Stages of homophobia

"Torch Song Trilogy" — a comedy about the romance of a New York drag queen — comes to San Francisco at a particularly sensitive moment. The City's always tempestuous relationship with its gay community is currently at an important testing point.

There are plenty of people who are simply tired of the overheated, homosexual presence here, and "Torch Song" hits town just as these sentiments are surfacing.

As has been noted before, the AIDS scare and its companion media circus have given supposedly intelligent people the green light to express anti-gay sentiments they've been storing up for years.

It's not as though homophobia was dormant until AIDS showed up, of course. Gay-baiting and fag-bashing have remained popular among ignorant people the world over, with no interest in socio-political trends. People with some sensitivity, however, kept their gay-baiting attitudes to themselves in recent years, if only to be fashionably open-minded.

AIDS was the key that unlocked the closet of homophobic. It isn't just KGO, TV technicians, paramedics and Muni drivers who channel their disapproval of homosexuality into irrational fears of contracting AIDS. Some of the best people are now acting as though the educational experiences of the last 20 years never happened.


Other supposedly enlightened people have taken this chance to admit, in private, to you, that they are sick and tired of "vicious fag" salesmen in clothing stores, "snotty fag" waiters in restaurants, salesmen and 411 operators who insist on making out in the street.

Gay people are getting the hang of fighting back. Twice in the last month, hosta at diners where most of the other guests were gay assured me the plates had been left especially sanitary to protect the straight guests presumably from AIDS.

INTO THIS CLIMATE comes "Torch Song," a top-notch comedy of morals and manners that bithay amusing audience awareness of openly gay life styles. And not just homosexual lifestyles patterned on straight marriage and romance, but the whole flailing pre-AIDS "70s scene complete with glory holes and random copulation.

Darth "Torch Song" is aimed exclusively at a gay audience. Its author, its original star, Harvey Fierstein, won best acting and best script Tony awards for the New York run of the show, indicating its appeal outside the gay community.

Times have changed so drastically in the gay community that the play has already a trifle dated. Few playwrights would now send their sympathetic heroine into a "back room" to make with what they find there. On opening night you could just feel all the teeth gnashing in the audience as Norman, the hero, had his first back-room-encounter. The concern for his health was palpable.

ESpite OR BECAUSE of its focus on the very human travails of a "drag queen" — in quotes by now — after the first ten minutes we never really see Norma drag queening — "Torch Song" is a soothing tonic for these fractious times.

Except for those people who simply can't get beyond outrage at the concept of romance between men, the characters and situations in "Torch Song" are universally applicable. Everyone can relate to people who love and fear love, who can't seem to come to terms with their own desires, people who can be screamingly funny in the midst of deep inner pain.

Actually, a critic with a militant gay perspective could fault "Torch Song" as a straight-person's gay play. Alain Touma-Haddad, who refuses to depict men in physical intimacy ( kokusing cuddling) and gives straight people a convenient dose of self-congratulatory tolerance for gay people sitting it out.

My feeling is that "Torch Song" is the right play at the right time. Neither is it the funniest, best-written play I have seen in seven years of San Francisco theater-going, but its universal message is just what's needed now, as we blend the bonds between gay and straight people.

On opening night, gay and straight members of the audience found themselves gasping in moments of flash recognition — that's me I eat like that! My mother acts like that! It's true! The "gay" component of the story doesn't exclude the straight world, it simply adds the spice of locale and culture.

Despite its curious and warm reviews, "Torch Song" is doing good business, primarily from the gay community. Gay or straight, I suggest you do yourself a favor and see the show. It leaves you with a good feeling, something we can use right about now.
Symptomless Victims Found to Spread AIDS

By HAROLD M. SCHMECK Jr.

The virus of acquired immune deficiency syndrome, or AIDS, may persist without causing symptoms in the infected person for more than four years and still be transmissible through blood transfusion, scientists reported yesterday.

"These observations underline the importance of identifying high-risk donors in cases of transfusion-associated AIDS in order to prevent future donations from them," said the report in the latest issue of the New England Journal of Medicine.

More than 200 cases are known in which AIDS has developed in people who were presumably infected through blood transfusions of or through the use of the blood substances needed by hemophiliacs.

The new study was done to determine whether any of the AIDS virus might exist in a long period in people who have no symptoms of the fatal disease. The study published yesterday showed that such persistence without symptoms might be as long as 52 months.

A separate but related study by scientists of the Centers for Disease Control in Atlanta has shown that such symptom-free persistence of the virus may extend to more than five years, said Dr. James W. Curran, head of the AIDS branch at the Federal centers.

Data in the study reported yesterday were collected through blood and viral studies of blood donors who were found after their donations to be in groups considered at high risk of developing AIDS. In addition, the scientists studied six AIDS patients who had received blood donations from people who were later shown to have someone or to be in one of the known high-risk groups.

The groups most often cited as being at high risk of developing the disease are homosexuals, drug abusers who take drugs by intravenous injection and hemophiliacs.

The AIDS virus was found in 22 of 25 donors studied, the report said. They had made blood donations from 12 to 32 months earlier. The mean interval between the blood donations and the new isolation of AIDS viruses from the donors was 25 months. Presumably the donors had carried the viruses continuously in those long intervals. Some of them had remained symptom-free throughout the period.

Dr. Curran said the research group already knew that people who actually had AIDS also carried the virus for years. But they were not sure of, he said, was that many people who were infected with the AIDS virus months or years ago, but remained symptomless, also continued to have persistent and presumably transmissible infection.

He said a laboratory test for detection of the AIDS virus in donated blood was licensed by the Food and Drug Administration in March and was now in use in virtually all blood centers centers in the United States.

Through May 10, the Centers for Disease Control in Atlanta received confirmed reports of 10,226 cases of AIDS in the United States. There have been 3,008 deaths among them.

2 AIDS Victims Say Navy Is Trying to Oust Them as Gays

San Diego 6/13/85

The U.S. Navy, citing policies that forbid homosexuals in the military, is seeking to discharge as homosexuals two San Diego sailors who have AIDS, the sailors' attorney says.

Charles T. Bumer, who is representing the sailors, said the Navy contends that information in the men's medical records indicates they are homosexuals and thus should be discharged and not be entitled to benefits.

Lieutenant Stephen Pietropolli, speaking for the Department of the Navy in Washington, declined to confirm that Daniel Abeita and Brian Kinney, both 28, have been ordered to leave the Navy.

However, describing Navy policy, he said, "Homosexuality is incompatible with military life and seriously impairs the accomplishment of the military mission, such as mutual confidence, good morale and active recruitment."

"It is the Navy's policy that all homosexuals be separated from the Navy," he said. "No punitive action is taken when someone has AIDS; that is a medical diagnosis... There is only punitive action when a person is homosexual."

Abeita has accepted an administrative discharge, effective June 17, and hopes to receive medical treatment through Veterans Administration hospitals, Bumer said.

Kinney, a medical corpsman for seven years, is scheduled to go before an administrative discharge board here Monday.

Most AIDS victims have been homosexual men, and researchers believe that the fatal disease of the immune system is transmitted through sexual contact.

When Abeita and Kinney were diagnosed as having AIDS in 1984, an application for medical retirement was forwarded by Navy doctors, according to Kathleen Gilberd, Bumer's legal assistant.

That set in motion the series of events that eventually led to the Navy's decision to discharge the men, she said.

In general, the Navy approves medical retirements for sailors with debilitating illnesses. Those medical retirements include pensions and full medical benefits at military hospitals. Even without a medical retirement, the sailors probably will be able to receive treatment at veterans' hospitals.
Four mysterious AIDS cases have been found among health care workers who do not fall into any of the known risk groups and who have had no known contact with AIDS patients, federal health officials reported yesterday.

The report, issued by the Centers for Disease Control in Atlanta, traced the unexplained development of AIDS in health workers in four East Coast cities.

Though other health care workers have contracted the disease, they have been in the four high-risk groups — gay men, users of intravenous drugs, Haitians or people who receive blood transfusions.

The four mystery cases do not readily fall into any of the high-risk categories, the report said.

The three-page report drew immediate criticism from public health officials and AIDS researchers in San Francisco. They said it lacked definitive conclusions, and they expressed fears that it would cause unnecessary alarm among hospital workers and the public.

“This is the loosest report I’ve ever seen,” said one San Francisco health official, who asked to remain anonymous. “All it says to me is that we’ve got four cases of AIDS — two guys who got stabbed with a needle, which we know causes AIDS, somebody else who admits to using all kinds of drugs and somebody else who claims not to have touched drugs or be gay, which can’t be proven.

“So you’ve got four health workers who have gotten this out of 4 million health workers across the country,” the official said.

The health worker cases do not fall into any of the high-risk categories.

“The CDC may issue the report because it says it wants to satisfy the curiosity of that 4 million people, but it will scare the s--- out of 220 million people” in America.

A medical researcher in San Francisco, who also asked not to be named, said the report “was a lot of spurious crap that doesn’t mean anything.”

The case most extensively documented in the new report involved a Baltimore hospital housekeeper who died last month only two weeks after showing symptoms of AIDS.

The man denied being gay, having injected drugs or having any contact with AIDS patients, but employee records showed that he was accidentally stuck by a hospital syringe last year.

AIDS is known to be spread by direct contact with contaminated needles, the major reason why intravenous drug users are the second-highest risk group for getting the disease.

Details were sketchier on the other three health personnel who, the CDC concluded, “appear more likely to have belonged to AIDS risk groups.”

Like the Baltimore AIDS patient, a middle-aged New York City nurse aide also had previously reported accidental needle injuries. He acknowledged adolescent gay sexual experiences, but he said he no longer was homosexual.

A New Jersey AIDS fatality cited in the report was a hospital laundry worker who admitted to using cocaine, mescaline and marijuana. She denied using intravenous drugs, however, and said she had no known contact with the one AIDS patient who was in the hospital where she worked.

A Jamaica-born private nurse in Miami also had no links to AIDS patients and denied being part of high-risk groups.

“These four cases provide no new information regarding occupational risk related to health care personnel. Transmission of AIDS within hospitals has not been reported,” said a comment at the end of the report. “The disease has not been shown to be transmitted through casual contact with affected individuals.”

A CDC spokesman yesterday said the agency was releasing the report because “there’s been a great interest” among health care workers across the nation about the baffling malaise.

Such concern has led to a number of incidents across the country in which health care workers refused to treat AIDS patients.

Three San Jose nurses resigned last month rather than have any contact with a man stricken with the syndrome.

“We don’t see any reason for panic among health care workers,” said Chuck Falls of the CDC. “Although we don’t have any definitive information, we wanted to update people with what we do have.”

The American Federation of State, County and Municipal Employees union, which represents about 400,000 health care workers, issued a statement saying it is “deeply concerned” about the report. Union officials cabled Health and Human Services Secretary Margaret Heckler urging her to convene a meeting immediately with organizations representing health care and corrections workers to improve communications on the issue and “alleviate the concerns of our members in order to prevent any disruption of patient care.”

In San Francisco, public health director Dr. Mervyn Silverman said the report “may unfortunately create more concern than necessary, because there is so little factual information in it to make any kind of factual conclusions about it.”

CDC spokesman Falls conceded that some of the AIDS patients documented in the report may later turn out to be gay men or users of intravenous drugs who denied it because of social stigma.

“If the patient denies it, we have no way of knowing for sure,” said Falls in a telephone interview from Atlanta. “And those are the two main risk groups we’re dealing with.”

CDC figures show that 94 percent of the nation’s 1,831 diagnosed cases of AIDS now fit into one of the four major risk groups, with gay men comprising 70 percent of all AIDS cases. The four health workers now fall into the 6 percent of cases which have not been explained, a ratio which has remained fairly constant over the past year.
AIDS: The Blood-Bank Scare

When 44-year-old Rodney Travis, a machinist from San Jose, Calif., shattered his knee in a "dirt bike" accident last month, he refused to have surgery because he was afraid of catching AIDS from blood transfusions. Instead of blood from the Red Cross, he wanted his dirt-bike buddies to be the donors. After a battle, the Red Cross yielded to his wishes. Travis is not alone. Many people are refusing to either give or receive blood because of the fear of getting AIDS in the process. And some potential donors are hoarding their blood to ensure a safe supply for relatives or friends who face surgery. "It's a bitch," says Brian McDonough of Irwin Memorial Blood Bank in San Francisco where, because of the large gay population, the problem has been particularly severe. "An awful lot of people are picking up this loose association between blood banks and AIDS. It's crazy."

Public-health authorities emphasize that there is absolutely no chance of getting AIDS by donating blood—the needles, tubes and bags are sterile, prepackaged and used only once. And the risk of contracting AIDS by receiving a blood transfusion is minuscule, they add. Most of the nearly 8,000 cases diagnosed so far have occurred among homosexuals, intravenous drug users, Haitians and hemophiliacs (who depend on injections of a blood derivative called Factor VIII). But only 106 AIDS cases have been linked to transfusions, although 10 million to 12 million units of blood are administered each year. "Statistically, you're much more likely to get run over on your way to the hospital," says Dr. Klaus Mayer of New York's Memorial Sloan-Kettering Cancer Center.

Still, the fear remains, and it has affected both blood banks and hospitals in San Francisco, Los Angeles and Texas, among other localities. "We've had patients call us from their hospital beds canceling their surgery because of AIDS," says Bill Teague, head of the Gulf Coast Regional Blood Center in Houston. Patients have asked if they can be transfused with female blood; they don't realize women can have AIDS, too.

The American Red Cross and other agencies generally oppose "designated" donations from patients' friends or relatives. Such donations reduce the supply of available volunteers, which has already dwindled in some parts of the country because of the need to screen out gays and others at high risk for AIDS. "People may say, 'My mother might need my blood tomorrow so I'm not going to give today,'" says Paul Holland, a Sacramento blood-bank official. Also, donors who feel obliged to give blood to a relative may conceal the fact that they are in one of the high-risk categories.

Few Risks: Far safer, say the experts, are "autologous donations," in which blood is taken from a prospective surgery patient and stored for use during the operation. At New York's Hospital for Special Surgery, 20 percent of the blood used for transfusions comes from the patients themselves. Such transfusions eliminate the risk not only of contracting AIDS, but of hepatitis and other viral infections, as well as of allergic reactions.

Much of the anxiety over blood-bank AIDS hazards may be eased soon. The U.S. Food and Drug Administration shortly is expected to approve a blood test for AIDS that banks will use to screen donors. The test detects antibodies against the HTLV-III virus, which is strongly suspected as the cause of AIDS. The presence of antibodies indicates that a person either has AIDS, is a symptomless carrier of the disease, has a latent infection or has been exposed to a related virus. In trials on AIDS patients, the test has shown a high degree of accuracy. When available, it will help prevent the transmission of AIDS by transfusions and, by enabling early detection, help bring the epidemic itself under control.

MATT CLARK with PAMELA ABRAMS
in San Francisco and bureau reports
Battling AIDS

More misery, less mystery

There were intriguing new theories and more grim statistics, puzzling observations and enlivening discoveries.

"Never before in the history of medicine has so much been learned about an entirely new disease in so short a time," pronounced Health and Human Services Secretary Margaret Heckler last week at the opening session of the most comprehensive conference yet held on the fearful subject of acquired immunodeficiency syndrome. The AIDS conference, jointly sponsored in Atlanta by the World Health Organization and HHS, drew more than 2,000 researchers, health officials, gay activists and others from points as distant as Zaire. As they swapped information in a blizzard of presentations, pamphlets and informal corridor exchanges, the dimensions and nature of the devastating disease came into sharper focus.

Among the newer revelations:

► One million Americans may have already been exposed to the AIDS virus, though no one yet knows what percentage of those infected will actually develop the disease.

► Haitians should no longer be included among the high-risk groups for AIDS. Researchers now believe that many Haitians who contracted AIDS did so as a result of homosexual activity, use of contaminated intravenous needles or sexual contact with infected prostitutes. Denouncing their misclassification as agents of the disease, Dr. Serge Augustin of the Haitian Coalition on AIDS said, "Three years of stigmatization cannot be erased."

► The AIDS virus apparently can cause serious harm to the brain and nervous system in addition to wiping out the immune system. At least 50% of AIDS patients suffer from such symptoms as loss of memory, impaired ability to speak and think, even outright dementia.

► Researchers have now identified the outer protein coat of the virus, a necessary step in developing a vaccine. But an actual vaccine remains a distant prospect.

So far, 9,600 Americans have contracted AIDS, says Dr. James Curran, director of the AIDS task force at Atlanta's Centers for Disease Control, and he adds, "It'll get worse." CDC officials expect the number to double by this time next year.

The epidemic is spreading worldwide. W.H.O. officials report that Paris has almost the same incidence as Los Angeles. The vast majority of AIDS cases—about 73% in the U.S.—have occurred in homosexual or bisexual men. Researchers think that the virus can remain latent for years before causing symptoms, so that people infected five or more years ago may still run the risk of developing the disease.

Health experts believe that screening tests, approved earlier this year, will help stop the spread of AIDS through contaminated blood (142 Americans have contracted AIDS from blood transfusions). The tests, recently put into use at blood banks throughout the U.S., are less than perfect, however. Researchers fear that some infected blood samples could slip through undetected. Says Curran: "We don't know how big a problem that is."

A larger threat to the general public AIDS is believed to have begun. "I'm told they hang around settlements almost the way that bears hang around picnic grounds in national parks, trying to scavenge food, sometimes fighting and biting people."

The green monkey may be more than a clue to AIDS' past, says Essex; it may hold a key to future treatment. Despite evidence of infection with an AIDS-like virus, the monkeys are perfectly healthy. This is not true of rhesus monkeys, which develop AIDS-like symptoms when infected. Says Essex: "The African greens may have evolved a mechanism to control the virus." This mechanism of immunity, once understood, could help scientists in their all-out battle, particularly in the search for a vaccine. Nonetheless, most researchers believe that AIDS will remain a threat for decades. Says Peter Fischinger of the National Cancer Institute: "We have here a very tough opponent."

—By Claudia Walisz. Reported by Christine Gorman and B. Russell Levitt/Atlanta
HHS Approves
AIDS Blood Test

Firm Is Ready to Ship Kits Nationwide

By Cristine Russell
Washington Post Staff Writer

Calling it "the answer to the prayers of thousands of Americans" needing blood transfusions, Health and Human Services Secretary Margaret M. Heckler announced approval of a commercial test yesterday that will provide an "additional insurance policy" for preventing transmission of the deadly disease AIDS (acquired immune deficiency syndrome) through the nation's blood supply.

Officials for Abbott Laboratories of North Chicago, one of five companies competing to supply more than 1.5 million tests monthly to the country's 2,300 blood banks and commercial blood-product producers, said they were ready to begin shipments yesterday afternoon.

Officials of the American Red Cross, the nation's largest collector of blood, signed a contract with the company yesterday and said they were prepared to begin phasing-in the test within days. A Red Cross official estimated that the test will cost about $5 per unit of blood to administer, perhaps adding 10 percent to the cost of blood.

Food and Drug Administration Commissioner Frank Young estimated that it will take two to six weeks for the test to be put into use voluntarily in blood-collecting centers nationwide. He said it will later be required by the government.

Blood that is found positive for evidence of AIDS antibody will be destroyed. At some point after the phase-in period, individuals whose blood-donation tests repeatedly show positive results will be notified of this uncertain finding and urged to seek additional medical evaluation.

The Centers for Disease Control report that as of Feb. 25, there had been 5,957 cases of AIDS in the United States and 4,145 deaths. Public health experts estimate, however, that about 400,000 Americans may have been exposed to the AIDS virus. It is thought to be spread through contact with bodily fluids—sexually, through intravenous needles, from pregnant women to their fetuses and through the blood—but not through casual contact with carriers.

Blood-related cases account for about 2 percent of cases, including 119 cases in adults and children linked to blood transfusions, and 66 among hemophiliacs who received blood products, said CDC officials.

Although the risk of getting AIDS through a blood transfusion appears to be small, there has been considerable pressure to speed a blood test to the market to reassure the more than 3 million individuals who get transfusions each year. An industry expert estimated yesterday that the annual market for the blood test could be $60 million to $80 million. Abbott officials said that each test kit will sell for $2 to $3.

Despite the test's possible benefits to the blood supply, critics in the public health community and in gay rights groups have expressed concern about the repercussions for those who get a positive test result. Addressing these concerns, Heckler and Young stressed yesterday that the new blood test must be used with caution because of two major limitations:

- It is not a diagnostic test for AIDS. The test detects only the presence of antibodies to the virus, known as Human T-Cell Leukemia Virus III, thought to cause the disease. "The existence of these antibodies means only that the person tested has at some time, in some way, been exposed to the virus or a related virus. It does not—I repeat does not—mean that the person whose blood tests 'positive' has AIDS," Heckler said.

- Although most people who carry the AIDS antibodies do not seem to get AIDS, many may carry the virus indefinitely and be able to spread it. There is no way to predict which individuals will later fall prey to the disease. Rough government estimates suggest that 25 percent of people may become ill with lymph node problems, weight loss and other symptoms, while 10 percent may come down with the severe form of AIDS, which devastates the body's immune system.

The test is not error-proof. Although it appears to be highly accurate for screening out blood that carries antibodies to AIDS, "the test is not perfect," Young said. It has the potential for incorrectly indicating that blood contains AIDS antibodies, as well as incorrectly indicating that blood does not.

When a group of AIDS patients was tested, 7 percent were not detected.

But public health authorities agree that individuals in groups at high risk of contracting AIDS—sexually active homosexual men, intravenous drug abusers, recent Haitian immigrants and the sexual partners of people in these groups—should not donate blood.

Heckler urged high-risk individuals who wish to get the test to seek out "alternative locations, not blood banks." These would include clinics and private physicians.

Kristine Giebie, head of Oregon's state health division and chair of the Association of State and Territorial Health Officials, complained yesterday that thus far the federal financial support for testing at alternative sites—Heckler said about $12 million—is "just a drop in the bucket." She and Dr. David Sencer, head of the New York City health department, joined many gay-rights activists in urging high-risk individuals not to get the test "until we know more" about what the results tell individuals about their health.

Jeff Levi of the National Gay Task Force, which has been concerned that the test will be used for discriminatory purposes, was pleased that the government-required labeling for the blood-test kit emphasizes that "it is inappropriate to use this test as a screen for AIDS or as a screen for members of groups at increased risk for AIDS in the general population."

In a letter being sent to doctors and health-care providers, FDA's Young noted the need for confidentiality of test results "because disclosure could lead to serious social and employment consequences."

Rep. Henry A. Waxman (D-Calif.), whose House health subcommittee has accused the government of spending too little on AIDS research, said in a statement that "while this blood test will help make a safe blood supply safer, it has an undeserved reputation. This is not the answer to the AIDS epidemic . . . I'm certain that the administration will take a lot of credit when the license is granted, but they should be deeply ashamed of how little they have done."

Heckler said yesterday that in the coming week, at least one other company will be granted a government blood test license. Sources said they expected it to be Electro-Nucleonics Inc. of Columbia, Md.
Drug Allowed in AIDS Cases, But Distributor Is Reluctant

U.S. Says Isoprinosine Can Be Prescribed

Washington Post 5/14/85
Associated Press

The Food and Drug Administration said yesterday it will allow a California pharmaceutical company to provide an experimental drug to any AIDS victims whose doctors ask for it, but company officials said they have not yet agreed to such a plan.

The FDA, in an internal advisory, said it had agreed to let Newport Pharmaceuticals of Newport Beach, Calif., conduct a "compassionate use" protocol that would allow the drug Isoprinosine to be distributed, at the request of a doctor, to patients with acquired immune deficiency syndrome.

Sales would have to be at cost; no profit could be made.

An FDA spokesman compared the drug to an experimental cancer treatment, explaining: "The fact that they're not perfected becomes immaterial if your life expectancy is a week or a month."

Company officials, advised of the FDA announcement by a reporter, said they were unaware of the action, had not agreed to broad distribution of their drug under the requirements stipulated by FDA and doubted they could handle such a task.

Sanford Glasky, Newport's executive vice president, noted that FDA essentially was inviting every AIDS patient in the country to call the company directly and sign up for the drug, adding, "It would be almost impossible for us to handle that type of requirement."

Isoprinosine is not a cure for AIDS, the FDA said. It is, however, one of about a half dozen drugs about to begin clinical trials.

Scientists hope Isoprinosine may be of help because it stimulates the immune system, the agency said. AIDS kills by destroying the immune system and leaving the body defenseless against infection or disease.

The FDA issued the advisory to its staff after news reports earlier this week that AIDS victims "are rushing across the border in droves" to buy the drug in Mexico, where it is sold legally by a Newport licensee, Laboratories Sanfer Co.

Other AIDS victims are buying the substance from black market dealers in this country, the news reports said. The drug reportedly is legally available in some 70 countries, although it cannot be prescribed in the United States.

The FDA said an experimental license was issued to the Newport firm last November to test the effect of Isoprinosine in a limited number of patients. Earlier this week, the FDA said, it broadened the license to allow the compassionate-use protocol.
Dick Clark of San Francisco carried on a peaceful protest against AIDS and U.S. policy in Central America yesterday during a demonstration prior to Henry Kissinger's speech at the Fairmont Hotel on Nob Hill.
Blood bank puts end to donor designations

Irwin Memorial reassures public against fears of getting AIDS through anonymous transfusions

By Jim Wood
Examiner staff writer

Irwin Memorial Blood Bank revised its rules today in response to people fearful of contracting acquired immune deficiency syndrome (AIDS).

The blood bank said that people anticipating a need for blood had been bringing in prospective donors who they believed were free of AIDS and then seeking to designate blood given by those donors for themselves.

Irwin announced it would not permit donors to designate who will get the blood they give in advance of need.

The bank said its action was based on recommendations by the American Medical Association, the American Red Cross and the American Association of Blood Banks.

The reason for the action, an Irwin official said, was that there is no assurance the people brought in are more AIDS free than any other volunteer donors.

Prospective donors are given a questionnaire designed to encourage members of at-risk groups to defer making a contribution. There is no medical test yet which can eliminate possible AIDS carriers, according to health officials.

Because the donors are volunteer, the blood bank said, there is no reason for them to conceal being in the at-risk group which includes gay males, IV drug users, Haitians and hemophiliacs.

The blood center relies on volunteer donors to reveal whether they have had other diseases such as hepatitis which make their blood unsuitable for transfusions.

Researchers have found that one way of contracting AIDS is through contaminated blood products. Other ways include intimate sexual contact in which semen gets into the bloodstream, and through sharing hypodermic needles with AIDS victims.

Casual contact with AIDS victims in bus, office or restaurant is not dangerous, according to Dr. Selma Dritz, epidemiologist for the San Francisco Department of Health.

AIDS lowers the body's resistance to disease, and Dritz says patients normally do not live beyond three years after diagnosis. As of last month, the federal Center for Disease Control in Atlanta had reported 1,641 diagnosed cases of AIDS across the country, 644 of them fatal thus far.

Dr. Herbert Perkins, medical director of the blood bank, said that in the past, Irwin had not permitted donors to designate for whom the blood would be given in advance of need.

A month ago, however, as a pilot project, the bank did permit such designations, but Perkins said the experiment had not worked out and that the bank was going back to its old system.

He said that donations to the blood bank have not dropped as a result of the AIDS scare. Blood banks in other cities have said their donations were dropping by as much as 30 percent because people feared contracting AIDS.

In San Francisco, however, the public was more informed and knew that the donation process is safe and does not place an individual at risk for contracting AIDS, he said.

The blood banks adhere strictly to federal and state regulations governing blood collection, he said.

A blood bank spokesman said that "we have adopted two ways in which to defer potential blood donors who may be possible AIDS carriers or at high risk for AIDS.

"First, potential donors receive a fact sheet about AIDS. This identifies groups at unusual risk for AIDS and describes symptoms of the disease. Readers are urged to refrain from donating if they believe themselves to be a member of a high risk group or symptomatic of AIDS.

"Secondly, the health questionnaires enable potential donors to discreetly and confidentially defer themselves from donating."
KFRC Disc Jockey Fired
For Playing an AIDS Ditty

By Joseph Pereira

Disc jockey Bill Lee was fired from his job at KFRC radio after playing a song about AIDS, the often fatal condition that chiefly afflicts gays.

The 30-second song, entitled "The AIDS Anthem" and sung to the tune of America the Beautiful, was played Wednesday night during Lee's 6-to-10 show.

The song was written and sung by two KFRC employees. It includes the tongue-in-cheek lyrics, "So it's sad we all have AIDS, it's so sad we've all got AIDS."

KFRC program director Gerry Cagle fired Lee when he showed up for work on Thursday.

The station would not provide the complete lyrics of the song, but Cagle said the issue was "not whether the lyrics were particularly offensive."

"It's not exactly what was said that was disturbing but that something was said about a subject that we think is a serious problem. It's like joking about people dying of cancer," he said.

Although distressed by his dismissal, Lee, 30, said yesterday that he knew he "had it coming."

The disc jockey, who worked at KFRC for three years, said he decided to play the tune on an impulse without listening to the lyrics beforehand.

But halfway through the song, he said, he "got this really sick feeling in my stomach about my impending demise."

"I thought to myself, 'Oh my God, what have I gone and done now.' I couldn't believe it. I had a sense then what I was in for," recounted Lee.

As soon as the song was over, Lee said, he immediately apologized to listeners.

The tone of the song was supposed to be irreverent and amusing, Lee said, and it needled the hysteria surrounding the disease and "all the people who are afraid of sitting on toilet seats in America."

Lee said he did not blame the station for firing him.

"I regret having done it, and if I had to do it all over again, I don't think I would have played the tape," he said.

Cagle said Lee was fired because he "violated programming procedures." However, he praised the disc jockey for having "a great style" and being "an exemplary employee during the time he has been with us."

"It's really sad," Cagle said. "The boy just made a little mistake. It was just a slip, but it's cost him his job."

Cagle would not disclose the names of the two employees who made the tape nor would he comment on any possible action against them.
The AIDS Panic Spreads

AIDS SWEEPS THE NATION screamed Sydney's Sunday Telegraph. It was a headline tuned perfectly to the near-hysteria that has swept Australia in past weeks. Three babies had died after receiving blood transfusions from a donor infected by the so-far incurable disease, acquired immune deficiency syndrome. Two dozen other Australian AIDS victims have been identified, a figure that a number of doctors say could double within the next six months and double again within a year from now. Despite pleas for calm by public-health officials, the AIDS panic quickly degenerated into a round of attacks on male homosexuals, the most common carriers—and victims—of the disease.

Since AIDS was first identified in the United States three years ago, the disease has spread fear around the world and has left a death toll that now reaches into the thousands. Even such remote countries as Rwanda and Zaire in Black Africa have reported AIDS cases. In Britain, where patients with AIDS symptoms were treated as early as 1979, a new outcry has erupted after doctors confirmed that at least two hemophiliacs died after receiving transfusions of infected blood. The Hemophilia Society has charged that the government has been slow to respond to the problem, specifically in failing to provide clear guidelines to would-be donors. In response to the criticism, John Patten, a British Ministry of Health official, urged that "gays should not give blood at present."

Contaminated donors are not the only problem in Britain. Blood serum tested from more than 200 hemophiliacs at London's Middlesex Hospital recently showed that 90 percent of those given the American-made factor 8—a crucial blood-clotting agent—had developed antibodies to AIDS, indicating they had been exposed to the disease. Though capable of producing its own factor 8, Britain will not be able to meet domestic demand for the blood product until 1986 or 1987. Until then, the nation will still have to import from the United States. But by next April, British-made factor 8 will be heat-treated to eliminate the risk of AIDS contamination. (U.S.-made heat-treated products are available, but they cost twice as much as unheated products.) And a genetically engineered, synthetic form of factor 8 will be tested on British hemophiliacs next year. Still, it will be another five or six years before it can be marketed.

In Australia, the AIDS panic has driven right-wing politicians into a punitive mood. The Queensland State Parliament passed emergency legislation after the deaths of the babies that imposes a $10,000 fine and/or a two-year prison sentence on any AIDS carriers who knowingly donate blood. (In fact, nobody has alleged that the donor whose blood killed the babies knew he had AIDS.) A second bill passed by the legislature makes it compulsory for health workers to notify authorities about persons suspected of having AIDS. Some legislators have urged that charges of manslaughter or even murder should be brought against infected blood donors. One, who picketed a gay bathhouse in Sydney, said that homosexuals should be prevented from traveling to the United States—and, if they did, they should be put in quarantine on their return. A few Australian vigilantes weren't waiting for legislation. One night recently, a gang went on a rampage in Sydney's Darlinghurst area—the hub of the city's gay community—attacking homosexuals and kicking in doors.

Ban: Officials investigating the case of the three infants who died of AIDS traced the blood to a 27-year-old Brisbane homosexual. Even before the most recent panic, blood banks had begun screening donors, weeding out those considered potentially at risk of having been exposed to AIDS—mostly homosexual men. But some blood banks have now placed a ban on all male donors, and several hospitals have dropped their artificial insemination programs—since AIDS can also be transmitted through semen.

There have been 90 confirmed cases of AIDS in Britain so far and about 40 deaths. At the present rate, say British experts, the country can expect about 143 confirmed cases by the end of the year and more than 400 cases next year. The outlook seems just as bleak in Australia. But the recent spate of hyperbole and hysteria did produce some positive results. Blood banks around Australia were flooded with volunteers, many of them women. Hazel Hawke, the prime minister's wife, and Margaret St. George, the wife of opposition leader Andrew Peacock, were both photographed donating blood. While a cure for the fatal disease is still elusive, such generous actions might do a lot to restore calm—and perhaps save a few lives.

Marilyn Achiron with Rita Dallas in London and Carl Robinson in Sydney
U.S. tells AIDS strategy to gays

WASHINGTON (AP) - Officials from the White House and federal health agencies met with homosexual organizations Tuesday to explain the steps being taken against AIDS, the mysterious disease that breaks down the body's immune system.

Thomas Donnelly, an assistant secretary of Health and Human Services, joined Judy Buckalew of Public Liaison in outlining the government's strategy against acquired immune deficiency syndrome. They told six representatives of gay groups that the government has a variety of research projects under way in a search for a treatment or cure.

More than 70 percent of the AIDS victims have been homosexual or bisexual men. But other groups at risk are intravenous drug abusers, Haitian immigrants, hemophiliacs and others using blood products.

Federal agencies are monitoring the outbreak of the disease to make sure it is confined to those groups already identified as its most frequent victims. And a special hot line has been established where citizens can obtain information about the disease.

According to the most recent figures, made available last week, AIDS and related diseases have claimed 595 lives, and 1,552 cases have been reported in 35 states and the District of Columbia.

The Public Health Service has undertaken an extensive campaign to quiet public fears about a national outbreak of the disease. Health and Human Services Secretary Margaret Heckler has said that it appears to be transmitted only through sexual contact or through the use of blood and blood products.

The individuals who represented the gay community were Virginia Apuzzo, executive director of the National Gay Task Force from New York, Jeffrey Levi, Washington representative for the National Gay Task Force, Dr. Marcus Conant, president of the AIDS-Kaposi's sarcoma Foundation at the University of California at San Francisco Medical Center, Michael Callen, co-founder of the New York-based group Gay Men With AIDS, and Robert Rowe and Jeffrey Miller of Washington's Walt Whitman Group.

Other government representatives were Glenna Crooks, a deputy assistant secretary for health; Cynthia Root, a deputy assistant secretary for health legislation, and Linda Bilmes, an aide to Heckler.

A departmental spokesman said the meeting was held at the request of the homosexual groups.

New NBC Report Tells How Haitian Victims Get AIDS

New York

6/22/83

AIDS is apparently transmitted among Haitians in the same way it is among other groups, through sexual contact and unsanitary needles, and Haitian immigrants are no more likely to get it than anyone else, according to an NBC report yesterday.

The federal government had originally said it could not explain why the immigrants were getting acquired immune deficiency syndrome since they apparently were not homosexuals or drug addicts.

Yet the NBC report, quoting Haitian doctors, showed that many of the 150 AIDS cases reported in Haiti were men who were male prostitutes or people treated in the country's poor areas by untrained doctors.

"Haitian physicians say... use of dirty needles is common and may be spreading AIDS among Haitians the way dirty needles spread it among American drug addicts," NBC science correspondent Bob Bazell said.

The report said initial interviews among Haitian immigrants were not conducted properly. It said homosexuality or drug addiction was not something a Haitian was likely to admit to an American doctor and findings that immigrants with AIDS were neither drug addicts nor homosexuals were therefore inaccurate.
**A Gay Bathhouse Closes Its Doors in S.F.**

*By Randy Shiffs*

The kinkiest garage sale in San Francisco history was held yesterday by the Hothouse, one of the city's biggest and most popular gay bathhouses, and the latest casualty of the Age of AIDS.

Advertisements billed the liquidation as the "end of an era," but Hothouse owner Louis Gaspar also saw it as a sign of the times.

"With AIDS, I really didn't think I should stay open," said Gaspar, 49, who was a gardener before opening the massive, four-floor complex four years ago.

"I don't think that it's where you have sex that causes AIDS, but what you do. But, still, I came to see this as part of the problem," he said. "Considering the moral and ethical questions involved, I just couldn't stay open when I felt I might be somehow responsible for people getting it."

Yesterdays going-out-of-business sale represented the most titillating wake for any gay business in recent memory, given that the Hothouse had achieved a nearly legendary status among crowd inclined toward more exotic sexual practices at the bathhouse at Fifth and Folsom streets.

"If these walls could only talk — such stories," said Lepeka Naula, a former Hothouse employee, as he stood in the black-walled 'Bridal Suite' and watched two fully leathered men unhook the black leather harness that hung from the mirrored ceiling.

In other corners of the 10,000-square-foot sex palace, scores of other men picked through enough mirrors to refurbish the Palace of Versailles many times over. The various restraining devices would easily have filled the demands of several medieval dungeons.

The Hothouse's many strands of sturdy chains went for $10 a length. The washing machines that once sloshed constantly under the weight of the towels needed to service the Hothouse's 400 customers a night were on sale for $100.

By Gaspar's estimates, business plummeted by 50 percent in the first months of 1983.

The Hothouse's demise did not represent the first business shutdown because of the mysterious outbreak of acquired immune deficiency syndrome. A number of other baths and private clubs have closed in the last three months. Many more closures are expected by the fall.

The growing numbers of cases of the usually fatal syndrome, thought to be sexually transmitted, spread a melancholy mood over the several hundred young men who were making their last cruise through the fabled halls.

Vaguely apocryphal tales echoed through the corridors — like the one about the world-famous clothing designer who dropped the jeans bearing his own name and spent last Halloween weekend there. There was also the story of the matinee idol who wandered the halls for an hour last year clad in a formal three-piece suit.

"This is depressing. Not only is this over, it's all over," said one young man, talking less of the business than of the era of gay sexual activity that is fading now that it appears that pruocity can be hazardous to health.

"But I just want to go back to my favorite room — 309 — and stand for a minute," he said, leaving his friends behind.

Downstairs, proprietor Gaspar maintained a more philosophical mood as he watched buyers carry out lockers to be used in the less sleazy ambience of "high tech" apartments.

"I tried to give gay men a place to live out their adolescent sexuality because so many of us never got to go through that phase," said Gaspar, who plans to go into physical therapy as his next job.

"But people have been going to extremes in recent years and now it's all balancing out," he said.

Nearby, a friend, who asked not to be identified, busily wrote out receipts for the Hothouse's last customers.

"When you've been around as long as I have, you see that whenever there's the end of an era, it's the beginning of another," he said.

"Hell, I lived through the '50s before all this kind of stuff — courting, relationships, they were just fine.

Hothouse owner Louis Gaspar prepared to sell chains and other items from the 'Bridal Suite' in his going-out-of-business sale.

By Chris Stewart
Evidence is growing that acquired immune deficiency syndrome may pose a serious threat to our blood supply. An incurable disease, AIDS initially was seen to be a venereal condition, that mainly affected male homosexuals. Yet it was reported recently that at least 70 cases appeared to be linked to blood transfusions when no other known risk factors were present; only 24 of these cases were hemophiliacs, whose frequent need for blood products puts them at very high risk.

The AIDS risk may be high, too, for persons who undergo open-heart, hip-replacement or other large-blow-loss surgeries. Newborns who require transfusions also are vulnerable.

Blood-bank managers say that the risks of acquired immune deficiency syndrome are minimal — one in a million transfusions, a lower death rate than for transfusional toxemias — and that everything is being done to screen out high-risk donors. These managers also characterize blood as medicine and that there are risks to blood transfusions, just as there are risks in taking other medications. Such claims are not valid.

Transfusion-related AIDS cases continue to climb unnecessarily, because of poor donor-screening and blood-collection methods. These risks could be reduced by changes in the current system:

In 1981 about 8 million persons gave whole blood on a random walk-in basis, an average of 1.3 times each. U.S. government regulation discourages cash payments to whole-blood donors and relatively few people will donate frequently without compensation. Thus the system gets blood by motivating the number of people who will donate infrequently. An unscreened donor pool equal to about 3.5 percent of the adult population is bound to transmit some hepatitis, a debilitating liver infection that affects about 8 percent of transfusion patients, or other more serious diseases.

Nonprofit blood banks give potential donors a form that describes the risks and symptoms of AIDS, but the question of whether to give blood is still left to the donor’s judgment, sophistication and good will. Nurses are encouraged to interrogate prospective donors about their health, but generally they may not inquire about donors’ sexual behavior or use that behavior as a basis for discouraging high-risk persons from donating.

Even requiring donors to sign affidavits that they do not belong to high-risk groups may be inadequate protection. One Sacramento donor who became ill with AIDS in August 1983, donated after signing an affidavit denying association with any high risk group. The donor had given blood 11 times between 1979 and 1983.

The present attitude about donating blood is that it should be a “community responsibility.” Donors give blood without designating recipients. Recipients pay the donors nothing, and the blood banks are paid only processing and transportation costs. Enough blood is available if enough people accept the duty to donate it. However, to rely on millions of random unscreened donors unnecessarily risks the spread of AIDS. The risks could be reduced by creating registries of pre-selected repeat donors in good health, some of whom may require payment.

The community-responsibility philosophy grew out of a debate in the 1970s over the relationship between high rates of transfusion hepatitis and skid row donors who would lie about their health to get a few dollars from for-profit blood banks; as a result, all cash blood donors were discouraged, even though some “cash blood” was of high quality. Some hospitals maintain registries of healthy risk blood donors. A few prestigious hospitals successfully minimized the hepatitis risks by using registries and rejecting walk-in donors. Registries are only one method of “shopping” for safer blood donors. Another is the “directed donation” in which the donor designates the recipient. Blood banks oppose this method because of the extra administration and costs. They also fear that few would donate for indigents. However, some directed donations do not match the recipient’s blood type, and sometimes the blood is not needed. The “extra” blood can be used for indigents or others. As AIDS cases climb, patients and physicians will demand more directed donations.

Blood banks also are reluctant to subject all donor blood samples to the new T-cell test, which detects abnormalities that can be indicative of AIDS. Blood-bank managers say that their reluctance is due largely to the fact that the test is not specific for AIDS, many other conditions can cause a positive T-cell test, so the test would eliminate 2 to 3 percent of probably healthy donors. Thus it would seem as if certain measures that might reduce the risk of blood-transfused AIDS — directed donations, registries and better laboratory tests — are being opposed by blood banks.

The real culprit in the U.S. blood-donor system is the community-responsibility philosophy. It did not eliminate hepatitis, and now it raises the risk of contracting AIDS by attempting to increase the number of unscreened donors. We need to be more selective in who we let donate blood. As with any contagious disease, contact between people should be reduced instead of increased, as in our present blood-collection system. If directed donations do not yield enough safe blood, we may need registries of “safety-tested,” repeat and perhaps even paid donors.

Many of us eventually will need a blood transfusion. Today consumers demand safety testing for numerous potentially dangerous substances that improve our lives, from pharmaceuticals to lawn mowers, and most of us think that these protections are well worth the extra effort and cost. Why not for blood?
AIDS scares S.F. gays into being careful with sex lives

By Edwins Betikis and John Jacobs

AIDS EXAMINER staff writers

Last of three parts

Gay men in San Francisco seem to be changing their sexual habits out of fear of contracting AIDS, according to observers and activists in the gay community here.

The fear of AIDS (Acquired Immune Deficiency Syndrome) has brought back "old-fashioned dating," says Bob Jerome, founder of Other Ways, a gay social and community-help organization.

"Instead of going to bed on the first go-round, people are more careful. It's in the back of everyone's mind that, Hey, I only have to be exposed to it once and there I go."

Two gay therapists, Leon McKusick and Bill Horstman, a Ph.D. in psychology, have confirmed the change, based on a study they are doing to determine whether gay sexual activity is changing because of AIDS.

Using their own money, they have polled 1,000 gay men in San Francisco, one-third who frequent bath houses, one-third who frequent bars and one-third who are in couples of six months' duration or longer.

While the final results are not in, McKusick said he sees "preliminary trends" in a sample of 100 men, divided the same way. Among couples, there is a more conscientious attitude about sex outside the primary relationship. And overall, there is a decrease in attendance in the bath houses, without a corresponding sentiment to close them down.

The preliminary data also indicate, he said, a "dramatic increase in the fear of getting AIDS, a decrease in anonymous sexual contacts, a decrease in the use of most drugs, especially amyl nitrate and amphetamine."

No one believes, however, that everyone is cooling it.

Dr. Gerald Feigen, a proctologist who has dealt with a number of AIDS cases, said the people who have the disease "fall into two groups. One says, 'The hell with it, I'll go on living the way I have.' Others take precautions."

Jerome of Other Ways said, "There are individuals out there with Kaposi's sarcoma who are going to bed with people, knowing that they have it. That totally immorral to me."

Dr. Robert Bolan, 70 percent of whose patients are gay, said that because AIDS has an incubation period of up to two years, some people feel that even if they change their lives today, "they still might be dead in two years (from earlier contacts), so what's the point?"

But he and gay leaders are beginning to put out the word that as long as sexual activity is regarded as one of the primary ways AIDS gets transmitted, it's probably a good idea to reduce the number of sex partners and anonymous contacts.

There have been 1,188 cases of AIDS in the United States since 1981 and 434 people have died. In San Francisco, 180 cases have been diagnosed, 27 this year.

The disease has come to light in a unique series of populations including male homosexuals, drug addicts and Haitians. Its victims, their immune systems unable to fight back, are stricken with a wide range of bacterial, viral and fungal infectious and rare cancers including Kaposi's sarcoma, a type of skin cancer.

With AIDS, people can relate the fear to themselves. They know it could hit them at any time," said Bob Viereck, partner of Community Rents/Gay Rooms.

Despite having 2,000 listings a month, it's not easy to find housing for AIDS patients, he said.

"AIDS is potentially fatal, so we try to find a place they can live with some dignity and safety."

Where to go if you have possible AIDS symptoms

For people worried about possible AIDS symptoms, there are several sources of help in San Francisco.

The Kaposi's Sarcoma Research and Education Foundation, 884-3856, refers individuals to screening clinics and support groups.

San Francisco General Hospital has a Kaposi's sarcoma-AIDS clinic. A screening clinic run by nurses is held Thursdays and an AIDS clinic is held Mondays by doctors for patients who have already been screened. Appointments are made by calling 821-8830.

The hospital also has a medical information session for patients and their families, p.m. each Wednesday and there is a Monday afternoon patient conference on "lifestyle issues" at 1 p.m. Both can be attended without appointment. Call 821-8830 for further information.

Gayline, the nurse-run AIDS-help line, has a phone number: 558-9644.

The Shanti Project, which counsels people facing a life-threatening illness and bereavement, has seen a large number of AIDS patients. It offers counseling at 558-6944.

The arbitrary nature of AIDS is what worries gay men the most, Jerome indicated. "Why are men in their 30s dying of this and not men in their 50s? If it's linked to promiscuousness, why doesn't it affect more prostitutes? There are only a handful of cases outside of L.A., New York and San Francisco. If it's a gay disease, why aren't gay's in other places affected?"

Luke Cates, also with Other Ways, said AIDS has "brought back the art of conversation. Gay men aren't meeting primarily on a sexual basis anymore."

Jerome, who attended an AIDS seminar recently, said: "The emphasis at that seminar was, 'Know the people you're with. The bar scene is anonymous. Try to stay away from it.' If you go to the bar scene the common denominator is being gay, and that's it."

"When we meet people casually now, we're more health conscious, more likely to get ourselves checked up afterwards."

Examiner science writer Richard Sultas also contributed to this report.
AIDS scares S.F. gays into being careful with sex lives

By Edith Breit and John Jacobs

Examiner staff writers

Last of three parts

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"With AIDS, people can relate the fear to themselves. They know it could hit them at any time," said Bob Vireeck, part-owner of Community Rents/Gay Roomies.

Despite having 2,000 listings a month, it's not easy to find housing for AIDS victims, he said, because potential roommates are afraid of acquiring the disease. Others report diagnosed AIDS patients being fired from jobs and in some cases being thrown out of restaurants in the Castro District.

"I don't think anybody says, 'It doesn't make any difference to me,' because it's too close, too possible. Nobody's indifferent," said Vireeck.

In addition to the gay community, enough has come out about AIDS to worry non-gays about whether they should eat in restaurants where the help is predominantly gay, drink from the same cup or take a drag from the same marijuana cigarette as gay men.

Dr. Keith Hadley, chairman of the infection control committee at San Francisco General Hospital, said there is no indication that casual contact can transmit the disease. He pointed out that no medical personnel working with the disease have contracted it, and that no evidence exists that it is transmitted by sneezing or coughing.

Evidence points to intimate contact or injecting of the blood as primary reasons for contracting AIDS, explained Grace Lasby, infection control nurse at SFGH.

"It might not be a good idea to share a toothbrush or razor with someone who has AIDS," she said, "but to be in an elevator or department store or sitting behind at work - that involves no known risk."

But gay artist and photographer Jim Moss said his friends have "routinely altered" their style of living and the fear carries across to live-in relationships.

"Every time my roommate gets a pimple, we have to go to the doctor and take a look at it," Moss said.

He's lost two close friends to AIDS and knew 10 others who succumbed to the disease. "It's a myth until someone you know dies."

There is another side. The AIDS problem has mobilized the gay community. A number of organizations and ad hoc groups are spearheading drives for education, fund raising and support services, demanding, for example, that the federal government devote more money to medical research.

One immediate problem is finding housing for AIDS patients evicted by landlords or roommates. The Shanti Project, which already counsels people sick with AIDS, has asked the city for $24,000 to lease a number of large residences each able to house five or six people, said Jim Goody, director of Shanti.

The Kapossi's Sarcoma Research and Education makes referrals to medical and social service agencies that also stresses education about the risks of gay lifestyles, said Rick Cramer.

"We (gays) need to take a closer look at the way we lead our lives," he said. In the general population "there needs to be more information on transmissibility of the disease."

"Many people don't realize it's spread through sexual contact, not casual contact."

The foundation is also working on a plan that would have Muni buses and other public transportation fitted with placards giving phone numbers for information on AIDS.

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The hospital also has a medical information session for patients and family members every Wednesday and there is a "visit-a-patient" program at 821-8830 for further information.

Garth Geary, the nurse heading the S.F. General clinic, said that in cases AIDS symptoms don't need immediate treatment, so there is time to make clinic appointments. But if one has an extremely bad cough, shortness of breath, or diarrhea to
Two years is not enough time to learn the ways of a disease.

By LAWRENCE K. ALTMAN, M.D.

AIDS is proving to be as challenging to define as it is frightening to confront. Scientists know virtually nothing about the natural history of the syndrome that is causing one of the most frightening epidemics in recent years.

Since it was first detected two years ago, acquired immune deficiency syndrome, as AIDS is formally known, has affected at least 1,641 people and killed 101 of them in the United States. Most of the victims have been male homosexuals and intravenous drug users. But beyond those facts, there is little data from which scientists can decipher the natural history of AIDS.

That leaves many unanswered questions, among them: What causes AIDS? Precisely how long does it take to develop? (the so-called incubation period?) Does the disease hit a victim all at once or in stages? Just how is it spread from one person to another? Why has it resulted from blood transfusions in so very few (no more than 12 at last count), among the hundreds of thousands of patients who have received transfusions?

The two years of study that have gone into AIDS is too short a period to learn its natural history or that of any other disease. Doctors know as much as they do about the natural history of many diseases because they occurred for centuries before actual cure or prevention were found.

However, it has taken more than just careful observation of individual patients to learn the natural history of diseases. Such knowledge has also derived from patterns of contagion and other behavioral characteristics in communities, and much of that knowledge has hinged on laboratory tests and techniques that have been developed only in the last century or so.

Physicians use the knowledge derived from the natural history of disease in the everyday practice of medicine. In order to figure out what might be wrong with a patient, they ask simple but critical questions. When did the symptoms begin? When did they come first? How much later did other symptoms follow? When were you exposed to people with similar illnesses? Where have you traveled recently?

From the answers, doctors can narrow the range of possible diagnoses. It cannot be disease X because the incubation period is too long or too short. But it could be disease Y or Z because . . . and so on.

From the more important perspective of public health, knowledge about the natural history is a key to finding methods of control and prevention of a disease.

Rheumatic fever serves as an example. Rheumatic fever is an inflammatory reaction that can affect the joints and heart as a complication of streptococcal infections. Doctors came to understand the frequency of rheumatic heart disease only after a 20-year follow-up study of rheumatic fever patients. Moreover, it was only by following the natural history for many years that doctors learned that rheumatic fever comes from silent infections as well as from the classic "strep" throat.

The studies that gave such a dramatic new understanding of the natural history of rheumatic fever were dull, plodding steps, not dramatic illuminations suitable for novels and movies. Such studies involve collecting and analyzing straightforward medical facts over a long period of time and then applying mathematical analysis to the accumulated data.

Yet such studies taught physicians that the length of the incubation period of rheumatic fever did not vary as widely as had been thought for many years, a lesson that may be relevant to the AIDS epidemic.

Doctors now consider the incubation period of AIDS to range from 6 to 18 months, with a mean duration of 14 months. That is just one of the reasons why some scientists have to consider virtually every known group of microbes in looking for the cause of AIDS. However, if scientists knew that the range of the incubation period was much narrower, then they could sharpen the focus of their searches in the laboratory to look for the microbial agents that have shorter incubation periods. Or, if studies of the natural history of AIDS show that its incubation period is truly as long as 18 months, scientists may have to devote more even attention to the so-called slow virus group than they are doing now.

Knowing the natural history of AIDS could help in another way, as it did in the case of syphilis. It was only after learning that the natural history of syphilis involved three stages that doctors could better control it.

Falwell's Answer To Checking AIDS

Cincinnati

The Rev. Jerry Falwell, leader of the Moral Majority, said yesterday that the government must control homosexuals if it is to check the fatal disease AIDS.

Falwell, who was in Cincinnati to lead a Fourth of July rally, told a news conference that he does not hate homosexuals, just their "perverted lifestyle."

"If the Reagan administration does not put its full weight against this, what is now a gay plague in this country, I feel that a year from now, President Ronald Reagan, personally, will be blamed for allowing this awful disease to break out among the innocent American public," he said.

To check the spread of acquired immune deficiency syndrome, which suppresses the body's natural defenses to disease and most often strikes gay men, Falwell said potential blood donors should be required to fill out questionnaires about their health and sexual orientation, and government officials should close bathhouses frequented by homosexuals.

Dr. Krause's Institute has already taken steps toward that goal. Federal funds are helping to pay the costs of developing and distributing serologic tests of specimens of blood and other body fluids and wastes from people in high-risk groups. Then at a later date they can be thawed and studied if members of those groups contract AIDS. Moreover, by using the newer tools of molecular biology, such as recombinant DNA technology, and those of immunology, such as monoclonal antibody testing, researchers can be expected to come up with important new laboratory findings that doubtless will help decipher the mysteries of AIDS and improve our understanding of its natural history.
An Evening at the Theater to Help AIDS Research

BY CARTER B. HORSLEY

For Lorne Michaels, the creator and original producer of the “Saturday Night Live” television show, last night was “Sunday Night Live.” The occasion was the “Comic Relief” benefit for the AIDS Medical Foundation at the Shubert Theater, followed by a dinner-dance at the Harvard Club. As producer of the show, which was expected to raise about $500,000 for research into acquired immune deficiency syndrome, Mr. Michaels prepared a fast-paced program of a dance routine by Steve Martin and Gregory Hines, a comedy and magic routine by Penn and Teller, a monologue by Joan Rivers, songs by Randy Newman, a rare exchange between Mike Nichols and Elaine May and a finale by the singing group the Weather Girls and the Sacred Heart Gospel Choir.

Dr. Mathilde Krim is chairman of the foundation, which was established in June 1983 to do independent research on the disease. In an interview before the benefit, Dr. Krim, who is the head of the laboratory testing interferon in cancer research at the Memorial Sloan-Kettering Cancer Center, said that Mayor Koch’s plan to increase spending by about $6 million to improve care for AIDS victims at city and voluntary hospitals, expand home care services and help them find housing in private and city-owned buildings was “very good.” But she added that clinical outpatient treatment centers are urgently needed to augment basic research.

Dr. Krim hailed the event as an important milestone in the education of the public about the disease. “It’s a very encouraging response that the total community is ready to pitch in at long last,” she said.

Gerald Schoenfeld and Bernard B. Jacobs of the Shubert Organization and the producer Joseph Papp were co-chairman of the sold-out benefit. Mr. Schoenfeld said he hoped the event would attract considerable attention, saying the problem “is just beginning to be understood.”

Victoria hamburg, a television producer who coordinated the event, said the benefit was suggested by Mr. Jacobs, who agreed to donate the use of the Shubert Theater, which is home to “A Chorus Line” and is normally dark on Sundays. Miss Hamburg said the money raised from the tickets, which ranged from $100 to $500, and from advertisements in Playbill magazine would finance research.

“There are lots of inaccuracies and misunderstandings about the disease,” Miss Hamburg said, “and the response of the entertainment community is astonishing, as it is a difficult issue to deal with and to stand up and say you care.”

Dr. Krim said there is “no dearth” of research proposals, emphasizing that the disease afflicts men and women, heterosexuals and homosexuals. She asserted that if it continues to spread and if people remain uneducated about its real risks and their unfounded fears, “much of the city’s fabric will come apart.”

SINGERS, ACTORS AND MORE

The guest list for the benefit included the singers Boy George and Marilyn HORSE; the actors Jessica Tandy, Hume Cronyn and Dustin Hoffman; the director Sidney Lumet; the choreographer Jerome Robbins, and the producer Alexander Cohen.

Two performers, Mike Nichols and Elaine May, are started out as improvisational comics. They split professionally in 1963, although they have done their comedic routines since then at the Presidential inauguration of Jimmy Carter in 1977 and a benefit for the Paul Taylor Dance Company in 1983.

After a rehearsal Friday of syncopated stomping and sliding with Mr. Hines, Mr. Martin slouched over a piano at the Minskoff Rehearsal Studios in a slightly damp T-shirt and gasped, “I need a benefit for me.”

Lorne Michaels, left, producer of the AIDS benefit at the Shubert Theater, with Steve Martin, Gerald Schoenfeld and Gregory Hines at rehearsal.
GALLUP POLL

Americans Fear Spread of AIDS

By George Gallup

Princeton, N.J.

Despite the repeated statements of health authorities that for the vast majority of Americans there is little or no risk of falling victim to AIDS, many U.S. adults fear the syndrome is likely to reach greater epidemic proportions and do not believe a cure will be found in the near future.

Of those in a just-completed Gallup survey who have heard or read about AIDS (acquired immune deficiency syndrome), 43 percent think it will become a wider epidemic, and 33 percent do not believe a cure will be found in the next year or two.

U.S. government figures show AIDS, which destroys a body's ability to fight infection and disease, had killed 595 people in the United States. Of the 1552 reported cases, 94 percent have occurred in homosexual or bisexual males with multiple sex partners, intravenous drug abusers, recent immigrants from Haiti and people with hemophilia.

This question was asked first:

“Have you heard or read about a disease called AIDS — acquired immune deficiency syndrome?”

Here are the national results and results by level of formal education:

<table>
<thead>
<tr>
<th>Heard or Read About AIDS</th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>National</td>
<td>77%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>College background</td>
<td>90%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High school</td>
<td>76%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grade school</td>
<td>55%</td>
<td></td>
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</tr>
</tbody>
</table>

All people who have heard or read about AIDS were then asked: “Do you think this disease is likely to reach wider epidemic proportions?”

<table>
<thead>
<tr>
<th>Likely to Reach Wider Epidemic Proportions?</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No opinion</td>
<td>17%</td>
<td>23%</td>
<td></td>
</tr>
<tr>
<td>National</td>
<td>33%</td>
<td>27%</td>
<td>17%</td>
<td>23%</td>
</tr>
<tr>
<td>Men</td>
<td>26</td>
<td>31</td>
<td>17</td>
<td>24</td>
</tr>
<tr>
<td>Women</td>
<td>37</td>
<td>33</td>
<td>18</td>
<td>22</td>
</tr>
<tr>
<td>18-29 years</td>
<td>39</td>
<td>22</td>
<td>14</td>
<td>25</td>
</tr>
<tr>
<td>30-49 years</td>
<td>34</td>
<td>32</td>
<td>16</td>
<td>18</td>
</tr>
<tr>
<td>50 &amp; older</td>
<td>27</td>
<td>26</td>
<td>21</td>
<td>26</td>
</tr>
<tr>
<td>East</td>
<td>36</td>
<td>33</td>
<td>16</td>
<td>13</td>
</tr>
<tr>
<td>Midwest</td>
<td>27</td>
<td>26</td>
<td>19</td>
<td>24</td>
</tr>
<tr>
<td>South</td>
<td>30</td>
<td>20</td>
<td>16</td>
<td>34</td>
</tr>
<tr>
<td>West</td>
<td>40</td>
<td>26</td>
<td>18</td>
<td>16</td>
</tr>
</tbody>
</table>

This question was also asked of the aware group:

“Do you think a cure for AIDS will or will not be found during the next year or two?”

Following are the results based on the aware group:

<table>
<thead>
<tr>
<th>Cure in Next Year or Two?</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, will be found</td>
<td>33%</td>
<td></td>
</tr>
<tr>
<td>No, will not</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>No opinion</td>
<td>22</td>
<td></td>
</tr>
</tbody>
</table>

The results reported today are based on in-person interviews with 1503 adults, 18 and older, conducted in more than 300 scientifically selected localities across the nation during the period June 10-13.

For results based on the total sample one can say with 95 percent confidence that the error attributable to sampling and other random effects could be 3 percentage points in either direction. The comparable error for the sample of registered voters could be plus or minus 4 percentage points.

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UC Hospitals' Guidelines on AIDS Cases

By David Perlman

Experts from the University of California's major hospitals completed yesterday the nation's first detailed guidelines on handling the AIDS problem. The guidelines are designed to protect both patients and health workers from infections caused by the acquired immune deficiency syndrome.

The major recommendations in the guidelines are expected to be approved swiftly by a citywide advisory committee created by San Francisco's Health Department and then to be followed closely by every other hospital in the city.

The guidelines are also being sent to the federal government's Centers for Disease Control in Atlanta to serve as a national model for hospitals in every community touched by the lethal AIDS.

The guidelines, although highly conservative, are based on the conviction of the task force that AIDS and the often deadly diseases that can result from it are relatively non-infectious and difficult to contract — despite growing public fears about the mysterious malady whose cause is unknown.

Dr. Merle Sande, chief of medicine at San Francisco General Hospital, who headed the task force, and Dr. Paul Volberding, director of the hospital's cancer service, agreed in an interview yesterday.

From Page 1

that all evidence indicates "it takes intense contact with the secretions of AIDS patients" — contact most often the result of sexual activity — for anyone whose immune system is normal to develop any of the AIDS diseases.

The new guidelines urge that all patients and medical workers be protected from direct contact with the secretions of AIDS patients — particularly blood, semen and spu- tum. These recommendations closely parallel longstanding rules in most hospitals for protection against the spread of hepatitis.

The guidelines say that although "strict isolation rooms" are not needed for AIDS patients, "may be prudent" to place them in private rooms. The patients need not be made to wear masks unless they are coughing outside their rooms, and outpatients with AIDS may use the hospital's public waiting rooms and bathrooms, the guidelines say.

As for hospital workers, the guidelines maintain that protective clothes such as gowns, gloves, masks and glasses are needed only when workers are "directly" exposed to blood or secretions from AIDS patients and are not necessary if the workers are merely in "casual contact" with patients in their rooms.

The task force did say, however, that medical workers who are injured by needles or scalps while caring for AIDS patients should report quickly to their health services so that records can be maintained for them. They should be treated for the injury according to standard procedures for potential exposure to hepatitis, the guidelines said.

The 24-member task force, including specialists in infection control at UC's hospitals on Paranaus Heights as well as the Veterans Administration Medical Center and San Francisco General, recommended that hospital workers be trained to care for AIDS patients even if they are not pregnant — not be excused "on their own request" from caring for AIDS patients unless there is reason to believe they are at high risk for infection because their own immunity is defective.

One extremely tough problem involves hospital workers who themselves have AIDS but who are without apparent symptoms or who are not ill enough to stop working. There may be only 10 or 20 such workers in all the Bay Area hospitals, Sande and Volberding said, and the guidelines made these recommendations — admittedly long and difficult debate.

• If the hospital workers have any AIDS symptoms at all, they should not be permitted to care directly for patients.

• If they are completely free of disease symptoms and the hospital's doctors decide they are also free of transmissible infections, they may be assigned to limited patient care duties while their disease status is continually evaluated — both to protect them from new infections and to protect the patients from any infectious organisms the affected workers may be carrying.

"We do not consider the direct transmission of AIDS itself to patients to be likely, as there is not at present any evidence supporting casual con¬ taction," the guidelines state.

As Volberding noted, he has had "repeated and long-term" close contact with nearly 100 seriously ill AIDS patients since the problem was first found here two years ago and he is still completely healthy even though he took no precautions in the early days.

The guidelines that will now be applied at UC's affiliated hospitals have already been approved by Dr. Merryn Brownman, the city's health director, who helped develop them.

They will also go to a citywide advisory committee on AIDS that includes specialists from the San Francisco Medical Society, the Bay Area Physicians for Human Rights, the Irwin Memorial Blood Bank, UC and the Health Department itself.

Yesterday's AIDS tally compiled by Dr. Selma Dritz, the Health Department's epidemiologist, shows that 250 AIDS cases have now been reported in the Bay Area and 73 of the patients have died.

In Sacramento, meanwhile, the State Senate unanimously passed a measure yesterday to speed state-financed research into the causes of AIDS.

If the measure passes the Assembly, the state Department of Health Services will be required to finance individual grants for re¬ search, education and interdisciplinary workshops on AIDS, and a seven-member scientific review committee, appointed by the Assembly, the Senate and Governor Deukmejian, will be created to ad¬ minister the grants.

"AIDS is a problem destined to be with us for a long while unless we act quickly," warned Senate President David Roberti, author of the bill.

The AIDS diseases, believed to be caused by an as yet undis¬ covered virus or other organism, include the rare cancer called Kapo¬ si's sarcoma, the lung disease called pneumocystis carinii pneumonia and a dozen or more so-called "op¬ portunistic" infections.

About 70 percent of the 1450 AIDS victims nationwide are male homosexuals. Others include intramu¬ renous drug abusers who share conta¬minated needles, hemophiliacs who have inadvertently used contam¬ inated blood products, for their clotting problems, and a few Hai¬ dian immigrants.
Sutro Baths for sale — AIDS scare bad for business

By Edvins Beitiks
Examiner staff writer

Having lost two-thirds of its business over the last year because of the AIDS scare, San Francisco's co-ed Sutro Bath House is calling it quits.

After nine years in operation, the bathhouse — first in the City catering to men and women — is for sale. Owner Bill Jones is asking $700,000 for the building and $300,000 for the business.

Jones, sitting in the courtyard of the bathhouse at Folsom and Sixth yesterday, said business had been falling since a series of herpes articles came out nationwide last fall. Genital herpes is a sexually transmitted disease, but unlike acquired immune deficiency syndrome, it isn't life-threatening.

"But when the AIDS thing hit, it just plunged," he said, adding that business has been off about 60 percent. "We've lost $14,000 a month over the past six months. Last year this business was worth $600,000. This year we're asking $230,000 and we'll be lucky to get that."

Jones started his bathhouse business in 1974 as a "small storefront operation" at 14th and Mission for $2,000. After going into debt the first year, the facility opened its doors to both men and women "and business got so good we had to move," he said.

Business increased steadily after the move to the Folsom location in 1977, said Jones. At its high-water mark last year, the bathhouse had 5,000 active members and "there were 300 people here every night."

The baths featured 35 private rooms, a Jacuzzi, X-rated movie rooms, music offred by a nude harpist or nude string quartet, and musical comedy nights.

But with the AIDS scare, the straight clientele started to panic, said Jones, and business dropped drastically.

"Straight people were not as well-informed about AIDS as gay people," he said. "They picked up rumors — that you could get AIDS from doorknobs, a towel, in the Jacuzzi. Now we're lucky if we get 125 a night. It's usually 75 to 100."

Over the last two weeks, though, Jones added, business has been picking up, and if a new owner can keep the creditors from the door long enough, business could boom again.

"I think the AIDS panic is going to be over in about six months," said Jones. "Six months ago my gay friends were in an absolute panic. Now that has subsided."

"I can already see the return in business...but the damage has been done. I've lost too much money to stay in the business."

"It takes $1,000 a day to keep the door open here, and right now we're taking in only about $500." The staff, once 16 people, has been cut to 10.

Jones criticized public outcry against bathhouses, saying, "There is certainly a need for it. It's much safer than taking someone to your apartment or into your car or into some dark alley."

He also criticized statements by officials such as Supervisor Harry Britt that only sexually reckless people would go to bathhouses while the AIDS issue is unresolved.

"It's not where you do it," argued Jones. "It's how you do it."

Jones said no customer or employee at Sutro has contracted AIDS, to his knowledge. "In fact, only one employee at any of the bathhouses around here has gotten it," he said, "and he was terminated immediately."

Sutro customers said if the bathhouse closes it would be a loss to The City.

"Where is everybody going to go?" asked Audrey Gibbons, 23. "There won't be any place to meet people."

John Hicks, 30, added, "The good thing about Sutro's is that people just wear towels. They don't have their Sassoons or Calvin Kleins on, they're just themselves."

"We can probably stay in business another six months if the creditors slack off a little," said Jones, explaining that he will settle down to write a book about his experiences as owner of Sutro once the place is sold.

The AIDS issue is complicated, said Jones, and the Sutro Baths has fallen victim to it. "But then, I'm just losing money," he added. "There are people who are losing much more than that."

How AIDS Hysteria Started

By H. G. Reza

Local hysteria over AIDS was fueled by doctors who dramatized the disease to generate government funds for research and to persuade the public that "it is something to be concerned about," a leading researcher of acquired immune deficiency syndrome told a Commonwealth Club luncheon yesterday.

Dr. Paul Volberding, chief of oncology at San Francisco General Hospital, said city health officials knew early on that they would stir panic by dramatizing the AIDS outbreak but decided the need to educate the public outweighed the anxiety that was certain to follow.

"From the start we realized this was a killer disease with the potential to be a real public health concern. But we were in a situation where on the one hand we wanted to convince government and the public that AIDS is something to be alarmed about, while on the other hand we didn't want to risk causing a public hysteria," said Volberding.

"Government officials were responding too slow to the disease and in order to combat it fully we knew that we had to get them involved. And the only way to build political pressure to encourage research funding was by telling people how frightening this thing is," he added.

In a telephone interview Volberding called the tactic "controversial and dangerous" but added that "in hindsight, we wouldn't do it any differently because the last thing we want is to be accused of hiding the facts from the people."
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In a telephone interview Volberding called the tactic "counter-cultural and dangerous" but added that "in hindsight, we wouldn't do anything differently because the last thing we want is to be accused of hiding the facts from the people."

Volberding said San Francisco health officials followed that approach for 18 months after they isolated the disease in 1981 until they received research funds from city and federal officials.

"It's been about six months that the federal government and national media have heard about AIDS," said Volberding. "And simultaneously with that the public level of anxiety has grown to the point where now our tactic is to minimize that anxiety.

AIDS is an often fatal disease that destroys the body's immune system making it vulnerable to numerous diseases, and afflicts mostly gay men, Haitians, intravenous drug users and people who receive blood transfusions.

Researchers believe AIDS is transmitted primarily through intimate sexual contact. But it was also disclosed last week that four health-care workers on the East Coast who worked with AIDS patients and said they were not in the high-risk categories had contracted the syndrome.

Volberding said he still is convinced that the disease is not transmitted by casual contact but added that it is not comfortable about the four health workers. He said he does not know of any hospital employee in California who has contracted the disease by working with AIDS patients.

Volberding said San Francisco General Hospital will open a "special care unit" next week to treat AIDS victims. He said 16 nurses and doctors have volunteered to work in the unit.

Volberding said the special unit also will be used at a hospice and for patients just out of intensive care. But he said all rooms will be private and AIDS victims will not be mixed with other patients.
What to Do About AIDS

People who contract acquired immune-deficiency syndrome know that they have a terminal illness. About 80% of all patients with AIDS have died within two years of diagnosis. Awful as that prognosis is, it is made worse by the fact that, unlike many other terminal illnesses, AIDS is contagious. As a result, many people are frightened to be near AIDS patients, though there is little risk of contagion except through intimate sexual contact or blood transfusion. There is no evidence that the disease can be spread through casual contact.

Nonetheless, many people with AIDS lose their jobs and friends, and some are thrown out of their homes by frightened landlords. It is a tragic byproduct of a tragic epidemic that is getting worse, not better. AIDS patients find themselves shunned as lepers. They need and have great difficulty getting emotional support, counseling, in-home help, transportation, dental care, recreation and, without jobs, general financial assistance. "They need a very strong support system because they're outcasts," says Bill Misenhimer, director of the AIDS Project LA, which attempts to provide many of these services.

To date, about 900 cases of AIDS have been diagnosed in Los Angeles County, and the number continues to grow. While most of the victims so far have been homosexual or bisexual men, health professionals throughout the country are now reporting AIDS cases in a growing number of heterosexuals, and the disease is expected to follow the same course in the general population as it has among gay men. Unlike most terminally ill people, who tend to be old, people with AIDS tend to be young, a group unused to death and dying.

Yet Los Angeles city and county have been sluggish in responding to this health crisis. San Francisco, which has been much harder hit by AIDS and is thus more aware of it, is spending more than $4 million this year on public education programs and on social services for people with AIDS. In Los Angeles, public agencies are spending less than $1 million, excluding direct hospital costs.

The federal government supports medical research on AIDS, and the state of California spends about $3 million a year—largely through the University of California—in the hope of coming up with treatment that can cure or prevent the disease. But no one expects to have a vaccine or a cure in the foreseeable future. At the moment, the best preventive action is public education, which is left to local communities.

Educational materials telling all people that they are at risk and what protections to take need to be produced and widely distributed. Health professionals, including nurses and ambulance crews, need to be made aware that they are at no greater risk from AIDS patients than they are from hepatitis patients. There need to be campaigns directed at the very high risk groups and at the general public, telling them the facts about contagion and AIDS prevention. This is an epidemic that must not be swept under the rug because of embarrassment over its sexual link or because of hostility to the primary group of victims.

In addition to protecting the population at large, more needs to be done for people who already have the disease. The AIDS Project and the Gay and Lesbian Community Services Center should receive more public money to support their educational and social activities. More needs to be done than is currently being done. Skilled nursing facilities in Los Angeles County say that they cannot accommodate AIDS patients because of the nature of the care that they need. The two hospice facilities in the county do not accept patients on Medi-Cal, thereby leaving the indigent without in-bed care in the final stages of their illness.

If you don't already know someone with AIDS, you may soon. The number of cases nationally has passed 10,000, and the number of cases in Los Angeles is doubling every nine months. AIDS is a terrible disease that needs to be vigorously attacked on all fronts and with all of the weapons that medicine and decency can muster.
AIDS mystery: why it misses many blood recipients

By Jim Wood
Examiner staff writer

Scientists at San Francisco's Irwin Memorial Blood Bank are struggling to understand why acquired immune deficiency syndrome hits some blood recipients and skips others who have received blood from the same donor.

It's just one of many scientific mysteries about AIDS, which puzzles with few clues and, so far, no conclusions.

Dr. Herbert Perkins, the blood bank's medical director, says one place to search for clues may be among the 300,000 to 200,000 hemophiliacs receiving commercial blood products. Sixteen have developed AIDS.

"If AIDS is an infectious disease transmitted by blood, there is evidence that most people can be exposed to the agent and not contract it," Perkins says.

"You can reason that from the hemophiliac data. Given the 36 hemophiliacs getting commercial concentrate who contracted AIDS, every one of those concentrates went into at least 100 others who did not," he said.

Perkins says there is a growing suspicion — but almost no firm evidence — that some special susceptibility exists among those who contracted the disease.

A middle-aged Caucasian woman with a conservative lifestyle developed AIDS after receiving blood platelets from six donors.

Five of the donors were female, but the sixth was a male who turned out to be gay.

The gay donor gave blood to five other persons. Two died of the illness for which they required the blood before developing any sign of AIDS. The remaining three, according to their physicians, are healthy.

Perkins finds the woman's case suggestive, but inconclusive.

"What's missing in most of these cases is controls," he says. "What percentage of patients who received blood from high-risk donors were among those who did not develop AIDS?"

As a part of assessing the overall risk, Irwin Memorial checked its donor list against the list kept by the San Francisco Health Department of reported AIDS cases. The blood bank found that three of its donors had later developed AIDS.

After learning this, Perkins says, Irwin Memorial contacted the physicians of all patients who had received blood from these three donors. None had contracted AIDS.

To be safe, sexually active gay males are encouraged to defer blood donations until medical authorities can learn more about AIDS. The disease, believed to be transmitted in the blood as well as semen, lowers the body's resistance, making it vulnerable to germs that in normally healthy persons would have little or no effect.

By last month, 1,641 AIDS cases had been reported by the Centers for Disease Control in Atlanta, 644 of them fatal. Almost all cases are fatal within three years of diagnosis, according to Dr. Selma Dritz of the San Francisco Health Department.

At present, Perkins says, there is only one case in the country in which doctors feel sure that a blood recipient developed AIDS after receiving blood from a volunteer donor who had AIDS.

It involved a 35-month-old baby in San Francisco who was diagnosed as a probable AIDS case. The infant had died of avian tuberculosis, a disease that the body normally is able to resist. Dr. Arthur Ammann had the notion that the infant was unable to fight the disease not because of a congenital immune deficiency but because of AIDS. There were strong similarities between the baby's illness and the AIDS that San Francisco doctors were noting among mature gay patients.

In addition, the baby had an Rh factor problem that required repeated blood exchanges with 19 donors. It was Ammann's hunch that the baby had picked up AIDS during these transfusions, and he mentioned that idea to an investigator from the CDC.

The investigator called Irwin Memorial to compare the donor list there with the master list of AIDS victims at the Health Department. One of the baby's donors had developed AIDS and had died of it by the time the check was made.

The interval between the time the baby received the donor's blood and the first signs of the infant's illness was eight months. Such a long delay would ordinarily have ruled out any connection between the two occurrences except that San Francisco doctors working with gay AIDS victims knew that such a long period of incubation was common for AIDS. Transmission of the disease seems to occur long before any symptoms can be detected.

Across the country, 12 other cases were reported last year and in 1981 in which there is a possibility that AIDS was caused by standard blood products from volunteer donors. The CDC is finishing its investigation of these cases. Early, unofficial indications are that a number of the 12 did receive blood from AIDS donors.

To Perkins, the number 12 is significant.

Taking what he calls a "worst-case scenario," he says that if all 12 should turn out to be a result of volunteer donors having AIDS, it means that with 10 to 12 million people receiving transfusions two and three years ago, the chances were one in a million of contracting AIDS that way.

Because most blood banks now defer donations from gay men, he says, the chances are even more remote this year.

To be safe, Irwin Memorial and other blood banks decided to ask gay donors to hold off on blood donations for the time being. The bank already had ruled out intravenous drug users, the other large high-risk group in San Francisco, as donors. Haitians, another high-risk group, also were barred, and to the surprise of blood bank officials a small number did turn up and had to be turned away.

But it was from San Francisco's thriving gay community that Perkins anticipated the most turn-aways. It didn't work out that way, thanks to the active cooperation of the Bay Area Physicians for Human Rights, who advised their gay patients against giving blood at present. Gay newspapers gave full explanations of what was known about AIDS, and the blood bank quit collecting blood drives in areas where a large number of donors could be expected to be gay.

In January, Irwin Memorial started adding questions relating to AIDS and to its screening for potential blood donors. Instead of asking about the donors' sex life, the question asked would be if they'd experienced unexplained weight loss, unexplained fevers, swollen lymph nodes, prolonged diarrhea, extreme fatigue or direct contact with persons with AIDS. Applicants could self-screen without identifying their sexual orientation.

But surprisingly, the screening turned up only 16 turnaways out of 50,000 donors between Jan. 1 and May 30. This, Perkins says, is probably due to the heavy educational campaign coupled with cooperation by gay organizations and gay newspapers.

The blood bank also advised a number of telephone callers against donating. The system, he insists, is far safer than people rounding up potential donors they feel sure are not gay and attempting to have that blood segregated as safe.

What's really needed, Perkins says, is a simple medical test that can detect AIDS in the blood. So far no such test has been devised, but researchers are working on it. The National Institutes of Health is preparing a project, possibly in San Francisco, in which 1,000 hypersexually active gay men will be recruited for regular medical checkups and donations of blood and other fluids. The donations will be saved and, when as seems inevitable from this high-risk group, some of the participants contract AIDS, their blood and medical records can be compared with the donations of those who kept healthy.

"Any blood transfusion entails some risk," Perkins says. "No one should be given a blood transfusion unless the benefits outweigh those risks, mainly from hepatitis. But the risk of getting AIDS from a blood transfusion is extremely low.

"Meanwhile, hysteria is causing a lot of unnecessary suffering."
NY Times Softens MD's AIDS Warning

What the ‘Paper of Record’ Printed Is Not What Marcus Conant Wrote

by Allen White

Last Saturday the New York Times took a letter to the editor from Dr. Marcus Conant, prominent San Francisco AIDS doctor. The newspaper re-wrote and edited the letter to soften the thrust of the letter for its readers.

In his letter, Dr. Conant had said, “Secretary of Health and Human Services, Margaret Heckler, insulted the 2,000 scientists, physicians and health care workers who attended the Frist International Conference on the Acquired Immunodeficiency Syndrome (AIDS) in Atlanta this week.” The New York Times edited out the key word “insulted” and substituted the words “appeared before.”

Conant then wrote, “Instead, the Secretary embarrassed herself by attempting to give a science talk, which she could not possibly have written, and which she obviously did not understand.” This sentence was re-written to read, “Instead, she launched into a science talk, which she could not possibly have written and which she obviously did not understand.”

“The audience sat in stunned silence for 20 minutes while the Secretary attempted to explain the intricacies of retrovirology and AIDS immunology to groups of individuals working intensively in those fields,” said Conant. That sentence was deleted from the letter when it appeared in the Times. The following safe sentence was left intact: “The Secretary reminded the audience that the Administration has declared AIDS its number one health priority, and that her department is fighting an all-out war on this new disease.

It is amazing how the following paragraph was edited by the New York Times. Conant wrote, but the Times deleted, “Numerous papers presented at the International Conference showed that the number of cases of AIDS doubles every 9-12 months and that no country appears spared. Individuals from both sexes, all walks of life, and all races are being infected and are dying at an alarmingly increasing rate. We agree that a war against this new disease is appropriate. Unfortunately, circumstances have decreed that Secretary Heckler is the general in our battle.”

The Secretary’s vacuous statements and ludicrous performance reinforce our suspicion that this administration is willing to give lip service to the war, but is unwilling to commit the resources to win the battle. It is high time that Secretary Heckler’s competence to lead us in this war on AIDS comes under the strict scrutiny of the press and the American people.

The Conant Letter

Secretary of Health and Human Services, Margaret Heckler, insulted the 2,000 scientists, physicians and health care workers who attended the First International Conference on the Acquired Immunodeficiency Syndrome (AIDS) in Atlanta this week. We expected from the Chief Administrator of the Department of Health and Human Services a comprehensive health policy presentation describing how this administration is martialing its efforts to meet the escalating challenge of the AIDS epidemic. Instead, the Secretary embarrassed herself by attempting to give a science talk, which she could not possibly have written, and which she obviously did not understand.

The audience said in stunned silence for 20 minutes while the Secretary attempted to explain the intricacies of retrovirology and AIDS immunology to groups of individuals working intensively in those fields. The Secretary reminded the audience that the Administration has declared AIDS its number one health priority, and that her department is fighting an all-out war on this new disease.

Numerous papers presented at the International Conference showed that the number of cases of AIDS doubles every 9-12 months and that no country appears spared. Individuals from both sexes, all walks of life, and all races are being infected and are dying at an alarmingly increasing rate. We agree that a war against this new disease is appropriate. Unfortunately, circumstances have decreed that Secretary Heckler is the general in our battle. We had hoped to hear from Secretary Heckler where her armies are deployed, what her funding is for supplies and armament, what her targets are for battle dates and what her strategies might be for the future. None of these matters were addressed. Furthermore, we would like to be reassured that the Commander-in-Chief, President Reagan, is even aware that the Public Health Service has declared this war, and we would be reassured if he were to publically acknowledge a commitment to win this battle.

The Secretary’s vacuous statements and ludicrous performance reinforce our suspicion that this administration is willing to give lip service to the war, but is unwilling to commit the resources to win the battle. It is high time that Secretary Heckler’s competence to lead us in this war on AIDS comes under the strict scrutiny of the press and the American people.

Such are the ways the prestigious New York Times shows responsibility for reporting on a health crisis which now has hit over 10,000 Americans.
Doctors hush up AIDS cases

As a result, specialists say, there may be twice as many victims

Knight News Service
MIAMI — Specialists say their fight against AIDS is being hampered by doctors who fail to report cases. They say the number of victims may actually be twice the official count.

In some instances, doctors withhold information they are preparing for prestigious medical journals, where publication often bolsters reputations. These journals often reject articles with information that’s already public.

Researchers contend that scientific progress hinges on research that is painstakingly reviewed by fellow specialists. They object to immediate disclosure of raw figures by public-health authorities.

But Dr. Richard Selik, who logs cases of acquired immune deficiency syndrome for the federal Centers for Disease Control in Atlanta, insists that failure to report cases threatens to impede the search for the causes and how it spreads.

Worse, he says, withholding information could jeopardize people who are unknowingly at risk: “It impairs our ability to investigate the possibility that some occupations may entail a risk of AIDS. It might mean delays in taking appropriate precautions — and could possibly result in a higher number of cases.”

Selik says the CDC allegations are based on reports from local health officials and on the number of orders for a drug. It’s called pentamidine and is available solely from the government. The drug is used to treat an unusual type of pneumonia found in AIDS patients.

To improve reporting, federal officials have sent public health advisers to the three states with the largest AIDS outbreaks: New York, California and Florida.

In San Francisco, health officials said reporting is not a problem. Dr. Selma Dritz, chief epidemiologist with the Department of Public Health, said her department gets “excellent” cooperation from physicians, hospitals, clinics and even from people in the gay community who provide her office follows up.

“We have one physician quite reluctant to report, but he does, making it possible for us to get an overall line listing of patients,” said Dr. Selik, who added that the doctor was reluctant to report cases because he was so busy.

She said doctors are legally obligated to report AIDS cases to the state.

Another reason for lower numbers, Dr. Dritz said, “is delay. We have been swamped here.”

The disease robs the body of its protection against infections. It primarily affects homosexual and bisexual men, Haitians, hemophiliacs, and abusers of intravenous drugs.

C.D.C. adviser Gus Sernos says possibly half of all the AIDS cases have not been reported to health authorities.

In many instances, physicians say they are too busy to fill out the CDC’s time-consuming forms. Some may also wish to keep patients’ personal information confidential — and others want to keep their research secrets.

“Some physicians withhold data if they are doing a special research project and want to report their findings first,” Selik says.

“There are people who think that AIDS is stock and they can buy into it,” Sernos says. “Nobody owns AIDS. This is a public-health situation, and when you’re talking about public health, you’re talking about public death.”

Some researchers contend, however, that the alleged reporting problem arises from the CDC’s ineptitude in gathering and handling available data. Tally of sexually transmitted diseases are equally inaccurate, they say.

They accuse the CDC epidemiologists, whose job is to monitor disease patterns, of releasing confidential scientific data hastily in the center’s weekly newsletter — which is intended for up-to-the-minute public health reports.

The CDC newsletter, called the Morbidity and Mortality Weekly Report, is the bible of public health physicians. It carries updates on infectious diseases — and occasionally reports new findings.
Lawmaker's Charges

AIDS Monitors Are Impeded

Washington

A member of Congress from New York has charged that the Public Health Service rebuffed congressional efforts to monitor its search for the cause of acquired immune deficiency syndrome, or AIDS, which has killed more than 350 people in the last two years.

Representative Ted Weiss, D-Manhattan, said a "serious lack of cooperation" by the federal Centers for Disease Control is impeding the work of a House subcommittee studying the cause, treatment and prevention of the disorder.

Weiss is chairman of the panel, the House Government Operations subcommittee on intergovernmental relations and human resources. The subcommittee has been trying to interview federal officials and review files to assess the work being done on AIDS by the Centers for Disease Control and the National Institutes of Health.

Weiss and at least a dozen other lawmakers have asserted that the government's response to the epidemic was belated and inadequate, even though Dr. Edward N. Brandt Jr., an assistant secretary of health and human services, said recently that AIDS was "the No. 1 priority" of the Public Health Service.

The conflict between Weiss' panel and the Public Health Service is one of many such disputes each year between the legislative and executive branches of government. But it is notable because it reflects the sense of urgency with which many members of Congress have come to view the syndrome in the past few months.

The House of Representatives voted last week to spend $12 million more on AIDS research, which would bring the total this year to $26.5 million. The Senate is expected to approve a similar increase next week.

Since June 1981, the government has received reports of 1450 cases of AIDS, which leads to a breakdown of the body's immune system against disease. Seventy-one percent of the cases have occurred among homosexual or bisexual men, and 17 percent of those with the disease had taken drugs injected through veins.

Scientists have speculated that AIDS might be transmitted through sexual contact, through blood or blood products or through the use of contaminated needles to inject drugs.

Susan G. Steinmetz, an investigator for the staff of Weiss' subcommittee, went to Atlanta last month to visit the Centers for Disease Control. Officials there told her that Weiss would have to describe, in writing, the specific documents and files he wanted to see.

They said employees would be instructed not to answer questions about budget requests and research plans being developed by the agency. Steinmetz's visit ended abruptly after three days of fruitless negotiations on the conditions for access to documents and personnel at the agency.

In a letter to Dr. William H. Foege, director of the disease control agency, Weiss said the proposed restrictions were "clearly designed to limit congressional access to information and to interfere with the subcommittee's right", to review the agency's activities.

Weiss said the subcommittee had encountered similar, though less serious, problems at the National Cancer Institute, which is also conducting research on AIDS. Twenty-six percent of AIDS patients have developed a rare form of cancer known as Kaposi's sarcoma.

Representative Les AuCoin, an Oregon Democrat, said that AIDS had "already killed more people than legionnaires' disease and toxic shock syndrome combined." But he said social prejudice against homosexuals had discouraged intelligent public discussion of the situation.

Elvin H. Blyer, assistant executive officer of the Centers for Disease Control, said: "It appears that we have something to hide, and we don't. We were just trying to set up procedures for people to visit the agency in an orderly way."

Margaret Heckler, the secretary of health and human services, said in a letter to Weiss that the department was restricting access to its files to protect the identity of patients and to avoid the disclosure of trade secrets, such as information about new drugs.

Shelley L. Lengel, a spokesman for the Public Health Service, said it was particularly important to protect the privacy of homosexuals, who might not cooperate with federal health agencies if they feared disclosure of their names.

New York Times
The Steam Works in Berkeley caters to a predominantly gay clientele.

Continued from Page A-1

ridden the wave of gay liberation of the '70s into a prominent spot in the financial and social fabric of gay life. Now, they are in the vortex of controversy as gay leaders and health officials seek to discourage some sexual behavior thought to spread the deadly AIDS ailment.

AIDS is a malady that destroys the body's immune system, leaving persons vulnerable to many fatal diseases and infections. Most of its victims have been homosexual or bisexual men. In the Bay Area, the disease has killed more than 600 people.

Scientists suspect that the disease can be transmitted in exchange of bodily fluids during sexual activity.

Attention is focused on bathhouses because they are among the places where some gay men go for sex with strangers. In San Francisco, officials and bathhouse owners are preparing literature warning about suspected "high-risk" sexual practices and offering tips for healthy sex.

For the past year, bathhouse business has declined as the enthusiasm of some gays for frequent sex has been tempered by the AIDS epidemic. Even regular customers say they now have fewer sex partners.

In recent weeks, health officials have voiced concern over the possible role baths might play in spreading AIDS during the massive influx of out-of-town gays for the June 26 Gay Freedom Day Parade. That debate, and rumors that AIDS patients have been spotted in some bathhouses, engaging in "high-risk" activities, have further hurt business.

Some gay leaders wonder whether baths should be temporarily shut down. Others defend them as liberalized institutions whose fate should be dictated by the marketplace, not government.

David Clayton, a San Francisco attorney and partner in the Steam Works bathhouses in Berkeley, Fresno, Sacramento, Honolulu and San Juan, Puerto Rico, says bathhouses give health officials easy access to the very people they want to reach with information.

"It's clear to me that people are going to continue to do the same things, although perhaps in fewer bathhouses," he says. "If they have to do it in public, in the parks, they will do it. If you ran these people out into the streets, you would create a public health problem of something that is a health problem."

Clayton says the concern of health officials is warranted, and shared by bathhouse owners.

"If the epidemic gets out of hand, there will be no choice" but drastic steps, he says.

Today, bathhouses are attacked for fostering materialism, drug abuse, and dehumanization and for excusing clients on the basis of race, age or physical appearance. Others see them as honest enterprises where people can turn for human contact and sex without social "games."

Recent weekend visits to several area baths indicate that business is suffering.

At Ritch Street, which has a Jacuzzi, an airy, well-lit restaurant and gleaming exercise equipment, a few men lounged in the open corner alcove, watching pornographic films. Stairs, beyond lockers, showers, a steam room and another video room, is a sun deck. A dim "orgy room" with a dozen wooden bunks was empty the other night.

Only a few men lounged on freshly-made beds in their tiny rooms, striking suggestive poses. Most rooms were locked, unused.

Some customers — men from their mid-20s to their mid-60s — cruised the corridors. Most wore towels or gym shorts. One man sported a wide-brimmed black cowboy hat, matching boots and nothing else.

For Robert Burnside, 27, a store clerk, bathhouses are not what they used to be.

"Until months ago," he said at a Polk Street gay bar, the baths would awaken in him a multiplicity of moods: The men in the twilight of rooms offered enticing lures. Snack bars or restaurants were the venue for easy conversation. Jacuzzis or steam rooms provided relaxing interludes. Orgy rooms and mazes added a touch of the unorthodox.

"Sex was not all, but it was a nice incentive," he says. "Now there is no real excitement in wondering about the odds that the sexy bunk inside that room might have AIDS."

For David, 33, a frequent client at the Steam Works in Berkeley, sex is all.

"Show me a man who says he comes to baths for the weight room or the sun deck and I'll show you a fool or a liar," he says. "I don't know why people denigrate it so much. Bathhouses are about sex and sex is about being human, so what's the big deal?"

It's unenumerated sex that makes Richard 44, a married Alameda County employee, return to the Club Baths. "I don't look for a relationship. Yeah, I'm sort of freaked out by the AIDS thing, but I try to be careful. I check out people to see if they look healthy... And I pray once in a while."

Konstantin Bertlandt, co-chairman of the 1983 Gay Parade, says, "There are healthy aspects to baths. It's good for people to sit in steam, in a sauna, good for their bodies and their disposition. In fact, that's why I went. If there was sex, that was a bonus."

Salvatore Accardi, whose plush Water Garden baths in San Jose cater to some 6,500 men each month, emphasizes companionship.

"Gay people don't have traditional outlets or institutions the way straight do," he says. "Males who are young and vital need companionship and that manifests itself in many ways. I think gay males don't need sex as much as they need companionship."

Accardi says the Water Garden's clientele has declined slightly in recent months. But noted that as one moves away from gay enclaves such as San Francisco, the fear of AIDS lessens.

Two decades ago — and still today in many U.S. cities — gay bathhouses were dingy, dark, mazes of shame tucked away in desolate warehouse districts or decayed downtown strip.

Some of these cubbyholes have given way to palatial businesses with trappings of social and health clubs.

It was in 1964 when the Steam Works' Clayton, then an attorney in Sacramento, joined an architect, real estate broker, a contractor and two others to open the Ritch Street Baths in San Francisco's warehouse district. Each invested less than $10,000.

"The times were just beginning to change," he recalls. "Until then, the whole atmosphere was one of secretiveness, the feeling was of 'we are doing something wrong.' The places were dark, The layout furtive."

In 1976, a national association bought the club — by then, expanded to a four-story facility — and Clayton used his proceeds to buy into the Steam Works chain.

Ken Bunch, 31, who works at the San Francisco County jail's "own recognition" release project, says he no longer visits baths, but opposes their closing.

"Bathhouses have contributed to, in one sense, making sex more important and out of balance for some people," he says. "On the other hand, they have helped make it more matter-of-fact, with less hysteria about it. They've showed us that sex can have deep meaning when you attach emotion to it, but that it can be just recreational, like playing tennis."
TV Studio Turmoil Over AIDS

By Randy Shilts

A television producer's attempt to "take the hysteria out of AIDS" backfired yesterday when TV station technicians refused to be in the same studio with two AIDS victims who were to be interviewed.

The bizarre episode occurred shortly before the live broadcast of KGO-TV's "A.M. San Francisco" program, which featured several doctors and public health workers as well as two acquired immune deficiency syndrome (AIDS) patients.

Studio personnel, however, refused to put microphones on the AIDS sufferers, and then balked at working if the patients were allowed on stage, said the show's producer, Steve Ober.

"I wanted to do this show because I have a friend with AIDS and he was telling me how hysterical people were reacting," said Ober. "It was sort of scary that we would end up having to deal with the same pandemic four right in our studio."

Ober added that no disciplinary actions were planned against the technicians.

Later in the day at a press conference, the two AIDS patients denounced what they said was "growing paranoia" against AIDS patients.

"I already have to cope with fighting for my life — I can't believe that I would have to be subjected to that kind of stress," said Paul Castro, 31.

Dr. Robert Bolan, a family practice physician with many gay patients and a member of Bay Area Physicians for Human Rights, said AIDS research indicates virtually all cases of AIDS have been traced to either intimate sexual contact or exposure to contaminated blood.

"AIDS has been around for three years now," said Bolan. "If there were any way whatsoever that this could be spread on a casual basis — like by people coughing or something — it already would have shown up helter-skelter in the general public. But instead, its remained very restricted to a few risk groups."

In another curious twist, an AIDS patient said yesterday that he left a Superior Court jury after fellow jurors wrote to the judge and said they did not want to provide food and drink to an admission of a co-dad for his personal use.

AIDS patient shunned by nurses now getting experimental drug

By Leslie Garaeva

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AIDS patient shunned by nurses now getting experimental drug

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By Leslie Garaeva
One approach to counter growing AIDS hysteria

By David Alcott
Tribune Staff Writer

SAN FRANCISCO — In an effort to combat AIDS hysteria, KGO Tele¬vision announced Wednesday it will use "sensitivity classes" for its own personnel to combat fears of dealing with victims of acquired immune deficiency syndrome in its news studio.

Production Manager Robert Woodruff announced the plan in response to "unprofessional rude and embarrassing" refusal by four technicians to participate in a program with two AIDS victims on the set.

He said the four technicians — among 88 technicians and stagehands at the station — won't be fired because they raised labor law safeguards against accepting work assignments in "life-threatening" situations.

"Yes, our employees can decline such an assignment," Woodruff said. "We don't want to put them in a situation where they fear they can contract a disease, even though med¬ical authorities we consulted say there is no danger of that."

Dr. Marcus Conant, a leading authority on the mysterious, usually fatal disease found pre¬dominantly among homosexual men, welcomed the station's plan, explaining that steps like these can only help to curtail the anxiety and misconception that has arisen since the disease came to public's attention.

"The media need to stop right now and educate their own people so they won't respond from a position of homophobia (fear of gays)," Conant said.

"I'm saddened, for example, that two nurses who refused to treat AIDS patients get national headlines while the thousands of nurses and health-care professionals who have treated the patients all along get no recognition."

He repeated the often-reported fact that no health-care worker and no close family relative of any AIDS victim has caught the disease since its outbreak was first reported in 1979 in Los Angeles, New York and San Francisco.

In Denver on Tuesday, U.S. Health and Welfare Secretary Margaret Heckler told the U.S. Conference of Mayors: "For the overwhelming majority of Americans, there appears to be little or no risk of falling victim to this disease. In particu¬lar, through normal, daily social contacts."

"It is not a plague that will threaten the lives of all Americans," she said. "The panic that has developed in the American public is totally unwarranted."

The disease — no cause or cure is known — robs the body of its ability to fight infection, leaving the victim vulnerable to cancer and pneumonia among other maladies. The fatality rate is about 80 percent for victims who have had the disease two years or more.

Doctors theorize that AIDS is transmitted by blood or sexual contact, similar to the hepatitis B virus. Most of the 1,600 worldwide victims have been homosexual men, intravenous drug users, hemophiliacs and Haitian immigrants. A few heterosexuals have caught the disease.

At the University of California Medical Center's AIDS clinic here, nursing aide Mark Illeman said the KGO incident — just one among several recent instances of fearful reaction among profes¬sionals — stemmed from "hys¬teria, ignorance or homophobia."

He said the risk of catching AIDS through casual contact is "very, very slight if any at all."

The director of the clinic, Rob¬ert Crane, said the public's fear of AIDS was spilling over to fear of gays in general. "There's this unfounded suspicion that all gay men are at risk for AIDS conta¬gion," he said.

"There have been documented cases in San Francisco of people being evicted from their homes. People who have AIDS will tell you stories of people who are no longer socializing or speaking with them."

One of the AIDS victims who appeared on the KGO program, Paul Castro, told The Tribune Wednesday he was so shaken by the experience that he was going into seclusion and would make no more public statements. He stood by what he said Tues¬day.

"I'm hurt and a little fright¬ened about being isolated," Cas¬tro said Tuesday after the tech¬nicians refused to put a micro¬phone on him or have him in the same studio. "I feel we're being shunned and put into a leper col¬ony and kept away from the pub¬lic. I don't like that, I really don't."

"I already have to cope with fighting for my life — I can't believe that I would have to be subjected to that kind of stress."

The KGO incident in a sense began Sunday with the publica¬tion of news that two nurses at Santa Clara Valley Medical Cen¬ter resigned rather than treat an AIDS patient, the hospital's first. The news convinced Steve Ober, program producer at KGO, that a program to debunk the myths about AIDS was needed.

Ober arranged a panel show for Tuesday morning "and most of our news people didn't think a thing about it." But members of the technical crew asked him to "guarantee" that casual contact with the AIDS patients wasn't dangerous.

"I told them that every bit of evidence suggests you can't catch it by casual contact, but at the same time there is no guar¬antee. But whether their fears were real or imagined, we don't force people to undertake what they think are life-threatening assignments," Ober said.

He said he personally greeted the AIDS patients at the studio. "So I believe there is no possibil¬ity of the disease being spread by casual contact," he said. "If I did, I wouldn't have."

He referred to the other re¬ported instances of non-medical professional people who recently shunned direct contact with AIDS victims:

■ Firemen and police officers in San Jose and San Francisco asked to use masks and gloves when working with AIDS vic¬tims.

■ Courtroom officers wore masks in a Manhattan municipal court Tuesday when an AIDS pa¬tient appeared as a defendant.

■ AIDS victim Andrew Small said Tuesday he was called to jury duty here but other jurors refused to sit with him.
**Expert's View**

**Some AIDS Answers**

Chronicle Science Correspondent Charles Petit, seeking authoritative answers to allay some public confusion and fear over AIDS, held the following interview with Dr. Paul Volberding, chief of oncology at San Francisco General Hospital.

Volberding is an assistant professor of medicine at the University of California at San Francisco and is in the forefront nationwide of research into the causes of AIDS.

Two years ago, he was a co-founder of the Kaposi's Sarcoma Clinic at UCSF, which treats one of the most serious of cancers and infections that strike AIDS patients.

Q. Dr. Volberding, what is a simple definition of AIDS?

A. AIDS stands for acquired immune deficiency syndrome. That tells a lot about the disease. It tells us it is acquired, which means you are not born with it. And it is one that suppresses the immune system. It's a new disease, one that results in impaired response to unusual infections and the development of cancers. Syndrome means that we don't really understand it yet; we are sort of defining it as a group of diseases at this point.

Q. What causes AIDS?

A. Early on we speculated on a variety of things in the gay lifestyle — drug use and repeated infections with sexually transmitted diseases — and other theories like that. More and more now the evidence is that it is a viral infection, that it is a virus that has not been present in the human population until very recently. Either it is a mutation of a virus that has been present previously or...
Questions and Answers on AIDS

From Page 1

is a new virus altogether, or is perhaps an animal virus.

Q. How contagious is AIDS?
A. I think it is important to realize that AIDS, with all the evidence we have, does not appear to be an easy disease to catch. We don't think that extreme isolation measures are necessary with individuals with AIDS. I wear gloves when I deal with patients, but only because I deal with so many patients that I am presumably exposed to a lot more than most physicians and nurses.

Q. How is it transmitted, and what advice do you give gay men visiting San Francisco for Gay Freedom Week to decrease the chance that they will acquire or spread AIDS?
A. AIDS, we think, is a sexually transmitted disease. And further, we think it is probably transmitted much like hepatitis B. We know that hepatitis B is present in blood and semen, so we are recommending that anyone who is concerned about the possibility of catching AIDS avoid exposure to blood or semen of other persons.

We are recommending to visiting gay men that they can have a safe and fun time in San Francisco without undue fear if some precautions are taken, and by that I mean avoiding anonymous sexual contacts and when engaging in sexual contacts to take precautions not expose yourself to secretsions... by using a condom or by alternative sexual practices.

Q. Would you define bodily secretions a little more?
A. This is important, given the concern that has been expressed by police officers and other people about what secretions do pose risk. Hepatitis B is present in blood and semen to a much lesser degree in saliva. Now, there is really little evidence that AIDS is transmitted directly (non-sexually) from one person to another, based on circumstantial, epidemiological-type data. There is really no evidence that anyone has caught AIDS by exposure to saliva, yet we do recommend to some extent that saliva exposure be limited.

Q. What if you are in a restaurant and believe the waiters or food handlers could be AIDS carriers? Should you be concerned?
A. No, and the reason is, by again using the hepatitis B model of disease transmissibility, that there is no evidence of danger. A person can have hepatitis B without any restrictions (on food handling) by public health authorities. There is not even any suggestion that this should be a concern.

Q. What about someone, on a bus or in another crowded public place, who has AIDS? Could sweat, or such things as discarded tissue and sneezing or coughing, be a source of infection to others?
A. That is the level of concern in the community, and I am very aware that it exists. On the other hand there is, again, strong evidence that AIDS is difficult to transmit. We have had a number of patients whose steady sexual partners are in perfect health... it is impossible for me to believe that this level of exposure would be a problem.

I have another story along that line. I was in a park in Marin last week and overheard some teenage girls talking about AIDS. First of all, I was impressed how much they knew... they really understood the epidemiology pretty well. Yet they had all completely agreed among themselves that AIDS is transmitted by doorknobs and toilet seats, and that sort of mythological means.

Q. Has the potential public health threat been adequately publicized?
A. It is hard to believe there is anyone in San Francisco who has not heard of AIDS and in fact knows quite a bit about it. I don't think that is true in the rest of the country. To some extent AIDS is still perceived as a disease that all viri is small. There are other blood products I am concerned about, such as the factor-eight concentrate used by hemophiliacs.

Q. What is the danger of using products from blood banks or pooled blood supplies, such as hepatitis vaccine?
A. Hepatitis vaccine itself, I am slowly becoming convinced, is probably safe, even though it is prepared from the blood of gay men who may in some cases have asymptomatic AIDS. It's so highly purified that the danger of transmitting the virus is small. There are other blood products I am concerned about, such as the factor-eight concentrate used by hemophiliacs.

Q. Is it possible AIDS could be transmitted by mosquitoes?
A. Certainly some viral infections that are blood-borne are able to be transmitted by mosquitoes. Potentially, yes; realistically, it's hard to believe. If it were able to be transmitted that way I suspect we would have seen many more patients by exposure to blood products than we have seen. There are only a handful of patients in the country with AIDS that seem to have gotten it by blood transfusions, and then we're talking about large volumes of blood, not the few cells a mosquito can transfer.

Q. Do you have a final remark?
A. Some note of hope is reasonable. Given the level of investigation that's now getting under way in the country, I think we can now have real hope that researchers will find the cause of AIDS in a short enough time to benefit even the people who have AIDS at this time.
Questions and Answers on AIDS

From Page 1

is a new virus altogether, or is perhaps an animal virus.

Q. How contagious is AIDS?
A. I think it is important to realize that AIDS, with all the evidence we have, does not appear to be an easy disease to catch. We don't think that extreme isolation measures are necessary with individuals who have AIDS. I always stress when I deal with patients, but only because I deal with so many patients that I am presumably exposed to a lot more than physicians and nurses.

Q. How is it transmitted, and what advice do you give gay men visiting San Francisco for Gay Freedom Week to decrease the chance that they will acquire or spread AIDS?
A. AIDS, we think, is a sexually transmitted disease. And further, we think it is probably transmitted much like hepatitis B. We know that hepatitis B is present in blood and semen, so we are recommending that anyone who is concerned about the possibility of catching AIDS avoid exposure to blood or semen of other persons.

We are recommending to visiting gay men that they can have a safe and fun time in San Francisco without undue fear if some precautions are taken, and by that I mean avoiding anonymous sexual contacts and watching for any sexual contacts to take precautions not to expose yourself to infections...by using a condom or by alternative sexual practices.

Q. Would you define bodily secretions a little more?
A. This is important, given the concern that has been expressed by police officers and other people about what secretions do pose risk. Hepatitis B is present in semen and to a lesser degree in saliva. Now, there is really little evidence that AIDS is transmitted directly from one person to another, based on circumstantial, epidemiological-type data. There is really no evidence that anyone has caught AIDS by exposure to saliva, eyes or other bodily secretions, and that is really true of any bodily excretory liquid.

Q. What if you are in a restaurant and believe the waiters or food handlers could be AIDS carriers? Should you be concerned?
A. No. And the reason is by again using the hepatitis B model of disease transmissibility, that there is no evidence of danger. A person can have hepatitis B without any restrictions on food handling by public health authorities. There is not even any suggestion that this be a concern.

Q. What about someone, on a bus or in another crowded public place, who has AIDS? Could sweat or other bodily excretions contain the virus?
A. That is the level of concern in the community, and I am very aware that it exists. On the other hand there is, again, strong evidence that AIDS is difficult to transmit. We have had a number of patients whose steady sexual partners are in perfect health. It is impossible for me to believe that this level of exposure would be a problem.

I have another story along that line. I was in a park in Marin last week and overheard some young girls talking about AIDS. First of all, I was impressed how much they knew...they really understood the epidemiology pretty well. They had all completely agreed among themselves that AIDS is transmitted by tonguette, by stinging and toilet seats, and that sort of mythological reason.

Q. Has the potential public health threat been adequately publicized?
A. It is hard to believe there is anyone in San Francisco who has not heard of AIDS and in fact knows quite a bit about it. I don't think that is true in the rest of the country. To some extent AIDS is still perceived as a disease that affects only New York, San Francisco and Los Angeles, and that's not true. The disease has been reported in 27 states but I think the heartland really hasn't heard much about it.

Q. Considering the mysteries surrounding AIDS, and that you just talk about probabilities and really don't know what is going on, how can the public feel reassured? Why shouldn't they be extremely alarmed?
A. We are trying to be really honest in admitting the things we don't know about the disease. On the other hand we do know a lot about it. We know that physicians and nurses have been exposed to patients with AIDS since 1978 or 1979, and even though there was no real fear of transmission of this disease until the last year, none of those physicians and nurses have developed AIDS themselves.

Certainly, if we thought that AIDS is easy to transmit and develop in us, you'd see us developing some very strict isolation precautions. It is not a disease any of us want to get and we are perfectly happy taking care of these patients.

Q. Still, if 200,000 or more gays come to San Francisco for a visit as predicted, is it not likely that at least some will contract the disease and spread it when they go home?
A. No. Remember that AIDS does not spread the way in San Francisco, New York and Los Angeles. It's already been reported in nearly every city with any sizable gay population, so I think the idea that this event is going to result in AIDS to the rest of the country is really an overreaction to the real facts.

Q. Would it not be prudent to cancel Gay Freedom Week because all the answers aren't in?
A. No. I think that Gay Freedom Week and the parade is an important event, and this year's event in fact is dedicated to people who have this disease. I think the potential benefits greatly outweigh the potential for transmission of this disease...Certainly the risk to the city's general population is nonexistent.

Q. Since carriers are predominantly gay men, shouldn't all gay men be considered potential carriers?
A. One of the important problems here is that we are starting to see in just that behavior...as this epidemic spreads, the potential negative actions from the general public to the gay community are really not pleasant to consider. I have to avoid it. There really is no evidence that there is a large population of asymptomatic (outwardly healthy) carriers, realizing that there are some. Again, we don't think it's easy to spread this disease. I don't think it's easy to transmit this disease, and I don't consider asymptomatic people, gay or straight, should be treated in any special way because of this risk.

Q. What is the danger of using products for blood banks or pooled blood supplies, such as hepatitis vaccine?
A. Hepatitis vaccine itself, I am slowly becoming convinced, is probably safe, even though it is prepared from the blood of gay men who may in some cases have asymptomatic AIDS. It's so highly purified that the danger of transmitting the virus is small. There are other blood products I am concerned about, such as the factor-eight concentrate used by hemophiliacs.

Q. Is it possible AIDS could be transmitted by mosquito bites?
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Doctor decries public panic over AIDS cases

From Tribune wire reports

SAN FRANCISCO — "Ignorance is the problem," said Dr. Mervyn Silverman, director of the county health department, Wednesday at a press conference he called to inform the public about AIDS.

Recent incidents where television studio technicians have refused to work when AIDS patients came to the studio have alarmed him, Silverman said. "The information we've been putting out hasn't really been sinking in when employees of the media which have been transmitting that information don't seem to understand it," he said.

AIDS stands for acquired immune deficiency syndrome, a condition where the body's natural defenses against disease stop functioning and the victim becomes susceptible to a wide variety of illnesses that can prove fatal.

AIDS itself does not kill, but diseases like pneumonia or Kaposi's sarcoma, a type of cancer, which the victim may contract when left without any natural defense against infection, Silverman said.

"It is not casually spread. There shouldn't be this fear of being near gay males, of being near AIDS patients," Silverman said.

The number of new AIDS cases has been doubling every six months, he said.

The current average in the Bay Area is four per week, with a total of 268 known cases — 213 of them in San Francisco, he said. There have been 82 deaths in Bay Area attributed to AIDS, 69 of them in the city, he said.

In Sacramento on Wednesday, legislators released the latest AIDS casualty figures in a letter to the state's congressmen appealing for federal help and calling the epidemic one of "crisis proportions."

Age of AIDS

Influencing Gay Tourists

By Randy Shilts

The largest turnout of gay tourists to attend the Gay Freedom Day parade — at least 250,000 by some estimates — will be spilling into San Francisco this week.

Gay business leaders are already seeing dramatic changes in how these visitors plan to spend their time and money.

The San Francisco gay community has entered the "Age of AIDS," as gay politicians call it, and the millions of gay tourist dollars spent here this week will reflect the growing concern among San Francisco gay men over the epidemic of the often lethal acquired immune deficiency syndrome.

The gay parade next Sunday has become the city's largest annual event and the biggest gay festival anywhere in the world.

"We've never seen anything like it — we're easily seeing twice as many gay tourists coming here this year than last," said Craig Seybold, an owner of Mark Tours, a travel agency that coordinates international gay tourist packages from its offices in Sydney, Tokyo and London.

The visitor bureau in the Gay Pride Center said phone queries from out-of-towners are up 100 percent over last year.

Russ Alley, manager of the York Hotel, one of the classier hosteries drawing a partially gay clientele, said: "Our advance deposits are 40 percent higher this year than last — it should be the biggest weekend ever. But they're coming here with a whole different attitude now."

The different attitude — reflecting the fact that some San Francisco gay neighborhoods have the highest concentration of AIDS in the country — is reshaping the gay business community.

Gay hotels will be packed by Friday night, hoteliers said. But the guests who once eagerly asked the directions to the city's bathhouses will now be more apt to ask the way to the Museum of Modern Art.

Gay tourists already have been burning the heavy pickup bars in favor of the less libidinous ambiance of piano bars and nightclubs.

Joel Roman of the bed-and-breakfast Inn on Castro, which has had this weekend booked solid for a year, said: "I see a marked difference in the way people are acting. Tourists seem to be enjoying the city for the city and not the sexual aspects.

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As the York Hotel's manager Alley put it: "There's so many alternative things to do — whether it's shopping, theater or nightclubs — that a lot of people seem relieved to get away from the gay sex."

In years past, gay newspapers for the annual celebration bulged with advertisements from the many private, sexually oriented clubs that catered to the promiscuous side of gay life, enticing patronage with special party nights. This year, those businesses have been having a hard time even paying their bills for ads during the last few months, let alone launching campaigns to go after new business.

The depression for sexually oriented businesses has turned into a boon for other gay enterprises.

The city's major gay paper, the Bay Area Reporter, will have a record number of pages for the two special issues it releases for the gay festivities — because of substantially increased advertising from non-sexual businesses.

"We're seeing an entirely new outreach to gay tourists this year — most ads are for more wholesome forms of entertainment and basic services," said Pierre Chapuran, the paper's advertising director. "People want to go out and party, but they realize that they don't have to go to a sex club to have a good time."

No matter how the gay tourist dollars get cut, there's no denying the fact that the annual parade means big bucks for San Francisco's tourist industry.

If only a quarter of a million tourists arrive for Gay Freedom Week and spend the $80 that the city's convention bureau says a typical tourist spends on every one of the typical 4 1/2 days of their stay, almost $200 million will roll into local cash registers from gay tourists.
The Politics of AIDS

By Randy Shilts

"THIS IS THE most political disease I've ever seen," sighed Dr. Mervyn Silverman, San Francisco's public health director this week.

Silverman was referring to the political pressures he's facing over the outbreak of Acquired Immune Deficiency Syndrome. Usually lethal, AIDS has reached epidemic proportions in San Francisco's gay community.

The sharp divisions among gay political leaders about how — or even if — to release information about the AIDS crisis have created some unusual political infighting and nastier-than-usual name-calling.

ONE EXAMPLE is the flap over the importance of mass mailings about the complicated and mysterious AIDS.

The left-liberal Harvey Milk Gay Democratic Club believes that the AIDS epidemic should be well-publicized, so gays know its dangers and can protect themselves.

The club's closest political alliances are with the old "Burton machine," so the politicians identified with that coalition — like Congresswoman Barbara Boxer, Sala Burton and Assemblyman Art Agnos — back the aggressive information campaign the Milk club wants.

Boxer, D.S.F./Marin says her office will be sending out 16,000 AIDS brochures to constituents drawn from a computerized list of single men in heavily gay neighborhoods of her districts.

Before the late Representative Phil Burton died, his staff was putting the finishing touches on a mass mailing on AIDS to be sent to 15,000 constituents, a similarly computer-selected group aimed at gays not in Boxer's district. If Sala Burton wins her late husband's congressional seat this month, as expected, indications are that she will complete the mailing project.

In addition, every constituent in Assemblyman Art Agnos' district, which includes most of the city's gays, will receive AIDS information as part of his next district-wide mailer.

By contrast, the city health department — which, under normal circumstances, would be in charge of public health warnings — has no plans for any such mass mailings, according to Silverman.

According to some gay activists, the city's reluctance to send out AIDS mailers may be traced to the inter¬ necine bickering among gays about how to handle the messy public relations problems posed by AIDS.

It seems that the nemesis of the Harvey Milk club — the older Alice B. Toklas Memorial Democratic Club — favors a low-profile approach to publicity about AIDS. Some Toklas members worry that too much talk about AIDS could be manipulated to create an anti-gay backlash.

They also fear that publicity about the lethal disease will reduce the political power the gay community enjoys in San Francisco.

Mayor Dianne Feinstein's administration is closely aligned with the Toklas Club — which backed the mayor in the recall election while the Milk club opposed her — and the health department's low-key approach to AIDS education may be more than mere coincidence.

FACTIONALISM over how to handle the AIDS crisis has also erupted over the gay bathhouse controversy.

Those gay activists who prodded the bathhouses to post health warnings before hundreds of thousands of gays flocked to San Francisco for the Gay Freedom Day parade have drawn sharp criticism from the gay radicals as well as the leadership of the Toklas club.

Toklas president Randy Stallings and other club leaders publicly chastised their club's own political action chair, attorney Lawrence Wilson, for organizing a meeting between bathhouse owners and gay leaders that started the bathhouse campaign.

"They're going to destroy gay businesses," snarled one Toklas leader.

A Milk club leader snapped back: "Business isn't the point. Gay people are dying and the Toklas people are only concerned about keeping their political power."
The AIDS scare

The press is being scolded for scaring people about AIDS, acquired immune deficiency syndrome, the mostly gay disease.

A couple of nurses in San Jose balked at treating an AIDS patient. Technicians at KGO-TV refused to come close enough to pin a microphone on one. Radio station KNBR canceled an interview with an AIDS victim when employees objected to his presence in the building.

Because of these and similar instances, the press is accused of creating panic by sensationalizing the AIDS story. If the press would just get its facts straight there would be no difficulty — that’s the gist of the criticism.

I rise to object. The gay community has played the press like a virtuoso playing a violin in its highly successful campaign to draw attention to this disease.

Gays felt that AIDS hadn’t been assigned proper priority in medical research and set out to change that. Their tactic was mass publicity.

They staged simultaneous marches in major cities. They wrote letters to newspapers and public figures. They berated President Reagan for responding too slowly to their demands. They turned AIDS into the most urgent issue at a conference of mayors.

The results have been remarkable. A few months ago most of us in the news business had never heard of AIDS. Now a working knowledge of the disease is required information in every newroom.

This instant awareness is due solely to the publicity blitz conducted by the nation’s homosexuals. I congratulate them. But I’ll be damned if I’ll take the rap for the backlash that their tactics have caused.

Almost overnight I have accumulated quite a file on AIDS, from the information churned out by those who are trying to generate public concern about the disease. The salient points they make are these:

- It’s a wildfire epidemic that must be stopped before it sweeps the world. One writer compared it to the black plague.
- It’s a mystery disease. No one knows when or where it will strike next.
- The straight population shouldn’t think it is safe. AIDS is bound to spread among straights, too, unless a cure is found soon.

Those may be legitimate points. Certainly they are very effective points in a campaign whose goal was to raise public concern about AIDS from zero to the boiling point in a matter of weeks.

But they are points which, when repeated like a drumbeat, will inevitably lead to the “unreasonable fear” that the director of the U.S. Public Health Service complains about.

Now we have Harry Britt, the gay supervisor, warning the management of KNBR that its lack of hospitality to an AIDS victim will arouse strong feelings in the gay community. He issued no warning to his fellow homosexuals when they were whipping up public concern about AIDS.

At the time of the AIDS march this spring I tried to bring some perspective to the subject. AIDS was unknown in this country before 1979. By 1981 fewer than 10 deaths had been attributed to the disease. Only 200 by 1982. By April of this year, 500. The seeming increase in incidence may be in part an illusion, the result of more accurate diagnosis.

Given those statistics, from the Center for Disease Control in Atlanta, it struck me as less than fair to stage protest marches and accuse the government of dereliction for not making AIDS its top medical priority.

My comments drew a blitz of letters from gays, stressing the three scare points listed above. So who is to blame for causing "unreasonable fear" about AIDS?
San Francisco health director Dr. Morrey Silverman is stepping up his fight against "the flames of paranoia about AIDS.

Fear of contracting acquired immune deficiency syndrome, meanwhile, reportedly caused a severe drop in blood donations at several major centers across the country because of donors' fears about getting AIDS. At a news conference in The City yesterday, Silverman emphasized that AIDS could not be spread through casual contact and said recent incidents in which AIDS patients were rebuffed by the news media "fuel the flames of paranoia in the public."

He said the public may fear "the media knows something that we don't know" when they bar AIDS patients from their homes or refuse to put a microphone on a person with AIDS.

In an attempt to clarify any misunderstanding that new sufferers might have about the disease, Silverman invited the general managers and news directors of the major Bay Area television stations to attend yesterday's briefing. Only representatives from KTVU-Channel 2 showed up.

Jane Moore, who handled the invitations for Silverman, said that when she telephoned the stations on Monday, she was told many of the officials had previous engagements and would not be able to attend.

She said there was an "excellent turnout" of other reporters and photographers, who she hoped would take the word back to their editors.

Silverman pointed out that AIDS is spread through an exchange of body fluids, through sex, through shared contaminated needles, or, in a few cases, through contaminated blood products. He noted that it could not be spread through casual contact at the office, in a restaurant, or on the bus.

"There shouldn't be this fear of being near gay males and certainly not AIDS patients," he said.

He said a special section was set up at San Francisco General Hospital for AIDS patients for their own protection. Because of their lowered immunity, they have less protection against diseases than healthy people.

Silverman said that in one case he was called by a court official to ask whether it was safe to accept a legal paper from a person with AIDS. He assured the court there was no danger.

Silverman said he would not hesitate to impose a quarantine if there were any danger of getting AIDS through casual contact, but none existed.

He said the department has issued pamphlets counsel-
ing gay males to limit recreational drug use because they need to have clear heads to protect themselves.

The pamphlets warn gay men to use condoms and to avoid sexual activity that may cause bleeding. Silverman said gay males who engage in passive anal intercourse were at much higher risk than evidence indicated AIDS is spread through broken tissues, with semen getting directly into the bloodstream.

Gay men were also advised to choose healthy partners, to get proper rest, nutrition and exercise, and to learn to manage stress.

"None of these suggestions for risk-reduction precludes a rich and exciting social or sexual life for any gay man in San Francisco," the brochure said. Silverman said 120,000 copies of the brochure would be distributed at the Lesbian-Gay Freedom Day parade Sunday.

Silverman said the brochures did not advise gays to avoid sex and drugs because he thought such advice would be ineffective.

Authorities report, meanwhile, that blood donations have dropped 23 percent in Detroit, 12 percent in New York City, 10 percent in Chicago and almost 6 percent in Rhode Island. A 5.1 percent decline in donations in the Pacific Northwest has been attributed to the AIDS scare, according to Red Cross officials in Portland, Ore.

A decline has also been noted in San Francisco, but authorities are hesitant to say it is anything other than the normal summer decline.

Blood center officials are attempting to educate the public that there is absolutely nothing risk in donating blood.

Dr. Aaron Josephson, director of the Red Cross Mid-

America Regional Blood Services in Chicago, said the AIDS scare may have been a "fate worse thanサンフランシスコで健康担当者のモーリン博士はAIDSのパラノイアに対する闘いを強化しました。"
Health director vows to fight AIDS paranoia

San Francisco health director Dr. Mervyn Silverman is stepping up his fight against "the flames of paranoia" about AIDS.

Fear of contracting acquired immune deficiency syndrome, meanwhile, is reportedly causing a severe drop in blood donations at major centers across the nation, because of donors' fears of contracting the disease.

At a news conference in the City yesterday, Silverman explained that AIDS could not be spread through casual contact and said recent incidents in which AIDS patients were rebuffed by the news media "fuel the flames of paranoia in the public."

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Blood center officials are attempting to educate the public that there is "absolutely no risk" in donating blood.

Dr. Aaron Josephson, director of the Red Cross Mid-America Regional Blood Services in Chicago, said the AIDS scare will probably get worse.

"We went through a similar thing with a hepatitis scare about 12 years ago, and it took a few months before it turned itself around," he said.

The federal Center for Disease Control in Atlanta said 1,801 people had contracted AIDS as of June 12, and 614 of them had died. Officials said they receive reports of five to six new cases of AIDS each day, and that 71 percent of the cases involve homosexual or bisexual men.
AIDS Foundation Is Established in New York City

BY RONALD SULLIVAN

A private medical foundation has been established in New York City to undertake independent research into the fatal disorder called acquired immune deficiency syndrome, or AIDS.

At the same time, Cornell University Medical College announced that it had received a three-year $1.3 million grant by the National Institutes of Health to study the disorder. The grant, the largest in a series of N.I.H. awards to major New York medical research centers to look into AIDS, is aimed primarily at understanding what causes the breakdown of the immune defenses in the bodies of victims.

The new research group, the AIDS Medical Foundation, was commended last night by Governor Cuomo, who described AIDS as a "savage killer that struck at us without warning and which is destroying hundreds of people without mercy."

Meantime, Protestant church leaders, led by Bishop Paul Moore Jr. of the Episcopal Diocese of New York, castigated discrimination against two groups of AIDS victims—homosexuals and Haitians.

Bishop Analyzes Panic

At a news conference at Cathedral House, 1047 Amsterdam Avenue, Bishop Moore said: "Underneath the panic about AIDS itself is an unresolved anger and fear and a looking down upon the gay community and indeed the Haitian community. I do not know of any two communities in our New York area and in the nation who are in worse shape in terms of general discrimination."

More than 1,500 cases of AIDS have been reported nationally, about half of them in New York City, since the disorder was discovered three years ago. Its cause is not known, and a cure has not been found for the disorder, which medical experts say is eventually fatal. In most cases. The major risk groups are homosexuals, people who take drugs intravenously, Haitians and hemophiliacs dependent on blood components.

The leaders of the new, nonprofit foundation held a fund-raising meeting last night at the home of Arthur J. Krim and his wife, Dr. Mathilde Krim, at 33 East 88th Street. Dr. Krim, the foundation's chairman, is head of the interferon laboratory at the Memorial Sloan-Kettering Cancer Center.

Dr. Krim, joined by at least a dozen other leading medical researchers in the city, said they hoped to raise money to support a consolidated research effort into AIDS that concentrates on developing early diagnosis, determining what causes the disorder, and finding a successful treatment.

Focus to Be on Research

Dr. Krim said: "Our intention is to see that the maximum proportion of contributions received will go directly to research. Overhead and staff expense will kept at a minimum."

A scientific committee is headed by Dr. Joseph A. Sonnabend, a Manhattan virologist and microbiologist. It also includes Dr. Donald Armstrong, chief of the infectious disease service at Memorial Sloan-Kettering and a participant in the news conference held earlier by Bishop Moore.

Dr. Armstrong, in seeking to allay public fear of AIDS, said it was "one of the least contagious diseases I have seen."

Earlier, Dr. Gordon Douglas, chairman of the department of medicine at Cornell, described the N.I.H. grant as "tremendously important." He called AIDS "a major epidemic whose only answer will come from research."

The N.I.H. has given $2 million this year to finance AIDS research at Memorial Sloan-Kettering, Mount Sinai Medical Center, Yeshiva University's Einstein College of Medicine, New York University Medical Center, and St. Vincent's Medical Center.

In Albany, the Assembly is considering a Senate-approved bill allocating $5.25 million, most of it for AIDS research.

New Jersey, where 102 AIDS cases have been reported, has spent $50,000 in research; Connecticut, which has had 17 cases reported, has not approved any research funds.
Gay political groups swap charges over AIDS

Emil Nolting, a member of the San Francisco Gay Democratic Club, says that he was surprised by the charges brought by the San Francisco Gay Democratic Club against the Harvey Milk Club. He feels that the charges were not justified and that the Harvey Milk Club has been unfairly targeted. He also feels that the San Francisco Gay Democratic Club has been unfairly targeted and that their actions have been motivated by political reasons.

On the other hand, Dr. Reynolds, the medical director of the AIDS Research Center, feels that the charges brought by the San Francisco Gay Democratic Club were justified. He feels that the Harvey Milk Club has been engaged in activities that are not in the best interest of the community and that their actions have been motivated by political reasons.

The debate continues as both sides present their arguments and try to sway public opinion. The issue of AIDS is a complex one, and many factors are involved. It is important for everyone to stay informed and to make informed decisions.

THE DOCTOR'S WORLD

It Takes More Than an Infusion of Money to Conquer Diseases Like AIDS

By Lawrence E. Altman, M.D.

The infusion of more money for biomedical research at an earlier point in the acquired immune deficiency syndrome has led to the discovery of its cause and produced a cure by now.

Hundreds of AIDS victims have wasted away, while doctors did nothing for them but treat each bout of opportunistic infection as it came along, give overall supportive care, and watch the sufferers slowly die. It is only natural for the friends and families of the victims, or people at risk of AIDS, to wonder sometimes whether society is really investing all it might in the search for the cause, cure and prevention of so grim a disease. Sometimes the question is really an accusation that lack of research money, or lack of sufficient interest in conquering AIDS, has held back progress in the race against time.

Unfortunately, money alone seldom solves scientific problems. The lavish expenditure of enormous sums over many years has not conquered cancer or cured multiple sclerosis. Still, the United States could have developed the large corps of doctors who have devoted their careers to research and given the country world leadership in scientific medicine without the enormously increased financial support taxpayers have provided in recent decades.

AIDS research so far has followed orthodox precedents. It has been no exception to the rule that the initial reports of any new disease focus on its clinical descriptions. In AIDS these included the wide variety of opportunistic infections and a rare type of cancer called Kaposi’s sarcoma; these were terrors that something was wrong with the immune defenses of the patients.

Within days after doctors first recognized that they were dealing with a strange new syndrome in 1981, immunologists, microbiologists and molecular biologists entered the research picture. Thanks to the flexibilities that are built into the American research system, basic scientists were able to work not with new grants, but through existing ones from the National Institutes of Health — the N.I.H. grants — that are available to all researchers at the several hundred laboratories run by the nation’s army of medical researchers. They support work not only at the N.I.H. campuses in Bethesda, Md., but also at medical schools and teaching hospitals throughout the country. Under normal circumstances, medical researchers apply to the institutes, as well as to other Federal and private organizations, for “investigator-initiated research grants” to pursue the aspects of research that most interest them. The institutes place high priority on these grants, whose scope is broad enough to permit some holders to search for the cause of a new disease, or to respond to other medical emergencies when they arise.

New York University–Bellevue Medical Center is one of the hospitals that first recognized AIDS and began the fight against it. An immunologist there, Dr. Fred T. Valentine, is one of the few who devoted himself immediately to AIDS. He quickly saw that AIDS was producing a medical catastrophe. Nature had produced in human beings the very combination of infections, cancer and impaired immunity that they were trying to create under artificial conditions in the laboratory.

Dr. Valentine could and did begin working on AIDS without having to seek approval from the National Institutes of Health, though he informed them of his activities through periodic progress reports. Several months, at least, would have passed before the handling of a new grant could have been completed. Meanwhile, the institutes themselves appealed to medical researchers to apply for new grants and to join the battle against the disease.

Because most AIDS cases have occurred in New York and California, researchers elsewhere who might otherwise have been able to contribute to the solution of the disease have had little chance to examine cases. For some such researchers, the existence of a problem that they have only heard about may not have been sufficient to motivate them to make major shifts in their research efforts. As a result, the differences in the research efforts without much an appeal. Dr. Valentine was one of those who was successful in getting one of the new grants for AIDS.

Medical researchers must have new ideas, before they can do new research, and new research is the key to new ideas. Discoveries have been made in the past, and Dr. Valentine’s work was a milestone in the fight against AIDS.

However, it is not enough to have new ideas. New ideas must be translated into new research, and new research must be translated into new therapies. It is only through the application of new ideas that new therapies can be developed. This is why Dr. Valentine’s work was so important. It showed that new ideas could be translated into new research and new research could be translated into new therapies.

Dr. Fauci’s position is bound to “create resentment,” he said. Still, he felt that he had given a lot of money to AIDS, and he knew what to do with it. Right now, he felt, he was getting it. He probably would need more money in the next year. He hoped he would get it.

There does come a time when the number of researchers interested in a problem increases. When it does, and additional money is needed for extra technicians and equipment. Many feel researchers are now at that point in the case of AIDS. It is estimated that several hundred thousand dollars a year simply to keep the specimens from AIDS patients frozen, ready for testing when new developments arise.
More Than an Infusion of Money to Conquer Diseases Like AIDS

11/83

N.R.B.

Dr. David Ho, president of the gay Democratic Club in the city's Department of Public Health. She has also announced her intention to run for the Board of Supervisors in the next election. In a speech to the club, Dr. Ho said, "We must continue to fight for our rights and our dignity. We must continue to work for a better world."
Race to find AIDS cure focuses on twin brothers

By Donald C. Drake
Knight News Service
First of two parts

BETHESDA, Md. — Dr. H. Clifford Lane, a research immunologist at the National Institutes of Health, rushed up the stairs of the clinical center and headed toward the office of his boss, Dr. Anthony S. Fauci.

For six months, Lane and Fauci had been frustrated in their attempts to treat victims of acquired immune deficiency syndrome, a highly lethal disease that kills by incapacitating the immune system, robbing its victims of the ability to resist infections.

So far, nothing anyone had done had worked against the disease. None of its known victims had ever recovered. No treatment had ever succeeded. Lane had treated five patients; two were dead and the three others probably would die soon.

Yet, on this day about a year ago, Lane thought he saw an opportunity to do what no doctor had ever done before — cure an AIDS patient.

It was a long shot, but the 32-year-old physician thought it was worth a try, and he was eager to talk about it with Fauci, a world authority on immunology.

Sitting in Fauci's office, Lane said he had just learned about an AIDS patient who had an identical twin brother.

The moment Fauci heard the words, he understood Lane's excitement. Because identical twins have exactly the same genetics, their organs and other biologic material can be transplanted between them without fear of immunologic rejection.

Theoretically, then, it should be possible to cure this patient with bone-marrow transplants from his brother's healthy immune system. If that should succeed, then doctors might finally have almost everything in common except a sexual preference.
Corporate Aid For AIDS

GROCERY EXPRESS: John Coghlan and Mike Meagher are a couple of innovative young San Francisco business executives.

Started two years ago, their computerized home-delivery service, the S.F. Grocery Express, the first and only thing of its kind in the country, is a roaring success.

So much so, that there are plans to add all sorts of non-grocery items to the delivery catalog.

But Coghlan and Meagher are more than successful entrepreneurs. They’re concerned citizens.

They’ve just announced that, if requested, for every $20 order placed before September 1 the Grocery Express will donate $3 to the AIDS/Kaposi’s Sarcoma Research & Education Foundation.

“We have taken President Reagan’s advice to heart,” said Coghlan. “The private sector has a responsibility to pick up the slack now that the federal government is reducing its involvement in meeting social needs.”

Peninsula born and reared, Coghlan in Hillsborough, Meagher in Atherton, the 32-year-old partners were roommates at Stanford and kept in touch while Coghlan went on to get a Harvard MBA and serve as an energy consultant to the Carter administration in Washington, and Meagher, with his Stanford MBA in hand, joined Chase Manhattan as a corporate lending officer in New York and Sao Paulo.

“We always talked about going into business together,” said Meagher, “and then we came up with the idea of grocery shopping from home. We still think telemarketing is the trend of the future, and groceries are just the first part of it.”

Among the home-delivery items that Meagher and Coghlan may be adding: pharmaceuticals, camera and hi-fi equipment, records and tapes, laundry and dry-cleaning.

According to Rick Crane, 32, program director at the AIDS/KS Foundation, Grocery Express is one of a growing number of firms recognizing the deadly AIDS and its related diseases as “a major concern for all of San Francisco.”

To date, most of the foundation’s corporate support, Crane said, has come from Pacific Telephone, Levi Strauss, Sohio and other companies that have matched funds contributed by their employees.

Pending a move to larger Civic Center quarters leased from Bank of America for $1 a year, the foundation can be reached at 514 Castro Street, S.F. 94114. Phone: (415) 884-4376.

MUSIC, MUSIC, MUSIC: Seems we slighted the music side of the business in our update on the new Sherman Clay & Co. the other day.

Eric Schwartz, another young (31) Stanford MBA and head of the family-owned firm’s 60-store retail division, would like it known that selling pianos and organs is still Sherman Clay’s raison d’être.

This year, says Schwartz, music revenues should reach $35 million.

Real estate operations will add $8 million to the gross, paper manufacturing another $8 million and providing credit for the purchase of all those pianos and organs, $5 million.
The race to cure AIDS focuses on twins

From Page A1

be on their way to finding a way to cure AIDS in many other patients.

Since the summer of 1988, when AIDS was first identified, 1,800 people have been stricken and nearly 700 have died. The researchers know that unless they find an effective treat¬
ment, all or most of the others will die, too, and thousands more will be stricken.

Ron Resio, 39, of Alexandria, Va., is one of those already stricken. But be¬
cause he has a healthy twin brother, he has normal blood cells and a healthy bone marrow to donate, researchers here at the National Institutes of Health have placed more of their hopes on Resio than on any other AIDS patient they have seen.

It was in June of last year that Lane first proposed placing Resio in the NIH hospital for treatment. Since then, Resio and his doctors have wres¬
tled with one life-threatening crisis after another — cancer, pneumonia, blind¬
ing eye infections. All the while, they have been trying to repair underlying defects in his immune system that has left him so vulnerable to these complications.

The doctors gave Resio virtually a new immune system, and it worked, but not well enough to protect him from all the dangerous infections. They gave him a rare and very promis¬
ing experimental drug — gamma interferon, a naturally occurring anti¬
tibody. It helped, but still not enough.

Last week they began one more experimental drug, the most promis¬
ing one yet, in the minds of Resio's doctors. It's called interleukin-2, or IL2, and if it succeeds, doctors who had found the first drug to combat AIDS.

If it fails, then doctors will try to boost Resio's immunity further, with a second and perhaps even a third transplant.

Resio's doctors believe more dramatically illustrate the lengths to which research¬
ers are going to find a cure for AIDS. The experiments show that by repairing some of the defects in the immune system while leaving every¬
thing else alone.

The new hypothesis that could be studied in AIDS patients was that many diseases — perhaps most can¬
terous and infectious diseases — occur only after a person's immune system has been impaired.

According to this theory, the body of a person with AIDS has been destroyed by an infectious agent. Two conditions are required before sickness occurs.

First, the person's immunity has to be depressed, and second, the person has to be exposed to a microorgan¬
ism that causes a disease.

As long as a person's immune system remains intact, he or she is safe from most threats in the envi¬
ronment, according to this theory. But many things can depress immu¬
nity — radiation, drugs, pollu¬
tants, or some mystery agent like the one that causes AIDS.

The most common immunity depres¬
sion of all, Fauci said, is old age.

Ron and his healthy twin brother, Donald Resio of Vicksburg, Miss., were admitted to the NIH's clinical center in early August.

Even though Ron was terribly sick and his brother was robust and healthy, the two still looked a lot alike. Both were tall, both had broad shoulders, red hair, freckles and easy¬
going, friendly manners. Donald had a full beard. Ron was growing his back, after having lost it to radiation treatments.

Donald was an oceanographer. He completed his marine biology system designer before he got sick. Donald is heterosexual; Ron is homosexual.

Before Lane and Resio resorted to a bone-marrow transplant, they de¬
cided to try something simpler: re¬
lacing the lymphocytes — the im¬
une system's guns — that had been destroyed in Ron's bloodstream. They would give Ron healthy lymphocytes drawn from his brother's blood. If that failed, they reasoned, they could always do a bone-marrow transplant later.

On Aug. 9, Lane transfused 36 billion of Donald's lymphocytes into Ron. Shortly afterward, Ron became terribly ill. He developed a severe rash and a high temperature and was rushed to the hospital, where he died earlier this month.

Though tragic, it didn't look at first like a setback for the immune sys¬
tem. Instead of trying to repair the faulty guns, they would try to replace the factory that produced them.

Again, they would be trying some¬
thing never before attempted with an AIDS patient. And again, they didn't know what would happen.

Fauci's first mistake — a bone-marrow transplant when many patients already had long since died. He learned of the mistakes afterwards.

Last year, Lane had offered to do an AIDS transplant using his twin brother, but Resio's doctors refused. They thought the procedure was too dangerous.

Though the operation was successful, Lane was not immune to the frequent infections that have plagued him since the transplant.

Lane said he is not immune to AIDS, but that his body has some immunity to the disease.

Lane said he did not return to NIH for further testing, and that his doctors have ordered him to be treated at home.

The research on Resio has focused on his twin brother, who is healthy. The doctors are hoping that by studying the healthy twin, they can learn more about the disease and how to treat it.
The ace immunologist who could whip AIDS

Knight News Service

BETHESDA, Md. — No laboratory in the world was better prepared to study an immune system disease like AIDS than the immunoregulatory lab of the National Institute of Allergy and Infectious Diseases.

But because, to the scientific community, the National Institutes of Health had placed more of their hopes on Resio than on any other AIDS patient, they had some concern.

It was in June of last year that Lane first proposed placing Resio in the laboratory. By then, Resio and his doctors had wrestled with one life-threatening crisis after another — cancer, pneumonitis, bronchitis — all of the AIDS victims. They had been trying to repair the underlying defect in his immune system, which had allowed him to be vulnerable to these complications.

The doctors gave Resio virtually a new immune system, and his spirits improved. For the first time, he had found the first drug to control AIDS.

If it fails, then doctors will try to boost Resio’s immunity further, with another drug or perhaps even a third transplant.

Fauci could no longer dismiss this disease — which had yet to become known as AIDS — as an oddity of minor importance. He spent the next few weeks preparing to himself to investigate AIDS.

"If there was a disease made for this lab to study, it is AIDS," he said.

Fauci had always known that AIDS would be an interesting problem. He had been experimenting with lymphocytes and how they operate. It was almost as though he had been preparing to himself to investigate AIDS.

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"If there was a disease made for this lab to study, it is AIDS," he said.
Some Muni drivers running scared

By Carol Pogash
Examiner staff writer

While boarding a Muni bus last week, San Francisco television reporter David Fowler was confronted by AIDS hysteria.

A Muni driver at 24th and Castro streets ordered the reporter to remove his Muni transfer from atop the change box, where he had placed it.

"Take it (the transfer) off," Fowler said he was ordered. "You might have a disease. You might have AIDS or something."

For 17 minutes, Fowler said, the Muni bus stood still while he and a frightened, angry driver confronted each other.

The driver "seemed like a rational person" who just had bad information, the television reporter said.

Fowler could have ended the incident by removing the transfer slip but decided to take a stand against hysteria, he said.

Finally, an impatient young man strode from the back of the bus and knocked the transfer off the cash box. Satisfied, the —See back page, col. 1
Outcast in the jury box: An AIDS victim’s ordeal of prejudice, ignorance and panic

By Jim Wood
Examiner staff writer

The handwritten note was torn from a pocket-sized spiral notebook and addressed to Superior Court Judge Ollie Marie-Victoire.

"We the undersigned protest having to sit in a confined space with an admitted victim of a fatal disease which has baffled science and methods of transmitting are still not fully known."

To the "admitted victim," Andrew Small, 30, the note signed by six fellow jurors was insane. He had known since July that he had acquired immune deficiency syndrome (AIDS). He also knew, as a cold medical fact, that there was no way he could give the disease to his fellow jurors by simply sitting in the jury box with them.

"I was shocked, I was really angry. I thought this isn't fair. I'm just trying to do the responsible thing here and this is crazy."

Because Small is a gay man living in San Francisco, his account of life with AIDS is particularly relevant to the thousands of gay men who are in The City for the annual Lesbian/Gay Freedom Day Parade today.

Last week the national Centers for Disease Control said that 1,641 cases of the mysterious ailment, which cripples the body's disease-fighting system, had been reported in the United States and Puerto Rico through Monday. The disease has killed 644 of its victims, or 39 percent.

She jurors' note to the judge, written June 14, was yet another of the strange reactions Small had experienced since he noticed a year ago last March that he had an odd growth on his leg.

"It was big and it was ugly, but I had at that time a lot of things going on in my life. My best friend had just moved to Mexico, I had broken my arm, I had lost my contacts and I had a lot of other problems, so the thing on my leg was sort of a low priority," he recalls now, sitting in his redecorated flat a half-block off Castro Street.

"But it finally got to be sunbathing weather and it was ugly so I made an appointment in June to have it removed. I didn't know what it was."

About a week before he was to have the growth removed, Small was in the Star Pharmacy on Castro and saw a picture display of an ailment called Gay Cancer.

"It was called that back in those unen-
lightened days," Small recalls now. "I just freaked out."

But Small's doctor was reassuring. He looked at the leg and then at the expression on Small's face. Despite the seriousness of what was happening, Small can laugh now as he tells about the interview. The doctor asked, "You're not thinking of Kaposi's, are you?"

"I said yes, and he said, 'Oh, no, it doesn't look like any Kaposi's I've ever seen. Don't worry about it.'"

"Boy, was I happy."

Kaposi's Sarcoma is rare skin cancer that has afflicted 26 percent of AIDS victims. Three weeks later, the doctor removed the growth.

"He looked a little more concerned this time and he said, 'Let's find out what this really is.' He'd already told me what it was, I thought."

"A week later, on the 26th of July at 1:10 in the afternoon, he told me that I had Kaposi's Sarcoma. I was panic-stricken. At the time, I didn't know much about it. There wasn't that much in the press, certainly not the straight press, and the gay press wasn't all that good about getting everything out. But what I really 'knew' was that you get it and you died real quick."

"I thought, oh, God, four months to live. max."

Small says that he can barely recall the next three or four weeks. Devastated, he mostly stayed home, sitting in the middle of the room, staring into space. He also got in touch with the Kaposi Sarcoma Foundation, where gay community activist Cleve Jones, an aide to Assemblyman Art Agnos, put him in touch with the Shanti Project, which helps AIDS patients.

With the assistance of a counselor and friends, he was able to get himself together enough to return to his job as a legal secretary at a large San Francisco law firm.

It lasted just three weeks.

"My first day of chemotherapy was my last day on the job," he says. "It just wasn't working. I needed to get away. By then I had met other people with AIDS, a support group, and I was getting information, finding out about how other people were dealing with it."

He went on state disability after his doctor told him he was not physically fit to work.

"I felt mildly nauseous and my hair had lost a certain luster. but he says, smiling gently, "I had to feel extremely tired all the time."

The simplest things would be completely impossible for me to do."

"I stopped the therapy because I was down to one lesion and I thought let's give this a rest for a while."

In March, Small went to Mexico to try to get his doctor's approval to go back to work.

"I proceeded to get really sick. The end of three weeks I was completely exhausted. Finally I realized that whatever system I had let couldn't take this."

Small found that most people were supportive and understanding but there were exceptions.

"I have an ex-boyfriend who wouldn't talk to me anymore. I don't stand why. I see him on the street all the time and he says, 'I'll give him a call next week.'"

"Every time I see him he says, "Mom, you're sure it's real?"

"Is it?"

"Yes."

"No."

"Is it?"

"Yes."

"No."

"Is it?"

"Yes."
By Donald C. Drake
Knight News Service 7/1/83
Second of two parts.

BETHESDA, Md. — Sitting up in his hospital bed, an AIDS victim described the hideous nightmare of his failing health.

Sitting on the other, empty bed in the room was Ron Resio's lover, Michael Ware, who listened intently as Ron talked.

The last time he had felt well, Ron said, was at the end of December 1981, when he and Michael had gone to Philadelphia for a four-day-long New Year's celebration in a friend's apartment.

It was a wonderful party, he said, with a total of 12 men, lots of drugs and lots of sex. (The federal Centers for Disease Control, in Atlanta, says that 70 percent of all AIDS victims are gay men with many sexual partners and that presumably the disease is spread through sexual contact.)

Ron returned home deathly ill after the marathon party. He suffered night sweats, started to lose weight and was profoundly tired, so tired that he could no longer work full time and couldn't even stay up long enough in the evening to eat dinner.

Ron was convinced he had acquired immune deficiency syndrome, because he knew that this newly discovered disease was spreading through gay communities in New York and California. He would later discover that three of the 12 men who attended the party in Philadelphia had developed AIDS.

Ron's doctor, also a homosexual, refused to believe that there could be a disease that singled out gay men. So he rejected even the concept of AIDS, let alone the notion that Ron had it.

In May, Ron almost died of Pneumocystis carinii pneumonia, a lung disease usually seen only in AIDS victims. A community hospital admitted him to its intensive-care unit. Two weeks later he was released.

Eventually he went to the National Institute of Health and the doctors there started treating him for AIDS. Because he had gone to the NIH against his own doctor's advice, Ron said, his doctor refused to treat him any longer.

★ ★ ★

Resio is one of more than 1,600 people who have been stricken since 1981 by AIDS, the lethal disease that kills by incapacitating the immune system, robbing its victims of the ability to resist infections. Nearly 700 people.

—See back page, col. 1
Race against AIDS: Can a new drug, IL2, rescue a dying twin?

—From Page A1

most of them gay men, have died and there is still hope for AIDS.

Yet the NIH doctors have placed more of their hopes on Resio than on any other AIDS patient that they have seen.

Dr. H. Clifford Lane, a research immunologist, discovered that Resio, 38, had a twin brother. When he told Anthony S. Fauci, his boss at NIH and an authority on immunology, he understood immediately why Lane was excited.

Identical twins have exactly the same genetics, so their organs and other biological material can be transplanted between them without fear of immunologic rejection. Theoretically, the doctors reasoned that it should be possible to cure Resio with bone marrow transplants from his brother's immune system. If so, then doctors might finally be on their way to finding a cure for AIDS.

Since June 1982, the Alexandras, Virginia, home of AIDS patient, Dr. Fauci has resided in the hospital every day. The week before, a lymphoma specialist was called in to treat Ron's eye. The specialist found a mass of black dots in Ron's left eye and, suddenly, another chunk of his vision would be gone. The virus and resulting immune rejection was at his peripheral vision, working inward toward the center of his eye.

He couldn't see things to the right or left of what he was looking at. Then he couldn't see anything above a certain point. Then everything below that point was lost. After a while he could see only part of a face or part of a TV picture and then could barely cock his head the right just enough to see.

Exploratory surgery revealed that the Kaposi's lesion was in a part where it couldn't be treated surgically, so radiation treatments were recommended.

Lane had been thinking about a second bone marrow transplant, but he would have to put that off for a while now because radiation would damage the new marrow.

Meanwhile, Lane had started looking for IL2. He wanted it for Ron as well as for three other AIDS patients he was treating. Lane spoke to some people connected with drug companies that work in the area of immunology, but the information he got was not encouraging.

IL2 was even more expensive to make than gamma interferon. It was estimated that it would cost $50,000 to get enough IL2 to treat four patients, and since Lane had no experience with the drug, there was no guarantee it would work. And even if it worked, it could be far too costly for widespread use.

Finally Lane found a drug company that showed some interest. The company wasn't ready to make a major investment in such a tiny thing, but it did tell Lane that it was probably possible to produce enough IL2 to treat four patients.

It was escalating. Immediately he started putting together an experiment protocol. He couldn't wait. He started planning a drug trial without first getting approval — required for all human experimentation. He didn't want to wait that long.

And what Lane proposed to do was certainly experimental.

He explained the protocol committee what he wanted to do with IL2. But some of the members were concerned about so quickly using the drug in human experimentation.

They asked Lane: Wouldn't it be better to give some of the drug to healthy volunteers, to test its safety and effectiveness levels? This was the way it was normally done, after a drug had gone through vigorous animal studies to determine the most likely safe human dose.

There was no time for this, Lane said. He needed very high doses of IL2 for Ron.
Bane of the baths
AIDS scare cuts into business at gay spas

By Raul Ramirez  6/13/83

SAN FRANCISCO — Sitting by a barren carpeted corridor at a gay bathhouse the other night, a towel-clad man who had returned after an absence of months compared earlier days to now:

"There is tension now. You see fewer people and you see less action. Before you saw somebody you liked and you followed him around and if you liked each other that was that. Now you think of other things like AIDS. Now everybody is tense. "I used to come on weeknights and use the weights," he said. "And if there was a hot man, great. But I didn't mind just watching TV. It was better than staying home. On weekends there were men everywhere. Now it's spooky!"

Gay bathhouses, the smorgasbords of homosexual sex-oriented institutions, have come under renewed public attention with the advent of the Acquired Immune Deficiency Syndrome crisis.

Once dingy, marginal businesses, baths have...
LARRY LIEBERT

6/23/83

AIDS Hysteria

EVER SINCE AIDS hit San Francisco's gay community, the mysterious and deadly disease has been straining the city's fabled — and sometimes exaggerated — image of tolerance.

Phone calls from worried heterosexuals have been coming into the city Health Department. From diners fretting over whether it's safe to be served in a restaurant by a gay waiter. From commuters worried they'll catch AIDS from a bus seat. Even from a file clerk fearful of handling papers that have been touched by gays.

Acquired immune deficiency syndrome, or AIDS, is spread by exchanges of body fluids and not "by casual contact," insists Dr. Mervyn Silverman, the city's health director. But the fears, and even hysteria, won't go away. "There is a lot more tied up in this than just illness," said Silverman. "There are real fears of the dangers — and genuine fears in the gay community that this will cause more homophobia."

If there's a good side to this, it may be that AIDS hasn't sparked the sort of wholesale homophobia that some gay leaders almost casually expected. The Moral Majority hasn't yet figured out how to exploit the issue. "I don't think people want to see healthy young men die, even if they don't approve of them," said gay leader Bill Kraus.

True, San Francisco Police demanded masks and gloves to deal with suspected AIDS victims. Yet, Sergeant Al Casciato, president of the Police Officers Association, takes the trouble to insist that police relations with the gay community have not gone to hell. One gay cop has come down with AIDS, and Casciato claims his straight colleagues are "really sad for him. If he's going to need medical treatment, don't be surprised if they run a fund-raiser for him."

The imagined danger of AIDS for straight San Franciscans is one thing. The real danger to gay San Franciscans is much more important. "It's really incredible. You have some (gay) people who are at risk and don't seem to know it," said Kraus, "and some (straight) people who aren't at risk and are hysterical."

As my colleague Randy Shilts has already reported, some gay leaders were so fearful of an anti-gay backlash that they tried to hush up this deadly disease.

Now, most gay leaders seem to have dropped this foolish effort to pretend AIDS would go away if it were kept in the closet. "The lives of our people are more important than what other people think of us," said Kraus. He was instrumental in lobbying for more federal research into AIDS, as well as for an upfront attitude toward its dangers within the gay community.

It won't be easy, but Kraus and others are preaching a new gospel to fellow gays — against the casual, anonymous sex of bathhouses and in favor of old-fashioned dating and such prosaic precautions as the use of condoms. Such advice will only be accepted, these gay leaders say, if coupled with reassurances that this does not mean gays are being asked to suppress their identities or their sexuality.

For that reason, Kraus said, it is important that this Sunday's Gay Freedom Day Parade go on as scheduled, despite suggestions from some straights to call off the event that attracts thousands of gay tourists from around the country. "If you give people the pride and self-respect they deserve," he said, "they will be much more able to react in a rational manner to this disease."
THE BATTLE for acquired immune deficiency syndrome is finally, after considerable foot-dragging, receiving appropriate attention at the federal level. The House of Representatives just voted $12 million for AIDS research for the remaining four months of this fiscal year. The question of the amount of federal funds for research into this mysterious malady. Mayor Dianne Feinstein and the San Francisco Board of Supervisors have indicated their support for an additional $2 million in city funds.

So the money is on hand to press the much-needed scientific effort to unlock the cause of the most alarming epidemic in America since the days when polio was such a menace.

With that step achieved, it is now important to take a calm, realistic look at just what is happening. A balanced approach is needed to reduce some of the hysteria that has cropped up among those who are basically ignorant of what is now known about this cruel sickness.

SINCE JUNE, 1981, 1450 cases of AIDS have been reported, more than 70 percent of them in male homosexuals or in bisexuals with multiple sex partners. Others at high risk include intravenous drug abusers, recent arrivals from Haiti and hemophiliacs. Of these cases, 558 people have died, in the main from Kaposi's sarcoma, an unusual skin cancer, or from infections like pneumonia that the victims' immune systems cannot defeat. Four to five new cases are reported every day in the United States—San Francisco and New York are being hardest hit—and 106 cases have been found in 17 other countries.

With this in mind, it should be emphasized that casual contact will not spread the syndrome. That was confirmed just the other day by Edward Brandt, assistant health and human services secretary, as he announced that the malady is "our No. 1 priority...I feel a great sense of urgency about AIDS." There appear to be only three ways the syndrome may be passed from one person to another: sexual contact, sharing needles among drug abusers or use of contaminated blood or blood products.

What I'm trying to suggest to you is that both San Francisco and the nation's AIDS problem is slowly being brought under control. There is a real sense of accomplishment that the problem is not out of control as some have suggested, but is being approached in a sensible way.

The more solid information that can be promulgated on this syndrome the better. In this regard, it seems to us that it is time for the San Francisco Department of Public Health to intensify its educational campaign about AIDS. There are certain precautions that are advisable. Among the more obvious of this sort, the less do unfounded fears abound.

The kind of hysteria we have so far seen manifested about AIDS springs probably less from malice — although there is a nasty, anti-gay element to some of it — than from lack of real knowledge. It is this ignorance that feeds panic and prejudice. What is needed now is to confront this terrifying problem with thoughtful candor and work to put an end to the AIDS threat.

San Francisco Public Health Director Mervyn Silverman said yesterday he will require the city's gay bathhouses to post public health warnings about the dangers of contracting AIDS.

The warnings will be placed before the influx of gay tourists arrives for the annual gay parade this month.

Silverman's decision was endorsed by Mayor Dianne Feinstein and a majority of the Board of Supervisors, who said they would enact any legislation Silverman wants to require baths to advise patrons that they may be "risking their lives," as Supervisor Harry Britt put it.

I believe that the spread of AIDS is related to multiple, anonymous sexual activity and to the degree that this takes place in certain facilities, then it poses a health risk," Silverman said.

Silverman will meet tomorrow with gay business leaders and a spokesman for the bathhouses to try to work out a procedure to conduct an AIDS educational campaign not only in bathhouses but in bars and places "where sexually active gay men congregate."

"I'd like to reach a consensus on what to do...I'd prefer cooperation to confrontation," Silverman said.

But he added that he will use his powers over the city-licensed bathhouses to get health warnings posted "before the influx of people for the parade."

He said he would dispatch health inspectors to bathhouses to make sure bathhouse owners posted warnings and distributed health pamphlets on the risk of contracting the acquired immune deficiency syndrome.

As of yesterday, AIDS had struck 249 Bay Area men since it was first detected here two years ago, killing 72 of them. Sixty-six new cases have been detected in the first five months of this year — and new cases are expected to double every six months, according to the Public Health Department. San Francisco has about one-quarter of the nation's AIDS cases.

An ailment with no known cause or cure, AIDS is thought to be spread through exposure to contaminated blood products, or, for gay men, through sexual contact.

Six in seven of AIDS patients die within three years of their diagnosis. There is no evidence it is spread by casual sexual contact, but current medical evidence indicates that certain gay sexual practices appear to increase the risks of contracting the malady.

Silverman's decision to require warnings at gay bathhouses — where multiple, anonymous sexual activity occurs — came amid growing official concern about the hundreds of thousands of gay tourists expected for the annual Gay Freedom Day parade on June 20.

"I'm very concerned with this problem and the parade," Mayor Feinstein said yesterday.

"Within the language of the health code, I think Dr. Silverman can write in them bathhouses and tell them to post whatever warnings are necessary," she said. "I do think that would be advisable."

Supervisor Carol Ruth Silver, a staunch ally of gays for a decade, said the health warnings "must be posted within the next two to three weeks."

Brett, the city's only gay supervisor, made his first public statement yesterday on AIDS in bathhouses, an issue that has sharply divided gays.

"Proper education is urgently needed and this includes both private bathhouses and private (men's) clubs because what little do we know about AIDS tells me that we should not go to bathhouses," Brett said.

"People who are still doing this are either unaware of the problem or have a psychological investment in going to the baths that is so strong that they're willing to risk their lives."
Scary U.S. Warning About AIDS Epidemic

By Randy Shilts

The head of the federal medical effort against AIDS told a San Francisco symposium yesterday that the gay community should brace itself for a deadly AIDS epidemic that will last "through this decade."

Dr. James Curran, director of the AIDS Task Force of the federal Centers for Disease Control, said the reported cases of acquired immune deficiency syndrome are probably only the "tip of the iceberg."

"This clearly is one of the most devastating epidemics to hit a specific sub-group in the history of industrialized society," Curran told 120 local doctors at a symposium on AIDS sponsored by the Bay Area Physicians for Human Rights.

"We shouldn't think of this as a crisis — we should think about this as planning for the rest of the decade," said Curran, who coordinates the national AIDS effort out of the CDC headquarters in Atlanta.

The disease's long incubation period will frustrate efforts to halt its spread even after its now-elusive cause and cure are discovered, said Curran.

Because the incubation period gives victims a long time to transmit AIDS to sexual partners, Curran thinks the 1042 known AIDS victims in the country may be only 5 percent of the people who have been exposed to the still-unknown element behind the illness.

It also is possible that not everybody who is exposed to AIDS actually gets the fatal syndrome, Curran said. He pointed to past epidemics when many people came down with a malady, but it turned out that they represented only a fraction of the people exposed to the causative agent.

Despite the growing incidence among gay men, however, AIDS does not appear to be making any entry into the nation's general population, Curran said. Yet he warned that gays would have to cope with the disorder for years to come.

Gay Parade, Celebration Tomorrow

The Lesbian/Gay Freedom Day Parade and Celebration is scheduled to begin at 11 a.m. tomorrow with a parade up Market Street to Civic Center Plaza opposite City Hall.

Organizers of the event predict that more than 300,000 people will attend the seven-hour celebration, which has been dedicated to people who have died or who are suffering from acquired immune deficiency syndrome (AIDS).

The parade will start at Spear and Market streets, move up Market to Seventh Street, and then across United Nations Plaza to Civic Center Plaza.

Entertainers and speakers will be on stage from about 12:30 p.m. to 6 p.m. opposite City Hall.

"Even if a vaccine were developed today, it (AIDS) won't go away for a long time because of the incubation period," he said. "Everyone in San Francisco could become monogamous tomorrow and the cases could increase" because of cases now in incubation.

Curran advised the doctors, many of whom have large gay clienteles, to press for self-prevention of the disease, through elimination of multiple sexual contacts in the gay community, because no miracle cure appears around the corner.

As of yesterday, 270 Bay Area men have contracted AIDS, 216 of whom live in San Francisco, and 83 have died, according to figures from the San Francisco Department of Public Health.

Nationally, 641 deaths had been reported to federal authorities as of Wednesday.
By Randy Shilts

The first statewide statistics released on the growing AIDS outbreak in California show that nearly twice as many AIDS cases were detected in the first half of this year than in the first six months of 1982.

As of yesterday, 182 cases of AIDS were diagnosed in California this year, compared with 97 AIDS cases detected in the first six months of last year, according to the state Department of Health Services.

In the Bay Area, reported cases of AIDS have risen even more dramatically, according to Dr. Selma Dritz of the Department of Public Health. As of yesterday, 76 new AIDS cases were reported this year, a figure Dritz expects to rise to between 85 and 90 by the end of the month.

Only 31 new AIDS cases were reported in the Bay Area during the same time last year, she said.

Health officials said, however, that the statistical increases partially reflect the fact that authorities are more efficiently monitoring the AIDS outbreaks among gay men.

They added that the mysterious malady has shown no signs of breaking into the general population.

Comparisons between the Bay Area and statewide figures must be guarded because of the differing definitions of acquired immune deficiency syndrome.

On the state and federal levels, patients suffering from only the most prevalent AIDS diseases — such as the rare forms of skin cancer and pneumonia that AIDS patients usually contract — are included in AIDS statistics.

At the San Francisco Department of Public Health, authorities have a broader definition of AIDS. They include the people who contract the vast array of less-common opportunistic infections to which AIDS victims fall prey.

No matter how AIDS is defined, the figures on both the state and local levels bear out federal projections. They indicate that new AIDS cases are doubling every six months across the nation as well as in California. California is the second hardest-hit state by AIDS, after New York.
Gay business representatives met yesterday with public health director Dr. Mervyn Silverman (at head of table, right)

Gay Bars to Cooperate With Health Dept.

By Randy Shilts
San Francisco bathhouses and representatives of gay bars and businesses yesterday pledged support for what the city's public health chief has called the most "intensive" public health campaign in recent city history.

The promise of cooperation with the city in posting warnings about the outbreak of AIDS came after a meeting with Dr. Mervyn Silverman, director of the city's Health Department.

"I'm very pleased at their active support," said Silverman.

The campaign we're planning will not just cover bars and bathhouses, but will reach into businesses too — any place where people who are at risk congregate," he said.

Silverman said the campaign be focused with the gay community — where 90 to 95 percent of the Bay Area cases of acquired immune deficiency syndrome have been diagnosed — and will involve the distribution of "thousands upon thousands" of leaflets. He also said that bars and bars have agreed to the prominent posting of signs about how gay men can take preventive measures against contracting the usually deadly array of diseases associated with AIDS.

The public health chief said the educational campaign would be in full gear within two weeks, when an estimated 200,000 gay tourists are expected to begin arriving in San Francisco for the annual gay freedom day parade on June 26.

Some gay bathhouse owners had been reluctant in previous meetings with gay leaders to agree to post warnings about risky sexual behavior — largely concerning the role that semen appears to have in spreading AIDS.

Before yesterday's meeting, however, Silverman said he would use his powers as director of public health to require such warnings if he did not receive voluntary cooperation from the gay community.

"I'm looking forward to the campaign," said Bill Jones, owner of the Sutro Bathhouse, which draws both gay and straight patrons. "The more people know about AIDS, and how to avoid getting it, the less hysteria there will be about this."
Fear of AIDS is riding the Muni

transmitted only through intimate contact — sexual relations, the sharing of needles by drug users and through blood or blood products — the Fowler incident is another example of a growing public concern about the communicability of the disease.

Frightened nurses, undertakers, police, firemen and jurors in San Francisco and other cities with large homosexual populations have refused to carry out some of their duties because of fears of contracting AIDS from casual contact.

Likewise, some Muni drivers have taken to wearing gloves and refusing to handle transfers from anyone.

Two weeks ago, Jonnie Gilbert, president of the Transport Workers Union, wrote Mayor Feinstein about the drivers’ concerns. The letter read in part:

“There is an increased concern among our membership about the possibility of contracting AIDS since we come in contact with the public more than any other group of city employees. We are therefore urgently requesting a meeting with you to discuss making protected equipment available to operators as have been made available to the police and fire departments.”

The mayor said yesterday that she would be “very pleased to sit down with the union and discuss their concerns.” At the same time, she pointed out “that all the information we have indicates there is no reason for concern on the part of Muni drivers or anyone else in casual contact with victims of AIDS.”

“I wear gloves and I don’t collect transfers,” said William Sisk, who drives the M Divisadero, which covers the Castro.

“I’m scared,” said Betty Dodson. She knows, she says, that health authorities issue statements saying AIDS cannot be transmitted through casual contact. “But I can’t help but be afraid.”

City Public Utilities Commission public information officer Anne Miller said the possibility of catching AIDS “doesn’t seem to be a major concern.”

“There are so many things in the world,” said Arthur Lewis, Woods car barn division manager. “You can’t go through life being afraid of them.”
Don't turn victims into today's lepers

A year ago, so few Americans had heard of AIDS that the association's two major conferences were held in San Francisco and Dallas. Last week, 1,100 medical professionals gathered in New Orleans to hear of the advances and problems in fighting AIDS.

In California, the city of San Francisco has reported 112 cases of AIDS. The city's actuary director, Dr. Marcus James, recently predicted that if this rate continues, the city's male population would die out in 10 years.

San Francisco is one of the hardest hit by the disease. Among the city's 700,000 homosexuals, 300 have been stricken. The city has more than 300 health workers involved in the battle with the disease. A city council has been meeting daily to deal with the crisis.

San Francisco's Health Department has teamed up with several local agencies, including the local chapter of the American Red Cross, to fight the disease.

VOICES FROM ACROSS THE USA

Do you feel threatened by the newly discovered disease, AIDS?

If I were a doctor, I'd be more than scared. But I'd be more concerned about the patients of the disease, my patients, the people who are getting sick. I think that's the most important thing.

SANDY KROHNER, 29

If I were a doctor, I'd be more than scared. But I'd be more concerned about the patients of the disease, my patients, the people who are getting sick. I think that's the most important thing.

SANDY KROHNER, 29

We need to do something about this. We need to educate people about the disease, about the ways it can be transmitted, about the need for safe sex.

JOHN JOHNSON, 20

I'd be Forced into the military, I'd be conscripted into the military. I'd be conscripted into the military. I'd be conscripted into the military.

JOHN JOHNSON, 20

I'd be forced into the military, I'd be conscripted into the military. I'd be conscripted into the military. I'd be conscripted into the military.

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AIDS in Africa: Disease Is Especially Alarming in Zaire

By DAVID ZIMMERMANN

The incidence of acquired immune deficiency syndrome, or AIDS, in Zaire may be 20 to 30 times higher than it is in the United States, according to estimates by African, Belgian and American doctors.

The doctors fear that an epidemic of the recently recognized syndrome is in progress in Zaire and neighboring Central African nations.

Field estimates, the epidemiologists said, suggest that there may have been 3,500 to 7,000 cases of the disease in Zaire, which has a population about one-eighth as large as the United States. A total of 4,023 AIDS cases have been reported in the United States as of April 9.

In a telephone interview last week, Dr. Kalisa Rutu, a communicable disease specialist and the principal medical adviser to Zaire's Minister of Health, said the most recent report from four hospitals in Kinshasa indicated that there might be 300 cases "thus far in the capital city alone. Three million of Zaire's estimated 30 million people live in Kinshasa.

Three Visiting Experts

Experts who have visited Zaire are Dr. Peter Pirot, head of the medical microbiology department at the Belgian Institute of Tropical Medicine in Antwerp; Dr. Thomas C. Quin of the National Institute of Allergy and Infectious Diseases in Bethesda, Md.; and Dr. Joseph B. McCormick of the United States Centers for Disease Control in Atlanta.

In the three weeks the visitors were in Kinshasa, they counted 38 patients with severe AIDS-like illnesses who sought treatment at the Mamo Yemo Hospital, the city's major public hospital. The doctors project that 10 to 20 new AIDS cases may be occurring throughout the country each day, or 3,500 to 7,000 new cases a year.

The three doctors said in recent interviews that their estimates were the best indicators they could find of the magnitude of the AIDS problem in Zaire.

Dr. Rutu said a national surveillance program for AIDS will begin this spring in cooperation with American and Belgian epidemiologists.

The epidemic for Zaire is that there are about 125 AIDS cases per million people. In the United States, the incidence has been calculated from case reports and population data at about 16 cases per million people.

Dr. Quin said there may be sexual, socioeconomic and geographical differences in the pattern of the disease, as there are in the United States and elsewhere. Many AIDS patients, he said, may have come from Zaire, which borders on Zaire, have Kapoebi's sarcoma, a form of cancer. Dr. Rutu said, but in Kinshasa, the doctors may have overlooked opportunistic infections. Both are brought on by the damage caused by the body's immune system.

Different Risk Factors

The risk factors for AIDS differ in Zaire than in the United States. About 40 percent of Zairian patients are women, according to Dr. Carl Verhulmen, chief of the Belgian Red Cross transfusion center in Louvain. Few of the males admit to being homosexuals, he added.

In the United States over 90 percent of AIDS patients are males, and 70 percent are homosexuals or bisexuals who are believed to spread the disease by sexual contact.

Some specialists in Belgium and Zaire have expressed the fear that the disease may be spreading in Africa through normal sexual contacts between men and women.

Another speculation, raised by a New York University dermatologist, Alvin Friedman-Kien, M.D., at a recent press briefing is that the virus or other agent that causes AIDS may be carried from person to person by the parasite that causes amoebic dysentery. This diarrheal disease, common in Africa and in Haiti, where there are many AIDS cases, has become common among American homosexuals in the last decade.

Viruses Studied

According to Dr. Verhulmen, virus studies have failed to detect the HTLV, or human T-cell leukemia virus, that has been speculated to be the cause of AIDS, in Zairian AIDS patients. But a related retrovirus, LAV, or lymphadenopathy-associated virus, may be a better candidate, he said.

The LAV virus was isolated last year by L. Montagnier at the Pasteur Institute in Paris from a patient with AIDS symptoms. Specimens collected in Zaire are being analyzed at Pasteur.

Some American physicians questioned whether AIDS is a new disease in Zaire or was present all along and is just now being recognized. Belgian doctors, who provided most of Zaire's medical care before independence, are becoming convinced that it is new. The opportunistic infections associated with AIDS are much more common now than they were two decades ago, they say.

In a recent report in the New England Journal of Medicine on 232 African AIDS cases, a team of Belgian doctors wrote: "We are struck by the increasing number of patients who have come from Zaire or Ruanda during the past four years to seek medical care. We believe that AIDS is a new disease in Africa that is spreading in Central Africa."
First Death From AIDS In Australia

A man who lived for some time in the United States has died of AIDS, and 20 homosexuals confirmed or suspected of suffering from the deadly disease all had sexual contacts with Americans, hospital officials said yesterday.

The first AIDS death and the spread of the acquired immune deficiency syndrome has prompted conservatives to demand the quarantine of homosexuals returning from the United States.

AIDS claimed its first victim in Australia Friday but authorities delayed the announcement.

The 43-year-old victim, whose name was withheld, died in Melbourne's Prince Henry hospital. The hospital's medical registrar said only that the man had lived in the United States and became sick while visiting Melbourne.

The victim told authorities he was not a homosexual.

Five cases of AIDS have been confirmed in Australia and another 15 are suspected, authorities say. All 20 victims are homosexuals who have had sexual relations with Americans.

The June issue of the Medical Journal of Australia carried a newspaper reference to "the black plague of the '80s." The journal commented: "Perhaps we've needed a situation like this to show us what we have known all along: depravity kills."

AIDS: today's leprosy

By Ellen Goodman

SAN FRANCISCO — Sooner or later, the word "leper" comes into any conversation here about AIDS.

Maybe it comes from a patient who describes how it feels to be shunned by former friends, and even nurses. Maybe it comes in a story about a man with AIDS who was hounded out of a gay bar the night they held a fund-raiser for his very disease.

Or maybe it comes in tales told by a healthy homosexual about a bus driver who wouldn't touch his transfer, or the straight friend who suddenly felt uncomfortable sharing dinner, or the couple who refused to be served by a gay waiter. But at some point, the word recurs: "I felt like a leper." "They're treating us like lepers."

To Dr. Mervyn Silverman, the public health director of San Francisco, there's a special irony in the leper analogy because, "You know, leprosy isn't very contagious. When you go back to ancient times and think of the person with all the terrible sorts of things that come with Hansen's disease (leprosy) you can understand the paranoia. But even when it was discovered that leprosy wasn't easily spread, you couldn't convince most people."

Nor is AIDS very contagious. The weight of medical evidence suggests that Acquired Immune Deficiency Syndrome is transmitted through blood and semen and not through casual contact. The high-risk groups are homosexuals and bisexuals, drug users, homosexuals.

Not a single one of the hundreds of health professionals who care for, clean and feed AIDS patients has come down with the disease. Yet a gay man goes to work in San Francisco with nothing more than a cold and his colleagues make uncomfortable jokes. A man with AIDS shows up for jury duty here and the others judges refuse to serve with him.

For Dr. Silverman, dealing with the second epidemic, the epidemic of fear in the straight community, is frustrating. "With all the talking I've done in interviews with the media," he says, "it seems that the paranoia grows rather than recedes."

Where does the fear come from? Uncertainty mixed with fatigue and spiced with mistrust.

Both the cause and cure of AIDS is still unknown. "When you have a disease for which we in the medical profession don't have all the answers, then people naturally say, 'Wait a minute, if you don't know what the bug is, how do you know that I can't catch it casually?'" says Dr. Silverman. "We are saying things like, 'Well, up to now it seems like, and it looks like, and it appears like...'. The public isn't used to hearing that."

Public health officials can plot how a disease is transmitted even when they don't know where it comes from or how to make it go away. But that isn't easy to explain in a 30-second television newscast. The anxious public is all too used to hearing the government protest the safety of dioxin or Agent Orange or Three Mile Island.

But there is something else that makes AIDS a particularly volatile disease. As a San Francisco writer tells me, "The fact that it's gay people who have the disease tosses gasoline on the fire."

The notion of a fatal disease spreading sexually through the homosexual community is rife with meaning among those who believe that homosexuals are "sick." The idea that it is catching, that it could spread to the straight world, is explosive politically and psychologically.

There are some diseases which carry enormous symbolic weight in our culture, far beyond their medical danger. This is one of them. We forget that the influenza pandemic of 1918-19 killed more people than four years of fighting in World War I. But we remember syphilis, the black death, TB. We will remember AIDS.

In her book, 'Illness as Metaphor,' Susan Sontag noted that, 'Illnesses have always been used as metaphors to enlarge charges that a society was corrupt or unjust.' Before AIDS even existed, she wrote prophetically: "Any disease that is treated as a mystery and acutely enough feared will be felt to be morally, if not literally, contagious."

The cure for paranoia is ultimately in finding a cure for AIDS. But in the meantime, a customer sitting in a gay bar watches to see if I order a drink in a bottle or a glass. In the meantime, Dr. Mervyn Silverman goes out to do another TV spot saying that you can't get AIDS from a bus ticket or a handshake. In the meantime, a man with AIDS wonders whether he is society's new leper.

Ellen Goodman is syndicated by the Washington Post Writers Group.
New S.F. AIDS cases double over 3 months

By John Jacobs
Examiner staff writer

Hepatitis outbreak in S.F. office building Page B1

New AIDS cases in San Francisco doubled in number in the first three months of 1983, according to epidemiologists at the University of California in San Francisco. As of March 31, 1983, there were 26 newly reported cases of acquired immune-deficiency syndrome, compared with 13 cases during the last three months of last year. Public health officials say that the immune system associated with AIDS is mysteriously impaired, leaving its victims prey to a host of other illnesses, including cancer and deadly infections.

As of March 31, 1983, there were 42 newly reported cases of acquired immune deficiency syndrome, compared with 23 during the last three months of last year. Public health officials note that AIDS is a condition in which the body's immune system is not sufficiently impaired to fight off infections that are usually not dangerous, leaving the victim vulnerable to a host of other illnesses, including cancer and deadly infections.

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New Threat To Gay Men — Killer Hepatitis

Los Angeles

A new, virulent form of hepatitis more severe and disabling than common strains could become more of a threat to homosexuals than AIDS, a researcher said yesterday.

The new form of hepatitis, caused by the “delta virus,” either kills its victims quickly in a super-acute first phase, or forces them to linger in a chronic phase and die of liver cirrhosis.

Dr. Allan Redeker, a professor at the University of Southern California School of Medicine and chief of the liver unit at Rancho Los Amigos Hospital in Downey, said the incidence of delta virus hepatitis is on the rise among homosexual men in Los Angeles and has the potential to sweep through gay populations as AIDS already has.

“What worries us,” Redeker said, “is that once it (the delta virus) gets through the homosexual community it could spread like wildfire.”

About 150 cases have been identified among all segments of the Los Angeles population during the past three years, with the sharpest increase among gay men, Redeker said.

Just a few years ago, delta virus hepatitis occurred mostly in intravenous drug users, who are still the highest-risk group, but the time for the widespread dissemination of delta virus into the homosexual community “is already here,” Redeker said.

He said the delta strain is a variation of hepatitis that can be contracted only by someone who has already been infected by the agent that causes hepatitis-B, one of the two major forms of hepatitis.

Hepatitis-B can be prevented by vaccination, but the recently developed three-shot series is comparatively expensive — the total cost about $100 — and immunization campaigns have met with little success, Redeker said.

United Press
Red Cross Evaluates Test to Detect AIDS in Donated Blood

By LAWRENCE K. ALTMAN

The American Red Cross announced yesterday that it plans to start evaluating the accuracy of a test to detect acquired immune deficiency syndrome, or AIDS, in blood donated for transfusions.

Despite what most experts consider a small risk — estimated at one case in 100,000 blood transfusions — there has been widespread fear among Americans about the possibility of contracting AIDS through blood transfusions.

The studies are the first stage in a plan to determine the economic and scientific feasibility of someday testing for AIDS among all donated blood as is now done for hepatitis B and some other infections.

The initial testing will be confined to about 40,000 units of blood at the American Red Cross’s chief laboratory in Bethesda, Md., and also at one of the three unnamed regional blood centers, according to Dr. Alfred J. Katz, executive director of the organization’s blood service. He spoke in an interview from San Antonio, Tex., where the Red Cross is holding its annual meeting.

Dr. Katz said he asked which regional centers would be selected, and he presumed they would be in areas such as New York and California where most AIDS cases have been reported.

**AIDS Death Total Reaches 1,885**

As of May 7, a total of 4,570 cases of AIDS, including 1,885 fatal ones, have been reported to the Centers for Disease Control in Atlanta since the disease was first detected in 1981.

That total includes 88 transfusion-related AIDS cases, of which 43 were in adults, 14 in children and 31 in people with the hereditary bleeding disorder, hemophilia.

For people not affected by hemophilia, the risk of developing AIDS from blood transfusions is about one case per 100,000 transfusions, according to a recent report in the Annals of Internal Medicine by Dr. James W. Curran, the head of the AIDS task force at the Atlanta centers, and Dr. Lowell J. Rapp of the American Red Cross.

**The New Phase of Research Involves Testing of Donated Blood by Blood Bank Personnel and Not by Laboratory Researchers as Has Been Done Until Now.**

The test measures antibodies to the AIDS virus. Antibodies are the proteins that the body forms in the blood in response to an invasion of viruses and other foreign substances.

A unit of blood found to be test positive would be discarded because it presumably could cause AIDS in an individual receiving it.

**Viruses Presumed to Be Identical**

The biologic materials used to measure the AIDS antibodies were derived from the virus called HTLV-3 that was isolated at the National Cancer Institute recently. Researchers say they presume it to be the same as the LAV virus discovered among AIDS patients at the Pasteur Institute in Paris last May.

Dr. Katz said that the Red Cross was proceeding on the assumption that the two viruses were the same and that if that did not prove to be the case, “then we will have to start all over again.”

The virus that is believed to cause AIDS is a member of the retrovirus family. The new study would involve determining the accuracy of the test in detecting only the virus that is believed to cause AIDS and not other members of the retrovirus family.

It will take about six months for the evaluation of the results of the first phase of testing, Dr. Katz said. Favorable results combined with the availability of a large enough supply of the test materials would lead Red Cross officials to consider using the test routinely.

Dr. Katz said he did not know the cost of the AIDS test.

The studies are being done in collaboration with the Federal National Cancer Institute and with Biotech, a private company that is making the experimental blood test. Dr. Katz said the blood test studies were also being done in conjunction with other studies aimed at determining the natural history of the disease by recruiting from the Centers for Disease Control in Atlanta and the National Institutes of Health in Bethesda, Md.

**Impact of Positive Results**

Dr. Katz said Red Cross officials were excited by the new development because it was a step forward and because the government and public had put the blood banking community “under considerable pressure to do something in the way of lab testing” for AIDS.

As the Red Cross and other studies progress, one of the most difficult questions that needs to be answered is: What does a positive blood test result mean?

At this stage of AIDS research, scientists do not know if a positive test result means that the individual has an active infection, could transmit AIDS, had the infection at some unknown point in the past but recovered without becoming ill, or could still develop a fatal case at some future time.

Nor have blood bank officials decided on how and when to inform individuals if their blood is found to show evidence of the AIDS virus. Dr. Katz said that the answer depends on part on the results of the new study and that eventually a human experimentation review committee will be convened to focus on the issue.

Even if the new test proves 100 percent effective in screening out AIDS-contaminated blood, new cases will develop among the millions of people who received transfusions in recent years. The reason is that the incubation period of the disease can range from several months to more than five years, according to current knowledge.

**New Threat to Gay Men: Killer Hepatitis**

By ALFRED J. KATZ

in Los Angeles

A new, virulent form of hepatitis, more severe and lethal than the ones that have already killed hundreds, could become more of a threat to homosexuals than AIDS, a researcher said yesterday.

The new type of hepatitis, being studied at the University of Southern California, is killing rapidly and quietly. It attacks the liver in a matter of weeks and, unlike the previous forms of hepatitis, causes the organ to fail.

Dr. Lorne L. Redeker, a researcher at the University of Southern California’s Keck Medical School, said he had been using a blood bank for other studies and had noticed a high incidence of acute viral hepatitis among the volunteers.

Dr. Redeker, who is also director of the Los Angeles County-University of Southern Cal¬

Redeker said he had wondered whether the increase among gay men was due to the hepatitis.

About 120 cases have been identified in Los Angeles in the last three years, the highest incidence among gay men, Redeker said. Just 10 years ago, the form of hepatitis that is being identified among gay men could spread, like wild fire.

Another feature of the new form of hepatitis is that it is hard to detect, unlike the old type of hepatitis that is caused by the Hepatitis A virus, which has a characteristic rash and jaundice.

It is being transmitted from person to person through blood, not by sexual activity.

Dr. Redeker said a blood bank worker who was treated earlier this year was among the first to fall ill with the disease.

Several months after the blood was transfused, the worker developed the en¬


dematous condition that is characteristic of the acute viral hepatitis. It is known as AIDS already has been identified among all age groups, but the presence of the disease among gay men is a cause for concern.

The answer, he said, is that the new HAV virus is different from the one that caused the epidemic in the 1960s and 1970s. It is not as easily transmitted from person to person.

Dr. Redeker said the new hepatitis would spread as rapidly as the old one, and that the only way to prevent it is to use sterile equipment in any procedure in which there is a risk of bleeding.

The new hepatitis is transmitted through blood transfusions, needle sticks, and the sharing of syringes and needles.

It is transmitted through infected blood, not by sexual contact or by sharing eating utensils.

Redeker said that the new hepatitis has been identified in about 120 cases in Los Angeles in the last three years, with the highest frequency among gay men. It is also spreading among drug users, he said.
The Panic Over AIDS

Fear of the epidemic has caused a backlash that alarms homosexuals and medical experts alike.

Across the nation Sunday, tens of thousands of homosexuals linked arms and took to city streets to march as part of the gay and lesbian community's annual celebration. The familiar themes of pride and unity were prominent, the atmosphere affectionate and the humor, flair and sense of the outrageous that have made these events a spectator favorite could still be found. But this year, the predominant mood at the Gay Pride parades was somber—at times even verging on angry—as America's homosexual community rallied behind a new and desperate agenda: fighting the deadly disease AIDS (Acquired Immune Deficiency Syndrome), which has already killed 644 Americans, most of them homosexuals. San Francisco, the gay movement's spiritual capital, left no doubt as to where the AIDS issue stood: shrouded victims riding a motorized cable car were at parade-front. "The whole AIDS crisis brought people out," said Chuck Hammond, an organizer of the New York City parade. "We're fighting for our lives."

That fight has become increasingly difficult as gays confront what is verging on a national hysteria, some say partly fueled by the media (box). The straight backlash has ranged from the silly and innocuous (Beverly Hills women are counseling each other to stop kissing their hairdressers) to the alarmingly serious (the Red Cross, with blood collections off 16.4 percent largely because donors mistakenly fear contracting AIDS, last week issued a plea for healthy donors).

Most medical experts insist that AIDS can be transmitted only through intimate sexual contact or blood products; homosexuals, drug users and those, like hemophiliacs, who receive massive blood transfusions are most at risk. Nonetheless, health agencies and offices are finding innumerable questions about whether it is safe even to be in the presence of gays. In Provincetown, Mass., a resort town on the tip of Cape Cod with a large gay population, local officials and businessmen have been besieged with inquiries about whether it's safe to vacation in Provincetown and eat in its restaurants. New York City's Episcopal bishop, the Rt. Rev. Paul Moore Jr., last week publicly chastised those who use AIDS as an excuse to discriminate against homosexuals or any other high-risk groups. "AIDS is not God's vengeance on the homosexual community," he said.

'Leper Colony': Predictably, panic breeds panic. "There's fear that we're going to be shipped off to some leper colony," said Randall Willis, secretary to the pastor of a predominantly gay church in Atlanta. Many AIDS victims have already experienced something akin to pariah status. Some nurses have balked at treating AIDS patients, and the New York State Funeral Directors Association recommended that morticians not embalm AIDS victims until guidelines for handling the bodies are determined. In New York City last week, a private ambulance company suspended two men who refused to transport an AIDS patient between hospitals. "I can understand their concern," said Louis DeAngelo, president of the Teamsters local, who argues that the problem could have been avoided if the company had instructed the men on how to handle AIDS victims. In San Francisco, TV station KGO was trying to allay such fears with a special enti-
Demystifying AIDS. To its embarrassment, two AIDS sufferers had to be interviewed by telephone when technicians refused to be in the same room with them. It has fallen largely to the medical community to try and combat the air of hysteria now surrounding the disease. The federal Centers for Disease Control took pains in its weekly case count—the CDC has had 1,641 cases of AIDS reported to it, a number the agency suspects is low—to reiterate that the disease cannot be spread through casual contact. In a New York City press conference, Dr. Donald Armstrong, chief of infectious disease service at Memorial Sloan-Kettering Cancer Center, went one step further, insisting that AIDS is not exceptionally contagious. “In fact,” said Armstrong, “I think it’s one of the least contagious infectious diseases I have seen.” The challenge lies in persuading nongays that there is no need for hysteria.

The Media and the Scare

In recent weeks, media interest in the AIDS epidemic has reached a new intensity.* For the gay community, all the attention has proven to be a mixed blessing. It has won new funding for the fight against the epidemic. But while they give high marks to media coverage as a whole, many gay leaders think a few instances of irresponsible reporting and editing have contributed to the growing panic.

Students of AIDS coverage trace the current upsurge to an editorial in the May 6 issue of The Journal of the American Medical Association that mentioned “the possibility” that “routine close contact, as within a family household, can spread the disease.” The editorial was commenting on an accompanying article that described AIDS-like symptoms among children “born into families with recognized risks for AIDS.” Other researchers have since disputed those findings. But the denials came too late: the Associated Press made the report big news across the country, and a New York Times headline (killed in the final edition) declared MERE CONTACT MAY SPREAD AIDS.

“When The New York Times has a headline saying casual contact can cause AIDS, were they aware that they were putting the question of gay employment [and] housing ... on the line?” asks Virginia Apuzzo, director of the National Gay Task Force. Two weeks ago, however, the Times ran two front-page articles about AIDS and gay life that have been praised by the gay community. Richard Goldstein, senior editor at New York’s Village Voice, calls them “the most sophisticated attempt in Times history to portray the gay community as it is.”

Even medical officials have complained about ABC’s May 26 “20/20,” in which reporter Geraldo Rivera said that “there is now a steadily growing fear that the nation’s entire blood supply may be threatened by AIDS. ... the safest thing to do is to store up your own blood.” Actually, says Dr. Joseph Bove of the Yale Medical School, an expert on transfusion-transmitted diseases, of 10 million people who have received transfusions since 1980, only one has apparently contracted AIDS from the donor.

‘Absurd’: Los Angeles activists were infuriated by a story in California magazine called “Whitewash” whose cover line accused gay leaders of obscuring “vital information about how the deadly disease is spread.” Inside, the piece said only that too little had been done to discourage promiscuity and encourage the use of condoms. “The point of that story seemed to be that the gay community was withholding information that linked sex to AIDS,” says Scott Anderson, Los Angeles editor for the gay magazine The Advocate. “That’s absurd—there isn’t a gay person in America that doesn’t already know that.”

But sensational stories like “Whitewash” have been a rarity. According to Jim Kepner, curator of the National Gay Archives, most of the coverage has been “level-headed,” especially “compared with the way the story would have been done 10 years ago.” The key question, says Kepner, is this: “Will the focus set gays up as a scapegoat—or will it help find a cure for this dreadful disease?”

* A cover story on AIDS appeared in the April 18 issue of Newsweek.
Knowing the Face of the Enemy

U.S. and French teams believe they have found the AIDS virus

It was high noon in Bethesda, Md., home of the National Institutes of Health. The scene: a small French restaurant with hanging baskets and beamed ceiling. On one side of a table sat Dr. Robert Gallo, 47, a brash NIH scientist who started life as the son of a small-town welder and has become one of the nation’s leading cancer researchers. Sensitive about his diploma from Jefferson Medical College in Philadelphia (“I had to fight to prove I was good, because I didn’t go to Harvard”), Gallo gained a reputation in 1980 by becoming the first scientist to discover a virus that causes cancer in humans. Now he was claiming another victory: identification of a virus that causes acquired immunodeficiency syndrome (AIDS), the disease that has killed 1,758 Americans since its first U.S. appearance three years ago.

Across the table sat Dr. James Curran, 39, a clean-cut epidemiologist with an advanced degree from Harvard. Curran heads the AIDS task force at the Centers for Disease Control in Atlanta, where more than 100 researchers have been working to discover exactly what Gallo claimed to have found. To test Gallo’s claim, Curran had provided the NIH scientist with 205 anonymous blood samples, some taken from AIDS patients, some from healthy individuals. To make the test more challenging, samples were included from people with hepatitis and other infections. Gallo’s task was to identify which samples had come from the AIDS patients on the basis of whether or not signs of his virus were present. Gallo pulled out his lab’s results, as Curran began calling out the sample numbers. Curran said: “M5.” Gallo replied: “M5, positive.” Again, Curran: “M28.” Gallo: “M28, positive.”

So it went for an hour, until all the samples had been covered. In the end, Gallo won: signs of his virus were present in blood from AIDS patients and not in the others; he had correctly identified nearly all of them.

The respected journal Science will soon publish four papers that describe Gallo’s isolation of a virus that appears to be the cause of AIDS. “He is going to nail it down cold,” predicts AIDS Researcher Anthony Fauci of NIH. But as word of the discovery began to leak out last week—notably in an article in New Scientist magazine—based apparently on advance copies of Gallo’s papers—a scientific team in Paris rushed to call attention to their own work on an AIDS virus. A Nobel Prize was possibly at stake, and Epidemiologist William Blattner of the National Cancer Institute (NCI) observed: “People are racing to grab the brass ring on this disease.”

The French team is headed by Dr. Luc Montagnier of the renowned Pasteur Institute. In interviews with the U.S. press, Montagnier described a virus he and his colleagues had found in the blood of patients with the swollen lymph nodes and flu-like symptoms that characterize the early stage of AIDS. Like Gallo, the Pasteur researchers reportedly found signs of the virus in 80% to 90% of blood samples from AIDS patients. Both research groups affirm that the bugs they have found closely resemble the cancer-causing virus discovered by Gallo four years ago. The two groups suspect they have found the same virus. Notes Blattner: “The two labs are independent, but have been collaborating.”

While scientists may bicker over who was first to discover the virus, the important news is that a breakthrough has finally been made in understanding the deadly AIDS epidemic. What matters, says Immunologist Allan Goldstein of George Washington University, “is that we now know the face of the enemy.”

The discovery will enable doctors to attack a disease that has resisted all attempts at treatment and prevention: 43% of AIDS patients die within a year of diagnosis; no one has been known to recover. “This is the step that everyone has been waiting for,” proclaims NCI Director Vincent Devita. Plans for an AIDS vaccine are already being made at Gallo’s lab. But the most immediate application of the discovery is a blood-screening test that could be used to protect the nation’s blood supply from contamination by the AIDS virus. So far 83 Americans, including 30 hemophiliacs, have contracted AIDS after receiving transfusions or blood products. According to Gallo, an accurate and inexpensive blood-screening test could be available within weeks.

No matter who gets the credit for the AIDS virus, there is no doubt that Gallo laid the groundwork for the discovery with his earlier research into cancer viruses. Says French Immunologist Daniel Zagury of the University of Paris: “Without Gallo, there wouldn’t have been any work on this at Pasteur. Their research is based on his initial discovery.” Gallo’s quest for the cause of cancer began in childhood. As a boy of 14, in Waterbury, Conn., he watched his younger sister die of leukemia.

The renowned Pasteur Institute of Paris

The memory is still vivid: “She was an emaciated, jaundiced child with a mouth full of blood.” His sister’s pathologist became a family friend, and Gallo grew up accompanying him to his lab. In 1965 he joined the NCI and began the hunt for his sister’s killer.

Almost from the beginning, Gallo’s interest lay in the world of viruses. Since the turn of the century, scientists have known that certain types of viruses can cause cancer in cats, chickens, cows and other animals. Like all viruses, these cancer agents cannot reproduce unless they infiltrate a host cell and commandeers its reproductive machinery (see diagram). What makes the viruses distinctive is that their genes are composed of RNA rather than DNA, the genetic molecule found in most living things. Because RNA is a kind of mirror image of DNA, the viruses are called retroviruses.

Researchers had spent decades trying to determine if viruses played a role in human cancers. By the 1970s, most had given up, but Gallo persisted. He was helped by...
the discovery in 1970 of an enzyme that is unique to retroviruses, a kind of chemical fingerprint. By looking for this enzyme Gallo was able to hunt down a retrovirus that causes a form of leukemia and lymphoma in humans. The discovery of this virus, called human T-cell leukemia lymphoma virus, or HTLV, won Gallo a 1982 Albert Lasker award, the top prize in American medicine.

Not long after that triumph, Gallo heard about AIDS, most of whose victims were homosexuals, heroin addicts, hemophiliacs or Haitians. He was intrigued by the possibility that this disease could be related to HTLV. There were several provocative links. AIDS patients are extremely vulnerable to infections because they lack the normal number of protective white blood cells called T-cells. HTLV, Gallo knew, was a virus that homed in on precisely these cells. Gallo was also intrigued by the Haitian connection: HTLV is prevalent throughout the Caribbean. Finally Gallo, like many other investigators, was convinced a virus is involved in AIDS, since the disease was spreading in the same way as hepatitis-B virus—through transfusions, dirty needles and semen—and that seemed proof enough. Said Gallo: "The more I heard about AIDS, the more it smelled right."

In 1982 he was made director of NCI's search for the cause of AIDS. He attacked the assignment in his usual confident style, telling associates, "I think we can solve it within two years." By then Gallo had developed a rainbow coalition of accomplished researchers: microbiologists from Japan and India, tissue-culture experts from Eastern Europe, geneticists from mainland China, a clinician from Denmark. They had come from the far corners of the earth to work with the fiery, jet-set scientist who holds staff meetings on the run in corridors and parking lots before flying off to conferences on other continents. His clocks are set five minutes ahead, and he drives his four-door Nissan through Washington as if it were a Maserati. He is competitive to a fault, vain about his appearance and accomplishments. "Few people like him," observes Immunologist Zagury. "They either love him very much or they do not, very much."

Together with Harvard's Max Essex, Gallo began testing samples of blood taken from AIDS patients for evidence of HTLV. The results were ambiguous: about one-third of the samples contained antibodies to the virus, too small a percentage to be meaningful. By 1982 Gallo's lab had identified a new form of HTLV, named HTLV-2. But this variant strain also proved uncertain as the cause of AIDS.

Gallo's team was convinced that a retrovirus was involved in AIDS. The trademark enzyme of retroviruses was frequent-
AIDS RESEARCHERS REPORT NEW STUDY

Experiments Focus on Natural Substance in the Effort to Fight Immune Disease

By LAWRENCE K. ALTMAN

Researchers at the National Institutes of Health have begun preliminary experiments on AIDS patients to determine if a naturally occurring substance could be used to treat the usually fatal disease. The substance, called interleukin-2, is so named because it is derived from a type of leucocyte, or white blood cell.

The study, which began two weeks ago, will involve four patients using interleukin-2, at a cost of $125,000 per patient. At least by yesterday, interleukin-2, which has shown infection-fighting capacities in test-tube experiments with cells from AIDS victims, has been administered to three patients, Dr. Anthony S. Fauci of the health institutes said in an interview.

As is normal in such trials, the tests are aimed, first of all, at learning whether interleukin-2 can be given safely to humans. In addition, the study will attempt to learn whether the substance has any beneficial effect on the immune systems of AIDS patients, and how much of it would be needed to achieve that effect.

AIDS is an acronym for Acquired Immune Deficiency Syndrome, a disease characterized by severe damage to the immune system, making its victims susceptible to a wide variety of uncommon infections and a rare type of cancer. Most of the 1,700 cases reported this year in the United States have been homosexuals or intravenous drug users.

Test-Tube Experiments Cited

Because interleukin-2 is so costly, the trial is being kept very small, Dr. Fauci said. It was undertaken after test-tube experiments by Dr. Fauci and other researchers at the National Institutes of Health and the Food and Drug Administration showed that interleukin-2 enhanced the infection-fighting activity of certain cells in blood from AIDS patients. Results of the study were presented yesterday at a virology meeting in East Lansing, Mich., by Dr. Alain H. Rook, a researcher for the food and drug agency.

The test-tube study was designed to determine the effects of interleukin-2 and interferon, another naturally occurring substance derived from white blood cells, on the immunity produced in cells from AIDS patients and healthy volunteers. Although the substances are similar, they act in significantly different ways on immune cells.

A second aim of the study was to determine the ability of cells treated with interferon and interleukin-2 to destroy cells infected with cytomegalovirus, which occurs with extraordinarily high frequency among AIDS patients and is suspected of contributing to the deaths of many such patients.

Researchers have shown that AIDS patients have a pronounced deficiency in the activity of certain types of lymphocytes: so-called “natural killer” cells and virus specific killer cells.

In the laboratory study described at the Michigan meeting, by the lymphocytes from six homosexuals who had AIDS and an active cytomegalovirus infection, and those from uninfected heterosexuals were incubated with interleukin-2 or interferon. As expected, both interferon and interleukin-2 enhanced natural killer cell activity of the lymphocytes from normal subjects, and these lymphocytes exhibited virus specific killer cell activity without treatment, according to Dr. Rook’s report.

Interferon, however, enhanced natural killer cell activity in blood from only one AIDS patient and failed to produce changes in virus specific killer cells in the blood from any of the AIDS patients.

But exposure to interleukin-2 significantly enhanced both the natural killer and virus specific killer cell activity of the lymphocytes from all six patients.

Dr. Gerald V. Quinlan Jr. of the F.D.A. said in an interview that his colleagues on the research team had tested several types of interferon, as well as interleukin-2, in what scientists call reconstitution studies, to see which substance restored activity of the immunologically impaired cells from AIDS patients. Only interleukin-2 restored such activity, Dr. Quinlan said.

Dr. Edward N. Brandt Jr., Assistant Secretary of Health and Human Services, and other scientists said that the work might turn out to be a step forward in understanding how AIDS can be fought. But they cautioned against premature speculation that interleukin would be a quick cure for AIDS.
Free AIDS Tests to Begin Today

WHERE TO GET AIDS TESTING / BAY AREA

SAN FRANCISCO
Health Center 1 3850 17th Street Phone: 621-HTLV
Central Clinic 645 S. Bocce Blvd., San Jose Phone: 408-299-5093
Health Center 2 1351 24th Avenue Phone: 621-HTLV
SAN JOSE
SAN MATEO COUNTY
Public Health Clinic 920 Grand Avenue, San Mateo Phone: 497-6858
CONTRA COSTA COUNTY
Public Health Clinic 2355 Stonewall, Concord Phone: 972-2525
SAN MATEO COUNTY (Starts today)
Public Health Clinic 223 37th Avenue, San Mateo Phone: 573-2516
SANTA CLARA COUNTY
Central Clinic 645 S. Bocce Blvd., San Jose Phone: 408-299-5093
Health Center 4 470 27th Street, Oakland Phone: 874-7156
ALAMEDA COUNTY
Central Health Center 2449 80th Avenue, Oakland Phone: 577-1700
Fairmont Hospital Building C 15400 Foothill Boulevard San Leandro Phone: 577-1620
AIDS TESTING
Fremont Health Center 34325 Paseo Padre Parkway Fremont Phone: 791-4611
Phone appointments must be made in advance for all locations. Sanoma County has not yet designated a place or starting date for AIDS testing.

Most, But Not All, Gays Want the Test

A downtown advertising designer plans to take the AIDS blood test because he's "dying to know." While a real estate agent has decided against the test because it "would kill me to find out."

Particularly in San Francisco's gay community, people are picking through the complexities of what could be the most significant health decision of their lives -- choosing whether to take the AIDS blood test.

Most surveys of San Francisco gay men indicate that the overwhelming majority, between 70 and 80 percent, want to be tested for antibodies to HTLV-III, the virus suspected of causing AIDS.

Health officials and psychologists are advising gay men to give serious thought to the test because the results could create severe psychological consequences that may linger for years.

"This is not a simple decision, and it's essential that people make it seriously," said Dr. James Dilley, director of the San Francisco health department's AIDS Health Project, the group that will provide counseling services at the public testing sites slated to open next month.

"Some people are not really fully contemplating the implications of the decision," said Dilley. "People need to understand that this is a kind of forever-after thing."

Faced with the prospect of bad news, some gay men now are opting against taking the test.

"I never give anyone advice on whether to get it, but for myself, I won't have it done," said Vito Russo, a consultant with the San Francisco AIDS Foundation. "What am I going to do with the information? I am already practice safe sex. I intend to continue, so the test would not make any difference to me."

A 35-year-old downtown businessman decided against taking the test simply because he did not know how he would cope with the prospect, however remote, that he might die young.

"I would kill me to find out that I had been infected -- I couldn't handle it," he said. "I'd worry about it all the time."

Other gay men want to be tested, though some plan to do it through their doctors' offices and avoid the city's test sites. Some men simply want to know if they could infect their sexual partners.

"I've been dying to know since this started -- one way or the other. I want to know," said one 35-year-old advertising designer.

New Law Assures Confidentiality

By Randy Shilts

A young man will walk into San Mateo County clinic today and, amid almost cloak-and-dagger secrecy, become the first Californian given a free AIDS blood test.

In the next few weeks, 49 other public health clinics around the state will begin the most extensive and rigidly controlled public AIDS testing in the nation.

The tests may touch off a "crying" crisis, officials said, as thousands of men may find out they are infected with HTLV-III, the virus that most scientists think causes the lethal acquired immune deficiency syndrome.

Bay Area health agencies are gearing up to test 30,000 people, mostly gay men, for antibodies to the AIDS virus over the next months. If all of them take the test, at least 10,000 are expected to find that they have been infected with the virus.

"This is the new AIDS crisis," said Dr. Peter Safar, who, as chairman of the California Council on Mental Health, helped write the legislation establishing the AIDS test sites.

"One can expect a significant psychological reaction among people who find out with certainty that they have been exposed," he said. "It has vast implications when you have large numbers of people in a relatively short period of time getting this information."

Few medical tests have caused the consternation -- and elaborate planning -- as the screening for antibodies to HTLV-III.

Federal authorities licensed the test in March, chiefly to use in blood banks to screen donors. However, the California legislature quickly enacted a law mandating that every county offer the antibody test at public health centers to ensure that nobody donated blood simply to find the results of the AIDS blood test.

The California law, the only legislation of its kind in the country, also includes substantial financing for psychological counseling, as well as stringent guidelines to protect the confidentiality of test results.

In San Francisco, where two test centers are to open on July 1, people will get one confidential code -- made up of the first two letters of their last name and two numbers from their birth date -- to reserve their appointment.

Once tested, people will be assigned another code with which they can retrieve the test results by phone, with no health official will take the name of any person tested for the HTLV-III antibody.

The AIDS legislation also demands that health educators describe the test at length and stress that it does not deliver an AIDS diagnosis. Instead, it indicates whether a person has been infected with HTLV-III.

Although precise predictions are impossible, most scientists think that between 5 and 20 percent of