

Silverman may close S.F. gay bath houses

—From Page A1

City ponders closing gay bath houses

By Dave Farrell 3/30/84
and Howard Taylor Jr.
Examiner staff writers

Under pressure from gay leaders and doctors, San Francisco Health Director Mervyn Silverman was expected today to order San Francisco's bath houses and private gay sex clubs closed in an attempt to slow The City's growing rate of AIDS.

Although he told opponents of closure last night that his mind was still open, it was anticipated that Silverman would formally announce his decision at a press conference in City Hall.

A closure order, which Silverman has resisted in the past in favor of an educational campaign about the AIDS threat, would affect nearly two dozen businesses, including bath houses and private clubs, catering to gays seeking promiscuous sexual activity.

Gay residents opposing the clo-

sures are expected to fight any such order by Silverman in court, according to Bob Ross, publisher of the Bay Area Reporter, a gay newspaper.

"I think we are getting into a situation of legislating people's morals again. No one has proven that bath houses are causing AIDS," Ross said. "The whole thing is paranoia as far as I'm concerned."

"This is a civil rights issue. I'm sure there will be lawsuits challenging Silverman's right to close the bath houses. How can he justify it? There is no proof that bath houses cause AIDS."

Acquired immune deficiency syndrome, which breaks down the body's natural defenses against disease, is most prevalent among promiscuous gay men. Its cause and cure are unknown, but doctors believe it is spread through sexual contact, shared hypodermic needles and blood transfusions.

City Hall sources said Silverman talked with Police Chief Cornelius Murphy about enforcement of such an order. And lawyers in the city attorney's office spent yesterday re-

—See back page, col. 5

sions closure

attorney issued
ago stating
lose any busi-
public health,
the City's power

ge Agnost said
bath houses will
use they oper-
that give The
m quickly if a
ected.

if is reviewing
and the "activity
private sex
mechanism
se them.

Whether we can
al state law or
to pass a local
officially at regu-
Agnost said.

night at the Va-
Street cabaret,
100 other gays
denounced clo-
civil liberties
anti-gay activi-

solution being
is going to save
acting director

of the AIDS Foundation. "There are a lot of civil liberties implications."

Power and others, including several bath house owners, argued that the clubs had acted voluntarily to warn their patrons of the dangers of "unsafe sex," often devoting their "busy nights" to educational programs.

"I don't think taking people out of the bath houses and away from this educational program is going to save lives," Power told Silverman. "... If they go someplace else, they're not going to get that educational intervention."

Several speakers charged Silverman with doing an about-face and bowing to political pressures.

"We will not be closed down by Dianne Feinstein, by Wendy Nelder or anyone else," declared one speaker who identified himself as a spokesman for the Northern California Baths Association and the Independent Gay Health Clubs of America. "We will take this to our patrons and anyone else, including the Supreme Court."

Silverman, who sat through nearly three hours of emotional and often vitriolic speechmaking, denied the charge, saying, "My actions are not based on political pressure. If they were, I'd have closed them a year ago." He said the shutdowns were

prompted by the gay community's failure to marshal itself and act to reduce the kind of sexual activity that has been linked to the disease.

"There is nothing that's changed my mind about the risks of some of the things that go on in baths, sex clubs and the back rooms of some bars."

"My concern is with the health of San Franciscans," he said. "I don't know if this action will save one life or 10 lives. All I know is that the numbers (of AIDS deaths) are going up. They're not coming down."

Although several speakers asked that the closures be postponed, Silverman remained non-committal and told the crowd that no firm decision had been reached.

"I am here to listen to you," he told them. "I've listened to others and I've got consultations in the morning. It is not an absolute action, right now."

However, he said that if closures are ordered, businesses with "private rooms where couples go are like hotels," and would be exempt.

"We have a list (of businesses that would be closed). It's not going to be capricious." When the meeting ended, Silverman told reporters that his office had issued no statements regarding the closures and that there had been "a great many rumors." He said reporters would have to wait until today's press conference to learn of his decision.

Silverman called today's press conference after talking with a group of gay leaders and gay doctors who pressed him to close the bath houses. The ad hoc gay committee had met Wednesday evening to draft a letter asking Silverman to close the bath houses and private clubs where anonymous sexual activity is the main drawing card.

The issue of whether to close the bath houses for health reasons has been around for some time, but the controversy was renewed this week when long-time gay activist Larry Littlejohn announced he was sponsoring an initiative campaign to put the issue on the Nov. 6 ballot.

According to one gay Democratic leader, who asked not to be named, the gay community may be split on the issue of whether to close the bath houses, but it agrees that Littlejohn's initiative would pass if it went to the voters.

The group signing the letter to Silverman is "aware of the graveness of the situation," according to the Democratic leader. But the group's belief is that it would be less damaging to the gay community if Silverman closed the bath houses now than if voters did it in November.

Silverman may close S.F. gay bath houses

—From Page A1

searching the legal questions closure raises.

Although the city attorney issued an opinion nearly a year ago stating that Silverman could close any business in the interest of public health, the tricky question is The City's power over private clubs.

City Attorney George Agnost said last night that closing bath houses will not be a problem because they operate under city permits that give The City power to close them quickly if a health problem is suspected.

Agnost said his staff is reviewing the medical evidence and the "activity evidence" concerning private sex clubs to see what legal mechanism would be needed to close them.

"We are looking at whether we can go with just the general state law or whether we will have to pass a local ordinance" aimed specifically at regulating the private clubs, Agnost said.

Silverman met last night at the Valencia Rose, a Valencia Street cabaret, with Ross and about 100 other gays who overwhelmingly denounced closures as a threat to their civil liberties that would give rise to anti-gay activities in The City.

"I don't think the solution being proposed here tonight is going to save lives," said Ed Power, acting director of the AIDS Foundation. "There are a lot of civil liberties implications."

Power and others, including several bath house owners, argued that the clubs had acted voluntarily to warn their patrons of the dangers of "unsafe sex," often devoting their "busy nights" to educational programs.

"I don't think taking people out of the bath houses and away from this educational program is going to save lives," Power told Silverman. "... If they go someplace else, they're not going to get that educational intervention."

Several speakers charged Silverman with doing an about-face and bowing to political pressures.

"We will not be closed down by Dianne Feinstein, by Wendy Nelder or anyone else," declared one speaker who identified himself as a spokesman for the Northern California Baths Association and the Independent Gay Health Clubs of America. "We will take this to our patrons and anyone else, including the Supreme Court."

Silverman, who sat through nearly three hours of emotional and often vitriolic speechmaking, denied the charge, saying, "My actions are not based on political pressure. If they were, I'd have closed them a year ago." He said the shutdowns were

prompted by the gay community's failure to marshal itself and act to reduce the kind of sexual activity that has been linked to the disease.

"There is nothing that's changed my mind about the risks of some of the things that go on in baths, sex clubs and the back rooms of some bars.

"My concern is with the health of San Franciscans," he said. "I don't know if this action will save one life or 10 lives. All I know is that the numbers (of AIDS deaths) are going up. They're not coming down."

Although several speakers asked that the closures be postponed, Silverman remained non-committal and told the crowd that no firm decision had been reached.

"I am here to listen to you," he told them. "I've listened to others and I've got consultations in the morning. It is not an absolute action, right now."

However, he said that if closures are ordered, businesses with "private rooms where couples go are like hotels," and would be exempt.

"We have a list (of businesses that would be closed). It's not going to be capricious." When the meeting ended, Silverman told reporters that his office had issued no statements regarding the closures and that there had been "a great many rumors." He said reporters would have to wait until today's press conference to learn of his decision.

Silverman called today's press conference after talking with a group of gay leaders and gay doctors who pressed him to close the bath houses. The ad hoc gay committee had met Wednesday evening to draft a letter asking Silverman to close the bath houses and private clubs where anonymous sexual activity is the main drawing card.

The issue of whether to close the bath houses for health reasons has been around for some time, but the controversy was renewed this week when long-time gay activist Larry Littlejohn announced he was sponsoring an initiative campaign to put the issue on the Nov. 6 ballot.

According to one gay Democratic leader, who asked not to be named, the gay community may be split on the issue of whether to close the bath houses, but it agrees that Littlejohn's initiative would pass if it went to the voters.

The group signing the letter to Silverman is "aware of the graveness of the situation," according to the Democratic leader. But the group's belief is that it would be less damaging to the gay community if Silverman closed the bath houses now than if voters did it in November.

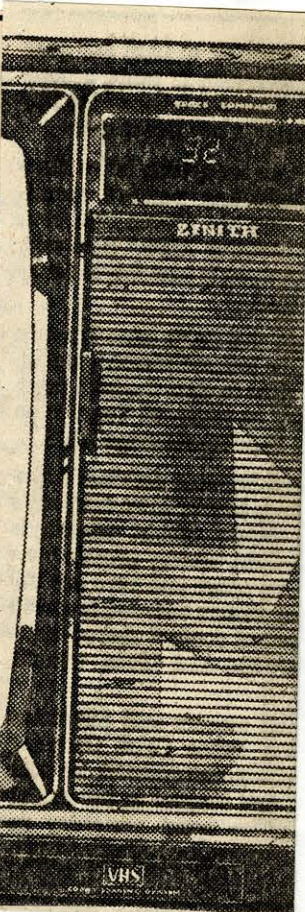
City po closing bath ho

By Dave
and Howard
Examiner st

Under pressure
and doctors, San Fr
rector Mervyn Silve
ted today to order
bath houses and pri
closed in an attempt
growing rate of AII

Although he tol
sure last night that
open, it was antici
man would formall
cision at a press c
Hall.

A closure order
has resisted in the
educational camp
threat, would affect
businesses, includi
private clubs, cater
promiscuous sexual
Gay residents



Making Rounds: AIDS Rooms

NYTimes 1/3/84

By LAWRENCE K. ALTMAN, M.D.

THE doctor suffered what, strictly speaking, was a minor accident, the kind that is surprisingly common in hospitals and offices. While suturing a patient, his hands slipped and he jabbed himself with the needle. But this accident could not be taken lightly. The patient had the deadly disease known as acquired immune deficiency syndrome (AIDS). And the physician nearly panicked.

"I felt I was sure to get AIDS, sure I'd die from it," the young doctor recalls now. "Then I assured myself that I was not the first person to stick himself and that no one else has gotten AIDS that way. Still, when I had a cold or wasn't feeling well, it was in the back of my mind."

Another reassuring factor for him was the presence in the hospital of senior doctors who had dealt with every manner of infectious ailment and lived to tell the tale.

Doctors are supposed to ply their trade among the sick. And they are supposed to defend themselves from disease with the whole battery of effective, often simple weapons available to them. There is always a risk, of course, but a risk probably no greater than that faced by airline pilots or traffic police officers.

Yet AIDS is so relentlessly brutal that it has had a nefarious effect on the practice of medicine. According to some reports, there have been physicians and medical students — only a few, one is led to believe — who have become so frightened that they have refused to treat AIDS patients.

A physician ponders fear, duty and a dreadful disease.

As I examined patients on rounds at Bellevue the other day, as I frequently have in the past, I thought about the issue. We are, after all, trained to deal with infectious diseases safely. AIDS is presumably infectious, conveyed, probably, by a virus. But it seems to require intimate contact and does not appear to be as contagious as many another dreadful disease — pneumonic plague, for example.

AIDS has even had at least one beneficial effect: It has forced more medical workers to pay appropriate attention to the often-ignored hospital infection control practices. Many doctors had not even been following the standard precaution of washing their hands after examining patients, despite all the teaching about the dangers to themselves and others of not doing so.

Those doctors, it seems, had forgotten the lessons of the past. Over the years hundreds of doctors and researchers have died from hepatitis, Lassa fever, or some other infection acquired as an occupational hazard at the bedside or in the laboratory. Some of these deaths have come from ignorance of the infection the physician was working with, others from lapses in technique.

Even when doctors and staff take proper precautions, rubber gloves cannot prevent the occasional accidents such as my young colleague's puncture wound. At Bellevue alone, at least 20 doctors have punctured themselves with needles contaminated in the care of AIDS patients, and all of them now go through their days uneasy than they were before. So far, none have come down with AIDS.

If, despite the odds, one of these physicians or others on the staff did come down with AIDS, he or she could inadvertently become a martyr to medicine, possibly offering the vehicle by which the cause of AIDS would be determined. As soon as staff members have such an accident they are supposed to report it — in fact some don't — so they can be constantly monitored through blood tests and questionnaires for any change. The course of the disease can



A doctor preparing to enter an infectious-disease area.

The New York Times / Larry C. Morris

Continued on Page 16

Doctor's World: Making the Rounds Among Patients Suffering From Aids

Continued From Page 15

thus be chronicled from its very inception. At Bellevue there was evidence everywhere of the human cost of this terrible disease, of course, but evidence as well of the measures health workers have taken to protect themselves as they meet their responsibilities. In a broad sense, the visit offered an illustration of how medicine has always approached the scourges of mankind.

The number of AIDS cases at Bellevue fluctuates from day to day. On this particular day there were 15 confirmed and three suspect cases, fewer than the peak of about 30 last spring. Some patients had recently been admitted; others had been there for nine months. Their presence was indicated in the signs posted by the doors to their rooms, advising doctors and the staff to don masks, gloves or gowns as appropriate for each case before entering.

AIDS patients are affected by many opportunistic infections, caused by microorganisms that generally do not cause illness in people whose immune defenses are working normally. For that reason, the specific attire and precautions that the doctors take to protect themselves depend on the type of opportunistic infection involved, while they also protect patients with impaired immune systems from organisms the

staff might carry, harmless to themselves but possibly deadly to the AIDS patients.

Inside the patient's room, a purple box labeled "deposit sharps" was additional evidence of the precautions. In it we deposit used needles, razor blades, and broken glassware used in the patient's care. The intention is to minimize accidental wounds or, perhaps, theft by an addict who would inadvertently be further contaminating himself. On the window-sill are bandages and other supplies that normally are kept in a central room on each floor. It becomes necessary to minimize the amount of walking around one has to do in caring for the terribly ill; you do not want to have to take off your gown to walk out into the hall for a bandage.

There were signs of life and even hope in these grim rooms. Christmas cards and other holiday tokens decorated the walls. Above the plants, there were postcards with pictures of Pope John Paul II and posters reading, "Lord, Let Your Face Shine on Me." There were visitors. But for some AIDS patients, the telephone and television sets by the bedside were the chief means of contact with the outside world.

Several patients were mere shadows of themselves. One who had been in the hospital since last April had lost 68 pounds. Another who looked wasted had told his doctors he

was frightened because he knew he was dying. He died a day later.

As I walked through the rooms I was reminded of a friend who is a medical student. She is apprehensive about dealing with AIDS patients, although she realizes the fear is probably irrational. What she does, she told me, is take on a role as an actress does, never letting the patient see her fear. "It's not my place," she said, "to add to their burden."

What goes through the mind of a doctor examining patients with this or any other terrible contagious disease?

Like steeplejacks and soldiers, physicians are cautious as they act on their knowledge. They also rely on denial defenses in treating certain disorders. A similar denial defense comes in handy for crossing the street; after you have done it so often, you do not think about the infinitesimally small chance of being struck by a car. Those who believe such small risks are too great for them presumably do not apply to medical school.

My thoughts on these hospital rounds were much the same as when I examined other AIDS patients in New York, Atlanta and elsewhere, beginning when the disease was first recognized in 1980. I empathized with the patients more than I feared for myself. I thought how horrible it would be to trade places with these patients.

I believe almost certainly that I have no reason to fear contracting the disease. Not only am I in none of the risk groups for AIDS, but I also know the epidemiological data. If AIDS were transmitted by droplets through the air like influenza is, or by casual contact as measles is, many doctors, hospital workers and family members would have caught it. But that has not happened.

My deepest concerns, in fact, were much the same as those of the public at large. Why can't we discover the cause of AIDS? Why can't we develop more effective therapies? I felt a kinship with physicians of another century, who, knowing far less than we do, must have been overcome by frustration as they walked among victims of the plague or yellow fever.

I was reminded of the days when I examined some of the earliest victims of legionnaires' disease in 1976. Even though the epidemiological facts were scanty at first, I was comforted by the data that suggested it was only rarely contagious. There had been no secondary spread from an infected person to a family member or friend. At the time, some non-physicians who heard about what I had done wondered if perhaps I had gone beyond the limits of safety. I did not; I regarded it as a necessary part of my work. I was disturbed then by reports that some pathologists, like those few today who are paralyzed by

fear of AIDS, would not do autopsies on legionnaires' disease cases.

What if my judgment is wrong? Don't doctors always have a little lingering apprehension about their contact with contagious diseases? What if the experts are wrong and it just takes a much longer time than anyone realizes to develop the disease?

These possibilities do not seem to worry me. I have a certain amount of confidence that if I act prudently, in concert with what is known about the means of transmission of each infectious disease, and take the precautions physicians learn through normal training, nothing will probably happen.

The Centers for Disease Control in Atlanta periodically issue guidelines for preventing the spread of infections in hospitals. For some cases of AIDS the guidelines are similar to those for hepatitis B, requiring gloves, careful hand-washing, labeling with a red sticker as potentially dangerous any samples of blood, urine, sputum and stool sent to the laboratory. In addition, the patient may require the drastic measure of isolation.

Of course, there can be a false sense of security in believing that all samples not labeled dangerous are safe. They may harbor dangerous organisms from patients whose infectious diseases have just not been recognized yet for what they are.

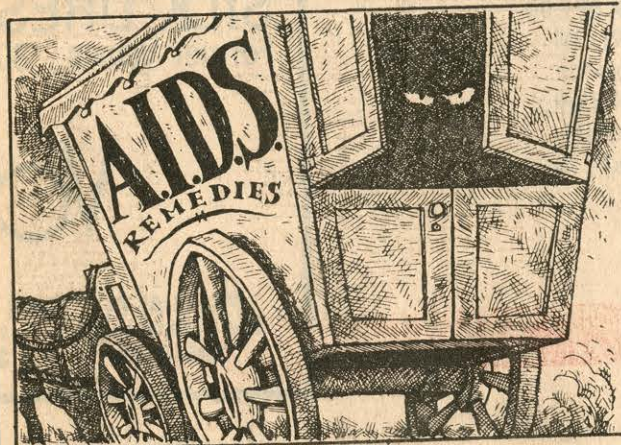
It is also a matter of the odds. Not everyone who is susceptible to a disease and exposed to it will become sick. And there is some fatalism involved. There is probably as much chance of getting some infections at school or on a subway or train as in the hospital. The viruses that cause influenza and chicken pox, for example, can be spread by infected people even before they develop symptoms.

There is comfort in knowing that even if one gets many bacterial diseases, they are treatable. But that is offset by the fact that there are few effective treatments against viral diseases.

Few doctors would deny that they have some fear of contagious diseases. But they are most afraid of being surprised, of finding out that a patient thought to be suffering one ailment was suffering another. A colleague who was not wearing any protective gear at the time he came in contact with the saliva from a patient in an African hospital, was shocked to learn the man had rabies. The physician spent several anxious months worrying if he, too, would fall victim. He did not.

Maybe the Bellevue doctor who stuck himself with the AIDS-contaminated needle put the risks in better perspective when he said, "I'm even more apprehensive about someone with drug-resistant tuberculosis who coughs in my face than I am about touching a patient with AIDS."

A hard look / AIDS epidemic spurs outbreak of strange treatments



1/12/84

By Richard F. Harris
Examiner science writer

Every day, another San Franciscan is diagnosed with acquired immune deficiency syndrome — a loss of the body's ability to defend itself from infections and cancer.

Although medicine has been able to control some of the symptoms, no AIDS patient has had his disease-fighting system restored.

This grim outlook has set the stage for hucksters who, by tapping the fear of AIDS, hope to make a fast buck in the form of vitamin sales; for people who profess to have mystery "cures;" and for others who believe

they have found a genuine alternative to medical treatment.

Regardless of the intent, these "therapies" — which range from garlic and goat's milk to megavitamins and mystery vaccines — share a common feature: they have not passed rigorous tests to determine whether they are safe or effective. Physicians caution that some of the treatments are downright dangerous.

"Anybody, of course, who says he has a cure is clearly a quack," said Bruce Brown, a spokesman for the U.S. Food and Drug Administration.

In general, San Francisco AIDS patients appear to agree and have

steered clear of the outlandish treatments, according to physicians, patient advocates and members of the gay community. They credit tight-knit AIDS support services here as being partly responsible for this.

"We don't advocate anything, except being as knowledgeable as possible," said Holly Smith, of the San Francisco AIDS Foundation, a clearinghouse for information about AIDS treatments.

Judging by reports from the foundation's clientele, most people with AIDS don't limit their treatment to

—See back page, col. 1

AIDS epidemic launches spate of untested, unproven 'therapies'

—From Page A1

conventional therapy but also try non-medical treatments such as macrobiotic (vegetarian) diets, large vitamin doses, acupuncture and "holistic" therapies, Smith said.

"Almost every patient with AIDS is trying something that most physicians would call ineffective or unproven," said Dr. Paul Volberding, director of the AIDS clinic at San Francisco General Hospital. A few patients have shunned all conventional therapy in favor of alternate treatments or no treatment at all, Volberding noted.

It's not possible to either prove or disprove the healing value of purported therapies, Volberding noted, because practitioners trying them don't structure the treatment like a scientific experiment.

"Some I think are clearly ineffective, but most things that people are trying aren't harmful," Volberding said. In most instances, "I don't discourage the patient because it can be a way for him to be involved in his own health care."

He does, however, caution patients about possible ill effects of overdos-

ing on nutrients like vitamin A and the mineral selenium, which are poisonous at high doses. Volberding said there is also some risk involved in making abrupt changes in eating habits — for example to a macrobiotic diet.

There are several unproven treatments offered in California:

- San Francisco psychiatrist and "orthomolecular physician" Dr. Richard Kunin said he is treating "a handful" of AIDS patients with large quantities of vitamins and minerals. He said he does not have enough data to make generalizations about the treatment, but he said every one of his patients has shown immune system improvement. "We need to explore this particular avenue of treatment with more energy," he said. "It shouldn't be neglected, as it has been by the medical community." The socialite-physician's radical vitamin theories were formally censured by the San Francisco Medical Society in 1972, although Kunin himself remains a member in good standing.

- Santa Cruz philosopher Paul Lee became interested in herbal cures when he noticed that the herb thyme and the thymus gland have similar Greek linguistic roots. Collaborating with herbalists from Germany and

China, Lee now runs herbal medicine classes and has been trying to stir up interest in San Francisco for herbal AIDS treatments. Lee said certain herbs have been shown to work as a tonic to "cleanse" the lymph system, where AIDS is manifest.

Herbal theories are frowned upon by the medical establishment. "There is plenty of evidence that herbs do not work, and they are often toxic, resulting in serious poisoning and death," warned Dr. Wallace Sampson, a Mountain View physician and chairman of the California Medical Association's committee on public health education.

- A secret formula of vitamins and minerals — supposedly discovered as a treatment for horse herpes — is offered by a Canoga Park holistic clinic called Circle of Health as an immune system stimulant. The firm's vice president, Tim Pailing, says the clinic has not done any tests to show that it performs as advertised, but "we know it works because we've proved it" by curing 200 people of herpes. Circle of Health tried unsuccessfully to interest Bay Area practitioners in the procedure as an AIDS cure.

Despite the unorthodox approach, Pailing said the FDA was not critical

of the treatment when informed of it, and medical insurance pays for the vitamin shots.

- One of the most popular unproven treatments is eating extraordinarily high doses of Vitamin C. While Volberding does not recommend high vitamin doses, he said Vitamin C treatment has more scientific potential than most. "It's not living up to expectations, but it is attracting the attention of serious people," he said.

For instance, some San Francisco physicians advise patients with lymphadenopathy, which is related to AIDS, to take large quantities of vitamin C as part of a regimen of healthy diet and clean living.

Vitamins, as part of complete nutrition, undoubtedly play a role in good health, but there is no evidence that large doses can reduce the likelihood of contracting AIDS or combat the disease, Volberding noted.

In addition to the vitamin diets, many AIDS patients also try Shiatsu massage, acupuncture and other ways to reduce stress, Smith said. The hope is that by reducing physical tension, the body will be better able to fight infection.

While there is some evidence for this in animal studies, the role of stress in human disease is still largely

a mystery, CMA committee chairman Sampson said.

"I don't fault any (method) that makes one feel better psychologically," he said. "But if the claim is to improve the medical condition, I do fault that."

Other treatments that have either raised questions among AIDS experts or run afoul of federal authorities, or both, include:

- Tijuana-based American Biologics — which earlier claimed that laetrile worked wonders for cancer — says it has a test to diagnose AIDS, and is said to offer treatments including coffee enemas to fight the disease. Volberding reported that one of his patients who tried the test was told he was getting better at the same time his Kaposi's sarcoma worsened.

- A Redondo Beach company called REV Treatment offered access to mystery vaccinations in Germany and Mexico for \$1900, until the U.S. Postal Service took it to court for mail fraud. REV agreed to stop the mail-order cure business.

- KNL Enterprises in Denver advertised a miracle cure for AIDS (and a host of other ailments) last year. "Within 48 hours, the guy had four different regulatory officials at his door," Brown said. "He never sold a

vial."

Some ads in the gay press seem to prey upon AIDS victims' fears without substantiating medical claims, experts say.

For example, FDA spokesman Brown said, a New York zoologist now operating out of Bermuda has been advertising his decade-old cancer "cure" to the gay community on the East Coast. "The shots could be saltwater, for all we know," Brown said.

Still, considering the amount of fear surrounding the AIDS epidemic, officials from the postal service, FDA and state health agencies said they expected more cases of fraud than they have seen. The FDA even gave its field officers permission to move unusually quickly against AIDS fraud, Brown said, but there haven't been many cases.

Until conventional medicine can find a way to revitalize the immune systems of AIDS patients, unproven alternatives are certain to keep attracting interest. The challenge, said Volberding, is to get homosexual men and others at risk of being stricken with AIDS to seek alternatives to dangerous sexual and drug-abuse practices so they don't get the disease to begin with.

AIDS Can Spread Heterosexually, New Report Says

New York

New evidence has been reported that acquired immune deficiency syndrome can be spread heterosexually and transmitted even before a person shows outward manifestations of the disease.

A team of doctors from the University of Miami and the Centers for Disease Control in Atlanta said Wednesday the new report involved a hemophiliac who was believed to have spread the disease to his wife.

Previous cases of AIDS being transmitted heterosexually involved female sexual partners of male intravenous drug abusers and bisexuals.

The report, appearing in the January issue of *The Annals of Internal Medicine*, involves two of the most unusual cases of AIDS yet reported: a Florida couple in their 70s who had been married for 50 years. The cases involved two of the oldest victims of the disease, and doctors were led to the diagnoses in both cases by an autopsy performed on the husband.

The hemophiliac husband came down with overt symptoms of AIDS last January and died in May. He is believed to have contracted the disease from the injections of a blood product known as factor VIII, which he took to prevent excessive bleeding.

The wife caught the illness from her husband, the researchers believe, even though she developed it a full year earlier, in January 1982. She is alive but still suffering from AIDS. No cure has been found for the syndrome, which experts say is invariably fatal.

It is not uncommon among people who suffer from an infectious disease, as AIDS is suspected of being, for the causative organism to be spread by victims before they develop its manifestations.

Many researchers suspect AIDS is caused by an infectious agent, presumably a virus, which, depending on circumstances, can be spread by blood, blood products, blood-contaminated needles or sexual contact.

In this case, since the wife was not a member of any group considered at risk for the disease, researchers led by Dr. Arthur E. Pitchenik of the University of Miami concluded that she had acquired the disease from her husband, presumably through sexual intercourse.

The husband was one of 21 hemophiliacs thought to have acquired AIDS from injections of the factor VIII blood product. The husband and wife said they had had intercourse only with each other.

"We determined that her only apparent risk factor was sexual intercourse once every two to three months with her husband," the authors said.

"Frequent sexual contact or several sexual partners are not necessary for transmission to occur," Pitchenik's team reported, "and the syndrome can occur in elderly people (given the proper risk factors) and need not be restricted to the younger population."

Epidemiologists from the Centers for Disease Control in Atlanta excluded all conventional ways of getting the disease. The wife denied using illicit drugs and ever injecting her husband with the factor VIII treatment for his hemophilia.

She had not received any blood transfusions, not stuck herself with a needle used in her husband's care, and had not shared a toothbrush or razor with her husband. She had no contact with anyone in a risk group.

Such groups include homosexual or bisexual men, intravenous drug abusers, hemophiliacs, and recent immigrants from Haiti.

All the husband's injections of factor VIII were given by a nurse who was healthy the last time she was seen in Florida. However, the nurse could not be interviewed because she had moved and left no forwarding address, Pitchenik said.

He also said it was theoretically possible but very unlikely that the wife might have developed AIDS first through an unknown source and transmitted the disease to her husband.

New York Times

Studies show how some sex leads to AIDS

1/13/84

By Richard F. Harris
Examiner science writer

Sperm transmitted during anal intercourse interferes with the immune system of apparently healthy people, Texas researchers report, helping explain why certain sexual practices increase the risk of AIDS.

Research reported today from the M.D. Anderson Hospital and Tumor Institute in Houston suggests that sperm passed during anal intercourse may play a role in AIDS by weakening the body's immune system.

Although the men studied were apparently free of the AIDS germ, 19 out of 26 who engaged in anal sex had signs of a weakened immune system.

Men who volunteered for the study said they had sexual relations with just one partner. Symptoms included a reduced ratio of infection-fighting T-cells — a signal prevalent among AIDS victims. The remaining T-cells also were less able to combat foreign materials in test-tube studies.

The study was published in today's *Journal of the American Medical Association*.

In a telephone interview, Giora Mavligit, one of seven authors of the study, explained why anal intercourse appears to weaken the immune system.

The practice, he said, allows sperm to enter the bloodstream readily through the fragile tissue. Unlike a woman's vagina, the anus has but a single layer of cells to provide a protective barrier, he noted.

Once the sperm enters the blood and lymph systems, it apparently triggers a response that lowers immunity. Thus, repeated exposures to sperm can, in theory, lead to a weakening of the immune system, the authors wrote.

Not surprisingly, Mavligit's group found a similar immune system problem in one woman who practiced anal intercourse regularly.

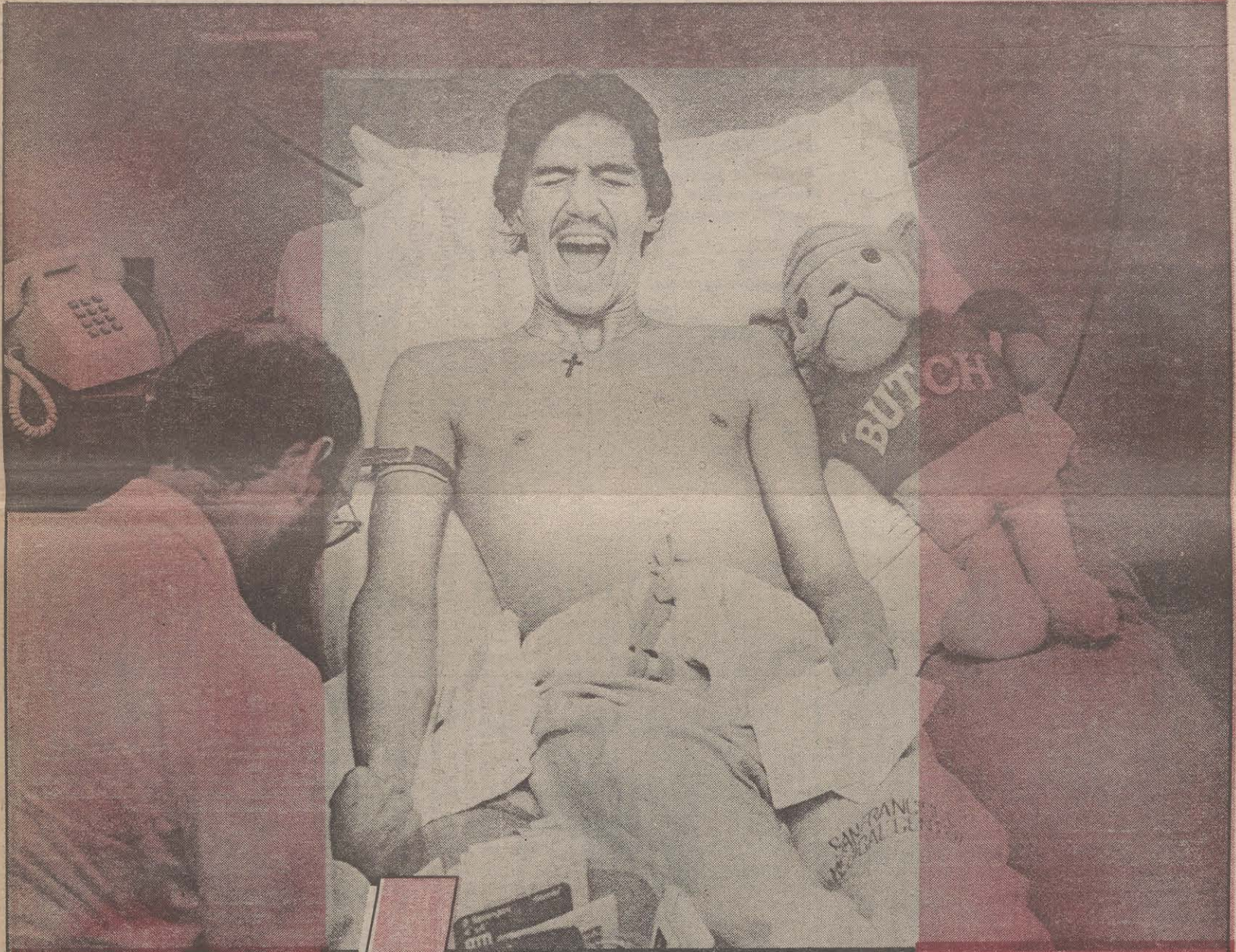
The acquired immune deficiency syndrome, which has been diagnosed in more than 3,000 homosexual men, intravenous drug abusers, Haitians and other Americans, is believed to be caused by a virus transmitted through body fluids. The syndrome cripples the disease-fighting immune system, leaving victims open to infections and a cancer called Kaposi's sarcoma.

Mavligit said the immune reaction bore a "striking resemblance" to that in kidney transplant patients. These people are also susceptible to infections and Kaposi's sarcoma, possibly because their immune system has been weakened by continual exposure to foreign tissue.

Mavligit said the sperm-induced weakening of the immune system could be a first step toward AIDS. "This defect in the immune system is only predisposing to the second stage (of AIDS), which must be due to a transmissible agent," he said. Once this agent — believed to be a virus — takes hold, the body cannot combat infections or cancer, which kill the patient.

SPECIAL AIDS REPORT

This World



LIFE ON WARD 5B

FROM CASTRO STREET TO SAN FRANCISCO GENERAL, THE STORY OF THE AIDS EPIDEMIC

PHOTOGRAPH BY STEVE RINGMAN

This World

JANUARY 15, 1984

CONTENTS

- 3 **Newsbeats**
- 4 **Russell Baker**
And then I learned to whistle
- 4 **Bob Greene**
A treat for street feet
- 5 **Andy Rooney**
Memories I've forgotten
- 5 **Please Mr. Postman**
- 6 **Headliners**
- 6 **Feiffer**
- 7 **Harold Gilliam**
Cool gray city on a sea of hot magma
- 8 **William Safire**
Wall-to-wall confusion
- SPECIAL REPORT: AIDS**
- 9 **Life on Ward 5B**
From Castro Street to San Francisco General, the story of the AIDS epidemic
- 11 **The Medical Mystery**
What is AIDS?
- 13 **An Epidemic of Fear**
Panic in perspective
- 14 **The Establishment Lurches Into Action**
The national picture
- 15 **Politics and Bathhouses**
Local complexities
- 17 **'Of Course, Nobody Had Planned on This'**
The gay community reacts
- 20 **End Paper**
An outstretched hand

On the cover:
Bruce Schneider, an AIDS patient in San Francisco General

THIS WORLD is a section of the San Francisco Sunday Examiner & Chronicle
© 1984 Chronicle Publishing Co.

THE NOW SOCIETY / WM. HAMILTON



But you've got to say yes. You have no idea what failure is like to an overachiever!

© 1984 CHRONICLE FEATURES

JANUARY SPECIALS



ROSEWOOD DINING SET

44" Round Table with
2/20" leaves
Reg. \$1395.

NOW \$995.

Arm Chairs
Side Chairs

\$195 Each
\$175 Each

Complete line of authentic Chinese Rosewood & Teakwood Furniture. Ready or Custom Made to fit your decor. We have the largest selection in stock for immediate delivery.

Open Daily 10-5. Sun. 1-5

The Teak House

MENLO PARK 855 Santa Cruz 323-3838
SAN JOSE 576 W. Santa Clara 293-8686

JANUARY SALE

silk appliqué from... \$55.00
wool & corduroy trousers & skirts... \$49.00
wool & corduroy jackets... \$88.00

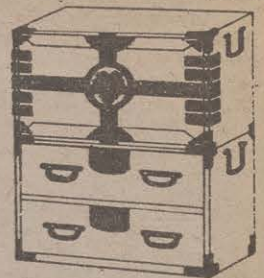


san francisco • 517 sutter
433-6249

berkeley • 2967 college
845-7430

WHITE DUCK

travel
tip



Come to San Anselmo and see more tansu chests in one store than if you crossed the ocean to Japan. In the quarter century we've been tansu specialists, our stock has never been larger or more varied than now.

Limited Inventory Sale

ROGER BARBER

114 Pine Street • San Anselmo
415-457-6844 • Mon-Sat 10-5; Sun 1-5



**WANTAD
SUPER-
MARKET®
777-7777**

Your Old Shutters
CAN LOOK
NEW AGAIN

- SANDED
- REFINISHED

\$18.00 per panel

DE FRIESE & SONS
2300 KEITH ST., S.F.
822-1400

AIDS

LIFE ON WARD 5B

BY RANDY SHILTS

Chanteuse Sharon McKnight tugged her black and white feathered boa over the web of clear plastic tubes threaded into one patient's arm as she stooped to examine the light blue hospital gown of another.

"Love it," cooed McKnight, affecting her Bette Davis accent. "It looks designer."

"See the Dior label?" parried Nick DiLoreta, tugging the gown around his neck like a precious mink.

"San Francisco General Hospital," gushed the entertainer, fingering the gown. "Yes, yes. This is the only place where I like *not* playing to a full house."

Nobody was insulted; McKnight was giving her little performance in Ward 5B of San Francisco General Hospital — the AIDS ward.

McKnight, a performer with enormous popularity in the gay community, was singing here that cold, drizzly night because she knew that most of the patients would never get to a night club again. More people die in 5B than in any other ward in the hospital.

The outbreak of Acquired Immune Deficiency Syndrome has been so virulent that a malady unimagined just four years ago and unnamed until two years ago commands its own 12-bed ward now. The ward exists in large part because AIDS had so much terror and stigma associated with it that patients weren't getting decent treatment elsewhere. Everyone was too scared of them.

As stage for the most frightening epidemic since polio, the AIDS ward has provided the setting for many anomalies: A fiercely committed nursing staff works 12-hour shifts daily, knowing its work will not save lives but will simply make death comfortable. All members of the ward staff insist they would work nowhere else, even though the job gets so jarring that nurses meet twice weekly in encounter groups to work out their anxieties.

The texture of life and death in Ward 5B is described most succinctly in the nightmares of the patients.

For Bruce Schneider, the recurring nightmare has him fading, dissolving like some phantasm into the air. His friends hover in the vague distance, asking him: "Bruce, why are you fading away?" He tries to answer, but they don't hear; he just continues to fade away.

The dream has come many times in the two months that Bruce has been in the hospital. Before August, when his illness started, Bruce was just another hard-working guy in the Castro, holding down a weekday job with the phone company and pulling in weekend shifts as a brunch cook. Within weeks of the diagnosis of *Pneumocystis carinii* pneumonia, however, Bruce wound up in the hospital, his nights filled with bad dreams. At times the days, too, are plagued with the hopeless, terrified moods of nightmares.

Randy Shilts is a Chronicle reporter.

From Castro Street to San Francisco General, the story of the AIDS epidemic

"You'll talk to somebody here one day and they'll say that they're feeling better," Bruce says. "The next day you'll see the nurses taking the sheets off the bed. You don't have to ask what happened because you know."

Often fatigued and sometimes depressed, Bruce spends most of his time watching television. Much of what he sees doesn't make sense now. The commercials about retirement accounts and pension funds are particularly painful. A normal 30-year-old single male like Bruce should expect to live 43.2 years more, according to insurance actuarial tables. But the average victim of PCP can expect to live 10 months after diagnosis; few have survived for longer than two years.

"This is like being on Death Row," Bruce sighs. "But it's worse. You don't know when it's going to happen or how it's going to happen. Will it be the pneumonia or some other disease you've never heard of? You know it probably will be painful. At least on Death Row you know the date and that it's going to be pretty quick and painless."

When Cliff Morrison, a 32-year-old clinical nurse specialist with a background in hospital administration, suggested a special ward for the soaring number of AIDS patients early last year, hospital administrators told him he was crazy. He was told that nobody would want to work in a ward full of dying gay men. Even at San Francisco General Hospital, where AIDS patients were treated better than just about anywhere else in the country, some nurses were bristling at handling the ever-growing AIDS caseload. This was the very reason the city needed a unit to treat AIDS patients exclusive-

ly, argued Morrison. Ward 5B exists because Morrison won his argument.

Three times as many people applied to work in the ward than Morrison needed. Drawn largely from registered nurses experienced in emergency room and intensive care work, the 5B staff is one of the most highly trained teams in any San Francisco hospital, operating in one of the most unconventional wards in California medicine. A determined administrator, Morrison has a distaste for the traditional pecking orders and hierarchies of hospitals.

"The traditional ways wouldn't work here," he says. "Normally, the doctors rule over the nurses and the patients have little involvement in their own care. They don't want visitors or other outsiders in the ward. But we're writing the book on AIDS care here."

"Nurses sometimes know more than the doctors about this; it's not something the doctors have studied in school. The patients sometimes know more than the nurses. And we encourage visitors. They're a tremendous asset in keeping up the will to live."

Painted in cheerful yellows and oranges, and overgrown with house plants, 5B is an informal place. Patients and staff chat about treatments over coffee and doughnuts in the morning. Gay nurses sometimes drop in from other units. The conversations sometimes evolve into high camp, eerily punctuated by painfully long coughs that echo from the rooms of the many pneumonia patients.

Why should I keep from identifying with the patients?" wonders Bill Barrick, a gay registered nurse who transferred to 5B from the clinic at the county jail. "Of course I identify with them. They're my age; I knew some of them before they got here. We're told that it's not professional if our emotions show through. But we couldn't work that way in this ward. It's too intense. To me, working here has gotten me in touch with what nursing was in the beginning — personal care given by an extended family."

Many patients of Ward 5B say night supervisor Cathy Juristo is the most reassuring presence for them. A gray-haired grandmother, Juristo counts her six months in the ward as the most rewarding work in her 37 years as a nurse, even though she has confronted an unprecedented level of grief.

"It makes me feel like a better person to work here; you can do so much to make their stay more comfortable," she says. "They might not get that if you don't give it to them. They're such wonderful guys, they deserve it."

The ward also receives community support unknown to other units in the hospital. Every day, Martin Cox, who has a half-dozen AIDS-related diseases himself, troops from room to room with newspapers, donated pastries and compassion for the dozen patients who normally lie in the ward. Entertainers — McKnight, for example — donate time and money for the AIDS Patient Fund, which finances small comforts

See Page 10

THE MEDICAL MYSTERY

BY DAVID PERLMAN
SCIENCE EDITOR

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

No cause is known; no cure is known; its true definition is still unclear, and the count of AIDS victims continues to rise: Cases diagnosed in America still increase by the hundreds every six months, and AIDS has now been reported in 42 states and nearly 30 foreign countries.

Yet — as is true in the history of so many other diseases — the tragic human toll of AIDS and the mysteries surrounding it offer at least one ironically hopeful prospect: As research intensifies, there is a real possibility that major new insights will emerge to clarify the molecular nature of the defensive mechanisms the human body has developed to fight disease over millennia of evolution.

Those mechanisms involve arsenals of the specialized cells the human body elaborates when it falls under attack by alien germs or proteins, and immunologists are only now beginning to perceive the details of the molecular battle.

Understanding the immune system fully would enable science at last to work a host of wonders: possibly to cure or even avert cancer, for example; or to conquer the truly catastrophic infectious and parasitic diseases that decimate the Third World; or to expand the still-limited numbers of patients who can successfully retain organs transplanted from the dead to the living. The spread of the AIDS diseases, and the public's fearful reactions, will themselves add to the understanding of medical epidemiologists and behavioral scientists.

"AIDS is an extremely interesting experiment of nature," says Dr. Mathilde Krim of Memorial-Sloan-Kettering Cancer Center in New York, "and the results will be relevant to many different areas of medicine. AIDS is a terrific example of the interlocking connection between infections, immune deficiency and malignant disease."

This is why the problem generates such fascination among biomedical scientists, even while it frustrates and saddens the epidemiologists and clinical physicians who must deal with the daily human tragedies the AIDS diseases cause.

For however great the hope may be that AIDS-related science will help lead to the future conquest of other diseases, the present state of knowledge offers little comfort to the victims of the acquired immune deficiency syndrome, nor to members of population groups known to be at highest risk for becoming victims.

Nearly half the more than 3000 AIDS patients who have been diagnosed in America since the first cases were identified and described some three years ago are dead now (see chart at right), and despite some recent indications that new AIDS cases might be leveling off, most epidemiologists believe the epidemic's spread is by no means slowing. AIDS is now legally reportable in many states; although this chart shows a recent decline, statisticians believe that final tabulations for 1983 will show a continuing increase.

The death rate among patients diagnosed before 1982 is already more than 75 percent. And using the most rigid possible definition of AIDS, doctors fear that unless effective treatments are found soon, the death toll from the major AIDS infections will eventually prove to be 100 percent.

Above all, among those most at risk are young male homosexuals, who were the first to be identified as a unique AIDS group. Most noticeable in that group are gay men living in the "fast lane," marked by indiscriminating, intense sexual activity — often with anonymous partners encountered in bars or bathhouses. Today gay and bisexual men account for 72 percent of all the AIDS cases in America, and it is because of their affliction that the term "Gay Plague" first made sensational — if inaccurate — headlines less than three years ago.

By now these other groups are known to be at risk:

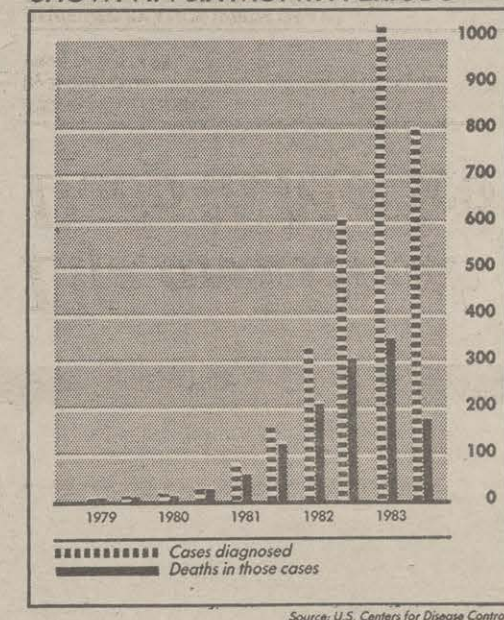
- Present or past drug users who inject their favorite uppers or downers into their veins and often share contaminated needles. These men and women make up 17 per cent of the reported cases.

- Immigrants from Haiti, most of them in New York or Miami, who pose a special mystery because there is so little firm evidence that the 120 known Haitian AIDS patients are either homosexual or involved in intravenous drug use. About 5 percent of AIDS patients are Haitian-born.

- Hemophilia patients, whose blood will not clot and who must therefore use a special clotting preparation made from blood plasma that is pooled from thousands of unknown paid donors. Twenty-two hemophiliacs have been diagnosed so far as victims of AIDS.

AIDS diseases are known in many others, too. In
See Page 12

CASES AND DEATHS BY YEARS SHOWN IN SIX-MONTH PERIODS



PHOTOGRAPHS: STEVE RINGMAN

Deotis McMather

WARD 5B

Continued From Page 9

for the sometimes-deserted patients. Volunteer grief counselors spend hours with patients.

"This is a part of the gay community that doesn't get publicity," says nurse Barrick. "The level of support is astounding."

The ward is dealing with avant garde issues of medical care, most notably the question of when a patient has a right to stop fighting and die. "No Code" is the medical term that sums it up. "No Code" means that no "extreme measures" be taken to preserve a life. Patients go "No Code" in 5B more often than in any other place in the hospital.

Deotis McMather holds the distinction of dying faster than any of the unlucky men in 5B.

A native of the hills of southern Virginia, Deotis had lived a somewhat seamy life, hustling tricks and shooting drugs in the Tenderloin. Last April he noticed purplish bruises all over his body. Not knowing anything about medicine, Deotis had no way of knowing that his immune system had gone haywire and had stopped producing the cells called platelets that make blood clot. Instead of clotting, his blood began to leak from his capillaries with each bump he suffered; the little bruises were external evidence of the deficiency.

By late October, a friend told him his back was covered with them. Deotis himself knew he was very sick; he checked into the hospital for tests. The news that he was getting tested for AIDS prompted his roommate to have Deotis' belongings packed and sent

off to a friend's house.

"Never come back here again," the roommate said.

"I guess it shows you who your friends are," said Deotis stoically.

A week into his hospital stay, the doctors determined that Deotis had idiopathic thrombocytopenic purpura, another one of the bizarre diseases that are associated with AIDS. Because this had inflamed a good portion of his abdominal organs, doctors cut out McMather's spleen and parts of his liver and stomach.

About two weeks later, Deotis' already sad disposition turned grim. "I don't want to be around and be a drain on other people," he said. His condition deteriorated and he was put on a respirator. Then, within hours of the deaths of two other 5B patients, Deotis asked nurses to take out the breathing tubes. At the age of 27, Deotis McMather quietly died.

"We can make death comfortable," says Morrison. "They'll fight and fight and fight. And then it comes to the point that they'll say, 'I just can't take it anymore,' and then, they'll die."

The brisk weeks of winter brought bad times for 5B. With the damp, cold weather, painful *Pneumocystis pneumonia* flared in the lungs of many AIDS patients. The beds of 5B were full. In one 24-hour period, three men died on the ward.

Bruce Schneider's voice barely carries over the hum of traffic on the freeway a few hundred feet from the window of his corner room.

"Every day, you watch television, for some word, some sign that maybe they've found something, some miracle cure, some quick fix," he says. "You're on Death Row here, but maybe you'll get a reprieve from the governor. Maybe you'll get another chance." ■



Clinical nurse specialist Cliff Morrison (right) talks with AIDS patient Nick DiLoreta

MEDICAL MYSTERY

Continued From Page 11

San Francisco, Dr. Arthur J. Amman of the University of California and his colleagues have studied nearly 50 infants and children who have developed the opportunistic infections associated with the syndrome, and whose diseases Amman calls "pediatric AIDS." There may be 100 or more around the country.

Their mothers are often intravenous drug users, prostitutes or immigrants from Haiti, or live in households with AIDS patients. Most of the infant victims become ill between 3 and 6 months of age, and some have survived as long as four years — thus dating the onset of their AIDS diseases even before the syndrome was recognized. But their death rates are high, Amman says.

Then there are the less well-defined categories: Female prostitutes; sexual partners of AIDS patients or of individuals in the known high-risk groups; a very small number of patients — certainly no more than 20 or so — who may have received contaminated blood or commercial plasma by transfusion.

One thing is definitely clear by now, however: No one, certainly no one in the general public, need fear that AIDS can be spread merely by casual contact. As far as anyone can tell, whatever it is that causes AIDS can be transmitted only by sexual contact with an active AIDS carrier, or from the blood or other body fluids of a carrier. There is no danger in giving blood at a blood bank.

While there is still wide confusion among physicians as to what really constitutes AIDS, the federal Centers for Disease Control in Atlanta has defined it rigidly. It is, first of all, not a disease in itself, but rather a set of many symptoms — all of which result from the severely depressed ability of the body's natural immune system to ward off infection.

The known AIDS diseases include a form of skin cancer called Kaposi's sarcoma, a lung ailment called Pneumocystis carinii pneumonia, and a variety of "opportunistic" infections caused by viruses, bacteria, protozoa and fungi.

The more obscure AIDS diseases include such lethal ones as cryptococcal meningitis, an invasion of the central nervous system by a yeastlike organism; cryptosporidiosis, a parasite infection of the intestine common in animals but rare in humans; toxoplasmosis due to a protozoan infection, and the formidably named atypical mycobacterium avium-intracellulare, a rare lung disease resembling tuberculosis and caused by bacteria that most commonly infect chickens and swine.

Most people with normal immune systems can fight off these infections quickly without falling ill or developing any symptoms at all; in AIDS victims any of the infections can be swiftly fatal.

There are even less clear illnesses that may be related to AIDS, too. One is marked by chronically swollen lymph glands in young gay males who show few other symptoms although many have been under observation for more than two years. Physicians studying them, like Dr. Donald Abrams of UCSF, who cares for AIDS patients at San Francisco General Hospital, are still puzzled as to whether this isolated lymph node problem is a forerunner of more serious disease or merely an unusually mild form of AIDS.

Other obscure illnesses that stem from defective immunity may also prove to be non-lethal AIDS. When medical science finally fixes on a definition of AIDS, the total of true cases may turn out to be 10 times the presently accepted total.

According to Dr. James Curran, who heads the federal CDC's task force on AIDS, Kaposi's sarcoma (known to doctors more simply as KS) and Pneumocystis pneumonia (PCP) are the major killers in AIDS.

AIDS CASES

THROUGH DECEMBER 22, 1983

Alabama	5	Mississippi	1
Arkansas	1	N. Carolina	9
Arizona	9	Nebraska	2
California	686	N. Hampshire	2
Colorado	26	N. Jersey	191
Connecticut	28	N. Mexico	1
D.C.	22	Nevada	3
Delaware	1	New York	1373
Florida	213	Ohio	15
Georgia	37	Oklahoma	4
Hawaii	8	Oregon	8
Iowa	1	Pennsylvania	53
Illinois	56	Puerto Rico	18
Indiana	3	Rhode Island	3
Kansas	2	S. Carolina	11
Kentucky	4	Tennessee	3
Louisiana	18	Texas	105
Massachusetts	46	Utah	2
Maryland	27	Virginia	27
Michigan	12	Vermont	1
Minnesota	8	Washington	10
Missouri	7	Wisconsin	2

Source: U.S. Centers for Disease Control

Those who develop KS alone show a death rate of 21 percent; the death rate for those with PCP alone is 46 percent; the death rate for patients who suffer from both diseases is now 57 percent. Among patients who acquire any of the more obscure opportunistic infections, the death rate is 49 percent.

Not surprisingly, the largest proportion of AIDS cases strike in the American cities with the largest gay populations. New York City alone accounts for more than 40 percent of the nation's victims; San Francisco has 12 percent; Los Angeles has nearly 7 percent, Miami about 5 percent. The remaining cases are scattered through the nation.

One fascinating mystery about the risks and origins of AIDS came to light late last year at an international conference on the problem sponsored by the New York Academy of Sciences. A Belgian physician, Dr. Jan Desmyter, reported what may have been some of the world's first AIDS cases — a group of patients that included one person diagnosed as far back as 1977.

Most intriguing about his report was that all 38 patients known to the Belgian doctors have come from Zaire in Africa, the former Belgian Congo. Unlike the situation in America, where white male homosexuals are the victims, 90 percent of the Zaire patients were black, and all the white patients were born in that African territory. All the patients — both black and white — were educated and upper middle-class. Only two were apparently homosexual; none had ever undergone a blood transfusion; none were drug-users; none had ever experienced malnutrition or any of the parasitic diseases that might have threatened their immune systems. French physicians reported similar AIDS patients who also came from nearby African nations, yet who were not in any of the known high-risk groups.

Commented Dr. Paul Volberding, the cancer specialist who treats AIDS patients at San Francisco General Hospital: "The Belgian report is really intriguing. It strengthens the case for the theory that AIDS has existed for a long, long time at a very low level, but remained undiagnosed until it reached the gay community in the United States as a new disease, and then flared into a true epidemic."

Also intriguing in the European cases is their locale. "Classical" forms of Kaposi's sarcoma have been known for many decades in those African areas. The specific skin cancer, in fact, was first described back in 1872 by a Hungarian-born Viennese doctor named Moriz Kaposi. It was seen then as an "indolent" cancer that spread in the tissues of its patients only very slowly, a far cry from the swift deadlines of today's KS.

The same African regions are also known for the prevalence of a type of lymphatic cancer called Burkitt's lymphoma, which many scientists believe is caused by a specific organism known as the Epstein-Barr virus. That germ is one of the family of herpes viruses, and is commonly known as a cause of infectious mononucleosis.

So the most recent reports suggest a strong circumstantial connection between Africa as a possible point of origin for AIDS — perhaps having moved from there through Haiti to the United States. The reports provide still another in the many suspected links between AIDS and a wide variety of viruses.

The theory most prevalent now among AIDS experts is that the immunity defect is caused by a single agent — probably a virus — that is most often transmitted in blood or semen and that acts most viciously on population groups whose immunity has already been compromised by previous infections or by a host of other damaging life experiences.

Kidney transplant patients, for example, must take drugs that suppress the immune system, so that they will not reject the alien kidneys whose tissues normally would provoke a strong immune response in the recipients. Therefore, although their diseases are not classified as AIDS, they are prone to many infections and even to Kaposi's sarcoma.

According to Dr. Gene M. Shearer, an immunolo-
See Page 19

AN EPIDEMIC OF FEAR

BY ERICA GOODE

It was a small thing, and not many people noticed when a young, well-dressed man and his girlfriend stood up in the Bridge movie theater in San Francisco a few weeks ago and changed seats.

Two men were sitting about halfway down the aisle. They were holding hands. The couple walked in. The half-light in the theater made them squint. They spotted two empty seats next to the gay men and started to sit down, but the woman stopped abruptly.

"No, let's sit somewhere else," she said to her companion. "One of them might have AIDS."

Few things dig as deeply into the fears and imaginings buried in the human mind as does the spread of a deadly disease that has no known cause or cure. While imposing a lingering and painful death on its victims, AIDS has extended its impact far beyond those suffering the physical ravages of the illness.

Epidemics, in other years and other centuries, have brought close on their heels a second, altogether different kind of contagion that infects the still healthy: dread, panic; the chilly fear of dying. AIDS is no exception.

When the news media first began reporting on homosexual men dying from a puzzling type of cancer, alarm and uneasiness were already stirring in the gay community. But with the exception of public health workers who had forbodings of what was to come, the heterosexual world remained undisturbed and largely uninterested. After all, many thought, this thing had nothing to do with them.

Then, quite abruptly it seemed, it was there in the headlines: AIDS — a collapse of the immune system, a horrible vulnerability to nearly any voracious infection that came along. A killer.

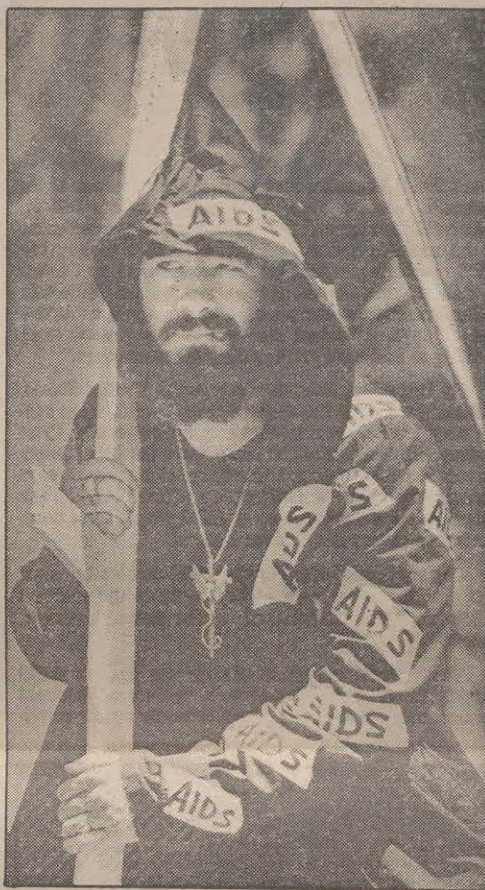
AIDS was suddenly something to think about, to talk about, to worry about. Rumors started. Questions multiplied: "Can I get it from sitting next to a gay man on the Muni?" "Can I get it from eating in a restaurant?" "Should I take blood from the blood bank?"

The spread of AIDS posed a challenge to heterosexual liberals who thought they were above caring about the gender of bed partners.

The crowd of straight diners at Castro Street restaurants thinned considerably. Dinner invitations from gay friends were turned down with mumbled excuses. Highly educated, sophisticated men and women commented at cocktail parties that, despite repeated explanations from the health department, they still thought you might contract AIDS from breathing the same air as someone who had it. Most disturbing, things began to happen that, whatever the actuality, looked a lot like the emergence of a vicious prejudice and homophobia.

Fundamentalists, such as the Reverend Jerry Falwell, preached that AIDS was punishment for the sins of Sodom and Gomorrah, and gays were simply now paying the price for their immoral ways. In offices and at social gatherings, those who had remained silent in their dislike of homosexuality suddenly found it permissible to get off sharp barbs about gays now and then — always in the context of AIDS, of course.

The fear penetrated the medical world. Some nurses — who routinely deal with everything from



Panic in perspective

cancer to bubonic plague — refused to treat AIDS patients dying on their wards. Some attribute this reluctance to anxiety; no one was absolutely certain how the malady was spread. Others say that if children had been dying, instead of gay men, their response may have been different.

Employees of at least one San Francisco hospital quickly turned their trepidation into gallows humor. A wisecrack circulated the floors: There might soon be a fifth "H" to add to the four "H" groups at risk from AIDS — homosexuals, Haitians, heroin users and hemophiliacs. The fifth "H" was "House Staff."

In scattered incidents, jury members and television technicians refused to occupy the same room with men with AIDS. Then, late last spring, the panic seemed to reach its peak when four city gardeners donned disposable suits and surgical masks to clean up trash from the annual Gay Freedom Day Parade.

Dr. Mervin Silverman, San Francisco's director of public health, looks at AIDS as one of the strangest, most challenging and fascinating problems he has faced in his career of fending off the spread of communicable diseases.

"I've probably spent more time thinking about and worrying about AIDS than I have with any other subject since I've been here," Silverman says.

Because AIDS embodied the almost unprecedented convergence of an outbreak within a minority group — the gay community — and a group already politically organized, Silverman says, "it was the most socio-psychological disease" he had encountered.

"When you had polio you could say, 'Don't go to the swimming pool this summer,'" he says. "Here, you had a situation where you didn't have all of the information but you still had to be responsible in what you said. There were people in the gay community who felt that it was not government's role to tell people what to do with their sex lives."

He thinks there was an unnecessary amount of fear in the straight population. The public's fright grew into a second epidemic, he says, compounding and complicating the first.

"It wasn't irrational to have anxiety," Silverman says. "What the hell, we're talking fatality... At the same time, even though we don't have all the answers, the disease didn't come from outer space. We know about disease process... When we're talking about AIDS, it turns out AIDS is not a highly infectious disease."

Citizens made panicked calls to the health department, asking whether they might have been exposed to the malady. Silverman even received a letter asking if the court clerk could accept documents that an AIDS patient delivered by hand.

"I changed what I was saying to the public," he says. "I said, 'There's every reason to be concerned, but let me tell you why you don't have to worry about it.'"

Silverman and the department's highly respected epidemiologist, Dr. Selma Dritz, explained over and over again — on television, in the newspapers, at public gatherings — exactly what was known about AIDS and how it was believed to pass from one person to the next.

"You had an attention-getting disease in an attention-worthy group," said Dritz recently. "But people who are hysterically anti-gay forget that there are human beings dying young, with lots of potential left."

Finally last summer, it seemed, the wave of fear began to recede, at least in its most overt and dramatic forms. Perhaps, as Dritz commented, people tend to have short memories for these things. Or perhaps the news had just quietly settled in.

Experts in mass behavior say they were not surprised by the public's response to the spread of the illness. The situation, they explain, contained all of the elements that produce anxiety and hysteria, and after all, epidemics have occurred before with similar results. AIDS is only the newest variation on plague and pestilence — a periodic reminder that no matter how advanced our technology, nature continues to pull surprises from her bag of horrors.

In the first half of this century poliomyelitis ran rampant, crippling and killing children and adults alike.

"I remember it when I was a child," says University of California-Berkeley epidemiologist Warren Winkelstein, who is now launching a study of AIDS. "There's a lot of hysteria when there is an epidemic and people don't understand it or can't control it. Polio was epidemic every year. When it was serious, the level of hysteria was very high and people determined their actions by it. They didn't go to the movies and wouldn't let their children go to swimming pools."

"And everyone was frightened," he says. "I

See Page 18

Erica Goode is a Chronicle reporter.

THE ESTABLISHMENT LURCHES INTO ACTION

The national picture

BY RANDY SHILTS

With no apparent malice, Bill Kurtis, anchorman of the CBS Morning News, started a recent speech at the San Francisco Press Club with a joke.

"You know the hard part of having AIDS?" he asked, before handing out the annual press club newspaper awards. "Trying to convince your wife you're Haitian."

That the joke was greeted only with mild titters and nervous glances was a sign of the uneasiness the topic generated. That the joke was made at all, by an influential television reporter, is emblematic of a fundamental stumbling block to a public fight against AIDS.

Because AIDS has largely been an affliction of homosexuals, spread mainly through sexual contact, public institutions — more attuned to more traditional diseases in more conventional groups — spent two years waffling before any taking substantive action. In some cases, the official response to the outbreak of a deadly new syndrome was nil; when the malady became too widespread to ignore, it became something of an uncomfortable dirty joke.

A four-month Chronicle survey of health officials, researchers and political figures active in various aspects of the AIDS crisis has found a near-unanimous opinion that handling of the epidemic was bungled. Government, medical and media institutions failed to provide adequate resources, expertise and awareness to solve the mysteries — or at least curb the devastation — of the syndrome.

Many decades ago, the puzzles of sundry scourges were solved by scientists laboring in small laboratories with small budgets. After World War II, when research costs began soaring, private foundations — like the National Foundation for Infantile Paralysis, which sponsored much of the exploration into polio — started picking up the tab. Since the '60s, however, as research has become increasingly expensive, the government has assumed the central role in the nation's medical studies, financing research and employing thousands of scientists in the National Institutes of Health. In 1983 alone, the federal government spent a total of \$5.4 billion on health research in America.

When doctors first connected a handful of mysterious diseases to the phenomenon now known as AIDS in April 1981, the federal Centers for Disease Control in Atlanta jumped on the emerging epidemic with the kind of timeliness that had earned its reputation as the federal government's most effective health agency. By June, an AIDS Task Force emerged from the agency's venereal disease team, the staffers who had already been working with the gay community for several years. Money was pirated from other health projects. The task force quickly documented startling increases of AIDS — some 111 cases were detected within the first seven weeks of the task force's work. Ominously, half of the stricken were already dead.

In September 1981 the National Cancer Institute

called the first conference of AIDS researchers at its Bethesda headquarters. The way scientists tell it, health officials agreed that AIDS posed a grave threat to the nation's health and indicated that money for AIDS research projects might be released by Christmas. Dr. Marcus Conant of the University of California at San Francisco describes his own assessment: "At the end of 1981, it looked like the money would start pouring in and we'd start getting some answers."

By this point, scientists across the United States, including many in the federal government, were seeing why it was so crucial that inquiry be speedy. "The pattern showed that AIDS cases were doubling every six months. That's an extremely rapid increase," says Conant, the chair of California's official AIDS Task Force. At such a rate, cases of AIDS would soon number in the thousands, Conant figured.

Conant's predictions of the AIDS caseload proved accurate; his assessment of how quickly the nation's public health establishment would react, however, wasn't.

The federal government's efforts against AIDS quickly faltered, according to a review of internal memoranda obtained by The Chronicle under provi-



Bill Kraus

"You could tell something was funny from the start Funding levels were incredibly minuscule considering the scope of the problem"

sions of the Freedom of Information Act. The memos, and a subsequent report issued by the House Committee on Governmental Operations, show a stark conflict between government scientists eager to tackle the AIDS problem and administration budget slashers.

By December 1981, while the national AIDS caseload soared, the Task Force was already suffering from a lack of funds. Dr. James Curran, coordinator of the federal AIDS effort, submitted a modest \$833,000 budget to the CDC director; the request was never approved, according to the congressional report. Eight months later, Congress allocated an extra \$500,000 for

AIDS work; President Reagan vetoed the appropriations bill. The veto ultimately was overridden by Congress.

In the 10 months between the time Curran asked for extra funding and the time he received it, however, the number of AIDS cases had skyrocketed to more than 500. Meanwhile, hundreds more cases were incubating.

Budget requests for the 1983 fiscal year, submitted to the Office of Management and Budget in mid-1982, also met with opposition from administration budget officials. The AIDS Task Force had to submit its budget three times before it was cut back sufficiently to satisfy the strict budget constraints.

"As you know, the attached budget is insufficient to adequately fund AIDS surveillance and epidemiologic studies," wrote Dr. William Rushing, the administrative officer of the AIDS Task Force, when he handed in the final scaled-down budget.

Bureaucratic red tape slowed research outside the government. The National Cancer Institute, which had hinted at money by December 1981, didn't issue a call for funding applications until August 1982. Money from this appropriation was not released until May 1983.

It also appears that much of the money spent within federal agencies with the understanding it would support AIDS research may have been diverted to already-established projects that were only tangentially related to AIDS. Only about 10 percent of the money to be given to non-government researchers for AIDS went to scientists delving specifically into the syndrome, according to the congressional report. "The remaining 90 percent comprised previously awarded grants to investigators who diverted 20 percent or less of their funds to AIDS research," the congressional investigators asserted.

Confusion erupted over the assignment of AIDS to a particular bureaucratic turf. Since AIDS first manifested itself as a skin cancer, the cancer institute initially handled the syndrome. Later, when it became obvious that the cancer was only part of an overall breakdown in the immune system, much of AIDS research fell under the aegis of another agency.

"We ended up spending much of our time writing and rewriting grant proposals for the bureaucracy," complains Dr. Andrew Moss of UC-SF, one of the nation's most respected epidemiologists. "The whole grant process also put us in competition with each other. Rather than collaborating, we were scrapping. That's not the way things should work in an emergency. It slowed our work immeasurably."

Attempts to trace the spread of the disease were all but nonexistent. The National Institutes of Health said this work was the responsibility of the Centers for Disease Control; the Centers for Disease Control thought it was being handled by the National Institutes of Health. As a result of the confusion, very little of the important epidemiology was ever analyzed.

The one comprehensive case-control study by the Centers for Disease Control was so out of date by the time it was published in the *Annals of Internal Medi-*

cine last August that it was met with almost universal derision by AIDS researchers.

Federal health officials weren't alone in ignoring the rapid spread of the deadly new syndrome. Most of the nation's major media institutions pretended that AIDS did not exist. Except for a few tidbits on "gay cancer" or "gay pneumonia," AIDS generated little national press attention.

The scientific and medical establishments were also slow to react to the crisis. San Francisco AIDS researchers, for example, say privately that the city's AIDS clinic was established in San Francisco General Hospital because the University of California was not enamored with the idea of hosting a clinic catering to gays.

"The homophobia is probably less than most people imagine among medical people, but it certainly was there," says one prominent AIDS researcher, who asked not to be named. "AIDS certainly wasn't considered something respectable scientists did. There wasn't the money or the media attention at the time to make it attractive."

Another researcher, Dr. Donald I. Abrams, says that colleagues warned he might be committing "professional suicide" by working at the hospital's AIDS clinic instead of sticking to laboratory research. These problems of prejudice were far greater in other cities than they were here.

During the first two years of the crisis, few in the gay community sounded alarms. Political leaders often played down the growing health threat, in part because the notion of a sexually transmitted deadly disease represented a public-relations disaster for the gay rights movement. Gay newspapers largely shunned talk of AIDS and all its messy implications.

Though growing numbers of intravenous drug users and Haitian refugees were found to suffer from the disorder in 1982, AIDS was widely perceived as the "gay plague," as one unfortunate wire service story called it. A handful of committed scientists worked heroically in various cities with little public recognition and scanty budgets. Through the two years of inaction, one suspicion lurked among the handful of people who bothered to form an opinion.

"There are no doubts in my mind that if the same disease had appeared among Americans of Norwegian descent, or among tennis players, rather than among gay males, the response of both the government and the medical community would have been different," said Congressman Henry Waxman of Los Angeles in early 1982.

The sight of a once-muscular and handsome friend withering away from a mysterious new disease disturbed and frightened Bill Kraus. Like many gay men, Kraus had kept the threat of the new epidemic comfortably out of mind. Then, in the summer of 1982, it hit a gym buddy. Kraus, then an aide to the late Representative Phil Burton, made a routine request from the U.S. Department of Health and Human Services for the AIDS funding levels; he wanted to see what was being done.

"You could tell something was funny from the start," says Kraus, former president of the Harvey Milk Gay Democratic Club and now an aide to Representative Sala Burton, D-SF. "It was very hard to get information. What I did get showed that funding levels were incredibly minuscule considering the scope of the problem."

At the beginning of 1983, Kraus discovered that the National Institutes of Health were spending only two-tenths of one percent of their budget on the deadliest fastest-spreading epidemic to hit the United States since polio. "I was appalled," says Kraus. "But these federal people treated me as though I were hysterical — they kept saying, over and over, that the scientists had plenty of money to fight AIDS."

The sheer volume of AIDS cases across the coun-

try snapped the gay community to attention in March 1983, when the AIDS casualty rate topped the 1000 mark. Gay papers started running stories about AIDS and gay activists angrily denounced the lack of government funding. A series of dramatic candlelight marches in major cities, led by AIDS patients, successfully garnered what AIDS had long lacked: substantial media attention.

With the sudden discovery of AIDS by the media, attention to — and concern about — the baffling



Dr. James Curran

'You can't single out the government; everybody was late in picking up on how serious this was'

syndrome exploded into an onslaught of news magazine cover stories, network television reports and daily headlines. The attention engendered political pressure on congressmen from districts with gay constituencies. Suddenly, Congress was clamoring to give AIDS researchers all the money they wanted.

The assistant secretary of health and human services, who is in charge of all federal health efforts, Dr. Edward Brandt, quickly labeled AIDS the administration's "number-one health priority." Despite the rhetoric, however, budget officials still resisted giving AIDS researchers more money. In appearances before congressional committees, Brandt simply assured legislators that government AIDS researchers had all the money they could spend.

Despite Brandt's public stance, a private battle was taking shape within the administration. Days after telling Congress that the government did not want any more AIDS money, Brandt wrote an administration

budget official that "It has reached the point where important AIDS work cannot be undertaken because of the lack of available resources."

Dr. William Foege, director of the Centers for Disease Control, who said publicly that his agency needed no money, was privately pleading for funds. "Clearly we can effectively use more funds and positions this year and definitely should be expanding our efforts in 1983," he wrote in May. Two years of pirating money from other health programs to fund AIDS probes had cut significantly into other important health work. The government's lack of funding, Foege wrote, left his agency "in the frustrating position" of "playing catchup in regards to AIDS money."

The administration, however, held a tough budget line and told Congressional aides that they opposed increased funding for AIDS research.

"It got to the point where we had to force money on them," says Representative Barbara Boxer, D-SF/Marin. "It was the strangest thing. Normally in an epidemic, health officials come begging Congress for more money. It seemed that we had to beg them to say they needed it."

In May, over the objections of the administration, Congress allocated an extra \$12 million for last year's AIDS research. Again over administration objections, Congress passed \$41 million more for AIDS research in the current fiscal year. With this appropriation, the tide had turned on AIDS research. With money in place, the nation's scientists turned their attention to the disorder; with media attention, prestige awaited the researchers who ferreted out the cause of the ailment. "Everybody sees a Nobel Prize in this, of course," says Dr. Warren Winklerstein of UC-Berkeley, the recent recipient of a \$3 million federal grant for AIDS research. "But that's not bad — that means you'll get the best minds in the country working on this."

For their part, government officials are defensive about the criticism they've endured from frustrated researchers and angry politicians.

"This is cursing the darkness after the candles have been lit," says Curran of the federal AIDS Task Force. "You can't single out the government; everybody was late in picking up on how serious this was. The media wasn't around two years ago and neither were the congressmen who are talking so much now."

Still, the administration's handling of AIDS remains such a touchy issue that last month the House Committee on Government Operations asked that all funding decisions be taken out of the hands of Reagan budget officials and entrusted to an independent commission of scientists.

"Unfortunately, the lives of countless Americans may be jeopardized when the scope of AIDS research and surveillance is dictated by budget considerations rather than the professional judgments of public health and medical experts," the committee wrote in its final report.

Politics and Bathhouses: Local Complexities

Recent rumors that AIDS patients were cavorting in San Francisco's bathhouses presented Dr. Selma Dritz, of the city's Bureau of Communicable Diseases, with one of the most complicated dilemmas she had faced in nearly two decades of work in public health.

"There were questions of civil rights and privacy, up against the problem of protecting the public health," Dritz recalled recently. "We didn't know which way to turn."

A deputy city attorney eventually ruled that the medical uncertainties surrounding AIDS precluded any action by the city: Authorities can't keep AIDS patients out of bathhouses — in effect, quarantine them — because scientists don't know exactly what causes the disorder.

Still, the entire issue demonstrates what enormous complexities a syndrome sexually transmitted among an unconventional minority poses for local

See Page 16



POLITICS AND BATHHOUSES

Continued From Page 15

health authorities.

The course of policy-making over this uncertain terrain has been rocky. While federal efforts to fight AIDS floundered because gays wield so little clout on the national level, local efforts to deal with the syndrome in San Francisco floundered because gays have so much power that health officials were worried about angering the political Goliath.

The city's confusion about how to deal with gay bathhouses was a prime example. From the start, studies have shown that AIDS victims tend to be the men who engage in frequent anonymous sex at bathhouses. AIDS researchers make little secret of the fact that they consider baths to be breeding grounds of the syndrome. Pragmatic homosexual activists wouldn't mind seeing the baths closed. Gay radicals, however, have loudly maintained that gays have a right to be promiscuous, even if it means contracting AIDS.

Caught between warring gay factions, the Department of Public Health stalled on making any moves that might be controversial. Dr. Mervyn Silverman, the public health director, first said he did not have the authority to require baths to post warnings about AIDS, but changed his mind after Mayor Dianne Feinstein and a majority of the board of supervisors clamored for such warnings.

"The information people listen to is what comes from their own peers," said Silverman when he announced he would require AIDS pamphlets in baths last summer. "We'd have a very hard time getting into the business of telling people how to have sex."

AIDS researchers, who have to confront the dead and dying on a daily basis, insist that officials do need to tackle the sexual issue head-on; sex is clearly the major mode of transmission in a city where more than 95 percent of AIDS victims are gay or bisexual men.

"The baths should be locked up — or at least there should be giant signs in big red letters saying 'This Place Can Kill You,'" says one prominent AIDS researcher, who asked not to be named. "But they won't do it. They're pussyfooting around this because of politics."

It would be hard to avoid politics with AIDS in San Francisco, the site of the largest and most politically

The baths should be locked up,' says one researcher. 'But they won't do it. They're pussyfooting around this because of politics'

powerful gay community in the country. During the first two years of the epidemic, for example, the health department's AIDS efforts were coordinated by Pat Norman, a lesbian who was then preparing her current campaign for a seat on the board of supervisors. Norman gave AIDS a low profile, she says, because she didn't want to engender hysteria; her detractors say she didn't want to muddy the waters of her own political future. No matter why, the health department did not even put together an AIDS brochure until May

1983, more than two years after AIDS was detected here.

For all the barbs San Francisco officials have faced, a Chronicle survey of other major American cities has found that San Francisco's handling of AIDS is considered the national prototype. Chicago has not allocated any funds at all for public education. Los Angeles got its AIDS program off the ground only last fall. New York City, with about half the nation's AIDS cases, has spent \$1 million for its non-hospital health activities relating to AIDS.

San Francisco has also aggressively conducted the best epidemiology on AIDS in the country, work that some scientists say is more comprehensive than that done by the federal Centers for Disease Control. Because relations between public health officials and gay physicians have long been cordial, cooperation has marked efforts by health authorities to monitor information about the spread of AIDS. In New York City, where gay physicians are far more suspicious of health officials, some gay doctors have simply refused to report AIDS cases, throwing attempts to chart national AIDS trends into disarray.

The headaches for local jurisdictions may only be starting. The costliest aspects of AIDS involve hospital treatment for patients who lack health insurance. Patient services consume most of the \$4 million San Francisco is spending on AIDS this year. New York City is spending \$30,000 a day to treat patients, and officials expect this sum to soar higher as patients diagnosed within the past year begin needing hospital care. "It's going to be a staggering cost," said Marvin Bogner, assistant health commissioner for New York City. "We're terribly concerned."

Mayor Dianne Feinstein, who heads the U.S. Conference of Mayors AIDS Task Force, has asked the federal government to help cities pay for the immense costs of hospital care. Secretary Margaret Heckler of the U.S. Department of Health and Human Services, however, has maintained that such costs are a local responsibility.

— R.S.

GAY REACTION

Continued From Page 17

why so many are having such a tough time changing their sexual mores, but also why AIDS was able to so quickly proliferate in San Francisco.

There is an irony to it all. After all, throughout the early 1970s, gay political leaders spent years arguing that homosexuals certainly did not fit the old stereotypes of depraved, drugged-out, alcoholic, promiscuous, sex-obsessed men with penchants for kinky sexual acts.

The success of this argument brought a liberal atmosphere to San Francisco that enticed gay men from all over the country, tens of thousands of them, to move here. Because many gay men came drawn from backgrounds in which they'd never had a chance to experience the basic adolescent courtship and dating rituals, there was an adolescent emphasis on sex. They had a lot of catching up to do. The immigrants practiced a lusty lifestyle, like sailors on shore leave after years before the mast. They told themselves that they weren't cavorting any more than heterosexual men would if they had willing partners. They were just men being men.

By the mid-1970s, promiscuity was less a lifestyle than an article of faith. Some gay theorists even saw sexual promiscuity as a step toward broader political freedom. Before long, an entire subculture and business network grew up, catering to drugged-out, alcoholic, promiscuous, sex-obsessed gay men with penchants for kinky sexual acts.

San Francisco's many spacious bathhouses were unprecedented businesses in that they were created solely for the purpose of quick multiple sexual contacts, often accomplished without speaking so much as one word. In sex palaces like The Hothouse off Folsom Street, a man might reserve a room for an entire weekend. With a supply of methedrine, he could spend up to 48 sleepless hours in sexual euphoria. Every weekend, discos pulsated with dulling, synthesized

music well after sunrise.

At the zenith of the new, unabashed gay subculture of the late 1970s, all-night parties became the rage. Every major homosexual high holiday — from New Year's Eve to Valentine's Day, Gay Freedom Day and Halloween — featured an all-night party in a fashionable locale, such as The Galleria. The late-late hours were made possible by ample supplies of drugs: LSD and MDA, speed and cocaine.

The patrons of the bathhouses and all-night discos certainly were only a fraction of San Francisco's gay men. But even 10 percent of, say, 100,000 gay men in San Francisco would add up to a massive fast-lane subculture: 10,000 men. Though stricken by wave after wave of progressively more serious sexually-related diseases — from syphilis to hepatitis to pandemic levels of amebiasis — the party jived on.

Then came the deaths that nobody could explain. There was the baffling illness of Michael Maletta, the man who pioneered all-night gay parties; within months, he was dead. "Gay cancer" struck Patrick Cowley, the brilliant 32-year-old record producer who wrote the disco music for the all-night parties. He died in 1982. By the time the man who sold \$6 bottles of amyl nitrate at the seedy Ambush bar on Harrison Street got sick last year, people knew the syndrome as AIDS.

The entire scenario was ripe for many small tragic tales. Richard Brian Herbaugh, a 29-year-old from Seattle, was among the thousands who moved to Gay Mecca. About a year ago he noticed tell-tale purple spots on his body. A doctor quickly diagnosed the spots as the lesions associated with Kaposi's sarcoma, the skin cancer common among AIDS patients.

The way his acquaintances later told the story, Herbaugh was a loner with few intimates. His life, like the lives of so many others, didn't have much time for socializing. Once finished with his working hours at the Emporium, Richard spent much of his free time at the Club Baths on Howard Street, where, a roommate later recalled, he would stay all night and "take on all comers." Once diagnosed with AIDS, he sat down in his Clayton Street apartment and wrote a note.

"I can no longer stand the pain. My head constantly hurts . . . I am weak and no one to touch, to hold, to cry on. Oh my loneliness. The void. I sigh."

Richard Herbaugh folded up his note, walked six blocks to a secluded glen of Golden Gate Park and hanged himself.

"Maybe this wouldn't have happened if I had liked myself more," he wrote in the note found near his body.

Lying in his designer sheets, in his comfortable apartment above Castro Street, Gary Walsh smiles as he ponders the fantasy he's so frequently had in the long months he's spent lying in bed. He'd like to go to a park down the street, he says, and toss dimes, quarters and half-dollars — unexpected treasures — to the children who play there.

Gary's face is pale now, after fighting the onslaughts of a half-dozen AIDS-related diseases. When he's reminded that he is a psychologist who should be able to interpret his own fantasy, his eyes still shine. For the children, coins would be treasure. For Gary, the treasure is more elusive: health.

"Sometimes I think of what it would be like if they found some silver bullet to end this," sighs Walsh. "There'd be dancing on Castro Street. It would be behind us, like a bad dream."

The bad dream is not fading away; Gary is. He had come to Castro Street a decade ago, when being gay here meant being a part of a certain idealistic vision. Now, after finding professional success and personal fulfillment, he lies in bed, wondering which infection will put him in the hospital next time, and whether that will be the last time.

"I feel I have learned a lot about gay love from this, not gay sex, but the true vision of what we were talking about in the beginning — standing together, helping each other out and being proud of who we are, against all odds," he says.

As the fading sunlight falls across his face, he adds, "Of course, nobody had planned on this." ■

EPIDEMIC OF FEAR

Continued From Page 13

thought I had polio every year, every time I got a headache."

In a climate of uncertainty, the experts say, rumors and superstitions flourish. The cry of "Epidemic!" goes up. Social mores may change suddenly to accommodate fear and minimize the risk of contracting the illness. If medical science is unable to provide the public with a clear villain, the panicky healthy will often come up with their own answers.

In the 14th century, for example, when the Black Death swept through Europe, medieval "plague doctors" touched their patients only with long sticks. Unaware of how the sickness was transmitted, they threw open the windows in the houses of the dying and wore strange and elaborate suits of armor — equipped with long beaks filled with aromatic herbs — to try to purify the air and avoid contamination.

When a ready-made "outgroup," such as the gay community, is linked with the illness, ignorance and anxiety often feed prejudice and suspicion, scientists say.

"There is a history in the West of the notion of disease as retribution," says UCSF research fellow Barbara Koenig. "If you were a member of an African tribe sitting under your granary just as the termites ate through it, your first thought would not be that it was coincidence; you would first think about who did it and what caused it to happen."

"That's why there's been such a fundamentalist

Christian reaction to AIDS," says Koenig, a specialist in medical ethics. "They are opposed on Biblical grounds and believe that sin brings on disease. As a nurse, I know that is frequently a problem today, and it's still a problem with disease. Although people can say they just happened to get sick, they still wonder what they did wrong to cause it." Scapegoating and its compan-

Scapegoating and its companion, 'blaming the victim,' are ways of pushing away the fear

ion, "blame the victim," are also ways of pushing away the fear, the experts say. We need to be assured that the world works in some rational way, not in a random, hodge-podge manner out of our control.

The fact that AIDS primarily occurred in the homosexual population, says Thomas Pettigrew, a UC sociologist and expert on prejudice, has not served to

reassure people that they are less likely to get sick, as might be expected. Rather, "It seems to enforce what they thought anyway about gays. People can say they got what they deserve, or if they'd just straighten up and fly right they would be all right," he says.

Stigma and prejudice tend to foster wrong-headed beliefs about the target group, says Pettigrew. There was a great hue and cry in the South, for instance, when people wanted to build swimming pools to accommodate both blacks and whites.

"If you pressed people on this," he says, "the theory turned out to be that blacks were diseased. If you pressed people on what the disease was, they would say 'Syphilis.' Now, indeed, the syphilis rates for blacks at the time were slightly higher than for whites; but they certainly weren't going to get syphilis in the swimming pool."

Many people, including public health officials, believe the AIDS panic is now over. Yet people still move away from gays at movie theaters.

AIDS has changed things, and there may still be changes to come. If nothing else, we are reminded that infectious disease is not a thing of the past.

"The point all this makes," says AIDS specialist Dr. Marcus Conant of UCSF, "is that we just aren't set up for a real public health disaster. We're prepared for war, or natural disasters like earthquakes or floods, but not for a brand-new infectious disease."

"We should use this as a model," Conant says, "and not make the same mistakes again. Because plagues most certainly will happen again. Man is a biological system, and we are always going to be attacked by infectious diseases." ■

MEDICAL MYSTERY

Continued From Page 12

gist at the National Cancer Institute, "The evidence that AIDS involves an infectious agent is compelling although circumstantial." He believes that infectious "co-factors," such as the interaction between two or more different viruses, may play a role, and that non-infectious factors are also involved in suppressing the immune system.

These other factors could include repeated exposure through the blood stream to semen and sperm cells that depress the ability of disease-fighting white cells to reproduce; repeated infections from sexually transmitted diseases like syphilis and gonorrhea; "recreational" drugs like marijuana; a history of severe malnutrition; and even a genetic predisposition to lowered immunity.

In the gay community the AIDS toll is greatest among young men who have had scores — if not hundreds — of anonymous sexual encounters, and particularly men whose experiences include oral-anal sex or who have acted as passive partners in an anal sex activity known as fisting. Physicians know that delicate anal tissues are extremely susceptible to tearing — and therefore can be a source of contact with blood, as well as a portal of entry for immunity-suppressing semen and sperm cells.

U.S. Public Health Service experts and physicians who have treated many AIDS patients have listed the most logical recommendations for preventing the lethal problem:

- People should avoid sexual contact with persons known or suspected of having AIDS. Having multiple sex partners increases the AIDS risk, and so do oral-anal contact, genital-anal penetration and similar practices. Condoms are a must, to prevent direct contact with blood, semen or other body fluids from potential AIDS carriers.
- Members of population groups at increased risk for AIDS should refrain from donating plasma or blood.
- Intravenous drug users should never share needles.
- Physicians should administer blood transfusions only when medically necessary, and should encourage surgical patients to allow their own blood to be drawn before an operation for possible transfusion after surgery.

In research laboratories all over the country today, scientists from many disciplines are trying to ferret out the elusive cause of AIDS.

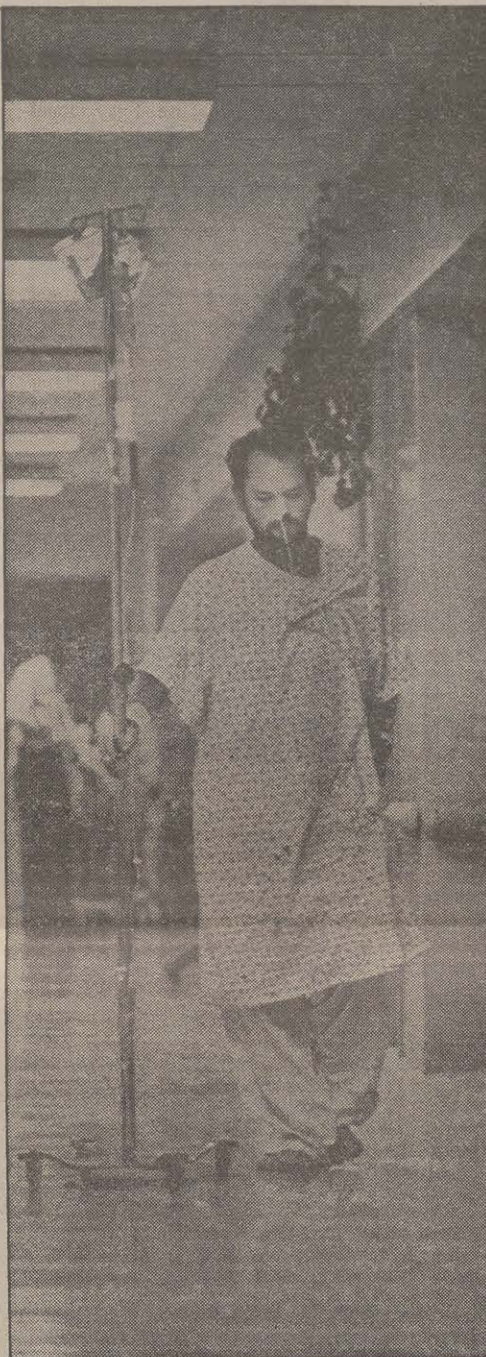
Some, like Dr. Jay A. Levy and John L. Ziegler in San Francisco, believe that whatever the AIDS agent may turn out to be, it can strike only victims whose immune systems have already been damaged by earlier assaults such as repeated viral infections, repeated bouts of sexually transmitted diseases or repeated treatments with antibiotics.

A small minority, like Dr. Joseph A. Sonnabend, a New York pathologist, argue that there is no single AIDS agent, and that repeated infections plus sexual promiscuity and "fast track" lifestyles are responsible for destroying immunity.

Most researchers, however, continue to theorize that a single virus or perhaps one that has undergone a recent unsuspected genetic change will eventually be indicted in the crucial role as the infectious agent triggering AIDS.

The evidence that the primary cause of AIDS is a single transmissible agent, says Dr. Anthony Fauci of the National Institutes of Health, is so overwhelming "it hits you like a Mack truck." Among the leading viral candidates is cytomegalovirus (CMV), a major cause of congenital disease in infants, infectious mononucleosis in young people and severe pneumonia in adults.

Dr. Lawrence Drew of Mount Zion Hospital has found evidence of CMV infection in nearly 100 percent of all AIDS patients he has studied, compared with 70 percent in disease-free gay subjects. Evidence of past



Deotis McMather

CMV infection, apparently harmless, has been found in about half of a group of currently healthy subjects tested. CMV is also common among heterosexual men with a history of venereal disease, and the virus is known to be carried in semen and infected blood.

According to Dr. Martin S. Hirsch and Dr. Donna Felsenstein of Harvard Medical School, CMV suppresses the immune-fighting ability of white blood cells that are known as T lymphocytes, the so-called "helper" cells. The virus also increases the numbers of other white blood cells, called "suppressor" cells, which impede the functioning of the "helper" cells in the body's immune system. A decreased ratio of "helper" to "suppressor" cells is a key sign of AIDS.

Among other immunity-suppressing organisms that have been suggested as causes of AIDS is a virus known as HTLV, which is believed to cause some leukemias in humans by immobilizing the immune

activity of T-cells. Researchers detect HTLV in about 30 percent of AIDS patients.

Another suspect is the Epstein-Barr virus mentioned above, the organism involved in Burkitt's lymphoma and also in infectious mononucleosis. Some scientists even suspect an animal organism called a parvovirus, which causes lymph node defects, diarrhea and damaged white blood cells in dogs.

The discouragingly elusive nature of the infectious AIDS organism — if there is one, and whatever it is — strikes home in the most recent report from researchers who believe they have discovered a rare fungus as the cause of the syndrome.

A team from the National Institutes of Health in Bethesda, Md., reported in November that the fungus they detected in white blood cells from six AIDS patients released a substance similar to cyclosporin, a recently purified compound now widely used as an immunity-suppressing agent in kidney and heart transplant patients to keep them from rejecting their newly transplanted organs.

But Dr. Jay Levy at UCSF argues that the fungus is most unlikely as a culprit, because it fails to explain the AIDS cases in hemophilia patients. AIDS is most probably transmitted to those patients in the clotting substance they must use to prevent uncontrolled bleeding, and that substance — called Factor VIII — is prepared from blood plasma that has been finely filtered and freeze-dried. But fungus spores, Levy points out, can't possibly pass through the filters used in preparing Factor VIII. And therefore, he maintains, any presumed AIDS organism must be far, far smaller than a fungus.

So the frustrating search for the cause of AIDS — so essential to hopes for an ultimate cure and perhaps even a vaccine — continues.

Prospects for the permanent cure of the AIDS diseases are dim at best, although concerned physicians can use standard treatments to help victims temporarily, and support groups can assist them to cope with the devastating psychological impact of the problem.

In Kaposi's sarcoma, because radiation and many of the standard chemicals used in cancer chemotherapy also depress the immune system, they must be used only sparingly. Researchers have been experimenting with interferon, a natural human protein that is known to attack viruses and that has been used experimentally against other forms of cancer.

At San Francisco General Hospital, Volberding and his colleagues have been testing a form of interferon made by genetic engineering techniques. They report cautiously that the drug seems to induce a remission of the tumors in about 40 percent of the patients treated. Other medical centers are testing other types of interferon with similar results.

As for pneumocystis pneumonia, the standard drugs for treating other types of pneumonia are in use. But because the immune systems of these patients are so badly depressed, the drugs provide only temporary slowing of the disease.

At some research centers, physicians are trying to rebuild the immunity of AIDS patients with hormones derived from the thymus gland, a major center of the immune system, while others are testing a substance called interleukin-2 in the laboratory. Produced by normal white blood cells, interleukin-2 seems to restore the disease-fighting ability of white cells taken from AIDS patients. This research, however, is only in its earliest stages as yet.

Despite all the focus of public and medical attention and the slowly increasing level of government funding — an estimated \$41 million in research funds this coming year from the National Institutes of Health — AIDS is still the world's most puzzling medical mystery.

It is also, as one physician has called it, "an epidemiological, diagnostic, therapeutic and political nightmare." ■

New Theories About AIDS

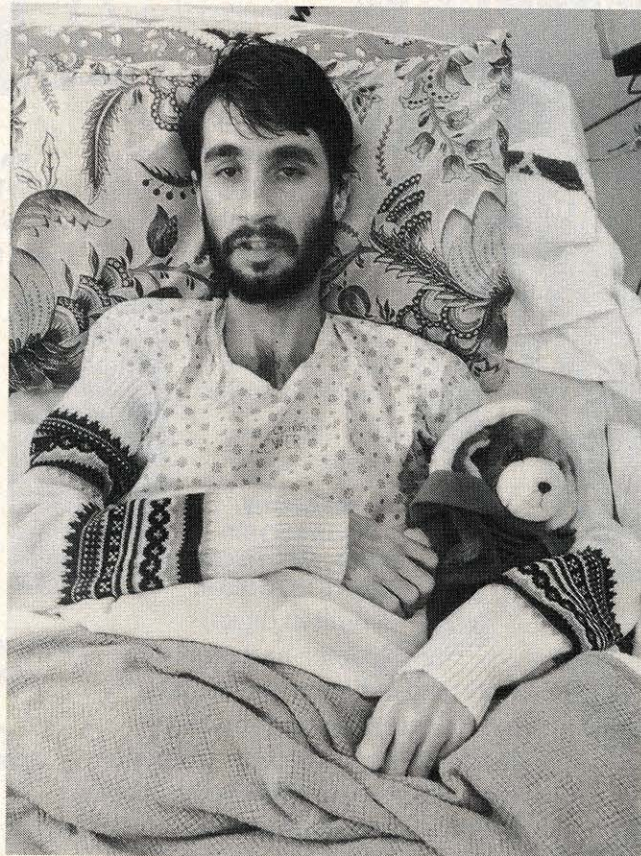
The detective work is frustrating, but researchers are learning more about the nature of the deadly epidemic.

Modern disease epidemics, however deadly, have a way of capturing public attention temporarily and then dropping out of sight, out of mind and out of conversation. Recent outbreaks of Legionnaire's disease and Toxic Shock Syndrome already seem almost as remote as the polio and influenza epidemics of another generation—and even herpes is no longer a hot topic among young singles. But the staying power of AIDS, unfortunately, is different. Although the wave of panic the disease spawned across the United States last year has ebbed, an AIDS hot line set up by the government in July is still fielding 1,000 calls a day. And the devastating, nearly always fatal disorder that has struck 3,210 Americans remains a tragedy for victims and their families, a terrifying specter for those at risk and a source of deep frustration for the scientists pursuing the killer.

Partners: A major reason for the decline in public hysteria over AIDS is increasingly strong medical evidence that the disease rarely strikes outside certain well-defined groups. At risk: homosexual and bisexual men, intravenous drug users, hemophiliacs, other recipients of blood transfusions and Haitian immigrants to the United States. When the disorder was first identified in 1981, researchers quickly recognized that it could be transmitted through homosexual contact, especially with multiple sex partners, but this month the report of two highly atypical cases of AIDS involving a man and woman in their 70s seemed to confirm that monogamous heterosexual men can also infect their partners (so far there is no clear evidence of female-to-male sexual transmission of AIDS). According to the Centers for Disease Control (CDC) and a team of researchers from the University of Miami, a Florida couple who had been married for 50 years and had sex only with each other (every two or three months) both became victims of AIDS. The husband, a hemophiliac who had presumably acquired the disease through an infected batch of the clotting factor he regularly took, exhibited symptoms of the disease only a few months before his death last May; his wife apparently caught it from him and

became sick a full year earlier, well before he showed any signs of illness.

Some experts initially questioned whether AIDS was transmitted through blood transfusions, but a second report published this month by the CDC indicates that it probably can be. In an ongoing study of AIDS patients who had received transfu-



James D. Wilson—NEWSWEEK

AIDS patient Warren Johnston in San Francisco: 'Now I know'

sions within the previous five years—and had no other risk factors for the disease—the researchers tracked down high-risk blood donors for 10 of the first 12 victims they investigated. Many of these donors, by the time they were identified, showed symptoms associated with AIDS.

Although the number of new AIDS cases reported to the CDC fell sharply during the last quarter of 1983, federal health officials warned that the apparent decline might merely reflect a lag in reporting. Indeed, the national case total more than doubled in 1983. And while new cases were down slightly in New York at the end of the year (possibly because wor-

ried homosexuals had cut down on their sexual activity), the incidence of AIDS rose dramatically in other areas of the Northeast, the Midwest and the South.

About 300 AIDS cases have been reported in Western Europe, with the highest totals in France, Belgium and West Germany. The disease has also reached epidemic proportions in Haiti and Zaire; interestingly, nearly all the Belgian victims had lived in Zaire (formerly the Belgian Congo) or had had sex with a Zairian partner. This kind of "African connection" has led some researchers to postulate that the cause of the current AIDS epidemic is a virus that may have been endemic to equatorial Africa for many years. "I don't believe in new viruses, just new knowledge," says CDC virologist Dr. Donald Francis. "I think AIDS is an

old Black African disease which was introduced somewhere or other into an amplification system—the promiscuous segment of the homosexual community." Later this year, a group of researchers will visit central Africa to study the epidemiology of AIDS there—and perhaps to unlock the mystery of the disease's origin in the United States.

Cancer: As physicians treat greater numbers of AIDS patients, they are observing some new medical problems that may be associated with the disorder. In addition to a virulent form of the cancer called Kaposi's sarcoma, some AIDS victims—and even people with symptoms that only suggest AIDS—show an increased vulnerability to other types of cancer. According to Dr. Paul Volberding, chief of oncology at San Francisco General Hospital, homosexual men seen in a number of the city's hospitals have four times the normal incidence of lymphoma, as well as above-average incidence of Hodgkin's disease and melanoma (a deadly form of skin cancer). "At the horrible expense of individuals," observes the CDC's Francis, AIDS is helping physicians confirm certain hypotheses about how cancer develops. For instance, it is quite possible that AIDS, "the most immunosuppressive of all diseases," says Francis, allows common viruses, which would normally be attacked by the body's immune defenses, to induce cancers.

Researchers are also learning more about a condition that often precedes AIDS, known as the lymphadenopathy syndrome. Patients who have it suffer from swollen lymph glands and, in many cases, fevers, night sweats, extreme fatigue or weight loss—but not the Kaposi's sarcoma or severe infections that would classify them as full-fledged cases of AIDS, according to the CDC definition. Since some patients have

had lymphadenopathy for as long as five years, while others develop AIDS within a few months, the question persists: is lymphadenopathy a limited, milder form of AIDS, or is it just an earlier stage of the inexorably fatal illness?

Dr. Donald Abrams of San Francisco General Hospital estimates that 25 percent of gay men in San Francisco now have lymphadenopathy. "My hope is that this syndrome represents a rousing of the immune system, an alternative and adaptive response to the same insult that gives some people Kaposi's sarcoma and opportunistic infections," says Abrams, who is studying 200 male homosexuals with lymphadenopathy. Only four have developed AIDS so far—and their swollen lymph nodes shrank before they got seriously ill, suggesting that the immune system had been functioning but became exhausted. Whether men with lymphadenopathy are "carriers" of AIDS is unclear, but just in case, Abrams advises his patients to practice "safe sex": the use of condoms to prevent a transfer of secretions.

AIDS sufferers are now getting assistance and support from various programs that simply weren't available earlier in the epidemic. Medicaid, social-security and welfare benefits today help cover the enormous financial burden the disease imposes. New York City has awarded \$2.5 million to the local Red Cross to start a "home attendant" service for 200 patients who need part-time or full-time chronic care. Under the plan, which goes into operation next week, attendants will be on duty to perform such tasks as cooking, housework, giving bedbaths—and to provide companionship.

Volunteers: For patients too sick to remain at home, San Francisco General Hospital last summer opened the nation's first and only major inpatient medical facility just for people who have AIDS. With 12 single rooms, the unit usually has an 85 percent occupancy rate. One hundred and eighty patients have been admitted so far, sometimes for diagnostic workups but more often to recover from one of the severe infections associated with AIDS. The average stay is 11 days. Cliff Morrison, clinical coordinator of the unit, was at first reluctant to segregate AIDS patients in a separate wing, fearing it might increase their feeling of stigma and isolation. But then, realizing that the quality of medical care would be more consistent in a specialized facility, Morrison set about recruiting a staff of 24 nurses, housekeepers, secretaries and counselors. To his surprise, there were three times as many volunteers as he needed—many of them gay men.

Warren Johnston, 34, an actor who arrived in San Francisco several years ago, was admitted to the AIDS unit last month. Although he is being treated for pneumocystis pneumonia and cryptococcal meningitis, he feels a sense of peace about his fate. "When they told me I had AIDS," he says, "it was a tremendous relief. Because now I know." With little reason for hope, Johnston nonetheless finds some positive aspects of his

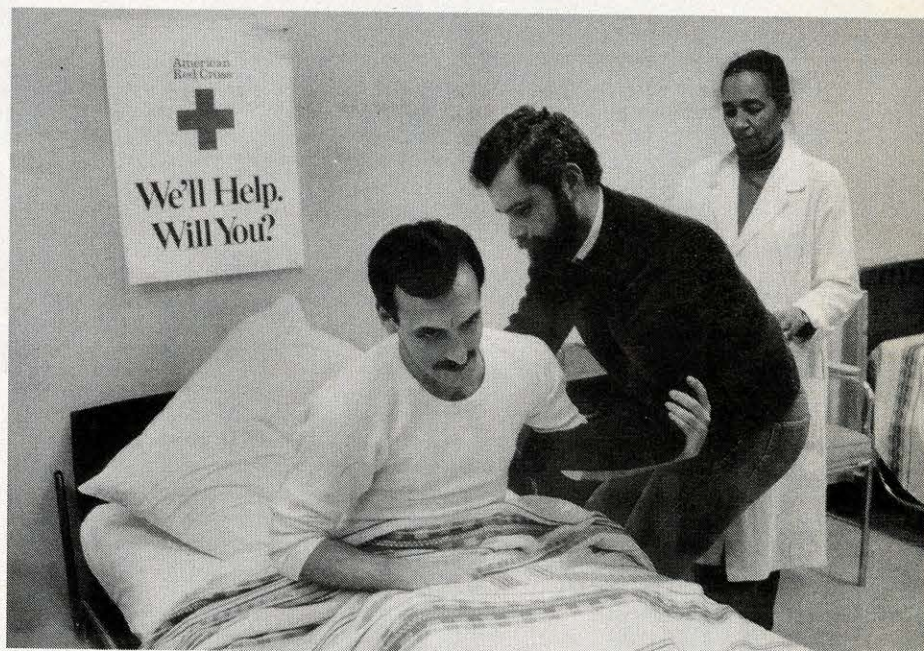
illness. "I love to draw, but I never had the time," he says. "This will give me the opportunity. I see it as a kind of a grant."

In one way or another, the AIDS epidemic has made an impact on the lives of nearly all gay men. Their response has been primarily pragmatic; few have paid much attention to a rash of blatantly fraudulent ads offering AIDS "cures" that included goat's milk, megavitamins, capsules containing "an ancient herbal mixture"—and a series of restorative injections for \$19,900. For those who want to reduce the risk of getting the disease but have trouble cutting back on their sexual activity, psychologist Michael Quadland of New York's Mount Sinai Hospital conducts group therapy sessions on compulsive sex. "It's not unlike other addictive behavior," he explains. "It seems to reduce anxiety caused by low self-esteem, loneli-

AIDS. In New York, attendance has been down for months at once popular gay baths, where casual sex formerly thrived. "Before AIDS, going to the baths had an aura almost like smoking," says Mark Chataway, medical director of New York's Gay Men's Health Crisis. "People knew it wasn't too good for them, but it was socially acceptable. Now it has the aura of shooting heroin."

Accident: Nonetheless, business is back up again at some San Francisco baths. "Fear is a transitory emotion," declared one manager. Health department director Dr. Mervyn Silverman has also noticed that fears about AIDS don't always lead to permanent lifestyle changes. "It's like driving along a highway and seeing an accident, letting up on the gas and then 10 miles down the road you do 65 or 70 again," he says. "We're losing people to AIDS at every turn."

"AIDS doesn't look as if it's going to go



Jacques M. Chenet—NEWSWEEK

Home-nursing course for friends and family of AIDS sufferers: A need for care

ness and fear of intimacy. This need to have sex is more reaffirming than sexual."

Quadland also leads a bereavement-counseling group for lovers, families and friends of AIDS victims. Some gays who in a short time have lost several friends to the disease, he explains, suffer from "bereavement overload." Others are not able to seek emotional support from friends and colleagues. "A man loses his young wife and there's a whole supportive network," Quadland points out, "but homosexual men are often left with the secret." Families of AIDS victims have special problems too; some parents learn for the first time that their son is homosexual when he is dying. "They're in shock for a while," says Quadland, sometimes compounded by having to grieve "with this unknown person, their son's lover."

Many gay men have drastically—and wisely—reduced the number of their sex partners to lower the risk of exposure to

away anytime soon," observes CDC epidemiologist Dr. Harold Jaffe. Indeed, the epidemic has, in a way, settled in, taken on a more established character, a certain familiarity that provides at least a measure of reassurance to both doctors and patients. And although physicians have been unable to correct the most basic problem AIDS presents—the collapse of the immune system—they are gaining some skill in putting out the "brush fires," the severe infections that most patients eventually succumb to. But perhaps the biggest change in the past year is that gays are no longer the only Americans organizing and waging the war on AIDS. In 1984 the government, the medical community and the nation as a whole have joined the fierce battle against a powerful killer.

JEAN SELIGMANN with MARIANA GOSNELL
in New York, GEORGE RAINE in San Francisco
and bureau reports

Alameda County hit by rise in AIDS cases

By Penny Righthand
Examiner correspondent

OAKLAND — AIDS has become a medical problem in Alameda County, and health officials are struggling to cope with it.

An East Bay group charged yesterday that the county is not ready to provide medical help for victims of acquired immune deficiency syndrome.

The group, the East Bay AIDS Resource Organization, held a press conference to tell the story of a victim of AIDS who was shunted from one hospital to the next and was finally sent to San Francisco for treatment.

He is now back in Oakland, confined at Highland General Hospital, and the group says his treatment was typical.

In response, the county health officer, Dr. Carl Smith, acknowledged that a concerted program is only now getting under way.

He said his office began watching the problem for six months. In December, 28 cases of AIDS were reported in the county, he said.

So far this month, he said, 36 new cases have been reported.

Smith said four clinics in the county have been treating AIDS patients but that staffs there must now be educated for the possible increases in cases.

These primary treatment clinics are in Hayward, San Leandro and two in Oakland.

Smith said his office has a list of private doctors who are prepared to deal with those who suffer from AIDS.

He also said there will be a need for money. None is currently budgeted by the county specifically for AIDS, he said, and it may be necessary to seek help from the state, he said.

AIDS fear cuts Stanford blood bank donations

By John Flinn
Examiner staff writer

STANFORD — Officials are blaming hysteria over AIDS for the decrease in blood donations at Stanford University's blood bank.

Donations are down nearly 4 percent during the last six months, despite a campaign to encourage new donors, according to manager Roger Svoboda.

A number of former donors have told Stanford they stopped giving because they feared they could contract the disease during the process, he said.

To combat this misperception, Stanford officials are launching a publicity campaign to convince the public there is no risk of AIDS associated with giving blood.

They are mailing newsletters to donors and potential donors, and handing out pamphlets at the center.

The pamphlets explain that all blood-donation equipment is sterilized and that syringes are used only once before being discarded.

AIDS — acquired immune deficiency syndrome — is a fatal disease primarily affecting homosexuals, and there is evidence it can be transmitted through blood transfusions.

"Somehow, people have gotten the idea that you can get AIDS from *giving* blood instead of *receiving* it," Svoboda said. "That simply isn't true, and that's the word we have to get out."

There is no such problem at the Penin-

sula Memorial Blood Bank in Burlingame, said director June Lee.

"We haven't had a decrease in blood donations because of fear over AIDS or any other reason," she said. "There hasn't been any drop at all."

But at Stanford, which receives about 18,000 pints of blood per year, donations are apparently suffering from guilt by association with AIDS, according to Rhoda Burns, the recruitment supervisor.

"Now that people are worried about a very small hazard associated with receiving blood, the fear has spread, unjustifiably, to blood donation as well," she said.

The fear of AIDS is having an impact on Stanford's blood center in other ways, as well.

One is an increase in "autologous" donations, a previously little-used procedure in which people facing surgery can arrange in advance to donate their own blood for use during the operation.

Another program, called "direct donations," was started last April because of fear about AIDS.

In this program, patients may ask friends or relatives to donate blood on their behalf.

About 23 percent of the center's blood now comes through the directed donation program, Burns said.

The program is controversial — Stanford is one of only a handful of blood

banks in the nation to carry it — because of a fear it will lead people to stop donating unless specifically asked to do so on someone's behalf.

To decrease the risk of transmitting AIDS through blood transfusions, officials at Stanford have instituted two screening programs.

One is a pamphlet asking potential donors in high-risk categories — homosexuals, Haitians and heroin users — not to donate.

The other is a chemical screening in which blood is screened for the proper ratio of white blood cell varieties, called T-cells.

THE TRIBUNE, Oakland, California

AIDS group still not satisfied county doing enough for victims

By Craig Staats 2/4/84
The Tribune

In response to gay activists, Alameda County health officials have issued a reminder that anyone who suspects he may have AIDS symptoms may visit a county clinic for a checkup.

Dr. Carl Smith, the county's medical director, said the county has not yet designated a clinic or clinic hours exclusively for AIDS patients, but is considering that if the number of AIDS cases in the county warrants it. "It's a question of when and if," Smith said.

So far, the county has documented 38 cases of acquired immune deficiency syndrome, with 14 deaths. The syndrome, with no known cause and no known cure, strikes mostly male homosexuals and intravenous drug users and leaves them vulnerable to a host of infections and a

a mixed reaction to the county's announcement.

"On the positive side, I'm encouraged that the county is doing some rethinking and moving," Weatherly said. "But on the other hand, we've done some of our own calling to the county clinics, and they weren't told about this in advance."

Weatherly, pastor of the New Life Metropolitan Community Church in Oakland, said what they would like to see is clinic hours earmarked for AIDS patients, with staff trained in dealing with them.

"It (what the county has done) seems to us to be an absolutely minimal sort of response," Weatherly said.

The task force, known as the East Bay AIDS Resources Organization, plans to continue meeting with county officials to

88th Ave., Oakland, 577-1700.
Mondays and Fridays, 12:45 to 4 p.m.

Hayward Community Health Center, 224 W. Winton Ave., Hayward, 881-6514. Thursdays, 5 to 7 p.m.

Fairmont Hospital, 15400 Foothill Blvd., San Leandro, 577-1620. Tuesdays, 5 to 7 p.m. Fridays, 8:30 to 10:30 a.m.

Fremont Health Center, 39439 Paseo Padre Parkway, Fremont, 791-4611. Thursdays, 1 to 4 p.m.

Alameda County hit by rise in AIDS cases

By Penny Righthand
Examiner correspondent

OAKLAND — AIDS has become a medical problem in Alameda County, and health officials are struggling to cope with it.

An East Bay group charged yesterday that the county is not ready to provide medical help for victims of acquired immune deficiency syndrome.

The group, the East Bay AIDS Resource Organization, held a press conference to tell the story of a victim of AIDS who was shunted from one hospital to the next and was finally sent to San Francisco for treatment.

He is now back in Oakland, confined at Highland General Hospital, and the group says his treatment was typical.

In response, the county health officer, Dr. Carl Smith, acknowledged that a concerted program is only now getting under way.

He said his office began watching the problem for six months. In December, 28 cases of AIDS were reported in the county, he said.

So far this month, he said, 36 new cases have been reported.

Smith said four clinics in the county have been treating AIDS patients but that staffs there must now be educated for the possible increases in cases.

These primary treatment clinics are in Hayward, San Leandro and two in Oakland.

Smith said his office has a list of private doctors who are prepared to deal with those who suffer from AIDS.

He also said there will be a need for money. None is currently budgeted by the county specifically for AIDS, he said, and it may be necessary to seek help from the state, he said.

AIDS fear cuts Stanford blood banks

By John Flinn
Examiner staff writer

STANFORD — Officials are blaming hysteria over AIDS for the decrease in blood donations at Stanford University's blood bank.

Donations are down nearly 4 percent during the last six months, despite a campaign to encourage new donors, according to manager Roger Svoboda.

A number of former donors have told Stanford they stopped giving because they feared they could contract the disease during the process, he said.

To combat this misperception, Stanford officials are launching a publicity campaign to convince the public there is no risk of AIDS associated with giving blood.

They are mailing newsletters to donors and potential donors, and handing out pamphlets at the center.

The pamphlets explain that all blood-donation equipment is sterilized and that syringes are used only once before being discarded.

AIDS — acquired immune deficiency syndrome — is a fatal disease primarily affecting homosexuals, and there is evidence it can be transmitted through blood transfusions.

"Somehow, people have gotten the idea that you can get AIDS from giving blood instead of receiving it," Svoboda said. "That simply isn't true, and that's the word we have to get out."

There is no such problem at the Penin-

sula Memorial Blood Bank in Burlingame, said director June Lee.

"We haven't had a decrease in blood donations because of fear over AIDS or any other reason," she said. "There hasn't been any drop at all."

But at Stanford, which receives about 18,000 pints of blood per year, donations are apparently suffering from guilt by association with AIDS, according to Rhoda Burns, the recruitment supervisor.

"Now that people are worried about a very small hazard associated with receiving blood, the fear has spread, unjustifiably, to blood donation as well," she said.

The fear of AIDS is having an impact on Stanford's blood center in other ways, as well.

One is an increase in "autologous" donations, a previously little-used procedure in which people facing surgery can arrange in advance to donate their own blood for use during the operation.

Another program, called "direct donations," was started last April because of fear about AIDS.

In this program, patients may ask friends or relatives to donate blood on their behalf.

About 2.3 percent of the center's blood now comes through the directed donation program, Burns said.

The program is controversial — Stanford is one of only a handful of blood

banks in the nation to carry it, of a fear it will lead people to stop unless specifically asked to do one's behalf.

To decrease the risk of AIDS through blood transfusion at Stanford have instituted two programs.

THE TRIBUNE, Oakland, California

AIDS group still not satisfied county doing enough for victims

By Craig Staats 2/4/84
The Tribune

In response to gay activists, Alameda County health officials have issued a reminder that anyone who suspects he may have AIDS symptoms may visit a county clinic for a checkup.

Dr. Carl Smith, the county's medical director, said the county has not yet designated a clinic or clinic hours exclusively for AIDS patients, but is considering that if the number of AIDS cases in the county warrants it. "It's a question of when and if," Smith said.

So far, the county has documented 38 cases of acquired immune deficiency syndrome, with 14 deaths. The syndrome, with no known cause and no known cure, strikes mostly male homosexuals and intravenous drug users and leaves them vulnerable to a host of infections and a form of skin cancer known as Kaposi's sarcoma.

Last month, an Eastbay task force of gay rights and health groups urged the county to move more aggressively against AIDS, with special clinics and public education programs to tell people who are at risk how to reduce the danger.

A spokesman for the group, the Rev. Richard Weatherly, had

a mixed reaction to the county's announcement.

"On the positive side, I'm encouraged that the county is doing some rethinking and moving," Weatherly said. "But on the other hand, we've done some of our own calling to the county clinics, and they weren't told about this in advance."

Weatherly, pastor of the New Life Metropolitan Community Church in Oakland, said what they would like to see is clinic hours earmarked for AIDS patients, with staff trained in dealing with them.

"It (what the county has done) seems to us to be an absolutely minimal sort of response," Weatherly said.

The task force, known as the East Bay AIDS Resources Organization, plans to continue meeting with county officials to talk about what they think is needed, Weatherly said.

These are the clinics where examinations and help are available on a drop-in basis, according to county officials:

Central Health Center, 420 27th St., Oakland, 874-7196. Monday, Tuesday, Wednesday and Friday, 8:30 to 10:30 a.m. Thursdays, 3:30 to 5:30 p.m.

Eastern Health Center, 2249

88th Ave., Oakland, 577-1700. Mondays and Fridays, 12:45 to 4 p.m.

Hayward Community Health Center, 224 W. Winton Ave., Hayward, 881-6514. Thursdays, 5 to 7 p.m.

Fairmont Hospital, 15400 Foothill Blvd., San Leandro, 577-1620. Tuesdays, 5 to 7 p.m. Fridays, 8:30 to 10:30 a.m.

Fremont Health Center, 39439 Paseo Padre Parkway, Fremont, 791-4611. Thursdays, 1 to 4 p.m.

AIDS Expert Says Bathhouses Should Close

By Randy M. Shilts

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

Dr. James Curran, coordinator of the AIDS Task Force at the Centers for Disease Control in Atlanta, stopped short of saying health authorities should shut down the bathhouses, where men engage in promiscuous sexual behavior. But political leaders in the gay community said they fear that government regulation of bathhouses may come if gays persist in ignoring the health hazards of indiscriminate sexual activity.

A new study by the San Francisco Department of Public Health shows that rectal gonorrhea among gay men is surging again, after slumping dramatically during the AIDS scare last summer — a sign that gay men are engaging in sexual activity that puts them at high risk for the usually deadly AIDS.

A second public health department study, obtained by The Chronicle yesterday, has found that many gay men persist in going to bathhouses and sex clubs even though they are aware of the danger.

Curran told The Chronicle: "I wish the gay community would officially express concern over bathhouses. I'd like to see all the bathhouses go out of business. I've told bathhouse owners they should diversify and go into something

healthy — like become gymnasi- ums.

"Gay men need to know that if they're going to have promiscuous sex, they won't live very long," said Curran. "They'll have the life expectancy of people in the developing world."

Dr. Donald Abrams, assistant director of the AIDS clinic at San Francisco General Hospital, said research shows that throughout history public bathhouses have been closed in times of epidemics.

"More people are dying of AIDS every week — it's clear that the bathhouses need to close," said Abrams, one of three physicians who is advising the public health department on bathhouse policy.

"I don't think they should be closed by the government, but they need to close because of lack of business. I'm in favor of a boycott."

Supervisor Harry Britt, the city's most prominent gay public official, said he was "extremely frustrated" that gay men would still "risk their lives" by going to bathhouses and sex clubs.

"Unless gay people do something to change their lifestyle, the inevitable end is going to be government regulation," said Britt. "At some point, some medical person or health official is going to say the bathhouses and sex clubs have to go."

The fresh concern about San Francisco's bathhouses was provoked by the two new health department studies.



DR. JAMES CURRAN
National AIDS task force chief

After charting decreases in the proportion of gonorrhea among gay patients at the city's venereal disease clinic, Dr. Selma Dritz of the Bureau of Communicable Disease Control has found that rectal gonorrhea — spread through anal sexual contact, which is also thought to spread AIDS — has increased substantially since September.

"This says that at the same time we noticed increased activity at the bathhouses, sex clubs and adult bookstores, we started seeing another increase," said Dritz, who logged in eight new AIDS cases on Monday alone.

"This is very strong, presumptive evidence of a parallel," said Dritz. "Sexual activity in this kind of

place is highly dangerous — not for moral, ethical or political reasons, but purely from a public health point of view."

Another study, slated for release next week, surveyed 655 gay men, comparing the sexual practices of gay men in steady relationships with men who select their sexual partners in bars and bathhouses.

The survey, conducted by three gay psychotherapists, found that most gay men have adjusted their lifestyles to reduce their risk of contracting AIDS. Still, the study showed that gay men who frequented bathhouses were the least likely to change and the most likely to be involved in risky sexual behavior.

Of bathhouse patrons, 62 percent said "sometimes I get so frustrated that I have sex I know I shouldn't be having." About 41 percent of the total sample of all gay respondents reached this conclusion.

Tension about AIDS among bathhouse customers may itself contribute to high-risk behavior, the study showed. Sixty-eight percent of the bathhouse sample said they used "anonymous sex as a way of relieving tension." Only 29 percent of the total sample admitted to the same behavior.

The study concluded: "The efforts of the Public Health Department have been ineffective in influencing sexual activity at bathhouses."

Although authorities agree the two studies point to a significant

problem, few concur on what to do about it. Dr. Mervyn Silverman told The Chronicle his department would take no action about the bathhouses and that no new efforts in AIDS education were planned.

"Closing baths is not the answer, even though it might make me look good to a lot of people in the straight community," said Silverman. "History shows that government generally has not been very influential in changing peoples' sexual habits. Any action on this is going to have to come from the gay community, not my office."

Silverman said he would meet Monday with doctors from the Bay Area Physicians for Human Rights, a group made up largely of gay physicians, to discuss the findings.

It is not clear what the meeting will produce, however, since that group has not even taken a position on how to deal with the bathhouse issue. Officers of the group, which has maintained a low profile throughout the AIDS crisis, say members are split and cannot agree on one approach toward the bathhouses.

Supervisor Britt said that Silverman is ducking the issue by saying that gays have to solve the problem.

"Clearly, he should consult with credible gay leaders before he makes decisions which affect our lives, but we don't run the Department of Public Health — that's not our job," said Britt. "It's Silverman's job to get this process going. He shouldn't just throw the problem in our lap and tell us to solve it."

As of Monday, the Centers for

Once Again You Can't Call It Gay 'Olympics'

A federal judge in San Francisco issued a permanent injunction yesterday against the Gay Games using the word "Olympic" to describe its athletic competition.

U.S. District Judge John P. Vukasin granted summary judgment in favor of the United States Olympic Committee, which was given exclusive use of the word "Olympic" by Congress in the Amateur Sports Act of 1978.

Last year, another federal judge granted a preliminary injunction against the Gay Games. The U.S. Court of Appeals upheld that decision in August.

Mary Dunlap, attorney for the Gay Games, answered, "You bet" when asked if she would appeal the ruling.

Gay Games II, set for San Francisco's Kezar Stadium in 1986, is designed to "combat discrimination and prejudice against lesbians and gay men."

Disease Control had documented 3329 AIDS cases in 43 states, compared to 1025 cases of AIDS in 33 states recorded a year ago today. More than 1200 Americans have died of AIDS since it was detected nearly three years ago.

In the Bay Area, 470 have contracted AIDS, according to Dr. Dritz. Of these, 157 have died. Dritz said the startling increases that have marked the relentless progression of the syndrome show no signs of slowing down. "There's no reason for optimism yet," she said.

Gays ignoring AIDS risks, survey shows

Few found observing guides for 'safe sex'

By Craig Staats 2/19/84
The Tribune

SAN FRANCISCO — A survey of about 650 gay men suggests most know the so-called safe sex guidelines to reduce their risk of developing AIDS, but fewer are putting what they know into practice.

The \$9,600 survey — done by three psychotherapists for the city's public health department — found that most of the homosexuals were in agreement with 10 guidelines about "high-risk" sexual behavior, but there was a discrepancy between what they know and what they do.

The so-called high-risk sex includes multiple partners and practices that involve exchange of body fluids.

Although some public officials have suggested shutting down the city's gay bathhouses — havens for anonymous, promiscuous sex — the survey suggested that 75 percent of men who go to bathhouses "would engage in at least some of the same kind of high-risk activity elsewhere," psychotherapist Leon McKusick told a news conference on Wednesday.

Group identified

Dr. Mervyn Silverman, chief of the city's health department, said the study indicates there is what he called "a hard core" of gay men who will continue to have high-risk sex, despite warnings it is a likely way to spread acquired immune deficiency syndrome.

The immune disorder, which strikes mostly gay men and intravenous drug users, has no known cause or cure and leaves its victims open to infections and Kaposi's sarcoma, a skin cancer. There have been more than 3,300 documented cases in

the United States and more than 1,450 deaths.

Silverman and the researchers said it is difficult to estimate what percent of the city's estimated 100,000 homosexuals fall into the "hard core" category. At one time, the city's bathhouses and sex clubs had an estimated 5,000 regular patrons, Silverman said, but with the AIDS panic, business fell off for a time.

Campaigns effective

Silverman said although the city's public health campaigns so far have been effective in reducing fear and anxiety and persuading people to limit the number of their sex partners, the hard-core group is probably less likely to be influenced by government warnings or government advice on how to have sex.

Silverman compared the phenomenon to government warnings about smoking and lung cancer. For some smokers, the government warnings on cigarette packs have no influence and they are more likely to be swayed by co-workers who do not like the smoke or family members who worry about their health.

Limited effect

The survey indicated that the city's AIDS warning posters at the bathhouses had limited effectiveness. Less than half of those surveyed saw the posters and of those, about half say they were influenced by them.

Silverman said the city plans within a month to announce a new, public education campaign in cooperation with gay groups that will talk about positive alternatives to high-risk sex, and not just stress the dangers of AIDS.

AIDS Experts Say Behavior Is the Key

2/19/84

By David Perlman
Science Editor

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

Closing gay bathhouses, bars, or other places where casual, anonymous and promiscuous sexual activity occurs will accomplish nothing, they said, because the AIDS danger is linked to the kind of activity men engage in, not the place where it is done.

Nor will the threat of AIDS be eased significantly by "educational" campaigns that focus solely on risk and warn against hazardous practices, they maintained. Instead, they said, it will take efforts to modify behavior in the gay community and altering the most dangerous aspects of gay lifestyles.

The recommendations came at a press conference yesterday called by Dr. Mervyn Silverman, San Francisco health director, to summarize the results of an AIDS research project conducted by three local psychotherapists who analyzed questionnaires on sexual behavior submitted by 655 gay men.

Although the men were extremely knowledgeable about the risk factors that lead to the acquired immune deficiency syndrome, said Leon McKusick, one of the research-

ers, many of them have not altered their high-risk sexual behavior.

The men said they often use promiscuous sex in bathhouses as a "tension reduction mechanism," as "an expression of gay identity," or because they have no "primary partner or lover," McKusick's survey showed.

San Francisco's gay bathhouses have placarded their walls with posters warning about the danger of AIDS, but the signs have had a limited effect, McKusick said, because 75 percent of the men frequenting the baths said if those establishments did not exist they would "engage in at least some of the same kind of high-risk activity elsewhere."

Silverman insisted, however, that for the majority of San Francisco gay men "the change in lifestyle has been dramatic" — due largely to educational campaigns by the health department and local gay organizations.

According to Silverman and to Dr. Marcus A. Conant of the University of California, who heads the National AIDS Foundation, the AIDS epidemic has not slackened, despite recent reports to the contrary.

In the Bay Area, Silverman said, there have been at least 484 cases of AIDS and 163 deaths. Nationally, through the end of last month, the toll has been more than 3340 cases and at least 1452 known dead.

AIDS Researchers Try To Stop Bathhouse Sex

2/4/84
By Randy M. Shilts

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

"The whole idea of going into this big building with all these other hip men was so wonderful, it was hard to believe it was actually happening," said Carroll yesterday.

NEWS ANALYSIS

The excitement is gone now when Carroll, who asked that his real name not be used, slips into his favorite bathhouse on Folsom Street. Instead, he is worried about contracting AIDS.

"I figure the odds are with me," said Carroll, a well-educated office worker in his early 40s. "It's like never walking across the street because you're afraid a bus might hit you. I take that chance — I think, maybe, I'm immune."

In the past week, Carroll and thousands of other San Francisco gay men like him have become the center of a major debate over how to dissuade them from the kind of promiscuous sexual activity that may be a prescription for death.

A new public health department study, obtained by The Chronicle, shows that rectal gonorrhea, which decreased during the height of publicity about AIDS last year, is increasing again as gay men return to bathhouses and sex clubs.

"This information begs one



THERAPIST LEON McKUSICK
He worked on S.F. study

question," said Dr. Marcus Conant, a leading AIDS researcher at the University of California in San Francisco. "What are we going to do about compulsively promiscuous men? How can we reach these people?"

Supervisor Harry Britt said he was so frustrated with the AIDS education campaign of the San Francisco Department of Public Health that he will meet Monday with doctors to formulate a new program — even if it means a campaign outside the city's official health education channels.

"The whole approach of the Department of Public Health has been very bureaucratic and overly cautious throughout the crisis," said Britt, the city's most prominent gay leader. "There's this overriding fear of not alarming the gay community.

"Sexual activity in places like

baths or sex clubs should no longer be associated with pleasure — it should be associated with death. We need a new style of educational campaign."

The health department last year handed responsibility for educating gays about AIDS to the San Francisco AIDS Foundation, a gay organization that has been allotted \$151,000 in city money for the education program. That group's efforts have avoided the frightening aspects of the lethal syndrome and focused on the fun to be had with "safe sex."

The newest poster released by the foundation, for example, depicts the naked back of a nubile male torso and the cheerful slogan: "You Can Have Fun (and be safe too)."

AIDS researchers privately have mocked these efforts, saying they ignore the harsh realities posed by the mysterious outbreak of acquired immune deficiency syndrome. Doctors who deal with AIDS patients on a daily basis say this accentuate-the-positive approach has lulled gay men into complacency about AIDS.

"As far as I'm concerned, the city should force the bathhouses to put up pictures of AIDS patients in the advanced stages of the disease, so people know what AIDS is really like," said one prominent AIDS researcher, who requested anonymity because he works with city health officials.

Leon McKusick, one of the three psychotherapists who conducted a recent study of gay sexual habits in San Francisco, said, "Data shows the single most influential thing that does impact on the sexual behavior is when they have seen someone in the advanced stages of the disease.

"The data would suggest that this might be incorporated in future educational efforts," said McKusick.

Dr. Mervyn Silverman, director of public health, rejected the criticism of his department's educational campaign.

"I think the record shows we've done everything we possibly could do to educate people about this," he said. "I've been thinking about this every day and every night for a year — it's not something I take lightly."

Still, the rise in gonorrhea among gay men and the reluctance of many gays to drop their promiscuous ways means, as Silverman said, "We've got some more work ahead of us."

Health officials are at a loss to



One of new warning posters put out by the AIDS Foundation; some gays say the cheery posters ignore the horror of the syndrome

in, who has worked extensively on AIDS-related issues.

"But when you put two men together, you're going to have that much more recreational sex. That has been the situation in the gay community for many years."

An entire business network of bathhouses, sex clubs and adult bookstores sprang up when thousands of gay men emigrated here to enjoy unprecedented freedom during the 1970s. Although only a fraction of gay men comprise this promiscuous subculture, even a small portion of the vast numbers of gay males in San Francisco adds up to thousands of men who still are at risk of catching AIDS. They are having a hard time changing, in part because many know no other way of socializing.

"The (health department) study shows that the people at bathhouses, the people having the most troubles changing, generally aren't as identi-

fied with the gay community," said Morin. "Maybe, they call themselves bisexuals even though they are primarily erotically attracted to men.

"For these people, all the alternatives to the bathhouses — like going to gay bars — mean identifying themselves as gay men. That is very frightening for people who have not come to terms with being gay."

Given all the intricacies of changing sexual behavior, sociologists and psychologists who have studied other epidemics insist that gays are not reacting differently from any group of people faced with similar circumstances.

"You're not looking at a community that is weird," said psychotherapist McKusick. "They're acting the way people react to such perils. A lot of cigaret smokers didn't quit smoking even when they knew it could cause lung cancer. Changes come in stages and that's what we're seeing here."

AIDS Researchers Try To Stop Bathhouse Sex

2/4/84

By Randy M. Shilts

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

"The whole idea of going into this big building with all these other hip men was so wonderful, it was hard to believe it was actually happening," said Carroll yesterday.

The excitement is gone now when Carroll, who asked that his real name not be used, slips into his favorite bathhouse on Folsom Street. Instead, he is worried about contracting AIDS.

"I figure the odds are with me," said Carroll, a well-educated office worker in his early 40s. "It's like never walking across the street because you're afraid a bus might hit you. I take that chance — I think, maybe, I'm immune."

In the past week, Carroll and thousands of other San Francisco gay men like him have become the center of a major debate over how to dissuade them from the kind of promiscuous sexual activity that may be a prescription for death.

A new public health department study, obtained by The Chronicle, shows that rectal gonorrhea, which decreased during the height of publicity about AIDS last year, is increasing again as gay men return to bathhouses and sex clubs.

"This information begs one



THERAPIST LEON MCKUSICK
He worked on S.F. study

question," said Dr. Marcus Conant, a leading AIDS researcher at the University of California in San Francisco. "What are we going to do about compulsively promiscuous men? How can we reach these people?"

Supervisor Harry Britt said he was so frustrated with the AIDS education campaign of the San Francisco Department of Public Health that he will meet Monday with doctors to formulate a new program — even if it means a campaign outside the city's official health education channels.

"The whole approach of the Department of Public Health has been very bureaucratic and overly cautious throughout the crisis," said Britt, the city's most prominent gay leader. "There's this overriding fear of not alarming the gay community.

"Sexual activity in places like

baths or sex clubs should no longer be associated with pleasure — it should be associated with death. We need a new style of educational campaign."

The health department last year handed responsibility for educating gays about AIDS to the San Francisco AIDS Foundation, a gay organization that has been allotted \$151,000 in city money for the education program. That group's efforts have avoided the frightening aspects of the lethal syndrome and focused on the fun to be had with "safe sex."

The newest poster released by the foundation, for example, depicts the naked back of a nubile male torso and the cheerful slogan: "You Can Have Fun (and be safe too)."

AIDS researchers privately have mocked these efforts, saying they ignore the harsh realities posed by the mysterious outbreak of acquired immune deficiency syndrome. Doctors who deal with AIDS patients on a daily basis say this accentuate-the-positive approach has lulled gay men into complacency about AIDS.

"As far as I'm concerned, the city should force the bathhouses to put up pictures of AIDS patients in the advanced stages of the disease, so people know what AIDS is really like," said one prominent AIDS researcher, who requested anonymity because he works with city health officials.

Leon McKusick, one of the three psychotherapists who conducted a recent study of gay sexual habits in San Francisco, said, "Data shows the single most influential thing that does impact on the sexual behavior is when they have seen someone in the advanced stages of the disease.

"The data would suggest that this might be incorporated in future educational efforts," said McKusick.

Dr. Mervyn Silverman, director of public health, rejected the criticism of his department's educational campaign.

"I think the record shows we've done everything we possibly could do to educate people about this," he said. "I've been thinking about this every day and every night for a year — it's not something I take lightly."

Still, the rise in gonorrhea among gay men and the reluctance of many gays to drop their promiscuous ways means, as Silverman said, "We've got some more work ahead of us."

Health officials are at a loss to understand why so many gay men, after retreating from promiscuity during the AIDS scare last year, are now resuming sexual practices that may be hazardous to their health.

"Promiscuity isn't a gay issue — it's a men's issue," said Dr. Steve Morin, one of the gay community's most prominent psychologists.

"Men are encouraged to explore sexuality and recreational sex for their whole lives. Women most certainly are not encouraged like this, so they discourage heterosexual men from promiscuity," said Mor-



One of new warning posters put out by the AIDS Foundation; gays say the cheery posters ignore the horror of the syndrome.

in, who has worked extensively on AIDS-related issues.

"But when you put two men together, you're going to have that much more recreational sex. That has been the situation in the gay community for many years."

An entire business network of bathhouses, sex clubs and adult bookstores sprang up when thousands of gay men emigrated here to enjoy unprecedented freedom during the 1970s. Although only a fraction of gay men comprise this promiscuous subculture, even a small portion of the vast numbers of gay males in San Francisco adds up to thousands of men who still are at risk of catching AIDS. They are having a hard time changing, in part because many know no other way of socializing.

"The (health department) study shows that the people at bathhouses, the people having the most troubles changing, generally aren't as identi-

fied with the gay community. Morin. "Maybe, they call themselves bisexuals even though they are primarily erotically attracted to

"For these people, all the alternatives to the bathhouses — going to gay bars — mean identifying themselves as gay men. That's frightening for people who have come to terms with being gay."

Given all the intricacies of changing sexual behavior, sociologists and psychologists who studied other epidemics insist gays are not reacting differently from any group of people with similar circumstances.

"You're not looking at a community that is weird," said psychotherapist McKusick. "They're the way people react to such a lot of cigaret smokers didn't smoke even when they knew it could cause lung cancer. Cancers come in stages and that's what we're seeing here."

AIDS

FRIGHTENED, SUFFERING AND RESENTED

By DAVID FRANCE

"I called the doctor from a pay phone during a break from my rehearsal. It was the day my results were supposed to come back from the lab—they had ordered a whole series of AIDS tests—and I couldn't wait another minute. The woman put me on hold, and I stood there thinking that this was a horrible way to find out—new in New York and standing at a pay phone on the street."

Woodie had suffered from a sore throat that wouldn't go away. He was tired all the time, but not sleeping well. He had caught several colds within only a few weeks. As a gay man, he knew right away that his malaise could be Acquired Immune Deficiency Syndrome. Like many others in the high-risk categories for AIDS, Woodie was just waiting for the moment when his body too would succumb. His test results showed, however, that he had a mild case of strep throat.

It is fair to speculate that, after more than four years of the AIDS epidemic, millions of gay men worldwide have self-diagnosed their minor health ailments as AIDS. The tiniest spots on the skin become Kaposi's Sarcoma; a momentary shortness of breath must be pneumocystis carini pneumonia.

In this way, AIDS has profoundly affected not just the 3210 people in the U.S. who have been diagnosed as actually having the disease (of whom 1340 have already died), nor solely the lovers, family and friends of those afflicted. Most gay men and, to a lesser degree, lesbians, Haitian immigrants, intravenous drug users and hemophiliacs have struggled during the past few years to come to terms with the reality of an epidemic which the medical profession has not yet been able to understand, let alone eradicate.

The government's Centers for Disease Control (CDC) and National Institutes of Health (NIH), along with the mass media, have contributed to aggravating the social and psychological impact of the medical threat. Official spokespeople and religious fundamentalists have also done their part in making the AIDS crisis a period defined by discrimination of the most hysterical kind.

CDC's first theoretical assumption for medical research was that a stereotypical "gay lifestyle" carries with it an immunologic overload which destroys a person's ability to fight off even the most minor infections. This became known as the "gays-declare-war-on-nature; nature-retaliates" theory of AIDS. More recently, CDC announced it was discarding this assumption in favor of one which postulates the existence of a "single agent virus" that can be caught or passed on via intimate sexual contact or through transmission of blood products. But after more than two years of AIDS research, these and other hypotheses remain just that: unproven theories.

A December report by a House subcommittee on the federal response to AIDS noted the limited discoveries made so far, as well as the lack of urgency shown by government research agencies to what they have termed the "number one public health emergency."

While taking pains to avoid criticizing the premises employed by federal researchers, the subcommittee report finds that consistent underfunding has thwarted research efforts and has "delayed, restricted or curtailed" further investigations. Further, the House panel found that CDC and NIH, along with the Department of Health and Human Services (HHS), had consistently denied a need for additional funding until about six months ago, stating that they were "taking every reasonable step to limit this illness." Not until August did HHS submit a proposal for more money, but even that was 37% less than a request written by CDC and NIH scientists. Currently, the 1984 federal budget includes \$48.2 million for AIDS research.

Since research began, the AIDS budget has been bolstered by funds reallocated from CDC's public health programs. According to the subcommittee report, CDC has taken money from research in areas such as hepatitis, rabies, influenza and tuberculosis, thus "postponing, deleting or severely curtailing" studies of those diseases. CDC's reluctance to ask for more funds is attributed by the report to the center's desire to not push their luck at a time when their budget is under close scrutiny.

What has resulted from this fragmented and lackadaisical federal activity are voids of medical and related services into which fall thousands of ill and frightened people. Hucksters have also rushed into the space left open by tardy or inadequate research efforts. Quacks seeking to profit from pain have advertised a host of fraudulent "cures" for AIDS, among them goat's milk, capsules containing "an ancient herbal mixture," and a series of injections priced at \$19,900.

A few state and city governments have mobilized some resources, most notably San Francisco which allocated some \$4 million this year for AIDS-related services. But New York City, where 42% of all AIDS cases have been reported so far, has provided only \$24,500 in its current budget.

Community organizations, like New York's Gay Men's Health Crisis, have meanwhile flourished, but have found the service burden being readily passed off to them. Fundraising directed primarily at the gay male community has raised some \$1 million for this organization which offers clinical services, public education and grants, primarily for independent researchers who cannot get government funding. But apart from this help, researchers are hard pressed to find funding for projects which do not fit into the "single agent virus" vein of CDC's theorizing.

Gay Men's Health Crisis (GMHC) has been the organization most responsive to the need for public education. Many doctors, in fact, rely on GMHC's bulletin for regular updates on research findings. GMHC also credits itself with having popularized the concept of "risk-free sex" which is based on strict guidelines that can, theoretically, reduce the chances that a sexually active gay man will get AIDS. The group believes that, at least in New York City, its propaganda has caused reduced attendance at bathhouses and backroom bars.

While it is not clear whether such establishments really are less frequented now, statistics show a slight decline in the rate of increase of reported AIDS cases. After doubling every six months last year, the known caseload is currently doubling at a rate of about every eight months.

Along with this slight slackening in the spread of the epidemic has come a sort of hiatus in the media's hysterical and homophobic coverage of the disease. Ironically, though, the press analyzes the new situation in the same biased terms. An AIDS story in the Jan. 30 Newsweek stated, for example: "A major reason for the decline in public hysteria over AIDS is increasingly strong medical evidence that the disease rarely strikes outside certain well-defined groups." Those "well-de-



Mourning one of hundreds of AIDS victims.

finied groups" are, of course, sexual or racial minorities.

The nation's gay and lesbian press, has, by contrast, acted as the community's watchdog over the federal government in the AIDS crisis. These outlets have been in the forefront in demanding that people with AIDS be guaranteed absolute confidentiality over their personal and medical data.

Next to getting well, confidentiality is the number one issue for AIDS victims, according to Michael Callen, a member of a group called People With AIDS. "A government researcher comes to our bedsides and asks us to admit to illegal sex acts, illegal use of drugs, illegal prostitution," says Callen. "It's ludicrous that we would give this information freely. Our history as gay people gives us legitimate cause to not trust them at all."

Callen says he knows of several cases where comprehensive lists of people with AIDS have been given to governmental agencies. "Until there is a guarantee on the part of the government to the privacy and anonymity of the patient, those questioned will not supply completely accurate information," he says.

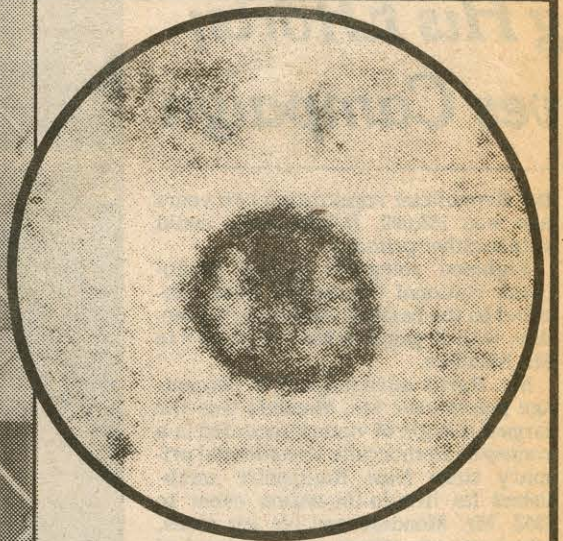
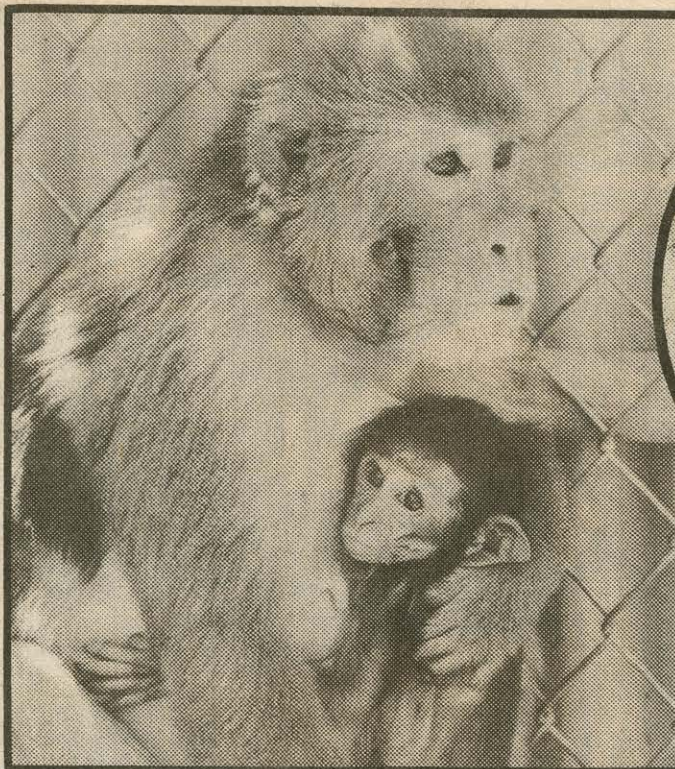
Without such information, all research into the epidemiology—or the mode of transmission—of AIDS will continue on a partially informed basis at best. There is also reason to believe that some people with AIDS have never been reported to the CDC in order to protect their confidentiality. This makes government statistics even more suspect. And yet, CDC has given no public guarantees of confidentiality.

Given potentially flawed statistics, consistent underfunding, a single research hypothesis and confused operational plan, many gays view the government's entire approach to AIDS as being rife with homophobia. Virginia Appuzzo, director of the National Gay Task Force, says most gay people believe that "the lives of gays, Haitians, and IV drug users are regarded by the federal government as 'expendable.'"

"At each step," wrote Cindy Patton in a recent Gay News editorial, "there is no escaping the fact that you are gay, that hardly anyone cares about the life or death of a gay person, that the entire system is set up to provide for the needs of heterosexual families, not gay friends and lovers."

including silks, monars, sharkskins and tropical wool worsteds. Your suit or jacket can be made to your size or to your exact measurements in existing models.

Suits, from \$425



Research monkeys at University of California at Davis. A newly discovered virus, above, transmitted to some monkeys in the group, causes disease that scientists believe resembles AIDS.

Virus Linked to Disease Like AIDS

Continued From Page 1

topsy of a 3-year-old female monkey. The monkey had developed simian AIDS while living in a cage in Davis with about 50 other animals, most of which did not contract the disease.

At that time, construction at Davis of a facility for doing experiments on primates in isolation had not been completed. So, on Jan. 6, 1983, a Davis researcher flew to the National Institutes of Health in Bethesda, carrying the simian AIDS specimens with him on the flight.

At the N.I.H., tissue samples were injected into a monkey. The animal developed simian AIDS about three and one half months later.

Blood, urine and other specimens from the sick monkey were flown back to Davis once the isolation facility there was completed. Researchers then divided blood and other samples that had been experimentally infected at Bethesda into two portions. One was injected into cells in test tubes in the laboratory, the other into monkeys.

After blood samples were injected into two monkeys, both developed simian AIDS within three months. Yet none of the monkeys that were injected with other samples became ill.

Agent in the Blood

Thus, the scientists knew the infectious agent was in the blood and switched their attention to a suspected agent in blood samples that had been cultured in the laboratory. From studies using an electron microscope, they identified a previously unknown virus.

Meanwhile, scientists at the New England Regional Primate Research Center in Southboro, Mass., where simian AIDS had also broken out, had identified what turned out to be the same retrovirus in monkeys afflicted with the disease. The Southboro team did not, however, report transmitting the virus from one primate to another.

According to yesterday's report, the viruses isolated from animals at the Davis and Southboro primate centers are identical on the basis of preliminary tests done by independent researchers at the University of Alabama Medical Center in Birmingham.

The Davis researchers, using their isolated virus, grew it in test tubes, and on Nov. 5 they injected a sample into a monkey. The monkey developed simian AIDS and died Dec. 30.

Dr. Marx recalled his teammates as saying, "We think we've got it, but we can't publish a scientific paper based on the results of an experiment on just one animal." So the Davis researchers injected two additional monkeys; both developed simian AIDS on Jan. 19.

All the while, researchers at Bethesda were going through the same steps using samples the Davis researchers had sent to them several weeks before.

"When we both came up with the same results, we didn't have to worry that there was some hidden technical problem causing a spurious finding," Dr. Marx said in an interview.

Dispute Over Parallels

AIDS was first recognized as a new disease in humans in 1981, and soon thereafter an illness closely resembling human AIDS was detected at the primate centers at Davis, Southboro and elsewhere.

Although the parallels between human AIDS and simian AIDS have interested many researchers, some others doubt the two diseases are really closely enough related to be considered part of the same problem, given the frequent differences between animal and human reaction to disease.

Scientists at several institutions have made unsuccessful attempts to infect primates and other animals with specimens obtained from human AIDS patients. However, it is still possible that an infectious agent other than the simian virus could cause AIDS in humans but not in animals.

Not Human Leukemia Virus

The simian AIDS virus findings do strengthen the possibility that it is, specifically, a retrovirus that causes human AIDS. Two retroviruses are under intense study, by American and French researchers, as a possible cause of human AIDS. Retroviruses are so named because they contain an enzyme called reverse transcriptase that can copy the RNA of the virus into the DNA form, thus reversing the usual direction of the flow of genetic informa-

tion. They are categorized as types A through D, and the new virus belongs is a type D retrovirus.

Tests described in the journal show that the simian AIDS virus is not the same as the human T-cell leukemia virus, called HTLV, that researchers at the National Cancer Institute have been studying as a cause of human AIDS.

Different From Human AIDS

Primates with simian AIDS develop severe wasting and other symptoms strikingly similar to those that afflict human AIDS victims. The primates also suffer infections caused by microorganisms that usually do not cause illness in healthy animals. However, the types of opportunistic infections differ among primates and humans. An organism called *Pneumocystis carinii*, for example, commonly causes pneumonia in human AIDS patients but seldom strikes monkeys.

There are other differences between human and simian AIDS. For one, no sex difference has been noted in simian AIDS, and primates are not homosexual in captivity, Dr. Marx said. Human AIDS cases in the United States have occurred predominantly among homosexual men. Recent studies in Zaire have shown that cases occur there in men as often as among women.

A Possible 600 New AIDS Cases Expected in Area

By Randy M. Shilts

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

At a three-day conference sponsored by the West Coast Cancer Foundation, Dr. Andrew Moss, an epidemiologist with the AIDS Clinic of San Francisco General Hospital, said that an estimated 1 percent of gay men in San Francisco have now contracted the deadly ailment.

In the heavily gay Castro neighborhood, Moss said that figure is "conservatively" closer to 2 percent.

The number of AIDS cases in the Bay Area topped 500 last week, compared with about 130 documented local cases in March 1983.

Moss called the incidence "astronomical" for a disease which was unheard of three years ago.

"I see no reason to believe that there is even a slowdown in the rate of increases," said Moss, who is working with the National Cancer Institute. "On a conservative assumption, we will have 500 to 600 new AIDS cases by the end of the year."

At the conference, held at the Sheraton Palace Hotel, AIDS researchers had few answers to the questions of what causes AIDS, or

how it might be cured.

"Whatever is being done about AIDS isn't making the outbreak go away — more needs to be done," said Dr. Harry Haverkos, an epidemiologist with the Atlanta-based AIDS Task Force of the federal Centers for Disease Control.

Haverkos said that as of last Monday, 3572 AIDS cases had been reported nationally to the AIDS Task Force, about three times the number documented a year ago this week. Of these, he said, 10 percent were reported in the last six weeks alone, and the case load is increasing by 100 every two weeks.

"This is probably very conservative — they represent the tip of the iceberg," said Haverkos. "There is now speculation that there are people who can carry AIDS and not get any of the symptoms at all."

The AIDS outbreak, however, has shown no signs of spreading outside the high-risk groups — such as gay men, hemophiliacs or intravenous drug users — and into the mainstream population, he said.

The geographical distribution of AIDS has also remained stable, Haverkos added, with about 40 percent of reported cases in New York City and 23 percent in California.

"At this point, we've had 12 times as many deaths from AIDS than from Legionnaires' disease and toxic shock syndrome combined," said Haverkos. "It doesn't look like we'll get an answer to this in the



By Steve Ringman

'Whatever is being done about AIDS isn't making the outbreak go away,' Dr. Harry Haverkos told the San Francisco conference

next few weeks. All our research has not found something definite to pin this on, like the Rely tampon, which was found to be related to toxic shock."

Researchers could offer little new information about what causes acquired immune deficiency syndrome and how it can be treated.

Dr. Paul Volberding, co-director of the AIDS clinic at San Francisco General Hospital, said some new treatments have proved effective in reducing the skin lesions of Kaposi's sarcoma, a skin cancer associated with AIDS. But, he said, no therapies have been found to correct the immune system breakdown that causes AIDS patients to contract the cancer or the plethora of other AIDS-related infections.

"If you measure progress in the decrease of ignorance, we've made progress — we understand more now about this," he said. "If you measure progress by the survival rate of our patients — and that would seem the best way to measure

it — we haven't made much progress at all."

Dr. Marcus Conant, chairman of California's state AIDS Task Force, said more aggressive programs are needed to educate gay men about the risk of any sexual contacts that involve the exchange of semen or other body fluids.

"We've equivocated on this," said Conant, a dermatologist with the University of California in San Francisco. "It's time to get firm. If you have a gay man off the bus from Sioux Falls, Iowa, and he walks in your office and asks how you can avoid AIDS, you can say only one thing. Tell him he'd better not have sex in the traditional sense of the word."

The only optimistic note in the conference came when Dr. Murray Gardner of the University of California at Davis discussed the discovery of an agent that appears to cause an AIDS-like disease in monkeys. Still, Gardner said financing problems will delay further experimentation.

"We're opening up new avenues of research faster than we get the money," he said. "The energy is there. The motivation is there. But we've got to have the money to build those new monkey cages and hire the people to work in the labs."

The 250 doctors and nurses at the conference generally seemed disheartened at the lack of breakthroughs in the baffling syndrome.

"I came here so I could keep ahead of what is printed in the medical journals," said Dr. Michael MacLean, a private physician in Santa Rosa. "I come away and all I feel is so depressed."

First AIDS Case at S.F. Jail

Chronicle 3/1/84

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

Dr. Thomas Peters, program chief of forensic services at the Health Department, said the inmate has been at the jail since November.

Peters said officials originally were worried that the inmate might have spread acquired immune deficiency syndrome to other prisoners,

but that after investigating, "Our best information is that it is unlikely he had sexual contact with other inmates while in the jail."

He said the man — whose name was not released — last Wednesday began complaining of symptoms that "looked like a real bad cold." When the symptoms persisted, Peters said, the man was checked more closely and was transferred to the AIDS ward at San Francisco General Hospital on Saturday. There, the diagnosis of the malady

was confirmed, he said.

Jail populations are of particular concern to the Health Department, said Peters, because prisoners often belong to both of two groups at high risk of contracting AIDS — homosexuals and intravenous drug abusers.

"Statistically, there is a greater concentration of an at-risk population" in jails, the Health Department official said, adding that there have been several cases in New York.

Drug Testing In S.F. on AIDS Victims

Chronicle 3/8/84

By Charles Petit

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

Dr. Paul Volberding, director of the AIDS clinic at the hospital, said tests with a drug called gamma interferon are to begin in two to three weeks on about 20 patients. He said additional tests on another drug, interleukin II, will follow in about three months with 100 or more patients.

The medications are not expected to cure AIDS, which breaks down the immune system, "but we have reason to think they can suppress some of its manifestations," Volberding said.

He hopes that the drugs will act in two ways against AIDS — acquired immune deficiency syndrome. The first is to slow or even stop the advance of a cancer called Kaposi's sarcoma, which is common among AIDS patients, and the second is to strengthen the weakened immune systems of AIDS victims. Gamma interferon, in particular, appears to have a dual potential against AIDS, Volberding said.

The various disease-fighting white blood cells of AIDS victims are weakened and are produced by the body in abnormal proportions. The two new drugs are members of a class of substances called lymphokines, and in laboratory tests they have appeared to be able to stimulate directly the activity of white blood cells.

Gamma interferon seems to prod a type of white blood cells called macrophages into action, and interleukin II appears to have the same effect on related cells called T lymphocytes.

The drugs will also be tested by various medical centers around the country against a wide variety of cancers and other diseases, "but we are among the first institutions to start trials," Volberding said.

Some drugs already in use, chiefly a relative of gamma interferon that is called alpha interferon, help about 40 percent of AIDS patients in slowing or reversing Kaposi's sarcoma for six months or more, Volberding said. No medications, however, have had lasting ability to stop the host of ailments associated with AIDS.

The gamma interferon to be tested is manufactured by Genentech in South San Francisco and the interleukin II by Cetus Corp. in Emeryville. Both drugs have received approval for human trials by the U.S. Food and Drug Administration within the past few months.

Both substances, which are types of protein, occur naturally in the body, but in quantities small enough to prevent their being purified for use as drugs. Now, using the genetic engineering method called recombinant DNA, drug companies have succeeded in inserting genes for their manufacture into bacteria, which respond by secreting the drugs in large amounts.

EDITORIALS

Chronicle 3/16/84

More Attention To AIDS Crisis

THE OUTBREAK OF AIDS shows no signs of going away. Instead, acquired immune deficiency syndrome has become the deadliest known infectious disease to hit America since polio. In San Francisco, the numbers of AIDS victims have surpassed 500; nationally, more than 3600 people now suffer from this syndrome, which has no known cause or cure.

Even more startling are the projected increases in the disease, particularly in San Francisco, the city with the highest concentration of AIDS victims. Dr. Andrew Moss of the University of California San Francisco — who for two years has predicted the AIDS caseloads with uncanny accuracy — says that by the end of this year 1000 gay men in the Bay Area may contract AIDS.

According to current health statistics, most of these people will die within two years, an incredible death toll considering the fact that nobody had even heard of this disease until three years ago. The cost in human suffering is enormous. AIDS researchers have told The Chronicle that there is also an immense fiscal cost that could consume between \$70 and \$100 million and strain the resources of every hospital in San Francisco, if not the Bay Area.

THIS IS SERIOUS business. It is time for the San Francisco Department of Public Health to buckle down and take a more direct responsibility for efforts to prevent even greater suffering. A dollar spent aggressively today on education about this terrible ailment and its prevention and means of avoidance may save thousands of dollars in treatment and hospitalization later. The typical AIDS patient needs between \$70,000 and \$100,000 in treatment, usually paid for by the tax-supported Medi-Cal program, before succumbing to the disease.

Last year, in response to the growing AIDS crisis, the San Francisco Department of Public Health handed over responsibility for AIDS education to the gay community by funding the AIDS Foundation with \$151,000 in city money to carry out education and prevention campaigns for gays. Because gay leaders are badly split over how to handle this problem, the AIDS Foundation has taken a soft-sell approach to warning gay men about AIDS, saying it did not want to whip up hysteria in the gay community. Of course, this approach may not offend any of the squabbling factions of the city's gay community, but it clearly is not doing anything to curb soaring AIDS rates. The city's public health department can best do the job of prevention by approaching it with independence and medical knowledge.

Bad Blood

'Gift of Life' May Be Also an Agent of Death In Some AIDS Cases

Red Cross, Others Quarrel Over the Value of Testing Donors' Blood for Disease

An Expensive T-Cell Screen

3/12/84

By MARILYN CHASE

Staff Reporter of THE WALL STREET JOURNAL

When Sam Kushnick died last October, his family wanted to bury him in a Jewish prayer shawl and in his favorite shoes. But undertakers didn't want to touch his body; the death certificate said that he had died of AIDS—Acquired Immune Deficiency Syndrome.

What is unusual about the Kushnick case isn't that an AIDS victim was treated in death as a pariah. What is remarkable is that Sam was only three years old and belonged to none of the principal risk groups for the disease—promiscuous homosexuals, Haitians and heroin addicts. The little Los Angeles boy was one of a small but growing number of AIDS casualties who contracted the disease after receiving blood. So far 70 AIDS victims—46 transfusion recipients and 24 hemophiliacs treated with plasma products—appear to have blood ties to the mysterious epidemic.

AIDS is a fatal collapse of the human immune system. Without its built-in defenses to disease, the body eventually succumbs to certain rare cancers, pneumonia, or to other so-called "opportunistic infections." So far, AIDS has killed approximately 1,566 of its 3,646 victims, and doctors have no reason to expect anyone to survive the disease. In the cities in which AIDS is most prevalent—New York, San Francisco, Los Angeles and Miami—public-health officials add daily to their census of the dead and dying. Blood transfusions compound their problems.

Donating Death

Blood may be "the gift of life," as blood banks like to call it, but it also can be an agent of disease and death. Doctors now believe that some people in high-risk groups who have yet to exhibit AIDS symptoms may, like Typhoid Mary, carry disease and unknowingly pass it on via their blood. San Francisco has had two cases of what appears to be transfusion AIDS. But the blood of 12 of the city's AIDS patients, who had donated blood before they became sick, was given to 50 transfusion recipients. None of the 50 have yet developed symptoms of AIDS. But the possibilities are enough to make people panicky about transfusions.

"There has been such terror. A guy nearly bled to death before he accepted a transfusion," says Herbert Perkins, the scientific director of Irwin Memorial Blood Bank in San Francisco.

Blood is a billion-dollar enterprise, not to mention a precious and perishable commodity. Whole blood lasts only 32 days, so inventories need constant replenishing. Blood banks collect 12 million pints of blood a year from eight million donors. That blood goes to three million transfusion recipients during surgery, in cancer therapy, burn therapy and other treatments. About 98% of blood is recruited from volunteers who roll up their sleeves for a Lorna Doone and a thank-you. The rest is bought, often from

Bad Blood: 'Gift of Life' May Be an Agent of Death In a Small but Burgeoning Number of Cases of AIDS

Continued From First Page

do?"

Blood banks in New York and Miami try to offset such pressure on the closet homosexual by providing a special telephone number to call if one has given blood and thinks the blood bank ought not to use it. New York Blood Center has added an enclosed booth where donors in privacy can check a box on donor forms indicating whether they regard their blood as safe for transfusion or "for research only." Despite such safeguards, officials worry.

"It's not going to be 100% effective; everyone knows that," says John Petricciani, the director of blood and blood products for the Food and Drug Administration's Bureau of Biologics. "At the same time, we're hopeful it will have an impact." Blood bankers argue that the drop in donors is a sign their efforts are working. But because of the long incubation period for AIDS, it may be some time before anyone knows how well "voluntary deferral" works. According to a Centers for Disease Control study of transfusion AIDS, reported in the New England Journal of Medicine, patients had their suspect blood transfusions 15 months to 57 months before they were diagnosed as having AIDS. The median time lag was 27.5 months.

Hemophiliacs may face an even greater risk than transfusion patients. To treat their uncontrolled bleeding, many use a clotting product derived from human plasma called Factor VIII. Plasma—the clear, straw-colored liquid that remains after red cells are spun off from whole blood—is mostly bought from commercial plasma centers. Health officials know that desperate poor people who will sell their blood for a meal or a bottle of booze are likelier to be sick than volunteers generally, if not with AIDS, with other transmissible diseases, including hepatitis and syphilis. Since plasma for Factor VIII is pooled with plasma from perhaps 1,000 sources, one or a few AIDS carriers could taint whole lots of Factor VIII.

Accordingly, the FDA has quietly negotiated a voluntary agreement with the four makers of Factor VIII—including the Red Cross and Cutter Laboratories Inc.—not to make any more Factor VIII from plasma purchased in major AIDS centers, such as

New York and San Francisco.

What blood banks need is a specific test that would allow them to screen blood for AIDS as they now routinely screen it for syphilis and hepatitis-B. About \$26 million in grant money has been made available by the National Institutes of Health for the study of links between transfusions and AIDS. But until researchers have isolated an AIDS virus or other causative agent, a specific blood test will have to wait, perhaps for years.

At least one blood bank isn't waiting. Since last June, the Stanford University Blood Bank in Palo Alto, Calif. has imposed a controversial test on the blood of its 20,000 annual donors.

"We already know the volunteer program doesn't work," asserts Edgar Engleman, the director of Stanford's blood bank. "We already had one donor slip through the system here," he says. "A gay man with multiple (sex) partners gave blood anyway and then called us up. He was concerned about his own immune system. He had given blood 15 times before."

The test Dr. Engleman uses is called a T-cell test. Simply described, it measures the body's general resistance to disease. Results show abnormality in 2% to 3% of the general population, and they may just reflect a recent infection of no consequence. But the beauty of the test, as Dr. Engleman sees it, is that it reveals weakened immunity in every AIDS patient on whom it has been used. It is sufficiently revealing that AIDS specialists now use T-cell test results to help them diagnose AIDS.

Cost-Benefit Analysis

But the test has drawbacks, as Dr. Engleman admits. For one thing it requires a \$250,000 cell-counting machine. Performing the test costs Stanford \$15 per donor. And it causes the blood bank to discard 2% to 3% of donated blood, most of which probably is AIDS-free. That blood loss must then be replaced from other donors, entailing more blood drives and higher costs. Dr. Engleman has increased his charge to Stanford Hospital for a pint of blood to \$66 from \$60.

He thinks it is worth it. He cites the case of a 49-year-old woman who contracted

transfusion AIDS after heart surgery. Hospitalized for AIDS before she died, she ran up a hospital bill (exclusive of doctors' fees) of \$200,000. "For the price of that one admission, we can screen almost all our donors for one year," Dr. Engleman says. "The test isn't perfect, but it's better than no test."

The blood bankers disagree. Dr. Katz of the Red Cross calls Stanford's testing "an experiment, and not something that can be recommended for the entire country," because of its cost and because of the supply problems it would create.

Harsher critics accuse Stanford of trying to lure patients from other nearby hospitals by playing on their fears about AIDS. Joseph Bove, the director of the Yale-New Haven Hospital Blood Bank, says the test is "a marketing tool for a medical center," and as such it is "distasteful."

The 'Best Test'

Dr. Engleman replies: "I'm not saying every blood bank in the country should use the test, just the cities with a high incidence of AIDS." He has support from, among others, Paul Volberding, the chief oncologist at San Francisco General Hospital and the head of its AIDS ward. "Pressure is mounting on blood bankers to do something," he says. "And so far, the T-cell test seems best."

Other, less expensive tests are being evaluated as possible ways to screen blood. Because many AIDS patients have previously had hepatitis, some doctors believe that a procedure called the hepatitis-B anti-core test might be useful. It costs \$10 to \$12 to perform, and it would eliminate 5% to 7% of all blood donors. A test called beta-2-microglobulin is said to show promise in predicting that a blood donor may go on to develop AIDS. This test costs \$2 to \$3 and would rule out 2% to 3% of all donors.

Blood banks, however, appear to be united in resisting the tests, arguing that the costs and the diminution of critically needed blood supplies that tests result in would be far worse for society than the plight of the 46 transfusion AIDS cases counted so far.

"It would mean supply problems all across the country if these tests were initiated," says Johanna Pindyck, the vice president of New York Blood Center. And she has reason to fear a shortage. The center normally collects 800,000 pints a year. At least in part because of the AIDS scare, its collections declined 11% in 1983.

Crucial Trade-Off

"It's important to find a test that doesn't rule out too many donors," says Dr. Perkins of San Francisco's Irwin Memorial Blood Bank. "You'd risk far more lives if there isn't enough blood."

Dr. Amoz Chernoff, the director of the NIH Heart, Lung and Blood Institute, agrees. "The cost-benefit analysis of these tests doesn't justify our doing them," he says.

San Francisco General's AIDS epidemiologist, Andrew Moss, warns that, because of the long incubation period AIDS seems to have, screening tests aren't likely to identify symptomless carriers who have yet to be diagnosed themselves. And blood bankers insist that contracting a relatively rare disease through a transfusion isn't very likely. "More people are killed by bee stings" than

by transfusion AIDS, says Yale's Dr. Bove.

One victim of the disease he is concerned about, however, is the blood banks. "We've worked so hard to build our blood-banking system, to get good press, to get a good image," he says. "I think that's now at stake."

Dead at Three Years, Sam Kushnick Got Transfusion From Suspect Donor

By a WALL STREET JOURNAL Staff Reporter

Little Sam Kushnick was just one of about three million transfusion recipients in the U.S. each year. So his death doesn't argue very loudly for a change in blood-bank policy, even though a transfusion seems to have cost him his life.

On the other hand, the costs and inventory problems blood banks have to cope with aren't very compelling to Jerrold and Helen Kushnick, Sam's parents, who are partners in a West Hollywood theatrical agency. Since their child's death, the Kushnicks have become activists in support of AIDS research. "If we can't save another child, then Sam's life will have been a waste," Mr. Kushnick says.

In the summer of 1980, Mrs. Kushnick gave birth to premature twins—Sam and Sara. The infants each weighed three

something was wrong."

Last Sept. 25, Sam was rushed to the hospital with pneumonia. A lung biopsy confirmed that it was *pneumocystis carinii*, a rare strain but common in AIDS patients. On Oct. 12, Sam died.

Cedars-Sinai and its lawyers have declined to comment in any way on the Kushnick child's death. The parents say that hospital officials attempted to block their efforts to bring in an AIDS specialist from San Francisco. They were able to bring the doctor in only by "swearing he was a family friend," Mr. Kushnick says. He says, furthermore, that the hospital at first refused to list AIDS as the official cause of the child's death.

A Rabbi's Intervention

The Kushnicks then had to contend with the reluctance of a funeral home to handle

of Biologics. At the same time, we're hopeful it will have an impact." Blood bankers argue that the drop in donors is a sign their efforts are working. But because of the long incubation period for AIDS, it may be some time before anyone knows how well "voluntary deferral" works. According to a Centers for Disease Control study of transfusion AIDS, reported in the New England Journal of Medicine, patients had their suspect blood transfusions 15 months to 57 months before they were diagnosed as having AIDS. The median time lag was 27.5 months.

Hemophiliacs may face an even greater risk than transfusion patients. To treat their uncontrolled bleeding, many use a clotting product derived from human plasma called Factor VIII. Plasma—the clear, straw-colored liquid that remains after red cells are spun off from whole blood—is mostly bought from commercial plasma centers. Health officials know that desperate poor people who will sell their blood for a meal or a bottle of booze are likelier to be sick than volunteers generally, if not with AIDS, with other transmissible diseases, including hepatitis and syphilis. Since plasma for Factor VIII is pooled with plasma from perhaps 1,000 sources, one or a few AIDS carriers could taint whole lots of Factor VIII.

Accordingly, the FDA has quietly negotiated a voluntary agreement with the four makers of Factor VIII—including the Red Cross and Cutter Laboratories Inc.—not to make any more Factor VIII from plasma purchased in major AIDS centers, such as

Donating Death

Blood may be "the gift of life," as blood banks like to call it, but it also can be an agent of disease and death. Doctors now believe that some people in high-risk groups who have yet to exhibit AIDS symptoms may, like Typhoid Mary, carry disease and unknowingly pass it on via their blood. San Francisco has had two cases of what appears to be transfusion AIDS. But the blood of 12 of the city's AIDS patients, who had donated blood before they became sick, was given to 50 transfusion recipients. None of the 50 have yet developed symptoms of AIDS. But the possibilities are enough to make people panicky about transfusions.

"There has been such terror. A guy nearly bled to death before he accepted a transfusion," says Herbert Perkins, the scientific director of Irwin Memorial Blood Bank in San Francisco.

Blood is a billion-dollar enterprise, not to mention a precious and perishable commodity. Whole blood lasts only 32 days, so inventories need constant replenishing. Blood banks collect 12 million pints of blood a year from eight million donors. That blood goes to three million transfusion recipients during surgery, in cancer therapy, burn therapy and other treatments. About 98% of blood is recruited from volunteers who roll up their sleeves for a Lorna Doone and a thank you. The rest is bought, often from destitute people who sell blood for as little as \$6 a pint.

Confronted with doubts about the purity of the nation's blood supply, blood-bank managers offer firm assurances. "We have a very safe and effective blood supply," says Alfred J. Katz, the executive director of the American Red Cross Blood Services, which supplies half of U.S. blood needs. But, he adds, "Blood is a medicine and, like any medicine, it has risks as well as benefits."

Why Some Don't Give

Some blood-bank managers insist that the evidence linking transfused blood to AIDS is circumstantial. And doctors all agree that contracting AIDS isn't something that can happen to donors as a result of giving blood. Still, last year, blood donations dropped an estimated 6% to 10% nationally, partly because of the unfounded fear that giving blood somehow puts one at risk, partly because people in high-risk groups had heeded official urgings that they refrain from giving blood.

Blood-donor forms now have a section that delicately discusses the sexual practices that might make one susceptible to AIDS or cause one perhaps to be a carrier. They ask Haitian immigrants and male homosexuals who have been promiscuous not to donate. Intravenous drug users, as always, are shunned as donors.

Health officials admit to having a sensitive problem here: They face a disease 70% of whose victims are male homosexuals, but their screening programs aren't foolproof and can't fairly discriminate against homosexuals at large. Flatly ruling out blood donations from an entire segment of society would be "defamatory," says Selma Dritz, San Francisco's assistant health director.

'Intelligent Policy'

Calling the screening program a "voluntary deferral" of high-risk donors thus seems to sidestep any clash between public health and civil liberties. Harry Britt, a San Francisco city supervisor and a homosexual, says: "I'd resist any effort to exclude us categorically as donors," but he nevertheless regards the voluntary program as "intelligent policy."

But because it is voluntary, the system is imperfect. "Let me paint a picture for you," says one worried blood-bank manager. "Let's say you're gay, and your office is the target of a blood drive. The pressure is on. Your colleagues are saying 'Aw, come on. Do it for good old Fred.' What do you

do?"

He thinks it is worth it. He cites the case of a 49-year-old woman who contracted

"We already know the volunteer program doesn't work," asserts Edgar Engleman, the director of Stanford's blood bank. "We already had one donor slip through the system here," he says. "A gay man with multiple (sex) partners gave blood anyway and then called us up. He was concerned about his own immune system. He had given blood 15 times before."

The test Dr. Engleman uses is called a T-cell test. Simply described, it measures the body's general resistance to disease. Results show abnormality in 2% to 3% of the general population, and they may just reflect a recent infection of no consequence. But the beauty of the test, as Dr. Engleman sees it, is that it reveals weakened immunity in every AIDS patient on whom it has been used. It is sufficiently revealing that AIDS specialists now use T-cell test results to help them diagnose AIDS.

Cost-Benefit Analysis

But the test has drawbacks, as Dr. Engleman admits. For one thing it requires a \$250,000 cell-counting machine. Performing the test costs Stanford \$15 per donor. And it causes the blood bank to discard 2% to 3% of donated blood, most of which probably is AIDS-free. That blood loss must then be replaced from other donors, entailing more blood drives and higher costs. Dr. Engleman has increased his charge to Stanford Hospital for a pint of blood to \$66 from \$60.

He thinks it is worth it. He cites the case of a 49-year-old woman who contracted

Haven Hospital Blood Bank, says the test is "a marketing tool for a medical center," and as such it is "distasteful."

The 'Best Test'

Dr. Engleman replies: "I'm not saying every blood bank in the country should use the test, just the cities with a high incidence of AIDS." He has support from, among others, Paul Volberding, the chief oncologist at San Francisco General Hospital and the head of its AIDS ward. "Pressure is mounting on blood bankers to do something," he says. "And so far, the T-cell test seems best."

Other, less expensive tests are being evaluated as possible ways to screen blood. Because many AIDS patients have previously had hepatitis, some doctors believe that a procedure called the hepatitis-B anti-core test might be useful. It costs \$10 to \$12 to perform, and it would eliminate 5% to 7% of all blood donors. A test called beta-2-microglobulin is said to show promise in predicting that a blood donor may go on to develop AIDS. This test costs \$2 to \$3 and would rule out 2% to 3% of all donors.

Blood banks, however, appear to be united in resisting the tests, arguing that the costs and the diminution of critically needed blood supplies that tests result in would be far worse for society than the plight of the 46 transfusion AIDS cases counted so far.

"It would mean supply problems all across the country if these tests were initiated," says Johanna Pindyck, the vice president of New York Blood Center. And she has reason to fear a shortage. The center normally collects 800,000 pints a year. At least in part because of the AIDS scare, its collections declined 11% in 1983.

Crucial Trade-Off

"It's important to find a test that doesn't rule out too many donors," says Dr. Perkins of San Francisco's Irwin Memorial Blood Bank. "You'd risk far more lives if there isn't enough blood."

Dr. Amoz Chernoff, the director of the NIH Heart, Lung and Blood Institute, agrees. "The cost-benefit analysis of these tests doesn't justify our doing them," he says.

San Francisco General's AIDS epidemiologist, Andrew Moss, warns that, because of the long incubation period AIDS seems to have, screening tests aren't likely to identify symptomless carriers who have yet to be diagnosed themselves. And blood bankers insist that contracting a relatively rare disease through a transfusion isn't very likely. "More people are killed by bee stings" than

Dead at Three Years, Sam Kushnick Got Transfusion From Suspect Donor

By a WALL STREET JOURNAL Staff Reporter

Little Sam Kushnick was just one of about three million transfusion recipients in the U.S. each year. So his death doesn't argue very loudly for a change in blood-bank policy, even though a transfusion seems to have cost him his life.

On the other hand, the costs and inventory problems blood banks have to cope with aren't very compelling to Jerrold and Helen Kushnick, Sam's parents, who are partners in a West Hollywood theatrical agency. Since their child's death, the Kushnicks have become activists in support of AIDS research. "If we can't save another child, then Sam's life will have been a waste," Mr. Kushnick says.

In the summer of 1980, Mrs. Kushnick gave birth to premature twins—Sam and Sara. The infants each weighed three pounds, two ounces. Doctors at Cedars-Sinai Medical Center, where the babies were born, replace even small quantities of blood drawn for tests from infants so small. Thus, Sam and Sara both got many small transfusions. Sam had 20 transfusions involving blood from 13 different donors. One donor, according to a subsequent health-department search, was a promiscuous homosexual whose blood was given to Sam but not to Sara.

'Something Was Wrong'

The babies both did well until they were about two years old, when Sam began to suffer recurrent infections and his growth seemed to stall. The illnesses seemed to be common childhood episodes of earaches, fever and flu. But, as Mr. Kushnick recalls, "He began to get lethargic. We knew

something was wrong."

Last Sept. 25, Sam was rushed to the hospital with pneumonia. A lung biopsy confirmed that it was *pneumocystis carinii*, a rare strain but common in AIDS patients. On Oct. 12, Sam died.

Cedars-Sinai and its lawyers have declined to comment in any way on the Kushnick child's death. The parents say that hospital officials attempted to block their efforts to bring in an AIDS specialist from San Francisco. They were able to bring the doctor in only by "swearing he was a family friend," Mr. Kushnick says. He says, furthermore, that the hospital at first refused to list AIDS as the official cause of the child's death.

A Rabbi's Intervention

The Kushnicks then had to contend with the reluctance of a funeral home to handle the body and the reluctance of a nursery school, under pressure from frightened parents, to continue to enroll the Kushnicks' healthy child, Sara. Both the mortuary and the nursery school relented after the Kushnicks' rabbi intervened in their behalf. But Mr. Kushnick did send Sara to another school, and he speaks bitterly about the incident. "What would they have me do," he says, "take my family to a leper colony?"

The 52-year-old father says, however, that he isn't bitter toward the unidentified blood donor, still in good health, who health officials say was the likely AIDS carrier in Sam's case.

"How can you fault someone who thinks he's giving the 'gift of life,'" Mr. Kushnick says.

Lombard Street Motel Used for AIDS Patients

Chronicle 3/17/84

By Susan Sward and Charles Petit

Nine men suffering from AIDS were abruptly evicted from a motel on Lombard Street yesterday after it was publicly disclosed that San Francisco city agencies used the motel to temporarily house victims of the usually fatal syndrome.

Since last October, as many as 10 AIDS patients at a time had been quietly sheltered at the 40-room Sea Captain's Motel at 2322 Lombard Street, between Pierce and Steiner streets.

City officials said the owner of the motel, Charlie Patel, told the AIDS patients to leave as soon as the motel's location was published yesterday.

The eviction became moot a short time later, when Mayor Dianne Feinstein ordered that no motels or hotels be used to house AIDS patients at city expense. The Sea Captain's was the only motel being used for AIDS patients by the city.

Employees at the motel's front desk yesterday refused to discuss the issue, and said Patel was unavailable.

Feinstein, while saying she was "no party" to the city's decision to place the AIDS victims in the motel, stressed in an interview in her office that the location was used only

Back Page Col. 5

AIDS MOTEL

From Page 1

"as an emergency option.

She said negotiations are under way for a building to house AIDS patients. The facility, she said, probably will be selected within 30 days.

Feinstein said that meanwhile, "The gay community has agreed to provide shelter for AIDS victims presently under the department's supervision."

Social Service Director Edwin Sarsfield said, because of the unsought publicity, "we have lost a profoundly humanitarian, cost-effective, decent system" for caring for AIDS patients just released from the hospital.

"You had an extremely kind manager of the hotel. You had a program that was not harming anyone," Sarsfield said, adding that his department had promised Patel it would not publicize the use of the motel.

Feinstein said the city's decision to use the motel came about after authorities concluded that the previous system of placing AIDS victims in the Jefferson Hotel in the Tenderloin was inappropriate — in part because of a shared public bathroom there.

The Sea Captain's Motel has outside entrances to all its rooms and separate bathrooms for each unit, with no common areas in which regular guests would mingle with the AIDS patients.

The daily charge for the AIDS guests was \$18 — paid for by the Department of Social Services and well under the motel's regular rate.

Dr. Mervyn Silverman, director of the city's Public Health Department, said that although his department did not propose the motel site, "if I thought the public was at risk, I never would have approved such a setting."

"From everything we know about AIDS, we know we're only seeing it in specific high-risk populations. In 3500 cases in the United States, I know of no case where being in the same room where an individual with AIDS has been has posed a risk," Silverman said.

Along Lombard Street, a strip crowded with dozens of hotels between Van Ness Avenue and the approach to the Golden Gate Bridge, hotel managers' reaction was mixed about whether the city's use of the Sea Captain's was a good idea. One manager, Frank Clancy of the Lombard Plaza Motel, said the city's use of the Sea Captain's "didn't bother me a bit. I'm glad they had some place to stay. Everyone else in the world has turned them out."

Another manager, who declined to be named, worried that the episode might affect her business. "I don't think it was right," she said. "Why should the city be responsible for paying for the AIDS patients? There are a lot of other people who need help more than the AIDS people, I think."

Describing the plight the city faced when it selected the Sea Captain's Motel, Silverman said, "We had people literally on the street, who had been turned away, who had AIDS. The issue here is human beings. These are people faced with death. Now they're being displaced again. The psychological impact has to be incredible."

Physicians who study AIDS say it is apparently passed only by prolonged intimate contact and the passage of blood, semen, or other bodily fluids. Nearly all victims are gay men, with some additional AIDS patients found among intravenous drug users, Haitians, and occasionally children of mothers with AIDS.

At present, AIDS patients who cannot afford housing on their own frequently live in homes and apartments, many of them provided by

AIDS From a Blood Transfusion

By Lois Timnick
Los Angeles Times

Los Angeles

The 38-year-old woman went into the hospital for a hysterectomy. She came out with AIDS.

It took a year before doctors could be certain that she was suffering from acquired immune deficiency syndrome, the often-fatal disorder that is considered rare among women. Still, neither she, her physician, the hospital nor Los Angeles County health officials were surprised — all had been watching and waiting since the man who donated the blood she received during surgery fell ill with AIDS.

Health officials say it is thought to be the first adult case of AIDS in the United States that is clearly related to a blood transfusion. Transfusions have long been suspected to be one way of transmitting the disease, but the link never has been clearly established.

Both the woman and the donor, a male homosexual in his 30s who appeared healthy when he gave blood, have recovered from infections that resulted. However, because there is as yet no cure for AIDS itself, they remain vulnerable to certain forms of cancer and "opportunistic" infections.

Theirs is a medical mystery story and a classic example of how

public health sleuths track down an elusive killer that, thus far, has left few clues.

"Our sleuthing is different from Sherlock Holmes'," said Loren Lieb, a county epidemiology analyst. "He knew what he was looking

man was diagnosed as having AIDS, his case was reported to local health officials, as required by a recent state law.

The county AIDS program quickly interviewed him about everything from his sexual practices

The case is a classic example of how medical sleuths track down an elusive killer

for. We're trying to find out whatever we can about an unknown condition. We don't even know what the clues are yet."

With no definitive blood test for AIDS, no identified human "AIDS bug" and only the scantiest idea of how it is transmitted, researchers are collecting data and hoping that a pattern will emerge. They know little more than that the disorder appears to strike homosexual men most often, and that it appears to be transmitted by blood or sexual contact.

That is why they believe it to be so important to be able to trace an AIDS case to its source.

Early last year, after the young

to whether he had been tattooed, undergone acupuncture or traveled. Question No. 44 in the county questionnaire ("Have you been a blood or plasma donor in the past five years?") provided what would turn out to be the telltale clue. Yes, the young man replied, he had donated blood — most recently on Nov. 2, 1982, at Cedars-Sinai Medical Center.

His doctor at UCLA and county health officials contacted the Cedars-Sinai blood bank. Cedars traced his blood to two female patients who had received transfusions while hospitalized.

Since last winter, the cases of both women have been followed by their physicians and a hospital rep-

resentative. Although there is no blood test for AIDS, suspicions are raised when the usual ratio of two kinds of blood lymphocytes — so-called T-cells — is reversed.

One woman shows no signs of illness, although her blood tests indicated abnormalities.

The other was not so lucky. A health professional (with no on-the-job contact with patients), she appeared fully recovered from her gynecological surgery when she got the news that she had been exposed, via a blood transfusion, to AIDS.

Her first blood test was abnormal, said Dr. Shirley Fannin, head of the county communicable disease program. So the woman knew what was coming by last summer, even though she still felt fine.

In October, she developed diarrhea. By December, she had begun to get short of breath with exercise and shortly thereafter, equally short of breath while resting. She was promptly diagnosed as having pneumocystis carinii, a rare form of pneumonia associated with AIDS.

Pentamidine, an experimental drug that has shown promise, was flown in from the Centers for Disease Control in Atlanta.

"She was in therapy within 24 hours," Fannin said, "spent two weeks in the hospital and is now back at work."

Fannin said there is no question about the source of this AIDS case; she said the patient is "an unmarried career woman with no contact with patients, no drug use, straight as an arrow, not homosexual and with infrequent sexual contacts."

Ron Sanders, a public health adviser from the federal Centers for Disease Control, said the case is "clear-cut. Hers is the first case that demonstrated clearly that transmission could take place via a blood transfusion. In other suspect cases, either the donor didn't develop 'frank' (unmistakable) AIDS or the recipient had a history of drug use and blood transfusions."

Neither the patient nor her doctor is willing to discuss the case publicly or to be identified.

Dr. Dennis Goldfinger, director of the Cedars-Sinai blood bank, said this case is extremely important to AIDS researchers.

"It is the only case to my knowledge where a blood recipient has been able to be followed prospectively, from the time he was well, and which clearly establishes the role of blood transfusions," he said.

"And the fact that both these ladies had abnormal immunologic test results two months after being transfused suggests that the AIDS agent is able to produce an acute immunosuppressive effect early on, even though it takes a year or two to get the full-blown disease."

S.F. Official Ending Career As a Top Disease Detective

By David Perlman
Science Editor

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

Dritz is turning over her complex charts and statistics to a newly-chosen successor, Dr. Dean Echenberg, whose wide experience includes work with infectious tropical diseases in Africa, Thailand and Vietnam. He served a stint as a family-practice physician on Potrero Hill and earned a Ph.D. degree in epidemiology from the University of California's school of public health.

Dritz said Echenberg is "tailor-made for the job, and the job's tailor-made for him."

For the past three years Dritz has been the tireless epidemiologist in the city health department's bureau of communicable disease control, and she has followed case-by-case the tangled trails of AIDS victims and their sexual contacts.

She calls that newest epidemic "the medical whodunit of the century." Yesterday she confessed to a sense of desperation.

"Interviewing one sick young man after another," she said, "can be terribly depressing. You don't get used to it, yet you have to deal with it — especially when you learn that the men you've interviewed have just died."

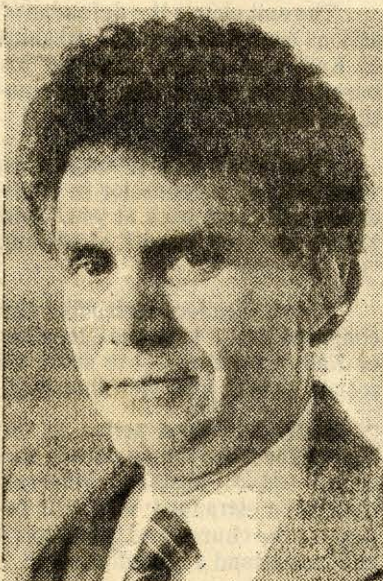
As the two physicians mulled over the city's current AIDS figures yesterday — 472 cases diagnosed here since the epidemic began, and 172 victims now dead — Dritz recalled some of the major challenges that have changed her job from a "routine small-town operation" to its current overwhelming demands.

First has been the massive influx of immigrants from Southeast Asia and Central America, bringing in many new public health problems because of malnutrition and parasitic, infectious diseases.

Second has been the increase in the number of working mothers in the city — mothers who must hold down jobs to help support their fam-



SELMA DRITZ
Specialist in finding AIDS cases



DEAN ECHENBERG
'Tailor-made' to take her place

ilies while their young children are in daycare centers that often lack staff trained in preventing the spread of the typical infectious illnesses of childhood.

Finally, Dritz noted, there has been the revolution in human behavior that has vastly increased the incidence of all the sexually transmitted diseases; not only syphilis and gonorrhea, but also herpes, the obscure germ-caused illnesses such as amebiasis and shigellosis, and now AIDS.

"Just trying to keep up with the flow of cases is demanding and frustrating," Dritz said. Her health department bureau, which is headed by Dr. Erwin Braff, has increased its staff from four to more than a dozen, since she came there, and it now has a budget of more than \$300,000. It is seeking still more in foundation grants to cope with the AIDS crisis.

Right now, for example, there is the problem of researching the problem of transfusion-related cases of acquired immune deficiency syndrome. San Francisco has seen only one example of that lethal trouble source, but nationwide the federal Centers for Disease Control in Atlanta is studying 49 such suspected cases of AIDS.

Even a few blood donors who are incubating AIDS or who have it can present a hazard, so Dritz has been working closely with Dr. Herbert Perkins of the Irwin Memorial Blood Bank to follow any AIDS patients who may have donated blood or received it in recent years.

During her long and eventful stint as an epidemiologist in San Francisco, Dritz has tracked down the sources of food poisoning at local universities, sudden spurts of flu in elderly patients, hepatitis epidemics in the Haight-Ashbury, outbreaks of legionnaires' disease, and even a rare outbreak of milk-borne Q-fever, which is caused by a parasite of cattle, sheep and goats.

A concert pianist in Chicago before she became a physician, Dritz practiced as a pediatrician until she took on her public health job. Now she plans to return to the piano, and to pursue her interest as a sculptor before deciding whether to return to medicine. "First of all, I'm going to get some sleep," she said.

Patient 0 tracked as carrier of AIDS

Examiner 3/27/84

NEW YORK (AP) — Forty cases of AIDS in San Francisco and nine other cities have been traced through a chain of sexual contacts to a homosexual man who may have been a "carrier" of the disease, spreading it across the country without knowing he had it.

The man had sexual contact with eight victims of acquired immune deficiency syndrome: four in Los Angeles and four in New York, according to an investigation by the Centers for Disease Control.

Those eight victims in turn had contact with others, and ultimately spread to San Francisco and to cities in Florida, Georgia, Texas, Pennsylva-

3 state units get U.S. funds for AIDS fight

WASHINGTON — The government allotted \$1.1 million yesterday for research seeking a test for AIDS that would detect the deadly immune-system disease early, and permit screening to eliminate blood donations that might transmit it.

At the same time, federal health officials restated their conviction that the risk of contracting AIDS, or acquired immune deficiency syndrome, from a blood transfusion is very slight.

California institutions sharing in the research grant are the Irwin Memorial Blood Bank in San Francisco, \$236,062; Stanford University Blood Bank, \$146,579; and Veterans Administration Medical Center of San Diego, \$218,745.

Irwin Memorial has identified 12 donors since 1975 who have since contracted AIDS. Of the 54 identified recipients, a 20-month-old baby died of the syndrome after receiving a transfusion.

"It is generally quite well accepted that AIDS can be transmitted through blood transfusions. But it is widely known that that is a rare event," said Dr. James Curran, director of the Centers for Disease Control's AIDS program in Atlanta. "AIDS is a very uncommon, rare complication of blood transfusions."

Curran said the CDC was studying 49 suspected cases of AIDS where the patient did not appear to be in a high-risk group, but had received a blood transfusion or blood products. Some 22 of those persons, including 17 adults, have died, he said.

nia and New Jersey — 10 cities in all. The cities other than San Francisco, Los Angeles and New York were not disclosed.

The identification of the AIDS cluster provides further evidence for the widely held belief that AIDS is caused by an infectious agent, said William Darrow, the head of the CDC team that tracked down the cases.

In a report published in the current issue of the American Journal of Medicine, Darrow and his colleagues identified a man they call "Patient 0" who links cases in Los Angeles with those in New York. (All 40 victims were homosexual men.)

Patient 0 was not the first of the 40 men to get AIDS, Darro said.

Darrow thinks Patient 0 picked it up from a contact in Los Angeles or New York, and then carried it across the country to the others.

"One of the problems we had, of course, was determining the source of the infection and the spread," Darrow said in a telephone interview yesterday.

It appears that Patient 0 transmitted the disease to at least two others before he had any signs of disease himself, the CDC investigators found.

"If the infectious-agent hypothesis is true, Patient 0 may be an example of a 'carrier' of such an agent," the CDC investigators said.

Patient 0 ultimately did develop AIDS and is still alive, according to Darrow's most recent information.

The link between the 40 AIDS victims was first identified in early 1982, Darrow said, at a time when there were only 248 known cases among homosexual men in the United States.

Because many of the men in the cluster had multiple sexual contacts that could not be traced, it is difficult to be certain exactly who was the source of disease for each case, Darrow said.

This is not the first report that AIDS may be spread by carriers with no AIDS symptoms. In 1982, the CDC reported the case of an infant who developed an AIDS-like illness after a transfusion from a man who appeared well. The man later died of AIDS.

AIDS is marked by the inability of the body's immune system to resist disease.

The CDC says homosexuals, Haitians, abusers of injectable drugs and hemophiliacs are the most likely victims of AIDS. The disease appears to be spread through sexual contact, contaminated needles and blood transfusions, but not through casual contact, CDC officials say.

U.S. Allocates \$1.1 Million For AIDS Study

Chronicle 3/27/84

Washington

The government allotted \$1.1 million yesterday to seven scientific institutions, including two in the San Francisco Bay Area, seeking a test for AIDS that would detect the deadly disorder early and permit screening to eliminate blood donations that might transmit it.

Federal health officials, however, restated their conviction that the risk of contracting acquired immune deficiency syndrome from a blood transfusion is very slight.

"It is generally quite well-accepted that AIDS can be transmitted through blood transfusions. But it is widely known that that is a rare event," said Dr. James Curran, director of the Centers for Disease Control's AIDS program in Atlanta.

Curran said the Centers for Disease Control was studying 49 suspected cases of AIDS where the patient did not appear to be in a high-risk group but had received a blood transfusion or blood products. Twenty-two of those patients, including 17 adults, have died, he said.

Curran pointed out that about 3.5 million Americans receive blood transfusions each year. "Forty-nine cases in well over a year is extremely small," he said.

The grants will be awarded formally on April 1 to these medical centers:

Stanford University Blood Bank, \$146,579; Irwin Memorial Blood Bank of San Francisco, \$236,062; Veterans Administration Medical Center of San Diego, \$218,745; AMC Cancer Research Center of Lakewood, Colo., \$121,754; University of Colorado at Denver, \$52,338; Uniformed Service University of the Health Sciences, Bethesda, Md., \$179,786; and Southwest Foundation for Research and Education in San Antonio, \$174,410.

Associated Press

Gay Campaign To Ban Sex In Bathhouses

☆☆ Wed., March 28, 1984

By Randy Shilts

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

The proposed legislation, sponsored by Larry Littlejohn, a 20-year veteran in local gay politics, requires only 7332 signatures to make the November general election ballot.

Voter Registrar Jay Patterson said Littlejohn should have little

Back Page Col. 1

activity among patrons on these premises is prohibited."

The initiative ordinance also would ban more than one person from occupying a room or bed in a bathhouse and provide that "all areas of a public bath house open to patrons shall be well lighted."

Once notified of a code violation, the chief of police, who currently licenses gay bathhouses, could revoke the bathhouse license after a hearing.

Officer Farrell Susslow of the Police Department's permits section said that 14 bathhouses are licensed by the city. Under current regulations, the public health department must inspect the facilities and certify to the police that they are sanitary.

An opinion by the city attorney's office last year found that Dr. Mervyn Silverman, director of the Department of Public Health, could close the bathhouses if he decided they were a threat to public health. Silverman, however, has declined to move against the baths, saying gays would find other places to have promiscuous sex if bathhouses were closed. He was not available for comment on the new proposal yesterday.

In private meetings with gay leaders in recent weeks, Mayor Dianne Feinstein has said that she would like the bathhouses to be closed, but did not want to engage in

BATHHOUSES

a public fight with Silverman on the issue. She has hoped that gay leaders would spearhead the fight against the baths.

Mayor Feinstein declined to comment on the proposed ordinance yesterday, but said in a statement issued through her press secretary:

"The closure and non-closure of the bathhouses is a public health issue not in the jurisdiction of the mayor. I've asked Dr. Silverman to monitor the placement of health education materials weekly in the bathhouses. It is fair to say I am greatly concerned about the rapid spread of this deadly disease and I am watching the situation as closely as I can."

No representative for the Northern California Bathhouse Owners Association was available for comment yesterday. The group's president, Sal Accardi, owner of San Jose's Watergarden Baths, has told gay newspapers that curbing bathhouses would lead to the closure of gay bars and businesses, and ultimately create an anti-gay climate in which homosexuals would be sent to concentration camps.

Littlejohn, a former president of the pioneering gay-rights group, the Society for Individual Rights, took the first formal step toward qualifying the proposition with the publication of a legal notice yesterday announcing his intent to circulate a petition for a ballot proposition.

Littlejohn, who lobbied to pass the 1975 bill which legalized sexual activity among consenting adults in California, said he decided to offer the proposition because squabbling gay leaders were taking no action against the spread of AIDS.

"Everybody is concerned about treatment or getting money for research so they can find a cure and things can go back the way they were," said Littlejohn, a founder of the Pride Foundation.

"This (ballot measure) does not close the bathhouses, it just says that while we've got this terrible epidemic, the city should not give



By Steve Ringman

LARRY LITTLEJOHN 'Everybody is concerned'

permits to places in which you have the promiscuous sexual contact which spreads AIDS," he said. "It's fine if they want to remain open and be healthful things, like be gyms or saunas."

The established gay leadership remains bitterly split about how to handle AIDS, though most leaders said yesterday that they opposed Littlejohn's measure. Carole Migden, president of the Harvey Milk Lesbian & Gay Democratic Club, called the measure "bothersome."

"Gay men clearly need to give serious considerations about whether to frequent bathhouses," said Migden. "But I don't think it's appropriate to decide public health policy by ballot measures... It's a sensitive issue about the state policing sexual behavior."

One of the nation's best-known gay leaders, Leonard Matlovich, announced he would help circulate petitions for the law, saying, "If we don't save our own people from this terrible disease, nobody else will."

Matlovich, who is now vacationing in Florida, said that grass-roots gays were tired of the leaders' "waffling" on AIDS.

"We have to clean up our act in our own community — people are dying and we have to start saving lives," said Matlovich, who became a gay hero in the mid-1970s when he fought his gay-related discharge from the U.S. Air Force.



SEX IN BATHHOUSES

From Page 1

trouble qualifying the measure by the August 8 deadline.

The proposal breaks the impasse among gay leaders and public health officials about how to deal with the politically sensitive issue of curbing promiscuous activity in bathhouses without being accused of harassing gays.

Phrased like a nuisance abatement measure, the proposal would amend the police code under which bathhouses are licensed by the city. Under the amendments, bathhouse owners would be required to prominently post a sign saying, "Sexual activity among patrons on these premises is prohibited."

The initiative ordinance also would ban more than one person from occupying a room or bed in a bathhouse and provide that "all areas of a public bath house open to patrons shall be well lighted."

Once notified of a code violation, the chief of police, who currently licenses gay bathhouses, could revoke the bathhouse license after a hearing.

Officer Farrell Susslow of the Police Department's permits section said that 14 bathhouses are licensed by the city. Under current regulations, the public health department must inspect the facilities and certify to the police that they are sanitary.

An opinion by the city attorney's office last year found that Dr. Mervyn Silverman, director of the Department of Public Health, could close the bathhouses if he decided they were a threat to public health. Silverman, however, has declined to move against the baths, saying gays would find other places to have promiscuous sex if bathhouses were closed. He was not available for comment on the new proposal yesterday.

In private meetings with gay leaders in recent weeks, Mayor Dianne Feinstein has said that she would like the bathhouses to be closed, but did not want to engage in

a public fight with Silverman on the issue. She has hoped that gay leaders would spearhead the fight against the baths.

Mayor Feinstein declined to comment on the proposed ordinance yesterday, but said in a statement issued through her press secretary:

"The closure and non-closure of the bathhouses is a public health issue not in the jurisdiction of the mayor. I've asked Dr. Silverman to monitor the placement of health education materials weekly in the bathhouses. It is fair to say I am greatly concerned about the rapid spread of this deadly disease and I am watching the situation as closely as I can."

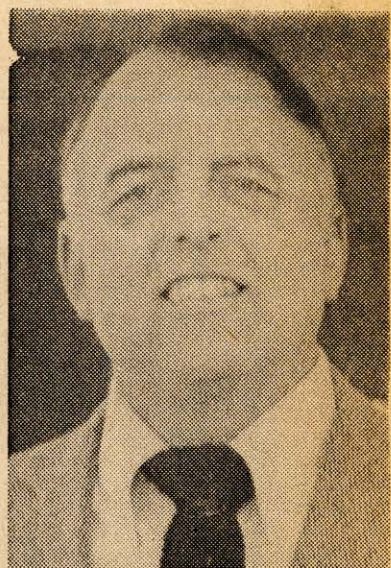
No representative for the Northern California Bathhouse Owners Association was available for comment yesterday. The group's president, Sal Accardi, owner of San Jose's Watergarden Baths, has told gay newspapers that curbing bathhouses would lead to the closure of gay bars and businesses, and ultimately create an anti-gay climate in which homosexuals would be sent to concentration camps.

Littlejohn, a former president of the pioneering gay-rights group, the Society for Individual Rights, took the first formal step toward qualifying the proposition with the publication of a legal notice yesterday announcing his intent to circulate a petition for a ballot proposition.

Littlejohn, who lobbied to pass the 1975 bill which legalized sexual activity among consenting adults in California, said he decided to offer the proposition because squabbling gay leaders were taking no action against the spread of AIDS.

"Everybody is concerned about treatment or getting money for research so they can find a cure and things can go back the way they were," said Littlejohn, a founder of the Pride Foundation.

"This (ballot measure) does not close the bathhouses, it just says that while we've got this terrible epidemic, the city should not give



By Steve Ringman

LARRY LITTLEJOHN 'Everybody is concerned'

permits to places in which you have the promiscuous sexual contact which spreads AIDS," he said. "It's fine if they want to remain open and be healthful things, like be gyms or saunas."

The established gay leadership remains bitterly split about how to handle AIDS, though most leaders said yesterday that they opposed Littlejohn's measure. Carole Migden, president of the Harvey Milk Lesbian & Gay Democratic Club, called the measure "bothersome."

"Gay men clearly need to give serious considerations about whether to frequent bathhouses," said Migden. "But I don't think it's appropriate to decide public health policy by ballot measures... It's a sensitive issue about the state policing sexual behavior."

One of the nation's best-known gay leaders, Leonard Matlovich, announced he would help circulate petitions for the law, saying, "If we don't save our own people from this terrible disease, nobody else will."

Matlovich, who is now vacationing in Florida, said that grass-roots gays were tired of the leaders' "waffling" on AIDS.

"We have to clean up our act in our own community — people are dying and we have to start saving lives," said Matlovich, who became a gay hero in the mid-1970s when he fought his gay-related discharge from the U.S. Air Force.

Hot line, support for AIDS sufferers

"People suffering from AIDS are treated like lepers in the first century," said Dr. Robert McKenzie, a Presbyterian minister.

"Christ comforted the lepers, but we treat people with AIDS as outcasts," said McKenzie, who is with the San Francisco Network Ministries, one of 13 religious groups in the AIDS Interfaith Network.

At a press conference at Pride Foundation's offices at the Pride Center yesterday, the group announced the opening of an AIDS hot line — 928-HOPE — which is in service 24 hours a day, seven days a week.

"We are an outreach to meet the spiritual needs of persons with AIDS, their families, lovers and friends," said Connie Staff, of the Metropolitan Community Church.

AIN was formed last June at the Pride Center by the Shanti Project, a group that provides volunteer counseling for individuals facing life-threatening illness and bereavement.

"We provide education, training and appropriate response to the religious community regarding the AIDS crisis," Staff said.

One of the network's projects is the production of a statement paper, "Is AIDS God's Wrath on Homosex-

Humans to try drug for AIDS

By Richard F. Harris
Examiner science writer

The Food and Drug Administration has approved human trials for Interleukin-2, a drug being watched carefully as a potential immune system restorative for AIDS victims, the manufacturer has announced.

Cetus Corp. of Emeryville said the ruling will allow human testing to begin immediately at experimental centers, including San Francisco General Hospital.

IL-2, as the drug is called, is apparently identical to a human substance that stimulates and regulates the body's disease-fighting immune system.

The company's version of the drug is already being produced for test-tube experiments in about 60 laboratories around the world, Cetus's Katharine Russell said yesterday.

In the test-tube studies, IL-2 has shown signs of restoring immune deficiencies in cells from AIDS victims. That has given some investigators hope that IL-2 can repair the underlying problem in AIDS: a crippled disease-fighting system.

u
tl
u
si

San Francisco's untouchables

Oakland Tribune 3/26/84

Now that 13 AIDS patients ousted from a San Francisco motel have found temporary lodgings elsewhere in the city, they should be given a chance to convalesce in peace.

Misplaced journalistic zeal led some local media to "uncover" their resting place in the first place; misplaced fears on the part of some local officials led to their hasty relocation.

Neither action did credit to a city that prides itself on tolerance for alternative lifestyles.

AIDS patients should be allowed to fight their tragic battle with the same shield of privacy enjoyed by anyone else with a potentially fatal disease that frightens other people.

AIDS is not the first disorder to inspire hysteria in the community. But in days long past when afflictions like leprosy and tuberculosis were rampant, ignorance could account for some of the fear and loathing with which victims were treated.

Now that those ancient ailments can be controlled, people cringe from them less. In more recent times, the same change in attitude has occurred toward cancer, once the subject of whispered back-room conversations.

The sudden and widespread onset of AIDS is undeniably scary, particularly since people have been inadvertently infected with AIDS from blood donors. Still, now that we know

how the contagious illness is spread, there is no excuse to treat those who have it like a new caste of untouchables.

Mayor Dianne Feinstein did little to help enlighten the public when she declared that commercial lodgings would never again be used for city-sponsored housing of AIDS patients. Her reaction was not based on complaints from owners of the motel, who had agreed, after all, to house the group for a daily fee.

It was based, instead, on fears expressed by other commercial interests that business would be hurt if visitors to the city got the idea they might be checking into a room just vacated by someone with AIDS.

But AIDS patients actually have as much to fear from the general population as vice-versa. Because the malady strips the body of its immunities, a simple cold transmitted through the air can become a life-threatening infection for the sick person.

These and other facts about the mysterious disease are slowly replacing the hysteria that initially surrounded it, says a member of the San Francisco AIDS Foundation. Only by working with AIDS patients, not ostracizing them, can society progress toward a cure of the deadly disease.

We trust the motel episode is but a regrettable regression in what otherwise is an encouraging trend toward that more humanitarian view.

P
t
ft
p
w

a
e
l
r
r
s
t
s
e
n
g
f
e
s

Hot line, support for AIDS sufferers

"People suffering from AIDS are treated like lepers in the first century," said Dr. Robert McKenzie, a Presbyterian minister.

"Christ comforted the lepers, but we treat people with AIDS as outcasts," said McKenzie, who is with the San Francisco Network Ministries, one of 13 religious groups in the AIDS Interfaith Network.

At a press conference at Pride Foundation's offices at the Pride Center yesterday, the group announced the opening of an AIDS hot line — 928-HOPE — which is in service 24 hours a day, seven days a week.

"We are an outreach to meet the spiritual needs of persons with AIDS, their families, lovers and friends," said Connie Staff, of the Metropolitan Community Church.

AIN was formed last June at the Pride Center by the Shanti Project, a group that provides volunteer counseling for individuals facing life-threatening illness and bereavement.

"We provide education, training and appropriate response to the religious community regarding the AIDS crisis," Staff said.

One of the network's projects is the production of a statement paper, "Is AIDS God's Wrath on Homosexuals?" which concludes: "God does not punish through disease and suffering. What God does is love us through one another, even though disease and suffering happen in our lives."

Mayor Feinstein has declared next week as "AIDS Prevention Week" in San Francisco.

Meanwhile, churches in The City have been asked to set aside Sunday, May 20, as a special offering day for the network. Donations are tax deductible, and 50 percent of funds raised will be used to help people with AIDS.

Examiner 3/29/84

Humans to try drug for AIDS

By Richard F. Harris
Examiner science writer

The Food and Drug Administration has approved human trials for Interleukin-2, a drug being watched carefully as a potential immune system restorative for AIDS victims, the manufacturer has announced.

Cetus Corp. of Emeryville said the ruling will allow human testing to begin immediately at experimental centers, including San Francisco General Hospital.

IL-2, as the drug is called, is apparently identical to a human substance that stimulates and regulates the body's disease-fighting immune system.

The company's version of the drug is already being produced for test-tube experiments in about 60 laboratories around the world, Cetus's Katharine Russell said yesterday.

In the test-tube studies, IL-2 has shown signs of restoring immune deficiencies in cells from AIDS victims. That has given some investigators hope that IL-2 can repair the underlying problem in AIDS: a crippled disease-fighting system.

Last summer, the National Institutes of Health tested a crude extract of IL-2 on AIDS victims, but it didn't cure the disease. Researchers hope that a purified product will avoid the troublesome side effects that marred those earlier studies.

Noting that interferon held a similar promise for cancer treatment but did not pan out, physicians remain cautious about raising unrealistic hopes for Interleukin-2.

Cetus made the drug by isolating a piece of DNA that carried the genetic blueprint for the substance. That was introduced into a bacterium that grows quickly in the laboratory and produces IL-2. The gene product is then twisted into its active shape through a patented process.

Cetus officials say they can produce as much of the drug as is needed.

Scientists David Mark and Bez Khosrovi led the team of Cetus researchers who developed the drug.

About six genetic engineering companies nationwide are developing IL-2. Cetus is the first to gain approval of its product for human trials.

An intermediate level class in the ancient Chinese exercise form of Tai Chi will begin today, from 10:30 a.m. to 12 noon, at Lincoln Center in Alameda. The class is for eight weeks and is sponsored by the Alameda Recreation and Park Department. Registration fee is \$30, with discounts for older adults with a Gold Card. For more information call 848-0965 or 522-4100, extension 227.

The Berkeley Contemporary Chamber Players will present a program of 20th century music at 8 p.m. tonight in Hertz Hall on the University of California campus. The program will include the American premiere of Peter Maxwell Davies' choral work, "Westering," the world premiere of Phillip Balou's "Cadenza" for solo cello and live digital synthesis using the new Buchta 400 system, and Larry Polansky's "Three Monk Tunes."

A meeting of the board of commissioners of the Oakland Housing Authority will be held at 7 p.m. tonight on the first floor of the Housing Authority Administration Building, 1619 Harrison St. Among the items on the agenda is the presentation of the agency's 1984-85 budget. For more information call 874-1517.

Eastbay Calendar is published Mondays through Saturdays in The

from blood donors. Still, now that we know
itarian view.

your count on receiving
ays key role.

-Jan. 19): Good lunar
fighter money picture.
ial, dynamic new ap-
Streamline procedures,
Artes, Virgo natives
ou will recoup recent

eb. 18): Make this a
re on target, you are
and you will be given
income. You touch on
pond and your reputa-
ricorn plays key role.

h 20): Break with past
ive numerous hints,
could prove prophet-
ished, you might be
rophones and camera.
prominently.

thday you'll make vital

Pressure to Close

Silverman Feeling Bathhouse Heat

Chronicle 3/29/84

By Randy Shilts

Pressure mounted on public health director Dr. Mervyn Silverman yesterday to shut down San Francisco's gay bathhouses before the issue qualifies for the November ballot and becomes a "political nightmare" for city leaders.

But Silverman remained opposed to the action, saying educational efforts within the gay community were the only effective means of curbing the city's growing AIDS rate.

The pressure to have Silverman shut down the baths as a public health measure came in reaction to a campaign to qualify a proposition asking the city's voters to prohibit sexual activity in bathhouses.

Most AIDS researchers think gay bathhouses, where gay men participate in multiple sexual contacts, are a major factor in spreading the deadly AIDS epidemic.

Board of Supervisors President Wendy Nelder said yesterday that Silverman should close the baths now rather than wait until a November vote on the proposition written by Larry Littlejohn, a 20-year veteran of San Francisco gay politics.

"There's no question in my mind that it would be better if they were closed," said Nelder. "I think it's terrific that this idea has come out of the gay community, because none of us wanted to say it and look like we were discriminatory."

An aide to Mayor Dianne Feinstein has confirmed that the mayor would like the baths closed but thinks the decision to close the baths should come from the Public Health Department, which is under the authority of Chief Administrative Officer Roger Boas.

Boas said through an aide yesterday that he will not order Silverman to close the baths, even though Boas himself would like them to be shut down.

"That is his personal feeling, but Dr. Silverman is the one who has to make that call," said Farnum Alston, executive assistant to Boas.

"Mr. Boas feels the way the mayor does — that there is reason for strong public concern, but this is a public health call."

Silverman said that his department is making efforts to curb AIDS by "trying to educate the gay community . . . trying to change certain patterns of sexual behavior whether they exist in a bathhouse or in a private home or what have you."

"I don't think the government has ever been successful in legislating sexual behavior," said Silverman. "I'm not going to bow to political pressure. This is a medical issue. I will base it (a decision to close bathhouses) on what the realities of the medical situation are."

Most gay leaders said they opposed the measure because it "legislated morality."

Still, many conceded that Littlejohn would have no trouble gathering 7332 signatures to put the measure on the ballot. Once on the ballot, gay leaders agreed, such a law probably would pass overwhelmingly with support from both gay and heterosexual voters.

"I think that liberal people, our normal allies, will vote for this because they don't understand that many gay people don't like the idea of legislating morality," said Cleve Jones, a prominent gay leader and aide to Assemblyman Art Agnos.

"The liberals will vote for it because they see it as a pragmatic protection against AIDS, like closing the beaches during polio," said Jones.

Many gay leaders said they expect increased pressure on Silverman from within the gay community and among liberal politicians who will be trying to appeal to both gay and heterosexual voters in their reelection efforts in November.

"Silverman can defuse this issue, make it go away, by just closing the bathhouses now," said the officer of one major gay Democratic club. "When the Democratic Convention comes to town with 10,000 reporters, we don't want the big local issue to center on gays' right to commit suicide in bathhouses."

3rd AIDS Case Tied To Blood Transfusion

Chronicle 3/30/84

By David Perlman
Science Editor

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

The patient, a 55-year-old woman, developed the first signs of the acquired immune deficiency syndrome a few months after her surgery for a weakened artery, according to Dr. Herbert Perkins, the blood bank's scientific director.

Neither the hospital nor the identity of the patient was disclosed, but Perkins said the woman is "doing well" right now, although her physicians have confirmed she has AIDS.

The case is only the third in the United States in which AIDS has been definitely related to a blood transfusion, and the second in which the transfused blood came from a donor at the Irwin blood bank in San Francisco. The other Irwin case was reported in a Southern California patient who received blood last year.

Perkins said the rarity of the incidents underscores the exceedingly low risk of AIDS associated with blood transfusions because the three cases have occurred among an estimated 15 million blood recipients.

The first post-transfusion AIDS case involved a 20-month-old baby born in San Francisco three years ago with a potentially lethal blood problem. The infant received blood and blood products from 21 donors and soon developed a series of fungal and bacterial infections. Tests disclosed that the baby's immune system was severely impaired, and after doctors tracked down the donors they found one man who had apparently been healthy at the time he volunteered blood but who later died of an infection caused by AIDS. The baby also died.

The blood bank in San Francisco keeps meticulous records on all

its monthly 10,000, and also on all patients who receive blood from the bank.

Right now, Perkins said, experts at the bank are following 14 men who have given blood since July 1, 1979, and who were healthy at the time but who later developed AIDS. All 14 are alive, and one of them is the man whose volunteer blood donation was used in the woman now ill with an AIDS-induced infection.

Blood or blood products from the 14 men have been given to a total of 58 recipients, according to Perkins' records. Thirty-three of the recipients have died of unrelated causes but without any evidence of AIDS, four have moved from the area and have been lost to follow-up, and all of the remaining 22 are free of any AIDS signs except for the woman whose case was disclosed yesterday.

The woman was operated on a year ago for an aortic aneurism — a weakened wall in the body's major blood vessel that leads from the heart — and three months later began developing a fever and swollen lymph glands.

Her doctors tested her for evidence of viral infection, and although they found none she did develop a fungal infection in her mouth, known as candidiasis, or thrush, about six months after the transfusion. She recovered from the infection, but then doctors detected signs that the specialized cells of her immune system were disrupted. Last week the yeast-like fungus infection recurred in her urinary tract, and now her case has been definitely diagnosed as AIDS.

The Irwin Memorial Blood Bank already makes a determined effort to screen out donors who may be at high risk for AIDS or who have had virus infections such as hepatitis in the past. Earlier this week Perkins announced that on May 1 the bank will begin adding a new test to its screening process for the presence of hepatitis antibodies in donated blood. The test can also help detect persons who are at high risk for developing AIDS.

S.F. Planning To Close Gay Baths

Chronicle 3/30/84

By Randy Shilts

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

Silverman is acting at the request of a coalition of gay leaders who decided a health department order is preferable to a potentially divisive and embarrassing fight

Back Page Col. 4

S.F. TO CLOSE BATHHOUSES

From Page 1

over a proposed November ballot proposition to prohibit bathhouse sex.

The public health director, who has long resisted efforts to shut down gay baths, is expected to announce his decision at a press conference this morning, city officials and gay leaders said.

At the press conference, a variety of community leaders, including gay Supervisor Harry Britt, plan to add their support for the quarantine.

Silverman did not respond to inquiries about the bathhouse issue yesterday.

The Chronicle has learned that Britt and 50 gay businessmen, physicians and other political leaders have signed a statement asking Silverman to "temporarily close" all businesses "intended to facilitate anonymous, high-volume, high-risk sexual behavior."

Mayor Dianne Feinstein and Roger Boas, the city's chief administrative officer who is Silverman's boss, have said they would like the bathhouses closed and would support Silverman if he decided to do so.

Sal Accardi of the Northern California Baths Association said his group will go to court if necessary and do "everything we can to resist this alarmist hysterical approach" to the baths.

"We are resolved that we will vigorously resist the self-serving alarmists who use the public concern about AIDS to accomplish their homophobic political agendas," said Accardi. "There are constitutional problems and the problem with privacy because we are private clubs."

Lawyers for the city attorney's office said yesterday they were working on the mechanics of enforcing the bathhouse quarantine, but they declined to give details. There are at least 20 bathhouses, private clubs and other businesses accommodating promiscuous sexual behavior among gays in San Francisco.

It was not clear yesterday whether the quarantine will apply to all the city's saunas or hot tub facilities, some of which are designed primarily for non-sexual relaxation.

"We're studying the problem of how to (enforce) this now," said Deputy City Attorney Burk Delventhal. "We've never done this before so we're not sure how it works."

For more than nine months, Silverman has had a legal opinion from the city attorney's office saying the city's Health and Safety Code empowers him to close and quarantine any business "for the protection of the public health and comfort."

Most AIDS researchers think gay bathhouses and private sex clubs have played a key role in the

rapid proliferation of the deadly acquired immune deficiency syndrome among gay men.

Supervisor Britt has suggested the bathhouses be converted to housing for homeless AIDS patients.

The question of how to handle the sensitive issue of gay bathhouses and private sex clubs has divided gay leaders since the AIDS epidemic reached startling proportions last year. Some gays argued that closure would violate gay civil rights, and others said pragmatic measures are needed to save lives.

Larry Littlejohn, a 20-year veteran of gay politics, broke the impasse Tuesday when he launched an effort to qualify a ballot proposition that would prohibit sexual activity in bathhouses.

Faced with the certainty that such a measure would be supported by both gay and straight voters, gay leaders and liberal politicians scrambled to render the proposition moot by having Silverman close the baths before the measure qualifies for the November ballot.

In just 48 hours, gays pulled together a broad spectrum of well-known gays to sign a statement asking Silverman to close the baths.

"This is an extremely painful and difficult decision which we make reluctantly after serious soul-searching and consultation with many members of our commu-

Reaction at the baths

SEE PAGE 3

nity," the statement said.

"Bathhouses have long been important for gay people, but clearly now, saving lives is of greater importance . . . Therefore, in the interest of saving lives we call on the director of public health to temporarily close such establishments for the duration of this public health emergency."

Gays who have signed the statement include Britt, Community College Board President Tim Wolfred, and officers of the San Francisco AIDS Foundation, Bay Area Physicians for Human Rights, the Pride Foundation and the Harvey Milk and Alice B. Toklas Democratic clubs.

The move to close the baths also has picked up support from liberal politicians who are allied with the gay community.

Supervisor Richard Hongisto, who is extremely popular among gays, said yesterday, "I think it's overdue. You can't fiddle while Rome burns. I have too many beloved friends in the gay community who have died or are dying of this."

AIDS has stricken more than 500 people in the Bay Area, more than 95 percent of whom are gay men. As of Monday, 3899 Americans had contracted the ailment; 125 new cases were reported in the third week of March alone.

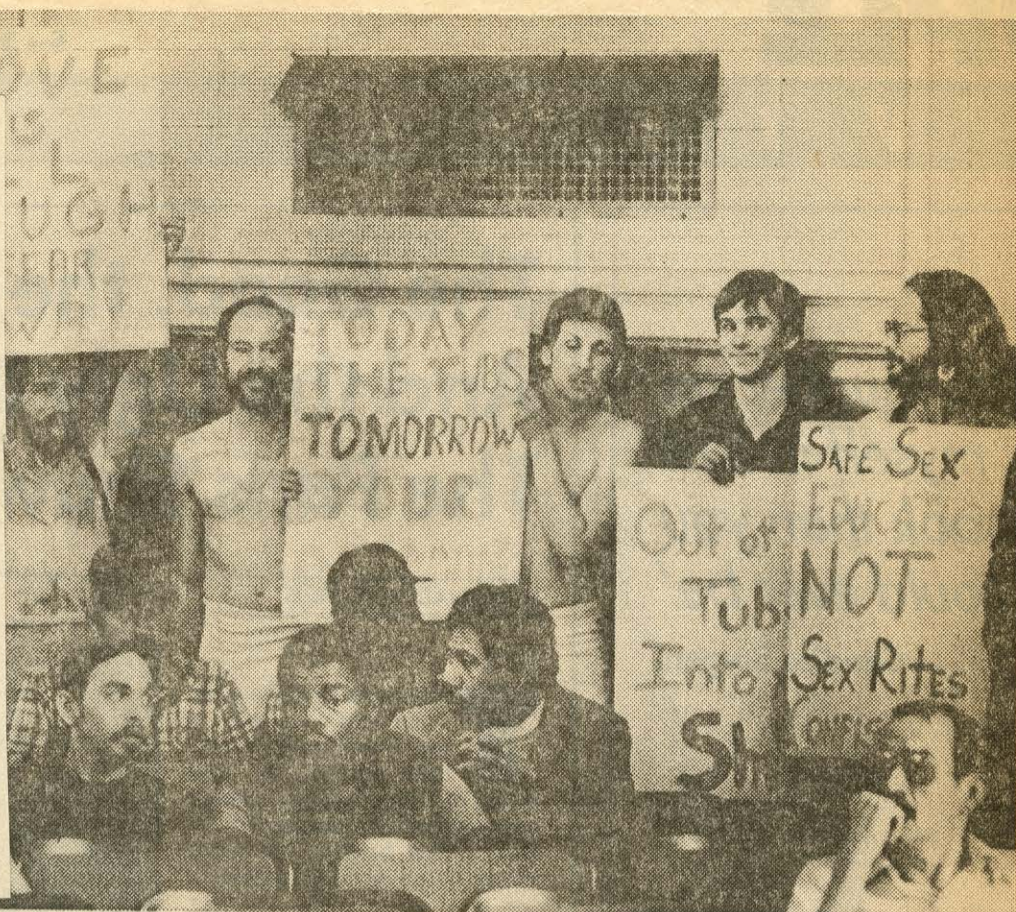
Silverman Delays on Gay Bathhouses

By Randy Shilts

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

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

Instead, he told a surprised
Back Page Col. 1



By Gary Fong

Protesters, some in bathhouse attire, attended the health director's news conference

SILVERMAN DELAYS ON BATHHOUSES

From Page 1

press conference at the Department of Public Health, "I am not discussing the opening or closing of the bathhouses at this point."

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

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

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

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

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

Sources in city government said Mayor Dianne Feinstein was "livid" over the delay, coming a day



DR. MERVYN SILVERMAN
'A number of legal issues'

after Silverman told city officials and AIDS researchers that he had decided to approve a request from many gay leaders to close the facilities.

However, in an interview with The Chronicle after Silverman's announcement, the mayor would say

only that she understood that Silverman wanted "more legal consultation" before imposing a legal quarantine on the bathhouses.

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

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

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

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

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

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

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

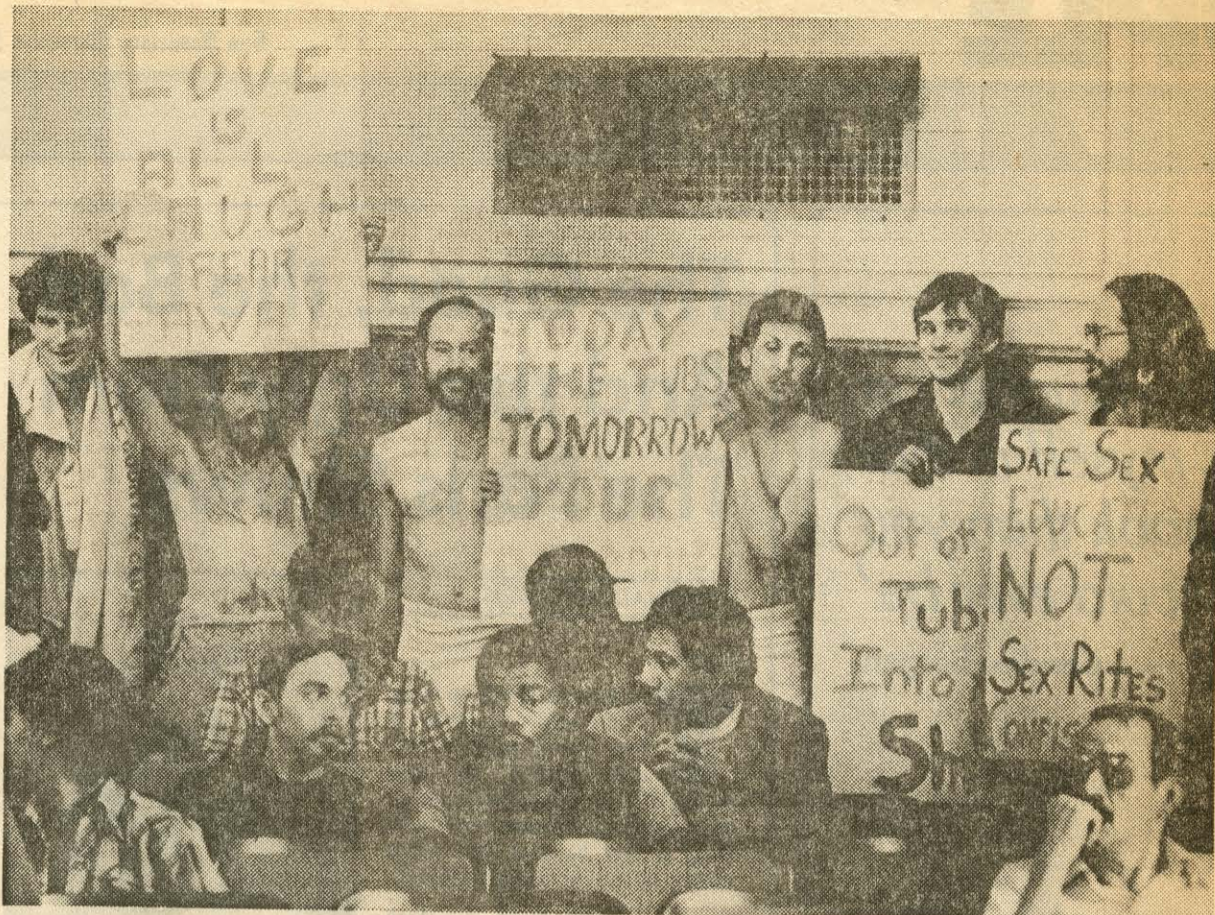
"I think you're going to see a serious grass-roots movement from the gay community to change," said Dale Bentley, owner of the Club Baths on Eighth Street, the largest bathhouse in the city.

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

Bentley said changes could include closing so-called orgy rooms

Our
for

This is an
plement h
weight sui
and indi
Brookgat
rect; they
ester and
model in



By Gary Fong

Protesters, some in bathhouse attire, attended the health director's news conference

SILVERMAN DELAYS ON BATHHOUSES

From Page 1

press conference at the Department of Public Health, "I am not discussing the opening or closing of the bathhouses at this point."

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

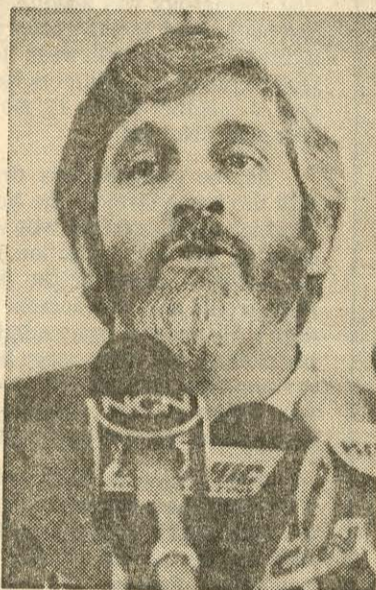
The public health director would not elaborate on the legal or medical issues, and he said he "probably" will have a decision "within a week."

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

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

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

Sources in city government said Mayor Dianne Feinstein was "livid" over the delay, coming a day



DR. MERVYN SILVERMAN
'A number of legal issues'

after Silverman told city officials and AIDS researchers that he had decided to approve a request from many gay leaders to close the facilities.

However, in an interview with The Chronicle after Silverman's announcement, the mayor would say

only that she understood that Silverman wanted "more legal consultation" before imposing a legal quarantine on the bathhouses.

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

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

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

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

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

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

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

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

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

Bentley said changes could include closing so-called orgy rooms

SILVERMAN DELAYS ON BATHHOUSES

From Page 1

press conference at the Department of Public Health, "I am not discussing the opening or closing of the bathhouses at this point."

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

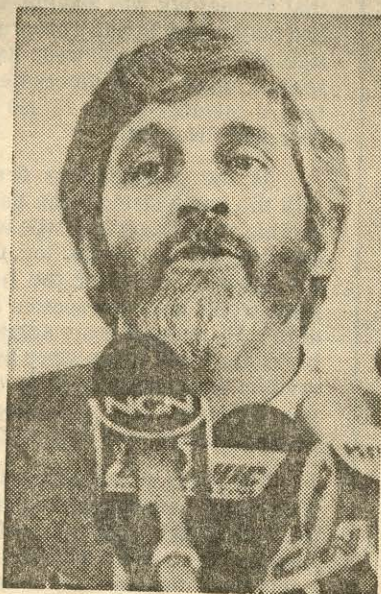
The public health director would not elaborate on the legal or medical issues, and he said he "probably" will have a decision "within a week."

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

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

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

Sources in city government said Mayor Dianne Feinstein was "livid" over the delay, coming a day



DR. MERVYN SILVERMAN
'A number of legal issues'

after Silverman told city officials and AIDS researchers that he had decided to approve a request from many gay leaders to close the facilities.

However, in an interview with The Chronicle after Silverman's announcement, the mayor would say

only that she understood that Silverman wanted "more legal consultation" before imposing a legal quarantine on the bathhouses.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

More help demanded on AIDS

Health groups, gays push county officials

By Craig Staats
The Tribune 1/25/84

An Eastbay task force of gay rights and health groups is pushing Alameda County government to do more in the war on AIDS — the mysterious immune system disorder for which there is no cure.

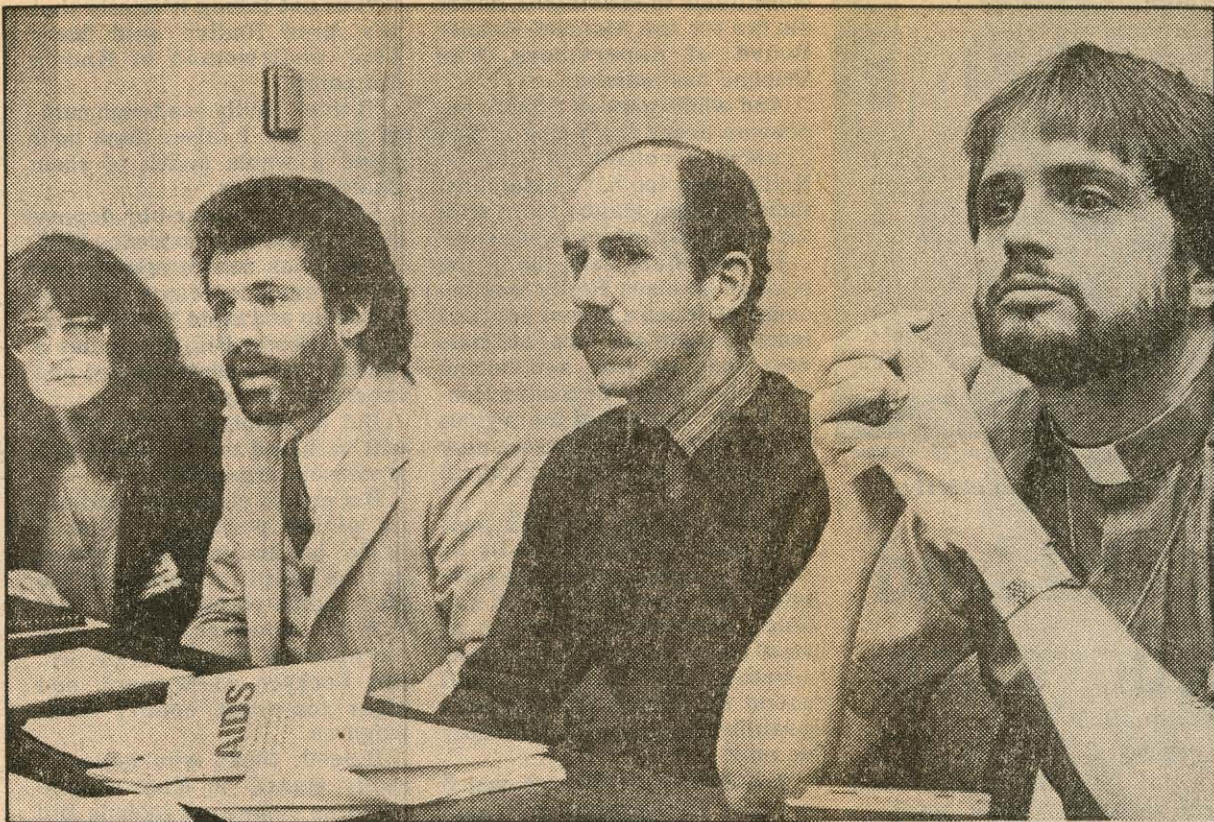
At a press conference Tuesday, leaders of the East Bay AIDS Resources Organization urged county health officials to add clinics for screening and diagnosing AIDS victims and do more to educate people who are at risk on how to avoid AIDS — the acquired immune deficiency syndrome.

"That's the only thing we can do right now to slow the spread, and right now, the county is doing practically nothing," said the Rev. Richard Weatherly, pastor of Oakland's gay-oriented New Life Metropolitan Community Church.

Private talks

The task force's leaders had talked privately with county officials about their ideas before the press conference and as a result, county officials were taken somewhat aback by the group's public criticism.

Carl Lester, director of the county's Health Services De-



By Lonnie Wilson/The Tribune

AIDS task force members, from left, Dorothy Graham, Jeremy Landau, Lupin Loughborough and the Rev. Richard Weatherby at press conference.

partment, called it "unfortunate" and said the county has taken several steps in the past two years in response to AIDS.

Lester said the county has in place "an absolutely excellent" system for helping people who may have had sexual contact with AIDS victims and has sponsored two training sessions for doctors, nurses and other health professionals on how to work with AIDS patients.

But Lester said he will consider the idea of designating special AIDS screening clinics if it appears the need is there. So far, the county has reported 36 AIDS cases, but some Alameda County residents have gone to San Francisco for treatment and been counted there.

Dr. Carl Smith, the county's medical director, indicated the need could expand as the epidemic grows. "That's the whole question we're asking: How far do you stay ahead of the epidemic?" Smith said.

New cases expected

But spokesmen for the task force said the number of AIDS cases and deaths will surely grow because of the number of gay men in the county and the relatively large number of intravenous drug users in the county — another high-risk group.

"We're at the stage in this county where San Francisco was two years ago," Weatherly said.

The task force said in addition

to setting aside particular time for AIDS patients at health clinics, the county should develop protocols — written plans for screening and diagnosing AIDS patients to insure equal treatment.

Weatherly said the county needs to publicize what services are available, because many gays in Alameda County are "deeply closeted" and do not read the gay press, a source of AIDS information in many areas.

The task force's leaders had no estimate of what expanded services for AIDS victims and the public information campaign might cost, but doubted it would be expensive.

"It's not complicated to do what we're asking," Weatherly said.

Gay activist attacked for bathhouse stand

—From preceding page

had, the more likely his chance of being exposed to AIDS.

"Gonorrhea and syphilis are common in the gay community and especially among people in the bathhouses — that's a fact of life," he says. "But there's a quick and easy cure. Just go down to the VD clinic, get a shot and you're back in business.

"It became pretty obvious that AIDS was different. It called for a massive re-evaluation of sexual practices in the gay community.

"To my surprise, nothing happened."

Littlejohn had been an activist in gay causes for more than 20 years, since the day long ago when he was arrested in Lafayette Park, across from the White House, for warning another gay that the good-looking man acting so friendly was really a vice officer.

Littlejohn came to San Francisco in 1964, affiliated with the Society for Individual Responsibility and in 1969 and '70 served as its president. He testified in behalf of California's sexual freedom bill, was active with the Pride Foundation and fought employment discrimination against gays, always, he emphasizes, with a lot of other people.

"We did a hell of a lot to make the world the way it is today," he says.

As San Francisco rolled into the '70s, Littlejohn withdrew increasingly into private life, operating a business with a partner and finally taking a job with the San Francisco Sheriff's Department. He is now a sergeant at the San Bruno Jail.

But last year, as he watched the grim statistics on AIDS in the gay community, Littlejohn became concerned. He had worked as an administrative

officer with Service before, and to him clearly a public health officer wrote to Dr. Mervyn Silverman, director of health, on Sept. 12.

"... My proposal is to post signs and distribute literature around the city. They help reduce the number of people who are attacked and that little bit of help."

Silverman said if the bathhouses might become a problem was a rights problem for bathhouses.

Littlejohn said the Health Department campaign.

"I went to popular bathhouses because that nothing in the first, when you buzzed you turned a corner dark hallway a towel and that the main part

How Gays React To Plan to Close Bathhouses

Chronicle 3/30/84

By Robert Bartlett

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

Everett Sloan, the night manager of Savages on Jones Street, said Silverman's order would "put a lot of people out of work" and not solve the problem.

"People who want to play are going to play, although I know an awful lot of people who play less because they are afraid of AIDS," Sloan said. "If they want to play, they are going to play. They will pick up people in Golden Gate Park or in gay bars ...

"They are trying to shut everything down," he said. "If they shut the bathhouses down, won't they try to shut down the gay bars next?"

When asked if sexual contact occurs at Savages, Sloan replied: "Yes, it does occasionally," but contended that most people come there simply to watch the dancers and films, and they try to "meet people."

Darrel Heron, a bartender in Polk Gulch Saloon at Post and Polk streets did not think much of the plan either.

"This is the same thing as fundamentalists working to close down bookstores," Heron said.

"If you are over 18, it's your own soul. I don't go to bathhouses, but they should be there for those that want them."

Michael Hillary, a San Francisco insurance broker who said he lives in Hillsborough, called the proposed closing "a tragedy."

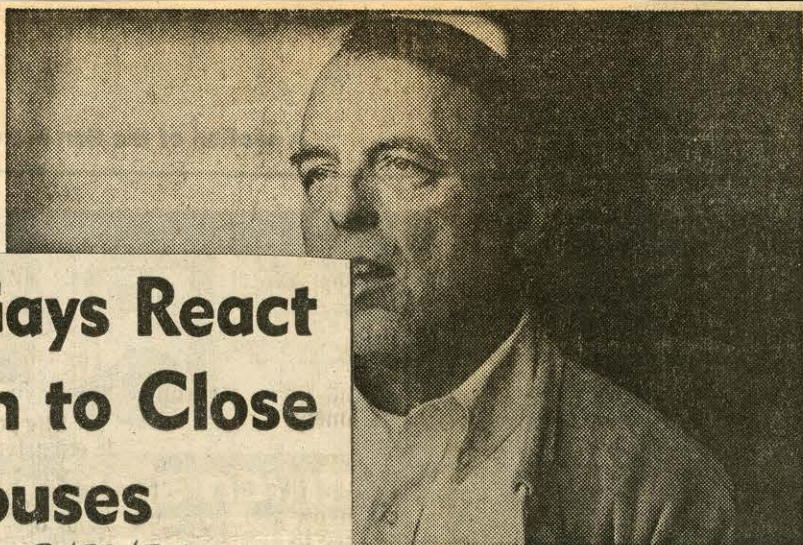
"If you get a 1.0 (alcohol level) you can check into a bathhouse in San Francisco and sleep it off. I don't have sex with anybody. If they close the bathhouses, the drunk driving rate is going to escalate.

"If they try to close the gay bathhouses, we'll be filing suit (right away)," Hillary said.

Another man in a Polk Street bar who did not want to give his name supported the closings, saying it was not a threat to the gay community.

"It is a necessity unless you are into death wishes," he said, obviously referring to the possibility of contracting AIDS in the bathhouses.

"What other reason is there to close them?" he asked.



Examiner/Fran Ortiz

IST LARRY LITTLEJOHN f anti-homosexual hysteria

vent the spread of AIDS and to protect the public health, sexual activities among patrons in public bathhouses should be prohibited.

Littlejohn's proposal drew immediate opposition.

Attorney David Clayton, co-owner of the Steam Works bathhouse chain, said the measure would have only a token effect and would not help in fighting AIDS. He said that the next step would be for police to begin to halt sexual solicitations in gay bars, gay movie houses and back room private clubs.

Littlejohn denies the accusation. He says that he is not seeking to padlock bathhouses but to regulate their activities, just as dancing, for instance, is forbidden in some bars.

Gay activist attacked for bathhouse stand

—From preceding page

had, the more likely his chance of being exposed to AIDS.

"Gonorrhea and syphilis are common in the gay community and especially among people in the bathhouses — that's a fact of life," he says. "But there's a quick and easy cure. Just go down to the VD clinic, get a shot and you're back in business.

"It became pretty obvious that AIDS was different. It called for a massive re-evaluation of sexual practices in the gay community.

"To my surprise, nothing happened."

Littlejohn had been an activist in gay causes for more than 20 years, since the day long ago when he was arrested in Lafayette Park, across from the White House, for warning another gay that the good-looking man acting so friendly was really a vice officer.

Littlejohn came to San Francisco in 1964, affiliated with the Society for Individual Responsibility and in 1969 and '70 served as its president. He testified in behalf of California's sexual freedom bill, was active with the Pride Foundation and fought employment discrimination against gays, always, he emphasizes, with a lot of other people.

"We did a hell of a lot to make the world the way it is today," he says.

As San Francisco rolled into the 70s, Littlejohn withdrew increasingly into private life, operating a business with a partner and finally taking a job with the San Francisco Sheriff's Department. He is now a sergeant at the San Bruno Jail.

But last year, as he watched the grim statistics on AIDS in the gay community, Littlejohn became concerned. He had worked as an administrative

officer with the U.S. Public Health Service before coming to San Francisco, and to him, the AIDS epidemic was clearly a public health problem. He wrote to Dr. Mervyn Silverman, the director of health for San Francisco, and Sept. 12 received a reply:

"... My policy has been to elicit the cooperation of the bathhouse owners to post signs regarding AIDS and to distribute literature explaining the issues around it," Silverman wrote in part. "They have complied. Recent reports by volunteers indicate this has reduced attendance at the bathhouses and that little orgy activity is occurring."

Silverman also said that he feared if the bathhouses were closed the public might incorrectly believe the AIDS problem was solved, and he cited civil rights problems with closing the bathhouses.

Littlejohn decided to check first on the Health Department's educational campaign.

"I went out to two of the most popular bathhouses to see about the signs because I had a cynical suspicion that nothing was really happening. At the first, when you checked in, they buzzed you through the door, you turned a corner and headed into a dark hallway where they handed you a towel and then you proceeded into the main part of the bathhouse. And



Examiner/Fran Ortiz

SAN FRANCISCO GAY ACTIVIST LARRY LITTLEJOHN Accused of fueling flames of anti-homosexual hysteria

that's where the sign was, in the dark hallway. If you were really concerned about getting out AIDS information you would post the poster in the entrance where you'd have their attention before they were caught up in the sex pleasure scene."

Littlejohn says that in the second bathhouse, the AIDS sign was posted where it could be seen. "There were 14 posters advertising a Tuesday night spaghetti feed and one poster about AIDS," he says. "It was worse than tokenism."

Finally, after eight months of deliberation, and failing to win a public hearing from the Board of Supervisors, Littlejohn filed legal notice that he would circulate a petition allowing San Francisco voters to express their opinion on whether, in order to pre-

vent the spread of AIDS and to protect the public health, sexual activities among patrons in public bathhouses should be prohibited.

Littlejohn's proposal drew immediate opposition.

Attorney David Clayton, co-owner of the Steam Works bathhouse chain, said the measure would have only a token effect and would not help in fighting AIDS. He said that the next step would be for police to begin to halt sexual solicitations in gay bars, gay movie houses and back room private clubs.

Littlejohn denies the accusation. He says that he is not seeking to padlock bathhouses but to regulate their activities, just as dancing, for instance, is forbidden in some bars.

Position's price

STEREO SYSTEMS
 CAR STEREO PORTABLE STEREO SPEAKERS CABINETS

YAMAHA
 The new audio disc Auto Re-corder, Famous Name Automatic Direct Drive Turntable & 3-Way 12" Speakers (Reg. \$647) **\$399**

YAMAHA
 A Variety of totally matched Audio Systems to fit every need & budget **FROM \$799**

ADVENT
 Model 2002 2-Way Bookshelf Speakers **\$199**

Autotek
 Digital AM/FM Cassette with Auto Reverse **\$229**

SANVO
 AM/FM In-Dash Car Stereo with excellent FM Receptivity **\$69**

CROWN
 AM/FM In-Dash Auto-Reverse Car Stereo Cassette with excellent FM Receptivity **\$69**

Autotek
 AM/FM In-Dash Car Stereo with Minn Chassis Cassette **\$59**

Autotek
 AM/FM Auto Reverse Cassette with Separate Bass, Treble & Fader **\$149**

Autotek
 Famous Name 3-Way 12" Floor Standing Speakers (Reg. \$149.50 ea.) **\$49 ea.**

Autotek
 Super Buy AM/FM In-Dash Cassette Car Stereo and a part of Co-Axial Door Mount Speakers (Reg. \$138.95) **\$49**