

# A Gay Bathhouse Closes Its Doors in S.F.

By Randy Shilts

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

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

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

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

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

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

In other corners of the 10,000-square-foot sex palace, scores of

other men picked through enough mirrors to refurbish the Palace of Versailles many times over. The various restraining devices would easily have filled the demands of several medieval dungeons.

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

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

The Hothouse's demise did not represent the first business shut-down because of the mysterious

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outbreak of acquired immune deficiency syndrome. A number of other baths and private clubs have closed in the last three months. Many more closures are expected by the fall.

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

Vaguely apocryphal tales echoed through the corridors — like the one about the world-fa-

mous clothing designer who dropped the jeans bearing his own name and spent last Halloween weekend there. There was also the story of the matinee idol who wandered the halls for an hour last year clad in a formal three-piece suit.

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

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

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

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

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

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

"When you've been around as long as I have, you see that whenever there's the end of an era, it's the beginning of another," he said. "Hell, I lived through the '50s before all this kind of stuff — courting, relationships, they were just fine."



By Chris Stewart

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

## First Death From AIDS In Australia

Sydney

A man who lived for some time in the United States has died of AIDS, and 20 homosexuals confirmed or suspected of suffering from the deadly disease all had sexual contacts with Americans, hospital officials said yesterday.

The first AIDS death and the spread of the acquired immune deficiency syndrome has prompted conservatives to demand the quarantine of homosexuals returning from the United States.

AIDS claimed its first victim in Australia Friday but authorities delayed the announcement.

The 43-year-old victim, whose name was withheld, died in Melbourne's Prince Henry hospital. The hospital's medical registrar said only that the man had lived in the United States and became sick while visiting Melbourne.

The victim told authorities he was not a homosexual.

Five cases of AIDS have been confirmed in Australia and another 15 are suspected, authorities say. All 20 victims are homosexuals who have had sexual relations with Americans.

The June issue of the Medical Journal of Australia carried a newspaper reference to "the black plague of the '80s." The journal commented: "Perhaps we've needed a situation like this to show us what we have known all along — depravity kills."

# AIDS mystery: why it misses many blood recipients

By Jim Wood  
Examiner staff writer

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

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

Dr. Herbert Perkins, the blood bank's medical director, says one place to search for clues may be among the 10,000 to 20,000 hemophiliacs receiving commercial blood products. Sixteen have developed AIDS.

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

"You can reason that from the hemophilic data. Given the 16 hemophiliacs getting commercial concentrate who contracted AIDS, every one of those concentrates went into at least 100 others who did not," he said.

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

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

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

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

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

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

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

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

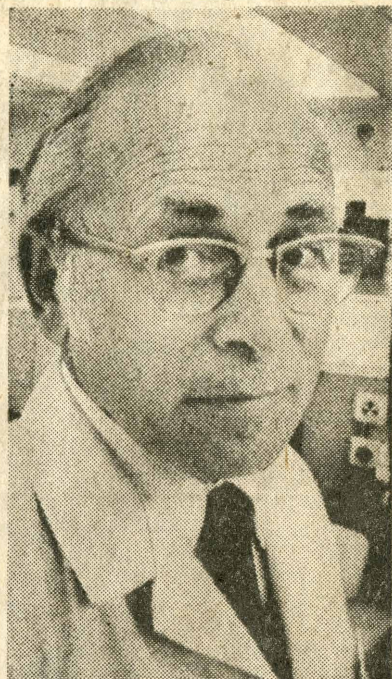
To be safe, sexually active gay males are encouraged to defer blood donations until medical authorities can learn more about AIDS. The disease, believed to be transmitted in the blood as well as semen, lowers the body's resistance, making it vulnerable to germs that in normally healthy persons would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

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

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

It involved a 20-month-old baby in San Francisco who was diagnosed as a probable AIDS case. The infant had died of avium tuberculosis, a disease that the body normally is able to resist. Dr. Arthur Ammann had the notion that the infant was unable to fight the disease not because of a congenital immune deficiency but because of AIDS. There were strong similarities between the baby's illness and the AIDS that San Francisco doctors were noting among mature gay patients.

In addition, the baby had an Rh factor problem that required repeated blood exchanges with 19 donors. It was Ammann's hunch that the baby had picked up AIDS



Dr. Herbert Perkins, Irwin Memorial Blood Bank's medical director, is trying to understand why AIDS hits some blood recipients and not others who receive blood from the same donor

Examiner/John Storey

during these transfusions, and he mentioned that idea to an investigator from the CDC.

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

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

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

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

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

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

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

areas where a large number of donors could be expected to be gay.

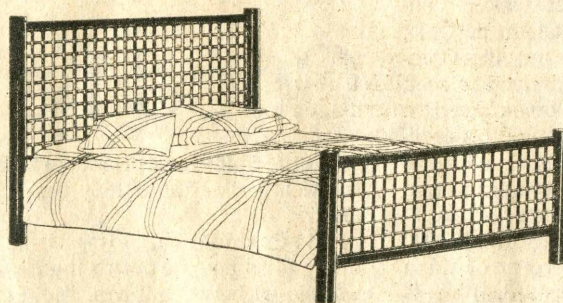
In January, Irwin Memorial started adding questions relating to AIDS and to its screening for potential blood donors. Instead of asking about the donors' sex life, the question asked would be givers if they'd experienced unexplained weight loss, unexplained fevers, swollen lymph nodes, prolonged diarrhea,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

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

The blood bank also advised a number of telephone

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

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

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

"Meanwhile, hysteria is causing a lot of unnecessary suffering."



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# The Hysteria Surrounding AIDS

*By Erica Goode*

**Four city gardeners, afraid they might contract AIDS, stepped into disposable paper suits and tied on surgical masks yesterday morning before they picked up trash from Sunday's Gay Freedom Day parade.**

The incident was the latest in a series that has led experts on mass behavior to see the hysteria surrounding AIDS as an epidemic in itself — feeding on rumors, fear, prejudice and the uncertainty sur-

rounding the disease's cause.

A San Francisco Health Department doctor said the gardeners were under no risk of contracting acquired immune deficiency syndrome.

Sociologists and anthropologists who study the reactions of the public said yesterday the public is reacting with fear to AIDS because the ailment embodies an unprecedented convergence of an outbreak within a group — the gay community — which is already socially stigmatized.

"The fear of contact with a pariah group is widespread anyway," said Alan Dundes, an anthropologist at the University of California at Berkeley.

"In terms of so-called macho types, there might already be the fear that homosexuality is catching. The AIDS situation then gives them a medical rationale for their fear, saying that these people really could be dangerous."

Any mysterious disease outbreak, Dundes and other experts

*Page 5 Col. 4*

# The Hysteria Over AIDS — It's Now a Second Epidemic

## From Page 1

said, creates a climate that is ideal for rumor transmission.

"One of the things that increases rumor is a flow of anxiety. The more the fear of a disease, the more the rumors flourish because people need to articulate and express their fears. People believe what they want to believe and one of the ways they buttress their beliefs" is by embroidering the facts.

Juries, roommates and television technicians have refused to be in the same room with AIDS patients. Landlords have evicted tenants with AIDS. Some nurses, who routinely treat patients with everything from Legionnaires' disease to rabies, have refused to offer their services to those dying of AIDS.

Sociologist Dane Archer at the University of California at Santa Cruz said the uncertainty of scientists has added to public fear.

"This kind of hysteria flourishes where scientific explanations either haven't been advanced or are incomplete," Archer said. "When this fear epidemic began, the epidemiologists initially threw up their hands. That creates a condition in which collective behavior, rumors, etc., can flourish. There's ambiguity, and the absence of rational authoritative explanations."

Archer said the fact that public officials — ambulance drivers and police officers — expressed concern about dealing with AIDS patients fueled peoples' fears.

"The average person is very influenced by the fears of authority," he said. "And what the authority did in this case was to legitimize this type of hysteria."

Describing a disease in scientific terms that are not clearly understood by the public at large can also increase unwarranted fear.

"They've been saying that AIDS is a virus," said Thomas Pettigrew, a UC sociologist and expert on prejudice. "People think of a virus as something that flies through the air, as in colds and bronchial stuff. People in general know pitifully little about health.

"In this case you're dealing with a very hazy set of categories that are not well bounded. We do know about diseases that you can pick up casually, and so our ideas of what they are and where that stops are unclear."

Pettigrew said the fact that AIDS has primarily occurred in the gay population, instead of simply reassuring people — as it should — that they are less susceptible, "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."

Prejudice, Pettigrew said, is often accompanied by mistaken beliefs about the stigmatized group. In the South, for example, there

was tremendous resistance to building swimming pools where both blacks and whites could swim, he said.

"If you pressed people on this, 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 higher than for whites — but they certainly weren't going to get syphilis in the swimming pool," Pettigrew said.

Meanwhile, scientists and public health officials can only reassure the public, hoping the furor will die down.

"These kinds of fears usually flourish early in an event," said Archer. "What happens later, one hopes, is that scientific, rational explanations erode the fears."

Dr. Selma Dritz, the San Francisco Health Department's specialist in disease control, said, "you get infected when you get the virus from semen or blood from an AIDS patient, and it goes into your own blood supply though a break in your skin.

"Even doctors and nurses who have worked without precautions with AIDS patients for two years have not come down with it, using

instruments and needles with some of the sickest patients. Why should a man worry about picking it up from garbage in the street?"

Dritz, who finds herself increasingly in the position of chief assuager of fears, said with a sigh, "All we can do is keep repeating the facts. Some people are listening, and are cooling off, and others have a stone wall there and don't want to be convinced."

The four gardeners who donned protective suits for their cleanup job in Civic Center will not be doing it again, according to Recreation and Parks director Tom Malloy.

"It is not a department policy and it should not have been done. It was an anxious overreaction, stemming from ignorance, and it could contribute to an atmosphere of hysteria."

## Fire Guts Airport Hangar

Mantua, N.J.

A fire before dawn yesterday destroyed an airport hangar where crop-dusting pesticides were stored, injuring seven firefighters and forcing 25 families from their homes.

Associated Press

MADRAS

# In the Name of Aid

## Quacks proclaiming miracle cures for AIDS dupe patients

By AJITH PILLAI

**S**HOOT at site. That's Dr S.K. Arora's strategy when it comes to treating patients infected with the virus that causes AIDS. "I must hit where the virus is concentrated," he says matter-of-factly. "This is a technique which I have adopted and it provides good results." What Dr Arora uses is a mixture of Interferon and ayurvedic, homeopathic and siddha drugs. And the "technique", in his own words, sounds straight out of a medical horror movie: "I inject on the penis and the testes to get directly to the problem." Dr Arora isn't being in the least bit flippant: from each patient who signs on for his 100-day "shoot at site" treatment programme, he collects Rs 20,000.

Cashing in on the fear of dying that perpetually stalks HIV-positive patients, a new breed of doctors and quacks has materialised in Madras to make a killing. Their "cures" range from ayurvedic and siddha to unani and allopathy or simply a secret "magic" herb from the Nilgiris. But for panic-stricken patients who desperately flock to these fly-by-night practitioners, any cure is worth a try, regardless of the cost. "None of these cures has been tested, neither have the claims been scientifically established," says Dr M. Ganapathy, professor of serology at the Madras Medical College (MMC). "Those offering cures are merely exploiting the gullible and making money. It is difficult for a person testing positive to believe that there is no cure."

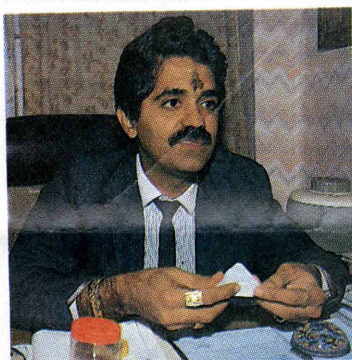
According to NGOs involved in the campaign against AIDS, Madras, in keeping with its rather dubious reputation as the Mecca of medicine, has close to fifty doctors or quacks making a living out of the AIDS scare.

The "cures" range from ayurvedic and siddha to unani and allopathy and even "magic" Nilgiri herbs.

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DIAGNOSIS & SCREENING - AIDS**

Aids Consultant: **Dr. S.K. ARORAA**, MSVD (LOND), FRSH FRSM (UK)

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(Clockwise from top) A private clinic; drugs made by IMPCOPS; and Dr Arora

Some of them advertise their claims in newspapers, while others do so through pamphlets. A good number of them spread the word through patients as well as touts who hang about laboratories that conduct HIV tests. Besides, HIV-positive persons have a good network within themselves, and those going in for treatment are known to discuss with one another the various forms of treatments available.

The HIV-infected person is an easy target for quacks since, naturally, no one publicly complains about not being cured. The patient just moves from one doctor to the other in search of the elusive cure. Says Dr Suniti Solomon, former head

of the AIDS cell at the Madras Medical College and currently Director of the YRG Centre for AIDS Research and Education: "HIV has become big business now."

Desperation is writ large at every clinic and NGO office where people come to seek advice. At Dr Solomon's clinic, a patient from Erode said he had gone to Cochin for a "miracle cure" but drawn a blank.

Meanwhile, VIP patients pour into Madras from the neighbouring states of Andhra Pradesh, Karnataka and Kerala. Patients who come to Dr S. Sundararaman—a director of the Madras-based NGO, AIDS Research Foundation of India (ARFI), and a former consultant with the WHO—are willing to pay any price for a cure. "They get extremely disappointed when I tell them that there is no complete cure and that one has to learn to live with HIV," says Sundararaman, who receives patients ranging from executives and people returning from the Gulf to professionals and students. Among those who have approached Sundararaman are three MLAs from Tamil Nadu. "I had three to four counselling sessions with them. They said that they were ready to spend money for import of any drug and were willing to use their political influence if it would help. But there is no treatment," he says. His experience is shared by Dr Solomon. "I have people coming to me who have paid thousands to quacks for a cure," she says. "Many of them are desperate and wouldn't mind paying a few more

thousands for treatment."

The doctors and quacks don't mind pocketing the thousands either. "I am giving them life," says Dr Arora, narrating incidents of people offering him bundles of currency notes. His roster of VIP patients, he claims, includes MLAs, MPs and film stars, for whom his clinic has a rear entrance so that they can consult him discreetly. "I am extending their life by six to ten years and they are willing to pay for it." Not only is his clinic—Arora's Institute for Investigation, Diagnosis and Screening of AIDS—which is located in central Madras, eponymous with the disease, it comes complete with a neon sign with the message: 'Aids for AIDS'. An allopathic doctor who specialised in treating venereal diseases, Dr Arora neither promises a complete cure nor claims that he can make an HIV-positive person HIV-negative. What he claims is that he can prolong his patient's life as well as improve the quality of it. "I use allopathy, homeopathy, Ganapathy, Venkatchalapathy, everything to see what works for the patient."

No more scientific is the basis of treatment that Dr M. Sabapathy resorts to at his Pursawakam clinic in Madras which is overflowing with patients all day. Yet that doesn't deter him from exuding confidence in "curing" any HIV-positive patient. "You bring me a positive case and I will make him negative in 15 days," is the claim of the doctor who reportedly possesses "god-gifted" herbs from the mountains and claims "total success". The treatment with such herbs naturally comes for a price: Rs 5,000.

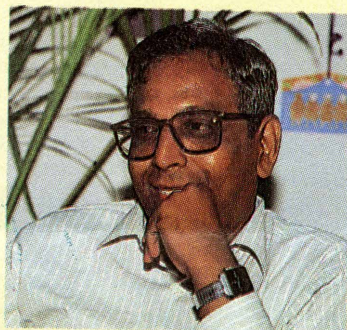
Then, there is a group of siddha and ayurveda practitioners which promises a cure for HIV-positive persons through treatment that can cost up to Rs 1 lakh. But its claims are deflated by doctors at the Madras-based Indian Medical Practitioners' Cooperative Pharmacy and Stores Ltd (IMPCOPS), an organisation dedicated to the supply of ayurvedic, siddha and unani medicines. These formulations, they assert, can check the symptoms generally associated with HIV infection as well as invigorate the body's immune system, but cannot make an HIV-positive person HIV-negative. Says Jeyaprakash Narayanan, superin-

tendent of the IMPCOPS hospital: "It is really premature at this stage to claim that we have a complete cure."

The view held by established practitioners of alternative medicine is that Indian medicine does offer some hope in assuaging the suffering of people infected with HIV. But quacks have

stream. Consequently, the patient tests negative after a course of treatment with these formulations.

The real test, however, could lie in the Western Blot test. Two years ago, when trials were conducted with siddha drugs on 20 HIV-positive persons at the General Hospital under



**"None of these cures have been tested."**

*Dr GANAPATHY, Professor, MMC*



**"HIV has become big business now."**

*Dr SOLOMON, Director, YRG Centre*

taken over and begun to exploit it, in the process giving alternative medicine a bad name. At the IMPCOPS outpatient clinic, consultation is free and a course of medicine costs only Rs 200 a month. "We offer good treatment at a very reasonable price, but even then patients go to quacks," says Narayanan. "They believe that if they spend enough, they will be cured."

**W**HAT also lures HIV-infected people is the certificates that quacks furnish to prove their point that they can rid a patient of the human immuno deficiency virus. According to Dr Solomon and other doctors involved in the campaign against AIDS, the laboratory results are often manipulated by the quacks and, frequently, patients are fobbed off with doctored reports. And that's only part of the racket.

The ELISA test, used for determining if a person is HIV-positive, actually detects the presence of antibodies produced by the body against HIV. But the heavy metals—mercury, arsenic and gold among others—in siddha medicines can camouflage these antibodies in the blood-

Dr Solomon's supervision, the Western Blot test proved that the HIV antigen was very much present. Says Dr Solomon: "The absence of antibodies is no sign that the person is free of the infection."

Experts, in fact, are critical of the very effort to "cure" a person infected with the virus that causes AIDS. The accent abroad, according to them, is on strengthening the body's immune system and ensuring that the patient is treated for diseases such as tuberculosis, which an HIV-positive person is susceptible to. "While efforts are on to find a cure", says Dr Sundararaman, "our present effort should be to make the infected person aware that he is not going to die in a day or two. And that, instead of searching for a complete cure, he should try to improve his general health and live a useful life."

Still, with both Government and private hospitals less than keen to admit HIV-positive patients, people infected with the deadly virus have little option other than rushing to quacks. "They cannot approach the hospitals. They cannot approach the doctors," Dr Sundararaman himself admits. "So who do they go to?" Until the authorities come up with an answer, the doctors and quacks of Madras making a living out of the nation's unfolding AIDS tragedy have little to worry about. ■

**Not welcomed in private or Government hospitals, AIDS patients have little option but to go to quacks.**

# AIDS Expert Says Bathhouses Sho

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 gymnasiums.

"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 — moral, ethical or political reason but purely from a public point of view."

Another study, slated to be released next week, surveyed 600 men, comparing the sexual practices of gay men in steady relationships with men who select their

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

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.

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

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# 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 gymnasts.

"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.

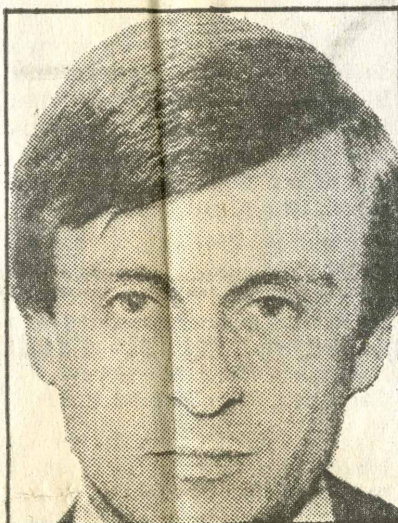
"More people are dying of AIDS every week — it's clear that the bathhouses need to close," said Abrams, one of three physicians who is advising the public health department on bathhouse policy.

"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.

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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.

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As of Monday, the Centers for

San Diego-based Environmental Consultants.  
Riney, 29, discovered the county's first dinosaur fossil — fragment of a hadrosaur vertebra — in La Jolla in 1967 when he was in junior high school.  
His second discovery December 22 came at the end of the day when construction crews for the Carlsbad Research Center had finished grading.  
The fossilized bone, eight inches in diameter and weighing about 70 pounds, was broken

# California News

General News • Classified

## S.F. health director resigns, cites 'image' woes

By Katherine Ellison  
Mercury News San Francisco Bureau

SAN FRANCISCO — Health Director Mervyn Silverman on Tuesday announced his resignation, citing his recent image problems and taking the opportunity to warn that the AIDS epidemic he has fought for years has just begun.

"A vaccine is a long way off, and I think the cure is a long way off," he said. "We're just at the beginning, and I don't know that any of us are going to be around when we can turn around and say that it's history."

Silverman's resignation takes effect on Jan. 15, after which he said he will continue to serve for two months at Mayor Dianne Feinstein's request as an adviser on city health issues.

The 46-year-old director chose to quit his \$90,400 post at the end of what he called a "complex and trying year" in which he weathered attacks for his oversight of San Francisco General Hospital and warred publicly with Feinstein over how to control AIDS.

‘A vaccine is a long way off, and I think the cure is a long way.’

— Mervyn Silverman

He said he resolved to leave without acrimony and as the result of a "mutual decision" following a series of discussions with the mayor in the past month.

"We kicked it around and it made sense," he said, in an interview in his office.

Feinstein, at a morning press conference, praised Silverman and denied that he had been pressured to quit. She added that she plans to name an interim director of the department today. Silverman's permanent successor will be appointed early next year by a new health commission created by a ballot proposition last month.

Silverman has held his position since May of 1977.

Silverman said his authority had eroded significantly during the past year, and that

he had endured a serious spate of bad publicity.

"For seven years, I wasn't ever 'beleaguered,'" he said of his treatment by news media. "But then all of a sudden I started being 'the beleaguered health director,' in every reference."

Control of the San Francisco General Hospital was taken from him in June after state investigators revealed problems, attributing at least one patient death and several injuries to lax supervision of nurses.

In the next few months, Silverman clashed with Feinstein when he balked at her insistence that he outlaw the city's gay bathhouses, which health officials believe have promoted the spread of AIDS.

"She wanted them closed 18 months ago,"

he said. "But I thought from a public health perspective, it ought to have been later."

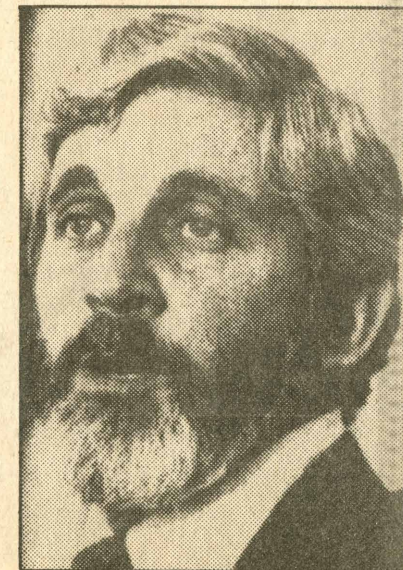
Silverman said he initially favored trying to change behavior among homosexual males — a primary risk group for AIDS — through education.

"It was important that we be seen as protectors rather than policemen," he said. "But if we'd closed the baths before, we would have lost that kind of relationship."

Silverman finally did order the bathhouses to shut down two months ago, but that order has been reversed by a Superior Court judge.

A national authority on acquired immune deficiency syndrome, or AIDS, Silverman said he plans to remain in San Francisco while pursuing work as a consultant and writing a book on the disease.

More than 350 known deaths from AIDS have occurred in San Francisco since July 1981, when city officials began to keep track, while a total of 817 cases of the disease have been reported.



Mervyn Silverman  
... End of a 'trying year'

## Dr. Louis (Bud) Boucher

Memorial services are planned Wednesday for Dr. Louis (Bud) Boucher, 48, a prominent gay community physician, who died in his home early Friday morning of complications from AIDS.

A native of St. Louis, Saskatchewan, Dr. Boucher graduated from

*another partner, Les  
Leva, retired 1982-3  
with AIDS.*

medical school at the University of Alberta and moved to the Bay Area in 1968 to complete postgraduate work at Stanford University.

In 1974, Dr. Boucher and the late Dr. William Gerrard opened ~~X~~ one of the first local doctors' practices geared to the gay community that was then coalescing around Castro Street. Two years later, the doctors moved from their first small office on Noe Street to Franklin Hospital as they became two of the best-known physicians in the gay community.

Dr. Boucher retired last July after he was diagnosed as having acquired immune deficiency syndrome.

He is survived by his father, Allen, of St. Louis, Saskatchewan; four brothers and sisters, all of whom live in Canada, and his companion, Greg Rathbone of San Francisco.

A memorial service will be held on Wednesday at 7:30 p.m. at Most Holy Redeemer Church, 100 Diamond Street, San Francisco. Contributions in his memory may be made to the AIDS Unit, Hospice of San Francisco, 225 30th Street, San Francisco.

*\* Died 1970's Hep B-*

# AIDS CALLED MEDICAL NIGHTMARE

From Page 1

Conant.

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

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

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

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

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

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

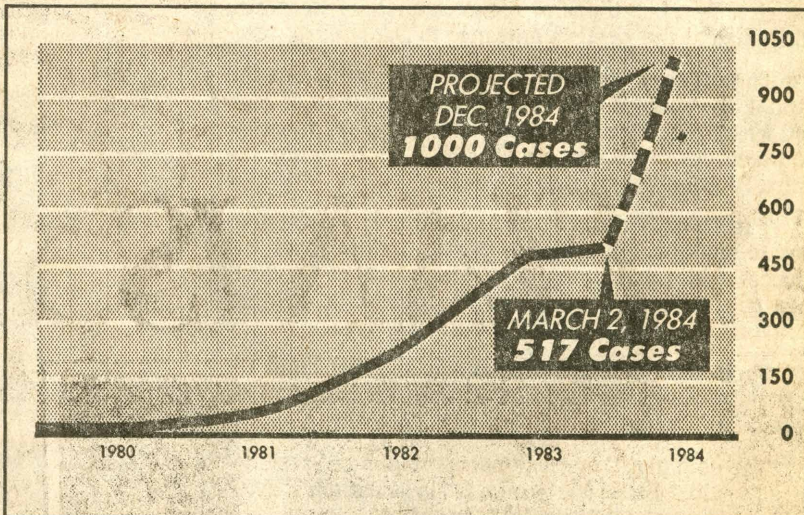
About half of California's AIDS patients are in the Bay Area.

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

The facilities at the 12-bed AIDS Ward in San Francisco General Hospital are already at capacity and four to six AIDS patients usually are

## BAY AREA AIDS CASES

FROM DATE OF DIAGNOSIS



Source: S.F. Dept. of Public Health

waiting in other wards of the hospital for admittance to the unit, said hospital AIDS coordinator Cliff Morrison. Plans are under discussion to expand that facility, the only ward in the nation geared strictly for patients stricken by acquired immune deficiency syndrome.

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

"This winter, it's been real tough," said Morrison, a clinical nurse specialist. "It's going to be a real strain to take care of everybody."

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

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

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

No matter who cares for the

patients, California taxpayers end up paying most of the medical bills. The AIDS patients who do have private medical insurance policies often lose benefits when they leave their jobs because of AIDS-related illnesses, said a social worker at General Hospital.

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

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

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

"We need to get very clear that people have got to change their sexual patterns right now or the numbers are just going to get worse and worse," said Conant. "The problems we're facing now are from cases we get in 1984. It will only get worse if this continues to increase in 1985 and 1986. Then, we could be talking about billions of dollars nationally."

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

By Randy Shilts

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

Dr. Marcus Conant, chairman of California's AIDS Task Force, described the unfolding problems of

treating and finding funds for the multiplying AIDS caseload as "a medical nightmare."

"Even if you are John Q. Citizen and you don't think you're affected, because you're not in a risk group or don't know anyone likely to get AIDS, you will be affected because everybody is going to have to pay for the staggering medical bills that are coming down the road," said

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*Privileged or Confidential information.*

## Counselor of Gays Dies Of AIDS-Linked Illness

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

Dr. Dague, 46, contracted the disease, a type of skin cancer often associated with the breakdown in the immune system that is characteristic of AIDS, in June of 1982.

At the time he was counseling patients at the Kaposi's Sarcoma Clinic at the University of California at San Francisco.

When the purple bump on his ear was diagnosed as Kaposi's sarcoma, researchers "did a great deal of study to make certain he had not contracted the disease working around patients who had it," said Dr. Marcus Conant, director of the Kaposi's Sarcoma Clinic at UCSF.

"We became convinced he had acquired the disease through his social life, not through his professional activities" which did not involve any "at risk" activity such as drawing a patient's blood, Conant said.

Colleagues praised Dr. Dague as a caring, sensitive man. "One of the outstanding things about Dr. Dague was that from the time he was diagnosed until his death he was a real inspiration, not only to other patients but to health care providers

as well," said Conant.

"He didn't complain. He didn't feel sorry for himself. He remained optimistic, courageous, supportive of those of us who are trying to fight a disease that we don't have a cure for."

From 1978 through 1980, Dr. Dague was executive director of Operation Concern, a San Francisco outpatient clinic offering counseling for gays, lesbians and their families.

When he left that post to go into private practice full time, he received a special commendation from Mayor Dianne Feinstein for his pioneering work on behalf of mental health activities in the gay community.

Before his Operation Concern job, he worked as the mental health services director of Pacific Center for Human Growth, a gay social services agency in Berkeley, and at the Fair Oaks Mental Health Center in Sunnyvale, where he was an outpatient therapist.

Born in Walla Walla, Wash., on March 2, 1937, Dr. Dague grew up as the son of a wheat farmer. He received an undergraduate degree in international relations in 1959 from Stanford University.

In the early 1960s, he served in Germany and Vietnam as a captain in the Army. In 1971 he received a master's degree in sociology from



**PSYCHOLOGIST PAUL DAGUE  
He ran Operation Concern**

Texas Christian University and a Ph.D. in clinical psychology from the California School of Professional Psychologists in San Francisco in 1974.

In recent years he was an active member of the American Psychological Association, and last summer, when he was already very ill, he delivered a paper at the Anaheim APA convention entitled "AIDS: When the Practitioner Becomes the Patient." The audience responded with a standing ovation.

A memorial service for Dr. Dague will be held on Thursday at the Pride Center Chapel at 890 Hayes Street, at the corner of Fillmore Street, at 7:30 p.m.

Dr. Dague, who was divorced, is survived by three children, Sabina, 18, of San Francisco, Eric, 17, and Bettina, 16, both of Walla Walla.

# Bathroom ban called discrimination

—From preceding page

find a legal hook," said gay rights activist Gerry Parker. Parker said Silverman, who met with top city officials Friday before delaying action on the bathroom issue, would not have done so if the issue had been one of public health. "It's obvious to me it's not a medical decision being made, it's a blatant political decision," Parker said. "What makes a medical decision turn upside down within minutes?"

Bathroom owners charge closure would be an attack on the rights of the entire gay community, disguised as a health issue. An Independent Gay Health Clubs resolution charges that "uncaring and unscrupulous theocrats have stooped to manipulating public fears about the AIDS problem in order to serve their own private political goals of eliminating first the gay baths, then the gay bars, then all gay businesses and organizations."

Opponents of the ban further argue that heterosexual hot tub establishments and massage parlors, where venereal disease can be spread, should be closed down as well.

"The idea of closing gay bathhouses while allowing straight hot tubs to continue is obnoxious ... and totally discriminatory," said John Wahl, a San Francisco attorney.

But the issue of discrimination is not likely to stand in court, according to constitutional law scholar L. Scot Powe of the University of California at Berkeley. "All equal protection challenges are tested by the purpose of the legislative action," he said. "If there's a good enough reason for singling out one, that's sufficient."

Powe said the only way ban opponents are likely to win in court is if they can show the health reason doesn't exist.

That aside, a ban "does raise civil liberties issues," said Dorothy Ehrlich, executive director of the American Civil Liberties Union of Northern California. "We will be exploring them."

The position will depend, in part, on how The City institutes a ban, Ehrlich said. "In general, our concern is there's a right to free association and sexual privacy," she said.

Do they have the evidence that could honestly show that this direct action from The City is necessary? Does The City have a right to protect people from themselves? And to what extent is it a question of individual rights? she asked.

An average case of AIDS in The City requires four months of hospitalization, costing \$70,000 to \$80,000, health officials say, noting much of that cost is borne by taxpayers.

But whether a ban would reduce AIDS is subject to

dispute. Many AIDS cases have been traced back to multiple sexual contacts common at bathhouses. San Francisco AIDS Foundation representative Holly Smith complains that the attack on the bathhouses puts undue attention on the number of partners gay men have, rather than focusing their concerns on dangerous sexual practices.

Wahl said that if Silverman closes the bathhouses, "he will create more cases of AIDS." Bathhouses provide a unique opportunity to advise people about hazardous sex practices and offer prophylactics and other protection, he said.

"We're going to hold The City administration — the mayor, Wendy Nelder and any other supervisor that forces this decision — accountable for the increase of AIDS patients," he said.

"Let's be honest and try to eradicate AIDS and not try to play games with people's lives," Wahl said.

The decision to close the bathhouses may ultimately not come from The City at all, but from the community.



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# Gays denounce activist's stand on bathhouses

By Jim Wood  
Examiner staff writer

Gay activist Larry Littlejohn has been receiving hate mail and derogatory phone calls and, more painfully, criticism from gay leaders he respects.

At a meeting Tuesday night of the Harvey Milk Lesbian/Gay Democratic Club, one speaker, Gerry Parker, declared that Littlejohn was giving the Moral Majority the gasoline to light the flames that would annihilate gays.

The reason: Littlejohn had that day filed legal notice that he was seeking a ballot measure to ban sex in San Francisco bathhouses as a way to fight AIDS.

"A lot of people in the straight community don't know what's going on there," he says, speaking of bathhouses. "Believe me, it's heavy, constant, frequent, multiple-partner, high-volume sex. They're really there to facilitate highly promiscuous sex, and that's a lot of fun, really, if you don't kill yourself doing it."

But the problem Littlejohn saw was that many people were, literally, killing themselves by contracting AIDS because of multiple sexual contacts. And the San Francisco Health Department, which was relying on education rather than direct intervention, was in effect condoning it, he says.

When the gay newspapers first began reporting on the increasing number of AIDS cases more than a year ago, Littlejohn, like many male homosexuals, wasn't ready to accept that an epidemic was brewing.

The first doctors' reports indicated that those who contracted the disease were fast, lean sexual athletes who failed to take care of themselves, heavy drug users who stayed up most of the night, not eating properly.

Littlejohn and many like him could say that they didn't fall into that group, that they took care of themselves and therefore had nothing to worry about.

"Then people started getting it who were in perfect health, and that really shocked a lot of us," he recalls. Medical researchers started leaning more and more toward the idea that AIDS was probably caused by a virus. "It was like Russian roulette," he says. "Every sexual contact you have increases your chance of getting the disease. I am really familiar, underline that really, with bathhouse sex. You have as many as 10 to 15 sexual contacts in one night."

And doctors said the more sexual contacts a gay man

# 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.

# Legal fight seen if city decides to close bathhouses

By Richard F. Harris  
Examiner staff writer

If San Francisco should decide to close the dozen or so gay bathhouses as an anti-AIDS measure, the move promises to ignite a furious legal battle.

Lawyers opposing the ban being considered by The City say it is discriminatory, infringes on individual rights, persecutes the gay community and is a political move that could backfire by increasing the number of AIDS cases.

City health chief Dr. Mervyn Silverman has been under pressure for more than a year to close gay bathhouses in The City. He hinted last week he might take that step, but Friday he deferred action for at least a week.

Bathhouses must be licensed in San Francisco. The police code says a bathhouse permit may be revoked if "such business is being managed, conducted or maintained without regard for the public health, or health of patrons or customers..."

Assistant City Attorney Dan Collins said his office would use that law if Silverman ordered the bathhouses closed. Collins said the code permits the Health Department to close pri-

vate sex clubs and rooms behind adult bookstores and bars to eliminate what it considers to be a public hazard.

In the past, Silverman has resisted a ban. In February, for instance, he released a survey showing that 75 percent of bathhouse customers said they would continue their risky sexual practices even if the bathhouses were closed.

"The fact is, if government goes in and closes them, the issue shifts from AIDS to civil rights," he said in an interview Feb. 3. "Government has never been successful in changing people's sexual practices."

Lawyers are gearing up for an assault, based in part on constitutional grounds, if Silverman changes his position, as he said last week he might. Although there has been no official comment, City Hall sources say Silverman backed down from a decision to close the bathhouses after being assured that the clubs would do more to discourage risky sex practices.

People in the gay community, however, said Silverman's indecision shows the issue is one of politics rather than public health.

"I believe there's no question the delay is momentary until they can

—See next page

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# Variant of Virus Suspected in AIDS

By David Perlman  
Science Editor

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

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

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

As the researchers pointed out, if the virus is the cause of AIDS, it should show up in high-risk people who have not yet shown early signs of the disorder.

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

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

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

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

A second variant of HTLV has since been isolated from a leukemia patient and cultured at UCLA by Dr. David Golde and his colleagues. Both types of HTLV virus have been shown to transform normal cells into cancerous ones — but only in laboratory tissue cultures.

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

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

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

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



In today's Examiner



2nd ma

Dear Ann Landers: Add me to the list of people who have been reading your column for years but never thought I'd be writing. My problem is a second marriage — both mine and his.

"Joe" always remembers to buy flowers for his dead wife to put on her grave on Valentine's Day, Easter, Christmas, Mother's Day, her birthday and All Saint's Day. He has never brought me a single daisy. Yet he says he loves me more than he ever loved his first wife.

There is a double headstone on his wife's grave. His name is on it. Only the date is missing. If Joe should go first, should I bury him alongside his first wife or should I buy a double plot so he can rest alongside me? I shall do as you say. There is no one else I would dare discuss this with. — No. 2 And Trying Harder

Dear Trying: It appears that Joe decided to be buried alongside his first wife when she passed on. If he has changed his mind, surely he would have let you know — what with six trips a year to the cemetery to remind him.

Leave things as they are. Maybe if Joe goes first, you'll marry again — perhaps to a man who has not made previous funeral arrangements and will bring you flowers occasionally.

Dear Ann: On the subject of sex: To have sex without love is not only meaningless and empty but it is an insult to the human spirit. Sex has been vastly overrated and turned into a recreational pastime and a booming industry rather than what it should be — an intimate act between two loving individuals.

Those who engage in casual sex as a contact sport are depriving themselves of one of the greatest joys known to humankind. Physical and emotional bonding was designed to be the highest order of pleasure.

We are more than just animals — we are spiritual beings also. Take away our human spirit and dignity, and we are no better than cats, dogs or horses.

I have never heard of anyone suffering severely from abstinence, but I often hear of people whose lives have been ruined because of cheap affairs that resulted in unwanted pregnancies, abortions, venereal disease, illegitimate children and multiple divorces. And if it's the young kids who suffer, I blame the adults who taught them by example. — Concerned Adult

Dear C.A.: Not always. Some kids with perfectly wonderful parents go astray. Who was it that said, "No generalization is worth a damn — including this one?"

Dear Ann: Please keep reminding people of your advice about therapists — that if one doesn't help, try another, and another. I went through five in as many years before I found the one whose method of therapy truly helped me. I look back on how unhealthy I was and wonder why those other counselors failed to recognize it — but thank goodness for the last one! As long as it took, it was worth it. Sign me — Back From The Precipice

Dear Back: I have printed so many letters similar to yours that I hope I am not becoming a bore. But this message needs to be repeated often. Thanks for giving me the opportunity to do so.

Medicine Today/

By Karla Jennings

PILL: If the 5 percent of women on the Pill who are over 35 and smoke were to stop taking oral contraceptives, two-thirds of the heart problems associated with Pill use would disappear, says Dr. Robert Castadot of Baltimore Cith Hospital in Paris. Smokers over 35 would benefit from other, safer contraceptives, he adds, while women past age 45 should not take oral contraceptives at all.

VITAMIN C: Dr. Vincent Zannoni of the University of Michigan says that there may be something behind Dr. Linus Pauling's claim that vitamin C protects the body against the toxic effects of environmental and medical chemicals. Zannoni says that ascorbic acid, a component of vitamin C, interferes with some toxic compounds' ability to bind with other body chemicals and cause damage. "Perhaps the vitamin is, in some magic way, protecting us," he says, adding, "We'll see."

TRAVELING: Watching the food you eat and not drinking tap water doesn't make a difference in getting traveler's diarrhea, says a survey of 16,568 travelers done by Drs. Robert Steffen and Meinrad Schar of the University of Zurich. They report that the time of year does not influence a traveler's chances of getting diarrhea, but where one stays does. "Beach vacationers" who stay at resorts stay healthier than "adventure-tour" travelers who room at cheap hotels. Older people and seasoned tourists had less incidences of diarrhea than did their younger, greener peers. Togo, West Africa, was the worst place to visit — over half the tourists there got sick.

DRUGS: Hypnotic drugs and morning driving don't mix, says Drs. Timothy Betts and Janice Birtle of Queen Elizabeth Hospital, Birmingham, England. The hypnotic drugs temazepam and flurazepam (marketed as Restoril and Dalmane), when taken the night before, gave eight women in their study "hangovers" the morning after, which interfered with driving ability. The doctors suggest advising patients on these drugs not to drive in the morning, at least until they are used to the medication.

LIVER: Some people with an abnormally high iron count in their blood are too frail to undergo a liver biopsy. Researchers at the University of Western Ontario have a novel alternative: use a CT scan to evaluate iron content in the liver. However, they warn, a normal CT scan does not rule out iron overload.

BRAIN: Some medical devices and drugs are so expensive and unprofitable to produce that companies won't make them. One such "orphan" device is now available, thanks to Drs. C. Hunter Sheldon and Deane Jacques of the Huntington Medical Research Institutes (California). They established a company, Surgimetrics, that produces the Sheldon Stereotactic System. The device uses a computer and CT scanner to pinpoint inoperable brain lesions and burn them closed with lasers.



An expert fields questions about AIDS

Health/Page A12



An expert sets record straight on myths, rumors about AIDS

As part of an educational effort about acquired immune deficiency syndrome (AIDS), Dr. Selma Dritz of the San Francisco Health Department helped The Examiner prepare this question and answer primer on the disease.

Q. What is the outlook for patients with AIDS?

A. I hate to say it, but New York has reported that with a very few exceptions, practically no survivors after three years from diagnosis. There's a 75 to 80 percent mortality rate two years after diagnosis. Here in the San Francisco Bay Area, we started getting our reports of cases from 1980 on. Of 11 cases reported in 1980, six have died. Of 41 reported in 1981, 28 have died. We had 131 cases reported in 1982 and of these 30 have died. In 1983, so far, we have had 66 cases and nine of these already have died. Overall in the San Francisco Bay Area we have had 73 deaths.

Q. What are the symptoms?

A. The symptoms depend chiefly on which of the AIDS syndromes is developing in the patient. Basic to them all is probably unexplained, rapid weight loss in a short period, malaise, fatigue, unexplained temperature for a period of weeks. Most of the patients also will find enlarged lymph glands, particularly in the back of the neck and the groin (although many of the patients will have some enlargement in the groin from other sexually transmitted disease.)

Beyond that, it depends on whether a Kaposi sarcoma (a cancer of the skin or internal organs) is developing, in which case the patient will find from reddish to purplish spots anywhere on the skin or mouth. His physician may find it elsewhere on deeper penetration. Or if it's going to be pneumocystis pneumonia, you have the beginning of what seems to be a cold, coughing, weight loss and it doesn't go away. If they are developing some of the other opportunistic infections, one of the common ones is white patches in the mouth (from a fungus infection.) The rest depends on which disease is developing. A lot of patients may have these symptoms because they're coming down with something else. If they have these symptoms, they shouldn't run out immediately and write their wills, but they should run immediately to their physician and find out what's causing these symptoms.

Q. What is the incubation period?

A. If there is an agent that is incubating, it seems to be anywhere from seven to 24 months, but there's nothing solid on it. That's based on histories we got from various patients and their contacts with other persons, but it's not solid.

Q. Is it contagious?

A. It's hard to say how contagious. It's not infectious if you're talking about healthy persons taking care of sick persons. A group of gay men in which a lot of them have an impaired immune system, even if they're not apparently ill, are more susceptible to the infection than if an AIDS patient who is infectious is in contact with a group of healthy heterosexuals with

normal immune systems.

Q. How is AIDS spread?

A. It is spread chiefly by intimate person-to-person sexual contact or by needle contact, as far as we know.

Q. It's sometimes said that AIDS is spread through transfer of body fluids. Specifically what fluids?

A. We can't give a specific answer. It's generally considered blood and semen are most likely.

Q. How about saliva?

A. We don't know. There isn't any evidence that points to that, but there isn't any proof in either direction.

Q. What precautions should be taken?

A. For the general public, there is little if any risk that we can see, unless they have the same kind of contacts with the patient. There's no risk in the office, or factory or classroom or riding on the bus or eating in a restaurant.

Q. What groups are presently known to be at risk?

A. About 70 percent of the patients are gay men, 30 percent are hetero. In the latter group are drug abusers, Haitians, people with a history of blood transfusions and hemophiliacs.

Q. Is there a cure for AIDS?

A. The Center for Disease Control in Atlanta says that at this time there is no known cure for AIDS. Doctors treat the separate illnesses which strike the patient while his immune defense is down. Research is being pressed at medical centers across the country including San Francisco.

Q. How widespread is the disease?

A. It has been reported in 35 states and 17 foreign countries.

Q. What should a person do who believes he may have AIDS?

A. He should immediately contact his own physician for treatment. The physician also has a list of support groups and other organizations ready to help AIDS patients.

Q. What about AIDS and blood banks?

A. There is a lot of concern in the blood-bank industry, both voluntary and commercial. The organizations are working intensively to develop some way of identifying high-risk donors and high-risk blood. There's been a lot of interaction among the American Red Cross, the American Association of Blood Banks and all the different national organizations as well as leading blood banks in New York and the West Coast. At the moment, since there is no good laboratory test, they are having to depend on using a battery of tests that could be a way of picking out the donors who might be more likely to be at risk of AIDS. They're also using additional questions to see if any of their donors' personal life style factors perhaps indicate they would be in much greater danger of having been infected with AIDS than the general public.

Q. Would you advise gay people not to give blood?

A. There were heated discussion about that in Atlanta, at the Center for Disease Control, in January of this year. It wasn't possible to get a consensus. For one thing, it would be unfair to the many gay donors who are perfectly good sources of good blood that is badly needed. Here in the city Dr. Herbert Perkins of the Irwin Memorial Blood Bank has estimated that he might lose 5 percent of his donors. They have developed a battery of questions that they provide that indicate if there is a risk and then they say if you have answered any of these questions affirmatively, we recommend that you defer donating until there is an adequate test for AIDS. It doesn't label anyone as specifically gay or an IV drug user or sexually hyperactive or anything like that.

Q. Can I get AIDS from anyone on the bus, in the office, in a restaurant?

A. Categorically, no. AIDS itself, which causes the immune suppression, we think, all the evidence suggests but we're not positive and can't prove it, has to get under the skin of the contact from the blood of the patient into the blood of the contact and you won't get that on the bus or in a restaurant or working in an office. You won't catch AIDS from using the same telephone or the same pencil or even washing your hands at the same sink in the washroom. The AIDS agent, as far as we know, is transmitted primarily through multiple, intimate contacts, usually sexual contacts, through shooting up drugs with an unsterile needle, and other related activities.

Q. Can you get AIDS by sharing a swimming pool with someone who has AIDS?

A. No. It has to get under your skin.

Q. Can you get AIDS from a food handler who has AIDS?

A. No. You won't get AIDS that way. It has to get into the blood stream, we think.

Q. Why do you keep saying "we think?"

A. Until we have absolute proof from looking under the microscope or the electronscope we have to say we think or we believe. But all the evidence suggests it strongly enough so that we can say probably. There are two phases. You get depressed from something under your skin. Then the second thing comes in. If you don't already have the AIDS and you're not depressed, these other things won't bother you, even if an AIDS person coughs in your face. These other AIDS diseases can only attack a person whose immune system does not respond adequately and wipe them (the diseases) out.

Q. What about renting to a person with AIDS?

A. No problem unless you have multiple sexual contacts with your tenant. Some AIDS patients have been thrown out of their apartments. The mayor has arranged supplemental housing for them.



Dr. Joyce Brothers

Behind your smile

Keep on smiling? Why? What does a smile indicate? This quiz is a chance to test your views.

- 1. How much a person smiles and how that smile is interpreted depends on geography.
2. Smiles usually reflect how a person feels and, obviously, the happy person smiles more.
3. Friendly smiles are always welcome.
4. Smiles between a mother and her baby have a special meaning.
5. On most campuses, men tend to smile more than women.
6. In this country, young adults tend to smile more frequently in casual social situations than do middle-aged people.
7. People around the world seem to smile about the same amount on any given day, regardless of where they live.
8. One of the surest ways to attract people is to wear a smile.

Answers

1. True. According to research by Dr. Bernard Feder and Elaine Feder, people who live in the Southeast are America's most frequent smileers, those who live along the Great Lakes smile the least. You may smile at strangers in small towns and people will smile back, but if you smile in New York's Times Square, you may get some unwelcome responses.

2. False. People smile for many reasons and smiles don't always mean the person is happy or contented. Ray Birdwhistell, an expert on the subject, believes the smile reflects the image people want to project, rather than their true emotional status.

3. False. Even friendly smiles can easily be misinterpreted. In most places, smiling at a baby is considered harmless, friendly and non-intrusive. But smiling at members of the opposite sex, or even people of the same sex may be viewed in more complex ways and produce unwanted results.

4. True. According to Dr. Bernard Feder, the smiles of the mother and baby are mutual reward signals, and they help seal the bond between the two. Anthony Ambrose of London's Behavioral Research Unit has demonstrated that infants will smile at an earlier age and more frequently when their mothers reward their smiles with affection and added love.

5. False. On campuses, women tend to smile more frequently than men — even when approaching strangers. One reason may be a subconscious effort to reduce possible antagonism in the other person.

6. False. Dr. Benjamin Spock found that one of the sharpest differences between today's middle-aged and young adults is the tendency of the older people to smile automatically and frequently. Younger adults don't smile under similar circumstances. This often is interpreted as mildly unfriendly behavior.

7. False. As most world travelers have noticed, the Japanese are big smileers. They smile at almost anything, whereas the British are much more stingy with their smiles. Smiling has little to do with the level of happiness in a country.

8. False. Studies show that while most are attracted by a genuinely warm, friendly smile, the person who smiles all the time is thought to be hiding something. People are suspicious of someone who smiles all the time. Many people interpret this as an indication of deviousness or dishonesty — to say nothing of stupidity.

The Shearers

on sex/ By Marguerite R. Shearer and Marshall L. Shearer

Sex during menstruation

Q. I would like to know if it's normal to have intercourse while I am menstruating. Does the blood flow stop or decrease at this time? Also, are the chances of becoming pregnant slim?

A. There is no known medical reason for not having intercourse during menstruation. It's usually a little messy, and many couples do not find that esthetically pleasing. Others just take a towel to bed with them.

Orgasm, which involves uterine contraction, often speeds up menstrual flow and, hence, may actually shorten a menstrual period. Otherwise, we know of no reason menstruation would be stopped or slowed by intercourse.

Women who view menstruation as a biological fact of life and a function that confirms femininity will have an entirely different attitude toward intercourse during menstruation than women who feel it is something to be endured.

Some women may experience increased sexual desire the day before or during the menstrual period. Physical discomfort, including pelvic heaviness or cramping, may preclude sexual interest.

In a single paragraph, we can't fully cover the chances of getting pregnant during menstruation. Relatively speaking, it's a safe time.

A few women who have regular 28-day cycles will ovulate on their eighth day. Since the sperm can live in the woman's body for about 48 hours, this would mean a woman with a regular 28-day cycle should not have unprotected intercourse past the sixth day regardless of the flow. There also needs to be some safety margin. Consequently, a couple is probably safe for the first four days.

However, if a woman has a shorter period, the above statements would not apply, and her chances of becoming pregnant would be significantly greater.

Nevertheless, the odds of getting pregnant during menstruation, even on a cycle as short as 25 days are low. Since an unwanted pregnancy is a very grave problem, there's no reason to take a significant risk.

(The Shearers welcome readers' questions. Although they cannot answer individually, questions of most general interest will be discussed in their column. Write to the Shearers, Box 828, Detroit, Mich. 48231.)

# The Gay Movement's Tough Political Challenge

By Randy Shilts  
Chronicle Correspondent

Minneapolis  
Gay political power in the nation is growing, but even in liberal Minnesota — with the only two openly homosexual state legislators in the United States — it was not enough to overcome fierce Christian fundamentalist opposition to a gay rights bill last year.

The bill had no trouble sailing through both the Senate Judiciary Committee, which is chaired by gay state Senator Alan Spear, and the House Judiciary Committee, which includes lesbian state Representative Karen Clark as a member.

Yet their colleagues were swayed by a fleet of yellow buses that dropped off hundreds of fundamentalist Christians at the state capitol to protest the proposed legislation.

"We just didn't have the votes when it came time to take it to the floor, so I decided against bringing it up for a vote," said Spear, a four-term senator who is the seventh-ranking Democrat in the Minnesota Senate.

"Some of the legislators told me that they privately supported the bill, but couldn't defend it back in their districts," he said. "The fundamentalists can be very intimidating."

The Minnesota episode underscores the growing obstacles gays face, even as they make gains unimagined a decade ago.

The abilities of gays to organize, raise campaign funds and have their political arguments taken seriously are being paralleled by the emergence of organized opponents to gay rights who are also having their political arguments heard.

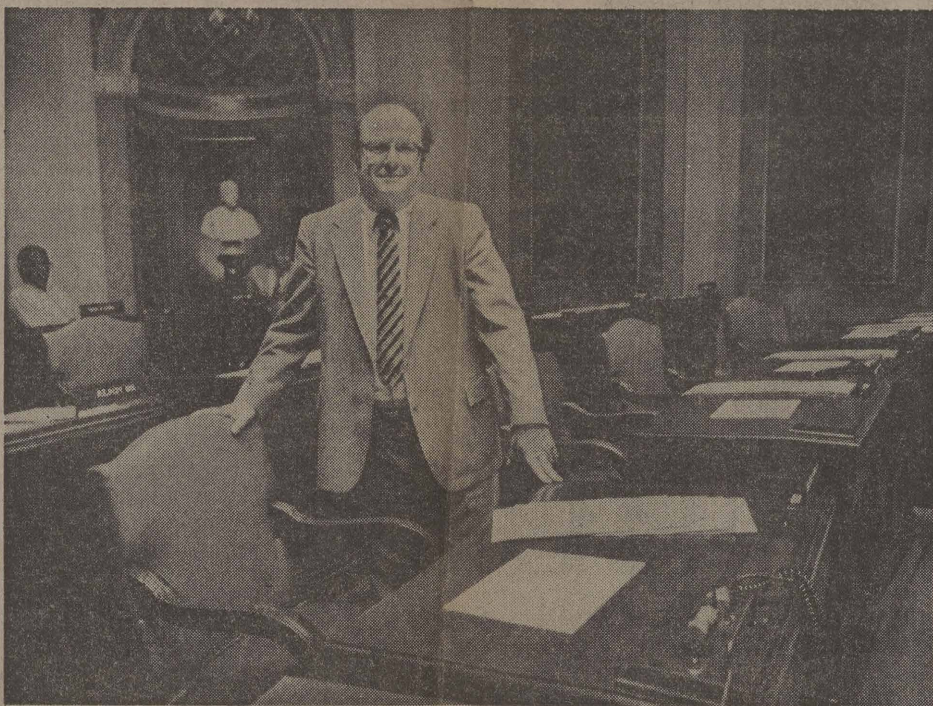
Just as gay leaders hope that 1984 will be a turning point for their movement, opponents of gay rights see 1984 as the year when gays will be put back on the defensive.

"The homosexuals have raised their issue to the genuine national level of debate — nobody denies it's a major issue," said Gary Jarmin of Christian Voice, a lobbying and fund-raising group.

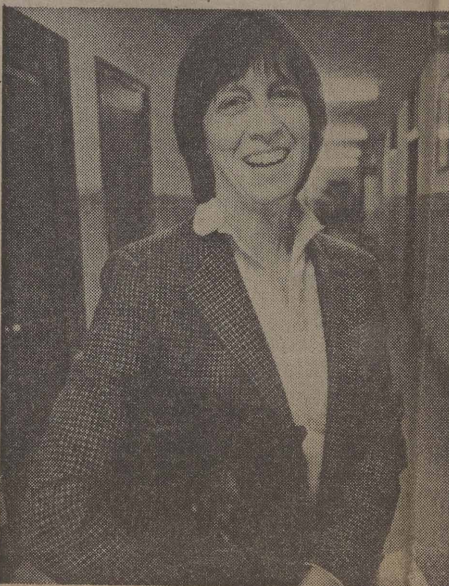
"That makes the issue equally critical for those of us in the religious right," he said. "This gets to the \$64,000 question of whether they will achieve what they want this year or whether they will evoke a reaction against themselves. Just about every time we have gone head to head with them in the past, we have won."

Although several public opinion polls have shown that many Americans oppose job discrimination against gays, they still are confronted by widespread disapproval of homosexuality as a lifestyle.

"The American public is very fair and it's clear they'll support being fair to homosexuals when it comes to jobs," said San Francisco political research expert Mervin Field. "But there's a contradiction, an ambiva-



Photos By Steve Ringman



Fundamentalists were able last year to block a gay-rights bill in Minnesota's Legislature despite the efforts of openly gay four-term state Senator Alan Spear and lesbian state Representative Karen Clark

before homosexuals make it out of toleration and into acceptance."

A number of developments are shaping up across the nation that could determine whether 1984 is a year in which gays find triumph — or a year gay influence begins to ebb.

### THE UPLINGER CASE

The issue of gay sexuality already has had a hearing this year before the U.S. Supreme Court, in the case of New York v. Robert Uplinger. Essentially, the case challenges a four-year-old decision by a New York court that threw out that state's sodomy law as violating constitutional guarantees to equal protection under the law and the right to privacy.

Civil libertarians hope that the nation's high court will dismiss the challenge, thus upholding the lower court decision, or frame their opinion as a strict interpretation of the state law, avoiding broader constitutional issues.

If the justices do rule on the broader issues, some legal authorities expect the court's conservative majori-

ty to decide that states have the right to regulate sexual behavior, no matter how private or consensual. Such a decision could deal a serious blow to the gay movement, which has pinned much of its hope on a legal strategy.

"A bad decision could set a precedent we will have to live with for 20 or 30 years," said Leonard Graff of the National Gay Rights Advocates.

Although sodomy laws are seldom enforced, they have a major effect on a range of other legal issues. For example, gays struggling for child custody in states with laws banning gay sex are far less likely to find judicial sympathy.

During the 1970s, as gays developed political clout and before they attracted the organized opposition of born-again Christians, the legislatures of 21 states repealed sodomy laws. In the past five years, however, only one state legislature has voted to do away with laws against sodomy.

That state, Wisconsin, repealed its sodomy law a year after its Legislature passed the nation's only statewide gay civil rights law.

"It was pretty absurd to have one law on the books that said you couldn't discriminate against gays while another law said gays were criminals," said Wisconsin Assemblyman David Clarenbach, sponsor of the repeal. "It became a common sense issue."

### COUNTERATTACK BY CHRISTIANS

The dispute over gays' legal status comes at a time when gays face an increasingly organized opposition from many born-again Christians. With their dedication to the Bible's condemnation of homosexuality, evangelical Christians have moved out of the revival tents and into big-time politics.

Although President Reagan has avoided directly addressing gay issues since taking office, a number of his appointees are outspoken in their opposition to gay rights, reflecting the administration's alliance with conservative Christians.

One of them is Linda Chavez, the recently appointed staff director of the U.S. Civil Rights Commission. She thinks gay activism may inspire a backlash against gays.

"I do not favor expansion of civil rights laws to include sexual preference," said Chavez. "I think most Americans see it that way too. There is some reaction against this activism and homosexuals advocating their lifestyle. I don't think most Americans approve of it."

Some conservative religious leaders and right-wing independent groups that will be working for the president's re-election this fall plan to rally support for Reagan by focusing on Democratic Party ties to the gay community.

"The Democrats couldn't have done us a bigger favor than having their convention in San Francisco — it will draw the linkage between the Democratic Party and the gay cause more concretely than we could do ourselves," said Jarmin of the Christian Voice.

He said his group plans to raise about \$2 million for

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# Fundamentalists Lobby to Block the Gay Rights Movement

From Page 23

voter registration and campaign contributions — including funds to be used for commercials attacking Democrats for supporting gay rights.

Christian Voice aired similar commercials against Jimmy Carter during the former president's reelection campaign in 1980, and Jarmin said that the commitment of the Democratic presidential candidates to the gay-rights issue will provide more fodder this year.

"The more militant the homosexuals become, the more alarm bells go off and people fight back," said Jarmin. "We've found that gay rights is a very big negative not only among evangelicals, but among many traditional Democratic constituencies, such as black ministers and Hispanics, who tend to be very family-oriented. If the Democrats want to win, they have to carry the South and the gay rights issue doesn't go over well there."

Conservatives are optimistic that their efforts can stop gay advances altogether this year and put gays on the defensive.

"I don't think gay rights is an issue that will be around too much longer," said Jim Ellis of the Committee for the Survival of a Free Congress, a fund-raising group for conservative congressional candi-

dates. "It's either peaked or about to peak — and then it will go away. It's sure not going to help the Democrats this year. It will hurt them."

The effort to make gays a liability to Democrats will force homosexual leaders to prove they are an asset to the party, something that is a matter of some debate among Democrats. New York Congresswoman Geraldine Ferraro, mentioned as a possible vice presidential candidate, told a Washington gay Democratic club recently that she felt gay rights might win Democrats votes in the Northeast while losing votes in the South.

"We clearly have a heavy responsibility to produce on our end this year," said Tom Chorlton of Washington, the executive director of the National Coalition of Gay & Lesbian Democratic Clubs. "We've got to demonstrate that what we've said all these years is true — that politicians will win votes once they stand up and are counted on gay rights."

Arlene Isaacson, a lesbian who serves as the city of Boston's lobbyist in the Massachusetts Legislature, said the gay community "has to learn to equal the pressure that the Moral Majority types can put on. The more success we have, the more we alert the religious fanatics. They'll keep winning if we don't learn from our defeats."

## TURF FIGHTS

The challenge from conservative Christians is aimed at a gay movement already plagued by weak leadership and vitriolic in-fighting. The only two national gay political groups of significance, the National Gay Task Force and the Gay Rights National Lobby, often are embroiled in turf wars. Many capable local gay leaders have shunned national gay politics altogether, according to state Senator Spear, because "it's too damn cannibalistic."

A dispute in Atlanta showed

that gays are also often divided on lines of class, sex and race.

The major gay issue before the Atlanta City Council last year was on a series of anti-discrimination ordinances enacted at the urging of black gays. The ordinances, however, were not directed at people discriminating against gays, but at the owners of white gay bars who were refusing to permit black gay men into their establishments.

"I find it difficult to be for gay rights sometimes when the guy who isn't letting me into a gay bar be-

cause I'm black says he's for gay rights too," said J. R. Finney of Atlanta's Black & White Men Together.

The acquired immune deficiency syndrome epidemic among gay men, which has been used by conservative Christians to buttress their anti-homosexual arguments, has exacerbated the tensions within the gay community. The gay political leadership has been virtually paralyzed by internal squabbling, unable to agree on any course of action to prevent further deaths of gay men across the country.

"This is a movement which knows very well how to work the political system — to get politicians to say they like homosexuals — but has not yet learned how to work government and make government respond to its needs," said Larry Bush, a gay journalist who publishes the Bush Report on gay news.

"As soon as it gets down to the nitty gritty of gays trying to get a piece of the pie — and get services like other minority communities — the in-fighting breaks out. The leadership can't agree on what it wants."

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# Gay America Enters the Political Mainstream

By Randy Shilts  
Chronicle Correspondent

Bunceton, Mo.  
Mayor Gene Ulrich nervously eyed poll officials as they tallied hand-marked ballots in Bunceton's one-room City Hall, deep in the part of Missouri known as "Little Dixie."

A near-unanimous vote came from both the south side of Main Street, where descendants of the area's freed slaves live along dirt roads, and north of Main Street, where the city's predominant Southern Baptists live behind white picket fences.

The vote count showed Ulrich's mandate for a third term was complete — an 88-to-6 victory.

Gene Ulrich's re-election in this two-gas station, one-grocery town of 419 said nearly as much about the nation's changing politics as the outcome of many of this year's presidential primaries.

Bunceton's popular mayor, as it happens, is unabashedly gay and lives quite openly with his lover of 11 years in their small home on Olive Street. Their relationship is accepted so matter-of-factly here that the two were given a married couple's discount when they joined the Chamber of Commerce.

In 1984, gay America is moving into the political mainstream nationwide.

Although San Francisco's gay rights movement has captured most of the limelight in recent years, a visible movement has emerged in every region of the United States. Gays are enjoying political advances and a degree of social acceptance that could not have been imagined a decade ago — although they still face some of the sternest challenges to confront their movement's brief, 15-year history.

"If you said a generation ago that there weren't a few hundred or a few thousand homosexuals, but millions, and that they would be standing up one day and saying they were gay, people would have been wide-eyed. People just would not have believed it could happen," said

## GAYS IN POLITICS/SPECIAL REPORT



Mayor Gene Ulrich of Bunceton, Mo., held a woman's plate of cookies as she climbed crumbling steps on the main street

By Steve Ringman

Mervyn Field, author of the California Poll.

"It is a phenomenal change in a brief period of time."

The movement of gays into the nation's political mainstream is demonstrated on many fronts:

■ All three major Democratic presidential candidates have endorsed gay concerns.

■ After years of ignoring all ho-

mosexual issues, the U.S. Supreme Court is expected to rule soon on the constitutionality of statutes against gay sexual activity.

■ Although no acknowledged homosexual was serving in any public office 10 years ago, openly gay people now serve in Congress, the Minnesota Legislature, the boards of supervisors of San Francisco and Dane County, Wis., the city councils of Boston and Minneapolis, and as mayors of Key West, Fla., and the

California communities of Santa Cruz and Laguna Beach.

■ Gay voters are now an established element in the liberal political coalitions that have elected the mayors of Philadelphia, Houston, Seattle, Birmingham, Washington, Denver, Atlanta, New Orleans, Chicago, Los Angeles, Minneapolis, Miami and Charlotte, N.C.

"It's amazing when I think back and realize that I never heard the

word gay or homosexual even spoken aloud until I was well into my 20s," marvels Bunceton's Mayor Ulrich, 39.

"Gay politics is almost the least of the change — the whole way America views gay people has changed 180 degrees in just a handful of years."

### Presidential Politics

The most visible symbol of gays' melding into America's mainstream

has come in this year's presidential campaign. Each of the major Democratic candidates has aggressively sought gay votes as well as campaign contributions from the growing coffers of gay political action committees. Gay rights has been integrated into the platform of key elements of the traditional Democratic coalition, such as the AFL-CIO, which voted to endorse gay rights legislation last year, and the Congressional Black Caucus, most of whose members are co-sponsoring gay rights legislation.

Like former presidential candidates Alan Cranston, Ernest Hollings and Edward Kennedy, Senator Gary Hart recently became a co-sponsor of a bill to amend the 1964 Civil Rights Act to include gays. Walter Mondale and Jesse Jackson have also announced their support for federal gay rights legislation and campaigned among gays across the country.

The presidential candidates still approach the gay issue cautiously, if not uncomfortably. Both Jackson, who has referred to the gay rights issue as "that sex thing," and Mondale have shown some reticence in directly addressing gay concerns even while courting homosexual voters.

"This is still a very controversial issue and politicians can still get in trouble either way, by supporting gay rights or opposing it," said Minnesota state Senator Allan Spear, who has been re-elected three times since disclosing his homosexuality 10 years ago.

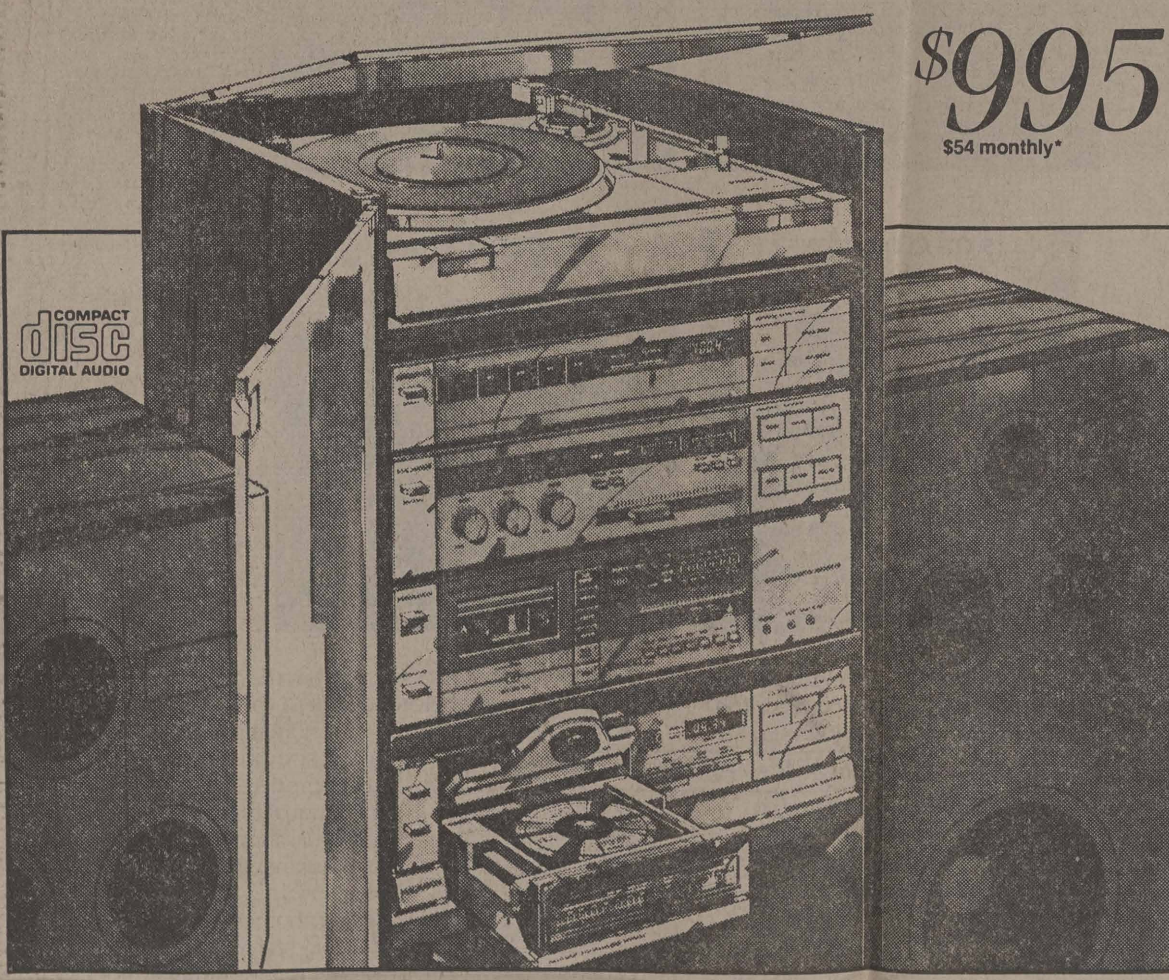
"As it's worked out, however, you can get in more trouble by coming out against it than for it," said John Glenn found out," a reference to the way the Ohio senator's effort to use opposition to gay rights to attack the "special-interest" candidacy of Mondale backfired.

Gay leaders now are split almost equally between Mondale, who has added gays to his traditional Democratic labor-ethnic coalition, and Hart, who appeals to the urban votes of "guppies" — gay upwardly mobile professionals. To a smaller degree, some gay leaders have cast their lot with Jackson, particularly some increasingly vocal groups rep-

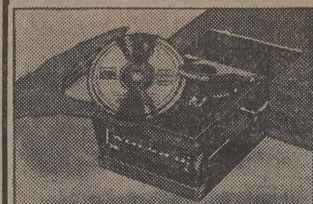
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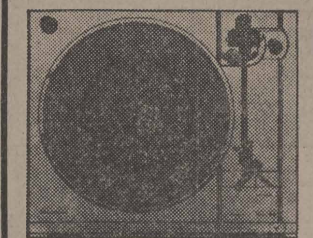
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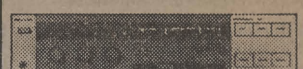
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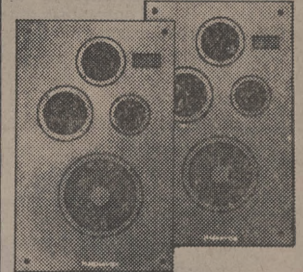
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# Bunceton's Gay Mayor Finds It Easy to Be Himself

By Randy Shilts  
Chronicle Correspondent

Bunceton, Missouri

When officials of the tiny hamlet of Otterville needed a judge for their local beauty pageant, they turned to the famous mayor of nearby Bunceton, Gene Ulrich.

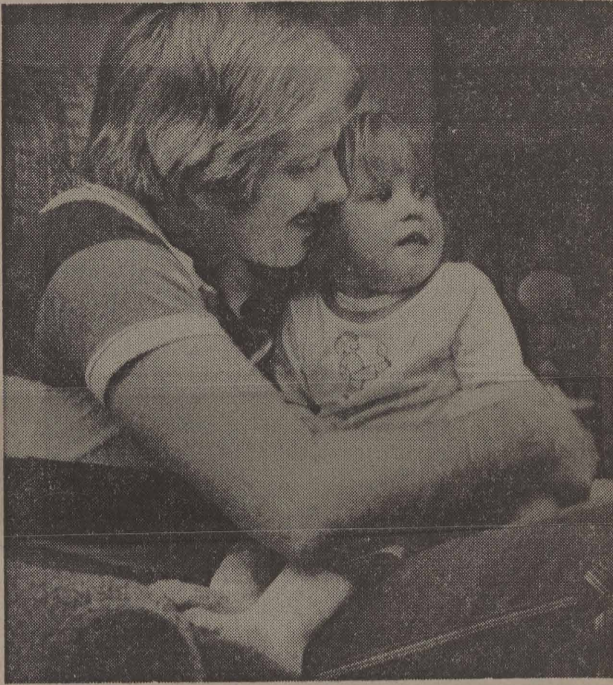
"They told me that more than anybody, I'd be the least likely to be improperly influenced," said Ulrich, one of the nation's four openly gay mayors. "That's the nice thing about living in a small town. People take you for who you are."

Acceptance of the gay mayor has come easily for the people of this part of rural Cooper County, located in the geographical center of a state at the geographical center of the nation.

Many local residents have known Ulrich since he dropped out of high school at 17 to take a 50-cent-an-hour job to support his ailing parents. Since he was a child, Ulrich said in an interview, he felt different from other people.

"I didn't tell my parents, but when I went for my draft physical, my mom told me to check the box," recalled Ulrich, 39. "I didn't know what she meant until I went and saw a box next to the word homosexual. I guess she knew all along."

Ulrich did not check the box and he served in Vietnam. He returned to Bunceton, and, in 1972, settled down with his lover, Larry Fowler, a newspaperman from



Bunceton Mayor Gene Ulrich held godchild, whose father, Mark Williams, says Ulrich's homosexuality is 'no big deal to us'

Springfield, Mo. Like Ulrich, Fowler is a born-again Christian and doubts if concealing homosexuality is worth the effort.

"I draw the line at being called his wife," Fowler joked.

"In a small town like this, everybody knows what happens pretty much the same day — it's hard to keep secrets," said the soft-spoken Ulrich, who works on the assembly line of a Toastmaster plant near

Bunceton. "I decided it would be just too much trouble to keep it secret. I decided that if people had the guts to ask, I'd be honest enough to answer. If they didn't like it, it would be their problem, not mine."

It didn't turn out to be anybody's problem, and at the request of other city officials, Ulrich successfully sought his first term as Bunceton mayor four years ago. As mayor, Ulrich has lowered taxes by one-third, while drawing state and federal grants to provide senior citizens' housing and blacktopping the long-neglected dirt roads on the black side of town.

"I'm kin to almost all the black folks in Bunceton and they think he's terrific — he's the first mayor to give us a fair shake," said Gwen Wright, 58.

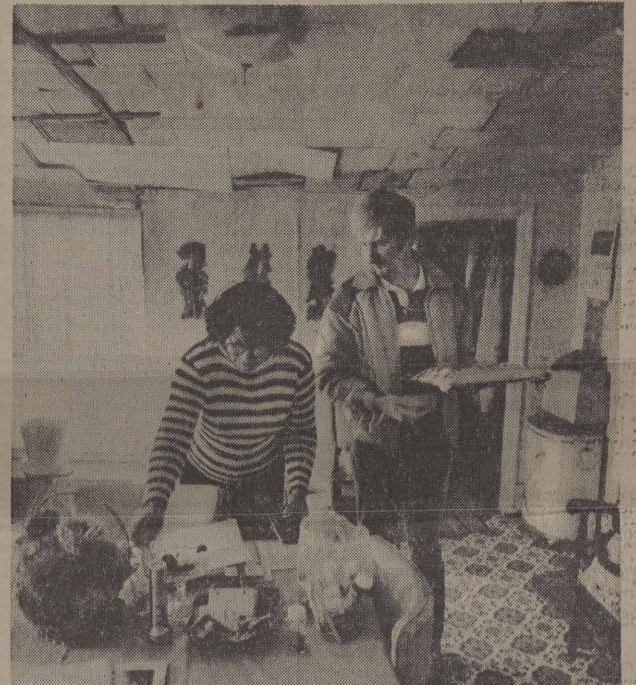
Baptized Pentacostal in the small creek near her home, Wright looked a little puzzled when she considered that much of the opposition to gays comes from fundamentalist Christians such as herself.

"God made us all," she insisted. "As far as I'm concerned, Gene can get in heaven as fast as I can."

Mark Williams, 20, admitted that not everybody in Cooper County is as accepting of Ulrich as the people of Bunceton.

"Sometimes people at the plant ask how we can put up with a gay as mayor," he said. "But it ain't no problem to us. I guess it's because they just don't know Gene."

For Williams, this is not mere



Photos by Steve Ringman

Ulrich helped Gwen Wright prepare for a bake sale — she says he's paid more attention to black residents than has any previous mayor

liberal rhetoric. Ulrich and Fowler are godparents and frequent baby sitters for his 2-year-old son.

"I think there are a lot of gays like me and Larry in small towns in America, getting along with their

neighbors and quietly leading a good life," said Ulrich. "But there are a lot more who worry about family pressure and get married. Then they end up at the rest stop. It's a sad story."

## Overwhelming Vote

### Another Gay Ban By Methodists

Baltimore

Ending more than a decade of turmoil and grass-roots discontent, the United Methodist church voted yesterday to prohibit sexually active homosexuals from being ordained to the church's pastoral ministry.

The overwhelming vote — by a show of hands after a restrained three-hour debate — climaxed a series of actions on the gay issue by the general conference of the 9.4 million-member church, the second largest Protestant denomination in the United States.

The conference also declared homosexuality "incompatible with Christian teaching," voted to continue a ban on funds for any pro-gay activity and rejected a proposal to strengthen the church's support for the secular civil rights of homosexuals.

"The time has come for us to finally be settled with this," Lyscum Crowson of Moorefield, W.Va., a retired pastor, told the 1000 delegates attending the church's general conference.

At issue was the addition of a seven-word phrase — "fidelity in marriage and celibacy in singleness" — in five places in the church's Book of Discipline covering qualifications of those seeking to be Methodist ministers.

Although the legislation is universally understood to be aimed at homosexuals, theoretically it applies to heterosexual candidates for the clergy and clergy as well, and would not prohibit a non-sexually active homosexual from being ordained.

The council could — and church officials thought it would — issue a ruling before the conference ends tomorrow, which could spur new efforts to adopt a stronger prohibition against homosexuals in the ministry.

"There are millions of United Methodists who believe that if we don't take a stand, we will be saying we approve" of homosexuality, said David Seamonds, Wilmore, Ky.

Seamonds said the more precise and specific anti-gay language was addressed only to "self-avowed" homosexuals and would not only satisfy grass-roots opposition but also "prevent any witch hunts, keyhole searches or ambushes by Falwell raiders" — a reference to supporters of Moral Majority leader Rev. Jerry Falwell.

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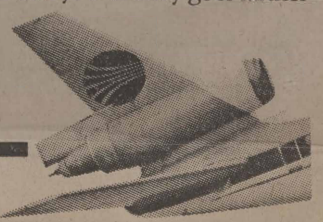
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# Great Changes in A Very Short Time

From Page 25

resenting black gays.

The Human Rights Campaign Fund is planning to raise \$1 million for this year's presidential and congressional races. During its first year of operation in the 1982 congressional races, the fund was able to raise \$835,000, making it the 17th-largest political action committee in the nation.

The National Coalition of Lesbian & Gay Democratic Clubs has enlisted more than 200 gay groups for a voter registration drive to sign up 1 million new gay voters in urban areas to back up the fund-raising.

"There's no question that the national party sees us as part and parcel of the nominating process this year," said the coalition's Washington-based executive director, Tom Chorlton. "We've got our foot in the door — and we've done that on a permanent basis."

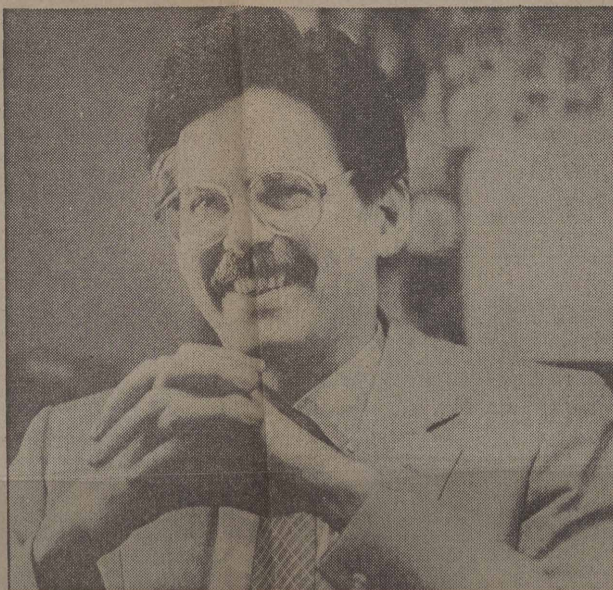
For all the advances gays are making in presidential politicking,

the gay movement remains substantially rooted in the municipal politics of urban areas, where gays wield precinct-by-precinct clout. The gay movement's new focus on the unglamorous business of local politics marks a significant departure from the methods used by the radical gay liberation groups of the late 1960s.

But it is this strategy that is winning gay victories far from the traditional homosexual enclaves of San Francisco, New York and Los Angeles. The city with the most acknowledged gay public officials, for example, is Minneapolis, where voters have elected gay men to the City Council and state Senate and a lesbian to the state House of Representatives.

"The gay movement on the coasts are the parentheses around the real story — and the real story is what you see in cities in the Midwest," said Alderman Brian Coyle, a gay man elected to the Minneapolis City Council last year.

"When the gay movement start-



By Steve Ringman

**Alderman Brian Coyle of Minneapolis says 'the real story is what you see in the cities in the Midwest'**

ed, the goals were very big — to change the world, just like we had the very big goal in the anti-war movement of trying to end war for all time," said Coyle. "Then in the

1970s, we returned to the neighborhood and began to think small, making our own neighborhoods livable

places. Now we're building up again to the larger institutions."

For lesbian state Representative Karen Clark of Minneapolis, a public health nurse, election to public office followed a decade of community involvement with clinics for women, senior citizens and native Americans.

In other cities, where gay clout is not yet strong enough to make gays electable, there's enough power to provide the winning edge, particularly in close elections.

Denver's first Hispanic mayor, Federico Pena, got his highest tallies of white votes in the gay neighborhoods around Capitol Hill. In Kansas City, gays gained a congressional co-sponsor for the federal gay rights bill after a hotly contested 1982 congressional primary that black candidate Alan Wheat won by a 2 percent margin.

"Just 500 votes made the difference in that race," recalled Kansas City gay leader Dennis Krell. "We really worked hard on registering our voters and getting them to turn out. I know I got him at least 500 votes — and he has paid us back."

Despite the national political advances of people like Gene Ulrich, staying in the closet remains a reali-

ty for many gays.

"Getting presidential candidates on our side is very good and shows we're moving forward," said Boston City Councillor David Scoundras. "But society doesn't change from the top down, it changes from the bottom up. There are still a lot of gay people who don't feel they can be open. There are still many non-gay Americans who don't like us. Passing laws does not change people's attitudes. We've come a ways but we've got much further to go."

## Walesa's Greeting To Poles Abroad

Warsaw

Lech Walesa, founder of the outlawed Solidarity union, has told Poles living in the West that he hopes emigration will one day be unnecessary because every Pole will live in a "free and prosperous" Poland.

In a cable sent Tuesday, Walesa said, "I want you to know that the cordial feelings of many Poles accompany you, the Poles living in this country."

Reuters

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# AIDS-Linked Organism Found in S.F.

A San Francisco scientist who studies cancer-causing viruses reported yesterday he has detected in a group of local AIDS patients one of the organisms now suspected of causing the lethal epidemic.

The report came from Dr. Jay A. Levy of the Cancer Research Institute at the University of California at San Francisco.

He said he has detected the organism, known as a retrovirus, in 28 of 50 San Francisco victims of the acquired immune deficiency syndrome, and that the virus appears to be identical to one that French researchers now believe to be a cause of AIDS.

The French organism is known as LAV, for lymphadenopathy-associated virus, and there is a strong suspicion that it is identical in structure to one reported last week by Dr. Robert Gallo and his colleagues at the National Cancer Institute in Bethesda, Md.

The virus Gallo has proposed as a candidate for the role of AIDS agent is called HTLV-III, or Human T-Cell Leukemia-lymphoma virus.

Levy also reported some reassuring news yesterday for hemophilia patients, who have feared they might contract AIDS from contaminated supplies of the blood-clot-

ting substance known as Factor VIII, which is made from commercially donated blood plasma.

According to Levy, his tests using mouse retroviruses show that while they are tough enough to withstand the crystallization pro-

cesses and acids used to prepare Factor VIII, they are killed by the heat treatment that has now been added to the preparation system.

Levy presented his reports yesterday in Toronto at a joint meeting of the American Society of Clinical Oncology and the American Association for Cancer Research.

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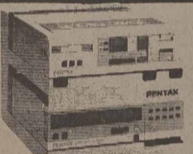
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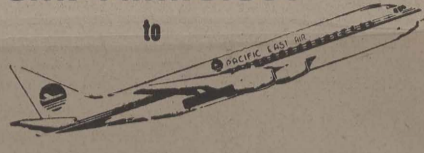
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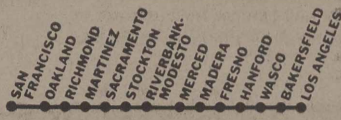
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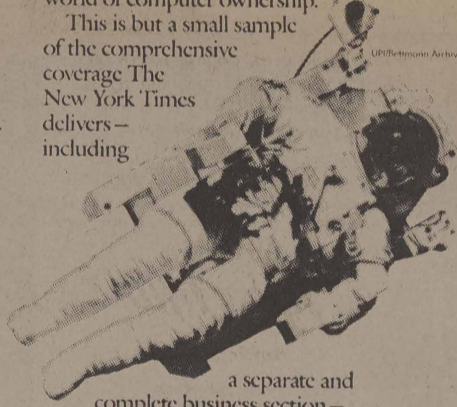
The next best thing to sitting seventh row center at the stunning new production of "Death of a Salesman" is to be there at the rehearsals,

reading the comments of Dustin Hoffman and author Arthur Miller as they worked on a new interpretation. Then reading the insightful, rave review. Followed by a special piece on John Malkovich who plays Willie Loman's son so unforgettably. Critics Frank Rich and Mel Gussow not only make the theater come alive for you, but they also communicate a respect for their craft you

can't miss. After all, The New York Times critic in whose footsteps they walk is Brooks Atkinson, who ended up having a Broadway theater named after him. Talk about a tough act to follow. Of course The Times also covers the drama of world events. To cover them thoroughly, we send more reporters around the globe and to world capitals than any other newspaper. How well they cover the world is reflected in the fact that The Times has been honored by 54 Pulitzer awards. More than any other newspaper. So whether you're looking for the broad outlines or reading in depth for a complete update, The Times can make the difference between merely knowing what's going on and understanding what's going on. If you're also interested in what's going up, you can't do better than our coverage of science and space. Every Tuesday, you can explore new frontiers in Science Times, written in clear, nontechnical language. There's

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# Clot-Dissolving Substance Known as t-PA Clears First Test in Halting Heart Attack

By JERRY E. BISHOP

Staff Reporter of THE WALL STREET JOURNAL

A blood-clot dissolver that researchers hope can stop heart attacks passed its first tests in humans, but researchers said the substance must still undergo extensive trials before any life-saving potential can be determined.

The clot-dissolving chemical, called tissue-type plasminogen activator, or t-PA, was given to seven men who were in the throes of a heart attack. The blood clots that were causing the heart attacks disappeared within an hour or less in six of the men. The blood clot in the seventh patient resisted all attempts to dissolve it.

The t-PA used in the tests was derived from human cells growing in a test tube. Genentech Inc., a genetic engineering company, said last year that it had spliced the human t-PA gene into test-tube grown animal cells and could produce t-PA in relatively large quantities. Human trials with Genentech's genetically engineered t-PA recently began following clearance by the U.S. Food and Drug Administration.

The first human tests were designed only to see if t-PA would dissolve the blood clots while a heart attack was in progress. How the patients would have fared without the treatment isn't known.

While the seven patients survived the heart attack, including the one whose blood clot resisted dissolution, several continued to have problems. Four of the patients continued to have severe clogging of their heart's coronary arteries; two suffered second heart attacks. At the time the study was completed a few months ago, all seven pa-

tients were still alive.

The t-PA researchers said it would require a large-scale, controlled trial comparing the fate of t-PA-treated and untreated heart attack patients to determine if the substance can be life-saving. Such trials would take at least two years to complete.

The t-PA tests are described in this week's issue of the New England Journal of Medicine by researchers from Washington University in St. Louis and the University of Leuven in Belgium.

T-PA is the newest and, theoretically, the most promising of three clot-dissolving substances being tested in heart attacks. The other two are streptokinase, produced by certain bacteria, and urokinase, extracted from human kidney cells cultured in the test tube. These two drugs already are on the market for dissolving blood clots in other situations but are just now being tested against blood clots in heart attacks.

All the clot dissolvers are aimed at getting rid of the immediate cause of a heart attack. This is a blood clot that suddenly forms inside one of the heart's coronary arteries. The clot lodges against fatty deposits that have built up over the years and blocks the flow of blood to a portion of the heart muscle. The researchers hope that if they can dissolve the clot within the first few hours of the onset of a heart attack they can limit the damage to the heart muscle, perhaps preventing death.

The problem with the bacterial-produced streptokinase is that it sometimes can cause allergic-type reactions. Both streptokinase and urokinase also activate the natural clot-dissolving system in the entire body and thus can cause bleeding problems.

T-PA, on the other hand, circulates inertly in the blood stream until it encounters a blood clot. It then activates a clot-dissolving chain of events only in the immediate vicinity of the blood clot. Thus, it presumably can be given safely by intravenous injection. It is hoped that it could be given by an ambulance crew or even self-administered by the patient during the first few minutes of a heart attack.

The first tests involved both U.S. and Belgian patients who suffered heart attacks while they were in the hospital. Thus, the researchers were able to begin administering t-PA within one to five hours after the patient started to have chest pains. The t-PA was infused for anywhere from 30 to 60 minutes.

In one patient the blood clot dissolved 19 minutes after the t-PA treatment began while in another patient it required an hour and 15 minutes of treatment before the clot disappeared. In two patients it took about a half-hour to get rid of the clot while in two others it took about an hour.

## Canadair Boosts Claim In Suit Against Avco

By a WALL STREET JOURNAL Staff Reporter

MONTREAL — Canadair Ltd. said it raised to \$480 million (Canadian) from \$109.6 million the amount of its suit against Avco Corp. for allegedly breaching a contract to supply engines for a Canadair business jet.

Canadair, a Canadian-owned aircraft producer based in Montreal, didn't give reasons for the higher claim and a spokesman declined to elaborate.

The suit was filed last June in Quebec Superior Court. Canadair claimed that because of delays of engines that Avco was to supply under a 1977 contract, the aircraft maker had delays in deliveries of planes. The suit said the alleged engine delays resulted in higher labor, engineering and testing costs.

Canadair ordered the engines from Greenwich, Conn.-based Avco for use in Challenger 600 twin-engine business jets.

In Greenwich, an Avco spokesman called the new Canadair claim "inflated" and said the estimation of damages was "speculative." Avco filed a countersuit in August, claiming that "Canadair's unilateral cuts in production constituted a total repudiation of the companies' 1977 agreement."

Avco said it doesn't intend to increase its countersuit claim of \$100 million (U.S.).

## El Al Workers in New York To Vote on Whether to Strike

NEW YORK — The union representing most New York-based employees of Israel's national airline, said its members will vote on whether to authorize a strike next Thursday.

If a strike occurs, El Al said it would use supervisory employees to operate a schedule of seven or eight flights a week between New York and Tel Aviv.

Gene Hoffman, general chairman of District 100 of the International Association of Machinists and Aerospace Workers, representing 225 ground workers, said he objects to the airline's demand for a year wage freeze and other concessions.

David Schneider, El Al's general manager in North and Central America, said the airline needs the concessions to compete with nonunion airlines. El Al expects to post a loss of \$10 million the fiscal year ending March 31.

## AIDS Cases Seen Doubling This Year In San Francisco

\* \* \*

Increasing Incidence of Disease That Destroys Immunity Strains Health-Care Units

By MARILYN CHASE

Staff Reporter of THE WALL STREET JOURNAL

SAN FRANCISCO—Doctors are predicting a doubling of AIDS cases in this city to 1,000 by year-end, increasing strain on the health-care system as well as the toll in human suffering.

Nationally, more than 3,600 cases have been reported to date, according to the Centers for Disease Control in Atlanta. The incidence of AIDS has risen dramatically since the disease was first diagnosed in 1980.

AIDS, or acquired immune deficiency syndrome, is a collapse of the body's immune defense system, resulting in death by rare forms of cancer, pneumonia or other overwhelming infection. The disease strikes most frequently at homosexuals, Haitians, intravenous drug users, and recipients of blood transfusions.

Compounding the human toll is a potentially crushing fiscal problem.

"The average hospitalization of an AIDS patient runs four months and \$80,000," says Dr. Selma Dritz, assistant director of San Francisco's public health department. One thousand AIDS patients in the greater San Francisco Bay Area would require \$80 million in intensive health care, much of it expected to be funded by the state's strapped Medi-Cal program. Medi-Cal is a state health-insurance program and the counterpart of Medicaid in other states.

The Bay Area currently has 517 documented cases of AIDS. But Andrew Moss, an epidemiologist at San Francisco General Hospital's AIDS ward, has said cases now in an incubation stage may add an additional 400 to 600 in the city alone by December. He expects 200 to 300 deaths this year from the disease.

Nationally, AIDS cases have surged to 3,646 from 1,300 a year ago, said Harold Jaffe, an epidemiologist with the Centers for Disease Control in Atlanta. The disease has occurred most frequently in New York, California, Florida and New Jersey.

Despite recent reports from New York that the incidence of AIDS seemed to be leveling off, this isn't the case nationally or in San Francisco, officials say.

"It's no secret that AIDS isn't leveling off in San Francisco," says Paul Volberding, chief of oncology and head of the AIDS clinic at San Francisco General Hospital. "AIDS is already 10 times more common than all other cancers combined in single men aged 25 to 45 in San Francisco."

This places special isolated AIDS hospital facilities at a premium. San Francisco General's 12-bed AIDS ward, located in a separate building from the main hospital, is full. Expansion plans are under discussion. Private hospital facilities also are limited.

The city is financing a long-term AIDS ward at Garden-Sullivan Hospital, and more hospice beds are being sought for terminal cases. Officials note that all AIDS patients eventually require intensive care in the terminal disease's final stages.

Dr. Marcus Conant, chairman of California's AIDS Task Force, has described the burgeoning caseload as a medical and fiscal "nightmare."

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Front Page

Federal researchers said they have discovered a virus that they believe to be the cause of the mysterious AIDS.

Ansel Adams, the celebrated photographer who devoted a long and vigorous life to recording the wonders of nature, died.

Administration officials indicated there is an agreement to let U.S. firms help build nuclear power plants in China.

Defense Secretary Weinberger denied that U.S. combat troops are poised and ready to fight in Central America.

Jesse Jackson asked the Democratic Party's chairman to give him delegates that party rules had "robbed" from him.

Legislation to make "San Francisco" the city's official song has enough sponsors to override a threatened veto.

Nomadic herdsmen in northwestern China are trading their yak hair tents for a new polyvinyl model.

Bay Area

San Mateo County authorities said the body of a woman found buried in a shallow grave has been identified. Page 2.

The head of Eureka Federal Savings and Loan was convicted of possession of armor-piercing bullets. Page 2.

The Oakland vice squad has arrested more would-be customers than prostitutes, the police chief reported. Page 3.

TOP OF THE NEWS

Three S.F. policemen accused of beating a Chinatown youth went on trial, with surprising testimony. Page 5.

Ginger Rogers vehemently denied that Fred Astaire gave her class and she gave him sex. Page 14.

Nestle confirmed it has made a bid to acquire Palo Alto eye care company CooperVision for about \$503 million. Page 47.

State

The director of the "Twilight Zone" movie must stand trial in the death of Vic Morrow and two children. Page 4.

While voters have doubts about Jesse Jackson, a state poll shows his campaign making a positive impression. Page 11.

Nation

The EPA set mandatory nationwide limits on the use of EDB, the pesticide that has been used in grains. Page 4.

The largest teachers' union in the nation accused President Reagan of "educational disarmament." Page 9.

Gary Hart attacked Walter Mondale while Mondale accused President Reagan of "hostility" toward cities. Page 11.

A family grieving over the baffling disappearance of a son is trying to help others search for their loved ones. Page 15.

Elderly people can live independently longer if their homes are properly equipped with safety features. Page 17.

World

Elizabeth Bouvia, a quadriplegic whose insistence on the right to die made her famous, now wants to live. Page 3.

Rioters angered by food prices poured into the streets in the Dominican Republic, burning and looting stores. Page 12.

More than 100,000 people marched in West Germany, winding up five days of protests against U.S. missiles. Page 12.

Despite the death and destruction in his country, Lebanon's ambassador to the U.S. remains an optimist. Page 15.

Sports

The Giants opened their road trip with a loss to San Diego, and the A's were rained out in Milwaukee. Page 41.

The U.S. Olympic basketball team was pared down to 20 players, including two from the West Coast. Page 41.

Ex-Warriors Micheal Ray Richardson and Bernard King have their teams on the brink of playoff series wins. Page 41.

Weather

Bay Area: Sunny Tuesday and Wednesday with clear nights. Highs Tuesday, 68-80. Lows, near 50. Page 46.

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25 CENTS

Ansel Adams Dies



Ansel Adams in 1980 with 'Monolith — The Face of Half Dome, 1927,' one of his most famous photos

Famed Nature Photographer Dead at 82

By Michael Harris

Ansel Adams, the celebrated photographer who devoted a long and vigorous life to recording the wonders of Yosemite, the Sierra Nevada, Big Sur and the Southwest — and fighting to preserve their beauty — died Sunday night in Monterey of a heart ailment.

Adams, 82, one of the world's greatest photographers and perhaps the most influential conservationist in the nation, fell ill early this month at his home in Carmel and was hospitalized last Friday at Community Hospital.

His wife, Virginia, who was reared in Yosemite Valley and whom he married there in 1928, was at his side. They had met as fellow hikers in the Sierra Club.

In his lifetime, Adams achieved public acclaim rare for any artist. More than a million copies of his books and folios of photographs

Page 6 Col. 1

Kopp Introduces Measure To Change S.F.'s Tune

By Evelyn Hsu

Legislation to make "San Francisco" the city's official song was introduced at the Board of Supervisors meeting yesterday — with enough sponsors to override a threatened veto by Mayor Dianne Feinstein.

That "is probably the first song

I ever heard about San Francisco," said Supervisor Quentin Kopp, referring to the song from the 1936 movie of the same name that starred Jeanette MacDonald and Clark Gable.

The hoopla began last week when Chronicle columnist Warren

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Nomads Switching to Polyvinyl Tents

Beijing

Nomadic herdsmen in northwestern China are trading in their yak hair tents for a new polyvinyl model featuring optional folding furniture and a wind-powered generator, the official Xinhua News Agency said yesterday.

Xinhua said the new "water-proof and antiseptic" tent was of-

fered to 500,000 herdsmen in remote Qinghai province as part of a government home-improvement program.

With its steel tube frame and polyvinyl cover, the new tent is lighter and sturdier than the old yak hair type, Xinhua said.

More than 70 options are offered with the new shelters, from folding furniture for easy transport

United Press

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New Test for Blood Transfusions

Researchers Believe AIDS Virus Is Found

They Hope For Vaccine In Two Years

By Lawrence K. Altman

New York Times

Washington

Federal researchers announced yesterday they have found a virus they believe is the cause of AIDS.

They called it HTLV-3 and said they have developed a process to mass-produce it for the purpose of developing the tools needed to finally conquer the mysterious syndrome that has afflicted more than 4000 Americans.

The announcement follows the attention recently given to the discovery of a virus called LAV by researchers at the Pasteur Institute in Paris. The head of the Centers for Disease Control in Atlanta said over the weekend that he believed the LAV virus was the cause of AIDS, but some researchers believe the two viruses will turn out to be identical or closely similar.

Health and Human Services Secretary Margaret Heckler said yesterday she thinks the two viruses "will prove to be the same."

With the new process, the federal researchers said they have developed a test that could reliably detect the virus that causes AIDS in blood that is donated for a variety of uses, including the treatment of hemophilia. They said they applied for a patent on the process yesterday and they expect the test to be widely available within six months.

The optimism surrounding the U.S. and French research appears to reflect a high point in what has been one of the most challenging international scientific efforts to battle any modern disease.

Finding the cause of acquired immune deficiency syndrome will not necessarily lead to any treatment of the disorder soon, nor will it necessarily result in a method of prevention. But the finding led the U.S. researchers to express the hope that a vaccine would be developed and ready for testing "in about two years."

Dr. Robert Gallo of the National Cancer Institute, who headed the team that is reporting its findings in

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U.S., China Set to Sign Pact on Atom Power

Honolulu

Reagan administration officials indicated yesterday that negotiators from China and the United States had reached agreement on a treaty that would permit major American companies to participate in the construction of nuclear power plants in China.

The officials said they were not ready to announce that there was agreement on a treaty, but they said that negotiations between Chinese and American officials "have been completed" in an atmosphere of "some optimism" and that both sides agreed that it was in their interest to have a treaty.

The agreement on peaceful nuclear cooperation is expected to be announced by President Reagan after he arrives in Beijing on Thursday for a six-day visit. American officials have said that a nuclear power accord would be the most significant specific agreement of the trip.

There were signs that the officials wanted to retain an element of uncertainty about the treaty as a gesture to the Chinese, and in order to have something to announce while Reagan is in China.

The president spent the day here reviewing his briefing materials for the trip, relaxing at a swim-

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Weinberger Denies U.S. Poised for Latin Combat

By Kevin Leary

Defense Secretary Caspar Weinberger yesterday flatly dismissed suggestions that United States combat troops are poised and ready to assume a fighting role in Central America.

Weinberger later ended the day in San Francisco with a speech at the Fairmont Hotel where he switched topics, focusing on President Reagan's trip to China. Yet clearly the issue of the day was Central America, and a crowd of 1000 demonstrators surrounded the Fairmont to shout about it.

Jackson Asks Demo Party For Delegates

Washington

Democratic presidential candidate Jesse Jackson met with party chairman Charles Manatt yesterday to complain that party rules had "robbed" Jackson of about 200 delegates to the national convention, and he asked that party leaders provide him delegates in compensation.

After the meeting, at which Jackson assured Manatt that he and his supporters would not walk out of the Democratic convention in July, Manatt said he would use his "moral suasion" on Jackson's behalf to persuade state party officials to dip into a pool of uncommitted delegates that each state is given to balance their convention delegations.

Both men said yesterday's meeting had been constructive, in contrast to a similar session on the rules last January that broke down with the two exchanging accusations of bad faith.

"I'm satisfied that he has heard our point," Jackson said after flying in from a two-day campaign stint in Tennessee. "We simply want the

In discussions earlier with reporters and editors of The Chronicle, Weinberger said, "We're not leading anyone down the garden path to war. What we're trying to do (in Central America) is defend the continental United States and extend, or at least help governments help themselves secure the kind of benefits we've enjoyed ...

"In Nicaragua," he said, "the promise of the Sandinista revolution has been broken. There is no free speech, they are opposed to elections, and there are a number of forces trying to secure that and some assistance is being given to them."

Weinberger insisted that support was not being provided "by the Defense Department, and not by combat troops or anything like that."

"I don't see any situation at all

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Chronicle Publishing Co. 1984

# Body Identified as Millbrae Clerk

San Mateo County authorities said yesterday the body of a woman found buried in a shallow grave two months ago off the Bayshore Freeway has been identified as Teresa Maddox, 26, a Millbrae drugstore clerk who disappeared in December.

Millbrae police, who had been investigating her disappearance, said Maddox was last seen on December 4 after she was dropped off in San Carlos by a Sunnyvale man who said she spent the previous night at his apartment.

The man came under suspicion when police found a blood-stained cloth and Maddox's eyeglasses and purse in his car. But Millbrae Police Lieutenant Mike Parker said the man, who was not named, said he suffers from frequent nosebleeds and that tests showed that the man and Maddox both had the same blood type.



TERESA MADDOX  
She vanished in December

Parker said police did not have sufficient evidence to pursue an in-

vestigation of the man, a former fellow employee with Maddox at a Peninsula electronics firm, who told police she may have accidentally left the glasses and purse in his car and that he had not noticed them.

However, the San Mateo County Sheriff's office has taken over the investigation and sheriff's Detective Robert Poynter said the Sunnyvale friend will be questioned again.

The coroner's office said the cause of death is unknown and there were no signs of stabbing, shooting or beating on the badly decomposed remains. However, Poynter said Maddox had a history of drug and alcohol abuse and that a syringe was found in her grave.

Poynter said one theory police are working on is that she may have died of a drug overdose and her body disposed of by a companion who panicked. He said investigators may know more when toxicology

tests are completed.

He said an East Palo Alto youth told investigators he saw two men in a truck unload something at the Cooley Avenue site of the grave a short time before the body was discovered on February 19.

Maddox's father, Joseph Summit, a retired Millbrae longshoreman, had offered a \$2000 reward for help in locating his missing daughter. He said yesterday he is still offering \$1000 for information leading to the arrest and conviction of whoever is responsible for her death.

When the body was discovered, the coroner's office told Summit and detectives that it was not Maddox. However, Robert Jensen, the coroner's chief investigator, said yesterday that a second investigation, aided by an old X-ray of Maddox's skull, led to the identification over the weekend.

## Menlo Park Case

# Banker Convicted For Illegal Bullets

By Bill Workman

Kenneth Kidwell, president and chairman of Eureka Federal Savings and Loan Association, was convicted yesterday of possession of illegal armor-piercing bullets discovered when he was stopped for alleged drunken driving in Menlo Park.

Kidwell, 50, who has a reputation as an outspoken supporter of law enforcement, was the first person prosecuted under a two-year-old law that bars the public from using the Teflon-coated ammunition because of police concern it could be used to pierce protective vests worn by officers.

A Redwood City Municipal Court jury of seven women and five men returned the guilty verdict, which could lead to a year in county jail and a \$5000 fine.

The flamboyant bank official said he had armed himself out of fear of possible threats against his life.

Kidwell was arrested on suspicion of drunken driving in January 1983 by Menlo Park police as he was driving to a nearby restaurant from a pub in neighboring Woodside, where, he testified at his two-week trial, he had consumed no more than four drinks.

Police said they found a .38-caliber revolver strapped to Kidwell's leg and a .357-caliber Magnum in the glove compartment of his late-model Lincoln Continental. Kidwell had permits for the weapons, but both were loaded with with the contra-band bullets.

Kidwell told the jury he had been given the dozen armor-piercing bullets as a gift three to four years ago, but was unaware they were illegal until he read about it in the newspapers after his arrest.

Police said Kidwell tried to talk his way out of the arrest by showing an officer a gold deputy sheriff's badge he had been given by a top official of the San Mateo County Sheriff's Department.

Later, the bank official, who testified he was fearful of contracting hepatitis from a dirty needle, refused to take a blood-alcohol test.

Shortly after the arrest, Kidwell claimed he was a target for harassment by police in Menlo Park, where he lives, because of his criticism of the police department's lib-



KENNETH KIDWELL  
Eureka S&L president

eral dress code, which allows officers to wear beards, shorts and sport shirts.

However, Menlo Park Police Chief Jerry McNamara denied holding a grudge against the bank official.

Kidwell testified that he took out concealed-weapons permits 20 years ago because he feared he and his family might become the targets of kidnapers. But one of his lawyers told reporters last year that Kidwell had armed himself against possible death threats stemming from his efforts to help the FBI in the investigation of the alleged drug dealings by automaker John De Lorean.

Kidwell said that in October 1982, when De Lorean was arrested by the FBI, he had allowed an undercover federal narcotics agent to pose as a loan officer at Eureka Federal's headquarters branch in San Carlos, in an apparent phony play to launder marked money if De Lorean ever sought a loan. However, De Lorean never filled out an application.

Judge Richard Gravelle scheduled Kidwell's sentencing for May 22. Kidwell's attorney, Dick Bennett of Redwood City, said his client had not decided whether to appeal the conviction.

Judge Gravelle declared a mistrial on the drunken driving charge after the jury said it was hopelessly divided, 11 to 1, in favor of conviction. The judge ordered Kidwell and attorneys in the case to return to court on May 8 for scheduling of a new trial.

# Supervisors OK 1-Year Ban On Chinatown Hotel Razing

By Evelyn Hsu

A unanimous Board of Supervisors gave initial approval yesterday to a 12-month moratorium on the demolition or conversion of residential hotel rooms in Chinatown and North Beach.

The freeze measure, written by Supervisor John Molinari, is designed to temporarily protect the immigrant, poor and elderly residents of these hotels from displacement resulting from pressure to develop these sites into lucrative offices or condominiums.

The ordinance passed by the board will preserve about 4700 hotel rooms. In the past few years about 800 rooms have been lost to demolition or are being held vacant in hopes of eventual demolition, said a representative of the Chinatown Neighborhood Resource Improvement Center.

The move by the board came despite protests from Erik Jorgensen of the Golden Gate Hotel Association, a group of hotel owners. He said in a written statement that those figures on demolitions and conversions are a "total fiction." The actual number has been very small, he said.

Jorgensen also objected to mis-

demeanor criminal sanctions provided against property owners in the ordinance.

The expiration of the freeze coincides with the expected completion date of a city planning study that will recommend zoning changes for the Chinatown area.

## Beach Chalet

The board also defeated on a 5-to-5 vote a resolution calling on the mayor to budget funds next year to renovate the run-down Beach Chalet at the Ocean Beach end of Golden Gate Park.

Molinari argued in support of the resolution, citing the historic value of the Depression-era murals in the building. He said one estimate showed that about \$800,000 would be needed to repair the structure and turn it into a restaurant.

## Massage Parlors

The board unanimously gave initial approval to an ordinance by Supervisor Louise Renne that would require massage parlors to be 1000 feet, about two city blocks, or more from each other.

The measure would not close down any present massage parlors

but would prevent their proliferation in certain areas of the city. The law was sought by the North of Market Planning Coalition, an active neighborhood group, to keep more massage parlors from the Tenderloin.

## Cable TV

The board sent to committee for rehearing a measure vetoed by Mayor Dianne Feinstein that would have given the Viacom cable television system in the city automatic rate increases.

Currently, the cable system must get board approval for each rate boost. Feinstein said the proposed law "could result in rates in excess" of what would be granted if the matter were decided at a hearing.

## Trolley Festival

The board voted 9 to 1 with Supervisor Quentin Kopp dissenting to appropriate \$383,000 to this summer's Historic Trolley Festival. Kopp complained that the grant was being wrongfully put in another city account to avoid being counted in the Municipal Railway budget against which fare increases are calculated.

# Guardian Angels Founder Goes to Jail

Detroit

Curtis Sliwa, founder of the New York City-based Guardian Angels street patrol, began serving a 10-day jail term yesterday in the Detroit House of Correction.

Sliwa, 30, was found guilty March 5 of encroaching on city property after attempting earlier that day to build a hut in a downtown plaza.

About 40 members of the community-watch organization attempted to assemble the shelter in Hart Plaza as part of a demonstration against sexual assaults on Detroit schoolgirls.

Although Judge John Cozart suggested Sliwa avoid jail by filing for a waiver of a \$100 fine, Sliwa said he preferred to be jailed.

"He gave me the opportunity to file an indigent plea, and I said, 'How do you think I got out to Detroit? I'm not indigent,'" Sliwa said by telephone from a holding cell.

Associated Press

## Vaccine, Testing, Cure, Prevention

# Next Steps in Solving AIDS Mystery

By David Perlman  
Science Editor

Now that scientists have isolated a virus they believe could prove to be the cause of AIDS, four major questions emerge, and all of them must be answered with great caution:

The questions involve the possibility of a vaccine against acquired immune deficiency syndrome; the time-scale for an effective blood test to detect carriers; the ultimate likelihood of finding a cure, and the precautions that might minimize the chances of contracting an AIDS disease.

**What are the prospects for developing a vaccine that will prevent AIDS in the populations most seriously at risk — homosexual men, intravenous drug abusers, hemophilia patients and others who must undergo frequent blood and plasma transfusions?**

The scientists headed by Dr. Robert Gallo of the National Cancer Institute have isolated the virus known as HTLV-III, have characterized it, and have successfully grown it in cultures of white blood cells called lymphocytes.

But a vaccine is most probably many years away, scientists agree — even if this variant of the well-studied human lymph-infecting virus does prove to be the cause of AIDS.

"This is certainly the most encouraging news we've heard yet," said Dr. Paul Volberding, a leading AIDS researcher and chief of the cancer service at San Francisco General Hospital.

"It will cause a rapid push to develop a vaccine, most probably

using the new recombinant DNA techniques of genetic engineering."

But even if the push begins now — before the virus is definitively proven to be the cause of AIDS — it will take at least a couple of years to develop the vaccine, and then a long period to test its safety and effectiveness, he said.

Volberding noted that AIDS itself is marked by an incubation period that ranges from seven months to more than two years. So it could take at least two years after the vaccine is developed to learn whether it can actually protect against the syndrome and ward off the opportunistic infections associated with it.

**What about a blood test? If the "candidate" virus described yesterday does prove to be the primary cause of AIDS, how quickly will it lead to a test that can screen out potential blood donors who are incubating AIDS or are already infected with the virus?**

A blood test might well be available very quickly, Volberding said. The test already developed experimentally by scientists at the National Cancer Institute would use antibodies, cloned and radioactively labeled in the laboratory, to detect antibodies that react against the virus in the human body.

This is already a "fairly straightforward technology" for developing other antibody-detecting systems, Volberding said, and therefore might be ready for trials in less than six months. If it does work, it would enable blood banks to screen all donor blood to learn whether any donors have been infected with the AIDS-

causing virus.

But epidemiologists and workers at the Irwin Memorial Blood Bank and the bank at Stanford University Medical Center sounded a cautious note:

"It should be possible to generate a very good blood test for the presence of antibodies to the virus within a very few months," said Dr. Edgar Engleman of Stanford's blood bank. "And it's very appealing to think that HTLV-III is the cause of AIDS, because it all makes sense after what we've learned recently. But the virus is peculiar in its behavior, so while I'm hopeful, I'm more than cautious."

The blood test announced yesterday would detect antibodies against the AIDS organism and not the organism itself, the experts noted. So a positive test result could screen out everyone who has ever been infected by an AIDS agent, and not merely those who now carry the virus. This is because the body's immune system continues to mobilize antibodies against an organism when it is challenged by a vaccine, even though the organism itself may have long since been eliminated.

**Does yesterday's virus announcement offer any new hope of a cure for the lethal AIDS epidemic that has already stricken more than 4000 people — including nearly 500 in San Francisco?**

Finding the virus may offer clues to an ultimate treatment, scientists and physicians agree, but finding the cure will still be a long and difficult process.

"None of this has any clear impact on the guy who's got the disease now," said Dr. Henry Murray, chief of infectious dis-

eases at Cornell University hospital in New York.

AIDS specialists at Stanford and at San Francisco General Hospital are already trying out variants of such natural antiviral substances as interferon and interleukin-2, but it is still far too early to tell whether they are effective or not — and new molecules specifically effective against the presumed AIDS agent must still be found and tested.

**Would the discovery have any effect on the public health precautions that are now advised for those who are at high risk — particularly on the education campaigns under way most intensively in the gay community?**

"We have always based our public health campaigns on the assumption that a virus is in fact the transmissible agent in AIDS," said Dr. Dean Echenberg, the San Francisco Public Health Department's epidemiologist newly named to head the AIDS campaign here. "Now we know with certainty that we've been on the right track."

But there could be changes in focus if the HTLV-III virus does prove to be the single cause of AIDS, Volberding noted. It would mean, he said, that scientists could look for those specific body secretions where the virus lurks — in saliva, for example, or in semen or in blood. And that, in turn, would mean physicians could with certainty warn people at high risk to stop the sex practices that cause the agent to be transmitted through those fluids.

"If this is in fact the AIDS virus," Volberding said, "it would indeed be wonderful."



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## AIDS

## LIFE ON WARD 5B

BY RANDY SHILTS

**C**hanteuse 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 Shiltz 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."

**W**hen 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.

**W**hy 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



Deotis McMather

## WARD 5B

*Continued From Page 9*

for the sometimes-destitute 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.

**D**eotis 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.

# THE MEDICAL MYSTERY

BY DAVID PERLMAN

SCIENCE EDITOR

**T**he 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.

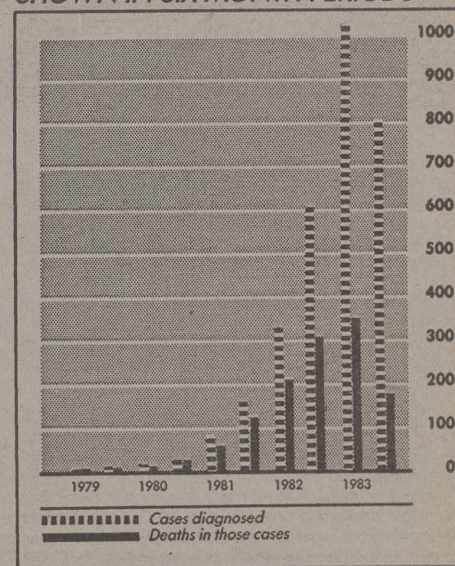
By now these other groups are known to be at risk:

- 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



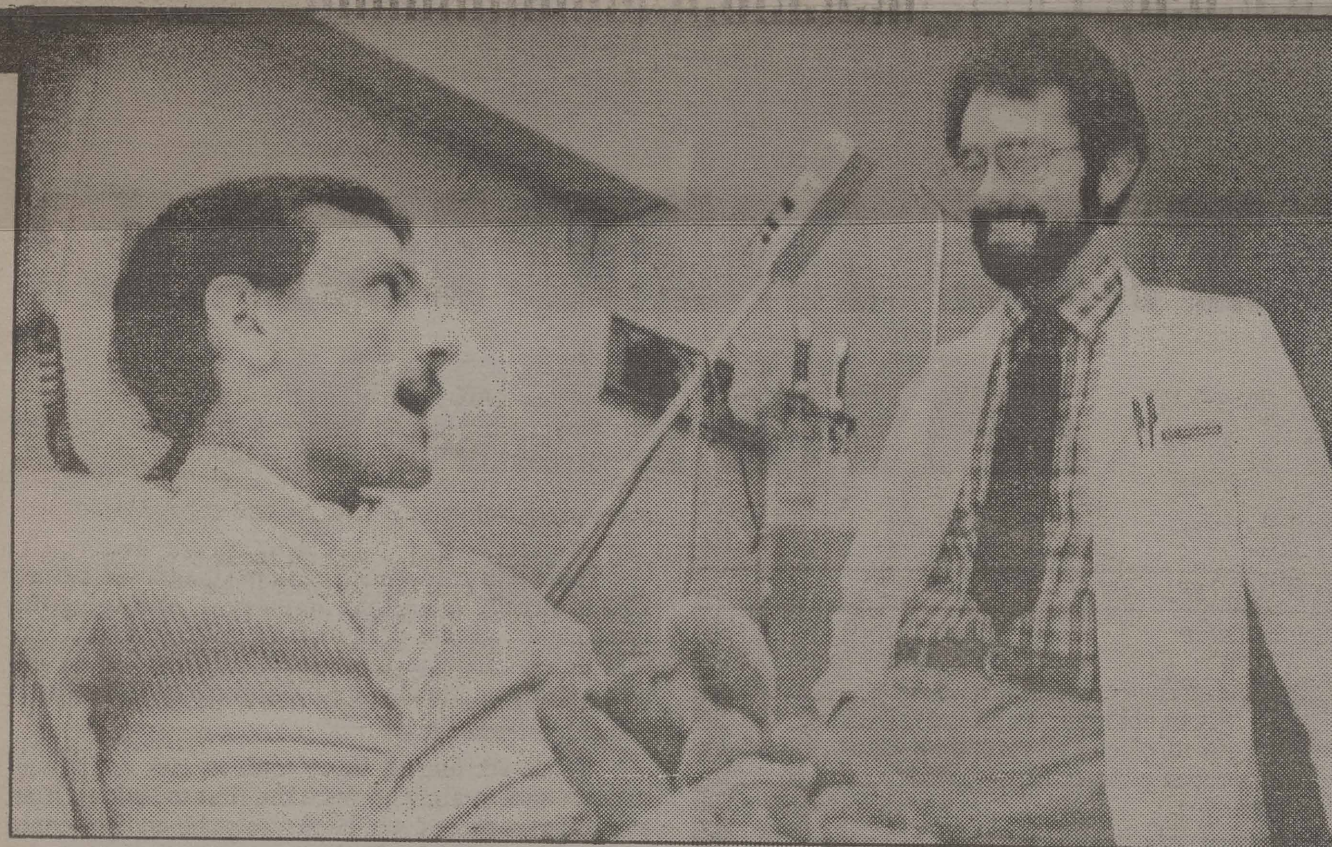
Source: U.S. Centers for Disease Control

"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."

**T**he 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 deadliness 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 immunologist — 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.

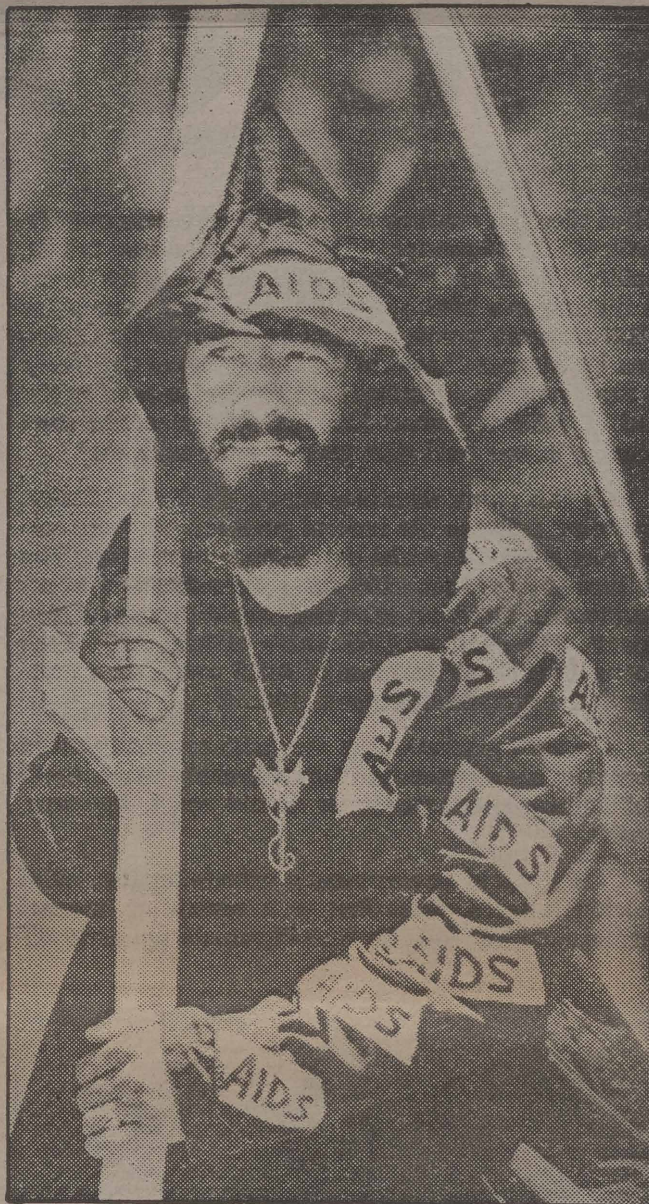
AIDS was suddenly something to think about, to talk about, to worry about. Rumors started. Questions multiplied: "Can I get it from sitting next to a gay man on the Muni?" "Can I get it from eating in a restaurant?" "Should I take blood from the blood bank?"

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.

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# THE ESTABLISHMENT LURCHES INTO ACTION

## The national picture

BY RANDY SHILTS

**W**ith 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.

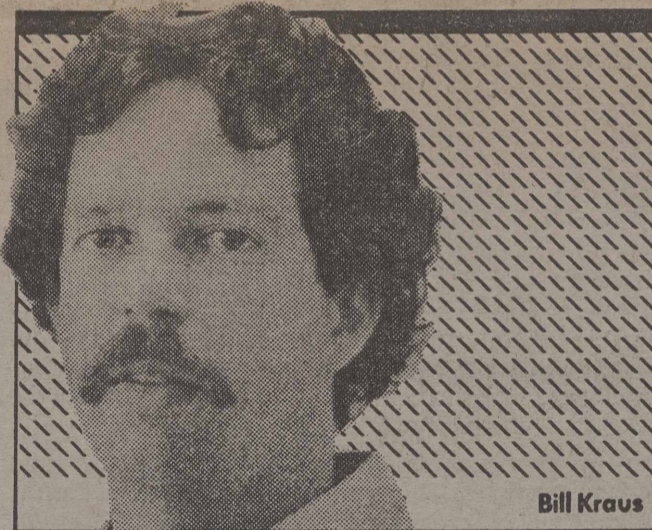
In September 1981 the National Cancer Institute

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.

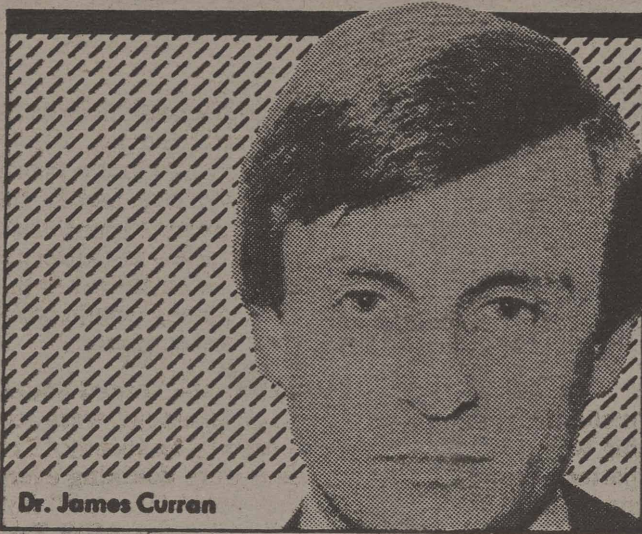
"You could tell something was funny from the start," says Kraus, former president of the Harvey Milk Gay Democratic Club and now an aide to Representative Sala Burton, D-SF. "It was very hard to get information. What I did get showed that funding levels were incredibly minuscule considering the scope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

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## 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

**T**he 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.

# 'OF COURSE, NOBODY HAD PLANNED ON THIS'

BY RANDY SHILTS

**H**aving non-lethal sex isn't as tricky as it may seem, suggested the speaker at the "Sex in the Age of AIDS" seminar.

As the earnest crowd of 300 listened raptly in the overflowing gay church off Castro Street several weeks ago, David Lourea, the head of the city's Bisexual Center, explained what to do if, for example, a guy feels the urge to wander over to a bathhouse.

Call a friend, Lourea suggested, and explain: "I'm feeling really turned on, but if I went to a bathhouse, I don't know if I would refrain from exchanging semen. I'd feel a lot safer if we shared an erotic fantasy. What are you thinking right now?"

One spectator shook his head incredulously: "I think I'd put him on hold."

For gay men who couldn't be tempted by sex-via-telephone, other speakers at the three-hour program presented a slide show on how to have "low-risk sex"; one pair even role-played the negotiation of a "safe sex" tryst in a gay bar.

A few nostalgic years ago, the notion of having seminars to teach gay men how to cruise would have seemed as ludicrous as a class to teach Parisians the art of buttering croissants. Those years, however, preceded the outbreak of acquired immune deficiency syndrome and the stark reality that some forms of gay sex may be hazardous to your health.

AIDS has frightened gay men so much that after 15 years of boisterous gay liberation, a program with a how-to-have-sex slide show is packing houses in the world's trendiest gay neighborhood.

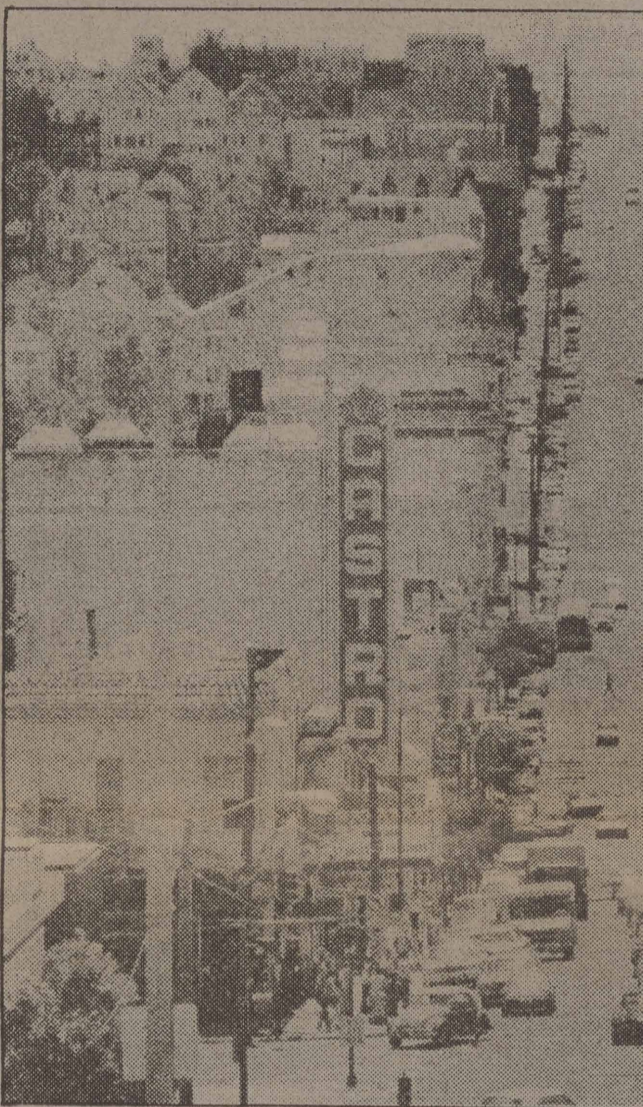
The same night as the show at the church, there was another sign of the times, at the Club Baths. Though gays jokingly refer to the 8th & Howard site of the libidinous facility as "AIDS & Howard," fears of the disease didn't stop a brisk business that night. In fact, after a summer of trepidations, many gay men were returning to the bathhouses and resuming the type of promiscuous sexual activity that, scientists say, may be a prescription for death.

While some sleaze centers were folding up shop last year — such temples to perpetual indulgence as The Hothouse and The Balcony — business is booming again in bathhouses and gay cruise bars. Men, hundreds and hundreds of them, can be found there every night, many under the influence of substances that make it doubtful they're pondering the Public Health Department's AIDS risk-reduction guidelines.

"Fear does not last as a motivating factor," says Leon McKusick, a psychotherapist who has spent much of last year researching how gay men have reacted to the AIDS epidemic.

"There was a rush of fear when AIDS first hit the headlines last summer, but it has become something like people who are afraid of dying of lung cancer because they smoke," says McKusick. "The fear may work for a while, but it doesn't keep people from smoking. The scare tactics aren't working anymore."

At Operation Concern, one of the gay community's major social service groups, Dr. Sam Pichotto has spent much of 1983 leading therapy groups for gay men. Many of them are so fearful of AIDS that they develop psychosomatic symptoms of the malady. After months of such anxiety, however, he's also seeing recent backsliding among young men unable to leave



## The gay community reacts

the fast lane, the only lifestyle some have known.

"You find two different types of response among men," says Pichotto. "One man deals with his anxiety by finding a lover, building a support network and changing his lifestyle. Another isn't able to find this kind of substitute for his old lifestyle . . . A person can only stay anxious so long; when the anxiety goes down, they tend to let their guard off. They slip back."

To be sure, evidence abounds that many gay men are working arduously to create a new gay urban lifestyle that takes into account the perils posed by a usually-deadly, sexually transmitted disease. Non-sexual social alternatives like the Castro Country Club, where gay men play checkers and watch "Dynasty" in an ambience devoid of drugs and alcohol, are prospering. Gay Alcoholics Anonymous groups are being flooded with newly health-conscious members.

Some gay men are sublimating their sexuality into less dangerous pursuits. Private clubs — The Cauldron is one — have found popularity by sponsoring nights with sexual activity where partners do not exchange the bodily fluids that may transmit AIDS. This "Boy Scout sex," as some gay men call it, is making a come-

back. Video salons in the gay community report a dramatic surge in rentals that feature nude actors. Also popular are new "telephone sex" services, which provide lusty men with the chance to talk to professionals well versed in erotic fantasies, all timed and charged to Visa or MasterCard.

The change in lifestyle represents the most dramatic shift the gay community has undergone since the development of contemporary gay neighborhoods in cities across the country during the early 1970s. With sweaty palms and sleepless nights, gay men have spent much of last year being petrified, terrified and preoccupied with all things relating to their immune systems. They've crowded into therapy groups on "AIDS anxiety" for the "worried well." They race fearfully to their doctor's offices at the hint of pimples that might, just perhaps, be Kaposi's sarcoma lesions.

Given the long incubation period for AIDS, it's too early for such changes in behavior to show up in the rates of AIDS cases, which are still soaring. Public health officials in San Francisco, however, said changing sexual habits could well be behind the plummeting rates of gonorrhea among men at the end of last year.

The social impact of this scourge on the gay community can't be so easily quantified; it has attained a profound psychological dimension. AIDS has brought something of a premature mid-life crisis to the collective gay community, even for the men whose behavior seems oblivious to the plague. Death, disease and mortality have come to a subculture that, even more than mainstream society, has worshiped youth and beauty. The past is tinged with regret; the future seems uncertain. For one man, this means getting serious and buckling down; for another, it means frenetically grasping at lost youth.

"In their 40s, most men see friends start dying of heart attacks — they realize they too are vulnerable and they're going to die," says McKusick. "This is happening now in the gay community, except to men in their 20s and 30s. You get some people going wild, but then others carry on their lives in a more compassionate and meaningful way. If there's any silver lining, it's that many, many people are experiencing new depths to their own emotions, depths they never knew they had before. They're growing immensely."

**Y**ou tell me what to do this Saturday night," says Danny, a 34-year-old gay man who has lived in San Francisco for eight years. He's embarrassed that he still goes to bathhouses, but he hasn't figured out how else he can spend his weekends.

"I know what can happen," he concedes. "It's just that when it gets to be 10 o'clock on Saturday night, I get that impulse, and after a couple of beers I think that one more time won't hurt, and . . ."

His voice trails off.

Danny does not feel he has grown immensely because of AIDS; instead, he just feels hassled. Changing his lifestyle today means changing the only way of socializing he has ever known. Efforts to adjust his lifestyle end up like so many broken New Year's resolutions.

This gets to an unpleasant truth that most gay leaders would prefer not to discuss. Though many wholesome alternatives exist within the gay community, many gay men are attuned only to a fast-lane lifestyle. This goes a long way in explaining not only

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## GAY REACTION

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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-

**S**capegoating 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.

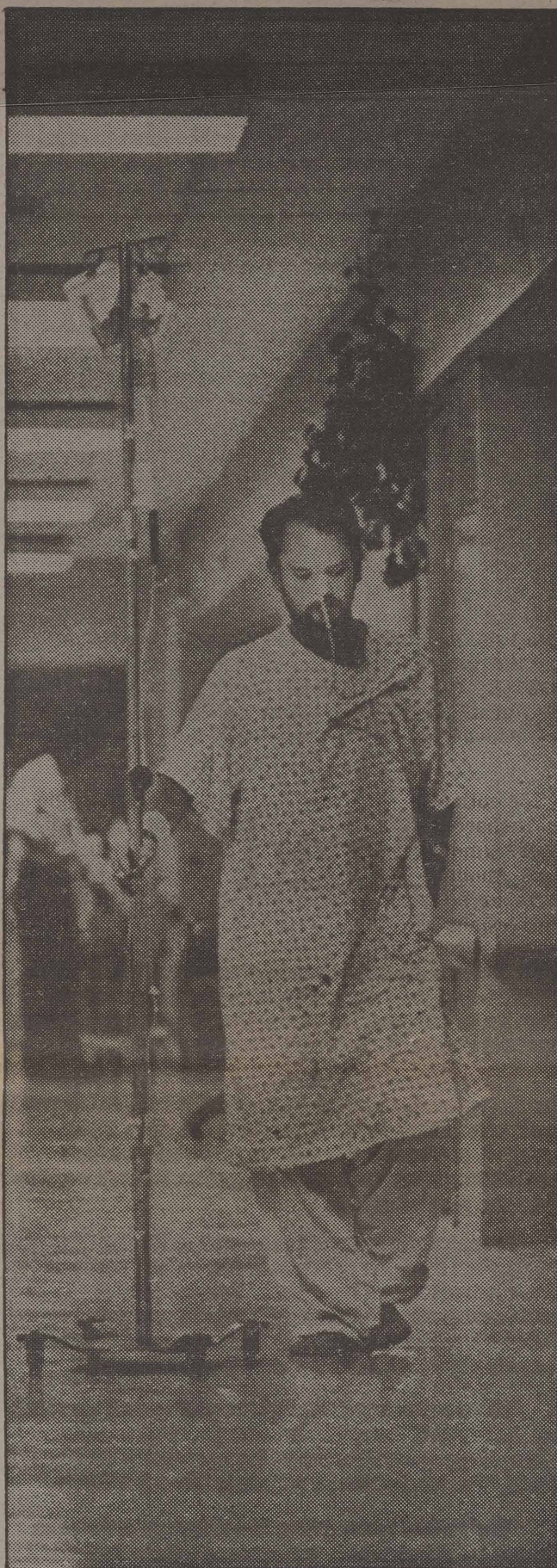
Some, like Dr. Jay A. Levy and John L. Ziegler in San Francisco, believe that whatever the AIDS agent may turn out to be, it can strike only victims whose immune systems have already been damaged by earlier assaults such as repeated viral infections, repeated bouts of sexually transmitted diseases or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

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.

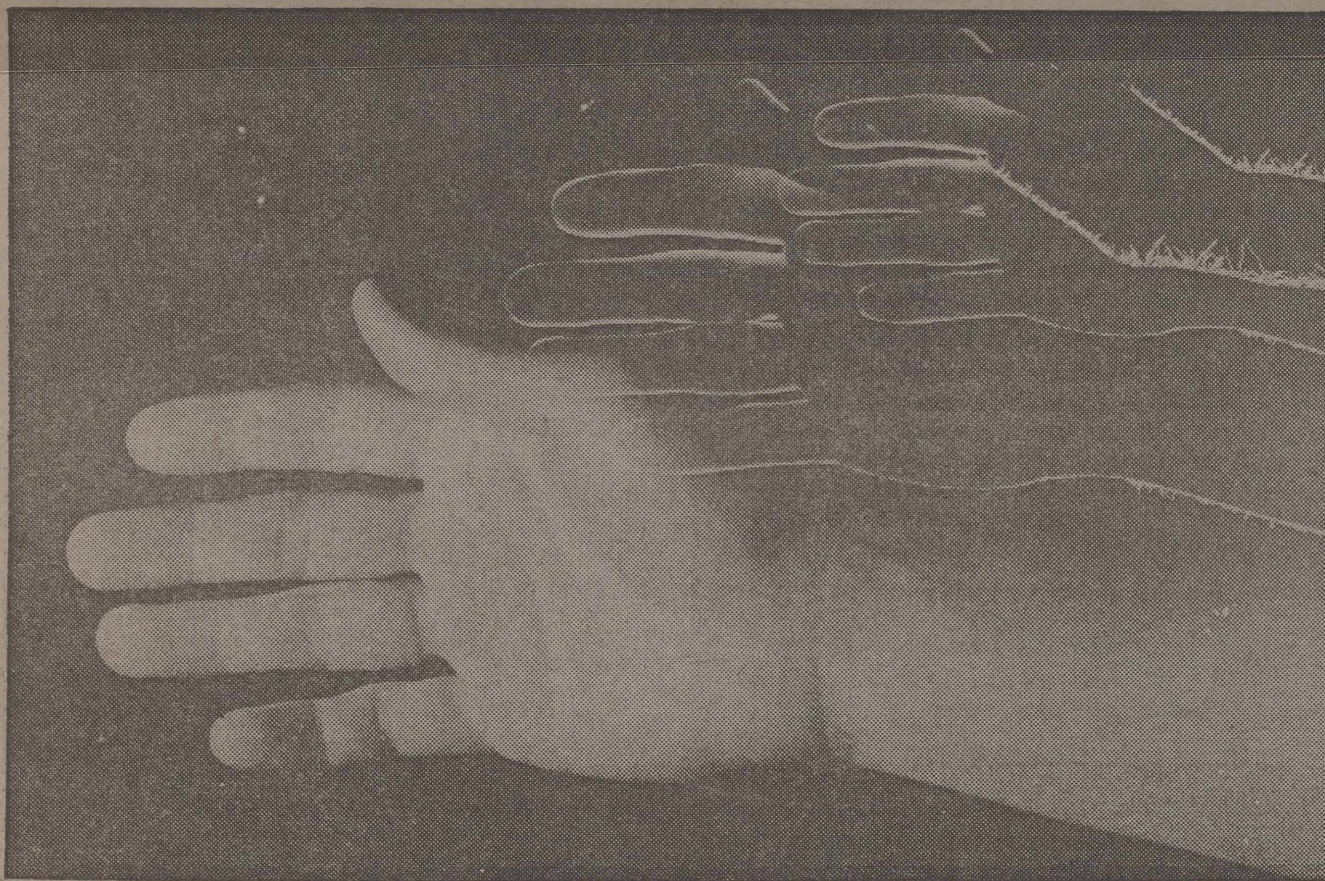
At San Francisco General Hospital, Volberding and his colleagues have been testing a form of interferon made by genetic engineering techniques. They report cautiously that the drug seems to induce a remission of the tumors in about 40 percent of the patients treated. Other medical centers are testing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



STEVE RINGMAN

# An Outstretched Hand

## END PAPER

BY NORMAN C. NEWHOUSE

A few weeks ago, Terry and I were standing in line on Van Ness to get movie tickets. She saw a friend of hers, and they exchanged enthusiastic hellos. She introduced me and then asked about someone else: "Is he back yet?"

"Just got back last night. We're in line around the corner."

"How is he?" Terry asked.

"Good, great. We're going for pizza after the movie. Want to join us?"

Terry and I had met at a party the week before and were just getting acquainted. I could tell, though, that these were good friends of hers and that she was interested in seeing the man who'd been away. I said that pizza after the movie sounded fine.

We got through the turnstile and bought our popcorn, took off our jackets and settled into our seats. Terry said to me, "The guy I introduced you to outside... he's gay."

"Uh huh," I said.

Terry said, "His roommate — actually, they're more than roommates — they've been together for years. The guy in line around the corner... has AIDS."

I said, "Oh."

"If you don't want to meet them for pizza after the movie, that's all right." She didn't seem to expect an immediate answer, and I didn't know what to say. The house lights dimmed, signaling the start of the movie, so I didn't say anything.

I've paid attention to AIDS, but it hasn't affected my life much. I've modified my habits a little, tending to stay out of gay stores and restaurants, and otherwise decided not to worry. I've listened to the reasonable-sounding doctors on TV saying that

ordinary social contact can't communicate AIDS. I've also listened to a reasonable-sounding nurse tell me that, in private, the doctors say not to take any chances because no one has any idea what's going on.

I watched the movie, but my mind groaned at having to decide what to do. I was afraid; then I argued with myself that my fear was unreasonable. I felt trapped, not wanting to take any risk but feeling I couldn't turn my back on a dying man. I didn't want to hurt the man's feelings.

I remembered myself as a small child standing on our garage roof. Terry reminded me of my younger sister, who stood on the ground below and said matter-of-factly that she didn't think I was going to jump. I jumped immediately thereafter and cracked a bone in my ankle. I'm a sucker for an "I dare ya."

The movie ended, the lights came on and we stood up. As I helped Terry slip into her jacket, she asked, "How do you feel about meeting my friends for pizza?" I said, "I'm kind of hungry. Sounds like a good idea."

We walked to the lobby, lingering until the man I'd seen and two others appeared. All three looked fit and healthy. I stood a half-step back and smiled woodenly as Terry said everyone's name. I instantly forgot, or never even heard, theirs. We had two cars and decided to meet at a place in the Marina.

In the car, Terry asked me if I was sure this was all right, and I said yes and then asked, "Now, which of them is the one with AIDS? They all look pretty healthy to me."

The man who had the disease was, I thought, the handsomest of the three — thick black, brushed hair, tanned skin, nice mustache — a bit of a Tom Selleck look-alike. "Gosh," I said, "he doesn't even look sick." "Yes," Terry agreed, "he doesn't look any different. I'm glad he's doing so well."

"How long's he had it?" I asked.

"About a year."

"Are they... are they doing anything for him?"

"He gets chemotherapy," Terry said.

The two of us fell silent. I wondered what it would be like sitting down, talking, eating.

We got to Chestnut Street and drove around looking for a parking place. Walking to the restaurant, I felt a knot grow in my stomach. I stayed quiet, hoping to not let my apprehension show.

The others had already arrived, and we were seated immediately. We were all crowded around a table that was too small for five, and I sat across from the man with AIDS. My skin began to itch as if bugs were crawling all over me. I hid my panic, the urge to leave that was almost uncontrollable.

The drink order came and I drank my beer in three quick swallows, needing the liquid courage. The alcohol spread from my belly toward my brain, numbing panic. I calmed down enough to look around and see that my companions seemed relaxed and unconcerned, chattering happily, catching up with one another.

I told myself that I could get up and leave if I wanted, but that I had decided to stay. All the same, I was relieved when, after some discussion of sharing a pizza, the man with AIDS said he wanted a different flavor and ordered a pizza-for-one.

I was able to calm down enough to be sociable, and our meal was congenial. The man with AIDS had just returned from a long trip to New York City with his family. He talked of the theater there. The third man in the group had been a waiter in an expensive Manhattan restaurant, and filled in the New York stories with local color and background.

The roommate got the best laughs of the evening, agonizing drolly about a house he and the man with AIDS owned and were remodeling — the cost and time overruns. He said they'd been living in a construction zone for two years and wore hard hats in the bathroom.

I joked about my difficulty starting a law practice in San Francisco and got a laugh when I estimated that probably as many as a third of the people in the theater that evening had been San Francisco attorneys.

Over the coffee, Terry and the others discussed friends and social events. We divided the bill and drifted out onto the street, a contented late-evening crowd splitting up and heading home. The night was unusually warm, starlit and windless. Our two groups were drawing apart, saying the assorted "bye nows," "Drive carefully" and "See you soon." The man with AIDS stayed closer to Terry and me, his friends having moved a few steps along the sidewalk. Suddenly he fixed my eyes with his gaze, said "Good-by" and held out his hand.

Time switched from motion picture speed to a series of still frames for me. I saw the two men in midstride, Terry half-turned, the hand stretching toward me. I realized I could ignore the hand, simply say good-by and walk away. Then, I didn't want my hesitation to be obvious. I guess I was the little kid on the garage roof again. I took the hand, making my grip firm, and said, "See you again."

The still frame of that moment is vivid in my mind. I no longer believe the man was trying to infect me. I believe he was saying, "Thank you. Thank you for understanding that I touch my friends, my family, and that nothing's happened to them. I share a house with my roommate; he's not sick. I know I have an insane disease surrounded by insane fears, but I still want to live. Thank you for just trying to act naturally."

That's what I now believe the handshake meant. But, that night, I couldn't wait to get home and wash my hands.

A week after I met the man with AIDS, I went to dinner at a friend's and told the story of the handshake. At the end of my story, I noticed my friend's older brother, whom I'd first met that evening, looking at his right hand, the one I'd shaken two hours earlier, and holding it away from his body. He looked up at me, still holding the hand away, and said, "You know, you're crazy." He stood up and went to the bathroom, where he washed his hands.

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