers and insurers pay most of the medical bills. The AIDS patients who do have private medical insurance policies often lose benefits when they leave their jobs because of AIDS-related illnesses, said a social worker at General Hospital.

Other AIDS victims sometimes give up their private policies because they cannot afford to pay the 20 percent contribution to health costs that often are required by insurers. The patients can then apply for Medi-Cal, unless they are accepted into that program. However, they are classified as medically indigent adults and their treatment is financed by San Francisco city costs.

City costs will also increase dramatically as more AIDS patients apply for city-financed social services, such as housing. Last year, the city spent nearly $4 million in treatment, services and education on AIDS.

Conant said the city and leaders of the gay community must make more vigorous efforts to educate homosexual men about the dangers of promiscuous sexual activity that is believed to be responsible for the spread of AIDS.

“We need to get very clear that people have got to change their sexual patterns right now or the numbers are just going to get worse and worse,” said Conant. “The problems we’re facing now are not cases we get in 1984. It will only get worse if this continues to increase in 1985 and 1986. Then, we could be talking about billions of dollars nationally.”

Silverman Delays on Gay Bathhouses

BY RANDY SHILTS
3/31/84

Under intense pressure from all sides of a bitterly divided gay community, San Francisco public health director Dr. Mervyn Silverman postponed yesterday a decision on whether to close San Francisco’s gay bathhouses.

Until an hour before his announcement, Silverman had been expected to order the closing of the baths, as well as private sex clubs, in an effort to prevent the spread of the deadly AIDS epidemic.

Instead, he told a surprised press conference at the Department of Public Health, “I am not discussing the opening or closing of the bathhouses at this point.”

In a brief statement, Silverman said he was delaying his decision until he looks into “a number of legal issues” as well as “facets of this issue, some of which have basically nothing to do with medicine and some of which do.”

The public health director would not elaborate on the legal or medical issues, and he said he “probably” will have a decision “within a week.”

Silverman was quickly escorted out of the room by plainclothes police officers.

His unexpected announcement was greeted by applause from gay bathhouse owners and a towel-clad contingent of protesters who were at the press conference.

The delay drew immediate criticism from city officials and some gay community leaders.

Sources in city government said Mayor Dianne Feinstein was “livid” over the delay, coming a day after Silverman told city officials and AIDS researchers that he had decided to approve a request from many gay leaders to close the facilities.

However, in an interview with The Chronicle after Silverman’s announcement, the mayor or would say only that she understood that Silverman wanted “more legal consultation.”

This chronology of story leads during 1984 includes page numbers for the articles reprinted in full in this book.

January 1, 1984
■ Hospital Won’t Pay for AIDS ‘Dumpling’
Officials from the Florida hospital that sent a mortally ill man with AIDS to San Francisco to die last year said yesterday they would not pay the $100 million bill for his care at San Francisco General Hospital.

January 15
■ Politics and Bathhouses: Local Complexities
Recent rumors that AIDS patients were covering in San Francisco’s bathhouses presented Dr. Selma Dritz, of the city’s Bureau of Communicable Diseases, with one of the most complicated dilemmas she has faced in nearly two decades of work in public health. (This World)

■ On Ward 5B
Chanteous Sharon McKnight haggled her black and white feathered boa over the web of clear plastic tubes threaded into one patient’s arm as she struggled to examine the right blue hospital gown of another. (This World)

■ An Epidemic of Fear
It was a small thing, and not many people noticed when a young woman didn’t see a boyfriend at a gay bar and stood up in the Bridge movie theater in San Francisco a few weeks ago and changed seats. (This World)

■ Off Course, Nobody Had Planned On This
Having non-lethal sex isn’t as tricky as it may seem, suggested the speaker at the “Sex in the Age of AIDS” seminar. (This World)

■ The Medical Mystery
The strange epidemic called AIDS — and indeed it is an epidemic by all the criteria physicians use to place fast-spreading diseases in their proper perspective — is more mysterious today than ever. (This World)

■ The Establishment Lurches
Info Action
With no apparent malice, Bill Kurtis, anchorman of the CBS Morning News, started a recent speech at the San Francisco Press Club with a joke. (This World)
Aidos researchers try to stop bathhouse sex

A certain wicked excitement marked Joe Carroll’s first trip to the Ritch Street Baths, a popular South-of-Market gay bathhouse, back in the early 1970s when San Francisco’s gay community was first abandoning its inhibitions.

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March 1

First AIDS case at S.F. Jail

The first confirmed case of AIDS in a San Francisco County Jail inmate was reported yesterday by a city Health Department official.

March 5

A possible 600 new AIDS cases expected in area

AIDS cases continue to skyrocket across the United States and as many as 600 new victims of the fatal syndrome — more than twice the current number — are expected in the Bay Area by the end of the year, health officials told an AIDS symposium in San Francisco on the weekend.

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AIDS experts say gay behavior is the key

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The Big Money in S.F. Gay Bathhouses

BY EVELYN NGI AND REYNALD SMITH 4/9/84

San Francisco’s gay bathhouses, now facing the possibility of shutdown or severe limits on sexual activity, have come on a long way from their beginnings as bare, furtive places where men rendezvoused for anonymous sex.

In the last decade they have turned into proud pleasure palaces where hundreds of thousands of dollars have been invested to create an opulent atmosphere that includes Jacuzzi, sun decks, restaurants, gleaming exercise equipment and full-length movies.

The bathhouses are a multimillion-dollar industry, catering to an unknown number of men that one bathhouse owner estimated at 12,000 customers per week. Each pays from $5 to $7 a night for a locker or a room, plus an average one-time-only membership fee of $10.

The owner of a medium-size bathhouse said he grosses $500,000 a good year. Of the 13 licensed bathhouses in the city, about half are exclusively gay.

One local bathhouse is a sort of a chain that stretches across the country from Portland to Miami.

The industry, and its inventors, suddenly face an uncertain future as public concern focuses on the random and frequent sexual activity that takes place in bathhouses and its relationship to AIDS — acquired immune deficiency syndrome, the baffling breakdown of the body’s immune system that has struck many gays and for which there is no known cure.

Public Health Director Dr. Mervyn Silverman, who was expected to order a shutdown of the bathhouses last month and then did not, is scheduled to announce today what measures he will take.

The San Francisco city attorney, George Agnost, expressed doubts last week that a mass closure could be legally justified. He said he favored instead an elaborate set of health code changes to either ban or discourage sexual activity in the bathhouses. Sources close to the controversy said yesterday Silverman seems to be leaning toward the city attorney’s recommendation.

There have been gay bathhouses in San Francisco since the 1950’s, say longtime gay residents. But in the early days, “they were dark, dank, uncolorful and unpleasant,” recalled gay writer George Mendenhall, who moved to the city 35 years ago.

Before homophobia came out of the closet, personally and legally, the early bathhouses were located in places where “you could get in and out without being observed, so people going by would not observe, so people going by would not be alerted to what kind of establishment it was,” said journeyman David Clayton, now a partner in a bathhouse chain.

“At a time when most gay people were in the closet, they were places you could sneak off to,” he said.

After gay liberation, the bathhouses joined the march out of the closet. By the mid-1970s there were a half dozen in the city, advertising openly and widely on billboards and in the Yellow Pages.

“There was no secret that gay people were going to the baths for sex. That’s what the ads said,” said Mendenhall. “Some of the steam baths here must resemble people’s fantasies about what ancient Greece looked like.”

Clayton, a former owner, said he now the Club San Francisco on Ritch Street in the South-of-Market area, said he and his partners spent more than $250,000 on a remodeling job in which the facilities were patterned after the temple of Minos in Greece.

The first floor of the bathhouse resembles a health spa. There is a delicatessen on a platform in the center of a large room and a weight room off to one corner. A Jacuzzi sits in another corner, with an aquarium filled with tropical fish enclosed in the wall above it.

On the second and third floors, there are showers, lockers, a video room playing X-rated movies and private rooms about the size of a walk-in closet that can be rented for the night.

The bathhouses became prominent parts of the city’s gay scene in a variety of ways beyond their original purposes, serving as locations for fund raisers for gay causes and becoming major advertisers in publications.

After a decade of booming business, however, the baths and their owners have been put on the defensive by the spread of AIDS.

Two bathhouses closed last year and business is “way off in most of them,” said Bob Ross, publisher of the Bay Area Reporter, a gay newspaper.

“I don’t think they will ever go back to what they were,” he said. “They’re converting to health clubs or gymnias. A lot of them now have customers going there for fantasy trips, not for the sexual activity they went for at one time.”

Precise dollar value of the bathhouse business in San Francisco is elusive because the businesses are privately held and most of the owners are loath to discuss their finances for publication, especially with the adverse publicity linking the sexual activity at the baths with AIDS.

“Anybody who’s owned a bathhouse for several years has made a great deal of money from it. I can’t imagine that they haven’t. They’ve been very lucrative businesses,” said Arthur Lazere, a certified public accountant and past president of the Golden Gate Business Association, a gay chamber of commerce that includes several bathhouses on its roster of 650 members.

“The big ones are big-money business. But as a portion of gay income in the city, it’s a drop in the bucket,” he said.

In addition to renting lockers and rooms, the bathhouses in many cases have snack areas with vending machines, full restaurants, and shops that sell sexual supplies.

Some of them are open 24 hours a day, so staffing needs are fairly large.

“But outside of the managerial people at the desk, it’s not a labor-intensive business,” said Lazere, pointing out that the remaining jobs, such as cleaning and changing linen in rooms, are not the sort to be high-paying.

These bathhouse owners who consented to be interviewed protested that the business is not as lucrative as it would seem.

Acaccrini, speaking for the Northern California Bathhouse Association, said his Wa¬ tergarden bathhouse in San Jose serves about 200 people a day.

The bathhouse takes in up to $65,000 a month, but operating costs, not including his mortgage, add up to $45,000 a month, said Accardini, one of 30 investors in the facility.

“The profit margin isn’t great. We’re not retiring” on the profits, he said.

Accardini noted that the start-up costs for a facility such as his, which includes an outdoor hydro-pool, closed-circuit television and a workout area, is high.

“You couldn’t open one up now for less than $300,000,” he said.

He laughed at old rumors that linked some of the bathhouses with the Mafia years ago, when bathhouses had to exist in a legal twi¬ light.

Bathhouses today, he said, generally have good relations with government and police.

With pressure to shut down or control behavior in the bathhouses, the owners argue that only a small percentage of the gay community goes to the baths, meaning any mea¬ sures there would not have much effect on the spread of AIDS.

“The bathhouses probably cater to about 5 percent of the gay population in San Francis¬ co,” said Dale Bentley, proprietor of the Club Baths on Eighth Street, probably the largest such operation in the city. Other bathhouse owners agree.

But Leon McKusiek, a psychotherapist who has conducted surveys of gay men’s atti¬ tudes for the Department of Public Health, said that in areas such as the Castro, 80 per¬ cent of the sexually active gay men were going to the baths in 1983.

Responding to the most recent research showing that AIDS can be transmitted through the exchange of bodily fluids, bath¬ house owners have voluntarily begun a cam¬ paign to promote “safe sex” through precau¬ tionary measures such as the use of condoms.

At the Club San Francisco, large signs cau¬ tioning patrons to “Play Safe” are prominent¬ ly posted throughout the three-story building, and each rented room comes equipped with a condom and a pamphlet of suggestions on how to have healthy sex.

The men who frequent the Liberty Baths on Post Street are given constant reminders to “Shower before and after sex.” They are also given free condoms with their room keys.

The Club Baths of San Francisco on Eighth

MARCH 7

□ Experts Predict ‘Wipeout’ Over Bay Area AIDS Cases

The projected increases in Bay Area AIDS cases will overburden San Francisco’s private and public medi¬ cals systems by next year and cost California taxpayers tens of millions of dollars, health officials and AIDS researchers said yesterday.

Page 15

MARCH 8

□ Drug Testing in S.F. on AIDS Victims

Physicians at San Francisco General Hospital soon will begin testing two new and untried drugs for AIDS pa¬ tients. The drugs are products of genetic engineering and may boost patients’ immune systems.

MARCH 17

□ Lombard Street Motel Used for AIDS Patients

The man suffering from AIDS who was evicted from a motel on Lombard Street yesterday after it was publicly disclosed that San Francisco officials ordered the motel to temporarily house people with the usually fatal syndrome.

MARCH 20

□ City To Rent Flat for AIDS Men Ousted From Lombard Motel

While seeking a long-term solution to the problem, the city of San Fran¬ cisco plans to rent a four-bedroom flat to house the remaining AIDS pa¬ tients removed Friday from a Lombard Street motel.

MARCH 27

□ S.F. Official Ending Career as a Top Disease Detective

Dr. Solna Ditz, the San Francisco medical detective who has helped track a host of diseases from food poisoning to AIDS, announced yes¬ terday that she is retiring this week after nearly 17 years.

MARCH 28

□ Gay Campaign To Ban Sex in Bathhouses

A San Francisco gay man officially launched a drive yesterday to ask voters to prohibit sexual activity in the city’s bathhouses, long regard¬ ed by public health authorities as a prime factor in the spread of AIDS.

MARCH 29

□ Silvaner Feeling Bathhouse Host

Pressure mounted on public health director Dr. Mervyn Silverman yester¬ day to shut down San Francis¬ co’s gay bathhouses before the is¬ sue qualifies for the November bal¬ lot and becomes a “political nightmare” for city leaders.

A Second Test for Blood Donors

The Irwin Memorial Blood Bank an¬ nounced yesterday that, beginning May 1, all blood from potential don¬ ors will undergo two tests de¬ signed to reveal the presence of past hepatitis infections.

THE YEAR OF THE PLAGUE 17
Saying that San Francisco Mayor Declares "AIDS Emergency," Mayor Dianne Feinstein yesterday declared this week's "AIDS Awareness Week" and "openly called for the closure of gay bathhouses and bars.

S.F. Planning to Close Gay Bathhouses

Dr. Mervyn Silverman, San Francisco director of public health, plans to order the closure of the city's gay bathhouses and private gay sex clubs as an emergency measure to curb the spread of AIDS.

Mixed Reaction to Baths Closing

Reaction to the possibility that San Francisco public health director Dr. Mervyn Silverman would shut down gay bathhouses seemed mixed in the gay community last night, but was largely unfavorable.

3rd AIDS Case Tied to Blood Transfusion

A San Francisco heart patient who underwent surgery here a year ago developed AIDS after receiving a transfusion from a blood donor who later developed the same disorder, officials at the U.S. Memorial Blood Bank disclosed yesterday.

THE YEAR OF THE PLAGUE

MARCH 30

MARCH 31

Silverman Delays on Gay Bathhouses

Under intense pressure from all sides of a bitterly divided gay community, San Francisco public health director Dr. Mervyn Silverman postponed yesterday a decision on whether to close San Francisco's gay bathhouses. Page 15

April 3

Mayor Declares 'AIDS Awareness Week' in S.F.

Saying that San Francisco is in the "middle of a bona fide public health emergency," Mayor Dianne Feinstein yesterday declared this week's "AIDS Awareness Week" but declined to comment on the controversy over whether gay bathhouses or the city should be closed.

April 4

Secret S.F. Visit of AIDS Expert

Dr. James Curran, the federal government's leading expert on AIDS, flew into San Francisco for a secret meeting with health officials last night on the question of whether to close the city's gay bathhouses and stem the spread of the deadly disease.

April 5

Feinstein Would Shut Bathhouses

Mayor Dianne Feinstein said yesterday that she believes gay bathhouses in San Francisco should be closed to help prevent the spread of AIDS and "save lives."

April 9

The Big Money in S.F. Gay Bathhouses

San Francisco's gay bathhouses, now facing the possibility of shutdown or severe limits on sexual activity, have come a long way from their beginnings as bare, furtive places where men rendezvous for anonymous sex. Page 17

L.A. N.Y. Don't See a Need to Shut Baths

Public health authorities in Los Angeles and New York, cities grap-

Variant of Virus Suspected in AIDS

BY DAVID PERLMAN, Science Editor

Researchers at the National Cancer Institute have isolated a variant of a cancer-associated virus from a group of AIDS patients and believe it may prove to be the cause of the epidemic in the gay community.

Reports of the discovery circulated in medical circles all last week, but the chief of the research team in Bethesda, Md., Dr. Robert Gallo, insisted it was "premature" to consider the virus as the agent that actually causes AIDS — acquired immune deficiency syndrome.

The organism is the third known variant of the human T-cell leukemia virus, and is being termed HTLV-Type III. According to San Francisco AIDS researchers, the virus has been detected in a large number of AIDS victims, but it has not yet been isolated from members of the major population groups — including gay men, intravenous drug abusers and hemophiliacs — who are at high risk for the disease but have not yet shown its symptoms.

As the researchers pointed out, if the virus is the cause of AIDS, it should show up in high-risk people whose immune systems are already under attack by the virus and who are incubating one of the early AIDS diseases.

As Dr. Paul Volberding, chief of the cancer service at San Francisco General Hospital, cautioned yesterday, even if the virus turns out to be a cause of AIDS, it may not lead to development of a vaccine for many years. It took a decade after the hepatitis-B virus was discovered before a vaccine emerged from the laboratory, he noted.

Gallo and his colleagues are expected within a few weeks to report in a scientific journal about the isolation of the new virus, but he would not discuss any of the details with reporters yesterday.

The Gallo team discovered the first variant of the HTLV virus four years ago in a line of cells cultured from the lymph nodes of a patient with the cancer known as a cutaneous T-cell lymphoma. Since then, the same virus has been found in victims of a highly malignant lymphatic cancer that is particularly widespread in southwestern Japan, according to Dr. Irvin S.Y. Chen of the University of California at Los Angeles. A similar disease associated with the same virus is also common on several Caribbean islands.

Many scientists are convinced the virus is the cause of those cancers. If so, HTLV-I would be the first virus known to cause cancer in humans, although many animal cancers are known to be virus-caused.

A second variant of HTLV has since been isolated from a leukemia patient and cultured at UCLA by Dr. David Golde and his col-

Street has cut down on the use of its "orgy room" by removing the cushions on the wooden bunk beds. But it is difficult to determine whether their efforts have been successful in limiting the amount of risky sexual behavior.

By S.a.m. on a recent weekend morning the Club Baths had filled to more than 100 men, most of them confined to the second floor, where private rooms and X-rated movie lounges are located.

The bathhouse owners say their facilities provide a good way to educate patrons about which sexual practices can be hazardous, and they argue that it would be unfair to close them down.

"We fought to have these businesses and established our rights, then this AIDS thing came along and people are pointing their fingers at us and it's not fair," said Bill Jones, owner of the Sutro Baths, which caters to both homosexuals and heterosexuals.

"If you were a gay man, you could go to a bar and go home with a man and have unsafe sex and get AIDS," he said.

"Yes, it's easy for people to have sex in our clubs; that's what they're for. It's our responsibility to educate our customers... But other gay businesses have the same responsibility.

"What about the newspapers that have sex ads, the bars that let people go home together? Their fingers have been pointing at the bathhouses. They just want a scapegoat."
leagues. Both types of HTLV virus have been shown to transform normal cells into cancerous ones — but only in laboratory tissue cultures.

The term T-cell refers to specialized cells that are formed in the bone marrow and organized in the thymus gland. They are vital to the normal functioning of the human immune system, and one of the major markers in AIDS patients is the disruption of their normal T-cell population.

Molecular studies of the HTLV virus have shown that its core of genetic material carries what are known as "oncogenes" — segments of the genetic molecule believed to cause cancer-causing. It also functions in the opposite manner from most viruses whose infection usually involves changes in DNA, and therefore it is termed a retrovirus.

Dr. James Curran, chief of the AIDS Task Force at the Centers for Disease Control in Atlanta, told The Chronicle by telephone yesterday that Gallo’s newest work is considered highly significant by most scientists aware of its details. But it is still uncertain whether the HTLV virus is merely a "passenger" that opportunistically infects AIDS patients whose immune system is already disrupted, or whether it is a true cause of the syndrome, Curran said.

French researchers at the Pasteur Institute are also known to have isolated a virus they believe could be the cause of AIDS. It too is an RNA retrovirus and may be closely relat ed, if not identical to, the organism Gallo’s team has discovered.

Ever since researchers began seeking the cause of AIDS more than three years ago, a wide variety of viruses has been isolated from AIDS patients. Some scientists believe that when the cause of AIDS is found it will turn out to be the combined action of several agents that destroy the immune systems of the victims.

Promises, Promises — But AIDS Still Kills

BY DAVID PERLMAN, Science Editor 5/5/84

The terminally ill AIDS patients at San Francisco General Hospital might have been forgiven last week if they scoffed at television news spectacles that showed high federal health officials in Washington hailing a "miracle" and promising "the triumph of science over a dreaded disease." For despite the rhetoric and the promises — and despite truly magnificent research by American and French scientists over the past three years — the threat of AIDS is far from ended.

Margaret Heckler, President Reagan’s Secretary of Health and Human Services, proclaimed at a drum-beating press conference on April 25 that "the arrow...aimed and fired at the disease AIDS has hit the target." Then she hailed scientists at the National Cancer Institute for providing "the proof we need that the cause of AIDS has been found.

And as a consequence, she promised, a blood test for AIDS should be "widely available within about six months," and a vaccine to prevent AIDS should be ready for testing "in about two years.

With justifiable pride, the secretary pointed to Dr. Robert Gallo of the National Cancer Institute, whose team isolated the virus known as HTLV-III and learned to harvest it in significant quantities, and to workers at the federal Centers for Disease Control in Atlanta who have played a key role in the AIDS effort since the epidemic burst into public awareness in 1981.

But behind all this, the AIDS story is a lot less savory. It took a long time before the administration’s senior health officials — not noted for their concern about sex if it isn’t straight — to mobilize funds and resources for the scientific campaign against the mysterious acquired immune deficiency syndrome.

There was in-fighting among the academic researchers and government scientists competing for scarce research dollars. There was — and still is — understandable conflict among segments of the gay community over appropriate public health measures and statements at times approaching hysteria from some blood bank officials.

Unfortunately, the unknowns are still tremendous in AIDS, and it will take more than political rhetoric to illuminate them.

For a little perspective, it’s worth recalling the day in 1971 when President Nixon declared "war" on cancer and proclaimed: "The same kind of concentrated effort that split the atom and took man to the moon should be turned toward conquering this dread disease."

Nixon asked Congress for $100 million and called it a "total national commitment to achieve this goal."

Today the National Cancer Institute’s annual budget is more than $1 billion, yet nearly 500,000 Americans will die of cancer this year. Research spans a vast and complex area: DNA viruses, RNA retroviruses, oncogenes, chemical carcinogens, immunology, chemotherapy, radiation, surgery — it continues with no end in sight.

Now, on the AIDS front, the prospect is just as complex. The retrovirus that Gallo has isolated and French scientists, giving it a different name, may even have found it first is by no means certain to prove the sole cause of AIDS despite Heckler’s triumphant claim. There may in fact be no single cause, but rather it may be triggered by a combination of organisms working on people at risk whose immune systems have already been weakened by repeated infections and other unknown factors.

A blood test may take far longer than six months to perfect, and even then it will not necessarily screen only for active AIDS patients or carriers. More likely, it may detect a much wider population who have simply been exposed to the AIDS organism or organisms in the past. It may instill terror among men and women, and many others, who at least have found a group to label their disease. The heralded vaccine is probably many years away despite Heckler’s promise, for even if the HTLV-III virus proves to be the single AIDS agent, and even if a vaccine is made from an inactivated form of the organism or from relatively inert components of its outer coat, there is as yet no certain animal model for human AIDS, and the problems of testing any vaccine for safety in humans will be formidable.

It looks, too, as though the incubation period for AIDS may be as long as five years in many cases. Will it take five years before we can know whether any vaccine is truly effective?

And finally, of course, even Heckler and all the top medical brass of her department had to concede last week that the discoveries they announced triumphantly have little as yet to do with any "cure" for AIDS. Understanding the nature of the viruses involved and understanding the natural history of the disease are vital, to be sure, but cures may well be years away.

Heckler rightly paid tribute last week to the "patience, persistence and outright gush" of the scientists working on the AIDS problem. But science rarely achieves results through unconnected leaps and breakthroughs, and the public needs to realize that.

More human tragedy is inevitable while scientists continue working on the AIDS puzzle. But the behavioral elements of risk for AIDS are extremely well known, and these must be proclaimed in an educational campaign at least as loudly and widely as the unproven "miracles" were last week.

French researchers at the Pasteur Institute are also known to have isolated a virus they believe could be the cause of AIDS. It too is an RNA retrovirus and may be closely related, if not identical to, the organism Gallo’s team has discovered.

Ever since researchers began seeking the cause of AIDS more than three years ago, a wide variety of viruses has been isolated from AIDS patients. Some scientists believe that when the cause of AIDS is found it will turn out to be the combined action of several agents that destroy the immune systems of the victims.

This does not detract from the fact that Gallo’s achievement is singularly magnificent, even if it takes him another decade to make his discovery into a practical weapon against the dread disease. It just underlines how much more is needed to pierce the AIDS secrets.
U.S. Health Service Chief Asks More AIDS Research Money

BY RANDY SHILES 1/25/84

The chief of the U.S. Public Health Service has privately asked the Reagan administration for $55 million more in AIDS research money, The Chronicle learned yesterday.

Dr. Edward Brandt, assistant secretary for Health and Human Services, sent a 22-page memo to Secretary Margaret Heckler outlining unfunded research areas opened by the recent discovery of the virus thought to cause AIDS.

Among the budget items still awaiting the commitment of federal funds is a program by the national Centers for Disease Control to "initiate basic studies for vaccine development," according to the memo.

Heckler promised a vaccine for the lethal acquired immune deficiency syndrome "in about two years" just April 23 when she joined government AIDS researchers to announce the discovery of the probable cause of AIDS.

In his memorandum to Heckler, Brandt said government scientists need more money to follow up on the avenues of research opened by the discovery.

"In order to seize the opportunities which the recent breakthroughs have provided us, we will need additional funds for both the remainder of this fiscal year" and for next year, Brandt wrote in a May 25 memo.

"Although I realize that general policy would discourage supplemental...requests at this time, I believe that the unique situation with respect to AIDS justifies our forwarding the requests at this time," wrote Brandt, who serves as chief of the Public Health Service, the umbrella agency for all federal health programs.

Brandt said the soaring numbers of AIDS deaths were "clearly unacceptable." The nation's AIDS caseload has increased by more than 1000 since Brandt requested the funds.

A representative of the Office of Management and Budget said his agency has received no requests for new AIDS research financing from Heckler. The research is underwritten for $48 million for this fiscal year and $51 million for next year.

Shirley Barth, an official at Health and Human Services, declined comment on the memorandum, saying, "It's an internal document...I have nothing to say."

Representative Sala Burton of San Francisco urged the administration to move quickly on Brandt's request.

"It is no exaggeration to say that every day that needed research funds are delayed can be counted in lives lost," she said.

The memorandum asks for $20 million more for the fiscal year that ends September 30 and $55 million more for the next fiscal year. The money would go largely to projects that take advantage of the discovery of the virus that is thought to cause AIDS.

Among the programs in 19 federal health agencies that Brandt lists as urgently needing money are:

- Research into AIDS among recipients of blood transfusions and efforts by the Food and Drug Administration to guarantee the safety of the nation's blood supply.
- Expanded investigations by the National Institutes of Health into effective treatment for AIDS.
- Efforts by the national Centers for Disease Control to determine how widespread the retrovirus associated with AIDS is among groups at high risk for AIDS and among the general population.

The Centers for Disease Control said yesterday that as of two weeks ago, 834 AIDS cases and 2316 deaths had been reported nationally since the syndrome was detected three years ago. About 100 new AIDS cases are being reported every week.
Another Very Sick AIDS Patient 'Dumped' on S.F.

BY SCOTT BLAKEY 8/3/84

An AIDS patient critically ill with pneumonia was driven to San Francisco General Hospital in a private car after a doctor at San Luis Obispo Hospital decided he was an "unsuitable" patient.

Angry San Francisco hospital officials, who revealed the weekend incident yesterday, said it was the second case in 11 months of an AIDS patient virtually being dumped here.

Richard Brower, 29, was brought to San Francisco General's emergency room at 3 a.m. Saturday in a private automobile driven by two friends.

He had a 105-degree fever, and the oxygen bottle given him in San Luis Obispo had been empty for at least the last hour of the 235-mile drive.

The episode began Friday night about 8:30, when Brower sought treatment in the emergency room of San Luis Obispo General Hospital.

Dr. Thomas Dorman, the internist who examined the man in San Luis Obispo, referred Brower to San Francisco General without the required consent of San Francisco General's chief medical resident, Dr. David Chernoff.

Chernoff said yesterday that Brower's transfer without permission, without an ambulance and without full medical preparation "was completely inappropriate."

When Dorman called San Francisco General, "I told him we would not accept a transfer outright, that the patient sounded too ill to travel, but that we would be glad to advise on his treatment," said Chernoff. "He informed me the patient was already on his way."

Dorman told him: "You don't know what it's like in a small community hospital!"

Chernoff said his hospital "would have been willing to accept him, but under condition that he was well enough to travel and that the transfer was done in an ambulance and that this hospital was ready for him."

Dorman could not be reached for comment and Brower, who was in intensive care on a breathing machine, could not be interviewed.

But Dr. George Rowland, director of the San Luis Obispo hospital, said last night that Brower agreed to go to San Francisco after consultation with Dorman. He continued:

"We are a community hospital and we would have been happy to admit him. But he was not admitted to this hospital."

"The patient had been in the emergency room two times previously, and on the third occasion, perhaps on a hunch of what was wrong, a resident called in an internist, Dr. Dorman."

"The doctor conversed with the patient, and as I understand it, the physician and patient agreed he (Brower) should be seen at San Francisco General."

The hospital director said the decision to send Brower to San Francisco was not made by the hospital or the emergency room staff.

"This case will be reviewed by the staff here," he said. "We haven't seen many AIDS cases down here, but we are pretty sensitive in looking out for them. There is no phobia about it at this hospital."

San Francisco officials said Brower arrived with a 105-degree fever and was suffering from Pneumocystis carinii pneumonia, a parasitic-induced infection associated almost exclusively with acquired immune deficiency syndrome. Not found in people with normal immune systems, the disease is usually fatal within 11 months.

"There was also a letter that came with him," said Dr. Paul Volberding, chief of cancer medicine at General Hospital. "It said the patient 'may have Pneumocystis, and therefore is unsuitable for this hospital.' The note was signed, he said, by Dorman.

Brower yesterday was in stable but serious condition in the intensive care unit, where his breathing was assisted by a machine.

His father and stepmother arrived from Hawaii Tuesday to be by his side.

John Brower, 51, was blunt and angry yesterday about his son's sudden arrival in San Francisco. "Any hospital or doctor who would let a kid out onto the street with a 105-degree temperature, well, that's damn near criminal," he said.

The Brower case is similar to that of Morgan MacDonald, the terminally ill Florida man who was flown against his will to the AIDS unit at San Francisco General.

MacDonald, 27, died two weeks after he arrived of heart failure related to his disease.

John Brower, 51, flew from Hawaii to be at the side of his AIDS-stricken son who was "dumped" on San Francisco General Hospital from San Luis Obispo.

JUNE 2
- Bathhouse Sex Regulations Sent to Police Department
- Dr. Mervin Silverman, San Francisco's health director, said yesterday he has submitted to Police Chief Con Murphy a set of detailed regulations designed to ban all sexual activity among patrons of the city's bathhouses.

JUNE 4
- Casualty of AIDS Crisis Closes Doors
- San Francisco's famed noseraal bathhouse, the Sutro Baths, threw in the towel yesterday.

JUNE 9
- Political Scene
- Among the only-in-San Francisco attractions to amuse delegates to the Democratic National Convention next month will be a new civic dump-in of gay bathhouses.

JUNE 12
- AIDS Continues to Spread — 38 New Cases in S.F.
- AIDS cases continue to rise in San Francisco and in other major cities around the country, and no end to the epidemic is in sight, health officials reported yesterday.

JUNE 15
- Supervisors Postpone Bathhouse Decision
- Action was postponed for 45 days yesterday on the controversial issue of regulating sex in gay bathhouses when a committee of the Board of Supervisors bowed to pleas from the gay community.

- Plan to Shift AIDS Funds Angers Britt
- A Public Health Department plan to shift $332,000 earmarked for AIDS patients into a community mental health program was harshly criticized yesterday by Supervisor Harry Britt.

JUNE 16
- Bathhouse Ruling Delay Distresses Brit
- Mayor Mervyn Dymally was "distressed" by a supervisors' committee delaying a vote on giving San Francisco's public health director authority to regulate bathhouse sex, a press aide said yesterday.

JUNE 29
- S.F. Blood Center in New AIDS Test
- San Francisco's Irwin Memorial Blood Bank will begin participating today in a high-priority government research program to determine whether a blood test for a newly discovered virus helps detect AIDS before its symptoms appear.

JULY 13
- 2 AIDS Viruses May Be the Same
- AIDS researchers reported strong new evidence yesterday that Two viruses discovered independently by French and American scientists will turn out to be the specific...
caused of the lethal syndrome and may prove to be the same organism.

**JULY 18**

- No "Slowing Down" Seen in AIDS Epidemic
  - The number of AIDS cases in San Francisco has risen above 600, the city's Department of Public Health announced yesterday.

**JULY 25**

- U.S. Health Service Chief Asks More AIDS Research Money
  - The head of the U.S. Public Health Service has privately asked the Reagan administration for $35 million more in AIDS research money. The Chief learned yesterday. Page 20

**AUGUST 8**

- Record Month for New AIDS Cases
  - A record number of new AIDS cases was reported in San Francisco last month as the deadly syndrome continued to spread rapidly both in the city and statewide, health authorities reported yesterday.

**AUGUST 9**

- Another Very Sick AIDS Patient 'Dumped' on S.F.
  - An AIDS patient critically ill with pneumonia was driven to San Francisco General Hospital in a private car after a doctor at a San Luis Obispo hospital declared he was an "unsavable" patient. Page 21

- Supervisors Giving Up on Bathhouse Rules
  - A Board of Supervisors committee considering new regulations to curb the spread of AIDS in gay bathhouses probably will drop the controversial rules, the panel's head said yesterday.

**AUGUST 10**

- S.F. Board Drops New Bathhouse Plan
  - As expected, a committee of the San Francisco Board of Supervisors yesterday dropped a controversial plan to switch the regulation of gay bathhouses from the police to the Department of Public Health.

- AIDS Victim 'Dumped' in S.F. Now Has Serious Blood Crisis
  - A seriously ill AIDS patient transferred here from San Luis Obispo has developed a life-threatening blood clot in his left leg, officials at San Francisco General Hospital said yesterday.

**AUGUST 11**

- "Dumped" AIDS Patient Is in Stable Condition
  - Richard Brewer, the AIDS patient transferred from San Luis Obispo under controversial circumstances, was in serious but stable condition yesterday, officials at San Francisco General Hospital reported.

**AUGUST 15**

- "Dumped" AIDS Patient Sinking
  - Richard Brewer, the AIDS patient transferred here last week from San Francisco, has developed a complication that will be fatal if surgery is not administered in time.

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William Johnstone, 62, a real estate broker, described his wife, Mary, as an "innocent bystander" who died after receiving blood contaminated with AIDS during an operation at a San Francisco hospital.

**Bay Woman Dies After Transfusion**

*BY KEVIN LEARY 9/6/84*

The worst nightmare of the AIDS crisis struck an unlikely victim Tuesday when Mary Richards Johnstone, a Belvedere housewife and mother of William Johnstone, a 62-year-old Tiburon real estate broker. "It's like an innocent bystander who is killed during a bank robbery," said Mrs. Johnstone.

The warm, witty and outgoing Mrs. Johnstone, a well-loved figure in her wealthy Marin County community, died as the result of the transfusion at the University of California Medical Center.

Yesterday her family sat in their showplace home on the Belvedere Lagoon and talked quietly about the terrifying experience with acquired immune deficiency syndrome, which has dominated their lives for the past year and a half.

The ordeal began in December, 1982, when Mrs. Johnstone went into the University of California Medical Center for acute aneurism surgery to repair major blood vessels.

During the operation, she received transfusions of 20 units of blood, one of which had been donated to the Irwin Memorial Blood Bank by a man who was later discovered to have had AIDS. The AIDS victim has since died.

The operation was deemed a success, and for the next eight or nine days she was recovering nicely, her husband recalled. But then she was struck by a lung virus that was nearly fatal and kept her hospitalized for 62 days.

"During all that time in the hospital, no one would tell us anything," Johnstone said yesterday. "All they'd tell us was that she probably picked up an infection somewhere, maybe during the operation."

A young doctor and a nurse at the hospital suggested to her family that Mrs. Johnstone had received a transfusion of "bad blood," but no one at the hospital mentioned AIDS, the fatal condition that is spread primarily among gay men through sexual contact.

Such a bizarre complication never occurred to the family, especially because Mrs. Johnstone's health seemed to improve gradually for the next five months until June 1983, when she again fell ill with mysterious ails and exhausting fevers.

"From there on it was a steady slide downhill," said her husband, but still there was no hint that she had AIDS.

It was not until February of this year that Mrs. Johnstone was pursuing her medical file and found a letter, dated Oct. 19, 1983, between two University of California Medical Center physicians that stated:

"We have discovered that one of her donors is an AIDS patient."

Mr. Johnstone threw up his hands in the air. "The only reason we found that letter was pure accident. You can imagine! We found something like that out by an accident!"

A month later she was diagnosed as having AIDS.

Mr. Johnstone's teeth clenched at that awful moment. "It's an enormity. We were unbelieving. You shake your head and you can't believe it.

"But, you know, even then Mary kept her sense of humor," he said, smiling slightly as he remembered. "She said, 'Here I've got AIDS and I didn't even have any fun getting it.'"

There was a brief pause, and Johnstone looked around his living room at his handsome family — James, 23, Chardy, 20, and Kathy, 26, who were gathered together to share their grief.

Neighbors dropped by and brought flowers and something to eat for dinner. There were quiet, private conversations by the visitors, who remembered how much they cared for Mary Johnstone.

The tragedy of his wife's slow, agonizing and unnecessary death has imbued Johnstone with a cold fury, barely recognizable beneath his courtly and open manner.

But the anger is there, and it is aimed at the Irwin Memorial Blood Bank, which he holds responsible for not informing him sooner. His lawyers are the Irwin Memorial Blood Bank and the San Francisco Medical Society, sponsors of the bank.

"My anger is that the blood bank did not give us information to allow us to make an informed decision to put off the surgery, go to another part of the country or get blood from our friends in the neighborhood who we knew did not have AIDS," he said.

Dr. Herbert Perkens, scientific director of Irwin Memorial, said last night that Mrs. Johnstone received the tainted blood before doctors had made a connection between blood transfusions and AIDS.

He said the chance of contracting the disease through transfusions is remote, noting that across the nation each year there are 3 million blood transfusions and a total of 112 people — including 38 hemophiliacs — who have contracted AIDS.

Five of those victims lived in the Bay Area. Mrs. Johnstone's death was the second known fatal case of its kind in San Francisco. The other, a 20-month-old baby, also received transfused blood from Irwin and died.

Early tomorrow morning, the Johnstone family will take a sailboat through the Golden Gate and scatter Mrs. Johnstone's ashes in the Pacific.

A memorial service will be held for Mrs. Johnstone at 5 p.m. tomorrow at the Community Congregational Church in Tiburon.

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22 THE YEAR OF THE PLASMA
Luis Obispo, is not responding to treatment and is now in critical condition at San Francisco General Hospital, doctors said yesterday.

**AUGUST 17**
- 'Dumped' AIDS Patient Dies at S.F. General
  - Richard Brewer, the AIDS patient transferred here 13 days ago from San Luis Obispo, died yesterday at San Francisco General Hospital.
- UCSF Study on AIDS, Gays and Heterosexuals
  - The virus that is suspected of causing AIDS shows no signs of having spread into the heterosexual population, even though it is "prevalent" among San Francisco gay men, a new study by the University of California in San Francisco said yesterday.

**AUGUST 18**
- Ceremony for AIDS Activist
  - Several hundred friends and supporters of late AIDS activist Bobbi Campbell celebrated his life with song and prayer last night at Castro and 18th streets in San Francisco. The 32-year-old Campbell, who jokingly referred to himself as the "AIDS Poster Boy," died Wednesday of AIDS-related pneumonia.
- Probe of Doctors Who Dumped AIDS Patient
  - The California Board of Medical Quality Assurance is investigating the San Luis Obispo doctors who "dumped" a critically ill AIDS patient on San Francisco General Hospital.

**AUGUST 24**
- Proposed AIDS Exposure List Causes Uproar
  - A suggestion by a federal official that health agencies assemble lists of patients exposed to the suspected AIDS virus has created an uproar among researchers and gay leaders.

**AUGUST 25**
- Dying AIDS Patient Freed by the State
  - San Francisco social workers prodded the state bureaucracy yesterday into allowing an AIDS-stricken prisoner to live his last days in freedom.
- Rise in AIDS From Transfusions
  - The number of cases of acquired immune deficiency syndrome caused by blood transfusions has tripled this year, and federal authorities expect the numbers to continue to increase, it was disclosed yesterday.

**AUGUST 30**
- A Lymph Cancer Linked to AIDS
  - A rare type of lymph cancer that forms fast-growing tumors in bone marrow and the central nervous system is on the increase among male homosexuals, and researchers are linking the disease to AIDS.
SEPTEMBER 5

- S.F. Supervisor Seeks Probe of AIDS
- Fears in San Francisco

By Dina Conant, Special to The Chronicle

The public's persistent fears about AIDS make it difficult to find housing for victims of the illness, according to San Francisco's Shari S. AIDS Head of Housing Program.

The researchers at Chiron then isolated the genetic material in the virus and succeeded in identifying its precise chemical structure. The 9000 chemical units in each molecule include genes that control the synthesis of proteins carried on the outer coating of the virus, genes for protein within the viral core, and genes for the enzymes that assemble the entire genetic molecule.

The Chiron researches have long been working with many retroviruses, including one that causes leukemia in cats. They have already used their experience to insert feline leukemia virus genes into yeast cells.

The experiments have shown that the genes can "express" themselves by inducing the production of viral proteins in those cells, Dina said in an interview yesterday.

To clone the genes for Levy's ARV, Dina explained, the Chiron researchers used the RNA techniques to clone the genes both in ordinary bacteria and in a class of viruses known as bacteriophage, which prey on bacteria. The bacteria and the virus organism then reproduced rapidly and acted as factories to mass-produce large quantities of the ARV genes.

According to Dina, the Chiron scientists have not yet proven that their cloned genes will "express" themselves by ordering the synthesis of proteins in laboratory cultures of yeast or mammalian cells. But the researchers are working on those crucial experiments, Dina said, and are confident they will quickly succeed because of their earlier success with similar feline retrovirus experiments.

Dina and his colleagues believe that specific cell-destroying proteins that triggers AIDS will prove to exist on the outer coat of the ARV virus.

But wherever the guilty proteins are found, Dina added, the scientists should quickly be able to create a highly specific human test that will reveal the presence of antibodies to it.

Similarly, a vaccine would be made by using individual segments of the viral gene that triggers AIDS and thereby would avoid the potentially hazardous use of the entire virus, Levy said.

This work is in an intensively competitive stage right now, and scientists in many laboratories are suing with each other for glory and -- in the case of genetic engineering companies -- for valuable commercial advantages.

Levy's ARV, for example, is believed to be virtually identical in form and molecular structure to the virus called HTLV-III discovered by Dr. Robert Gallo at the National Cancer Institute and to the virus called LAV first identified by Dr. Luc Montagnier at France's Pasteur Institute.

These groups are also racing to identify the genes of the virus and to clone them, the crucial steps in producing a sensitive diagnostic test and ultimately a vaccine -- steps that Chiron's scientists claim to have accomplished.

unused S.F. Hospital Sought for AIDS Care

By Randy Shults

As new statistics showed dramatic increases in AIDS cases and deaths in San Francisco, its leading AIDS researcher said yesterday he will ask that the federal government give the city the abandoned Public Health Service Hospital to care exclusively for AIDS patients.

Predicting 7500 AIDS cases in San Francisco by early 1987, Dr. Marcus Conant of the University of California at San Francisco said a hospital caring solely for AIDS patients "will be an unfortunate necessity before too long." The 90-bed hospital at 15th Avenue and Lake Street in the Presidio was closed in 1981 as part of Reagan administration budget reductions.

Representative Sala Burton asked federal authorities in a letter earlier this year to turn over the facility over to the San Francisco Department of Public Health for an AIDS hospital.

But the Department of Defense, which owns the building, said at the time that it needed the facility for classes by the Defense Language Institute until the institute moves to a new headquarters in Monterey.

Conant said yesterday that he will ask the governor's AIDS Task Force on Friday to seek
support for turning the hospital into a regional treatment and research center for the acquired immune deficiency syndrome.

The suggestion comes amid fresh concern among AIDS researchers and local hospitals about how to handle the staggering increases in AIDS patients.

Officials of both the San Francisco Health Department and the federal Centers for Disease Control released new AIDS statistics yesterday.

In San Francisco, a record number of AIDS deaths and new AIDS cases were reported last month. About two new cases were reported daily for an October total of 59. There were 29 AIDS deaths in San Francisco last month — nearly one a day.

Nationally, 6600 AIDS cases were reported as of last week, half of them diagnosed this year. Of these victims, 3089 have died. Present surveys show that the number of AIDS patients is doubling every nine months. If the disease proliferates at its current rate — and it is showing no indication of slowing down — Conant figures that "by conservative estimate" San Francisco will have 7800 AIDS cases in just 2 1/2 years.

The estimate is in line with projections from the federal Centers for Disease Control that at least 10 percent of people exposed to the AIDS virus eventually will contract the deadly malady. Recent studies indicate that as many as two-thirds of San Francisco gay men have been exposed to the virus thought to cause AIDS.

"The cases we're going to see in two years are already in the pipeline — the people who have seen the virus, they're incubating the disease and there's nothing we can do about it," said Conant, director of the AIDS Clinical Research Center at UCSF.

"We should start planning now for the crisis that we'll be seeing in two years," said Conant, who is also chairman of the California Department of Health Services AIDS Task Force.

"Even if we are a given time, only 10 percent of people with AIDS need hospitalization, that's 750 hospital beds we'll need in San Francisco alone. That's more than our current facilities can handle."

A survey by the Department of Public Health has found that in any given week, about 15 percent of AIDS patients are hospitalized. Last month, about 100 AIDS patients were in hospitals, according to the survey.

Dr. Dean Eichenberg, the department's director of communicable diseases, said the city needs to prepare for that hospital load doubling within the next year.

"We're surveying hospitals now to try to establish what our needs are — it's clear we've got a major problem here," said Eichenberg. "We've got to plan now to decide how we're going to deal with it."

Spokesmen for local hospitals conceded yesterday that they do not have the facilities to handle any substantial increases in AIDS patients.

With the reputation as the best AIDS treatment facility in the nation, the AIDS ward at San Francisco General Hospital has filled its 12-bed capacity since it opened in July 1983, said Cliff Morrison, the hospital's AIDS coordinator.

A new 12-bed AIDS ward slated to open in six months will not be large enough to hold even the 28 AIDS patients now being cared for throughout the 456-bed public hospital.

Morrison said that more people are being treated for AIDS in the hospital than for any other medical problem.

"How far are we going to be able to go?" asked Morrison, the hospital's assistant nursing director. "Are we going to end up with 100 AIDS patients or 200? People are afraid to say because of the politics. But it would be difficult to have half the beds at General taken up with AIDS patients. We have other programs too."

Morrison said that private hospitals "will have to carry their load of AIDS patients — whether they like it or not."

However, some private hospitals have been reluctant to treat AIDS patients because of staff objections or concern that these cases will scare other patients away from their facilities. Even the hospitals that do treat AIDS patients say they will not be able to handle anything near the tenfold AIDS increase that Conant has predicted.

At Ralph K. Davies Hospital in the heavily gay Castro Street neighborhood, nursing director Marilyn Watkins said the hospital at most could handle 10 more AIDS patients, about double what it treats now.

"It gets complicated when we start talking about the people who need intensive care — our unit has only 11 beds," said Watkins.

With growing numbers of AIDS cases in the East Bay and the Peninsula, Conant said a regional treatment center at the Public Health Service Hospital would provide a chance of coordinated response to the growing AIDS crisis.

"We could offer the right treatment while conducting research that, hopefully, could end the nightmare," said Conant.

"All the hospitals in this region need to get ready to carry their share of the load."

The abandoned U.S. Public Health Service Hospital proposed as a regional treatment center for the growing numbers of AIDS patients.
Two Men Get AIDS After Sex With Women

BY RANDY SHILTS 11/19/84

The first known San Francisco cases of women transmitting AIDS to men — apparently through sexual contact — were reported yesterday by the Department of Public Health.

Two heterosexual men appear to have developed the lethal disease after sexual contact with two women who were intravenous drug users and may have shared contaminated needles with other addicts.

People who inject drugs have long been among those at high risk for contracting the acquired immune deficiency syndrome.

They make up a large percentage of New York City's AIDS caseload, and there have been a few reported cases of male drug users giving AIDS to female sexual partners in that city.

In San Francisco, where 98 percent of AIDS cases are among gay men, seven heterosexuals have contracted AIDS since last year, four of them in the last six months, said Dr. Dean Echenberg, director of the health department's Bureau of Communicable Diseases.

Of those cases, he said, five had histories of intravenous drug abuse, he said. Two were men who apparently had acquired the disease through sexual activity with two drug-using females.

Echenberg said the federal Centers for Disease Control had discovered only two other cases of heterosexual males with AIDS whose only risk behavior was sexual contact with female drug-abusers.

There are far more reported cases of male drug users infecting their own female sexual partners, a phenomenon which suggested to some researchers that men could transmit AIDS to women but women could not transmit AIDS to men.

Dr. Andrew Moss, an epidemiologist with the University of California at San Francisco working at the San Francisco General Hospital AIDS clinic, said he has interviewed the two men. But it was difficult to determine exactly how the men had developed AIDS because city epidemiologists are unable to locate the women who may have been the AIDS carriers.

"What would be convincing was if you could find the women that the men had sexual contact with and test them to see if they have the AIDS virus," he said.

But researchers said yesterday that they expect increased heterosexual transmission of AIDS, based on their predictions on the study of how the AIDS epidemic has spread among heterosexuals in Africa.

"There are African studies that strongly suggest that it was spread through Africa through prostitutes," said Moses.

Echenberg said that the city's small but growing number of heterosexual AIDS cases was expected, although it would be overshadowed by larger numbers of victims in the gay community where priority ensures more rapid transmission of AIDS.

"Most of us working in the field anticipated this," said Echenberg. "Given the studies coming out of Zaire, it is clear that AIDS can be transmitted from women in the high-risk group.

With two new AIDS cases being reported daily, public health authorities expect the number of San Francisco AIDS cases for the year to reach 600 this week.

AIDS is now the leading cause of disease-related death among single men in their 30s and 40s in San Francisco.
Bay Area Heterosexuals Warned of AIDS Epidemic

BY SCOTT BLANEY 12/8/84

Two of San Francisco’s leading AIDS researchers said yesterday the disease could become epidemic among Bay Area heterosexuals.

Dr. Paul Volberding and Constance Wofsy sounded the medical alarm after reporting on the two latest heterosexual victims—one a woman who apparently contracted the disease three and a half years ago after an affair with a bisexual man.

This brings to four the total of reported homosexual AIDS cases outside the so-called high-risk category in San Francisco in less than a month.

The cases of two heterosexual men who had contracted AIDS after sexual contact with women who were intravenous drug users were reported on November 9. They were the first known San Francisco cases of women transmitting AIDS to men.

Volberding, director of San Francisco General Hospital’s AIDS clinic, said the latest cases “further confirm our concern that AIDS is a disease that heterosexuals can develop. The major factor appears to be direct sexual contact with persons who have the AIDS virus.”

If you see AIDS in any group, it is already likely an epidemic has begun,” he said. “I would hope that it was not true in this case.”

He told a press conference at San Francisco General Hospital that there is no current indication as to how widespread the disease is among heterosexuals.

Acquired immune deficiency syndrome affects a victim’s immune system, rendering it incapable of fighting off serious diseases. It is almost always fatal, but its symptoms may take five years to surface.

The doctors said none of the four heterosexual cases reported in San Francisco were considered in the high-risk AIDS categories: homosexual or bisexual, intravenous drug users, Haitians or hemophiliacs.

The three heterosexual men who contracted AIDS have a history of sexual contacts with prostitutes, Volberding said.

The woman, who was described as “being in her 50s” and “not promiscuous,” had a brief affair with a bisexual man three and a half years ago, the doctors said.

Although this particular woman developed an AIDS-related disease, other women may be carriers without showing symptoms of AIDS, the doctors said. A woman who has had contact with a male AIDS victim may carry the virus and infect other sex partners, who in turn can expose even more women.

Wofsy, co-director of the AIDS clinic at San Francisco General Hospital, said, “Many people may simply not be aware how the disease is spread.”

Researchers believe the virus is carried by semen and blood. Women are vulnerable to infection from bisexual men because “many men may not choose to disclose their bisexuality to the woman,” she said.

In a recent survey of San Francisco’s gay community, Research Decisions Corp. revealed that 21 percent of the city’s gay men—a figure representing 15,000 men—had had at least one sexual contact with a woman in the last five years.

The figure represented only men who considered themselves gay, not men who may be bisexual but consider themselves heterosexual, researchers said.

“These four cases of heterosexuals has caused us a good deal of concern, what with the epidemic among homosexual men,” Volberding said yesterday.

“What we want to do is to alert the public. With what we now know about AIDS, it would be irresponsible not to give early notice to the heterosexual community that sexual contact with persons carrying the AIDS virus appears to put them at risk for contracting the disease.”

Volberding said that when the disease first appeared in 1981, medical researchers were baffled. As they studied it, the epidemic developed in the gay community. As of November, 1984, 4,021 AIDS cases, most of them involving homosexuals, had been reported nationally.

“We shouldn’t lose track that this might be our last chance to halt the epidemic,” Volberding warned. “We don’t usually call press conferences to announce every new AIDS case.”

The two doctors said their immediate “target group” was people with numerous sexual contacts.

“I hate to sound like the Moral Majority spokesman,” said Volberding wryly, “but this single sex partner is the recommended mode.”

Volberding said effective case studies of the male-female-male interaction of the disease, especially among the city’s prostitutes, is “unlikely. We do not expect much volunteer information.”

an additional $2.4 million to cope with the AIDS epidemic.

OCTOBER 30

Gay Fears Threaten Major AIDS Study

A federal AIDS study is faltering because San Francisco gays fear their health information will not be kept confidential, researchers from the University of California at Berkeley said yesterday.

300 in Rally Against Closing of Bathhouses

A crowd of about 300 militant gay and lesbian rights advocates gathered at Castro and Market streets last night for a rally protesting the closing of San Francisco’s gay bathhouses.

NOVEMBER 1

New Study on Drug to Treat AIDS Patients’ Pneumonia

A drug previously used to treat African sleeping sickness has lowered fever and cleared the lungs of six men with the pneumonia that is fatal to most AIDS patients, researchers said yesterday.

NOVEMBER 4

Unused $3.5 Million Handed to UC AIDS Projects

A University of California task force on AIDS has allocated $1.7 million to 38 university research projects seeking the causes and possible treatment for the acquired immune deficiency syndrome.

AIDS Researchers Look to Africa

Paris: European researchers say that central Africa, where AIDS is spreading through the heterosexual population, may hold the solution to the baffling, fatal syndrome that is killing young, healthy men in the United States mainly affects gay men.

The Gays of Paris Unfazed by AIDS

Paris: Despite predictions of an imminent “explosion” of AIDS cases in Europe, gays in Paris have shown little desire to modify their sexual behavior.

NOVEMBER 10

Two Men Get AIDS After Sex With Women

The first known San Francisco cases of women transmitting AIDS to men—apparently through sexual contact—were reported yesterday by the Department of Public Health.

Patrons Get Role in Bathhouse Cases

Six gay bathhouse patrons can intervene in a legal battle between the city and the bathhouse owners.
and operators, a San Francisco Superior Court judge ruled yesterday.

NOVEMBER 14
■ Hearing on Gay Bathhouses
San Francisco's right to shut businesses in the midst of an epidemic in an effort to protect the public health will be challenged in court today by attorneys arguing the invasion of privacy and property rights.

NOVEMBER 15
□ 70,000 Gay Men In S.F.
A professional survey designed to produce the first reliable statistics about San Francisco's gay community has determined there are 70,000 homosexual men living in the city, nearly half of them earning more than $25,000 a year. Page 26
■ Bathhouses Willing to Ban Sex in Some Areas.
Defense attorneys argued yesterday that a ban on high-risk sexual activity should be imposed in the common areas of gay bathhouses rather than shutting down the establishments.

NOVEMBER 29
■ Judge Reopens Bathhouses
San Francisco's gay bathhouses and sex clubs were allowed to reopen yesterday under a city's order placing strict restrictions on the sexual activity at those establishments.

NOVEMBER 30
■ Posing on Bathhouses Leaves City, Owners With Problems.
Neither side in the controversy over closing San Francisco's gay bathhouses and sex clubs appeared satisfied yesterday with a judge's order permitting the establishments to reopen.

DECEMBER 3
□ San Jose Man Refuses Blood
A San Jose man who is afraid he will contract AIDS has refused a blood transfusion because the Red Cross will not allow him to use blood donated by his friends and family.

DECEMBER 4
□ Man Who Fears AIDS Is Changing Hospitals
A motorcycle crash victim will be transferred from Kaiser Hospital in Santa Clara because of his insistence that donor blood for a transfusion be guaranteed free of AIDS.
■ Important AIDS File Stolen
The assistant director of the AIDS clinic at San Francisco General Hospital appeared yesterday for the return of a stolen briefcase that contains valuable research papers.

DECEMBER 6
□ Bay Area Heterosexuals
Warned of AIDS Epidemic
Two of San Francisco's leading AIDS researchers said yesterday the disease could become epidemic among Bay Area heterosexuals. Page 27

New Debate on AIDS

BY ERICA GOOD 12/7/84

A leading AIDS researcher and public officials disagreed yesterday over what approach to take to the virus or lifting the emergence of AIDS in San Francisco's heterosexual community.

The researcher, Dr. Paul Volberding, citing the need to seize "what may be the last chance to stop this epidemic," urged city authorities to track down the sexual contacts of heterosexual AIDS victims and inform them of their exposure to the illness.

Public health officials say such a program would lack the precision and irreproachability of targeting people without actually achieving much.

Dr. Volberding, director of the city Health Department's Bureau of Communicable Disease Control, said scientists still do not know what the odds are that a person who has had sexual relations with an AIDS carrier will contract the disease or pass it on.

"You would not only be telling people that they had a contact and there is not much you can do about it, but beyond that, we still wouldn't know if they had been infected," Echenberg said. "You might cause a tremendous amount of damage without really doing any good.

A positive result on the tests would only show that a person has been exposed to the virus, but would not indicate whether a person is carrying the virus or incubating the disease. It is not even known how often the tests are wrong, Echenberg said.

He said the department plans to start tracing sexual contacts when a reliable and sensitive test is available — perhaps within the next year. But until then, Echenberg said, "It goes against all public health precepts. You don't go after that kind of screening unless you have something you can do once you find people.

Volberding, director of San Francisco General Hospital's AIDS clinic, said he thinks the city is being too cautious.

"I think we should lurch ahead with the crude tools we have available now," he said.

"There are research tests that are available and that could be used by the health department," Volberding said. "I understand the hesitation. There are very real concerns that need to be discussed and clarified, and it's true that we don't know what having the antibody means."

But he believes that confronting sexual contacts with the possibility they might spread AIDS could be the most effective way to stop the epidemic, said the physician.

"We're talking about my convincing my heterosexual friends to be monogamous is pretty slim," Volberding said. "But I might be able to convince one person who has had contact with an AIDS victim to limit sexual contact.

Mayor Dianne Feinstein said she "would tend to agree with Volberding — from the perspective of a lay person. We have an epidemic running rampant around here without a cure."

Feinstein said if she had unknowingly had sexual contact with an AIDS carrier and might be carrying the disease, "I would want to know," despite the shock and trauma the knowledge would cause. "I wouldn't want to spread the disease to somebody else," she said.

Two new cases of AIDS in heterosexuals — neither of them in a high-risk group for the illness — were reported earlier this week, bringing the number of such cases in San Francisco to four in less than a month.

Despite their small number, the heterosexual cases already have been called "epidemic" by AIDS researchers because an epidemic is defined medically as any unexpected outbreak of a disease in a population.

One of the new cases is a woman "in her 50s" who apparently contracted the disease more than three years ago when she had an affair with a bisexual man, Volberding said. The other is a heterosexual man who has a history of sexual contact with prostitutes.

The other two cases, reported by the health department November 9, were the first occurrences in San Francisco of AIDS in het-
erosexuals outside the high-risk category — which includes bisexuals or homosexuals, intravenous drug abusers, hemophiliacs and Haitians.

But similar AIDS cases have been reported in other parts of the country and make up about 1 percent of the 6621 cases of AIDS reported nationally as of November, Volberding said.

Volberding said doctors at San Francisco General have been trying on their own to establish who their female patients may have had sexual relations with after contracting AIDS. But they have not taken any action, he said.

No like effort has been made with the male AIDS victims, he said, because the prostitutes are too difficult to track down.

In the gay community, the long incubation period for the illness up to five years in some cases, combined with the large number of sexual partners of many gay AIDS victims, make it impossible for public health officials to trace sexual contacts there, according to Echenberg.

Dr. Paul Volberding
Silverman Steps Down as S.F. Health Director

BY CAR NIXTE 12/12/84

San Francisco Public Health Director Mervyn Silverman, whose handling of city hospitals and the AIDS epidemic made him a controversial figure, resigned yesterday.

Silverman said at a news conference that he resigned to allow the city's new health commission to pick its own director of public health.

But a series of management problems at San Francisco General Hospital and his own off-and-on decision on closing gay bathhouses had made him unpopular with city leaders.

His resignation was accepted promptly by Mayor Diane Feinstein thanking him for his service but omitting any mention of regret over his resignation.

Silverman's resignation from the $90,000-a-year job is effective January 15, the day the new commission begins running the health department.

"It is time in my career," Silverman said, "to do something else." Although he will stay on as a consultant with the city for 60 days, Silverman said he has no job lined up.

His departure is more than a job change.

Feinstein commented, "I think highly of him and wish him well, but the time has come for a new team.

"His decision to resign and my acceptance of it is not related to any one issue but is related to a need to bring in new blood," she said.

Silverman denied he had been pressured into resigning, but it was clear that he had lost the confidence of the mayor and of Roger Boas, the city's chief administrative officer.

When asked if he is sorry to see Silverman leave city service, Boas said, "That is no longer a concern of mine."

Silverman had been in political hot water for some time, but the pressure on him reached the boiling point in the past year.

In February, state health investigators found major problems in nursing care, sanitation, food preparation and record-keeping at San Francisco General Hospital. They threatened to withhold state and federal money if the problems were not corrected. The warnings later were lifted.

On February 28, Boas removed San Francisco General and Laguna Honda Hospital from Silverman's control. He said Silverman "was not adequate to the task" of running the institutions.

It looked bad for Silverman then, but worse was to come. The next problem was the AIDS epidemic, which he called "the most political disease I've ever seen."

He was under pressure from the mayor to close the bathhouses and sex clubs, but he resisted.

First he thought the spread of AIDS could be prevented by educating the community. Then he said he could not close the baths for legal reasons. Next he said the health department should ban "high-risk" sex in bathhouses, a statement the mayor found "very confusing."

Finally, in October, Silverman ordered 14 bathhouses and sex clubs closed. His decision set off a huge furor in the gay community, and the closure was partly lifted in court.

There were also major problems discovered in the operation of the city's ambulance fleet.

Last month, the voters approved Proposition C, a measure that removes the Department of Health from the chief administrator's office and puts it under the control of a commission appointed by the mayor.

Silverman still had support in other parts of City Hall. Supervisor Nancy Walker, chair of the Board of Supervisors' Health Committee, said yesterday she is sorry to see him go.

"He has been a good director," Walker said. "But he could not serve two masters - the mayor, who controlled the budget, and the chief administrative officer," who was his nominal boss.

Supervisor Bill Maher, another Silverman supporter, said Silverman built up citizen trust in the health department.

"The health department handled everything from AIDS to malnutrition, from refugees to trauma cases," Maher said. "It takes a person who is really close to people to make it effective."

Dr. Frank Lewis, chief of staff at San Francisco General Hospital, said Silverman was "quite well liked" at the hospital. "He was a strong defender of the hospital over the years."
Groups That Assist the Victims of AIDS

The people who help AIDS victims say the epidemic is starting to outpace their services. Most of their groups are private and non-profit; some receive partial or full government financing, and others get all their money through donations.

DECEMBER 15

One Sign of Hope in Race Against Time

Three years of high-pressure research on three continents have yielded at least one note of moderate reassurance from physicians and epidemiologists trying to stem the spreading AIDS epidemic.

DECEMBER 21

Health Director Must Define 'Safe Sex'

The city's health director has the final word in deciding which sexual practices will be permitted in gay bathhouses, a San Francisco judge ruled yesterday.

DECEMBER 24

Man Says He Has AIDS — Tries to Kill Himself

A 49-year-old man who said he suffers from AIDS tried to kill himself early yesterday by driving off Devils Slide, but a witness called police and the man was rescued after a 300-foot plunge.

DECEMBER 28

Private Hospitals to Take More S.F. AIDS Cases

At the urging of a new mayoral task force, San Francisco public health officials are moving to place a greater share of AIDS patients in private hospitals next year, The Chronicle has learned.

AIDS Victim Who Tried to Kill Himself Dies at S.F. General

The 49-year-old San Francisco man struck with AIDS who drove his car off Devils Slide died of his injuries yesterday.

DECEMBER 29

Private Hospitals ‘Welcome’ AIDS Plan

Administrators of San Francisco's private hospitals said yesterday that they welcomed the plan of a mayoral task force to channel more AIDS patients into their institutions next year.

Ward 5B

Ward 5B at San Francisco General Hospital is reserved for AIDS patients. The ward was set aside in 1983 for victims of the plague in large part because AIDS had so much terror and stigma associated with it that patients were not getting decent treatment elsewhere. A fiercely committed nursing staff works 12 hour shifts, knowing the work will not save lives but will simply make death comfortable. All members of the ward staff insist they would work nowhere else.
"When you're talking about five patients, it was an interesting phenomenon — something you'd make a second phone call about. I think most people thought we'd figure it out in a few months and then go on to other things."

Medical technician SANDRA FORD

The repeated orders for pentamidine from a handful of Manhattan doctors in early 1981 puzzled Sandra Ford, the drug technician who filled orders for rarely used "orphan" drugs available only from Atlanta's Centers for Disease Control.

In the first three weeks of April 1981 alone, Ford had received five pentamidine orders from one New York City doctor, who remained unable to explain why his young male patients seemed to have lost their immune systems.

"I figured he should go back to medical school if he couldn't find a simple neoplasm," Ford, 33, recalls. "People just didn't need this drug unless there was an underlying diagnosis of immunosuppression."

On April 28, 1981, Ford wrote a memo to the centers' parasitic disease division, listing the unexplained cases of Pneumocystis carinii pneumonia and "bone sarcoma" among young men who, it turned out, were all gay.

In the nightmarish months that followed, somebody scrawled a commemoration of that memo on a cafeteria napkin, and it remains taped outside a door in the Centers for Disease Control headquarters: "In this room in the spring of 1981, the epidemic of what would later become known as acquired immune deficiency syndrome was discovered."

The napkin, however, is posted outside the wrong door; Ford discovered the epidemic in an office down the hall. The misplacement seems vaguely appropriate, since the excruciating AIDS research by investigators at the Centers for Disease Control has been marked by a series of false leads and mistaken theories, dead ends and doors that open to nowhere.

Grim Prognosis

Only one aspect of the disease remains constant: its toll of victims, increasing with a cold mathematical certainty. Today, three and a half years after Ford wrote her memo about five inexplicable victims of a rare pneumonia, AIDS has stricken more than 700 Americans, killing nearly half of them so far and promising to kill all its victims within three or four years. With the national AIDS caseload doubling every nine months, the syndrome threatens to kill many thousands more — and, if unabated, as many as tens of thousands.

In no place is the grim prognosis for this epidemic more palpable than the cluster of brick and concrete headquarters of the Centers for Disease Control. As the nerve center for the federal government's public health detectives, the CDC has had the job of tracking the deadly efficiency of the AIDS epidemic, predicting its course and, it is hoped, finding something to end it.

This has proved to be frustrating work.

"You begin to wonder if there is life after AIDS — if this epidemic is ever going to get over," sighs Dr. James Curran, the 30-year-old epidemiologist who was put in charge of CDC's AIDS Activity Office just six weeks after Ford wrote her memo. "It's been a strain on all of us," he says.

For Americans with a high risk of contracting AIDS...
the year 1981, the epidemic of what later became known as acquired immunodeficiency syndrome was discovered.

particularly gay men — Curran has been a wellspring of bad news. In New York, he recently stunned gay doctors by warning them: “You’ll be spending the rest of your 10 weeks, they were the most important clue to preventing the further proliferation of AIDS will come from CDC’s epidemiologists, the people who track the human side of an epidemic as it spreads through the population.

The story of the AIDS investigation at the CDC is, to a large extent, the story of how a deadly and terrifying epidemic has unfolded in America.

At the start, in the heady weeks after Ford wrote her memo, nobody thought the outbreak of bizarre diseases among gay men would turn into what some scientists call the most frightening epidemic of the century. “When you’re talking about five patients, it was an interesting phenomenon — something you’d make a second phone call about,” recalls Ford in her tiny CDC office. “I think most people thought we’d figure it out in a few months and then go on to other things.”

With a speed that has earned the CDC its lofty reputation, the agency quickly created a task force. Jim Curran was a natural to head the office. As an assistant health commissioner in Columbus, Ohio, he was one of the first municipal health officials to hire gay staffers to work in the clinics. After earning his postgraduate degree in public health at Harvard, Curran was snapped up by the CDC to coordinate the center’s Vectorial Disease Control Division. In the late 1970s, as gays began aggressively pushing for more health services, Curran was one of the first federal health officials to work directly with the homosexual community. With extensive cooperation from gay clinics across the nation, Curran coordinated the project that developed the hepatitis B vaccine.

The other 20 staffers rounded up for the informal task force also came from the venerable disease section, whose budget was also raided to finance the first inquiries into “gay pneumonia.” As it was then known. Rooms that once housed animals for CDC veterinary work were quickly converted into offices. The doors still have openings at the floor where animal keepers once shoveled in food.

Working from this warren of offices, the task force started contacting gay physicians throughout the country. In 10 weeks, they found that about 100 gay men had died; some had died as long as two years before. Their deaths written off to unexplained causes. Interviews by the CDC epidemiologists found a fairly consistent profile of the victims of the then-unnamed syndrome.

“Everybody could clearly be defined as a gay man, and most had fairly fast-lane lives,” says Curran. “What did this mean? None of us believed in genetic theories that gays were genetically different from heterosexuals, so we focused on behavioral theories.”

The early word from AIDS researchers was that no transmissible agent was involved in the disease. Early CDC efforts — which subsequently were criticized by gay doctors — focused on the possibility that the use of drugs or “poppers,” a sexual stimulant popular among gays, might cause AIDS.

“A lot of us believed it might be a transmissible agent,” recalls Curran. “But we wanted it to be easier than that. I would have liked it to be poppers. You could stop everything right away — ban them, break all the vials, and it would be the end. Nobody does that.”

It wasn’t that easy. The first case-control study comparing AIDS victims and healthy gay men found no relationship between popper use and the malady. Meanwhile, cases increased at staggering speed. By December 1981, almost 200 cases were detected, an amazing increase for a disease that was unheard of just six months before.

It was also clear that AIDS was use-examine all that it was not a disease so much as a syndrome that destroyed the body’s immune system, leaving its victim susceptible to a host of infections that had been scarcely known.

At the end of that confusing first year, the key to understanding the syndrome was believed to lie in the discovery of the virus that people typically acquire to diseases after a lifetime of building antibodies.

The signs of the immune deficiency were Kaposi’s sarcoma, a cancer, and the deadly Pneumocystis carinii pneumonia. But there were doz­en other diseases associated with AIDS. Scien­tists sometimes had to call in veterinarians to diagnose patients, since the diseases previously had been seen only in animals. Evidence suggested, however, that AIDS was caused by a single infectious agent in the manner of a disease — working alone or in tandem with another agent — the en­croachment of epidemic had all the appearances of a B-grade science fiction movie, laced with mystery, an exotic group of victims and the poten­tial for horrifying deaths of thousands of Americans.

AIDS Got “Bad Breaks”

For all the danger flashing at the CDC, however, the epidemic was met with indifference both from the media and from federal budget officers. Don Berreth, the chief press spokesman for the centers, prodded reporters to cover the unfolding epidemic, only to be told that most newspapers didn’t want to cover a story so directly tied to gays.

“It was the only story I’ve been involved with in which we felt the need to sell it to people,” says Berreth, who becomes visibly irate when he recalls the early days of AIDS. “Reporters’ reaction would be that they couldn’t sell their editors on it. I think there was still the perception that this was a disease for gays. So what? We don’t want to write about it in our newspaper.”

Requests for increased funding for the AIDS Task Force were largely ignored by the Reagan administration budget chiefs. Although CDC officials maintained publicly that they had all the funding they could use, the people doing the actual research on the epidemic recall 1981 and 1982 as years of low staffing and supply short­ages.

For microbiologist David Cross, the shortages meant that there weren’t enough technicians to examine all the blood samples from across the country that were filling his lab’s refrigerators.

“Money was tight,” says Cross, 31, who revels in the mundane “monkey work” that forms the backbone of CDC research. “Some blood sat in the refrigerator for a month before we had time to look at it. That’s a pretty long time when you’ve got a health emergency and you might be able to get some meaningful information from looking at it.”

“We couldn’t get enough vials downstairs,” he says. “They couldn’t keep supplies running fast enough. It took someone other than gays getting this before the (Reagan) administration got off their duffs.”

Dr. Walter Dowdle, then the newly installed chief of the Center for Infectious Diseases (one of the six centers making up the Centers for Disease Control), recalls the first year of the AIDS epidemic as a time when few took the growing plague seriously.

“The fear was that this was convincing everyone there was a gay disease,” says Dowdle, an immunologist. “Legionnaire’s Disease, which was much smaller, got a great deal of publicity. It happened with a group of people who could get a great deal of publicity and sympathy. A lot of it is the breaks of who it happens to and when it happens.”

In short, gays got a bad break.

An ‘Unhappy Anniversary’

The next major group of AIDS victims to be discovered were intravenous drug users — did not engender much more sympathy, even though it further complicated the mystery of AIDS.

“When there were just 100 cases of AIDS, the first two or three drug addicts were interesting, but we weren’t sure what to make of them,” says Curran. “It was uncertain whether they weren’t gay men selling themselves to buy drugs.”

A few months later, the mysteries grew more baffling when unexplained cases of Kaposi’s sarcoma and toxoplasmosis, a brain infection that was hitting gay AIDS patients, started appearing among Haitian refugees in Florida and New York.

“One saw the immune studies on the Haitians — and they were as bad or worse as the people we were seeing before — I made the case very strongly that we were seeing the same thing with them,” says Dr. Thomas Spira, chief of the division of immunology at the Center for Infectious Diseases. “The fact that we were seeing this at the same time as their problem among gays brought out the question of whether this was something new or something we had missed.”

Cases among heroin addicts in late 1982 also added a curious twist to the puzzle. “The first case was trouble­some,” says Curran. “There wasn’t anything you could make much out of. When you had three, they fit an important pattern, and that allowed us to make some conclusions.”

The spread of AIDS — which most scientists had come to believe involved some infectious agent — clearly in­volved passing fluids through sexual activity or the ex­change of blood, either through blood products or the sharing of a needle. The Haitian factor in the AIDS epidemic remains a mystery even today.

At that point, however, the epidemic’s characteristics were so unique that scientists had to struggle to figure out how to label the phenomenon. The terms “gay cancer,” “gay pneumonia” and even “gay plague” caught on in the first months of the disease. Some researchers floated the acronym GRID — for gay-related immune deficiency — before CDC finally settled on the more sex­ually neutral “acquired immune deficiency syndrome” in the summer of 1982.

A year after the CDC formed its AIDS Task Force — when the AIDS caseload approached 400 — the baffled researchers commemorated their year of frustration with a party. Somebody brought a cake with icing that read: “Unhappy Anniversary.”

Help for the sober researchers came not from the nation’s top health officials — who, sensitive to Reagan austerity programs, refused to publicly call for money for AIDS studies — but from congressmen spurred by
fearful gay constituents. Bill Krause, the gay aide to late San Francisco Congressman Philip Burton, drew up a supplemental appropriation of $12 million for AIDS funding when he discovered that the Public Health Service was devoting less than one-tenth of 1 percent of its budget to AIDS.

In early 1983, when the AIDS caseload topped 1000, the national news media finally discovered the syndrome, propelling news of the long-simmering health crisis to the front pages. Editors and reporters who had long avoided writing about AIDS flashed the lights on CDC phones, searching for evidence that AIDS might move beyond risk groups of gays and junkies and move into the population that mattered more to the journalists: heterosexuals.

"We were fed up with the media saying the disease was going to 'break out' — whether it was feared it would be spread to policemen, firemen, or waiters," recalled CDC press chief Berreth.

For several months, every minor twist and turn in AIDS research was followed intently. Breathless reports on the thinnest preliminary research at universities across the country became sarcastically known as "the breakthrough of the week" stories among serious AIDS investigators.

When a New Jersey researcher discovered several AIDS cases among babies, Dr. Anthony Fauci of the National Cancer Institute grabbed headlines by presuming that the babies had contracted the syndrome through "routine household contact." The conclusion ignored assembled evidence by CDC that people could get AIDS from contact with an AIDS victim's blood, and that babies, by definition, had prenatal exposure to blood with their mothers, who were intravenous drug users.

Unglamorous Work

Garnering fewer headlines was the less glamorous work CDC researchers conducted with AIDS patients across the country. Interviewers spent hours probing every aspect of AIDS patients' lifestyles, right down to the grittiest details about sexual behavior.

"Many of the questions we had to ask were very personal," says Mary Cumberland, 32, a CDC epidemiologist who, before AIDS, had tracked the course of cholera in Bangladesh. "It was very exciting to be on the cutting edge of research. It was a once-in-a-lifetime chance. They don't invent new diseases very often for us to explore. But I had to become oriented very quickly to AIDS and the gay lifestyle. I had to learn all the nuts and bolts of AIDS, some of which had to do with sexual practices."

The interviews turned up clues to the transmission. Gay men involved in passive anal intercourse clearly had a greater risk of contracting the disease. This indicated that the AIDS virus might be spread from semen injected straight into the blood through fissures in the rectum. Not surprisingly, men with more sexual contacts also had a greater risk of contracting the disease. But the infectious agent itself remained elusive, guaranteeing that every discussion of AIDS would involve words like "mystifying" or "baffling."

Lymphocytes in Room 1206

Exhaustive tests of blood, urine and tissue samples of AIDS patients turned up many candidates for a possible AIDS virus. First, researchers thought the Epstein-Barr virus, which causes mononucleosis, might cause AIDS; some researchers looked toward a herpes virus as a possible AIDS virus. Both were present among AIDS victims. But they also turned out to be virtually endemic to gay men, most of whom weren't getting AIDS, and were written off as false leads.

Meanwhile, in Paris, Pasteur Institute researchers found a virus they suspected of causing AIDS in January 1983. The American medical establishment, however, was reluctant to take the discovery seriously, waiting instead for the National Institutes of Health laboratories to offer definitive conclusions.

In early 1984, in front of the gray and black cell-sorter in Room 1206 of the CDC headquarters, microbiologist Cross began running tests on a new virus — called HTLV-III — that NIH scientists discovered late last year. With deadly efficiency, the virus, part of a rare subgroup of viruses known as retroviruses, consumed lymphocytes, a key component of the immune system.

Cross eagerly collected another blood sample from a healthy secretary who worked across the hall, and infected the lymphocytes with HTLV-III. It was just the kind

"I'd like to sound more upbeat about this, but there are some unavoidable facts we need to face. AIDS is not going away. Gay men don't want to hear that. Politicians don't want to hear that. But for many of us, AIDS could well end up being a lifelong commitment."

DR. JAMES CURRAN epidemiologist
of breakthrough research Cross had hoped to work on when he forsook higher-paying jobs in private medical research. “Sure enough, in just three days, that virus knocked out her (immune) cells,” says Cross.

The official announcement of the discovery of HTLV-III as the probable AIDS virus — a retrovirus that turned out to be virtually the same agent the French had discovered a year earlier — came from Health and Human Services Secretary Margaret Heckler and Dr. Robert Gallo of the NIH at a carefully choreographed press conference in Washington last April. Heckler promised a vaccine in two years, a promise that even the most optimistic CDC researchers doubt will be fulfilled.

After the press conference, however, the spotlight shifted away from AIDS, and reporters sought their headlines elsewhere. “See those phone lines?” says press chief Berreth ruefully. “Last year, all eight lines would be lit up with calls. Now, nobody calls.”

But the exact routes of AIDS transmission still remain unknown, and the CDC work continues. A team of CDC epidemiologists are now in Zaire and Mal, where an AIDS epidemic apparently is being spread through heterosexual contact. The CDC's ongoing surveillance work in the United States is also tracing the staggering increases in AIDS victims, watching their numbers double in the first nine months of the year.

Skin of Death

Even more foreboding, the surveillance indicates that AIDS remains a time bomb that will explode into a public health disaster unless a cure is found. By Curran's estimate, between 200,000 and 300,000 Americans, largely gay men, have been exposed to the virus that causes AIDS. Of those, 10 percent will contract the disease; others may get less severe manifestations of immune deficiency but ultimately may result in an early death.

Curran's figures point to an AIDS death toll of between 20,000 and 30,000 within five years. Researchers elsewhere, including some at the University of California at San Francisco, see these estimates as overly optimistic and figure that the AIDS death toll in this decade could approach 50,000, roughly the same number of Americans killed in the Vietnam War.

In a rare moment of repose, Curran munches a peanut butter sandwich in his office tucked deep in a CDC basement, dashing off quick notes to field researchers while he ponders about what the future of this epidemic means:

“When I talk to gay men, I tell them I think about how to alter their lifestyles for the next 10 years — until they're 45 or 50. AIDS is going to be with them to the end of this century, probably beyond.”

He looks tired as he scans his desk, cluttered with reports, phone messages and pictures of his wife and children. It's been a tough year for Jim Curran. Gay activists are breathing down his neck because it's one of the nation's worst-kept secrets that he would like gay bathhouses to close down. “I would like to see them all go out of business,” he says. “I would hope the gay community would take the initiative in saving lives. I've never said I would like the government to shut the bathhouses down.”

Still, Curran had at least two confidential consultations with Dr. Mervyn Silverman before the San Francisco public health director ordered the bathhouses closed in October. gays who support bathhouses saw Curran's federal shadow lurking behind the closures. On the day that Silverman announced his move against bathhouse sex, a message arrived in Curran's office from the publisher of a New York City gay newspaper: “Congratulations on closing the bathhouses. When will you start building the concentration camps?”

Others have been quick to call him homophobic, or anti-gay, because of his outspokenness in telling gays to avoid sexual contact that might put them at risk of contracting AIDS. “I must be homophobic,” he retorts sarcastically. “That's why I'm spending so much of my life trying to make sure that gay men don't get killed by this thing.”

Like most of the scientists whose careers have become intertwined in this contemporary plague, Curran can offer the usual silver lining talk about the epidemic. The key to AIDS will unlock many of the mysteries of human immunology; perhaps a cure for cancer itself will unravel from the skin of death. But such talk rings hollow in the human devastation that lies ahead, and Curran looks more tired than enthusiastic.

“I'd like to sound more upbeat about this, but there are some unavoidable facts we need to face,” he sighs. “AIDS is not going away. Gay men don't want to hear that. Politicians don't want to hear that. I don't like hearing that. But for many of us, AIDS could well end up being a lifelong commitment.”

12/9/84

Atlanta

Its symbol is a worn-out shoe with a hole in the sole, the apparel of a sleuth who will do the tiring and often mundane tasks involved with tracking down a threat to the public health.

The thorough, quick-response work of the federal Centers for Disease Control has made it the world's most eminent public health agency and earned it gushy praise from one scientific journal as “the family physician to the American body public.” Governments throughout

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**CHARTING THE PROGRESS OF A KILLER**

<table>
<thead>
<tr>
<th>JUNE 1981:</th>
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<tbody>
<tr>
<td>Startled by the sudden, unexplained deaths of gay men in San Francisco, CDC officials form task force to study mysterious disease: AIDS.</td>
</tr>
<tr>
<td>NATIONAL: 1 cases</td>
</tr>
<tr>
<td>SF: 5 cases</td>
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<tr>
<th>MAY 1982:</th>
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<tr>
<td>Deaths caused by the syndrome surprise those at Los Angeles' Ronald Reagan UCLA Medical Center; reports hint of cases at San Francisco's Latin American Center.</td>
</tr>
<tr>
<td>NATIONAL: 355 cases</td>
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<tr>
<td>SF: 44 cases</td>
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<tr>
<th>JULY 1982:</th>
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<tr>
<td>CDC researchers first theorize that a new virus may cause the baffling syndrome.</td>
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<tr>
<td>NATIONAL: 168 cases</td>
</tr>
<tr>
<td>SF: 24 cases</td>
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<tr>
<th>A U G U S T 1 9 8 1 :</th>
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<tr>
<td>Health officials in major cities across the country realize gay men have been dying of an mysterious disease since 1979.</td>
</tr>
<tr>
<td>NATIONAL: 108 cases</td>
</tr>
<tr>
<td>SF: 12 cases</td>
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<tr>
<th>S E P T E M B E R 1 9 8 2 :</th>
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<tr>
<td>CDC declares AIDS (as it is now called) is &quot;an epidemic of unknown cause.&quot; * * *</td>
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<tr>
<td>NATIONAL: 585 cases</td>
</tr>
<tr>
<td>SF: 80 cases</td>
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<tr>
<th>D E C E M B E R 1 9 8 2 :</th>
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<tr>
<td>First AIDS cases among hemophiliacs and people who have been transfused with contaminated blood.</td>
</tr>
<tr>
<td>NATIONAL: 775 cases</td>
</tr>
<tr>
<td>SF: 119 cases</td>
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**THE NATIONAL EFFORT**

**THE CENTERS FOR DISEASE CONTROL**

**BY RANDY SHILTS**

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**THE YEAR OF THE PLAGUE**

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34
the world routinely call in the CDC to pick through public health mysteries.

The center’s 42-year history, however, has produced a mixed bag of successes and failures, from its greatly applauded work on Legionnaires’ disease and smallpox to its more controversial moves in the 1976 swine flu scare and the recent AIDS epidemic.

The Office of Malaria Control in War Areas, organized four months after the attack upon Pearl Harbor to work with malaria in the armed forces, was set up in Atlanta because malaria had long been endemic to the South. After World War II, the agency took on federal responsibility for a growing range of viral and parasitic diseases, conducting the first tests on the Salk polio vaccine in the early 1950s.

The July 1976 outbreak of Legionnaire’s disease first brought the agency to prominence. Just a few years after it was reorganized as a full-fledged federal agency and renamed the Centers for Disease Control. Inexplicably, 189 people staying at the Stratford Hotel in Philadelphia during a state American Legion convention became ill; 29 died. Three hundred and twenty CDC investigators fanned out to interview thousands of conventioners, employees and local residents. They poked through every corner of the hotel, finally finding the guilty bacteria in the hotel’s air conditioning system.

Accolades also followed the center’s detective work that traced a series of unexplained deaths from toxic shock syndrome among women to a specific brand of tampons.

Other episodes in CDC history have not engendered such rave reviews. In 1972, black civil rights leaders expressed outrage upon learning that the CDC was supervising a 45-year experiment on the effects of syphilis on black men in Alabama. Begun by the Public Health Service and continued under the subsequent direction of the CDC, the infamous Tuskegee Study tracked 400 syphilitic black men in order to study the effects of syphilis, without treating them, even after a penicillin cure became widely available for the disease. CDC officials tried to discourage the government whistle-blower who eventually exposed the human experimentation after 28 men died.

Four years later, a soldier in Fort Dix, N.J. died of swine flu, the virulent form of influenza that killed a half-million in its horrid 1918-1919 epidemic. Worried that a similar episode might unfold, the CDC persuaded President Gerald Ford to launch a highly publicized $135 million mass inoculation program.

The much-feared flu epidemic never happened, and both government and drug manufacturers ended up paying millions of dollars to people who became paralyzed from side-effects of the 100 million inoculations administered. The CDC shouldered much of the blame for the nation’s most expensive and unfounded health scare.

The federal AIDS effort at the CDC has also earned criticism from diverse quarters. Gays have claimed that the CDC investigators, insensitive and ignorant of gay lifestyles, spent too much of their early efforts in fruitless inquiries that didn’t pay off. Congressional critics and gay leaders also accused health officials of duplicity, as they publicly said they had all the money needed for AIDS research while they privately pleaded with Reagan administration budget-cutters that they were desperately short of funds.

Still, a congressional report on the federal AIDS effort blamed the problems on administration budget officials and said CDC researchers deserved “high commendation” for the level “of personal commitment to solving the crisis.”

The personal commitment of CDC workers pulses in the labyrinthine hallways of the Atlanta CDC offices, where half of the center’s 6000 employees work. Most are young, snubbing better paying jobs in the private sector for the prestige of the CDC. The annual $400 million CDC budget is spread among six centers, including the Center for Infectious Diseases, which has dispatched 150 of its 900 employees to work on AIDS.

Although the work is frustrating and sometimes tedious, most CDC employees talk enthusiastically of being on the medical world’s “cutting edge,” as they invariably call it.

“Sure I could make more money working at some pharmaceutical firm,” says David Cross, a Colorado native who joined the CDC after getting his master’s degree in microbiology at the age of 24. “I always wanted to work here. I don’t feel I’m wasting my time. Already I’ve worked on Legionnaires’, swine flu and now AIDS. There’s always something going on at CDC that’s very important.”

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THE YEAR OF THE PLAGUE 35

| OCTOBER 1983:  
| Morgan-Mow finalists, a Florida AIDS patient, is flown by his hospital and “dumped” at San Francisco General Hospital. | NATIONAL: 2460 cases | SF: 305 |
| | | | |
| MAY 1983:  
| The Reagan administration decided AIDS is a “nationwide health priority.” Congress allocates millions more for research. | NATIONAL: 1450 cases | SF: 202 cases |
| | | | |
| DECEMBER 1983:  
| United Nations health officials report AIDS is spreading in Europe, central Africa and South America. | NATIONAL: 2952 cases | SF: 367 cases |
| | | | |
| APRIL 1984:  
| Researchers at the National Institutes of Health announce they have isolated a virus — HTLV-III — that appears to be the cause of AIDS. | NATIONAL: 4087 cases | SF: 578 cases |
| | | | |
| AUGUST 1984:  
| A local study indicates that as many as two-thirds of San Francisco gay men may have been exposed to the virus that causes AIDS. | NATIONAL: 5699 cases | SF: 578 cases |
| | | | |
| OCTOBER 1984:  
| San Francisco public health director Dr. Herron Scheinman closes 14 bathhouses and sex clubs. | NATIONAL: 6251 cases | SF: 736 cases |
| | | | |
| NOVEMBER 30, 1984:  
| NATIONAL: 6993 cases, 3342 deaths | SF: 826 cases, 369 deaths |
| | | | }
Like most French AIDS researchers, Dr. Willy Rozenbaum wrinkles his nose disdainfully when he recalls this April's press conference by Health and Human Services Secretary Margaret Heckler and American AIDS researchers.

It was with much fanfare at this press conference that Heckler credited scientists from the National Cancer Institute with finding a virus thought to cause AIDS—a discovery the French had made almost a year earlier.

"The conference looked more like a political campaign rally," sniffed Rozenbaum, a clinician and researcher with Paris' La Pitié-Salpêtrière Hospital. "It was like she was giving out campaign promises. I give you vaccine, I give you blood tests."

"The war" that is what Rozenbaum calls the debate between French and American AIDS researchers over who discovered the virus first.

The rivalry between the French and American scientific communities offers a unique insight into the often-invisible politics that exist at even the loftiest levels of medical research. In one corner are the National Cancer Institute in component of the National Institutes of Health and Dr. Robert Gallo, who announced his discovery of a variant of the human T-cell leukemia virus called HTLV-III at the April 22 press conference. Gallo released his discovery with a panoply of medical data supporting his contention that the virus caused AIDS.

Disputing Gallo's primacy in the AIDS field, however, are researchers at the Pasteur Institute in France, who first published a brief report on the discovery of the AIDS virus—the lymphadenopathy-associated virus, or LAV, in May 1983. They say their efforts to promote their discovery before Gallo's announcement were frustrated by a chauvinistic American medical establishment.

Finding the Virus

In January 1983, while American headlines were filled with talk of the "mystery disease," the Pasteur Institute conducted its first round of testing for an AIDS agent, and Dr. Luc Montagnier discovered LAV in the lymph node of a New York gay man who had contracted lymphadenopathy.

"It was easy to find the virus," Montagnier told The Chronicle in an interview in his office at the Pasteur Institute. "No long stories of difficulties. We looked and it was there."

In another Pasteur lab, just one floor above the room where Louis Pasteur gave the first rabies inoculation, Montagnier's colleague Dr. Jean Claude Chermann, a virologist, repeated the experiment and also found an AIDS virus. After culturing the virus in the laboratory, the researchers found that the organism regularly killed human T-cells, key components of the body's immune system.

"We knew we had the cause of AIDS," says Chermann. "By July, we had six isolates from different patients, including two from Zaire. We couldn't understand why everybody else was having such a hard time finding it."

But after their brief report in May, the Pasteur scientists said, American and British scientific publications were reluctant to publish papers about LAV. Organizers of American medical symposiums, where scientists revealed their latest breakthroughs to colleagues, were similarly not interested in inviting the French to discuss their findings.

"Nobody paid any attention to us. Maybe it was because we were French—I don't know," says Chermann.

For Montagnier, the delays were "ridiculous" and insulting. "This is a very well known institution, he says. "There was no reason for this."

Editors at Science Magazine, the journal of the American Association for the Advancement of Science, privately say they rejected the French articles because the data was inconclusive and the experimental work not up to the magazine's rigorous review standards. Gallo, who was unavailable for comment to The Chronicle last week, has argued that the National Cancer Institute researchers deserve credit for their more comprehensive research, which will bring in more meaningful long-term results in cracking the AIDS epidemic.

"We published on 48 isolates at once; the French reported on a couple, one at a time," Gallo told scientific writer James D'Eorano of the gay newspaper New York Native in a recent interview, adding, "I don't know where the French are going to be in two or five years. However, I know where we're going to be."

Race for the Nobel

Meanwhile, while Gallo was trying without success to find the suspect virus, the French spent much of last year trying to prove their discovery was on target. Last November, the CDC sent 30 blind tissue samples to the Pasteur Institute; 10 were from healthy men, 10 from AIDS patients and 10 from men who had early symptoms of the disease. Pasteur scientists found LAV in 100 percent of the pre-AIDS men, 50 percent of the AIDS patients and none among the healthy men.

The test results showed why the French succeeded in finding an AIDS virus while the Americans failed. Gallo, of the National Cancer Institute, was barking up the wrong immunological tree. He remained convinced that a virus he discovered in 1981-called-HTLV-IV-was the cause of AIDS. Since victims of this form of leukemia have the virus in their blood, Gallo looked for the AIDS virus in the blood of AIDS victims.

However, the more virulent AIDS virus killed off most of the T-lymphocyte cells it invaded, disappearing when the person's immune system finally collapsed and he contracted an AIDS-related infection. To find the AIDS virus, researchers had to look in the blood of people who showed early symptoms of AIDS, but who still had active T-lymphocytes, which would reveal the source of the infection. Thus, in subsequent studies in both America and Europe, AIDS victims themselves often show antibodies to the virus but not the AIDS virus itself, whereas it is present in all the early victims.

While the Americans spent a year figuring this out, the bulk of the French research went unpublished and was difficult for a scientist to be alone for one year—especially when you know you are right," says Chermann.

 Ironically, between America's two top health agencies—the Centers for Disease Control and the National Institutes of Health—ultimately led to the first enthusiastic reports of the French discovery.

The accomplishments of NIH's National Cancer Institute, as the center for most laboratory work on AIDS, had long been overshadowed by the CDC's epidemiological discoveries on AIDS. Just days before the NIH was going to have its moment in the sun at the Heckler press conference, however, CDC staffers started telling reporters that the French LAV was indeed the cause of AIDS.

Then CDC director James Mason even told New York Times medical writer Lawrence Altman himself once a CDC staffer that it was the French who had made the "exciting discovery," even as scientists across the country learned that the NIH was about to make its own dramatic announcement.

Researchers on both sides of the Atlantic interpreted the remarks as a rather bold stroke of scientific politics. In another irony, the Heckler press conference served to bring further attention to the French research, and Heckler conceded that the American HTLVIII virus was virtually identical, if not the same, as the French-discovered LAV.

Still, Heckler struck a nationalistic tone, saying, "To-day we add another miracle to the long honor roll of American medicine and science." For his part, Gallo immediately suggested that AIDS no longer be called AIDS and instead be renamed HTLV, after the virus he discovered.

Complicating the viral nomenclature further is a third AIDS virus discovered this year by Dr. Jay Levy at the University of California at San Francisco. He called it ARV, for AIDS-related virus.

"This is ridiculous that we have HTLV-III, LAV and ARV—they are simply different brand names," mutters Dr. Jacques Liebowitch, an AIDS researcher with Rene Descartes University in Paris. "They are like labels on boxes of the same soap. The Pasteur wants it to be called AIDS, so they can sell more of their products when they need kits to test blood and such. The Americans want the credit too."

The ongoing jockeying for credit for discovering the AIDS virus first is more than an academic affair. At stake, many scientists agree, is a Nobel Prize—many years down the line, when such awards get handed out. "Of course people see a Nobel in this—it is the medical phenomenon of the century," says Liebowitch.

Many of the scientists involved in the intercontinental fracas somewhat sheepishly add that the debate shows that scientists are not above their own forms of politics.

"Scientists are human beings—they are not saints," says Montagnier.
What's Needed in AIDS Battle

Writer Daniel Defoe observed that the plague of 1665 brought out both the worst and the best in people but generally showed that people are more good than bad. In the final days of 1984, the year of the contemporary plague of AIDS, similar lessons are unfolding in San Francisco.

We have seen the worst — such as the dumping of AIDS patients on San Francisco General Hospital from other hospitals too frightened to treat the young men.

But we have also seen many more examples of the best in people — such as the human caring and compassion exhibited during the fatal illness of Felix Velarde-Munoz, a young lawyer who was the 346th San Franciscan to die of AIDS. A team of Chronicle reporters reported last week how his working-class Chicano family, his medical team, his heterosexual friends, his co-workers and his gay companions rallied to his side.

Such stories of compassion and love, we're told, are the rule, not the exception, amid the tragedy of young men struck down by the cruel AIDS plague.

But concern and compassion, while tremendously important to individual AIDS victims, will not be enough to deal with the public health horrors that lie ahead. The first cases among heterosexuals have brought home a frightening truth: AIDS is everybody's problem.

It is no longer a problem confined to gays and to gay communities. It is an epidemic that, according to some experts, will strike at least 30,000 Americans in the next few years.

The staggering scope of the problem makes it clear that there are a number of steps which must be taken immediately:

EDUCATION — With no cure for AIDS in sight, the best medicine is prevention. Federal, state and local officials must come up with programs to educate homosexuals and heterosexuals about the dangers of promiscuous sex, as well as preventive measures that can be taken to avoid the sexual transmissions of AIDS.

TREATMENT — With the cost of hospitalization and treatment of AIDS patients estimated as high as $100,000 per patient, medical costs as the plague grows will be staggering. Since it is clear that neither the state nor cities can afford the soaring bills, federal and state officials need to immediately begin planning for the financing of treatment costs and facilities.

RESEARCH — Health officials need to make an aggressive commitment to finding a vaccine to protect those who have not yet been exposed to the disease and a cure for those already afflicted.

12/17/84
The Year of the Plague may be obtained at $2 a copy. Write to: AIDS Book, P.O. Box 7156, San Francisco Chronicle, San Francisco, Calif., 94120. Please enclose check or money order.