THE INTERCONTINENTAL LABORATORY WAR

BY RANDY SHILTS

Like most French AIDS researchers, Dr. Willy Rozenbaum was elated-and sheepishly 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," sniff's Rozenbaum, a clinician and researcher at Paris' La Pitié-Salpêtrière Hospital. "It was like she was giving out false promises-I give you vaccine, I give you blood test."

"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 scientists offers a unique insight into the often-invisible political ticking that exists at even the loftiest levels of scientific research. In one corner are the National Cancer Institute (a 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 23 press conference. Gallo released his discovery with a panoply of medical data supporting his contention that the virus caused AIDS.

Despite wrinkles in his 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 further 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 very 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, an American scientific publication was reluctant to publish papers about LAV. Organizers of American medical symposiums, where scientists released 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," 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 incomplete 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 recognition and compensation, which will bring in more meaningful long-term results in cracking the AIDS epidemic.

"We published on 48 isolates at once, the French published on one," says Chermann. "We were first."

Meanwhile, their success in the laboratory was met with disdain by the world's media. Heckler, 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 way. The Pasteur wants it to be called LAV 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 debate, however, sheepishly admit the debate shows that scientists are not above their own forms of politics.

"Scientists are human beings—they are not saints," says Montagnier.

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to discourage the government whistle-blower who eventually exposed the human experimentation after 25 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 horrible 1918-1919 epidemic. Worried that a similar episode might unfold, the CDC persuaded President Gerald Ford to launch a highly publicized $136 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 diverses quarters. Gay men 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 andgay 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 for the level of "personnel 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 8,000 employees work. Many are young, smugging 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 180 of its 1,000 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 pharmacological 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."
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 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 hastily 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 Berrecr 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 Malawi, where an AIDS epidemic appears to be spreading 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.

Shade 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 Currán's estimate, between 200,000 and 300,000 Americans, largely gay men, have been exposed to the virus that causes AIDS. Of these, 10 percent will contract the disease; others may get less severe manifestations of immune deficiency that ultimately may result in an early death.

Currán's figures point to an AIDS death toll of between 26,000 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 feel that the AIDS death toll in this decade could approach 46,000, roughly the same number of Americans killed in the Vietnam War.

In a rare moment of repose, Currán munches a peanut butter sandwich in his office tucked deep in a CDC basement, 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, photographs and pictures of his wife and children. It's been a tough year for Jim Currán. 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, Currán had at least two confidential consultations with Dr. Mervyn Silverman before the San Francisco public health director ordered the bathhouses closed in October. Gay men who support bathhouses saw Currán's official shadow lurking behind the closures. On the day that Silverman announced his move against bathhouses to a message arrived in Currán'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?"
you've got a health emergency and you get enough vials downstairs," he says, "but we can keep supplies running fast enough. It's better than the chances of getting that before the patient degrades our attempts to get the vials.

AIDS epidemic as a time when fewer took the measure seriously. We were convincing everyone there was a problem, an immunologist. "Legionnaire's was much smaller, got a great deal of 

on a group of people who could not handle the reuse of hypodermic needles. A lot of them to it."

got a bad break."

a group of AIDS victims to be discarding drug users — did engender .....pity, even though it further compi- .....n AIDS.

were just 100 cases of AIDS, the first two doctors were interesting, but we weren't con- .....of them," says Curran. "It was uncer-

ly weren't gay men selling themselves to

later, the mystery grew more baffling. Red cases of Legionnaires's were reported in health-care workers appearing among Haitian refugees in New York.

The immune studies on the Haitians — bad or worse than the people we were treating, we treated very strongly that we were doing something with them," says Dr. Thomas Thorne, director of the division of immunology at the Center for Disease Control. "The fact that we were seeing this as the AIDS problem among gay men was really the first time we had noticed.

Among homosexuals in late 1982 also added the puzzle. "The first case was trouble-

There wasn't anything you could do. When you had three cases, and that allowed us to make some

AIDS — which most scientists had come to see as a phenomenon that could not even be measured through sexual activity or the ex- .....either through blood products or the like. The Haitian factor in the AIDS epidemic may begin to appear even broader.

However, the epidemic's characteristics causes scientists had to struggle to figure outphenomenon. The term "gay cancer," and even "gay plague" caught on in the media, is the new disease. Some researchers feared the possibility that AIDS might be transmitted to explanatory models by gay-related immune deficiency — that they might be more like the other groups.

For several months, every minor twist and turn in AIDS research was followed closely. Breathless reports on the latest preliminary research at universities across the country became common, the so-called "breakthrough of the week" stories among serious AIDS investigators.

When a New Jersey researcher discovered several AIDS cases among pregnant women, Dr. Anthony Fauci of the National Institute on Drug Abuse, who has been working on the problem, suggested that the babies had contracted the syndrome through "routine household contact." The conclusion seemed to be backed by the fact that the babies' mothers had contracted AIDS from contact with AIDS victim's blood.

"The mothers of the babies who were intravenous drug users.

Unassuming 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 grimmest details about sexual behavior.

"Sometimes the questions we had to ask were very personal," says Mary Cumberland, 52, 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. 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 of AIDS. 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 "harming" or "spreading."
"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 known infectious 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 be the AIDS epidemic. 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 in a day — the whole movie, the whole virus, and it would have been over with."

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 300 cases were detected, an amazing increase for a disease that was unheard of six months before.

It was also clear that AIDS was unprecedented in 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 humans rarely contract. By the end of that frustrating first year, the key to understanding the syndrome was believed to lie in the devastation of a single critical element that typically acquire to diseases after a lifetime of building immunity.

The most common manifestations of the immune deficiency were Kaposi's sarcoma, a skin cancer, and the opportunistic pneumonia that bears its name. But there were dozens of other infections associated with AIDS. Scientists sometimes had to call in veterinarians to diagnose patients, since the diseases previously had been seen only in animals. Evidently, however, that AIDS was caused by a single infectious agent in the manner of a disease — working alone or in tandem with another infection. Altogether, the mounting 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 "Red Breaks"

For all the danger lights flashing at the CDC, however, the epidemic was met with indifference both from the government and from federal budget cutters. Dr. 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 we had to sell it to people," says Berreth, who becomes visiblyアニメ 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 refrigerator. "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."

"They didn'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 confusion and doubt as a time when few took the growing plague seriously. "The problem was convincing everyone there was a disease," says Dowdle, an immunologist. "Legionnaire's for Infectious Diseases means, 'It's a fact that we were seeing a real disease. It happened with a group of people who could get a great deal of publicity. A lot of it is the breaks of who it happens to and when it happens."

"In short, gays get a bad break."

A Happy Anniversary of AIDS

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.

Dr. Warren D. Berreth, then the newly installed chief of the Centers for Disease Control Division in the late 1980s, as gays began aggressively pushing for more health services, Curran was one of the first medical public health officials to hire gay staff members to work in this field. After earning his postgraduate degree in public health at Harvard, Curran was matched up by the CDC to coordinate the center's Venerable Disease Control Division. In the late 1970s, as gay men began aggressively pushing for more health services, Curran was one of the first public 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 21 staff members were also found by the informal task force also came from the venereal disease section, whose staff 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 shoved 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 106 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.
THE NATIONAL EFFORT

THE BEGINNING OF A MYSTERY

BY RANDY SHULTS

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 nightmareish 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 struck more than 7000 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 39-year-old epidemiologist who was put in
A group of demonstrators, some wearing towels, applaud public health director Mervyn Silverman's announcement at a press conference delaying a decision on whether to close the bathhouses.

before imposing a legal quarantine on the bathhouses.

Feinstein, who has said she would like the bathhouses closed, said yesterday that she has no control over Silverman, whose department is under the authority of the chief administrative officer, Roger Bois.

Bois, who has also said he would like the bathhouses closed, said yesterday that Silverman told him that he did not have the "medical and legal areas nailed down. Once they're nailed down, he can move forward."

Board of Supervisors President Wendy Nelder, who said she was "stunned" by Silverman's delay, said Mayor Feinstein should take a more active role in the bathhouse issue.

"No matter what the technical roles of the chief executive officer or the health director may be, it's very clear that the mayor is the executive officer of this city," said Nelder. "Mayor Feinstein is the strongest mayor we have ever had. If the mayor wants this done, she should just get it done."

City Attorney George Agost said yesterday that the "scientific basis is quite sound and quite convincing" to back up Silverman in court if he declines a health emergency and closes the baths.

The city attorney indicated, however, that Silverman may wait to see whether bathhouse owners themselves take measures to reduce sexual activity in their businesses or, perhaps, impose new rules to try to reduce multiple sexual contacts, which are thought to spread AIDS.

In fact, after Silverman's announcement, a number of bathhouse owners said they immediately would begin to change their facilities in an effort to reduce multiple sexual contacts.

"I think you're going to see a serious grassroots movement from the gay community to change," said Dale Bentley, owner of the Club Baths on Eighth Street, the largest bathhouse in the city.

"We're going to become more socially oriented and become less of sexual meeting places... This will start this afternoon," he said. "The alternative is to become a car wash."

Bentley said changes could include closing so-called orgy rooms and increasing the lighting in baths.

Silverman's press conference followed a feverish day of political maneuvering. On Thursday, Silverman told city leaders and gay leaders that he would announce his decision to close bathhouses and gay sex clubs at yesterday's press conference.

On Thursday night, Silverman met with bathhouse owners and gays largely drawn from elements of the gay community which oppose bathhouse closure.

Yesterday morning, Silverman hastily called meetings with a variety of city officials and gays. A meeting with gay physicians grew stormy, participants said, when they learned that Silverman might reverse his decision to quarantine bathhouses.

Silverman even took a vote of gay physicians and political leaders on whether why would approve of a delay in which he could study strict regulation of sexual activity at the baths as an alternative to an outright quarantine, according to participants at that meeting.

The group approved the delay 8 to 7, they said.

The meeting lasted until nearly an hour after a large contingent of reporters, bathhouse owners and demonstrators had assembled to hear Silverman's expected announcement.
Experts Predict 'Nightmare' Over Bay Area AIDS Cases

BY RANDY SILVINS

The projected increases in Bay Area AIDS cases will overburden San Francisco's private and public medical facilities by the next year and could tax California taxpayers tens of millions of dollars, health officials and AIDS researchers said yesterday.

Dr. Marcus Conant, chairman of California's AIDS Task Force, described the unfolding problems of treating and funding funds for the multiplying AIDS caseload as a "medical nightmare."

"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 will be affected because everybody 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 numbers were difficult to pin down on AIDS costs, but that treatment for California's current case load of more than 1,000 AIDS patients was "devouring a significant part of the Medi-Cal budget."

"What we do know is that we're talking about a lot of money when you think of what we're talking about, a known, treatable disease," Wilson said.

"Whether you're talking about AIDS or anything else, there is an economic disaster for the way we'll be able to deal with these cases," he said.

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 1,000 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 1,000 AIDS cases -- which researchers think already is increasing 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 proportion of the disaster you'd have with an earthquake," said Conant.

Dr. William Hanrahan, San Francisco's health commissioner, said AIDS is a "medical emergency" that required immediate attention.

He warned that, if left unchecked, AIDS could swamp San Francisco's health care system, "leaving the elderly without care, unless we take vigorous action right now."

"You're not going to be able to provide health care for these people in any other way," he said.

San Francisco is the only city to develop its own AIDS program, he said, because "the federal government is not going to support programs of this magnitude."

"We're going to have to do it on our own," Hanrahan said. "And no one's going to help us."

Silverman delays on gay bathhouses

SILVERMAN DELAYS ON GAY BATHHOUSES

BY RANDY SILVINS

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

Silverman was quickly excoriated out of the room by plaid-shirted police officers. His unexpected announcement was greeted with applause from gay bathhouse owners and a crowd of young people who were at the press conference.

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

"This is the latest in a series of delays," said City Attorney James Steinberg, who represented Silverman in court.

"We have been waiting for this decision for weeks," he said. "We are disappointed that it has not been made sooner."
Experts Predict ‘Nightmare’ Over Bay Area AIDS Cases

By RANDY SHILTS

July 18, 1984

The projected increases in Bay Area AIDS cases next year could overwhelm San Francisco’s private and public medical facilities by the year’s end and cost California taxpayers tens of millions of dollars, health 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 caseloads of a “medical nightmare.”

“I have to say you’re 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 will be affected because everybody is going to have to pay for the staggering medical bills that are coming down the road,” he said.

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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.

“What we do know is that we’re talking about billions of dollars,” 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 infecting and cannot be prevented — could end up being between $70 million and $100 million.

About 90 percent 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 happen in an hour. This crisis is going to build up over the problems one or two years down the line, but the numbers are going to triple.”

The facilities at the 13-bed AIDS ward in San Francisco General Hospital are already at capacity, and about six 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, non acute AIDS patients is scheduled to open next week at Garden/Vallejo Hospital; Morrison said, and more hospices 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 be 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 Hedding 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 now, like we have for an earthquake.

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

Silverman Delays on Gay Bathhouses

By RANDY SHILTS

March 31, 1984

Under intense pressure from all sides of a bitterly divided gay community, San Francisco public health director 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 bath, as well as private sex clubs, in an effort to prevent outside spread of the deadly AIDS epidemic.

Instead, he told a surprised press conference that he had decided to broaden the scope of the orders.

The delay drew immediate criticism from gay activists and city officials.

Sources in city government and Mayor Diane Feinstein were “divid” 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 bathhouses.

It is the latest in a series of delays and distractions from the Chronicle’s AIDS coverage. The New York Times is also covering the story.
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.”

Rosser, 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 homestick 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 static. 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.”

The compassion from the straight community eased a bitter sense of isolation for Jim Ruben, 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 heterosexual 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 compassionate and cheaper care, they invited him in, despite the fears of their families.

“We had a warning we were going to lose somebody we loved and it was just 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

Mary was thankful.”

Christine Ball, 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 knew Felix would be proud.

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

“Tm still trying to figure out why disease exists. It doesn’t make sense. I’m putting it all through the after. 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 find San Francisco was a place for him.”

“Tm 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 nothing stop? I don’t know. Wherever we’re going, we’re going together.”

“I’m better for having known him. His death reaffirms 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 night, one of the few 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.”

“No,” 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.”
In her mind, AIDS was irrelevant to her comfortable life. The epidemic was neatly insulated among the gays of San Francisco, 130 miles away.

"Somewhere in my mind was the 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.

"If I was there to start with AIDS, are infamously 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 died of 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 bear 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 31st 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 lens 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 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 Reimer, 34, as she sat with an AIDS..."
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 DISEASE OF THE PLAGUE YEAR," LONDON, 1665. ST. BARBE BEFORE

The wind swept from atop Potrero Hill stood stark against the cool gray sky last week, offering bleak vistas 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 51, 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 307 to 633. 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.

sick and withdrawn. "I didn't feel threatened or worried when he started telling me that he had sexual feelings for friends — even 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."

"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."

Police Lieutenant
1176 6/11/792
comfortable Norwegian Valley apartment. It had been warned that he could lose his
health insurance if he was publicly gay or as the friend of an AIDS
patient. Until the serving of the nights when I would think about
AIDS, and still go to the Cadillac is
my idea that was a crap shoot.

He lied to the doctor. The way I
think about it, I don’t see that many good things
in it. Sex is one of the only things
that bring 90 percent, but if I saw a handsome
man now, I couldn’t have sex.

It’s true, but sex is

Maldonado was in his junior year at San
Francisco State and had drifted away from the rela-
tionship. He had met Felix at Presbytery’s Medical
Center in January 1984. He was not
lonely at that time, when one look at Felix
told him the truth. He had sat down
and talked to the young man about the aids.

Maldonado was his name and Felix was his
name, and they met at Presbyterians.

Maldonado had been with Felix
for a week, and he had helped him
through the difficult passage toward untimely
death.

In other living rooms around the city, dozens of other
Felix’s shared his grief counseling with the difficult ques-
tions of living. He was a dying man, suffering from
suicide, with his friends and

Felix’s spirit improved through the summer of 1984. He
had worked on his “base tan” at an old college
dancing partnership in Chicago and 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 didn’t have
his loyalty and we were going to do the same for him.”

Slowly, tentatively, Francisco Maldonado edged back
into Felix’s life. Maldonado had realized that Felix
was more than just a man; this was not the time to leave
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Felix’s apartment.

“We apologized to each other for everything we had
done to each other,” he said. “When I got back into his life,

I began to cherish every moment I could spend with Felix. We had to enjoy these moments then, because

Felix’s moments weren’t going to go on forever.”

When Felix’s friends were united in the waiting room
at Presbytery’s Medical Center Hospital in early Novem-
ber, they joked that it was like the movie, “The Big Chill.”

They all knew that Felix was out of the hospital for the
last time. They had shared a youthful idealism, but it was
of no use. They were all there for Felix.

Even more, they wanted to be there.

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Even more, they wanted to be there.
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 gay men, 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, did not want to be associated with the sickness that would make them pariah 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 oc-
eye. He had made a name for himself as a volunteer working with the homeless, speaking quietly about the problems they faced.

He had a soft spot for those in need, for his own friends and loved ones. He had once told someone, "I can understand them, not the problem." He believed in the power of understanding and compassion.

Civic-minded, beginning his days as a volunteer, he had worked tirelessly for the betterment of his community. His friends and loved ones were proud of his dedication.

November 1983. The epidemic, the first San Franciscan known to have contracted AIDS, he became the man whose case was written up in the medical literature.

The Darkest Secret

Maldonado did not believe Felix had AIDS even early in 1983. After Felix developed a serious rash in the heat, he was convinced it was caused by the heat. But he didn't want to face it. "I don't think either one of us wanted to face it—AIDS was something we had to deal with, 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 the secret came out a few weeks later. Felix and Maldonado drove to the gay village and found 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 the public scrutiny or the fear. 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 Berkeley campus days was aware that Felix was a victim of the epidemic. He saw the changes in Felix—his rotting teeth, his loss of appetite, his weight loss. He knew something was wrong.

"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 intense training on how to report AIDS patients.
"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 Velez-Muñoz and mines, a leader of gay marches in the late 1970s

Mendoza spent his high school years in the gay community emerging up with convincing his reluctant parents. San Francisco State University offered the program that was right for him. he began it as a fenced-in neighborhood with the study, classes and the that was paying for his college education. 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.

Meanwhile, Ken Horno 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
AIDS
THE HUMAN TRAGEDY
THE GAY VILLAGE
CONfronts DEATH

BY RANDY SHLTS

“A pestilence isn’t a thing made to man’s measure; and therefore we tell ourselves that pestilence is a bane 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 into 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, 39. "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, I cried, I told him I would miss him.”

A young community without rituals, with little experience in burying its own, is having to improve 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 36th 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'

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 1979.

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 emissary 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 raucous 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 McCarthy, 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 "affairettes" that were commonplace then in gay San Francisco. Life laced toward a series of infatuation characterized by the central actions of Castro Street romance.

“Men are like streetcars. If you miss one, there'll be another one coming down the tracks in 5 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 theony 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 rosebush and fuchsia.

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

Bowed Over in Calexico

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-
February 1985

Dear Colleague:

It would hardly be an exaggeration to say that a plague was visited upon our community last year, a plague that threatens the whole country. It was the sad and stubborn disease known as AIDS--acquired immune deficiency syndrome.

Before the year was over, the death toll was about 1,000 in the San Francisco Bay Area and another 2,665 across the nation. The disease, initially thought to be confined to gay men, claimed victims in all parts of the region.

From the first, The Chronicle paid close attention to this dramatic story, reporting developments in detail and provoking public and government attention which might lead to the eventual conquest of the disease.

We hope you'll take a few moments to review the enclosed sampling of this coverage.

Cordially,

Bill German
Executive Editor

Enc.
"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 7699 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 nettlesome 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

The Chronicle's coverage of the AIDS epidemic through the year was a staff effort by a number of reporters and photographers. The series published in December to describe the human tragedy of the medical crisis and report on the latest research was the team effort of writers (clockwise from left) L.A. Chung, Katy Butler, David Perlman and Randy Shilts, and assistant city editor Keith Power.
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.”

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

A 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 33, the 340th 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 1000, 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 exhausted after spending a week at her dying son’s bedside, and his stepfather, Richard, sat numbly on straight-backed chairs in the living room.

Christine Rails, 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 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 26-year-old lover.

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

Rose hugged Christine Ballis, and the tears that had been hidden all evening appeared. Both women began to cry in each others' 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 1968 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 canny 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 rode a jagged white-and-blue bowl above an endless carpet of suburbs.

When he was little, she told him 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 would wear glasses — something of an oddity in the working-class Hispanic 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-smart Bullwinkle cartoon character.

He Didn't Fit the Stereotypes

In high school, he found his niche, and teachers recognized his potential. By the spring of his senior year, he had a high school record 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 Seneeze, who still teaches civics at the low-strung collection of concrete buildings connected by open walkways that make up Santiago High School, four blocks from Felix's home.

"If 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. He never was 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. He and Christine, who was 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 "Oscar 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 to college.

He and Christine became soul-mates, and once she entered his life, he never let her go. His family thought they were sweethearts, but to Christine he 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 taught us 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 hardness 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. "Fine, Felix," she used to joke, "I'm your 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 conversations 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 fulfilled by flirting with girls on tennis courts and beaches. There was a long unrequited 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, walked into the wintry streets of Winnetka, where he had come 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 32nd floor of a San Francisco skyscraper and a framed original Doonesbury 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 didn'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.

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 preparation of that moment.

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

He was 27 years old, fresh out of Harvard Law School, meeting men, and living near Grove 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 had been shot, and that Milk had said to come out and say . . . and that's what he was doing," Rose said helpfully, 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
AIDS
THE HUMAN TRAGEDY

THE GAY VILLAGE CONFRONTS DEATH

BY RANDY SHILTS

“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 into room 657 of Presbyterian Medical Center and put 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. “I didn’t realize how much love we shared until I was told that morning. 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, 1,000 Bay Area men had contracted AIDS. One of them was Felix Velarde-Munoz, 33, a Harvard-educated civil rights lawyer who became the 36th 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¬cous 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 “af¬faires” that were commonplace then in gay San Fran¬cisco. Life tended toward a series of infatuations 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¬
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
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.

Most gay men, having escaped the painful stigma of being homosexual in their hometowns, did not 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 Horne, 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 BART 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 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 maudlin scenes or being pitied. He told me he was doing fine and he could handle it 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 Caldron in private sex club. I had the feeling it was a crap shoot. 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 wouldn't want to. Let's face it, safe sex is a bore."

Francisco 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 slumped 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-gays."
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 impatiently 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 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 or seven more young people who met every Monday night in the living room of his Sanchez 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 spirits 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 toting 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 afterlife," 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 sky turn a dark silver, watched the yellow car lights tracing their way across the Golden Gate Bridge, watched Alt's 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 Vela-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 upon the pick-up bars on Castro and Polson 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."

MICHAEL STRAIN

Strain (left) two-stepped with a friend at the Rawhide Bar soon after Felix's death.
In the same way Felix Velarde-Munoz’s career was just taking off, so were the careers of many other AIDS victims. Over the past few years, AIDS has taken its toll by cutting down those who were contributing to the Bay Area in countless important ways. Whether lawyer, artist or law-enforcement officer, each life touched an ever-expanding number of others in the community.

Patrick Cowley, 32

**BORN:** 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 Jane 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 Blechman, his partner.

**DIED:** November 12, 1982

Paul Byron Dague, 46

**BORN:** 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 Kapossi’s Sarcoma Clinic and at UCSF and was formerly executive director of Operation Concern, a clinic for counseling gays, lesbians and their families. The American Psychological Association convention gave him a standing ovation 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 lived with him. I would not have changed that for the world.”

**DIED:** January 20, 1984

William F. Kendall, 35

**BORN:** Indianapolis

**EDUCATION:** Attended Indiana University for dramatic studies.

**OCCUPATION:** Assistant director, assistant choreographer.

Kendall came to San Francisco in 1974, where he found 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 8 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.

**DIED:** May 5, 1984

Allan Blair Estes Jr., 29

**BORN:** 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 skilful administration, the San Francisco Opera Company’s attendance was second only to that of the American Conservatory Theater.

“He wanted to go into politics and eventually run 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 spot talent.” — Steve Douglas, production manager and friend.

**DIED:** May 6, 1984

Jon Reed Sims, 36

**BORN:** Smith 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
in the Columbus Day, St. Patrick’s Day and Chinese New Year’s parade year after year. The marching band led to 11 other performing groups in the city and encouraged the formation of gay bands and choruses in 14 other cities across the country.

“Jon was the pied piper, he was magic. By being with him you knew he’d show you how to be a better person. He’d take his last dollar and buy flowers for the old lady next door, visit a band member who missed practice because he was sick — all those things you do in a small town in Kansas that nobody does here. And the music … Jon was a teacher who could pull the best from people who hadn’t picked up an instrument in years. The band wasn’t about sexuality, it was about watering the garden of music in your heart.” — Zohn Artman, former board member of the marching band.

**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 Ralphson 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 larger 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.”

— Frances Howell, his mother.

**DIED:** October 21, 1982

**Steven Mark Block, 33**

**BORN:** Seattle

**EDUCATION:** Stanford University Law School, University of California, Berkeley, bachelor’s degree “with great distinction.” Phi Beta Kappa.

**OCCUPATION:** Associate professor of law, University of Minnesota Law School. Formerly an associate with the prestigious San Francisco firm. Heller, Ehrman, White & McAuliffe.

Block practiced commercial litigation but was known for his work in privacy law. He volunteered to work on several gay rights litigation cases, including a landmark suit against Pacific Telephone Co. now in settlement negotiations, charging discrimination in hiring and promotion of gays. He represented the American Civil Liberties Union of Northern California in seeking to have the anti-gay Briggs Initiative taken from the 1977 ballot. One of founders of Bay Area Lawyers for Individual Freedom, Block also served on the board of directors of the regional ACLU.

“He was analytical, brilliant, creative and had great depth. … The loss is to all those students who will not benefit from his teaching. … Those members of the profession who will not be reading the erudite, creative articles he would have written … and those clients whose causes would have benefited from his able, vigorous advocacy.” — U.S. District Judge Robert F. Peckham, for whom Block was law clerk.

**DIED:** October 21, 1984

**James Roy Howell, 46**

**BORN:** Yakima, Wash.

**EDUCATION:** Attended University of Washington, studying music and dance. Received a scholarship to the Juilliard School of Music. Studied dance under Robert Jof-
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 windswpt 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 SB, 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.

"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."

Police Lieutenant JACK BALLANTINE

"What a 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 men — 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."

"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."

"Police Lieutenant JACK BALLANTINE"
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 dialled 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?’ They 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 bevy, 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 Reeler, 34, as she sat with an AIDS..."
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.”

Reese, 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 stoic. 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 Rulon, 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 heterosexual friends to piece back their lives. For them, Felix had become a memory, perhaps an absence.

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 scariest. 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 reaffirms 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 night, one of the few 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.”

CHRISTINE RALLS
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 7100 in America and 1000 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 strains, 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-
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 itself responsible for weakening the human immune system.

Many researchers question whether these other viruses may in some way be essential for the ultimately fatal 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 infections and diseases. 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 precipitating diseases may not be beginning the immune systems of potential AIDS victims even before the virus attacks.

Abrams, for example, conducted a large-scale study of San Francisco's known as AIDS-related complex. 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 have held conferences after international meetings regarding the possibilities of such associations and more 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.

Dr. Abrams, who sees distraught patients every day as assistant director of the AIDS clinic at San Francisco General, expressed it simply when he conferred with his fellow doctors and health workers this week:

"We've seen far too many of our heterosexual people already — even though 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 any group of people."

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 heterosexual." 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 heterosexual."  

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Researchers and clinicians have held conferences after international meetings regarding the possibilities of such associations and more 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.
The Chronicle wrote of the agony and the hope, the official indecision and public panic during 12 months of covering the epidemic as it spread in the homosexual community and began to claim victims among heterosexuals.

The following is a selection of Chronicle stories on the significant developments in the year of the AIDS plague.

1984 THE STORY UNFOLDS

**Experts Predict 'Nightmare' Over Bay Area AIDS Cases**

**BY RANDY SHULTS**

3/7/84

The projected increases in Bay Area AIDS cases will overburden San Francisco's private and public medical facilities by the next year and cost California taxpayers tens of millions of dollars, health officials and AIDS researchers said yesterday.

Dr. Marcus Conant, chairman of California's AIDS Task Force, described the unfolding problems of treatment and finding funds for the multiplying AIDS caseload 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 will be affected because everybody 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.

"What 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 AIDS ward in San Francisco General Hospital are already at capacity, and four to six 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, non-AIDS patients is scheduled to open next week at San Francisco General 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 be 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 Dr. Reeding of St. Francis Hospital, which has an average of four AIDS patients in the hospital. "I could not take any more than 10 critically 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 will be paying 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 are often required by insurers. The patients can then apply for Medi-Cal. Until they are accepted, however, they are classified as medically indigent adults and their treatment is financed by San Francisco.

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 a more vigorous effort to educate homosexual men about the dangers of promiscuous sexual activity that are 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 from 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 SHULTS**

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 virus.

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 with 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 said only that she understood that Silverman wanted "more legal consultation."

1986...
January 21

| AIDS Cases of Gay Dies of AIDS-Linked Illness
| Dr. Paul Dague, a gay clinical psychologist who counseled AIDS victims and formerly was executive director of the gay counseling clinic Operation Concern, died of Kaposi's sarcoma yesterday. He was at home when he died.

February 2

| AIDS Researchers Try to Stop Bathhouse Sex
| A certain wicked excitement marked Joe Carroll's first trip to the Sixth 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.

February 3

| AIDS Expert Says Bathhouses Should Close
| The head of the federal AIDS research effort, responding to reports of new cases of venereal disease among gay men in San Francisco, said yesterday that gay bathhouses "should all go out of business."

February 9

| AIDS Experts Say Behavior Is the Key
| Bay Area physicians and researchers concerned over the continuing rise in the toll of illness and death from AIDS agree yesterday that only an intensive, long-term effort to change the sexual behavior patterns of gay men can effectively slow the epidemic.

February 22

| Psychologist Gary Walsh Dies
| Gary Walsh, the prominent gay psychologist who spent much of the past year working to inform the gay community of the perils of AIDS, died of the disease yesterday at Franklin Hospital in San Francisco. He was 39.

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.

| Research Links Virus to AIDS in Monkeys
| The first strong indication that a specific virus causes a fatal animal disease closely resembling human AIDS was described yesterday by scientists at the University of California at Davis and a team of U.S. researchers.

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 over the weekend.

A group of demonstrators, some wearing towels, applauded public health director Mervyn Silverman's announcement at a press conference delaying a decision on whether to close the bathhouses.

before imposing a legal quarantine on the bathhouses.

Feinstein, who has said she would like the bathhouses closed, said yesterday that she has no control over Silverman, whose department is under the authority of the chief administrative officer, Roger Boas.

Boas, who has also said he would like the bathhouses closed, said yesterday that Silverman told him that he did not have the "medical and legal areas nailed down. Once they're nailed down, he can move forward."

Board of Supervisors President Wendy Nelder, who said she was "stunned" by Silverman's delay, said Mayor Feinstein should take a more active role in the bathhouse issue.

"No matter what the technical roles of the chief executive officer or the health director may be, it's very clear that the mayor is the executive officer of this city," said Nelder. "Mayor Feinstein is the strongest mayor we have ever had. If the mayor wants this done, she should just get it done."

City Attorney George Agnost said yesterday that the "scientific basis is quite sound and quite convincing," to back up Silverman in court if he declares a health emergency and closes the baths.

The city attorney indicated, however, that Silverman may wait to see whether bathhouse owners themselves take measures to reduce sexual activity in their businesses. In a way, impose new rules to try to reduce multiple sexual contacts, which are thought to spread AIDS.

In fact, after Silverman's announcement, a number of bathhouse owners said they immediately would begin to change their facilities in an effort to reduce multiple sexual contacts.

"I think you're going to see a serious grassroots movement from the gay community to change," said Dale Bentley, owner of the Club Baths on Eighth Street, the largest bathhouse in the city.

"We're going to become a lot more socially oriented and become less of a sexual meeting place... this will start this afternoon," he said. "The alternative is to become a car wash."

Bentley said changes could include closing so-called orgy rooms and increasing the lighting in baths.

Silverman's press conference followed a feverish day of political maneuvering. On Thursday, Silverman told city leaders and gay leaders that he would announce his decision to close bathhouses and gay sex clubs at yesterday's press conference.

On Thursday night, Silverman met with bathhouse owners and gays largely drawn from elements of the gay community which oppose bathhouse closure.

Yesterday morning, Silverman hastily called meetings with a variety of city officials and gays. A meeting with gay physicians grew stormy. Participants said, when they learned that Silverman might reverse his decision to quarantine bathhouses.

Silverman even took a vote of gay physicians and political leaders on whether they would approve of a delay in which he could study strict regulation of sexual activity at the baths as an alternative to an outright quarantine, according to participants at that meeting.

The group approved the delay by 8 to 7, they said.

The meeting lasted until nearly an hour after a large contingent of reporters, bathhouse owners and demonstrators had assembled to hear Silverman's expected announcement.
The Big Money in S.F. Gay Bathhouses

BY EVELYN HSU AND REGINALD SMITH 4/9/84

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 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 Jacuzzis, sun decks, restaurants, cleaning exercise equipment and full-length movies.

The bathhouses are a multimillion-dollar industry, catering to an unknown number of men who patronize the bathhouses at an estimated 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 $65,000 in a good year. Of the 13 licensed bathhouses in the city, about half are exclusively gay.

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

That 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 mainly 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 1960'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 36 years ago.

Before homosexuality 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 notice, so people going by would not be alerted to what kind of establishment it was," recalled attorney 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-1970's 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 of what is now the Club San Francisco on Ritch Street 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 prostitution that took place in ancient 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 ever will go back to what they were," he said. "They're converting to health clubs or gymnasiums. 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 bathhouses 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," 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 business 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 34 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.

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

Sal Accardi, speaking for the Northern California Society of Bodybuilders Association, said Westergarden bathhouse in San Jose serves about 200 people a day.

The bathhouse takes in up to $85,000 a month, but operates on about $45,000 a month, said Accardi, one of 38 investors in the facility.

"The profit margin isn't great. We're not retiring on the profit," he said.

Accardi 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 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 twilight.

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 measures 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 Francisco," 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 attitudes for the Department of Public Health, said that in areas such as the Castro, 60 percent 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, bathhouse owners have voluntarily begun a campaign to promote "safe sex" through precautionary measures such as the use of condoms.

At the Club San Francisco, large signs caution bathgoers to use condoms 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
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 3 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.

“They 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 (institutions) 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.”

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**Variant of Virus Suspected in AIDS**

**BY DAVID PERLMAN, Science Editor — 4/17/84**

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-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 hemophilia patients — 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-
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 spectaculars 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 Hecker, President Reagan's Secretary of Health and Human Services, proclaimed at a drum-beating press conference on April 23 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 savoy. 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 450,000 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 Hecker'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 should the test show a "false positive" result, a "false negative" result could mistakenly reassure active AIDS carriers. Blood banks could be confused by false results.

The heralded vaccine is probably many years away despite Hecker'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 protein outer coat, there is as yet no certain animal model for human AIDS, and the problems of testing any vaccine for safety in human volunteers 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 Hecker and all the top medical brass of her department had to concede last week that the discoveries they announced so triumphantly have little 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.

Hecker rightly paid tribute last week to the "patience, persistence and outright genius" 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.

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U.S. Health Service Chief Asks More AIDS Research Money

BY RANDY SHILTS 7/25/84

The chief of the U.S. Public Health Service has privately asked the Reagan administration for $35 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" last April 22 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 $40 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 $35 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 10 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, 5134 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.

MAY 12
- Los Gatos AIDS Victim Sues Blood Bank
A Los Gatos attorney filed a $3 million personal injury lawsuit yesterday against an East Bay blood bank charging that it supplied him with a blood transfusion that caused him to contract AIDS.

MAY 13
- The AIDS Epidemic Forces a Confrontation
The apparent association between acquired immune deficiency syndrome (AIDS) and multiple sexual partners has forced many homosexual men to re-examine their lifestyles. (This World)

MAY 15
- S.F. Studies Letting Police Close Baths
The San Francisco city attorney has prepared proposed regulations empowering the police chief to close for 90 days any gay bathhouse that permits sex between individuals. The Chronicle learned yesterday.

MAY 16
- Mayor Against Cops Policing Bathhouses
Mayor Dianne Feinstein opposes the use of police officers to enforce regulations against gay bathhouse sex, her press secretary said yesterday.

MAY 22
- Silverman Hit For Delay on Gay Bath Rules
San Francisco's mayor and Board of Supervisors president chimed Public Health Director Mervyn Silverman yesterday for "chawful" delays in issuing regulations to curb gay bathhouse sex.

MAY 28
- Experts Debate Anti-AIDS Vitamins
Doctors have expressed doubts about the value of some new vitamin compounds being purchased here by gays anxious to fortify their immune systems against AIDS.

MAY 30
- AIDS Plan Approved by Alameda Board
The Alameda County Board of Supervisors yesterday approved a plan to provide treatment for AIDS patients and to prepare county health agencies for an expected spread of the syndrome.

JUNE 1
- Feinstein Defends Use of Bathhouse 'Spies'
Gay leaders assailed Mayor Dianne Feinstein yesterday for sending undercover police officers into gay bathhouses and sex clubs to report on sexual activity.

7/24/84
Another Very Sick AIDS Patient 'Dumped' on S.F.

BY SCOTT BLAKEY 8/9/84

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 refused to accept the patient, said it was the second time 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 236-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 consulted 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, 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.
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 E. Irwin, 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.

“By the year of the Plague”, 22
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 Brower, 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.

AUGUST 22
- 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.

AUGUST 30
- 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.
- 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.
Promising Advance in AIDS Research

BY DAVID PERLMAN, Science Editor 9/10/84

Scientists at a small East Bay genetic engineering firm reported yesterday they have determined the genetic structure of the full set of genes for the virus believed to cause AIDS.

The scientists said that within a year they hope to produce a vaccine against the lethal organism involved in the acquired immune deficiency syndrome.

They conceded, however, that testing the vaccine for both safety and effectiveness will require overcoming many formidable problems before it could be released for public use.

In the meantime, the researchers said, their achievement in reproducing the AIDS virus genes will lead — perhaps within months — to a highly sensitive diagnostic test that can distinguish between people who have been exposed to the virus in the past, those without symptoms who are active carriers, those who are incubating the disease and those who are infected with less virulent strains of the germ.

The report, not yet published in any scientific journal, came from researchers at the Chiron Corp. of Emeryville and the University of California in San Francisco.

The company's molecular biologists recently produced a promising vaccine against Hepatitis B that is now undergoing large-scale clinical trials throughout the country.

The research team was led by Dr. Paul A. Luciw, a microbiologist who is also a post-doctoral fellow at the University of California, and Dr. Dino Dina, a physician who is Chiron's director of virology.

They began their work on a major discovery by Dr. Jay A. Levy of the University of California in San Francisco's Cancer Research Institute. Levy independently isolated an organism termed AIDS-Related Retrovirus, or ARV, which is considered a prime cause of the AIDS infection.

Levy and his UCSF colleagues first isolated the virus in a group of San Francisco AIDS patients last December and reported two weeks ago in the Journal Science that they had identified antibodies to the virus in the blood of every AIDS victim they tested.

After that discovery, Levy's group used tissue culture techniques to grow large quantities of pure virus obtained from a single AIDS patient and turned over the material to the Chiron scientists.

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.

Levy's ARV organism is known as a retrovirus. Its core of genetic material consists of the molecule RNA — for ribonucleic acid — rather than the more familiar DNA — deoxyribonucleic acid — that forms the double helix of most genes.

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, said Dina 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 phage organisms then reproduced rapidly and acted as factories to mass-produce large quantities of the ARV genes, Dina said.

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 yeasts 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 protein 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, Dina said.

All this work is in an intensely competitive stage right now, and scientists in many laboratories are vying with each other both 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 another 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.

At an international conference at the Cold Spring Harbor laboratories on Long Island in May, the various teams of virologists and genetic engineers reported cautiously on their progress, and none indicated it was ahead of the Chiron scientists, Dina said yesterday.

This competitive battle, however, is one reason that many research groups — both corporate and academic — have been flouting scientific tradition and disclosing their research achievements publicly before going through the slow process of "peer review" and formal publication in scientific journals.

The publicity attracts investment funds for the companies; it can boost the price of their volatile stocks and it can attract corporate grants from academic research groups that are increasingly hard-pressed for a slice of the diminishing federal research pie.

The Chiron scientists said yesterday they are completing their data for a formal report to be submitted to a major scientific journal.

Unused S.F. Hospital Sought for AIDS Care

BY RANDY SHILTS 11/6/84

As new statistics showed dramatic increases in AIDS cases and deaths, San Francisco's 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 in San Francisco said a hospital caring solely for AIDS patients "will be an unfortunate necessity before too long." The 240-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 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 at 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 56. There were 29 AIDS deaths in San Francisco last month — nearly one a day.

Nationally, 8620 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 7600 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 have 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 at any 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 Echenberg, 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 Echenberg. “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 AID ward at San Francisco General Hospital has filled its 12-bed capacity since it opened in July. But if there’s been a regional AIDS treatment center, 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 450-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.

“Even a hospital with 200 or 300 beds would only carry us for the next two years,” he said.

“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.

The San Francisco AIDS crisis has come to a head in recent weeks, as officials have worked to make sure that the city’s gay bathhouses and private sex clubs, City Hall sources told The Chronicle yesterday.

Dr. Mervyn Silverman, San Francisco’s public health chief, has informed Mayor Dianne Feinstein that he intends to shut down the city’s gay bathhouses immediately as an AIDS hazard regardless of the legal consequences.

Washington and San Francisco Health Director Mervyn Silverman urged a congressional subcommittee yesterday to set up regional treatment and prevention centers for AIDS victims.

AIDS patients in San Francisco will be reimbursed for the care of an AIDS patient who was transferred here last month after doctors in San Luis Obispo called him “unsuitable” for their hospital, Supervisor Carol Ruth Silver said yesterday.

Dr. Ruth Conant, director of the AIDS Clinical Research Center at UCSF, said yesterday.

Told the Chronicle yesterday.

Owners of Bathhouses Turn Defiant After Shutdown Order Comes.

As he stared from behind the glass window at the entrance of his sex club, Bob Owen admitted last night that he was not comfortable participating in civil disobedience.

OCTOBER 5

Anti-Parasite Drug May Fight AIDS Virus.

Scientists reported cautiously yesterday that a drug widely used to combat deadly African parasitic diseases may hold promise against the virus believed to cause AIDS.

OCTOBER 9

19 More AIDS Patients Died in September in S.F.

AIDS claimed the lives of 18 people in San Francisco last month, and 39 new cases of the illness were documented in the same period, the San Francisco Department of Public Health reported yesterday.

OCTOBER 10

Gay Bathhouses Told to Close — Gay Bathhouses.

San Francisco Health Director Mervyn Silverman closed 14 gay sex establishments yesterday, saying they “promote and profit from the spread of AIDS,” but within hours six had defied the order and reopened.

Owners of Baths Turn Defiant After Shutdown Order Comes.

As he stared from behind the glass window at the entrance of his sex club, Bob Owen admitted last night that he was not comfortable participating in civil disobedience.

THE YEAR OF THE PLAGUE
Two Men Get AIDS After
Sex With Women

BY RANDY SHILTS 11/10/84

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

Two heterosexual men appear to have de-
veloped 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 het-
erosexuals 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 Dis-
cases.

Of these cases, he said, five had histories
of intravenous drug abuse, he said. Two men
were married to married women who appar-
ently 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 users.

There are 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 Hospi-
tal AIDS clinic, said he had interviewed the
two men. But it was difficult to determine
exactly how the men had developed AIDS
because city epidemiologists are unable to lo-
cate 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 the had
the AIDS virus," he said.

But researchers said yesterday that they
expected increased heterosexual transmission
of AIDS, basing 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 Moss.

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

"Most of us working in the field antici-
pated this," said Echenberg. "Given the stud-
iess 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 will reach 800 this week.

AIDS is now the leading cause of
disease-related death among single men in its
30s and 40s in San Francisco.

70,000 Gay Men in S.F.,
First Big Study Says

BY RANDY SHILTS 11/15/84

A professional survey designed to produce
the first reliable statistics about San Francis-
cos gay community has determined there are
70,000 homosexual men living in the city, near-
ly half of them earning more than $25,000 a
year.

The market-research study by Research &
Decisions Corp. was commissioned by the
City-financed San Francisco AIDS Foundation

The still unreleased survey, obtained by
The Chronicle, indicates:

- Gays are among the most affluent San
Franciscans — 44 percent of gay men earn
more than $25,000 a year and one third earn
more than $30,000.

- Gays are twice as likely to be college
graduates as typical San Franciscans; 57
percent have graduated from college, includ-
ing 21 percent who have continued post-graduate
education.

- More than half of gay men work in
professional-managerial positions or run their
own businesses. Another 27 percent work in
sales and clerical jobs.

- Forty-two percent of gay men report
they are in monogamous relationships. Thir-
teen percent have primary relationships that
permit outside sexual activity.

"This is the first scientific look at the
 demographics of the gay community — some-
ing people have only been able to speculate
about the past," said Larry Bye, vice-president
of Research & Decisions.

"This is an incredibly unique community
in terms of education and income," said Bye,
a public analyst. "I can't think of another group
in the city that is so upscale."

The conclusions were based on 500 half-
hour interviews drawn from computer-
selected households throughout the city.

About 40 percent of single adult men in
San Francisco are gay, the researchers found,
creating a community of 69,000. The popula-
tion of San Francisco is 700,900.

Drawn heavily from the Baby Boom gen-
eration, local gay men constitute a youthful
population. Two-thirds are under the age
of 30, and 40 percent are in their 30s. The study

S.F. GAYS/A PROFILE

<table>
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<tr>
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<tr>
<td>Some college</td>
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<td>College graduate</td>
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<tr>
<td>Post graduate work</td>
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<tr>
<td>All male</td>
<td>78%</td>
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<td>Bisexual (Mostly male)</td>
<td>14</td>
</tr>
<tr>
<td>Bisexual (Mostly female)</td>
<td>7</td>
</tr>
</tbody>
</table>

Source: Research & Decisions Corp.
found that 87 percent are Caucasian.

Most have moved here since the first emergence of San Francisco as an international gay center in the mid-1970s. About 22,000 emigrated to the city between 1974 and 1978, and an additional 23,000 moved here in the past five years.

"It looks as though there may be some sort of dropping-off of people moving here about two years ago, when the AIDS epidemic started coming to people's attention," Bye said.

The study found that 30 percent of gays live in the Castro Street area and 21 percent in the Duboce Triangle and the Haight District. The gay enclaves around Polk Street, the Mission District and the Western Addition are home to an additional 28 percent. 20 percent are dispersed through neighborhoods around the city.

About half of the gays surveyed called themselves "completely out of the closet," telling most of their associates about being gay. Only 3 percent said they were wholly secretive about their sexuality.

The study showed that the sexual behavior and social habits of local gays are in a state of considerable change — and anxiety — because of AIDS.

About half of gay men are now in relationships, with younger gay men more likely to be members of monogamous couples than older gays. Virtually all the gay men said they knew what constituted sexual behavior that might put them at risk for contracting AIDS, but about one-third persist in engaging in high-risk sex.

The study found that 14 percent of San Francisco gay men who were not in monogamous relationships checked into a bathhouse at least once during the 30-day period before the September interviews. Another 19 percent of single gay men patronized sex clubs during that period, according to the study.

That would indicate that at least 5000 local gay men went to bathhouses and 6600 went to private sex clubs, even while the debate raged over their closure this fall. Most gay men, however, preferred to find their sexual partners in gay bars or discos.

Nine percent of gay men surveyed claimed to have given up sexual activity altogether. Another one-third reported being celibate in the month before being polled by the marketing research firm. Eighty-six percent said they had modified their sexual behavior since the beginning of the AIDS epidemic.

Although gay men who are less educated or over 45 years old have been resistant to changing their sexual behavior to reduce the risk of contracting AIDS, the largest group of intransigent gays are professionals in their 30s who live in the Castro Street area and make more than $25,000 a year.

"These people present a real challenge — they know what they shouldn't be doing but aren't changing," said Sam Puckett of the AIDS Foundation. "Perhaps it's because these are some of the most upscale and successful gay men, that they think AIDS won't hit them, that they're immune."
New Debate on AIDS

BY ERICA GOODE 12/1/84

A leading AIDS researcher and public health officials disagreed yesterday over what approach to take in investigating 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 heterosexuals of AIDS cases in order to inform them of their exposure to the illness.

Public health officials say such a program would be "premature" and irresponsible, frightening people without really achieving much.

Dr. Dean Echenberg, 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 heterosexual 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 the 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."

"I understand the hesititation. 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.

"The likelihood of my convincing all heterosexuals to be monogamous is pretty slim," Volberding said. "But I might be able to convince a person who has had sex 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."
Silverman Steps Down as S.F. Health Director

BY CARL NOELTE 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 Dianne Feinstein in a cool letter 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 29, 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."

Silverman himself went to great lengths to praise the health department yesterday, saying it has a "superb staff" and is probably the best public health department in the country.

He said the city's AIDS program is a national model and described the epidemic as "the most exciting, challenging, sad and frustrating problem he had ever faced. "It is the quintessential public health problem in the country," he said.

Asked if he regrets leaving city service in the middle of the AIDS epidemic, Silverman said, "I would like to think this is the middle. But I am afraid this is only the beginning."

Silverman, who is 46, came to San Francisco in 1977 after serving as director of community health in Wichita, Kan. He is a graduate of Washington and Lee University, received his medical degree in 1984 from Tulane University in New Orleans and was awarded a master of public health degree from Harvard University in 1989.

Dr. Mervyn Silverman, San Francisco's public health director, resigned after a year of being at the center of the AIDS bathhouse controversy.

By Carl Noelte

DECEMBER 7

New Debate on AIDS

A leading AIDS researcher and public health official disagreed yesterday over what approach to take in investigating the emergence of AIDS in San Francisco's heterosexual community. Page 28

All of a Sudden, AIDS Is Scaring Heterosexuals

Aline Petersen could not get the sobering news about AIDS out of her mind yesterday.

DECEMBER 12

Silverman Steps Down as S.F. Health Director

San Francisco Public Health Director Mervyn Silverman, whose handling of city hospitals and the AIDS epidemic made him a controversial figure, resigned yesterday. Page 29

Silverman's Years

Dr. Mervyn Silverman's six years and 11 months as health director were marked by two major crises — AIDS epidemic and management of city hospitals. Here is a chronology of his term in office.

Silverman's Job Was a Balancing Act

In the minds of some observers, Public Health Director Mervyn Silverman had almost an impossible task to begin with.

Many Lives Touched by One Victim's Death

A driving rain was falling on the Haight-Ashbury, flooding the l-beam disco, falling on darkened bookstores, ice cream parlors and bars that serve both the city of San Francisco and the gay village within.

DECEMBER 13

AIDS: Gay Village Confronts Death

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

Study of Hospital Staff That Deals With AIDS

Researchers at San Francisco General Hospital are launching a carefully controlled study to learn whether health care workers who deal with AIDS patients run any risk of developing the disease themselves.

DECEMBER 14

AIDS: The Impact on Heterosexuals

The wind swept 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.

The Year of the Plague 29
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.

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.
Atlanta

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 misplaced 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 7000 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 39-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...
Everybody could clearly be defined as a gay man, and most had fairly fast-idled 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 have been over with."

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 unprecedented in 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 humans beings rarely contract. By the end of that confusing first year, the key to understanding the syndrome was believed to lie in the appearance 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 lights flashing at the CDC, however, the epidemic was met with indifference both from the public and from other federal agencies. As Berrett, 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 Berrett, 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 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 filing his lab's refrigerators.

"Money was tight," says Cross, 31, who reveals in the mundane "monkey work" that forms the backbone of CDC research. "Some blood came in only 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 are trying 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 problem was convincing everyone there was a 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 — 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 unclear whether they weren't gay men selling themselves to buy drugs."

A few months later, the mysteries grew even 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.

"Once I 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 the AIDS problem (among gays) brought out the question of whether this was something new or something we had missed."

New cases among hemophiliacs in late 1982 also added a curious twist to the puzzle. "The first case was troublesome," says Curran. "There wasn't anything you could do. It was a real hangover. Before, doctors could figure out what was going on and prevent it. There was no real solution, so all we could do was set up 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 vague 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. Someone 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 administration programs, refused to publicly call for money for AIDS studies — but from congressmen spurred by
fearful gay constituents. Bill Kraus, 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 Bereth.

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 as AIDS victim’s blood, and that babies, by definition, had prenatal exchange of 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 “baffling” or “mystifying.”

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
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 Mali, 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.

Skein of Death

"Seven more forlorned, 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 these, 10 percent will contract the disease; others may get less severe manifestations of immune deficiency that 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 45,000, roughly the same number of Americans killed in the Vietnam War.

In a rare moment of repose, Curran munched a peanut butter sandwich in his office tucked deep in a CDC basement, dashing off quick notes to field researchers while he pondered aloud 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. Its 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. Gay 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 skein of death. But such talk rings hollow in view of 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

CHARTING THE PROGRESS OF A KILLER

JUNE 1981:

Startled by the sudden, unexplained deaths of gay men, the Centers for Disease Control forms task force to study mysterious illness.  

NATIONAL: 11 cases  
SF: 5 cases

JULY 1981:

Health officials in seven cities have been tracking down gay men who may have been doing a retrovirus. The mysterious illness: AIDS.  

NATIONAL: 108 cases  
SF: 12 cases

MARCH 1982:

The CDC declares AIDS (so it is now named) is in "epidemic" proportions among gay men. First announcements: Infections and intravenous drug users are contracting AIDS in large numbers.  

NATIONAL: 413 cases  
SF: 61 cases

DECEMBER 1982:

First AIDS cases among heterosexuals and people who have been translated with contaminated blood.  

NATIONAL: 775 cases  
SF: 118 cases

1983:

AIDS finally earns national media attention; federal agencies and blood-bank officials write guidelines to protect the nation's blood supply from AIDS.  

NATIONAL: 1,112 cases  
SF: 176 cases

THE NATIONAL EFFORT

The Centers for Disease Control

By Randy Shilts

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 glowing praise from one scientific journal as "the family physician to the American body public."

Governments throughout

THE YEAR OF THE PLAGUE

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 Legionnaires' 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 become ill, 29 died. Three hundred and twenty CDC investigators fanned out to interview thousands of conventionees, 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 40-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 430 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 horrible 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 4000 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 pharmacological 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."
THE NATIONAL EFFORT

THE INTERCONTINENTAL LABORATORY WAR

BY RANDY SHILTS

Paris

ike most French AIDS researchers, Dr. Willy Rozen¬
baum 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 cam¬
paign rally," sniffs Rozenbaum, a clinician and research¬
er with Paris' La Pitié-Salpêtrière Hospital. "It was like
she was giving out campaign promises—'I give you vac¬
cine, I give you blood test.'"

"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 scien¬
tists offers a unique insight into the often-invisible poli¬
ticking that exists at even the loftiest levels of scientific
research. In one corner are the National Cancer Institute
(a 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 HLTV-III—at
the April 23 press conference. Gallo released his discov¬
er with a panoply of medical data supporting his conten¬
tion 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 further pro¬
mote their discovery before Gallo's announcement were
frustrated by a.chauvinistic American medical establish¬
ment.

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 very 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 rabbies inoculation,
Montagnier's colleague Dr. Jean Claude Cherdmann, 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 Cher¬
mann. "By July, we had six isolates from different pa¬
tients, 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 scien¬
tists, said American and British scientific publications
were reluctant to publish papers about LAV. Organizers
of American medical symposiums, where scientists re¬
lease their latest breakthroughs to colleagues, were simi¬
larly not interested in inviting the French to discuss their
findings.

"Nobody paid any attention to us. Maybe it was be¬
cause we were French—don't know," says Cherdmann.

For Montagnier, the delays were "ridiculous" and
insulting. "This is a very well-known institution," he says.
"They don't do anything."

Editors at Science Magazine, the journal of the Amer¬
ican Association for the Advancement of Science, priva¬
tely say they rejected the French articles because the data
were 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
derive credit for their more comprehensive research,
which will bring in more meaningful long-term results in
tracking the AIDS epidemic.

"We published on 48 isolates at once; the French
report on a couple, one at a time," Gallo told scientific
writer James D'Eramo 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 to 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 No¬
vember, 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 per¬
cent of the pre-AIDS men, 50 percent of the AIDS pa¬
tients and none among the healthy men.

The test results showed why the French succeeded in
finding an AIDS virus while the Americans failed. Gallo,
who is at the National Cancer Institute, was barking up the
wrong immunological tree. He remained convinced that
a virus he discovered in 1981-called HTLV-I—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
T-lymphocytes, which would reveal the source of the
infection. Thus, in subsequent studies in both America
and Europe, AIDS victims themselves often show anti¬
body to the AIDS virus but not the AIDS virus itself.

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

Ironically, rivalry between America's two top health
agencies—the Centers for Disease Control and the Nation¬
al Institutes of Health—ultimately led to the first enthusi¬
astic reports of the French discovery.

The accomplishments of NIH's National Cancer Insti¬
tute and the center's most lauded 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
cconference, however, CDC staffers started telling report¬
ers 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 coun¬
try learned that the NIH was about to make its own
more 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 HTLV-III virus was
virtually identical, if not the same, as the French-discover¬
er 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
immodestly 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
LAV 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. If a
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 admit the debate shows that
scientists are not above their own forms of politics.

"Scientists are human beings—they are not saints," says
Montagnier.

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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.
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.