By Michelle Margetts

- "Can I get it eating in restaurants frequented by gays?"
- "I work with gays downtown in an office building. Will I catch it if I press the elevator button right after they do?"
- "My neighbor, who's gay gave my dog a steak bone. Will my dog get it?"

What is this "it," the subject of these frantic inquiries directed at the San Francisco Department of Public Health in recent months? Having taken more than 2,200 lives since it was first diagnosed two years ago, AIDS is now in the forefront of America's consciousness. It's hard to imagine anyone living in the San Francisco Bay Area who isn't familiar with this usually fatal acronym. But how deep does this knowledge run? One look at the fearfully misinformed questions above should tell you.

Here then are answers to some common misconceptions about AIDS:

- No, you won't catch it in a restaurant. There is absolutely no indication that AIDS is spread through food, alcohol or the air. "We don't see this disease jumping across boundaries and hitting straight people who frequent bars and restaurants owned and run by gay men," says Dr. Mervyn Silverman, director of the Public Health Department.

- No, you won't catch it by touching, sitting on, or eating off of something that has been in contact with an AIDS patient. "There have been no cases of suspected transmission of AIDS from patients to health care providers or from laboratory specimens to laboratory workers. There is no evidence to date that indicates AIDS is spread by casual contact," says Dr. Edward Brandt Jr., assistant secretary of health for the Department of Health and Human Services.

Presently, the cause or causes of AIDS is unknown. However, medical research to date indicates that the disease must enter the blood system through intimate, usually sexual, contact. The AIDS virus enters through the mucous membranes or "wet" surfaces of the body. It is generally accepted that bodily secretions (urine, stool, blood, semen, saliva) must be exchanged for the AIDS virus to spread.

Four high-risk groups have been identified: homosexual or bisexual men, users of intravenous drugs, Haitian immigrants, and hemophiliac patients or blood transfusion recipients. According to Dr. Selma Dritz with the Department of Public Health's infectious disease division, "If AIDS was going to be transmitted by casual contact we'd have had many more cases in the two years since we've been fighting it. As it is, the disease is still confined to the four major target groups rather than having spread through the general population."
Since the disease was recognized in 1981, 2,259 cases of AIDS have been recorded in the United States. About 700 of those cases have resulted in death. Almost 350 cases of AIDS have been reported in the Bay Area, with 111 deaths. Nationally, about 70 percent of the AIDS patients are homosexual or bisexual men. In San Francisco, it's nearly 95 percent.

For 30 percent of all AIDS patients, the disease brings with it a daily visual reminder: Kaposi's sarcoma, a rare skin cancer that causes lesions over much of the body.

A test that quelled fears

After shedding 40 pounds in one month, this man feared he might have AIDS. Fortunately, after two painful blood tests, the doctors determined he didn't have the disease.

AIDS patients. According to Dr. Volberding, there is a 40 percent response rate among patients. The interferon is used with AIDS patients, like Terry, who suffer from Kaposi's sarcoma, a rare skin cancer found in over 30 percent of those afflicted with AIDS. It produces reddish lesions on the body often as big as half dollars.

Terry has been getting the injections since July. So far, the lesions on his body have been reduced in number from 76 to 42.

Interferon treatment started as an alternative to chemotherapy, which harms the immune system. "You worry because these patients are already susceptible to infections. That's why we're using interferon," said Dr. Volberding.

"Experimental drugs don't bother me," Terry said, outside the room where he had just received his shot, "as long as they work. I'm usually in and out right away. Some people though, are in a lot of pain."

The side-effects of this drug and another, Septra, which is used for PCP patients, often are worse than the illness itself. Interferon causes a nausea and makes people feel as though they have the flu. "The worst," said Terry, "is when you can't sleep at night."

The treatment program at SF General is not without its problems. At the outpatient clinic in ward 86, cancer patients share treatment rooms with AIDS victims. One cancer patient expressed his concern.

"Separation from room to room is essential," he said. "I'm already sick. I don't want to worry about getting another disease. I'm scared to be in the same room as them."

Nurse Dana Beachum tried to calm his fears. "If only people can be informed. Educating the public goes a long way in preventing the hysteria surrounding AIDS. I think about AIDS enough not to be paranoid about it."

Cliff Morrison was once told all the reasons why people wouldn't want to come to the unit. "We were told it would be depressing. Patients wouldn't come because of the stigma attached to a gay dying unit. Or that doctors wouldn't want to be associated with a bunch of queens running around."

"Now," said Eileen Lemus, a hospice worker in the ward, "you can't get the doctors or nurses out of here. Nowhere else will you find a nurse having a cup of coffee with a patient. I've seen a lot of wards, and none compares to this one."
"The only thing I worry about is what I have to go through just to die."

The doctor asked whether he had considered hospitalization.
"I think I can better prepare for death at home," came the unemotional response. He planned to return to his family in Connecticut in a month, he said.
The doctor asked if he couldn't make it sooner. Mike did not reply. He merely lowered his head.
"The only thing I worry about is what I have to go through just to die. That really worries me," Mike said later, as he awaited a blood test.
"It's so difficult sometimes. I just want to get back to my parents. I just can't take care of myself anymore.
"But you can get on top of it. Whether you feel good or bad, you get on top if it and that can pull you through."
AIDS: Life against all odds

The compassion shown by Dr. Paul Volberding, chief of oncology at SF General, has won him the trust of his AIDS patients. Though nearly 70 percent of them will die within two years of their diagnosis, he has given them both the hope and the means to deal with the grim realities of their affliction.

Weak from his battle with Kaposi's Sarcoma, Mike had to be helped onto the examining table. With great effort he raised his arms so the doctor could remove the T-shirt and check the lesions on Mike's back.

"How are you feeling?" the doctor asked.

"I'm dealing with it," Mike said. "But my..."
“You have to mark these very carefully,” he said as he checked the items off with a thick, black marking pen. “Otherwise they send you some pretty strange meals.”

As he handed the menu back to the young woman, he told her the news of his possible release that evening. “That’s great,” she beamed. “I hope I never see you in this hospital again.”

But before he could leave, Patrick had to wait for the results of a bronchoscopy—a lung scan. His voice was very low and dry because of the test, which was only one of the many prongs and pokes AIDS patients undergo. As he waited, Patrick talked openly about his disease and how it has changed his life. He believes he contracted AIDS (which stands for Acquired Immune Deficiency Syndrome) after breaking off a long-standing relationship.

“I was 40 and I thought I was losing it. I had a steady lover at the time, but we agreed to let each other have affairs...”, he said.

And then, last winter, when AIDS was hitting epidemic proportions, Patrick decided he had had enough of the cruising scene. But, he stopped too late. “I guess I went in one place too many and that was that.”

Patrick was looking forward to returning home to his lover, who had never lost faith in him despite his illness. He said his landlord and a “faithful friend” had visited him often, bringing books and food to cheer him.

The emotional stress brought on by his condition only showed when he spoke of his mother. He never told her about his illness, saying only that he had viral pneumonia. “It would break her heart if she found out,” he said, his voice choking.

The 12-bed AIDS ward at SF General Hospital, which opened July 25, is the first of its kind in the country. As part of a federally funded research program in conjunction with UC Medical Center and Mt. Zion Hospital—the AIDS ward employs a uniquely sympathetic approach to treatment. The ward is neither gloomy nor isolated.

“There’s no reason for patients to feel isolated,” said Cliff Morrison, coordinator of the AIDS ward at SF General. “There is no reason for patients to feel like a leper or for them to lie in their rooms all day and have no one come in to speak to them.”

Morrison, who is very active in San Francisco’s gay community, said the ward is an attempt to remove the hysteria that surrounds the topic of AIDS. “On a professional level I won’t stand for it. The best thing that we can do is offer a quality place where visitors can come and feel safe. The families, friends, lovers, whatever, can all come and feel safe. What we’re doing is demystifying AIDS. The focus is on care to meet the psychological and emotional needs of the patients.”

Dr. Paul Volberding, chief of oncology at SF General and leading AIDS researcher, recently returned from a meeting on AIDS at the National Institute of Health in Washington, D.C. He said other health officials at the meeting praised SF General for handling patients so well. “They looked to us as a model of how to treat AIDS.”

Volberding credits Morrison for the success of the AIDS ward and said Morrison did an “outstanding job” staffing the clinic. The doctors and nurses work closely to provide the AIDS patients with the best health care possible.

Dory Blakemore, a nurse on the ward, told of an orientation meeting for newly hired nurses where AIDS patients talked about their early hospital treatment. “It was horrible,” Blakemore said. “Some patients talked about how badly they were treated at other wards. Some had food left outside their doors and others were isolated from the other patients. Nurses would overdress (with surgical masks and gloves) when they entered the room.”

Morrison only wanted nurses who were not afraid to work with AIDS patients. “People who were afraid of contracting the disease need not apply. The staff—12 nurses, two secretaries, one psychiatrist and one social worker—all volunteered to work in the AIDS ward. Educating the patient is one of the main goals of the AIDS unit staff. Three volunteer counselors from the Shanti Project in Berkeley work on the floor. Each patient is assigned a counselor when he arrives.

Each week, an informal rap session between patients and staff is held to discuss the latest research and individual cases. “We have to go out of our way sometimes, but that’s what health care is all about,” said Blakemore. The counseling may make a difference for some patients. One person in San Francisco was not receiving counseling, when told he had AIDS, committed suicide.

“We simply weren’t treating our patients with care and as human beings before we got the unit,” Morrison said. “The human element was gone. I saw the unit as a chance to pull all our resources together. Not only from the hospital, but from the community as well. No place has ever done this. It’s a model. I’ve never felt so proud to be gay than I have right now.”

Terry commutes three times a week from Jenner, 60 miles north of San Francisco, to receive interferon injections. Interferon—a natural protein created in human cells—fights viruses and is now being used experimentally on
Patrick lay propped up in his bed in Ward 5b, the AIDS ward, at San Francisco General Hospital where he was being treated for PCP (Pneumocystis carinii pneumonia) — an opportunistic infection that attacks over 70 percent of people stricken with AIDS when their immune system breaks down.

His weight had dropped over 30 pounds in the 20 days that he had been hospitalized, but otherwise he looked well and was in high spirits.

The sun shone through the window and brightened an already cheerfully decorated room, painted bright orange, yellow and white. A bouquet of flowers sat on his nightstand. Patrick joked with a woman orderly, dressed in blue jeans and a flower-print shirt who had brought him his lunch menu.