Patient Zero

and the Early Days of HIV / AIDS

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RIP salo-forum (2010-2021)

Main Thread

The Honorable Mr Dugas

Niccolo and Donkey
Sunday 21 Jul 2013

I've been spending some time researching some history in respect to California during the 1960s and 1970s and it has taken me through events like the Counterculture, Occultism, cults like the Manson Family and Jim Jones' Peoples Temple, the proliferation of serial killers during that time, and the exploding population of homosexuals in San Francisco and the role they played in spreading HIV.

This led me back to a very popular figure in AIDS history, Quebecois flight attendant Gaetan Dugas aka "Patient Zero". Dugas was a very, very promiscuous homosexual who was showing symptoms of what would be later labelled as HIV/AIDS before the virus was discovered and even before they knew it was a virus or even sexually transmitted. He was having sex in bathhouses and other venues in places like New York City, Los Angeles, San Francisco, Vancouver, and Toronto. The CDC in Atlanta interviewed him and a cluster study was done in which he was found to be in the middle of a cluster of 40 of the first 260 diagnosed cases in the USA. (He told them that he first became active in 1972 and had 2,500 sexual partners by that point). These 40 gays were guys who either had sex with Dugas or were someone who had sex with someone else who had sex with Dugas. This cluster study helped prove at the CDC that the disease was sexually transmitted. The CDC continued to fly Dugas down to Atlanta for questioning and observation but they never publicly admitted that Dugas was their "Patient Zero" as per institutional policy in respect to confidentiality.

Dugas as "Patient Zero" appeared first in Randy Shilts' massive book "And the Band Played On" which documented the spread of the disease and the work done to start the fight against it as well as the bureaucratic hurdles that were in the way. Shilts claimed that he received a leaked copy of the cluster study naming Dugas. He then was pressured by his publisher to pump up the Patient Zero story to sex up the book so that it would sell more, which in retrospect was a successful strategy.

Dugas, of course, wasn't the individual who brought HIV to North America as many media outlets said when the book came out in 1987, but the belief that he did continues to be widely held.

Up until two weeks ago, all we had from Dugas were a few photos and the characterization of him in both Shilts' book and HBO movie based on it from 1993.

On July 10th, a Vancouver AIDS group released a video in which Gaetan Dugas can be seen asking very tough questions to a panel of AIDS activists and experts when this group launched in 1983. The group felt that his questions were simply unanswerable and very demoralizing.

This 13 minute video contains never before seen video footage of Gaetan Dugas which begins with a brief intro about him by his physician at the 5:45 mark.

http://3030.aidsvancouver.org/1984/

As one of the first open cases in Vancouver (and Toronto), he would become subject to bouts of shunning

at gay bars in those cities as word spread that he carried the disease (which was yet to be named and was still being referred to as "Gay Cancer" or "GRIDS").

Patient Zero Speaks in Never Before Seen Footage

> *[image lost]*
>
> As part of *The 30 30 Campaign* , which celebrates the organization's 30th anniversary, AIDS Vancouver released previously unseen footage of Gaëtan Dugas , commonly known as "Patient Zero" of the HIV/AIDS epidemic.
>
> The footage shows Dugas speaking at the first AIDS Information Forum in March 1984 at Vancouver's Westend Community Centre, asking difficult questions of some of the world's top experts sitting on the forum's panel. "So you shouldn't fear someone who has AIDS, or have symptoms of AIDS," Dugas says in the video, leading up to a question on AIDS testing at the time. "It seems like there's kind of a [fear] towards those people here."
>
> "This never before seen footage provides us with a snapshot into the life of one of the most talked-about figures in the early days of the epidemic," said Dr. Brian Chittock, the executive director of AIDS Vancouver. "For many, the name Gaetan Dugas embodies the start of HIV/AIDS – yet most have never heard his story."
>
> Noah Stewart, a founding member of AIDS Vancouver, also questions the origins of the "Patient Zero" theory and popular views of Dugas's life within the video. Dugas has never been definitively pinpointed as the first North American with AIDS by the scientific community, but he gained notoriety as such in *San Francisco Chronicle* reporter Randy Shilts's notorious book, *And the Band Played On: Politics, People, and the AIDS Epidemic* .

Niccolo and Donkey
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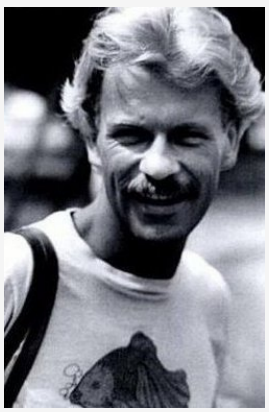
Thomas777 SteamshipTime Powerful Male Mohel

Some of the photos of Gaetan Dugas that have been available for some time:

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Dritz on Dugas :

Gaetan Dugas and the Cluster Study

Hughes
Well, maybe this is the time to introduce Gaetan Dugas, patient zero?

Dritz
Well, he wasn't really patient zero. He was the first one from whom we could more or less prove that it was a transmissible disease. Bill Darrow and Dave Auerbach from CDC were doing interviews in California on patients with AIDS. This was when we were still doing our large questionnaire and trying to find out, is AIDS a transmissible disease, or is it some chemical in the environment?

In their interviews, the CDC asked patients, "Well, whom did you have sexual contact with?" And have them name them. This was before confidentiality became a red flag, and justifiably, perhaps. You have to be politically correct here.

Hughes
Which comes hard, doesn't it?

Dritz
No, not really, but I have to be conscious of it.

So they kept asking about contacts from patients they were interviewing. Several in southern California mentioned that one of their contacts, among many, was this handsome Canadian air steward. They didn't get the name. After maybe thirty or forty interviews, they kept hearing something about a Canadian air steward. And then finally, one man they were interviewing pulled out his appointment book. He said, "Yes, there was this Canadian air steward, and he was here just on Thanksgiving--oh, wait a minute, I think I have his name in my book." And he pulled out the name. "Gaetan Dugas, that's his name."

Now, Dave Auerbach and Bill Darrow had heard the name Gaetan Dugas a long time ago from Linda Laubenstein in New York. She was a cancer specialist there and Dugas saw her for a small purple KS lesion then. Doctors will mention patients' names to each other when they won't use the names

in public. It was an unusual name, and they both remembered it. Dave and Bill went back and found that the other two who had mentioned the Canadian steward said, "Oh, yes, that's probably his name." After that, by talking to people who had slept with Gaetan Dugas, or who had slept with somebody who had slept with Gaetan Dugas, they were able to put together what they called their cluster study. I think Gaetan had direct sexual contact with about forty out of two hundred and something, and the others had had contact--second and third degree contact--with him.

So he was the first one for whom they were able to say, "Well, this man we know had AIDS. And these people slept with him"--or whatever they did with him--"and they also have AIDS." They were able to put together a connection. This looked now very, very suspiciously like something being transmitted from Gaetan Dugas to others.

Hughes
When did this happen?

Dritz
It would have been in '82. 11

Hughes
Before Art Ammann's baby?

Dritz
Yes, that was before, because Art Ammann's baby then was the next nail in the coffin. (I shouldn't talk that way!)

Hughes
Please finish with Dugas, because you had some more dealings with him before he died.

Dritz
Bill Darrow and Dave Auerbach came back up to my office from southern California to talk to me, because I had a whole list of contacts listed on my blackboard there. You've seen pictures of that. Bill came in and he said, "Well, I've got a name now and a contact. Do you know any of these?" And he gave me Gaetan Dugas' name, and I had that name already. I showed him Gaetan Dugas had contact with Michael Maletta, a hairdresser from New York, and there was Dan Turk, who had a clothing store on Polk Street, and one or two other names. I would have to look back at the slides now to be sure. We're talking about almost ten years ago now. And they're dead now.

I knew that Gaetan Dugas was still in town. I couldn't get to him, but I put word out, "If you see Gaetan Dugas, let him know I want to see him." He came up. I told him, "Look, we've got proof now." I didn't tell him how scientifically accurate the information was. It wasn't inaccurate, but it wasn't actually scientifically proven. I said, "We've got proof that you've been infecting these other people. You've got AIDS, you know. We know it's transmissible now, because you're transmitting it." He was the active partner in all this gay business, anal-genital sex. "You've just got to cut it out."

"Don't be silly, I won't cut it out. It's my life. I'll do what I want." I said, "Yes, but you're infecting other people." "I got it. Let them get it." I said, "You've got to cut it out!" "Screw you." He walked out. I never saw him again. It was a pity, because he was apparently an intelligent man, except on this one point. And he was very, very sexually active. He was a presumptive proof that AIDS was something transmissible from an infected person directly to the uninfected person.

Hughes
You mentioned your diagrams of transmission. Was he the first that reinforced the idea of a

transmissible agent?

Dritz
I had a lot [of indication] that it looked like AIDS could be transmissible. There was all this contact among these men, and they all had the disease, one kind or another. On the other hand, all of these men were having other contacts, too, and we didn't know then that the incubation period was a long number of years in some cases.

Hughes
Right. And they were maybe using the same poppers or--

Dritz
Whatever, yes. And we didn't have the answer on the poppers yet, because CDC was still waiting for money for a statistician to run the computer analysis on the questionnaire. So the problem then was to test the rest of our theories about transmission, and that didn't happen until the end of '82.

Niccolo and Donkey
Saturday 31 Aug 2013

Dr. Marcus Conant on Gaetan Dugas :

Hughes
Do you care to say anything about Gaetan Dugas?

Conant
Yes, I'll tell you something about him.

Hughes
You saw him in April, 1982 for the first time. 36

Conant
Well, let me say first that when Randy Shilts found out that there was such a patient, Randy went nuts trying to get the name out of me as to who the patient was. Randy and I by that time had become close friends, and of course, I was trying to give him as much information as I could. But I wouldn't give him Gaetan Dugas' name. I can remember calling Randy one day and he said, "You don't have to tell me. I've got it." So I don't know where he finally got the name from, but he got the name.

The young man [Dugas] saw me after he had for a time been reported to the KS Foundation. The first I learned of him was when I was chairman of the board of the KS Foundation. We had a hotline which was well advertised in the [gay] community. If you wanted information about AIDS, then called Kaposi's sarcoma, you would call this number. That's the number where we would talk to them about insurance. We'd say, "Do you have insurance, and what kind is it?" Then we'd say, "If you don't have insurance, *go get insurance right now* ." There are thousands of men today in San Francisco who are getting cared for because of that advice. That was probably the best advice we could have given. That [hotline] was Frank Jacobson's idea. He put that in place, and it was absolutely brilliant.

Well, this young man, this young Canadian, would come to San Francisco, and he would have sex. He was very perverse about it. He would do it with the lights out, and then after they had concluded the act of sex, he'd stand up and cut the lights on. He was covered with lesions of Kaposi's sarcoma. He'd say, "I have the gay cancer, and I'm going to die, and you probably have it too." And he would leave. I have talked subsequently to the man who he used to room with when he came here, an old friend of his who he would stay with. The friend would say that he was just absolutely obsessed with sex. He lived to have sex. That was the thing.

Tom Coates and Leon McKusick have taught us that there are people who are sexually obsessed, and that when they get stressed or frightened, what they do is they have sex. Now, think about that in terms of the AIDS epidemic. For those of us who have trouble dieting, when we get stressed, we go and eat. And for those of us who smoke, when we get stressed, even when we know we shouldn't, we go out and have a cigarette. These people, when they get frightened about dying of AIDS, go out and have sex as a way of dealing with it. And as I look back at that young man, unfortunately I think that was the pathology. It's hard to say that he was a wicked, evil person. He probably was truly obsessed with sex, was terrified of what was happening to him, and used sex as a way of dealing--as perverse as it is--with his own anxiety. He did see me in consultation on at least one occasion I can remember, perhaps two. The only thing that I can remember being struck with was how attractive he was. He was a stunningly beautiful man, just truly, truly one of those people whom you want to immediately hold, because he just looks so sweet.

I called Al Friedman-Kien in New York shortly thereafter, as memory serves, and I said, "I know he's here in town having sex because the hotline for the foundation is getting calls, `What can we do?'" Al said, "We've called the New York police. We can do nothing. There is nothing that can be done." There is no quarantine law; there is no way that anything can be done. In retrospect, the director of public health probably could have had him restrained. But of course, he was a flight attendant; he would have just left town.

Doctor Testimonies

Dr Dritz

Niccolo and Donkey
Sunday 21 Jul 2013

Mike

I'm combing through the Oral History the AIDS Epidemic in San Francisco which is a great read. I just came across this quote from Dr. Selma Dritz who worked for City Public Health and who was key in the early days in helping to figure out what was going on in the gay community there.

> **Hughes**
> How did you weigh the pluses and minuses of the health hazard versus the civil liberties issues?
>
> **Dritz**
> We were always behind the eight ball. We were always chasing after a good answer, a good way to do it. But if we found that the actions of infected patients were hazardous to their [sexual] contacts, and we had told them what not to do and showed them why they shouldn't and they were still doing it, then I tried to creak down. You couldn't put them in jail, because you couldn't prove what they had transmitted. And you don't do that. But we got at them any way that we could. We could threaten then, "We'll tell your friends that you're infected." We didn't do it. But once in a while, we had to use a little body punch just to keep them from killing somebody else.

Niccolo and Donkey
Monday 22 Jul 2013

More from Dr. Selma Dritz.....

Taking a few steps back

> **Hughes**
> I know the surface and core antibody tests are different, but aren't they testing for the same problem?
>
> **Dritz**
> No, because the surface antibody may disappear. The core antibody doesn't. Now, if the surface antigen has disappeared, you test for that, and the blood seems all right. The core antibody is still there and can be infectious. And we didn't have a test for that until just about that time [early 1983]. The test for hepatitis C has just become available. Until recently, we couldn't test for it. And so we still had transfusion-mediated hepatitis being reported into the city. Although we tested for A and we tested for B, this was hepatitis C, formerly called non-A, non-B, for obvious reason. Now we

can test for that, too, so there won't be any more transfusion-mediated hepatitis due to the C agent. There may be a D; we don't know yet.

The New York and the San Francisco blood banks decided they would try to see whether there was a difference in the hepatitis B core antibody in gay versus heterosexual or in high-risk versus apparently low-risk populations. Of course, the apparently low-risk gay population were already heavily infected, too. Not every one, but the numbers were going up, and we didn't--couldn't--know it.

In '78, there were already 4 percent infected. When we went back retroactively and tested the bloods of the hepatitis B vaccine trials, 4 percent of them were already HIV positive. We didn't even know there was such a thing as AIDS then. By '84, 60 percent to 70 percent of a gay population was infected. Now, the general population of males in the city, by the time I retired [1984], was less than 1 percent infected. But among the gays, it was about 3 percent with AIDS. I retired in '84; the test wasn't licensed until March of '85. After they were tested, they found maybe 3 percent of them were sick with AIDS, or presumptively getting the symptoms, but over 60 percent of them were incubating it.

Niccolo and Donkey
Monday 22 Jul 2013

Grimsrud

Please note the argument revolving around 'individual rights' and what damage resulted from it.

Dr. Selma Dritz on the Bathhouses :

The Bathhouses

Dritz
Well, number one was the baths, because we knew that was the main source of AIDS transmission. A gay man could pick up one or two partners in a bar, and they'd go off someplace to have their fun. There were back rooms in the bars, in the baths, too. They were called orgy rooms, where ten, fifteen, twenty, thirty, forty men were dancing around with almost no light, and of course, anything happened there. That explained to us why a gay man would say, "I don't know who I got it from. I never saw his face." That sort of thing.

The bars were not the best places to be, but at least, they would limit the amount of contact a man could have. In a bookshop, in a small sex club, out in the park--these places limited the contact. But in the baths... At a four-story bathhouse, Club Baths south of Market I think it was, 350 men would gather on a Saturday night at $10 a crack, and they got their $10 worth. And more. Including drugs in addition to poppers.

Would you permit a child with measles to go to school with a classroom of thirty other children? No! It's a transmissible disease. You exclude him, and if the whole room has been exposed, then you close that classroom--you discontinue that class and send the kids home. There was quarantine for these diseases at one time. In Africa, if one or two patients came up with smallpox, you isolated the

village, and you vaccinated everybody. So after the smallpox was finished with that patient or those two patients, it had no place else to go.

We didn't have a vaccine for AIDS. We had the disease spreading wildly. We knew that the numbers were going up geometrically in those first two years. The numbers of new cases were doubling every six months. It was terrible.

Hughes
But times had changed. Society was putting much more emphasis on individual rights, particularly for minorities such as the gay population. It was no longer as acceptable for a government agency to do what some factions regarded as removing individual rights.

Dritz
That's right. It was not only civil rights and individual rights, but the federal government was also saying, "We have too much government now. Let's concentrate on the threat from the Evil Empire overseas." This epidemic was going to wipe us out, and they didn't even care about it.

Any physician who has any sympathy or sense of responsibility toward his patients, to the population, toward his own family, would say, "You don't waste money up in the sky on nuclear weapons against a theoretical threat, when you have the threat right here, right now, killing you, just as deadly as a bomb." Central Africa now we know is going to be wiped out by AIDS just as if they threw a couple of atom bombs in there.

The emphasis was not so much on civil rights as on fear in the gay community that if they were "outed," made known that they were gay, that they would lose jobs, friends, a place to sleep, insurance. All of these things made them resist closing the baths, because their incognito activities in a closed environment in the baths kept them from being known on the outside. **Now, there were gay men who were aggressively out, the S&M, sadomasochist, men, the leather boys we called them, who walked up and down Market Street dressed in leathers with leather caps like the old Nazi men, and chains, and leather boots. But they were the ones that died fastest, because generally speaking, they used the most traumatic anal-rectal techniques, and got infected. They had been infected with many other sexually transmitted diseases before then, so they were in no shape even to postpone the activation of the AIDS virus after it hit them.**

I can talk about the meeting we had when Dr. Silverman was about to announce that he was going to close the baths, then he didn't, because the mayor and he couldn't get together on it. I wasn't in on that session between the two of them, though, so I can't give you all the details.

Many members from the gay community were at that meeting. Bobbi Campbell, who was already infected with AIDS, was standing at the back. I remember at least three members of the gay community, nude, just with towels around them, holding signs that said, "Today the baths; tomorrow the ovens." They meant that, if we let you close the baths on us, next thing you'll quarantine us, then we'll be in jail, then you'll destroy us, like a Hitler. It was very, very extreme.

Now, through Rick Andrews and Bob Bolan, we could perhaps get through to some of the other members of the medical community dealing with AIDS patients, so that they could all put out the message in comparable terms to their different patients, "Don't do this risky sex practice." But of course, if the men were patients, they were already sick.

Hughes
It was too late.

Dritz
We had to reach those that weren't infected yet. We didn't know that by '83, or even late '82, we already had about 10, 12 percent of the gay community infected. We didn't find that out until we ran the hepatitis B follow-up study later, with Winkelstein's report. 15

So we were working partly in the dark. We were shedding as much light as we could on the people we were trying to reach. Marc Conant was backing us on trying to close the baths, because he saw from his own patients at UCSF and what he heard from the gay community that too many things were going on that simply would spread the thing beyond anything that we'd ever seen. Well, the Black Death, the plague in the Middle Ages, wiped out one-third of European population over a period of a couple of years. This epidemic eventually is going to wipe out that much of the general as well as gay population unless we can get a vaccine for it and medical treatment.

Niccolo and Donkey
Monday 22 Jul 2013

Dr. Selma Dritz on dealing with Gay Politics :

Gay Issues

Hughes
Did the issue hang upon homophobia?

Dritz
To a very great degree, yes--homophobia and a fear of death. A woman was afraid that the man next door who gave her dog the bone from his steak might have given her dog AIDS because he was gay, she thought. Because if the dog got AIDS, [she thought] the dog could give it to her. That isn't only homophobia; that is fear of death. I'm not laughing at these people. They didn't know whether the disease was transmissible or not, or how you got it. We were pretty sure we knew how, but then we were doctors; we were trained for it. And trying to put it out into the press, into the media, over the radio as we did, it still didn't register.

We hear some politician during the election campaign, and we tell ourselves, "Oh, that's just politics. I don't believe it." And that's how some of the people in the city here, the heterosexual community, felt about the AIDS epidemic. Remember, there were so many gays in the city, they were so visible, and some of the men were so outrageously gay--the gay parade, for instance, with its transvestites and so on--that it turned off an awful lot of the heterosexual community that wouldn't have been too bothered by the presence of gays if there hadn't been so many and they hadn't been so aggressively "out."

Yet, the gays were being aggressive because they felt so threatened, by the disease and by the increased homophobia which was a result of the disease. The publicity about it just stirred everything up impossibly. City Hall was right in the center of it, and City Hall depended on votes. Of the little over 300,000 voters in the city, about 120,000--100,000 let us say--were gay voters. The other 200,000 were splintered among the different communities--the Asians, the blacks, the East Asians, the Hispanics, the Italians, all the other ethnic groups--the city is a conglomeration of villages. Now, they wouldn't all vote as a bloc, so the 200,000 votes were scattered. On anything

that threatened the gay lifestyle, 100,000 would vote as a bloc, so City Hall had to be very, very careful. When some of the more vocal parts of the gay community were saying all the time, "Civil rights, civil rights, confidentiality," City Hall had to listen. And that hampered us at the health department.

Harry Britt, the gay supervisor, was very, very cooperative with us. He tried to help. He interpreted for us what the feeling of the gay community was. Yet he himself was only one of one group. The gays were splintered in other ways. Some of them were very vocal. Some of them were very quiet. There was a whole group of closeted gays, the upper-class gays, that we didn't hear from too much. There was the Alice B. Toklas Club; there was the Stonewall Club; there was the Harvey Milk Club; there were some of the unincorporated groups; there were the S&Ms (sadomasochists); there were the Gay Bath Owners Association of Northern California; there was the Tavern Guild, which was an association of gay bar owners and managers. All of these groups had their own agendas, and some of them could get together and some couldn't.

Unfortunately for us, like the Moral Majority, there were fundamentalist-type gays in the gay community, too, who were very vocal, very reactionary, very entrenched for their own benefit. You couldn't blame them for this, but it didn't help anybody. So it was a mess.

Niccolo and Donkey
Monday 22 Jul 2013

Some quackery which is bound to happen any time an epidemic breaks out.

Stuart Anderson and Vitamin C

Dritz
Did I tell you about Stuart Anderson and the vitamin C problem?

Hughes
Why don't you mention it now?

Dritz
In the gay community, there were some people--I don't think they were organized in a group--who simply felt that the medical community was so homophobic that we were just pretending to treat them but were actually letting them die because we didn't want any gays to survive. One policeman who came into my office said, "Oh, hell, they're a big problem. I think we ought to take a flame thrower and just clean out the Castro (gay center in San Francisco)." A policeman in uniform! On the other hand, there were other policemen who would give mouth-to-mouth resuscitation without thinking twice, because that was their job.

Anyhow, some of the gays felt that the doctors, the health department, the community didn't want to do anything except kill the gays. As a matter of fact, some of them claimed we had introduced AIDS in order to wipe them out. I don't know how we would have done it; we didn't know what the cause was yet.

Linus Pauling announced that 30,000 units of vitamin C every day would keep you alive-prevent

you from catching colds or anything else. I don't know if he said it treats cancer, but it was just about that. He's a very, very famous, very, very marvelous mind, but I think he went off the deep end on that.

Stuart Anderson, an aggressive gay, then came in to my office and said, "We're going to use vitamin C." He was walking up and down Castro Street telling the gays, "Don't go back to those doctors. They're trying to kill you. They only want to kill you. You've got to have vitamin C." He was using 30,000 units. He got quite a number of the gays to leave their doctors and go on vitamin C. Of course, they died--a pity--and he died a year later, too.

But there was that kind of resistance, which was a corollary of the confidentiality resistance, so in several different ways, we were hampered in trying to get complete cooperation in the gay community. A lot of them believed us, did what we thought would help them, and cooperated in bringing us information. Without their cooperation, we would have been blind to developments. But at the same time, there were aspects that hampered us and maybe helped to contribute to the spread of the disease. I know the baths did.

Niccolo and Donkey
Tuesday 23 Jul 2013

More from Dr. Selma Dritz on the bath houses and the battle to close them :

Hughes
We've talked tangentially about the bathhouse issue, but I thought it would be well to go through it sequentially. As I understand it, the issue began to simmer early in 1983. Is that your perception?

Dritz
Well, the battle to close the bathhouses began to simmer then, but we were aware of the problem and trying to do something at least sub rosa to diminish it long before that in fighting the STD diarrheal diseases there. In '82, we were aware of Gaetan Dugas and the connections between him and so many people that he met here in San Francisco at the baths, and his open announcement that, "Well, I'm off to the baths tonight, and there's nothing you can do about it." He came to my office and said, "It's my right to go where I want to." 21

We were becoming reasonably sure that this was a disease caused by a transmissible agent. It seemed to be concentrated in gay men who were very sexually active. (I'm leaving out the question of the hemophiliacs.) The place where they could be most sexually active, most traumatically active, was in the baths.

We felt that, as with any transmissible disease, you try to diminish the numbers of contacts between the infected person and uninfected people. That was why we had quarantine for smallpox and chicken pox and scarlet fever, for instance. We couldn't quarantine the men here, because we couldn't prove that this really was an infectious disease, and even if we knew it was an infectious disease, we didn't know what was the infecting agent yet.

We became very unhappy about the baths. The bars had activity rooms in the back, the bookstores had activity rooms in the back, but the baths were the ones that were the most openly irritating to any epidemiologist, any physician.

Meeting with the Bathhouse Owners, 1982

Dritz
Some time in mid-'82, late '82, Dr. Silverman finally called a meeting of all the bath owners in San Francisco. I think he even had the manager of the Water Garden, down in San Jose, which I was told concentrated on urine transmission. But that was not in my San Francisco County jurisdiction. Glory holes were another inventive variation.

The Club Baths, the back room of the Mine Shaft, which was on Market around 15th Street--that one's gone, fortunately--the Ambush and the Jaguar bookshops: these were all places for rapid transmission, effective transmission, among many people. The more contacts a man had, the more opportunities he had to be infected, the more the odds were that one of his contacts would infect him.

Well, Silverman met with the bath owners--fifteen or twenty men. I was there. It was a hot meeting. Silverman tried to be politic, calm. He was a very, very good administrator and a good public health man. But these people came primed for battle. He tried to explain the difficulties and that if they could at least tone down the opportunities for infection, raise the level of lighting in the "orgy room" where 100 men could have indiscriminate contact without even knowing who they were being in contact with, if they could take the doors off the cubicles, cut down the privacy a little tiny bit-- They wouldn't have it. There was table-banging, there was anger, and the spokesman for the group said that they were organizing the Northern California Bath Owners Association, that would include, I think, Marin County, although there wasn't anything much there that we knew of. There were some active bars in the East Bay, dealing mostly with sailors and staff from the naval air station there. And there were all the baths here. They were really centralized here in San Francisco. The major gay population was here in San Francisco.

Relying on the Gay Community for Information

Dritz
A few days, perhaps a week, after that, I had word that Gaetan Dugas was active. I have to point out here: if we hadn't had rapport with the men of the gay community, not only their political groups but the men themselves, we would have been blind, because they brought us information. We got word that, "Gaetan Dugas is out again, and he's being extremely active." There was a little risk in this news, too, because we couldn't always be sure that the information that was coming to us was really true.

More than once, my chief would point out, "Well, yes, maybe he's fingerpointing that man, and that man is really doing things he shouldn't do. But maybe also he's not only doing them, but this guy is fingerpointing at him because they were lovers and they had a fight and he wants to get him in trouble." There were informal members of what they call the Street Ministry, one or two or perhaps three men who wore clerical garb and a cross. They were gay men who said they were trying to bring God to the men in the community. We got a call from one who said, "Father John said this man's doing something terrible. You ought to really take him in and just lock him up." We got in touch with that man and he said, "Oh, we're lovers. We had a fight."

So there were different things that we had to be aware of here, aside from the fact that we were trying to do epidemiology and trace down a serious disease. That could have skewed our ability to get a real answer to the question, just as our case-control studies were skewed--we didn't know it--because we thought we had matched gay controls who were not ill. We didn't know that maybe 10 percent of them were already infected and coming down with AIDS. So everything we were getting

was Alice in Wonderland with a warped mirror. However, we did make a little progress.

Threat of a Temporary Restraining Order

Dritz
Then, a few days after I had word about Gaetan Dugas' actions in the baths, I began to talk to some of the doctors in the community. Did they know anybody that we could contact in connection with the baths that wouldn't be so aggressive, abrasive actually? One of the baths owners--of the Cauldron, I think--came up to my office. He banged on the desk and said, " *You can't close us up.* " I said, "I'm not thinking of closing you up. I'm trying to figure out how to keep people from getting sick at your place, if they do go."

He said, "We're a business, we've got a license, and you can't close us up. If you close us up, the next morning I'll have a TRO [temporary restraining order]." I had already called the city attorney's office [November 1983] to ask about our chances to close the baths and have them stay closed, and they said, "You have to be able to prove it." I talked to them again, "He's threatening to TRO." Ed Bacigalupi, who was the attorney for the health department in the city attorney's office, said, "You'll have to be able to prove to the judge that that is a definite health hazard, but the information you have is only anecdotal. You can only tell the judge that some men go to the baths, and a lot of men are active, and a lot of people have the disease. That wouldn't be sufficient information to close up a licensed business."

Hughes
But that's what you wanted to do?

Dritz
We wanted to close them, yes. That was one place where there was the most open and the most frequent, the most voluminous, contact. And contact for an infectious disease is the sine qua non for transmission.

Well, it went on for more than a year. Silverman talked about it, and then there would be a meeting, and then of course the meeting was postponed until next month, and then somebody couldn't come to the meeting, so it was postponed for another couple of weeks. Then they couldn't come to a conclusion, so they decided to organize a subcommittee to look into this in more detail--you know how organizations go. It dragged on and on.
Open Hearing at the Health Department, March 30, 1984

Dritz
Eventually, Silverman decided that he really had to close the baths; expecting the gays to stop patronizing them didn't work. So we put out word that he would have an open hearing when he would announce what he was going to do about the baths. That was the time when *everybody* met in Room 300 at the health department at 101 Grove, including three nude gay men, wrapped only in towels around their middles, carrying a sign that said, "Today the baths, tomorrow the ovens." 22 They screamed about their civil rights--which was a justifiable fear for them, but it didn't balance the risk to other members of the population. I went into the meeting too, waiting to hear this announcement.

In the meantime I had had a couple of calls from different men in the gay community. They knew that the meeting was scheduled for this particular day. They said, "Some of the guys are saying they're going to kill him"--Silverman. I had to warn him. I called his office. I said, "Now, this is what I'm hearing. It's probably not so, but I would be remiss in any kind of duty I owe to the department or to you if I didn't tell you about it."

So we waited for about an hour at that meeting in Room 300, and it got more and more restless. The press was there, members of the health community were there, members of the gay community and politicians were there. Finally, after an hour, Silverman walked in--through the back door, all the way to the front, to the podium. This was a big auditorium. He was bracketed by security men. I was glad to see that, because the meeting was very scary.

He got up on the platform, and we realized that he had been talking in his private office right next to Room 300. There were representatives of City Hall there, too. I think [Supervisor] Harry Britt was there. Apparently, an hour's talk hadn't brought any results, because when he got up on the platform, he said, "I'm sorry to tell you, but I will not make an announcement about the baths today. I'm putting this off for a week." And that was it.

Hughes
What had happened?

Dritz
Well, the big fist from City Hall had come down. They wanted the baths closed, but they wanted Silverman to make the announcement so that City Hall, the mayor's office, would not be politically responsible. On the other hand, Silverman just hadn't felt earlier that it would work that way. He had very strongly felt that to close the baths would simply disseminate the problem, that the men would find some other places to go, although the baths were the most effective place to get the most number of contacts in the shortest number of minutes. Minutes, actually.

I didn't get to ask him too much in detail. It was a very tricky question. We were all very busy with other things. So all his intimate thinking about it wasn't evident. But what he had said to us--earlier in the advisory committee, in the office--was, "The gays have got to want to stop this themselves. If we stop it, they'll just find some other place to go. We've got to convince them that it's their responsibility; they've got to stop this. If it isn't on their own initiative, on their own desire, it won't work." But they didn't stop.

Bathhouse Closure, October 9, 1984

Dritz
Larry Littlejohn was an activist there. I didn't like what he was doing; I didn't like what he said, but that's aside from the point. He was pushing hard to close the baths, probably for political reasons, because, as I told you, the gay community was splintered on the issue of bathhouse closure. 23 The responsible ones--those who I think were the responsible ones--wanted to close the baths. The very aggressive ones wanted to have nothing interfere with their utter freedom to do anything they wanted in their own way, and their own way was to reassert their freedom to be actively, openly gay, any time and any way they wanted to. And that was their right, as long as it didn't kill other people.

Littlejohn made an announcement to the press that if the baths weren't ordered closed by a given day, he was going to arrange for an initiative to be put on the ballot to close the baths. Then we would see exactly who wanted what. Well, that seemed to be the final blow, because if it became an initiative, and the majority of the people voted to close the baths, that would be a black eye for the health department for having delayed closure. It would be a black eye for City Hall, too, because the people would have had to say they wanted the baths closed. On the other hand, if the voters voted to keep them open, then our hands would be completely tied.

Hughes

So there was no way of winning, was there?

Dritz
That's right. It was a no-win situation. So Silverman ordered the baths closed.

Dr Abrams

Niccolo and Donkey
Thursday 29 Aug 2013

Dr. Donald L. Abrams (who himself is homosexual) :

Lymphadenopathy

Abrams
In 1979 when I was a junior resident we started seeing a number of gay men who were referred to Dr. Wilkinson's hematology clinic because they had swollen glands. Nobody knew why their glands were swollen. They were being sent to make sure that they didn't have lymphoma or Hodgkin's disease. After I would do all the blood work that you normally do to determine why somebody has swollen glands, we sent a number of these men off to the surgeons for biopsies.

And one after another, their biopsies came back with the same picture under the microscope of very hyperactive glands, of lymphoid hyperplasia, particularly in the B cell area of the lymph node. That's a very nonspecific finding. Most of these patients were sexually active gay men with numerous sexually transmitted diseases and were using a number of the drugs that were popular in the community at that time. So we said, "Listen, we don't know why your glands are swollen, but you're living in the fast lane. Maybe you should slow down and not have so many partners, not get so many sexually transmitted diseases, give your immune system a break and don't use so many recreational drugs, and maybe your lymph nodes will go away."

We biopsied four or five of them. Then we started to see the pattern emerge and decided when we saw new patients with this syndrome that, well, we didn't really need to do a biopsy; they had this "gay lymph node syndrome," which is what it came to be called, after the "gay bowel syndrome" which had emerged in the mid-seventies.

Hughes
When did the term gay lymph node syndrome come into currency?

Abrams
I'm not sure if we actually started using it then or later, probably in '81. We didn't really know what to call this syndrome in 1979. We just saw these cases--

Hughes
But you were seeing a pattern.

Abrams
Yes. Kaiser being a place where cost effectiveness is the key, after we saw a number of these guys, then we saw the pattern and we didn't send them all for lymph node biopsies because that's expensive. We knew that chances are that they were just going to have this nonspecific benign reactive pattern.
What we didn't do, which is also unfortunately something that Kaiser is known for, is write up a

description of this syndrome for the medical literature. Had we done that in 1979, that would have been throwing up a red flag that something was going on.

Hughes
Did you suspect some immune deficiency at that point?

Abrams
Lymph node enlargement implies that the immune system is hyperactive, and what we saw under the microscope was hyperactivity. So really we were thinking that their immune systems were overstimulated as opposed to deficient. In fact, that's what they were. These were the very earliest stages of HIV infection as we know it today.

Hughes
And it sounds as though you were operating under what later became known as the immune overload theory of AIDS causation.

Abrams
This was two years before we saw AIDS.

Hughes
Were you speculating immune overload?

Abrams
Yes, that these patients were having too many sexual partners. If they were taking in semen from each different person, then that was foreign proteins that their body was responding to. They had histories of gonorrhea, hepatitis, herpes, everything else, so that was a stimulation [to the immune system], and then they were using all these drugs. So that's what I mean: we told these patients to move out of the fast lane and see if their lymph nodes went away.[/qutoe]

Niccolo and Donkey
Thursday 29 Aug 2013

More from Dr. Abrams:

First Patient with AIDS

Abrams
I remember in May or June of 1980, my resident on the hematology consult service was a fellow named David Longworth, who's now at the Cleveland Clinic doing infectious disease. I was his fellow and he said, "They've asked us to see this guy with Pneumocystis pneumonia." I said, "Well, does he have leukemia or lymphoma?" He said, "No." So I said, "Well, why are they asking for a consult from hematology?" He said, "Well, just to see what we think he has." I said, "Well, they need to figure it out. If he doesn't have a hematologic malignancy or cancer, then what's the point in getting a hematology or oncology consult?" So he said, "Well, just because it's pretty interesting. It's a young guy who's otherwise healthy." Behaving as a typical fellow at the end of my first year of training, I said, "Why do we need to do this consult?"

But finally we saw the guy who was a youngish gay man and I started talking to him about habits. I

said, "Well, do you use poppers?" I'm not sure that my residents or medical students really knew what poppers were or what I was talking about, but these are inhaled nitrites. The guy said, "Yeah." And I said, "Well, how often do you use them?" He said, "Well, every day." I said, "How much do you use?" I forget what quantity he said. I always was concerned about people that inhaled these substances, because I think that they're quite noxious.

When we walked out of the room, I said, "Well, clearly the guy has poisoned all of his alveolar macrophages," the cells in his lung that provide him with some immunity, "and that's why he has *Pneumocystis* pneumonia." I was very, I know everything, I'm just finishing my first year of my fellowship and I'm pretty glib about it.

And that was my first patient with AIDS. I didn't even realize it. I was even somewhat perturbed to have been asked to consult on the patient. I really missed the impact of the whole thing. To this day, Dr. Longworth reminds me of that.

Because AIDS came about as I was emerging into my professional career, and I didn't have a lot of experience, I missed the impact of some of the firsts that I actually saw, because I didn't realize that these things were unique, because I hadn't been practicing medicine for that long. So that was a disadvantage of my youth at the time.

Hughes
To a seasoned person, *Pneumocystis* in a young, otherwise healthy person would have stood out?

Abrams
Oh, yes. That's how we first became aware of AIDS, because in June of that same year the five cases from Los Angeles were published in the *Morbidity and Mortality Weekly Report* . Michael Gottlieb, though, wasn't all that seasoned either; he wasn't that much more advanced in his training than I was.

Niccolo and Donkey
Thursday 29 Aug 2013

Dr. Abrams on a couple of the early patients:

Simón Guzman

Abrams
Simón Guzman, who was another one of my early patients who is mentioned in Randy's book, was a Latino, and much different from me in background. He had a very severe case of Kaposi's sarcoma, unlike Bobbi Campbell. Simón was very disfigured. In fact, I see Simón every time I give a talk on KS. For me, one of the hard things is that the slides that I use for educating are generally of clinical material from my first patients.

Simón had the terrible swelling of his face, the edema that patients with Kaposi's sarcoma get. Whenever I show a slide of bad Kaposi's sarcoma lesions, it's Simón's face on the screen. So it's interesting for me that although he died over ten years ago, he's still there for me and I see him quite frequently.

Here was a man who was in the Latino community, whose family I think didn't know or didn't accept that he was even gay, who had this horrible disfiguring disease with these lesions all over his face, and then his face blew up like a balloon. It was at a time, I think, when the movie *The Elephant Man* was released, and there were a lot of similarities there, because he was so disfigured.

The thing I remember most about Simón was this diarrhea that he developed where he just produced volumes and volumes of diarrhea to the point where every time he came to see me in clinic on a weekly basis, he was always dehydrated. Finally we sent his stools off [to diagnostic laboratories] all around, and got back the report that was confirmed by the AFIP, which is the Armed Forces Institute of Pathology, and they said that he had cryptosporidium in his stool.

Again, as we discussed before, being young and naive and not having practiced a lot of medicine, I said, "Oh, well." So I read about it, and it was a veterinary pathogen that caused diarrhea in barnyard animals, particularly calves and young chickens. There were some reported cases in humans, but the literature was scant.

Anyway, it turned out that this case really was very historic and significant. I don't think it was the first reported case of cryptosporidium in a human, but it was the first case in a person with AIDS, and the CDC jumped on this and ran away with it, and reported it in the *MMWR* . 10 It was my patient, and I didn't get any acknowledgement on that one either. So it colored me early in my attitudes towards the CDC, that they seemed to run with my information and not give me any credit for it. It turned me off a little towards cooperating or collaborating with the CDC.

Mark Feldman

Abrams
There were lots of other patients early on that I really bonded to. I remember Mark Feldman particularly, who may also have been mentioned in Randy's book. He was an articulate, intelligent Jewish man, who was my first Jewish patient with the disease. He was my age, so I really related to him very strongly, because of our very similar backgrounds. I was seeing him at about the time the decision was made that the patients with KS should be sent over to San Francisco General and that I shouldn't be seeing them at UC. I think Mark was particularly interested in participating in Paul's first interferon trials, so he left UC and went over to San Francisco General, and I lost contact with him. But he made an impression on me. **Before he left, he handed me two porno magazines for my examining room to help future patients collect their semen specimens for CMV testing** .

Dr Conant

Niccolo and Donkey
Thursday 29 Aug 2013

Dr. Marcus A. Conant on the pre-AIDS days and the early days of the disease :

> **In my volunteer time at the Haight-Ashbury Clinic, I had started seeing patients with genital herpes. In those days, genital herpes was a disease that had been described, but was diminishingly rare. Less than 5 percent of sexually active adults in San Francisco had genital herpes in the mid-sixties. Today, that number is probably closer to 60 percent.** So there was this epidemic of genital herpes that I saw in its infancy. Then for the next twenty years, a lot of my own academic endeavors went to trying to understand, treat, and popularize treatments for genital herpes.

Denial in the gay community:

> When we started what we called the Kaposi's Sarcoma [Researh and Education] Foundation, AIDS had not been named AIDS. We started the foundation in the spring of '82, and AIDS did not receive that name for another couple of months. When we started that foundation, one of the people that we asked to be on the board was Bob Ross. Bob is a fine man who is very active in the gay community and is the editor of the BAR [Bay Area Reporter]. The BAR is one of the big gay newspapers. We put him on the board expressly to try to educate him about the epidemic so that he would use the resources of his paper to educate the gay community.
>
> It didn't happen. Mr. Ross, like many others in the community, for a prolonged period of time--this is really not criticism; this is documentation of what was going on--did not want to believe that this epidemic would not go away, that people had to change their behavior. **I can remember on one occasion Bob Ross saying something to the effect that, "Well, it's not the people that just go to the bathhouses that get AIDS. It's the ones that don't shower after sex." And I said, "No, no, Bob, that's not right." And he said, "Oh, yes, that's right. I've heard that." You know, classic denial, classic rationalization, an attempt to find some easy talisman that's just going to make it all go away** .

Niccolo and Donkey
Thursday 29 Aug 2013

Conant on his first encounter with the disease:

Now, my first recollection of AIDS is the first of April of 1981. I learned through Jim Groundwater, who was a dermatologist here in town, that Alvin Friedman-Kien, who was a man I had known for years, was seeing cases in New York, and that these people had Kaposi's sarcoma, which was a dermatological condition. It was interesting on a number of levels. Al and I had been personal friends for fifteen or twenty years then. We both had worked on herpes, so our interests in dermatology were parallel in many ways. Al is much more a laboratory researcher than I am; I do more clinical work. He has done some very good laboratory work.

So I called him, and he told me that yes, they were seeing Kaposi's sarcoma, and that it was very interesting. It was in men who were very aggressive sexually and into anal-insertive fisting, which I wouldn't describe as mutilating, but certainly is a bizarre practice. Someone usually uses some drugs like amyl nitrite, gets high, and then one partner inserts his hand into the rectum of the other partner.

The interesting thing, which has never been explained, was that it was the insertive partner, not the receptive partner, who came down with Kaposi's sarcoma. I don't know how that's explained, unless it has to do with aggressiveness--people who are physically aggressive are often socially aggressive and maybe have more partners.

It was interesting to both of us also that the only explanation of Kaposi's sarcoma that had ever been given was that it was in some way associated with cytomegalovirus [CMV] in Africa. And cytomegalovirus is a herpes virus. So you can see the connection: we were both working on herpes, and here was this first-cousin herpes virus that [Gaetano] Giraldo had implicated as the cause of Kaposi's sarcoma in Africa, which had been seen in Africa the decade before as an epidemic. 1

Hughes
Were you familiar with that research?

Conant
Oh, sure. Because of my interest in herpes, I had known about the CMV stuff.

And literally the day after Al and I spoke, I was giving dermatology grand rounds at the university, which would have been about April the first of 1981. I was speaking on herpes, had the five different herpes viruses listed, and was talking about cytomegalovirus. I mentioned that I had spoken to Al Friedman-Kien the night before, and there was this new group of diseases that he was seeing. I said, "Has anyone in the audience seen it?"

Jim Groundwater put his hand up and said, "Yes," and I remember the patient's name. It was Ken Horne. He was in the hospital ill. Also, the editor of the Advocate, which was another large gay periodical, was at Stanford and dying, or had just died at Stanford, of the same thing. So the very first case was literally the day after I started looking for it.

Niccolo and Donkey
Saturday 31 Aug 2013

More from the Oral History.....

Dr. Marcus Conant on justifying the opening of a Kaposi Sarcoma Clinic :

What made you think that there would be enough cases to make a clinic feasible?

Conant
Well, I'm sure it was my experience with herpes. For some reason, from the beginning of the epidemic, it seemed clear to me that this was not going to be limited. I think that part of it was my experience living in San Francisco, knowing that the gay community was sexually very active, and if there was anything new in that community that could be transmitted communicably, that it was going to spread like wildfire. It was just foolish to assume that it would not. All the diseases that we'd seen--syphilis, gonorrhea, amoebiasis--everything had spread through that community with tremendous rapidity. That was reason number one.

Number two was, from the beginning, the number of cases of this problem was beginning to increase. From the very beginning, New York saw a few, and then a few weeks later it had a few more, and a few weeks later, more. And the same was true here in San Francisco. Everywhere we looked, we began to be able to find it.

When I was a kid, my dad constantly played this game--he loved it--of handing you a penny, and saying, "Which would you rather have: a million dollars, or for me to double this penny every day for a month?" Of course, the kid would immediately say, "A million dollars." And then he'd make you sit down and calculate it out. You realize that if you take a penny and if you double that every day, the next day you have two pennies, and the next day you have four pennies. If you double that every day for a month, you have more than a million dollars. What you've got is an exponential curve. It's going up at an incredible rate. It doesn't have to double many times before the numbers you're dealing with are just astronomical.

And this epidemic, from the beginning, was doubling, and it was doubling in about six months at that point. So we realized, wait, if you've got two pennies today, you're going to have four pennies in six months, and you're going to have eight pennies in a year. Hang on, because the numbers before long are going to get just astronomical.

On linking Kaposi Sarcoma with Pneumocystis:

Conant
Michael Gottlieb recognized the first cases of *Pneumocystis [carinii* pneumonia] in February of '81. It was not really put together until later that year that we were both seeing the same epidemic. The first *MMWR [Morbidity and Mortality Weekly Report]* that began to put it together was in the summer of '81. 3 I and Friedman-Kien and Mike Gottlieb--this is when I first met Mike Gottlieb--went to a meeting which, as I recall, was in September of 1981 at the National Institutes of Health. We were all presenting the parts of the elephant that we were looking at, and it became really clear to all of us that we were dealing with the same epidemic.

Hughes
How did you realize it was the same thing?

Conant
Both diseases were occurring in gay men who were in the fast lane, if you will, had multiple sexual partners, and were living in New York, Los Angeles, and San Francisco. So not only was it gay men, but it was gay men whose behavior was exactly the same in both groups. Both of them were

incredibly rare, new--if you will--conditions. *Pneumocystis* was as rare for the infectious disease specialists as KS was for us in dermatology.

By that time, we knew that the KS patients and the Pneumocystis patients were both immunosuppressed. We could do helper-suppressor T cell ratios, and when you looked at those, you found that their immune systems were depressed. So it was the same group of people in the same areas engaged in the same behavior with unusual diseases that indicated immunosuppression. So it then began to come together.

Niccolo and Donkey
Saturday 31 Aug 2013

Dr. Marcus Conant on the Bathhouses :

Hughes
Dr. Conant, the bathhouse issue began to simmer in the first months of 1983. Do you remember when you first began to speak out publicly on the issue of closure?

Conant
The first recollection that I have was probably a talk I gave at the Harvey Milk Gay and Lesbian Democratic Club in the spring of 1983. That evening, I was invited to talk about AIDS issues in the community. I can remember it, because the talk, like many of my talks, got a lot of criticism. My message was, I've spent a lot of time in the last year criticizing physicians for not being interested in the epidemic, and criticizing Washington for not making the commitment that it needs to make. I think that the gay community needs to look at itself and see what role it's playing in the transmission of this disease--what's going on in the gay community that is causing the epidemic to continue.

Bathhouses were clearly one of the foci, where people were going late at night, after having had a lot to drink, and having anonymous sex. That's what they were there for. And everybody was having a great time. The problem was that they were walking into bathhouses and getting infected.

I can recall about that same time seeing a patient who was a young Ph.D. scientist from the Peninsula [south of San Francisco], a very good-looking man with Kaposi's sarcoma who I was caring for. He had AIDS. He was sitting in my clinic on Parnassus. He was kind of impatient. I said, "I'm sorry I'm running late; I can tell you're impatient. What's wrong?" He said, "I wish you'd hurry up; I'm going to the bathhouses." My reaction was, "Wait a minute."

See, I was being a typical physician. We all in this society forget--and I think physicians are the worst--that when people are diagnosed with a fatal disease, all of the desires and longings and drives that they had the day before they were diagnosed are still there. Everybody believes that patients who are dying of AIDS are no longer sexual. I have patients that have sex the day before they die. I encourage them to do that. And people believe that women who have had breast cancer are no longer intimate or have longings to be intimate. We need to begin to relate to people and realize that those human, very human, desires don't go away because you have now had a label of "AIDS victim" stuck on you.

But being the typical doctor, it just never occurred to me that he was still out there having sex. He

had Kaposi's sarcoma--AIDS, this horrible new, fatal disease. My line to him was, "Somebody must think you're smart, because they gave you a Ph.D. How come you're still going to the bathhouses?" He said, "There's nothing wrong with that. I probably caught it there, and so my view is, it's there and I'm going to have sex." I said, "Are you telling the people that you're having sex with that you're HIV-positive"--it wasn't even called HIV then--"that you have AIDS?" He said, "No. I figure that they ought to be smart enough to understand that there's AIDS out here, and that they can catch it. It's their responsibility as much as mine." I think that that, more than any other single event, called into focus for me the notion that someone needs to speak out.

Niccolo and Donkey
Saturday 31 Aug 2013

The First Kaposi Sarcoma discussions and 'Fisting' :

Hughes
Do you remember what the gist of the conversation was?

Conant
Yes, some of it. I remember that Friedman-Kien said that they were seeing a group of these patients at NYU, that he had identified the patients, and that Bernie Ackerman had confirmed that they were in fact Kaposi's sarcoma. And Al was amazed by the fact that most of these men were into insertive sex, that they were into "fisting," where one partner would put his fist into the anus of another partner.

And it was the *insertive* partner who was coming down with AIDS. Al was questioning, "I wonder why it's the insertive partner?" You would think it would be the receptive partner who would get injured or hurt or more susceptible to disease, and in fact it was the assertive partner--the insertive partner. I suggested that perhaps the insertive partner was a more assertive person and went out and had sex with far more partners, and was just putting himself at greater risk.

Dr Volberding

Niccolo and Donkey
Saturday 28 Sep 2013

Dr. Paul Volberding on asking very private questions in the early days:

Taking Patient Histories

Hughes
Did you feel any hesitation in what people might construe as interfering in the most private lives of individuals?

Volberding
Well, early on we didn't know anything. So we took very detailed questionnaires: how many times have you had sex, how many people have you had sex with, what kind of sex have you had, where have you put your organs in other people--down to excruciating detail. I think it was important to do that early on. I think increasingly as we worked with this disease, it felt more and more voyeuristic, because there was in truth nothing we as clinicians were going to do with that information. It didn't change my treatment of the patient to know that he was gay or not.

Hughes
But it could have changed his behavior, certainly in terms of the transmissibility.

Volberding
Sure. There are two things. First of all, I think for a real epidemiologist to ask those questions, it was important, and it still is important. We still are learning something about Kaposi's sarcoma, because it turns out that it might be related to fecal-oral contamination. And you're not going to learn that unless you ask those questions. For the clinicians, I think that it's not important to know specifically the details of somebody's sexual life as long as you're able to identify the fact that the person is having same-sex contacts, or is using intravenous drugs. I mean, I do think it's important to identify the risk factors to permit counseling on safer behavior. You're right.

Hughes
Was the questioning generally well received?

Volberding
Yes, absolutely. I can't recall a patient where asking was a problem, although the answers I received may or may not have been accurate. Again, the patients--especially the ones we saw early in the epidemic--were really stereotypically very sexually active gay men who were fully out about their homosexuality. There wasn't a lot of shame about their sexual orientation, so we felt comfortable asking questions and they seemed to feel comfortable answering them.

Volberding on the infamous meeting with the bathhouse owners :

A Meeting with Bathhouse Owners, Early 1984

Hughes
I know of one meeting, that's reported in Randy Shilts' book, where you met with the bathhouse owners. [29]

Volberding
Yes. That was pretty remarkable. Donald Abrams and Andrew Moss and I were especially involved in some of these discussions. We thought, It must just be that the bathhouse owners don't understand the nature of the problem. So we were going to be civic leaders and invited the bathhouse owners here to our clinic, so that we could talk with them and present them with a slide show about the disease.

We noticed several things: they arrived in business suits with lawyers at their sides, and here we were in our white lab coats. There was a feeling of hostility that I hadn't anticipated. We really went into this naively, thinking this would be a welcome educational forum. They came into it feeling, understandably so, that this was one of a series of attempts to shut their businesses down. That's really the way they approached the whole discussion. We weren't allowed to give a lecture about the disease.

Toward the end of the discussion one of the bathhouse owners turned to me and said--as I remember it, this is exactly the truth--"Look, we're both in it for the money. We make money from them having sex, and you make money when they get sick." It was as though, "No big deal. We understand each other." We [professors] kind of shook our heads--I did at least--and said, "I don't understand that at all." I think there was still denial, the belief that this was a disease like gonorrhea or syphilis. And it's not. It's a disease unlike any other we've seen. And these people weren't just getting sick; they were dying from the disease. Furthermore, we weren't making any money from it, so the statement was wrong on all counts.

Dr Wofsy

Niccolo and Donkey
Friday 3 Jan 2014

We'll pick this up with a nice little one-liner summary from Constance B. Wofsy about how the early days looked from her perspective as an Infectious-Diseases Specialist:

> Because I was in ID, I was also part of the infectious disease clinic. There, we were seeing a lot of gay men with swollen lymph nodes. And, at that time, the very beginning of the epidemic, there was the question mark, could these be associated with PCP and KS? But not the assumption. **They appeared to be three separate entities: gay men with swollen lymph nodes, this rare case of PCP, and Kaposi's sarcoma** .

Niccolo and Donkey
Saturday 4 Jan 2014

Wofsy on early Etiology debates :

> **Wofsy**
> Oh, the theories! God, the discussions! Hours given over to them, with slides and intricate graphs, and arrows going here and arrows going there, and poppers in the right-hand corner of the slide. Oh, multiple antigen stimulation, and syphilis, and chlamydia down there in the corner, and arrows going right and left and up and down. Then sometime in the late 1983 or what have you, you'd see one of these mixmaster slides where everything happened, and if you were just in the wrong place and the arrows all converged, your immune system went to pot.
>
> And then you'd see slide B, unifying infectious agent. Which would explain that rather than the mixmaster causing immune deficiency, something caused immune deficiency, and then the immune deficiency could take different pathways: opportunistic infection, Kaposi's sarcoma, yabba yabba. Then we'd debate those back and forth, back and forth, back and forth. There were strong opponents of either model, and it was very slow to come to the inevitable realization that it was a single agent and a new agent.
>
> **Hughes**
> What was the mixmaster model?
>
> **Wofsy**
> Multiple agents causing immune deficiency. If you had herpes and hepatitis and CMV, they all slashed away at the immune system and left you susceptible, either to an agent or they triggered some sort of immune disorder cascade that then made you susceptible to *Pneumocystis* .

I can see the headline, 1984, so I know that that's when Gallo discovered the AIDS virus. So it must have been by '83 that we--by we, I mean just most of us around here--were pretty sure that there must be a single entity of some kind.

Hughes
Was that single causal entity in your mind a virus?

Wofsy
Yes. Nothing else could have caused this disease.

Niccolo and Donkey
Saturday 4 Jan 2014

She continues with the Heptatitis B Study Cohort :

Wofsy
In 1979, since San Francisco has a large population of gay men and they're very organized, and the hepatitis vaccine was at an investigational stage, CDC gathered together a cohort of a large number of gay men, collected blood, and gave some the investigational hepatitis vaccine, and to others they didn't. They followed them over time to see if the vaccine was protective, and how many who were vaccinated got hepatitis. Because CDC is organized, because we have a very good STD [sexually transmitted disease] clinic, there was very good follow-up with a lot of gay men in San Francisco. There was blood drawn every six months.

So when 1983 or so came around, and somebody--and it may well have been Don Francis, which may be why he's eulogized--said, "Excuse me, we have sera from gay men in San Francisco starting in 1978." So when the HIV test became available anywhere in the world, it was the best organized batched blood with a lot of demographic information on gay men. So the famous quote, that it's an average of ten years from infection until AIDS, comes from that hepatitis vaccine study.

The study was ongoing over a decade, and it was very well run and managed, and the people who were involved in it, by coincidence or design, became part of the "in" group of the San Francisco consortium of UC, San Francisco General, health department, et cetera. So the vaccine study really was the country's prima epidemiology study of HIV that was coincidentally there just by the grace of--who knows.

Niccolo and Donkey
Saturday 4 Jan 2014

I think I've mentioned the documentary "We Were There" which is about the gay community in San Francisco and how it was devastated by AIDS. One of the main people being interviewed mentioned how his boyfriend, an immunologist, battled to get onto the clinical trials for Suramin, a very nasty and toxic drug. The guy being interviewed couldn't handle the side-effects and went off of the trials early and is still

alive to this day. His boyfriend, like all those that took part in the Suramin clinical trial, died quickly. I wonder if this 'difficult patient' mentioned by Wofsy was him:

> **A Difficult Patient**
>
> **Wofsy**
> I remember one particularly difficult patient who was particularly demanding of getting onto clinical trials, felt that we were overly cautious, that we weren't realizing people were dying, that we needed to be more aggressive, get out there, study, study, study, study things. He ultimately got on a trial, suramin, that taxed our ethics about whether to embark on it, because it had known toxicity in other populations. But it also had laboratory benefit, which was the story of immunomodulators for about five years: Something that would work in the lab, you'd put it into humans, and it would be toxic.
>
> This individual got onto that study, signed the consent form, and was handled with kid gloves, because he was a challenging personality. He was one of the people that got a totally unexpected and very severe toxic reaction. I remember--this is all filtered through the sands of time--how loudly he shouted about the lack of proper concern for patient safety, and taking care and time before rushing into these trials. It was hard to believe that the words were coming from the same mouth.
>
> What it really underscored was how emotional a disease it is. Difficult personality that he was, he was totally in control of his faculties--it was the degree of the emotion, not that he wasn't thinking clearly. He died early on.

Dr Francis

Niccolo and Donkey
Saturday 4 Jan 2014

Next up is Don Francis of the CDC in Atlanta, immortalized by Matthew Modine in the movie "And the Band Played On".

Hepatitis B Vaccine Trials in the United States, 1979-1980

Hughes
Talk about the Phoenix laboratory and hepatitis.

Francis
All right. I had worked with hepatitis as a general epidemiologist in Oregon, but never knew too much about it.

I didn't even know much about Phoenix, Arizona, even though by that time my mother had moved from Marin County to Prescott, Arizona. One of the reasons I came back from WHO was because she was diagnosed as having cancer, so it all kind of fit. Good thing to be near her at that time.

So I started learning hepatitis. Now, there were two remarkable things about hepatitis B at that time. One, there was a large epidemic in gay men, because of, again, an ecological change, not a virus change; the virus had been around for ages. But the ecology of homosexual activity had changed with commercialization and urbanization of homosexual activity, so that gay men were having a lot more contact with a lot more gay men. The spread of sexually transmitted diseases was just astronomical--gonorrhea, syphilis, even gastrointestinal diseases, and hepatitis B.

So I started this large vaccine study in gay men. The group at CDC in Phoenix was already studying

the spread of hepatitis B in five cities--San Francisco, Los Angeles, Denver, St. Louis, and Chicago--and Wolf Szmuness and Cladd Stevens were doing similar studies in New York City. So we all started immunizing these gay men, half with a placebo and half with the vaccine, and then followed them over time to see if the vaccine would protect. And indeed, it was a highly effective and safe vaccine.

But in the meantime, in doing these studies, I got to know, at least peripherally, the whole homosexual scene. I say peripherally--it was really in great sexual detail, but I didn't understand homosexuality necessarily, except it was a lot of men having sex with a lot of men. As a straight man, I couldn't understand it totally, but they did it, and I accepted it. In California, we can be very tolerant. [laughs]

I guess we should bring politics in here about this time, because with the completion of those trials, we started seeing that the efficacy of the vaccine was really quite phenomenal.

Niccolo and Donkey
Saturday 4 Jan 2014

Dr. Francis on narrowing down the general causes :

Francis
The unknown aspects of it. It was investigation, trying to figure out what it was, and you needed people to collect data, you needed information to be able to make your hypothesis of what kind of a disease it was. So the first year was spent actually doing an investigation of gay cases. Harold Jaffe designed and implemented a case-control study. I think the vast majority of all living AIDS cases in the United States were actually contacted by one of these young epidemiologists and interviewed, with a huge form; I remember it well. Your pets, and your sex, and your drugs that you took, a huge thing, trying to throw a very broad net to investigate risk factors for individuals who had the disease. Then in each one of the cities in which a case lived, controls were taken in the same community, and the same questions were asked of the controls, trying to see what the cases did that the controls didn't. It rapidly fell out that it was sexual activity.

Now, a similar study in New York showed that it was sexual activity, yes, but the use of amyl and butyl nitrite was also associated. That was "poppers"--a drug that causes vasodilatation, used for cardiac disease, that also was supposed to be wonderful for sexual orgasm. Poppers were very popular, and were sold over the counter as a deodorant for gyms or locker rooms--I don't know how. [laughing] I don't know if they were ever used for a deodorant, but that was the marketing ploy. People would just use them as a sexual stimulant.

Harold Jaffe rapidly said that the New York conclusion was wrong, that the primary issue here was sex, and people who have lots of sex look for sexual stimulants and use the drug. The risk was sex and the drug use that carried along with it.

Hughes
Why did he say that?

Francis
Well, there are very elaborate statistical techniques that are used to try to tease out primary versus

confounding risk factors associated with any disease. Modern computers have allowed us to do that, where you can just run the data over and over and over again, pulling out different parameters. If someone is positive or negative for this question, you can actually pull him out and analyze that group separately, as if they did or did not exist. From this multivariant analysis, Harold concluded--and I think logically--that poppers were a secondary factor instead of a primary one.

Niccolo and Donkey
Saturday 4 Jan 2014

The Mystery of the Early Haitian Cases in the USA solved :

Hughes
Did knowledge of the heterosexuality of the African disease affect your perception of the disease in this country?

Francis
Well, the earliest were the Haitians in this country, which brought a tropical nature to it. The issue of the Haitians was confusing, though, and wasn't sorted out for years, actually. We knew that gay men from New York were commonly coming down to Port-au-Prince for vacations, and hiring local youths for sex. Haiti had a very close connection to Africa, and indeed Zaire, because post-colonial Zaire needed school teachers and imported Haitians for that. The question was, did it come into Haiti and then get into the gay population through Haitian interaction with gay men in New York, or were the Haitian cases a result of gay men who were infected giving the virus to Haiti?

The latter turns out to be the case, but initially we thought that an African bug went to Haiti and then got into the gay population. Obviously, it probably was an African virus--gay men visiting Africa picked it up and got it into the bathhouses in Europe and the United States, and then it spread like crazy.

Niccolo and Donkey
Saturday 4 Jan 2014

Gays as bellweathers and leaders in sexually transmitted diseases :

Hughes
What I'm trying to get at is, the early perception of AIDS is linked with the gay population. It is seen by most people as a gay disease.

Francis
No. When we see a disease in the gay community, our initial instinct is that it is infectious, that it's sexually transmitted, not that it's a gay disease. So the assumption, I think, of all of us at CDC was it's just a matter of time before it spreads out [into the general population]. Gay men were the flagship of any sexually transmitted disease. We knew that. They were always the leaders, because

of their numbers of sexual partners.

Dr Sande

Niccolo and Donkey
Saturday 4 Jan 2014

Merle A. Sande on his initial thoughts about what he was seeing in San Francisco in 1981 :

> **Sande**
> Yes. See, that didn't make any sense. Then you said, "Why would a gay male be different? Why would they be developing these diseases?" Particularly *Pneumocystis* that had only really been seen in very young undernourished children, or patients undergoing cancer chemotherapy, or who were on high doses of corticosteroids, who had immunosuppression.
>
> So then the thoughts were, Well, there is certainly no evidence that gay men were genetically different. There were some theories that perhaps through their sexual activity they were getting large doses of different antigens, and somehow these antigens were turning on one part of the immune system, and maybe suppressing another part of the immune system. There was some suggestion that maybe the parasites that they were acquiring were immunosuppressant. There was some data to suggest that the sperm itself might be immunosuppressant, so perhaps gay men who were experiencing very promiscuous behavior might be developing an immunosuppression that set them up for opportunistic infections and malignancies. But nothing really made any sense.

Niccolo and Donkey
Saturday 4 Jan 2014

On Demographics (the view from 1993) :

> **Sande**
> Well, no. I think I understand it. About 50 percent of the gay male population in San Francisco was infected before 1983, if the studies are correct, and I think they probably are. And there has not been a lot of transmission since 1982. So now that's thirteen, fourteen years, and the incubation period is about ten years. So half of them would be six to ten to ten and a half years after infection. So now, 60, 70 percent of them are developing symptoms, if they haven't died already. Now, that's the population that education clearly worked for, because transmission of AIDS dropped way down.
>
> But since that time, the proportion of cases in the intravenous drug-abusing community, the crack-smoking community, has started drifting up, particularly in women. It's becoming more of a problem now than it was before. Ninety percent of our patients are still gay males, or gay males who are also intravenous drug users.

Dr Ziegler

Niccolo and Donkey
Saturday 4 Jan 2014

Dr. John Ziegler on "Immune Overload" :

> **Hughes**
> Did you ever give any credence to some of the other theories that were floating around? Immune overload, for example?
>
> **Ziegler**
> Yes. Actually, Jay Levy and I wrote a paper before the virus was discovered. 16 It was a sort of accepted theory at the time that somehow gay men, because of their immense promiscuity, were overloading their immune systems with viruses and amoebas and various other things. Then we tried to explain the same thing by saying that it was immune overload in hemophiliacs, and immune overload in people with blood transfusions, and immune overload in IV [intravenous] drug abusers who were continuing pushing foreign antigens into their bloodstream.
>
> But if immune overload were the case, why would the epidemic start in 1981 when these people had been immune overloaded for decades? So although immune overload was always held out as a co-factor, and I think it probably is a co-factor, the concatenation of all of those things simply didn't explain the explosive rise of the epidemic.

Niccolo and Donkey
Saturday 4 Jan 2014

Their systems were revved up and in overdrive.....

On Immunostimulation :

> **Ziegler**
> **Our explanation for that was that these patients were already very immunostimulated.** Again, I guess more or less in hindsight, we always think of immunosuppression/immunostimulation as kind of an on/off toggle switch, which is dead wrong. In point of fact, what we should have known all along and which everybody is rediscovering is that when somebody is immunostimulated, it doesn't mean they have a strong immune system. In point of fact, their immune system is probably diverted from what it should be doing.
>
> We learned that years ago when we were studying malaria in Africa. Malaria is a disease that causes a very massive stimulation of the immune system: Spleens get big, immunoglobulins go up,

these patients are very turned on immunologically. But they're not necessarily healthier. In fact, they're very unhealthy. If you have someone with acute malaria and try to give him a tetanus shot, he won't develop antibodies. He just doesn't respond to vaccines. If somebody has bad malaria, he is more susceptible to getting bad pneumonia. If you have malaria and measles together in children, you've got a lethal combination--25 percent of them die of pneumonia.

So while we were thinking immune stimulation is a great thing, gets the system revved up and that sort of thing, it's totally wrong. A stimulated immune system causes a functional immune suppression.

Ziegler
What Don Abrams was noticing in his men with lymphadenopathy syndrome were patients who were massively immunostimulated. If you take the lymph nodes out and slice them up, they are filled with lymphocytes. Well, you would have thought, "Great, lots of lymphocytes, lots of immunity." Wrong. Lots of lymphocytes, all stimulated, not doing their job. And in fact, by getting stimulated, the lymphocytes were putting out all these cytokines and making people feel lousy, like they had the flu.

So that's sort of a sidebar, but it does help explain that we were kind of on the wrong track when we were talking about immunostimulation/immunosuppression. **Basically, immunostimulation equals immunosuppression** .

Niccolo and Donkey
Saturday 4 Jan 2014

Dr. Ziegler on why the virus hit gays :

Hughes
Why did the epidemic manifest itself in the gay community, when there's no biological reason why an infectious agent couldn't spread beyond the so-called risk groups?

Ziegler
Yes. Well, it's my understanding that the virus was probably introduced into San Francisco in the late seventies, probably some time after 1976, 1977, in there. Although I didn't live here at the time, it was my understanding that the whole era of the seventies, particularly the end of the seventies, was a period of massive influx of young gay men to the Bay Area because of the enormous permissiveness of sexual freedom. The Castro became alive with gay activities.

I remember interviewing a number of my patients, many of whom were very forthcoming about their sex lives. **They would go into a bathhouse and have encounters with ten or twenty individuals, all anonymous, all in the dark. They had these grope rooms and orgy rooms, and an extraordinary number of practices in which there's really ample opportunity for transmission of just about every bodily fluid into every bodily orifice among these men, in repeated fashion, with multiple exchanges of partners.**

It turned out in the end, with all of the epidemiology, that receptive anal intercourse was the worst, the most dangerous practice, because infected sperm landing in the

traumatized rectum found a ready entrance into the bloodstream, and I think that's how most of the cases were transmitted. But there were probably many other routes as well. But it's very hard to tease out exactly which practice is the most risky, because many of these men did everything. It was hard to find someone who was just exclusively a receptive intercourse person, and somebody who was exclusively another--they just switched back and forth.

I think from the point of view of transmission, though, San Francisco, L.A., New York, probably some parts of Houston and Miami, were areas where this degree of homosexual promiscuity was totally permitted and occurred.

Niccolo and Donkey
Saturday 4 Jan 2014

A quick pit stop in Africa :

Ziegler
In this country, there is clearly heterosexual transmission. But it seems to be quite unbalanced. It's much harder for women to give HIV to men than the other way around. Maybe at a ratio of about ten to one. So in the early stages of the heterosexual epidemic, you have a few women infected, with the men being relatively less infected by the women. But when men have a huge turnover of partners, this collection of women serves as a "point" source of infection, and as the epidemic progresses, eventually the men become infected. And then the men take it home and give it to their wives, or their next partner. So it's transmitted much more readily from men to women than from women to men, simply because, I think, it's partly a matter of topography. The area of exposed genital mucosa is totally different between the sexes.

Hughes
Was that true in the early days of the African epidemic?

Ziegler
I think it was true in the early days there too, but there were repositories of virus mainly in the bar girls and the prostitutes. And when they were tested for HIV, clearly the prevalence was much, much higher than in the general population. **And in Nairobi, where a very good study was done on a lot of prostitutes, within three years the numbers went from 30 percent to 90 percent--virtually every prostitute was infected by 1990.** They also found in those days that genital sores and ulcers clearly were a risk factor. So obviously, any break in the genital mucosa increased the chances of both spreading it and getting it.

Niccolo and Donkey
Saturday 4 Jan 2014

Kaposi's Sarcoma as stemming from a different agent than that of HIV :

Hughes
I read of an NCI [National Cancer Institute] program called SEER [Surveillance, Epidemiology and End Results] which found that the incidence of KS prior to 1980 in various participating cities, San Francisco being one of them, was several times higher than in cities such as Atlanta and Denver where AIDS is relatively rare. 46 What does that mean?

Ziegler
There's a long story around KS and its epidemiology. But the short version is that most people think that KS is caused by an infectious agent, not HIV, but an agent that is passed along with it, and that these were really two independent epidemics, both following pretty much the pattern of advanced promiscuity in the homosexual community in the seventies. And in point of fact, the dermatologists, when they looked back and began to see that there were a fair number of patients in their gay practices who had Kaposi's sarcoma but who ended up not having HIV. And quite a number, twenty, thirty, forty maybe. So for a very rare tumor, that's a very high number of people in one risk group to develop a tumor.

So the feeling was that there was another agent, that it was being passed among gay men, that if you got it along with HIV, you got bad Kaposi's sarcoma, or you had a much higher risk of getting Kaposi's sarcoma, than if you just got it by itself. But if you got it by itself and you were a gay man, your risk was higher than the general population. So my guess is that that blip in the SEER data suggests that there was an agent in the seventies transmitting Kaposi's sarcoma among gay men in those endemic cities surveyed by SEER.

Hughes
An agent totally unconnected with HIV?

Ziegler
Totally unconnected, except when HIV accompanies it, it raises the risk quite substantially.

Hughes
Do we then say now that HIV is a cause of Kaposi's?

Ziegler
I think we have to say that HIV is a cofactor that amplifies the risk of getting KS. I guess the best analogy would be smoking and asbestos exposure. If you get asbestos exposure, your risk of lung cancer is not so high, except for certain kinds called mesothelioma. If you smoke, your risk of lung cancer is dramatically higher, depending on how long and how much you've smoked. If you smoke *and* have asbestos exposure, the risk goes up several hundred fold because of the interaction between the two. So I think what we're talking about is sort of an interaction phenomenon.

In other words, if you're a child in Africa and you're unfortunate [enough] to get malaria and measles at the same time, your likelihood of dying becomes very high, usually from pneumonia. So these are disease interactions, and I think the Kaposi-HIV is an example of that. I don't know for sure, because nobody's found the Kaposi agent. 47 I expect there's one out there.

Dr Greenspan

Niccolo and Donkey
Saturday 4 Jan 2014

Let's move to the oral/dental aspects of HIV.

Dr. Deborah Greenspan on seeing patients from 1978-1981 for her studies on *oral candidiasis* before anyone knew anything about the existence of this disease :

> **D. Greenspan**
> During the period of the study--one of them started in 1978-1979; another one started in 1980-1981--we were heavily recruiting patients for my study of oral candidiasis. I started to receive referrals both from Marc Conant and Don Abrams, with the comment, "Oh, I'm sure this person has oral candidiasis, but I've given them a particular drug and it hasn't cleared, and so why don't you do something about it? You know all about oral lesions, and anyway, you've got a new drug, and maybe it will work." So during that time, not only was I seeing people who were coming to the clinic from other sources, but also the odd one here and there referred from either Don Abrams or Marc Conant, amongst others.
>
> When I look back through some of my slide collections of some of the early people who were in that study of oral candidiasis, it is interesting to me that at that time when I saw them with oral candidiasis, 1979 and 1980, we actually had no knowledge about AIDS or GRID
>
> **3.** Gay-related immune deficiency, an early and controversial term for what later was called AIDS.
>
> or any notion that this disease even existed. Yet I saw these people with oral candidiasis, and then saw them again several years later, when we knew that in fact they were HIV-positive. So at the end of the seventies through early 1981, people who were being recruited into my study for oral candidiasis were, we learned subsequently, HIV-positive. Or by the time I may have seen them again, had what was then an AIDS diagnosis.

Niccolo and Donkey
Saturday 4 Jan 2014

Recognizing Leukoplakia :

> **D. Greenspan**
> During this time I was seeing and managing patients with oral candidiasis. I was also seeing patients who had white patches in the mouth that were not responding to antifungal therapy. We didn't have a lot of "antifungals" actually in the late seventies and early eighties. That's the time

when new antifungals like Mycelex and Ketochorazole were being tested and evaluated for use.

Hughes
Now, the white patches were synonymous with leukoplakia? That was the diagnosis?

D. Greenspan
A non-removable white patch in the mouth is called a leukoplakia. Leukoplakia simply means white patch, and the difference between a leukoplakia and pseudomembranous candidiasis is that pseudomembranous candidiasis is a removable white patch and leukoplakia is a non-removable white patch. Some of these leukoplakias may represent dysplasia, atypia, or early squamous cell carcinoma. And in 1980 and 1981, I saw people with white lesions on the tongue that were thought to be due to candida that in fact didn't respond to antifungal therapy, and therefore we biopsied them, because you need to biopsy white patches to find out what they are, to make sure that there is no dysplasia or carcinoma.

The biopsies found slightly unusual appearances in the epithelium, that these were lesions that had no evidence of dysplasia or atypia, no evidence of candida, but nevertheless were a hyperkeratosis. We saw several cases over a period of two or three months. I biopsied each one. Some of these patients indeed did have candida when I first saw them, and we treated the candida and the candida was no longer present, but the lesion remained.

Misc Doctors

Niccolo and Donkey
Thursday 29 Aug 2013

Dr. Mervyn F. Silverman on Gays and the Bathhouses in San Francisco :

I was trying to get the gay community to take action, to force the bathhouses to stop allowing unsafe sex to take place in their establishments or close down. The reason why I thought this was possible was because a number of years ago, some gay bars had only one exit. They were obviously a real fire hazard. So people within the gay community tried to get these gay bar owners to put other exits in, and some wouldn't do it. So they picketed them. They actually brought a fire door, got outside of the gay bars, and picketed. And [snaps fingers] almost overnight that was changed. So taking a similar action with the bathhouses was something they could do--if they wanted to.

My feeling was because I was trying to reach the whole community, the action had to go beyond the physical closure of the bathhouses; there had to be an educational impact. The way to get an educational impact would be to have the gay community do it, not the straight community, not the government.

I kept working with the gay community up to July of '84. The reason why that July of '84 is so important is we had the Democratic National Convention here. There was a party that was given by the Gay and Lesbian Caucus, to which I was invited, and I tried there for the final time with a certain number of leaders in the gay community to get them to take an action against the bathhouses. Especially since there were people in the gay community who made it very clear that they didn't like the bathhouses; they thought they should be closed. But if I closed them, they'd man the barricades in defiance of my actions.

And why would they man the barricades? The pervasive argument that turned around even the strongest gay backers I had for closing the bathhouses was, if government closes the bathhouses in San Francisco, which is seen as this bastion of gay liberation, what message does that send to less liberal states and communities? And then the next step is, well, obviously people get picked up in gay bars, so you close the gay bars. And then the sodomy laws would either be enforced or reinstated, depending on what the status was in any given state.

I remember having one very important person in the gay community who had been supporting me for bathhouse closure, who had been active in politics and still is, call me up and say, "Merv, I can't support you any more." I said, "Why?" And he gave me the above argument. That argument was pervasive, and was a very strong argument. The deal was, if the bathhouses closed down because they didn't have any business, or they closed down because we [the gay community] closed them down, that would be one thing. But if you, government, close them down, we just can't have that. Not after all the gains we've made in gay liberation.

Niccolo and Donkey
Saturday 31 Aug 2013

*note - the Stewart mentioned in this segment was said by Dr. Moss to have been waiting for Gaetan Dugas to return to San Francisco to "kill him", most likely figuratively

Dr. Andrew R. Moss, Epidemiologist, on the first case-control studies and building the questionnaires :

The Questionnaire

Moss
At the end of 1982, we started developing a questionnaire. I got my gay informants together. Stewart Anderson was one of my first informants about gay sexuality and what we ought to be asking people about. I talked to a lot of people. I rounded up a working group, and we met in the evenings over on Gough Street in my office. I got a lot of gay men into it. Michael [Gorman], whom I hired-- How did I do that? I must have had him on brain tumor money. I was using my brain tumor study budget to fund AIDS. That's what I did; that's what everybody did; I bootlegged it.

I hired Michael, and Wally Krampf, a gay doctor who still works with us and has a gay practice. I hired Louise Swig and other people that worked with us as interviewers and volunteers. We invited people to sit in on the discussions. I had an open process. Partly I wanted word to get out to the gay community about what we did, and I didn't want it to be seen as closed or secretive. Trying to win support in the gay community is what we were doing, and I figured since we were doing all this sexuality stuff that we should try and open it way out. So we did. We made it totally open. Anybody who wanted to sit in on these discussions was welcome, and a lot of people came.

We had this process of developing questionnaires whereby we iterated them. We started with something, and then we'd all take it out in the field and do one or two interviews, and then come back and discuss the questionnaire and change it. It takes a long time, but we worked through all the gay sexual issues.

I had key informants. I had my sadist, my masochist, and my water sports expert, and Stewart who was my fist-fucker expert. I had all these people that I would go to--it was great. My main motivation for being an epidemiologist is curiosity, voyeurism. A very big part of my motive was, Ooh, this is interesting. Let's have a look at this. The wall was down between the gay world and the straight world. You could peer into this taboo territory, where all this very extreme sex by heterosexual's definitions was going on. Homosexual sexuality in that era was almost a cult phenomenon; it was like a sex cult. It was very different from what goes on in the straight world, so we were penetrating into this weird world.

We were extremely thorough. We masked our prurience with Teutonic thoroughness, and investigated everything, and generated this gigantic questionnaire which asked about every possible sexual activity.

Hughes
Just sexual activities?

Moss
Mostly, not totally. Residence, history, places. We asked about places; we were very interested in where people did this. We were still under the epidemiological delusion that you could identify the place where transmission occurs. Of course, it's really going on everywhere, but we had this fantasy that you could identify place. Did we think in terms of tens or thousands of deaths at that point? I don't know. It's hard to reconstruct. Seeing what was going on in the bathhouses or the sex clubs, one strategy was to ask people where they had done their stuff.

It's probably the best case-control study of AIDS risk factors anybody ever did, because we got obsessive about it. Our coping strategy for the fact that we were so psychically out of our depth was Germanic thoroughness. [laughing]

It was a huge questionnaire; it took an hour to do the interview, and it covered every sexual activity and a lot of other stuff as well. It covered places and exposures and God-knows-what.

Hughes
Was it indeed more comprehensive than other questionnaires?

Moss
Yes, it's probably the best one developed for use in studies in gay men. It's definitely better than the CDC questionnaire, which we started off with.

Hughes
How much did you modify it as time went on?

Moss
Oh, we just went through a big development process. We took months to develop it. Dennis Osmond, Louise Swig, who was actually a field director for studies like this, and I piloted it. We were all obsessive about this particular part of the process, so we did it a long time. Also, it's how you get yourself into the issue, get yourself thinking about it.

We're doing it now with TB histories. You work yourself into what's going on--that's how you talk to your first patient. You get people of very varied backgrounds to comment, and you start with a draft questionnaire, and then you all go and interview an AIDS case. That's what we did.

So I interviewed my first AIDS case, an unbelievably creepy experience. I'll find notes on that: that will be worth reading. [laughs] It was an incredibly creepy and frightening experience, but also a bonding experience, a commitment experience. We all did it, we all came back, our eyes were opened, and we were exhilarated and terrified. We'd all done it, so we'd all get deeply into discussing what we were doing with studying this strange sexual stuff.

Quick-and-Dirty Studies

Moss
While we were going on the road with the AIDS incidence study, we were developing this case-control one. A census tract study is a quick-and-dirty study. I did it that way deliberately. I knew this would be a quick way of getting some data out. I did two things very quickly: the AIDS incidence study and a survival study, how long people diagnosed with AIDS lived. They were dying very rapidly. Peter Bacchetti and I finally did that study formally. 35 Eleven months was the average survival with AIDS in those days, eleven months from diagnosis to death. So that's another easy study that we were also doing. It wasn't so easy, but we were doing that too.

See, with no money, you have to do cheap studies. So I did cheap studies we could do with existing resources, and development work on this big case-control study, which was several hundred thousand dollars for the full study. We eventually interviewed 600 people in the case-control study, 300 AIDS cases, 300 controls.

Hughes
Give me an idea of what sort of questions in the questionnaire worked, and what sort of questions didn't work?

Moss
Well, you're trying to measure things, like number of sexual partners. You're trying to come up with how many sexual partners the person has had in the last week, month, year, ten years, lifetime. How do you group it? Zero-one, one-two, two-three, three-five?

Niccolo and Donkey
Saturday 4 Jan 2014

Dr. Jay Levy, a specialist in animal viruses went down to the Dominican Republic and Haiti at the end of 1982 and tells us what he found :

Levy
I went to Haiti at the end of '82 to look into the possibility that the virus that causes AIDS, as it was then called then, might have originated in Haiti. You may recall that fingers were pointing there. I also went to the Dominican Republic where I had been doing work with Ellen Koenig, who is my sister and is a virologist. We had been looking at AIDS in the Dominican Republic as a third-world country. Since the country has Haitians working in the sugar cane factories, I thought that we might see a difference in the disease among the two populations. We collected blood in 1982-'83 and then with the discovery of HIV could trace the onset of infections in the Dominican Republic. And that turned out to be a rather major observation, published in *JAMA* .

18. R. E. Koenig, L. G. Brache, J. A. Levy, "HIV in the Dominican Republic," Journal of the American Medical Association 1987, 258:47.

We found a high rate in Haitians and a very, very low rate in the Dominican homosexual community.

Hughes
How was HIV entering Haiti?

Levy
It was entering with tourists and Haitians. It was quite clear that the concentration of cases in Dominicans was in the port cities, and we showed that fact in our first paper.

Hughes
Gay men were bringing in HIV?

Levy
It was mostly gay men.

Hughes
From the United States?

Levy
Wherever, but most likely, yes. We didn't think the infection of Dominicans came from Haitians; they don't mix very much, although you have a few Haitian prostitutes. Ellen went on to prove that most of the prostitutes in the Dominican Republic are negative for HIV. It's the international prostitutes who are infected, being moved around the world. That was one of Ellen's comments: "Stay away from international prostitutes."

In December 1982 I arranged to go meet Bob Elie in Haiti, who was my host. It was really an amazing trip. Because I was going to Haiti, I called Berkeley and asked if there was anyone there in Haitian studies and met a young Haitian teacher named Michel Laguerre who was a history of Haiti scholar. He had a lot of contacts in Haiti with a very intellectual group. One of his friends, Max Blanchard, became a friend, and I serve with him on a Haitian-American committee in San Francisco.

So I went to Haiti armed with all these contacts, and I met many of them. One was a famous historian and lecturer, and I had an incredible time. In fact, I even met with the minister of health. My hotel was empty because AIDS had been just talked about and no tourists came. I think I spent four days, and there were meetings all the time. I met some of Michel's friends and the head voodoo priest. I photographed a voodoo ceremony and raised the question of whether the virus could come from chickens, because they drink chicken blood.

At that time, Jane Teas had her African swine fever virus article published in *Lancet* , which captured the imagination of lots of readers and the gay community. And Jane was here in San Francisco, talking about it. I decided to examine further the idea though I thought it was a bit far-fetched. While in Haiti I checked on the pigs that were supposed to be infected by this virus, and although all the pigs had been ordered killed, there were plenty of pigs left in Haiti. No one bothered to kill them all. In the voodoo ceremony, they smear themselves with pig blood. So I looked around for swine fever virus as a possible cause of AIDS and learned some very interesting things while I was there. For certain the swine fever virus did not seem responsible.

One reason was that most of the wild animals were gone; they had all been eaten. **The second was that there had been in 1977 a conference of gays in Haiti, and a lot of gay people had come down from New York for this conference. After all, Haiti was a great spot for gay vacations. The poverty there had lots of young boys acting as prostitutes. There apparently were some there when I was there, but it wasn't as evident. There was a hotel that had a lot of famous homosexuals staying there. I saw the hotel; I can't remember the name of it. I also learned that one guy had given a party in which rhesus monkeys were featured, running around wild at the party. So that led me to think again about viruses spreading from an animal to humans, or--I always laugh--the other way, too.**

I came away with a wonderful appreciation of Haitian culture, despite the short visit. The voodoo priest was wonderful; really it was a privilege to be there for a special voodoo ceremony, and I was permitted to take many photos. Years before I had been in Haiti with friends and actually went to a voodoo ceremony that we paid for. It was like $10 and went on for three days. We saw the first six

hours and then excused ourselves, but it went on forever. So I had a feeling for it and met some voodoo priests then. I came back to San Francisco and gave a talk on this visit at the KS Clinic. It was really very well received. I had marvelous pictures, which I still use. **I said then that I thought perhaps in '77 the virus was brought to Haiti via New York** .

Gay Testimonies

Niccolo and Donkey
Saturday 4 Jan 2014

Moving away from doctors, we next meet Michael Helquist, a gay journalist, who was present during the early years and was the AIDS journalism rival to Randy Shilts.

Helquist's first encounter with the disease :

Hughes
Do you remember how you first learned of the epidemic?

Helquist
It was either reading one or two of the early articles that had been written--

Hughes
Here?

Helquist
Here, in the gay papers. The person who had started writing the first personal experience AIDS column in the *San Francisco Sentinel* , Bobbi Campbell, was a nurse at UCSF. It was both that column and, in the very early days, what most people heard about or saw were these posters that were posted in the window of the drugstore at 18th and Castro Streets--which today is Walgreen's and used to be Star Pharmacy. Those were photos of KS [Kaposi's sarcoma] lesions, with advice to "check yourself daily for lesions."

Hughes
Bobbi Campbell's foot, right?

Helquist
Oh, yes, it probably was.

Hughes
Was there more than one?

Helquist
More than one poster?

Hughes
I mean, of different types.

Helquist
I think probably there was one with the photo, and then an accompanying one with more information, written information. But even then, it was still so early in the epidemic that you were

kind of aware of it, but it wasn't top of mind. It quickly got there, but for a while, it was just this weird sort of thing going on, which of course initially was called the gay cancer. It took awhile for people to absorb this new information and to realize how it affected their lives.

We know AIDS became more real and personal for the "general population" once Rock Hudson's diagnosis and death were revealed. For the gay population, we began to have similar experiences, but much earlier. For example, when Patrick Cowley, the San Francisco musician and producer, died of AIDS in November 1982, the community was shocked and saddened. AIDS was becoming more real and more of a threat.

Niccolo and Donkey
Wednesday 2 Jul 2014

Gary Stephen Carr, a gay nurse, on the early days of AIDS :

Pre-1981 Cases

Hughes
Now, in any of these medical settings, were you seeing cases that later would have been labeled AIDS or AIDS-related?

Carr
I was going to mention that in the late seventies in my last days at St. Mark's, I was seeing bizarre things in sexually active gay men that I now realize in retrospect were early manifestations of HIV, but we had no idea what they were. Things like genital warts, molluscum, shingles--things that anybody could get--would start to get worse. We'd see them worse and more persistently. I realize now that those people probably had HIV.

Hughes
Was it apparent enough that this was a subject of conversation?

Carr
At the time, yes.

Hughes
And did people wonder why there seemed to be this upsurge?

Carr
Yes, people talked about it. The dermatologists were very involved in it at that time, with that sense of, Something is weird here.

I remember in 1979 representing the St. Mark's Clinic at a conference on gay STDs [sexually transmitted diseases], a nationwide conference in Chicago. King Holmes, a physician from Seattle who I think is now a professor of infectious diseases at the University of Washington--I think at the time he worked for the county public health department in Seattle--said at the meeting, "Something bad is happening," or is going to happen, or is starting to happen, "with gay men who have a lot of sex." We called him

homophobic and stuff like that. [laughter]

Hughes
He was noticing an upsurge in Washington?

Carr
I don't know whether it was locally in Seattle, or whether he was noticing it around the country. He was in a position to have a national perspective even at that time.

I was involved in a study back in the seventies of anal warts, anal gonorrhea in gay men. There were a lot of physicians, and even a lot of ID [infectious disease] physicians, who wouldn't acknowledge that men could get gonorrhea in the rectum. And this is why we felt that health care geared to the gay community was important. It wasn't that they got other diseases; it was just that people got STDs more frequently. There were a lot of quarters of society and places people had to go to access treatment where there was a very judgmental attitude. So we thought of it in political terms a lot. We used to say, "Treatment for a cold is better if you don't have to be afraid to let your partner hold your hand while you get it." Stuff like that.

We, the group of gay men in that clinic, in a way were very far ahead of our time. We were influenced by the Women's Health Collective in Boston that wrote *Our Bodies, Ourselves* , and we used to have meetings of gay men. We used to talk about doing self-exams with anuscopes, and we used to examine each other and stuff like that. The seventies were so outrageous. [laughs]

Hughes
Was there any scientific basis for thinking rectal gonorrhea was impossible?

Carr
No, it was homophobia, to say that it didn't exist.

Niccolo and Donkey
Wednesday 2 Jul 2014

Angie Lewis, a lesbian nurse, on learning about gay sexual culture at a conference in 1981 :

Presentation on Gay Male Sexuality

Lewis
Actually, there were things I learned from several presentations at the BAPHR conference that I used later in AIDS education. **There was one presentation I remember by a psychologist in L.A. who had done a study of 500 male couples, and there was a book from this called *The Male Couple* , and it was the author who was speaking. He was saying that of the 500 couples that he had interviewed, who had quite a wide range of age and years together as partners, but I think they had to have been together five years or more, he found not one couple that had been monogamous. Gay male sexuality, even in coupled individuals, involved other people, and many of those couples did that very consciously and knowingly between themselves.**

That was really helpful and important information for me to realize, because in my experience as a lesbian, things had been quite different. As we got into the epidemic, especially in the very early years, we heard so much about promiscuity, and this information helped me relate on a more real level with people, with gay men particularly, about their sexual behavior. Things have changed in many gay male couples now and there is a lot of monogamy. But in those days, apparently there wasn't.

And I hadn't really been consciously aware of that. I knew that some of our friends were very promiscuous, and they would come and stay at our house and go to the baths, but I just didn't think that much about it. It was just the way things were.

Yes. As I learned more about how gay men related to each other sexually, both those who were single and those who were coupled, and as I gained awareness of specific sexual practices, **it became increasingly clear that many sexual practices of gay men were dangerous to one's health** . Of course, as all of gay San Francisco could have told you at the time, advising individuals to curtail their sexual practices raised many red flags related to civil liberties and the issue was definitely a topic of hot debate.

Additional Reports

Niccolo and Donkey
Wednesday 8 Oct 2014

Now let's step back to the seminal MMWA report from 1981 by way of a journalist's peek back in time.....

June 5, 1981. Pneumocystis Pneumonia. Los Angeles.

> In the period October 1980-May 1981, 5 young men, all active homosexuals, were treated for biopsy-confirmed *Pneumocystis carinii* pneumonia at 3 different hospitals in Los Angeles, California. Two of the patients died. All 5 patients had laboratory-confirmed previous or current cytomegalovirus (CMV) infection and candidal mucosal infection. Case reports of these patients follow.

In honor of National Gay Men's HIV/AIDS Awareness Day , I'm republishing my article on the first report documenting the emergence of the HIV/AIDS pandemic. That article, published in the CDC's *Morbidity and Mortality Weekly Report* on June 5, 1981, describes five cases of an unusual form of pneumonia in atypical patients, all young men. The broader social and public health implications of these five cases were not understood at the time of the article's publication, but would be in just a few unnerving months. In short time, it would become clear that this pneumonia, caused by a tiny fungal organism, was part of a constellation of diseases associated with a novel and highly unusual viral infection that was spreading rapidly through a subset of the American population.

CENTERS FOR DISEASE CONTROL

June 5, 1981 / Vol. 30 / No. 21

MMWR

MORBIDITY AND MORTALITY WEEKLY REPORT

Epidemiologic Notes and Reports

Dengue Type 4 Infections in U.S. Travelers to the Caribbean

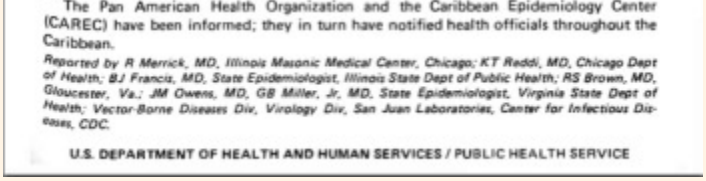
Dengue type 4 infections have been confirmed in 2 U.S. travelers who recently returned from St. Barthelemy, a small island in the French West Indies. These are the first documentations of dengue type 4 ever reported in the Western Hemisphere.

On April 1, 1981, a Chicago resident had an acute febrile illness typical of classical dengue; symptoms included myalgia, headache, severe retro-orbital pain, and lower back pain. On April 4 he developed a diffuse rash over his torso. When acute- and convalescent-phase serum specimens collected on April 1 and April 14 were tested at CDC, there were diagnostic rises in hemagglutination-inhibition and complement-fixation titers to dengue type 4. The patient recovered completely after a few days.

When the laboratory diagnosis of dengue 4 was made in association with a travel history to the West Indies, the patient was contacted for additional information and a confirmatory serum specimen. This specimen also had dengue antibody titers similar to those of the convalescent-phase specimen.

The patient reported that he had traveled from Chicago to St. Barthelemy, stopping only for brief periods to change planes at the airports in San Juan, Puerto Rico, and St. Martin, West Indies. He stayed on St. Barthelemy from March 13 to March 27 and flew back to Chicago, again with only brief airport stops in St. Martin and San Juan. The patient stated that an outbreak of dengue was thought to be occurring on St. Barthelemy.

Serologic test results for other specimens from U.S. travelers that had recently been evaluated at CDC were reviewed to determine whether any other patients with a history of possible exposure in the Western Hemisphere had findings suggestive of dengue type 4 infection. Another patient, a Virginia resident who had traveled in the French West Indies, had an antibody pattern compatible with 1 or more previous dengue or other flavivirus infections. Results of tests of a second serum specimen obtained from the patient later in convalescence documented secondary dengue type 4 infection. The patient visited St. Barthelemy in April; he developed a typical dengue-like illness on April 17. The patient also recalled that residents of St. Barthelemy believed an outbreak of dengue was occurring.



The Pan American Health Organization and the Caribbean Epidemiology Center (CAREC) have been informed; they in turn have notified health officials throughout the Caribbean.

Reported by R Merrick, MD, Illinois Masonic Medical Center, Chicago; KT Reddi, MD, Chicago Dept of Health; BJ Francis, MD, State Epidemiologist, Illinois State Dept of Public Health; RS Brown, MD, Gloucester, Va.; JM Owens, MD, GB Miller, Jr, MD, State Epidemiologist, Virginia State Dept of Health; Vector-Borne Diseases Div, Virology Div, San Juan Laboratories, Center for Infectious Diseases, CDC.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES / PUBLIC HEALTH SERVICE

This *MMWR* article is the first record of an emerging outbreak that, in just one decade, would be the second leading cause of death in young American men 25 to 44 years and have infected over 8 to 11 million people worldwide. As I note in my article, “the June 5th report is a symbol of a time before HIV/AIDS became ubiquitous, before it became a pandemic, before a small globular virus became mankind’s biggest global public health crisis … June 5th marks the beginning of a radical transformation in how disease surveillance and medicine was conducted.” The HIV/AIDs outbreak, since this report’s publication and the growing awareness of the virus, has profoundly changed medicine, public health, virology, and the lives of millions of people.

It often seems that gay men are disproportionately, and perhaps unfairly, bludgeoned with HIV educational and awareness campaigns. After all, this virus is an equal opportunist infector infecting both genders of all sexual orientations. And, yes, men that report having sex with other men represent a truly tiny proportion of the United States population, a slim 2% of the three-hundred million that live in this country.

However, as the CDC reports , gay men account for 63% of all newly diagnosed HIV infections in the United States and make up 52% of the current population of people living with a HIV diagnosis. Stopping the continued transmission of HIV/AIDS in this country critically relies on affecting change and promoting awareness among these men. In 1981, we just became aware of the HIV/AIDS virus. Today, we continue to bring awareness to prevention, testing, and treatment of a virus that continues to percolate through the same vulnerable population that was brutally affected nearly thirty years ago.

June 5, 1981. Pneumocystis Pneumonia. Los Angeles.

“ Pneumocystis Pneumonia — Los Angeles ,” in the June 5, 1981 edition of the CDC’s *Morbidity and Mortality Weekly Report* , was an economical seven paragraph clinical report cataloging five observed cases, accompanied by an explanatory editorial note on the rarity of this fungal disease. It seemed to be nothing out of the ordinary from *MMWR* , a publication that has been issuing the latest epidemiology news and data from around the world for 60 years. The report was included in that week’s slim 16 page report detailing dengue in American travelers visiting the Caribbean, surveillance results from a childhood lead poisoning program and what measles had been up to for the past five months.

Since 1978, Dr. Joel Weisman, a Los Angeles general practitioner, had been treating dozens of gay men in the city presenting with a motley collection of uncommon illnesses – blood cancers, rare fungal infections, persistent fevers and alarmingly low white blood cell counts – typically seen in the elderly and immunocompromised (1). In 1980, he was struck by two profoundly ill men and by the similarity of their symptoms, their prolonged fevers, dramatic weight loss, unexplained rashes and swollen lymph nodes. He referred them to Martin Gottlieb, an immunologist at UCLA who just so happened to be treating a gay patient with identical symptoms.

All three men were infected with *Pneumocystis* pneumonia, caused by the typically benign fungus *Pneumocystis jirovecii* , and soon Gottlieb would hear of a two more patients with the fungal infection from colleagues (2). The *MMWR* editorial note accompanying the report of these cases would mention that *Pneumocystis* pneumonia, or PCP, is “almost exclusively limited to severely

immunosuppressed patients" and that it was "unusual" to find cases in healthy individuals without any preexisting immune system deficiencies. The disease would later be cataloged on immunological graphs illustrating the awful decline of the infected – first the CD4+ T-cell count falls as the viral load ascends, then a marching band of viral, fungal, protozoan and bacterial infections capitalizing on the loss of CD4+ T-cells. PCP is now known as a classic opportunistic infection of those infected with HIV/AIDS.

In the first sentence, the report would note that the young men were "all active homosexuals." These five were all "previously healthy" men in their late 20s and 30s. They did not know each other, they did not share common contacts and they did not know of any sexual partners suffering with similar symptoms.

Three of the men were found to have "profoundly depressed" numbers of CD4+ T-cells. All five reported using inhalant drugs, or "poppers," common in that era among gay men, which would later serve as a lead into this new syndromic disease (3). Cytomegalovirus, found in the five men, was also suspected as a culprit behind this strange outbreak. The editorial note stated definitively that "the fact that these patients were all homosexuals suggests an association between some aspect of a homosexual lifestyle or disease acquired through sexual contact and *Pneumocystis* pneumonia in this population."

By the time the very first report on this acquired immunodeficiency syndrome, which we now know as AIDS, had been published by Gottlieb and Weisman and three fellow physicians in the MMWR, two of the patients had already died.

New reports showed up after the June 5th report, the list of cancerous malignancies and bizarre diseases killing young gay men blossoming in number, seemingly inexhaustible in scope and variety. The first reported cluster was in Los Angeles but by the summer and fall of 1981, reports would trickle in from San Francisco and New York City, and then Miami, Houston, Boston and Washington, D.C. would represent new epicenters.

The July 4th report on 26 cases of Kaposi's sarcoma, a rare cancer that only appeared in elderly men of Mediterranean descent, in California and New York City was another pivotal report on this new syndromic disease. The entire December 1981 issue of *The Lancet* was dedicated to the disease and hypothesized on the origins of this immunological deficiency but, tellingly, none of the articles proposed an emerging infectious disease as the culprit. The disparate constellation of diseases seemed to be linked only by their aberrational appearance in men in what should have been their prime, their gay lifestyle, and abnormally low CD4 cell counts. It had no apparent origin, and physicians were scrambling to find an appropriate treatment to decelerate the rapid progression to death.

By December 1981, it became clear that this disorder wasn't limited to gay men but also affected intravenous drug users, recipients of transfused blood products and immigrant Haitians. The escalating numbers of cases reported daily and the disastrous mortality rate – 40% of patients were dying within a year of diagnosis – began to sow panic in the public health and medical world that soon spilled into the public (4).

It would take three years before the virus was detected and AIDS was definitively linked to an infection caused by a novel virus, human immunodeficiency virus or HIV. In just a decade, AIDS would be the second leading cause of death in young men 25 to 44 years in the United States and would have infected over 8 to 11 million people worldwide (5). The most recent estimate for the number of people worldwide living with HIV/AIDS is 34 million in 2011, with 68% residing in sub-Saharan Africa (6). That year, there were 2.5 million new HIV infections and 1.7 million AIDS-related

deaths.
Though the June 5th, 1981 report was overlooked at first, for many years it would be “one of the most heavily quoted articles in the medical literature” (2). And since its publication, we have seen a cataclysmic shift in how the interrelated worlds of public health and medicine view infectious diseases, especially how to prevent, control and educate the public about them.

June 5th marks the beginning of a radical transformation in how disease surveillance and medicine was conducted. In the seventies, the scientific consensus on infectious diseases was that they were largely eradicated, that they were finished. Vaccines had diminished their presence in modern society, and antibiotics and antivirals would sort out the rest. HIV/AIDS changed that mentality and reality. It seemed to come from nowhere, the blossoming epidemic completely unforeseen and unprecedented in its scope. The June 5th report is a symbol of a time before HIV/AIDS became ubiquitous, before it became a pandemic, before a small globular virus became mankind’s biggest global public health crisis.

Niccolo and Donkey
Saturday 11 Oct 2014

On early AIDS activist Michael Callen :

Berkowitz recalls an early AIDS activist named Michael Callen. Though only in his late 20s at the time, Callen had had more diseases than an entire platoon of Army soldiers. Berkowitz writes in Callen's voice (once again I'm collaging this together from scattered passages):

> I estimate I've had approximately 3,000 men up my butt ... I estimate that I went to the baths at least once a week, sometimes twice, and that each time I went I had a minimum of four patners ... I also racked up about three men a week for five years at the Christopher Steet bookstore ...Then of course there was the MineShaft; the orgies; the 55th Street Playhouse; the International Stud backroom ...

> Let me present my own history of STDs. From 1973, when I came out, to 1975, I only got mononucloeosis and non-specific urethritis, or NSU. In 1975, I got my first case of gonorrhea. Not bad, I thought. I'd had maybe 200 different partners, and I'd only gotten the clap twice. But then, moving from Boston to New York City, it all began to snowball.
>
> First came hepatitis A in '76 and more gonorrhea and NSU. In 1977, I was diagnosed with amebiasis, an intestinal parasite, hepatitis B, more gonorrhea, and NSU. In 1978, more amebiasis and my first case of shigella, and of course, more gonorrhea. Then in 1979, hepatitis yet a third time, this time non-A, non-B, more intestinal parasites, adding giardia this time, and an anal fissure as well as my first case of syphilis ... By 1981, I got some combination of STDs each and every time I had sex ...

> At age twenty-seven I've had: gonorrhea, syphillis, hepatitis A, hepatitis B, and hepatitis non-A, non-B; intestinal parasites including amebiasis, e. historicia, shigella, giardia; herpes simplex types one and two; venereal warts, mononucleosis, cytomegalovirus, and now cryptosporodiosis, for which there is no known cure.

Crypto- *what* -siosis? Berkowitz helpfully informs us that cryptosporodiosis was a parasite "previously found only in livestock."

Niccolo and Donkey
Saturday 11 Oct 2014

How AIDS battered one S.F. synagogue: A 25-year retrospective

Mark Feldman had the world on a string.

He was young, gregarious and smart. As director of admissions at New College, his career was on the ascent. As a co-director of publicity for Congregation Sha'ar Zahav, a largely gay and lesbian San Francisco synagogue, he was an emerging leader in the local Jewish and gay communities.

So synagogue colleagues were dumbstruck when Feldman announced at a board meeting he had come down with the "gay disease."

The year was 1983. The term AIDS had not yet become widely known. And no one then fully understood what had descended so lethally on the gay community. But Feldman knew he was facing a grave illness, and when he succumbed a short time later at age 31, he became the first Sha'ar Zahav congregant to die of AIDS.

Sadly, he was not the last. The names of nearly 80 other congregants felled by the virus adorn the synagogue's memorial wall today.

This week, Sha'ar Zahav members -- and the world -- mark the 25th anniversary since the first reference to a strange fatal illness affecting mostly gay men came out in the Centers for Disease Control and Prevention's Morbidity and Mortality weekly report.

"It was like living through a war," remembers longtime congregant Sharyn Saslafsky. "Our world went upside down and inside out. So many of our friends died young."

"I remember the devastation of hearing the names on the Kaddish list of young people," says Rabbi Eric Weiss, a Sha'ar Zahav member and executive director of the Bay Area Jewish Healing Center (the Institute on Aging). "During the service, everyone stands, links arms and sings 'Hinei Mah Tov.' I remember the utter sadness when there were people we couldn't put our arms around anymore."

In the early years of the AIDS epidemic, long before the advent of the drug AZT, protease inhibitors and other treatments, Sha'ar Zahav found ways to cope. "We came together as a community and as a synagogue," adds Saslafsky. "We had nothing to lead us through this, but we knew we had to do something."

Rabbi Allen Bennett served as Sha'ar Zahav's spiritual leader during the first years of the AIDS epidemic. Today he is the rabbi of Alameda's Temple Israel, but he remembers the emergency-room atmosphere of those early days, especially regarding his pastoral duties.

"You were on call 24/7," he says. "There was no easing up. Every day there were more casualties and, as things progressed, more fatalities. Until things started to taper off, I and an awful lot of my friends were losing, on average, a friend or acquaintance once a week for probably five years."

Former Sha'ar Zahav Rabbi Yoel Kahn joined the congregation in 1985, his first post after ordination. But nothing in rabbinical school prepared him for the devastation he encountered upon arrival. "The model we work with is that things are timely. But one dimension [of the AIDS crisis] was the untimeliness of it, cutting down people in their prime, as well as the sheer magnitude of it," he says.

At High Holy Days, he found himself unable to utter out loud the U'netaneh Tokef prayer, which reads in part, "On Yom Kippur it is sealed ... who shall live and who shall die ... who by earthquake and who by plague."

"It was emotionally and spiritually draining," remembers Kahn of those years. "But the value and holiness of gay relationships was so affirmed for me by the faithfulness in care-giving I saw."

Niccolo and Donkey
Monday 17 Nov 2014

The geographic origin of AIDS is now known

A study published in *Science* magazine reveals for the first time where, when and how the world's AIDS pandemic originated. Thanks to a statistical analysis of all the genetic data available on the human immunodeficiency virus (HIV), an international research team has just confirmed that the scourge broke out in 1920 in Kinshasa, the capital of what is now the Democratic Republic of the Congo. By comparing this result with historical data, researchers explain how, from a single contamination by a chimpanzee, HIV spread to humans.

AIDS is one of the most devastating diseases in the history of humanity. Since its transmission to humans by great apes, the pathogen responsible, the human immunodeficiency virus (HIV) has infected 75 million people. However, thirty years after the discovery of its existence, little was known about the chain of events at the origin of the global pandemic . An international team, led by the universities of Oxford and Louvain in collaboration with IRD researchers, has just published a new study in *Science* magazine that reveals where the pandemic broke out and how it spread.

Epicentre of the disease discovered in Kinshasa

Thanks to genome sequencing of the virus and the latest phylogeographic techniques, researchers have recreated the epidemic's genetic history. Scientists had previously identified chimpanzees from South Cameroon as the source of AIDS. There have been several human contaminations by these great apes throughout history, but only one of these cases led to the spread of HIV to humans.

To determine where and when the epidemic originated, researchers compared the genetic diversity of the viruses collected in the countries of the Congo Basin, considered potential birthplaces. The result: the origin of the scourge was Kinshasa, the capital of what is now the Democratic Republic of the Congo, and dates back to 1920.

Emergence of a pandemic

Once the geographic origin of HIV was determined, scientists were able to link their genetic data on the virus' evolution with historical data, to determine the circumstances that enabled its outbreak in Kinshasa and its spread among human populations. Belgian colonial archives on the former Zaire reveal that at the beginning of the century a great deal of trade took place by river (ivory, rubber, etc.) between South-East Cameroon and Kinshasa. This could explain why the human epidemic broke out in the Congolese capital and not in Cameroon where the chimpanzees that contaminated humans are found.

Then between 1920 and 1950, urbanisation and the development of transport, particularly railways, made Kinshasa one of the most connected cities in Central Africa. At the end of the 1940s, over a million people passed through the city each year to reach the north or south of the country or travel to neighbouring countries. This unusual cocktail of factors, combined with the virus' genetic adaptability, led to its very rapid spread throughout the country (large like West Europe) as well as secondary outbreaks as far as South and East Africa. Later, after the 1960s, other social changes, such as the rise in prostitution and the use of non-sterile needles in public health initiatives, undoubtedly contributed to transforming small outbreaks of infection into a real pandemic.

More information: Bedford, M. Ward, A. Tatem, J. D. Sousa, N. Arinaminpathy, J. Pépin, D. Posada, Martine Peeters, O. Pybus, P. Lemey. "The early spread and epidemic ignition of HIV-1 in human populations," *Science* , 2014, Vol. 346 no. 6205 pp. 56-61. DOI: 10.1126/science.1256739

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Niccolo and Donkey
Sunday 17 May 2015

A 1990 piece about Dr. Joseph Sonnabend, a gay Jewish doctor and researcher specializing in viruses who set up a practice in Greenwich Village in the late 70s, catering to the gays and their increasingly odd and dangerous venereal diseases. He was known as Dr. Clap.

The Clap Doctor

He was known as the "clap doctor" and he carried the moniker with both pride and shame. Joseph Sonnabend was proud of his practice in the Village - New York's Greenwich Village. Sonnabend saw his practice as the kind that had long ago disappeared from medicine: a doctor with an actual kinship with his patients. They were gay. So was he. They were outsiders. He was a South African expatriate Jew, no less. They suffered from a strange, truly bizarre stream of infectious diseases. He was one of the few who could treat them.

A boyish barrel-cheated man, almost shy, he stood with his arms straight down at his sides, head bent. With a heavy salt-and-pepper beard, bushy eyebrows, a full head of curly black hair, and a big nose, his face made him resemble nothing less than a kindly Caliban. Sonnabend had the softest of voices. It drew people toward him, and, once near, they stayed to listen to what he had to say. Yet that same voice had enormous projection in anger or excitement, especially when he was talking about science and its shortcomings. Later it would reverberate with talk of AIDS.

Sonnabend's manner triggered something in his patients that was sometimes described as two steps away from love. Seeing his potbelly hanging over pants that often failed to hide his underwear, they felt a need to protect him from a hostile world. He wore his personal dishevelment as a badge of unyielding, uncompromising principle, but instead it gave him the unmistakable mien of tragedy. To his patients, Joe Sonnabend was the quintessential tragic hero.

Sonnabend wasn't alone in building a special practice. At that time, other doctors in New York, San Francisco, and Los Angeles were building practices with intensely close patient-doctor ties. What they didn't know was that within two or three years, when the AIDS virus presented itself full-blown, these networks would prove lifesaving to the lucky few who belonged to them. They were the foundation for a new, alternative medical system about to arise in reaction to the failures of the government's biomedical establishment.

In the mid-seventies, Sonnabend's office was crowded with people suffering from syphilis and gonorrhea of the penis, the mouth, the anus. Chlamydia was also rampant in the gay community. But there was a lot more than the clap walking through Sonnabend's door. Hepatitis B was almost epidemic, and even tuberculosis was making a comeback. Oral and anal herpes were so common they barely were worth a mention to those infected. Sonnabend thought the gay population, at least the slice of it he was seeing in the Village, was clearly sicker, with stranger diseases, than the populace at large.

In the late seventies, a new wave of disease hit his community parasites. Amebiasis, giardia lamblia, shigellosis, and cryptosporidium, a parasite that usually inhabits the bowels of sheep. These enteric diseases are caused when certain organisms get into peoples, gastrointestinal tracts. How they were getting there was no mystery. The parasites are present in fecal matter. Anal intercourse increases the chances of the parasites infecting one or both sex partners. But the growing popularity of rimming, or oral-anal intercourse, in the late seventies provided an almost perfect vector for these parasites to enter parts of the body unaccustomed to their presence.

This second wave of sexually transmitted disease terrified Sonnabend. Dozens of patients were coming into his office with infection after infection. His earlier research had shown him how fragile the body's immune system is. He knew that these venereal diseases were putting tremendous stress on the immune systems of his patients. As their immune systems began to break down under the onslaught of one sexually transmitted disease after another, their bodies were exposed to all kinds of horrors. They were becoming defenseless against the common bacteria, viruses, and parasites that normally inhabit our bodies but are kept in check. It was beginning to happen right before his eyes.

Sonnabend had taken a long and tortured personal and professional voyage to get to Greenwich Village. His mother was a physician, his father a university professor. Sonnabend originally related more to his father's academic calling, preferring the realm of theoretical science to the nitty gritty of dealing with sick people.

While in 1956 he had received an M.D. from the University of Witwatersrand in Johannesburg, South Africa, Sonnabend was more interested in medical research than in medicine. He specialized in infectious diseases at the Royal College of Physicians of Edinburgh, Scotland. In the sixties he did work at the prestigious international Institute for Medical Research in London.

At one point, Sonnabend's father emigrated to Israel. When Sonnabend visited, he always made a point of stopping off at the Weizmann Institute to check up on their latest research.

What he was most interested in was interferon. At the IIMR in London, Sonnabend worked under Alick Isaacs, the man who discovered interferon in 1957. Scientists at the Weizmann were also running experiments on this substance, which occurs naturally in the body.

Sonnabend was good in the lab. Really good. His sloppy demeanor, his hesitant, shy personality and almost muttering personal speaking style disappeared once the man walked into a laboratory. Transformed, Sonnabend became a decisive, commanding force. He was clearly in control among the test tubes, chemicals, and precise machines. Indeed, Sonnabend appeared to take on many of the characteristics of these precise machines.

Interferon has always had a checkered history. Isaacs and his disciples claimed that the substance had powerful qualities. It was said to work against cancer, for example. The scientific establishment was skeptical, unwilling to accept interferon as a legitimate substance appropriate for experimentation. Researchers on interferon have tended to be relegated to the wings of the science stage.

Sonnabend made one of the most important discoveries in the field. While he was at the IIMR, he showed for the first time how interferon had antiviral properties. It worked against viruses. This was the first discovery that proved that interferon was a critical part of the body's immune system. It indicated how the substance might play a significant role against virus induced diseases. His research gave some weight and importance to interferon, giving it a semblance of legitimacy within the larger scientific community .

In the early seventies, Sonnabend came to the States as an associate professor of microbiology at the Mt. Sinai School of Medicine in New York City. He was on a grant that paid him to continue his work on interferon.

Despite his discovery of interferon's antiviral properties, however, the field continued to be out of the scientific mainstream. Sonnabend's grant was not renewed and he was forced to return to London. Sonnabend liked the United States, or at least New York, and was unhappy at having to leave.

Back in London, morose over losing his grant and angry at the way interferon research was treated by the science establishment, Sonnabend lost hope of ever doing work in the United States again. Then a miracle! He received a fat tax return from the IRS. It was totally unexpected, but it paid for an airplane ticket and another crack at America.

This time he got a job at Downstate Medical Center in Brooklyn, part of Kings County Hospital, a public hospital. It was not a plum appointment. The hospital was overcrowded and dirty. "it was

clear that nobody wanted to work in that place", he says.

Downstate didn't pay very much, so Sonnabend moonlighted at the New York City Department of Health. His interest in infectious diseases led him to the Bureau of VD Control. There Sonnabend was "discovered." Because he was not only a doctor but a researcher, in 1978 Sonnabend was made director of VD control. As director, Sonnabend came into contact with the Centers for Disease Control in Atlanta. He also established ties with New York's gay community by doing volunteer work at a gay clinic for sexually transmitted diseases.

Sonnabend had never really been comfortable in the Kings County department of medicine, surrounded by doctors whose main interest in life appeared to be money and golf. They were all high-income earners interested in the things that money could buy-stocks, real estate investments, Porsches, beach houses in the Hamptons. None of them did volunteer work at public VD clinics.

The medical department chairman who had hired Sonnabend was replaced by a new doctor, and the chemistry between them was not right; in fact, it was poisonous. "He was really like a businessman" says Sonnabend. "For the first time I was in a department of medicine where I really wasn't doing too well." The new chairman didn't renew his contract.

In his forties, Sonnabend was out of work. Without his hospital affiliation, he couldn't continue at the Health Department. He could have returned once more to London to work at the IIMR, but running back twice after failing in America was not appealing. Funding for interferon experiments was hard to come by in the United States, so working solely in a research lab wasn't an option.

There was one thing that Sonnabend hadn't done, one thing for which he was eminently qualified. Being a doctor. A simple community physician. It wouldn't be easy. He had always worked in academic settings where he never had any contact with sick people. Disease had always been dealt with only in slides and experiments.

But Sonnabend was, by this time, one of the world's top experts on sexually transmitted diseases (STDs). There was an epidemic of VD spreading through the gay community, and his work at the gay clinic had given him good community contacts. So in 1978 he rented an office in Greenwich Village, hung out a shingle, and went to work. He didn't know much about colds, flu's, or chicken pox, but ask him about treating gonorrhea and Sonnabend knew all the answers.

Until the fall of 1980. That's when Sonnabend ran out of answers. lt. happened the day Sonnabend suddenly realized that something new and deadly was stalking his patients. He looked down at the young man on his examining table and became profoundly afraid. His patient was the latest in a series of people he had seen in recent weeks with swollen lymph nodes, fevers, and anemia. The man had cytomegalovirus, a herpes virus that was becoming so widespread that it had a nickname-CMV. People were getting CMV in different parts of the body. Many were coming down with CMV retinitis and were going blind.

Sonnabend ran blood tests and found that his patient's immune system was severely suppressed. The T-4 cells, which normally sweep the blood clear of disease invaders, were down to a count of 100 per cubic millimeter of blood. If this man had been healthy, that T-4 count would be in the 800-to-1,200 range.

Earlier, Sonnabend had seen infections with Epstein-Barr virus. It too was associated with a weakened immune system. But now something new was happening. Sonnabend had no idea exactly what was behind this wave of disease, but he suspected it had to do with what he had begun to fear most-that the immune systems of the people in his community were being

decimated.

Sonnabend had set up a small research lab at Beth Israel. He worked at the lab in the morning and saw his patients in the afternoon. Sonnabend prescribed antibiotics for his patients with the new diseases, but, unlike those with parasites, bacterial infections, or funguses, few of these people were getting better.

Six months later, in early 1981, Sonnabend saw a patient and for the first time knew he was looking at a separate, as yet undefined entity-a new disease that would come to be called AIDS. The young man had been in his office before with anemia, parasites, and pneumonia. There was fungus on his fingers, and he'd had diarrhea. Sonnabend gave him the usual round of antibiotics. Nothing appeared to work.

Sonnabend saw the young man several times. In one visit he noticed that the patient had an unusual infection. It was Pneumocystis carinii pneumonia, usually found in young children with leukemia whose chemotherapy suppressed their immune systems. Adults undergoing organ transplants also got PCP because of the immune-suppressing drugs used to prevent organ rejection. But this young man didn't fit either category. He had PCP and Sonnabend didn't know why.

Sonnabend immediately sent the man to the hospital. In the course of investigating his pneumonia and his anemia, the doctors discovered that the patient had Kaposi's sarcoma inside his stomach. It soon appeared on his skin as well.

This was quite bizarre. KS was a rare skin cancer, even rarer than PCP. First reported in the late nineteenth century, only a few hundred cases had ever been documented, and they all involved Italian or Jewish men in their fifties or sixties. Very few ever died of the flat, purple lesions on their skin. There were a few reports of KS in Africa, among the Bantu. There KS proved to be more widespread and more deadly.

But Sonnabend's patient wasn't an older Italian or Jewish man, nor was he an African. He was a gay man in his early twenties. Sonnabend asked around and discovered that thirty-six cases of this rare cancer had been reported within the past few months. All were men, all were white, and all were gay. Sonnabend's patient was number thirty-seven. He died several days after being admitted to the hospital. He died an agonizing, painful death. The New York Native, a newspaper for the gay community, began carrying regular feature stories on "gay cancer."

The first published report on AIDS was on page 2 of a booklet mailed to thousands of hospitals and public health institutions every week. Anybody involved with infectious diseases and public health receives the Morbidity and Mortality Weekly Report of the Centers for Disease Control. The MMWR dated June 5, 1981, contained a breakdown of the new cases of nearly every infectious disease on a state-by-state basis.

The article signed by Drs. Michael Gottlieb and Joel Weisman, detailed four strange new cases of Pneumocystis carinii pneumonia in Los Angeles. It noted the links between PCP and CMV. It read simply, "Pneumocystis pneumonia-Los Angeles." There was no reference to gays in the title, perhaps to avoid offending homophobes or gays or both.

The text, however, referred to the fact the patients were homosexual and suggested that the gay lifestyle might play a role in the spread of Pneumocystis.

Joe Sonnabend read the MMWR and knew that what he had been seeing was not a local

phenomenon. Like a few of his patients, the disease was bicoastal.

In October, Sonnabend visited an old friend, Mathilde Krim, in her lab at the Memorial Sloan-Kettering Institute for Cancer Research. Sonnabend had first met Krim thirty years earlier at the Weizmann Institute. Krim was there with her first husband, David Danon, whom she'd met when she was studying biology at the University of Geneva.

Krim was as much a world traveler as Sonnabend. Born in Italy to an Austrian mother and a Swiss father, Krim had moved with her family to Switzerland when she was a child. At the university, she met a group from what was then Palestine. Krim converted to Judaism, joined the militant Zionist underground, the Irgun, and smuggled guns to them. After independence was won she received her Ph.D. and moved to Israel with her husband to work at the Weizmann.

Krim stood out among the scientists at the Weizmann. She was then a young beauty with lustrous blond hair, high cheekbones, and bone-china white skin. She had a low voice and a middle European accent that made her sound like an intellectual Zsa Zsa Gabor.

Even then she had "bad-girl" eyes, mischievous blue-green eyes that challenged authority. They were the only telltale hint of the rebellious nature of this serious scientist from a very bourgeois Swiss family. In those eyes you could see the runaway daughter who left Switzerland after World War II to fight for the Jews in the Middle East. You could see the convert to another religion. It was no accident that Krim gravitated toward research in interferon. She was a scientist who chose to study a subject on the fringe of mainstream science. Sonnabend and Krim talked briefly then, decades ago, in Israel. He would remember it in sharper detail than she.

In 1956, after her first marriage ended, Krim gave a tour of the Weizmann to Arthur B. Krim, founder of Orion Pictures, and soon married him and moved to New York. Arthur Krim moves in powerful political and social circles. He has served as the financial chairman of the Democratic Party and advised Presidents Kennedy, Johnson, and Carter. And, of course, he knows all the big movie stars and movie-business moguls.

Sonnabend and Krim kept in touch over the years through their mutual interest in interferon. They were part of an "interferon mafia" of scientists around the world. She was very impressed with Sonnabend's work on interferon's antiviral properties.

Krim spent the seventies at Sloan-Kettering working to prove that interferon was an effective therapy against cancer. She personally financed a number of international interferon conferences to popularize and legitimize research into the substance and to overcome mainstream opposition. At one point, Krim was known as the "interferon Queen."

Unfortunately, she was unable to prove at that time that interferon was an effective anticancer treatment. There were many signs that it would work against rare leukemia's and other diseases, but nothing definitive.

Krim remembers that October meeting with Sonnabend in her lab at Sloan-Kettering quite clearly. "Joe was the first physician in New York to get seriously alarmed by what appeared to be cases of young people who had suddenly developed a violent immunological reaction to something."

Sonnabend told her that it was strange, but all the people who showed the symptoms were young gay men. "Sonnabend [pronounced Zonnabent in her Swiss-German accent] had no idea what the etiological agent was to which they were responding. Neither did I, of course." But Sonnabend did suggest he might have stumbled across the epidemic of the decade. He told her that this was an

irresistible opportunity. Although Sonnabend the doctor realized it was a horror of grotesque proportions, Sonnabend the scientist told Krim that it "was a most wonderful, incredible event." Krim agreed.

Before 1981 was over, Sonnabend and Krim began a series of experiments in her lab at Sloan-Kettering. Both had spent their most productive research years studying interferon. They couldn't give up the idea that the substance played a significant role in disease. They hypothesized that they would find circulating interferon in patients with CMV, Epstein-Barr (EBV), or any number of other infections that were associated with a breakdown in the immune system. It wasn't hard to find. Later, when the AIDS virus was discovered, it turned out that increased levels of interferon were a good prognostic indicator of the disease. But like so much of interferon research, this discovery was ignored by mainstream scientists.

The two were a perfect match-the eccentric genius and the powerful socialite Ph.D. By that time, though, interferon was going nowhere for Krim. AIDS would soon be her cause.

Niccolo and Donkey
Sunday 17 May 2015

continued from above:

Joe Sonnabend grew increasingly convinced that sexually transmitted diseases were doing tremendous harm to his patients. He set out to prove it in one of the earliest AIDS experiments in the country. He turned to his practice for volunteers. Virtually every patient wanted to participate and help.

Sonnabend then turned to one of his old "interferon mafia" buddies for help in showing the relationship between STDs and body immunity. Dr. David Purtilo at the University of Nebraska was one of the first scientists to do work in human T-4 cell research. He pioneered in the technique of counting T cells and relating the count to immune function. Purtilo showed that as the T-4 count fell, so did the body's immunity.

Sonnabend drew blood from thirty gay patients: ten were in monogamous relationships with their male lovers; ten dated around; and ten were "sluts" according to Michael Callen, one of his patients who participated. "I was one of the sluts", he says. People in this group had many sexual partners, hundreds if not thousands of them. As a result they also had the highest number of sexually transmitted diseases.

Sonnabend sent the blood samples off to Purtilo at the University of Nebraska. Within a month he received the results. Sonnabend was astounded at the closeness of the correlation between STDs and immunity. The people with monogamous relationships had normal T-4 cell counts. All the "gluts" had extremely low counts; they had the most suppressed immune systems.

It was extraordinary research: clear, simple, and the first of its kind. Sonnabend showed that the immune system of an entire community, the gay community, was under severe stress because of constant attack by syphilis gonorrhea, chlamydia, and other STDs. He showed that these diseases were wearing down an entire group's protection against infection.

Sonnabend published his results in the Lancet in early 1982. The last sentence in his piece said that promiscuity was suppressing the immune system. Just before the article came out, he turned to one of his patients and told him: "If you don't stop fucking around, you'll die." Sonnabend told him that he had almost no T-4 cells left. He was dangerously immunosuppressed. Sonnabend said that he had the same blood parameters as his patients who came down with Pneumocystis carinii pneumonia and Kaposi's sarcoma.

Then Sonnabend wrote the same warning in the New York Native. He said that the fast-lane gay lifestyle was killing people. He said they were going to have to stop being so promiscuous, that having hundreds if not thousands of sex partners was making them very sick and very vulnerable.

It was a message the gay community didn't want to hear at that time. After fighting for the freedom to be themselves, they didn't want to hear about restraint. Indeed, for a large part of the male gay community, freedom was not simply the ability to love other men without legal or social restraint; it was defined in terms of sexual promiscuity. For many, to be young and gay and liberated in New York City meant having anonymous sex with two, three, four partners a night, night after night, year after year, STD after STD.

Sonnabend began to preach to his practice. He told them to stop screwing dozens of men every week; to stop the crazy stuff, the fisting, the rimming, all the oral-anal sexual practices. He advocated condoms long before "safe sex" became fashionable. Condoms would reduce most of the venereal diseases afflicting his patients, both the old-fashioned ones and this new epidemic.

Sonnabend's Native article and his personal message to his patients provoked a tremendous storm of protest. He was perceived as agreeing with the most right-wing, religious moralizers of the new Reagan era in America, of blaming this new "gay disease" this "gay cancer" on the gays themselves. The victim was to blame, or at least the victim's lifestyle. In truth, Sonnabend was telling them they had some responsibility for this new epidemic.

For his efforts, Sonnabend was denounced by virtually all of the gay community's leaders. He was vilified in the community itself. It seemed that everyone, except perhaps the thirty patients who participated in the "sluts" research, was angry with Sonnabend. He couldn't quite understand it. It was simply logic. He had done an experiment and proved a point. He was trying to save their lives. Not only was the uproar baffling, it caused Sonnabend tremendous pain. His own community was turning on him. It was a betrayal.

Despite the barrage, Sonnabend was still happy about one thing. He was back in the lab doing important research, leading-edge research. This is where he was always the happiest. He showed his data to Mathilde Krim. She told him it was the most important work being done.

When Sonnabend heard that the Centers for Disease Control in Atlanta was sending someone to New York to check out the mysterious new wave of PCP and KS, he grew excited. He had all this new data to show the CDC, this important new information. Sonnabend thought they'd be incredibly impressed.

Jim Curran was in charge of the CDC's venereal disease prevention division. Cases of KS and PCP were appearing with increasing frequency in Los Angeles, San Francisco, and New York. An ad hoc group at the CDC had recently been put together to investigate this disturbing trend. In time it was formalized into the Kaposi's Sarcoma and Opportunistic Infections (KSOI) Task Force; its job was to hunt down any leads about these cases.

It wasn't easy. There were no succinct categories for what was happening around the country. Specialists in virology, venereal disease, immunology, cancer, and toxicology were in the KSOI. After publication of the June 5 article on PCP in the MMWR report, calls were coming in about the pneumonia. Interestingly enough, many of the doctors were also seeing several different infections in one patient. In addition to Pneumocystis carinii, KS was common, as was CMV, parasites, and often anemia.

Curran decided he had to see some of these patients. He flew to talk with Dr. Alvin Friedman-Kien and Dr. Linda Laubenstein at the cancer institute at New York University. Curran also wanted to talk with local doctors who were treating these patients. That led him to Sonnabend.

Sonnabend talked nonstop when Curran came to his office. He said that several patterns were beginning to emerge from his research, and he described them excitedly to Curran. So far, the only people coming down with KS and PCP were young gay men. But not all young gay men, he explained. It was the homosexuals with a long history of syphilis and gonorrhea, who usually also had had hepatitis B and various parasitic infections, who were getting KS and PCP. Both were usually accompanied by other infections. It was the combination of infections that was important; cumulatively they were weakening the immune system.

Sonnabend also told Curran that there appeared to be a social factor behind all the infections. Only those who lived in the gay fast lane seemed to be coming down with disease. Men who had many sex partners. More over, the sex was fairly kinky. Fisting, inserting the hand into another man's anus; and rimming, running the tongue around and into the anus, were common among people who came down with the most venereal diseases, including these new cases of KS and PCP.

Curran listened but seemed somewhat annoyed with Sonnabend. He didn't appear terribly interested, certainly not impressed. In fact, he left the strong impression that Sonnabend's research wasn't very good. After all, he had used patients in his practice, hardly a true scientific sampling of the population. The CDC, on the other hand, knew how to track down diseases.

"Leave it to us", Curran told Sonnabend. "You take care of your patients and we'll sort out this thing."

Curran's condescending attitude infuriated Sonnabend. He was, after all, a scientist by training. More important, Sonnabend felt that he was the one in the gay community actually treating these people. It was he who saw the trends. And it was he who did the research. Not the NIH. Not the FDA. Not the CDC. "Curran's comments really got me angry" Sonnabend says. "it was a real put-down, and I've never forgotten that. Absolutely never forgotten that."

It was as if Curran had held Sonnabend and his work to be invisible. Curran's message-the CDC message-was clear. It was not Sonnabend's role to suggest theories about the growing epidemic. It was not Sonnabend's role to hypothesize about the origins of the infections or about the possible treatments. Leave that heavy-duty stuff to the professionals. Neither doctor nor patient was supposed to have the ability to figure out what was behind the epidemic killing the community. Certainly they were not supposed to know how to stop it.

When the National Institutes of Health finally got into the act several years later, America's top research scientists would also hold the community-based doctors and the community itself, the people with AIDS, to be invisible. They would ignore them for many years before a handful of AIDS activists and community doctors forced them to pay attention to the front lines of the epidemic. Unfortunately, in each year of the epidemic, thousands would die as a result of poor research protocols written by well intentioned academic scientists in ivory tower labs cut off from what was

really happening on the ground. These scientists just followed standard operating procedure. AIDS, however, turned out to be anything but a standard infectious disease.

In late July of 1982, the epidemic finally received its formal name. That happened at a meeting of hemophiliacs, blood industry officials, gay political leaders, and various big shots from the CDC, NIH, and FDA.

Several months earlier it had become clear that the new disease could be spread not only through sexual body fluids but through blood as well. The CDC hoped that from this meeting would come guidelines to prevent the contamination of the nation's blood supply. It wanted to ask people who fit into high-risk groups not to give blood. By this time, Haitians and IV drug users had joined gay men as being the most at risk for the new disease.

The meeting was a disaster. Hemophiliac groups didn't want their blood disorder to be associated with a gay disease. Gay community leaders were fearful that being prevented from donating blood was just the first step in quarantining all gay men. Indeed, right-wingers in Washington were already making noises about sending gays to "camps." The FDA and the CDC fought over turf. Regulation of the blood industry fell under traditional FDA authority. The involvement of the CDC was perceived as a threat. Many FDA doctors didn't even believe that a new disease existed. They thought the CDC was simply stitching together a number of unrelated diseases to boost their budget funding.

No one was willing to agree to anything except to wait and see. There was one accomplishment, however. Different groups on different coasts were calling the new disease by many different names. Gay-Related Immune Deficiency was the most popular, but it was clearly untrue since IV drug users and Haitians were shown to be vulnerable. Gay cancer was used mostly in New York, but it focused on only one of the many opportunistic infections associated with the disease.

Someone at the meeting suggested AIDS - Acquired Immune Deficiency Syndrome. It sounded good. It distinguished this disease from inherited or chemically induced immune deficiencies. It didn't mention the word gay or even suggest gender. AIDS. It stuck.

July 27, 1982, the day the CDC adopted AIDS as the official name of the new disease, is the official date of the beginning of the AIDS epidemic. At that point, about five hundred cases of AIDS had already been reported to the CDC, of whom approximately two hundred had died. Cases had been diagnosed in twenty-four states, and the pace of new diagnoses was doubling every month. The CDC started calling the outbreak an epidemic.

By the summer of 1982, Sonnabend was beginning to see an increasing number of Pneumocystis carinii pneumonias among his patients. He did what any other professional doctor should do. He did a search of the literature. It wasn't difficult. In the Index Medicus, Sonnabend quickly found out that PCP, once a rare infection, had recently become increasingly common. Both cancer therapy and organ transplant procedures produced severe depression of immune function.

Sonnabend discovered that as far back as 1969, doctors were treating PCP with sulfa drugs. In 1977, Dr. Walter Hughes of Tennessee had published an article in the NEJM - four years before Gottlieb noted his mysterious cases of PCP in another NEJM piece. Hughes had shown that in a placebo-controlled, double-blind trial, a drug called Bactrim prevented Pneumocystis in patients with compromised immune systems.

This was an amazing discovery. PCP was a major killer. Now Sonnabend had a treatment. He immediately began to correspond with Hughes. As a result, he started to prescribe Bactrim and a

similar drug, Septra, to all his patients with AIDS. That didn't prevent them from coming down with opportunistic infections, but it did save them from the deadly PCP. Sonnabend also called other community doctors with the news. They too began prescribing Bactrim and Septra. The lucky few who had Sonnabend and a handful of other doctors as their personal physicians received treatment for one of AIDS, worst killers. For the rest, there was nothing but prayer.

At no time did anyone from the biomedical research establishment at the NIH in Bethesda, at the FDA in Rockville, or at the CDC in Atlanta make any attempt to contact Sonnabend or any other community doctor to discuss AIDS treatment. The government scientists were totally cut off from the object of their growing efforts, the patients and the doctors treating them on the front lines of the epidemic.

In late 1982, Joe Sonnabend received a call from Mary Ann Liebner, a publisher. She had heard that he was doing research on the new disease AIDS and she wanted to fund a new journal. Liebner asked Sonnabend if he wanted to run it. "Well, yes, of course", he said, trying to control his absolute joy. "It would be a very good idea", he said.

Indeed. Sonnabend launched AIDS Research. He called a lot of his buddies who had done work on interferon and who were now doing research on AIDS. Don Armstrong at Memorial Sloan-Kettering in New York joined the board.

The manuscripts that arrived at his office were a little thin at first, but over the next three years Sonnabend was to publish a number of very good scientific articles. The journal covered a wide spectrum of scientific issues. And it kept a very skeptical eye cocked at the etiology of AIDS.

The more research Sonnabend did, the more convinced he became that the breakdown in immunological function was due to simultaneous infection by at least two viruses, CMV and EBV, hitting people already weakened by previous exposure to a series of STDs. Until 1984, when the virus was found that was said to be the cause of AIDS, Sonnabend continued to believe in a multicausal theory for AIDS based on CMV and EBV. Even afterward, he remained convinced that HIV was not the sole cause of AIDS. It needed a cofactor, something else to trigger it off. He published a paper expressing his views in his journal AIDS Research. He was very proud of that article. "I've never retracted it", he says. Years later, his point of view would be redeemed by none other than Robert Gallo. The term cofactors would become hot on the campus of the NIH nearly eight years after Sonnabend used it.

But in late 1982, Joe Sonnabend had another problem to deal with. He was going bankrupt. He couldn't pay his bills. His debts were big and growing.

Although Sonnabend had a large and growing practice, he wasn't making any money. Part of the problem was that he refused to take any payment from a patient who was included in his research. He said it wasn't right to ask people to pay a doctor who was using him in a study. Unfortunately, since he was such a thorough researcher, practically all his patients were included in his scientific work, so hardly anyone was paying him for visits and treatments.

The biggest drain on Sonnabend's funds, however, was the research itself. He was collecting and storing sera, making detailed records, and shipping the blood samples around the country to colleagues in laboratories. A big percentage of the material was sent to Nebraska for testing. He did the packing himself.

Mathilde Krim remembers saving Styrofoam and cardboard boxes for Sonnabend's shipments through the post office and Federal Express. She saw that he was on the verge of going under and

decided to do something about it.

"Mathilde really rescued me" he recalls. "I must say" I was in terrible financial straits. She got me a lawyer. She really cleaned me up."

Niccolo and Donkey
Sunday 17 May 2015

continued from above:

That was a role that Krim continued to play for many years to come. Krim was a realist. She saw a problem and she sought a solution. It was just as simple as that. Krim knew she had financial, social, and at times even political resources that most people didn't have access to. In the fight against AIDS, Krim used whatever she had. She never flagged.

But Krim also never failed to be pragmatic. She wanted things done, solutions to problems. Whatever it took. Sometimes it took friendship.

Krim figured out that Sonnabend was putting out several thousand dollars a month just mailing his research to laboratories. She literally came over to Sonnabend's lab, added up his expenses, and came up with a budget that would keep him in operation. She was the Mother Teresa of AIDS - a personal saint to Sonnabend.

At first Krim also helped Sonnabend out through her own personal funds. "I took an interest in him as a friend", she says. "And he was also one of the few guys really doing something at that time... We needed to give money to this guy", she says emphatically, almost defiantly. But Krim knew that the only way to really support Sonnabend's work was through a nonprofit organization. Many of his patients said they wanted to give money to help him, but they couldn't give it to him personally.

In late 1982, Krim started putting a nonprofit organization together. There are certain rules and regulations to follow. She needed a three person board of directors, and Sonnabend couldn't be one of them if he was going to receive any money. So Krim became chairman of the AIDS Medical Foundation, and the lawyers who had been helping her became the trustees. It took until April 1983 for New York's attorney general to grant the nonprofit status and for the first money to flow to Sonnabend "The AMF bailed me out", says Sonnabend. "It really helped with the work."

With the AMF behind him, Sonnabend's practice began to look more and more like a research center. "I was a scientist put into the role of a practitioner still being a scientist", he says. "So I utilized my practice in a different way."

Other doctors doing research on the growing epidemic heard about the nonprofit organization and applied for funds. Michael Lange, one of the earliest doctors to be involved in the AIDS epidemic, needed funds to keep his research going. He collaborated with Sonnabend, and Sonnabend told him about the AMF. Lange then became the second person to be helped by the nonprofit organization.

But once the AMF became something more than just a foundation to support one individual

scientist, Krim had to put into place an IRB, an Institutional Review Board. It was made up of independent doctors and scientists and interested people who analyzed all scientific proposals for research with an eye toward protecting the patients. Safety was their major concern. Krim and Sonnabend proved they could do the legal paperwork correctly, create an IRB, request research proposals, and receive, review, and finance them. Neither one had ever done anything like this before.

But it wasn't all sweetness and light at the AMF. There were tensions, albeit small ones, between Krim and Sonnabend even in the beginning. They always revolved around bureaucratic details. Sonnabend hated them, despised bureaucracies in general. One of Krim's greatest talents was her ability to make organizations work for her, to make institutions focus on her goals and accomplish them. The AMF worked because of her extraordinary talents.

Sonnabend, however, was often obstreperous. When the AMF started expanding and hiring staff, he had trouble with them. At meetings, he shifted restlessly in his seat; he had no patience at all with parliamentary procedure.

Yet Sonnabend remained the paterfamilias of the AMF, the heart and soul of the foundation. The AMF was a true breakthrough in AIDS research. It arranged the financing for the first human trial on anti-AIDS drugs in the United States. Sonnabend ran a trial of isoprinosine, an immune system booster, and showed it had promising properties. Krim provided the contact to Newport Pharmaceuticals, which owned the drug. Newport financed the isoprinosine trial, Sonnabend ran it, and the AMF proved that good research doesn't always have to be done in a fancy lab. In fact, the AMF set a precedent and suggested that, in the case of AIDS. the best chemical research might be done in places outside the NIH and the top academic science centers.

Mathilde Krim believed in fund-raising. It was almost a way of life for her. Not only was she good at it, but it did a tremendous amount of good. Krim had been raising money for causes for years. But now she was financing AIDS research, and it was proving to be the most difficult kind of fund-raising she had ever tried.

In fact, Krim was finding raising private money for AIDS nearly impossible. Some small amounts of cash were coming in, but only from a very small circle of people who were aware of the worsening epidemic. They usually had a friend or lover who was sick.

It was that group of people who attended the AIDS Medical Foundation's first fund-raiser at Studio 54. Steve Rubell organized it and managed to raise several thousand dollars. That was followed by a fashion show at a downtown art gallery. "We collected gifts from the fashion industry and we auctioned them off", Krim remembers. "Mrs. Carter came from Plains to attend our fashion show. She's wonderful. On that occasion, for the first time, we made $100.000 profit, which was a fantastic achievement for us."

But beyond that circle it was nearly impossible to get contributions. Traditional philanthropies turned their noses up at the disease. Krim had been a member of the board of the Rockefeller Foundation, and she approached them with an appeal to help fund Sonnabend and other researchers. The head of the Rockefeller Foundation's health program, Kenneth Warren, was a personal friend. "In 1983 I went to tell him about AIDS. I said this is going to be a worldwide problem. It's going to be a catastrophe, a calamity. It's going to destroy the economy of the Third World. Rockefeller is interested in world health." Warren's reply made Krim very angry. "This is a small local problem," he said. "We deal with big questions." Krim felt she could have strangled him then and there. She went over to see Frank Thomas at the Ford Foundation, gave him the same spiel, and got a similar no-thank-you. It was like that at all of the major foundations.

Corporate America wasn't much better. They wouldn't touch it. The only money the AMF received was from individuals, and women at that time were far more generous than men. The men were always complaining that they wanted to help her out but they couldn't put the word "AIDS" on their checks. "What if my secretary sees it or my accountant?" they said. So Krim had to do some fancy maneuvering. She and her husband have a small private foundation, and it was used in a rather unusual way. "I had to route checks through the Krim Foundation. You know, launder the money." Corporate chairmen and CEOs could write a check to the Krim Foundation, but the AIDS Medical Foundation just wasn't socially acceptable.

It wasn't until Rock Hudson died in 1985 that established foundations and corporations began funding AIDS projects. AIDS had been "legitimized" to a certain degree. After all, Rock Hudson had been a personal friend of the president and his wife. Indeed, the president would say the word "AIDS" at a fund-raiser organized by Krim-the first time he uttered the word in the five years of the epidemic. By that point, money was pouring out of Washington. Back when it was desperately needed, the private sector didn't give a dime. When it was safe, it joined the parade.

When the telephone rang in Joe Sonnabend's St. Luke's Hospital laboratory in the middle of 1985, it was bad news. Mary Ann Liebner, the publisher of AIDS Research, was calling. She had been talking with Max Essex of Harvard recently, and he had told her that Sonnabend's view of AIDS was outside the mainstream of science. Essex told her that Robert Gallo had proved that AIDS was caused by a single agent and nothing else. He said that there was no scientific evidence to back up Sonnabend's multicausal theory.

So Liebuer told Sonnabend that after three years as editor, he was out. His views were not acceptable in the halls of established science. Dani Bolognesi from Duke University was going to take over her journal. It was now his journal. Thanks. Goodbye.

Bolognesi did take over within weeks. He fired Sonnabend's entire editorial board and replaced it with an AIDS retrovirus mafia of his own, which included Gallo, Essex, and Luc Montagnier. All of them were big names in AIDS research and all believed that AIDS was caused by a single virus. Adding insult to injury, Bolognesi renamed the journal AIDS Research and Human Retroviruses.

This second boot in the face was hard on Sonnabend. "This was a consequence of my heretical views," he says. "Why did these people need a new journal? They could publish anywhere. They just wanted to close me down."

Larry Kramer lived with furies inside him. Every few minutes they rose up, and Kramer spiked into a hot, blistering anger. A calm would then settle on him, only to be replaced with yet another outburst. It went on like this every hour, every day, every week, every year. Larry Kramer was the Vesuvius of anger. He was one of the angriest men on earth. Nothing was successfully camouflaged from his sight. Kramer saw injustice everywhere. It was almost like an affliction.

Luckily for Kramer, his anger was an incredibly fecund pool of molten fury. Out of it streamed books, plays, and movie screenplays. In 1978, he wrote the novel Faggots.

Faggots was meant as a Waughian ramble through the dark corners of the seventies gay sex scene. The quote at the very beginning, from Evelyn Waugh's Put out More Flags, sets the tone: "...the ancients located the deeper emotions in the bowels."

The book has hilarious scenes of group gropes in Upper East Side apartments, drug-inspired sexual frenzies in discos, the rimming of gay virgins, fist fucking at the infamous Toilet Bowl bar. It has it

all, written playfully with a sense of fun. The protagonist is a Jewish screenwriterproducer clearly patterned after the author. A few years before, Kramer had written the screenplay of D. H. Lawrence's Women in Love, which he also produced.

Yet there is a strong moral undertone running through the pages. In Faggots, Kramer describes in relentless detail the new life he felt gays were creating for themselves after their liberation. It quickly becomes apparent that the sex is more than fun, it is compulsive; the relationships are less than permanent, indeed they are anonymous. By the end of the book, the freedom that came with liberation-the dark back rooms of bars, the public orgies of the baths, the pissing, the sadism and masochism-becomes a world spinning out of control. A world populated by fickle friendships and lack of commitment. A world without love.

Fred Lemish, the protagonist, cries out in pain and fury, "Why do faggots have to fuck so fucking much?! It's as if we don't have anything else to do. All we do is live in our Ghetto and dance and drug and fuck. There's a whole world out there! As much ours as theirs. I'm tired of being a New York City-Fire Island faggot, I'm tired of using my body as a faceless thing to lure another faceless thing, I want to love a Person! I want to go out and live in the world with that Person, a Person who loves me. We shouldn't have to be faithful, we should want to be faithful."

Then Fred tells the object of his love, Dinky, that he never sees happy gay couples. He's traveled all over the world and has seen not more than half a dozen couples that appear happy together. Dinky replies: "That should tell you something!" And Fred answers: "Yeah, it tells me something. It tells me no relationship in the world could survive the shit we lay on it. It tells me we're not looking at the reasons why we're doing the things we're doing." Things have to change fast, Fred continues. Lasting relationships built on love have to have a chance. Sooner or later, he tells Dinky, he is going to have to commit to someone. "Which means making a commitment to yourself. And a commitment to the notion that our shitty beginnings don't have to cripple us for life."

This has to happen, Fred cries out, "before you fuck yourself to death." The words, written in 1978, bear an eerie resemblance to those spoken by Joe Sonnabend years later to his patients who, it turns out, were quite literally fucking themselves to death.

For his literary effort, Kramer was shunned that summer at the gay resort of Cherry Grove, the scene of Faggots, concluding chapters on Fire island. Old friends looked him in the face at the Ice Palace, Fire island's hottest gay nightclub, and walked away without saying a word. His best friend stopped speaking to him. This ostracism went on for years.

In a December 21, 1981, letter sent to the New York Native, playwright Robert Chesley charged Kramer with homophobia and anti-eroticism. "I think the concealed meaning in Kramer's emotionalism is the triumph of guilt; that gay men deserve to die for their promiscuity. In his novel Faggots, Kramer told us that sex is dirty and that we ought not to be doing what we're doing.

"Read anything by Kramer closely. I think you'll find that the subtext is always: the wages of gay sin are death."

It wouldn't be until the actual discovery of the AIDS virus in 1984 that criticism of Larry Kramer or Joe Sonnabend by the gay community would die down. Very few people in the gay community could accept the idea that the sexual freedoms they had fought so long to obtain were suspect. Even when doctors such as Sonnabend began warning them in 1981 and 1982, few listened. The idea of sex causing AIDS was anathema to those who defined their liberation as gay people in terms of having as much sex with as many people in as many places in as many ways as possible.

Ironically, in describing his longing for love in gay life, for commitment between two individuals, Kramer was prophetic in his warning about promiscuity. In 1978, gays were already talking over dinner about the latest parasites to strike them and the latest medicines their doctors had prescribed. Over Sunday brunch, men were talking about their shingles and amebiasis. The year before it had been chlamydia and fungus.

They sounded like a group of retired seventy-year-olds in Century Village down in Florida complaining, over gin rummy, about their hearts and their operations and how they keep forgetting which pocket their nitroglycerine is in. *

This article was extracted from the book 'Good Intentions; How big business and the medical establishment are corrupting the fight against AIDS' by Bruce Nussbaum. (Atlantic Monthly Press, 1990, ISBN 0-87113-385-7.)[/ quote]

Niccolo and Donkey
Sunday 31 Jul 2016

Here's the 10 year old story on Seattle's Bleak House, a notorious bathhouse that even this gay reporter made ill (not in the GRIDS way).

Bleak House

Sex, Meth, Love, and War, and the Long-Lost History of a Hundred-Year-Old Building

by Christopher Frizzelle

This is a history of a hostile building, and it ends in the dark. A man in a small room is moaning. His door is open. His light is out. The door that faces his door is also open, the walls inside that room swimming in blue light, the guy on the bed riveted to the TV or asleep with his eyes open. Down the hall, in a bigger room, a black guy pushes a dildo into a white guy's spread-open butt, holds it at crotch level and pretend-fucks with it, loses interest in what he's doing, removes the dildo, hops off the bed, and walks out. In a "deluxe" room, a guy is luxuriating in the comforts of dungeon amenities. He has a sling hanging from the ceiling above his bed but apparently he doesn't have the energy to climb into it. It supports one raised leg. His body is doughy. His face is eager. He's fingering himself.

He hollers at me, "Hey! What are you doing?"

"Just looking around. You?"

"Just hanging out!"

This is a year ago, a Thursday night, minutes before midnight, hours before the 9:00 a.m. closing time, weeks in advance of the building's expected demolition. The demolition has been moved back repeatedly. Plans for this site's redevelopment keep stalling. It's a wonder the building hasn't died of its own volition. Until Initiative 901 outlawed smoking indoors a few months ago, there was an ashtray in every room—and there are no windows whatsoever. The members of Club Z spend their time standing in the dark, masturbating, having sex with one another, fisting one another, walking the hallways, walking up and down stairs, looking through holes in plywood, staring at TVs, staring at nothing. Many appear to have, in one way or another, checked out. I visited Club Z more than once in the course of working on this story, and I've seen strung-out men, and out-of-their-heads-desperate-looking men, and men who are way too attractive to be doing what they're doing to the guys they're doing it to but carry on with a kind of generous boredom, and a number of naked men of all ages and sizes fast asleep, blacked out, dreaming.

The building is at 1117 Pike Street, between Boren and Melrose Avenues, one of the most trafficked blocks in the city, but you've likely never noticed it. History has barely noticed it. It's a void. My obsession with it is personal. It haunts me. If all goes to plan, it will be destroyed this year, the year it turns 100, which feels right. It is a building that has destroyed people. This is a story of many kinds of death, and of misery's association with a building whose past is a tangled mess of war, disease, drugs, wrecked loves, and real estate.

The building is the colors of a pigeon. An asset manager for an investment real-estate company who lives one block east of it describes it as one of the "missing teeth" in a developing neighborhood. His wife says, "It's an eyesore." Since its construction in 1906, the building has had many commercial incarnations, with storefronts, but now every window on its face is boarded over.

Its horribleness is sort of captivating. One afternoon, employees of the Utrecht Art Supply store across the street were staring out at it, in full agreement.

"It looks like shit."

"Oh yeah, absolutely. Just a coat of paint would help."

One said something about the building's essence being "behind doors," and a third guy ventured, "I think actually the exterior makes you think it's worse than it is."

The building is something Jill Janow wonders about—she is the neighborhood's city liaison and knows everything about the buildings in the area—because, as she puts it, "They didn't make friends with anybody. I don't know anything at all."

It's possible Janow and the art-supply store guys don't know anything about Club Z because none of them are gay men. Among gay men, Club Z is mythic. It is known as a locus for extreme sex, drugs, and rough stuff, attracting "the leather/daddy/sleaze types," writes a user on www.squirt.org , an anonymous-sex website. Club Z attracts clientele like the "total bottom" looking "to get fucked over and over" who often posts on www.cruisingforsex.com about Monday night "fuck fests" at Club Z, giving out his room number and an enchanting, "Come on down, it's gonna get sloppy."

Club Z had developed its reputation for raunch and drugs as early as 1985. That year in *Seattle Gay News* , writer Joel Vincent described Club Z as "much more 'hardcore'" than other bathhouses in town and described an interaction with an employee who turned out to be tripping on acid. "I'm not certain if the AIDS problem has affected [Club Z] members who seem to be caught in a time warp, putting forth their strong 'macho' type image, cavorting like 'trash' in the unlit 'maze'/orgy area," Vincent wrote.

Almost a year ago, in advance of the demolition expected last summer, *Seattle Gay News* published an article by Don Paulson called "Farewell, Old Friend...: Club Z Slated for Demolition This Summer," which described the place in similar terms. This was the first paragraph:

Club Z (AKA Zodiac Social Club) is closing its doors after 35 years. If only those walls could talk! A sauna has replaced the steam room but nothing can replace the raw energy of the male sex, from vanilla to chocolate, that happened within its walls. Society has taken away everything from Gays except sex, which is the driving force on this planet. Is it any wonder that some Gays have developed into legendary proportions? It's not that Gays are so 'bad,' it's that Gays are so much fun. But such indulgence does not take away from their capacity to be sensible or to love, even through a glory hole or properly secured in a leather sling, thank you, Sir!
The "AIDS problem"—there is an object lesson in understatement. I wonder if it's coincidence that the rise of the "AIDS problem" coincided with increasingly tantalizing advertisements for Club Z. The downtown library has a full archive of *Seattle Gay News* , and in the first week of 1982, the front page carried the headline "Cause of 'Gay Cancer' Unclear." ("To date, 23 men from across the country have been described as having this new syndrome, and two-thirds of them have died.") Inside that issue was a small ad for Club Z—an innocuous drawing of guys in a locker room and the blasé tagline: "Join your friends for lunch at the Zodiac." (Lunch?) Three years later, when the *New York Times* was reporting that 6,481 people in the U.S. had died from AIDS and 13,332 people were living with death sentences, Club Z's ads had ballooned to full pages, with photographs of men on beaches, in wrestling rings, lathered in soap, beside swimming pools, glowing in the sexy bliss of life itself.

One ad that kicked up controversy was a 17-inch-tall photo, published June 14, 1985, of a stud sitting naked on a kitchen stove, drinking milk. The text reads, "Nothing satisfies like..." and then one's eye falls on "milk," printed across the carton. A *Seattle Gay News* reader wrote in about his "problem" with the "really, truly offensive" ads for Club Z that the newspaper was publishing, calling them "trash." Another letter to the editor called Club Z's ads "completely out of order."

The management at Club Z responded on the *Seattle Gay News* letters page with a bristling letter of their own. They wrote that it was "ludicrous to retreat into a medieval state of shame, given the advances we've made in exercising the right of our expression as human beings" and that "[while] we recognize and respect the right to dissent in the presentation of one's point of view, the Zodiac will not be governed by nor submit to the narrow-minded repressive venom dripping from the lips of those who emulate Christian fundamentalists or any other societal bigot who perpetrates prejudice, injustice, or Neanderthal ideology" and that "it seems pitiful and abhorrent that the knives of some gay men are always sharpest when being plunged into the backs of their brothers" and—it's a hell of a letter—that concerned *Seattle Gay News* readers objecting to the club's ads "have unwittingly done the work of our true enemies, and... have played the role of Judas with each finger they've pointed against the Zodiac and the *SGN* ..."

Judas is a bold leap there—if you follow the analogy, the bathhouse is Jesus—invoking themes of betrayal, sexual jealousy, murder. But throughout its history Club Z has brought the specter of sex very close to the specter of death. Another ad in 1985 depicted a naked jock, his back toward you, with the words, "You'd better sit down for this." That's a butt-sex joke. It's also what your doctor

says to you when he has really bad news—and 1985 was a big year for bad news. Another ad that year asked: "Where Have All the Real Men Gone?"

Hmm. The hereafter?

Truth is, no one knows how many fewer men would have disappeared if the club had softened its ads or closed its doors. The role bathhouses played in the spread of HIV in the early '80s—and the role they play today—is unknown. "Do unsafe behaviors take place there? Undoubtedly, yes," says Dr. Hunter Handsfield, a professor of medicine at the UW Center for AIDS and STDs. "If the bathhouse didn't exist, would the behaviors change quantitatively or qualitatively? People behave the way they behave through an extraordinarily complex set of determinates that are not fully understood when it comes to sex... As far as we know, the environment isn't all that important."

The debate currently animating the gay community is not about bathhouses—though they were a subject of debate in the '80s, and some were shut down—but about how to address men who have unprotected, drug-fueled sex with strangers, often in places like Club Z. The clinical psychologist Walt Odets told the *New York Times* not long ago that proposed interventions to force HIV-positive gay men to communicate about their health status to others "smacked of a witch hunt." On the other side of the debate, ACT-UP founder Larry Kramer, a proponent of such interventions, declaimed in a recent speech, "You are still murdering each other."

Bathhouses are unregulated and unstudied, which is why it's unknown how much "murdering" goes on inside them. As for Club Z, short of entering yourself, it is virtually impossible to learn anything about it. Friends of friends who frequent the place wouldn't talk to me. Carlos Adams, who runs the club, did not respond to repeated attempts to contact him. Countless phone calls to the owner of the building—who is going to replace it with a mixed-use structure of condos and ground-level retail—went unreturned. For more than two years, the architect seeing the project through, Kenn Rupard—who is listed as the contact for the project on permits and public documents—has never answered or returned any of my calls.

How else can you learn about a building if no one associated with it will talk to you? The city has some information about buildings, and the Seattle Municipal Archives website has a search function that yields a lot of historic photos of Pike Street, but not, it turns out, of this address. I visited the Seattle Department of Planning and Design, where an employee let me look through a stack of topographical maps of localized areas of the city. I looked through them all, they weren't in any particular order, and none of them charted the block in question—not that a topographical map would have been helpful. I just wanted *something* . The employee advised me to visit the records vault in the city's Engineering Resource Center because they had "literally millions of photos," although, as I learned when I got there, the photos in the records vault are incredibly disorganized and aerial. After some effort, and with some assistance, I located the building. I mean, I located an image of the square roof of the building.

Here's the problem: No one considers 1117 Pike Street "historic." The City of Seattle Historic Preservation Program has photos of the brick hotel that borders 1117 Pike Street, but they have no photos of 1117 Pike Street. Eventually I did manage to find two good street-level photos—taken in 1937 and 1949—in Bellevue, in the state archives. I found them by calling the Puget Sound Regional Branch of the state archives, pressing buttons until I got a human, explaining my project, and providing the building's tax parcel number. Within five minutes the employee called back to "double check" that I had the right tax parcel number. "It's not a very impressive-looking building," she explained.

"That's it," I said.

Lindy West, a *Stranger* intern who became my research assistant that instant because she has a car, drove me to Bellevue Community College. That was where we would make our big historical discoveries, with the help of a no-nonsense woman at the front desk named Philippa Stairs. "Phil," she insisted. I sacrificed my backpack, my bottle of water, my pens, and then Phil let us into a room to see a card of information on the building comprising 1115, 1117, and 1119 Pike Street. (Now that Club Z occupies the whole building, the address has been consolidated to 1117 Pike Street.) Taped to the card of information were the 1937 and 1949 photos. In both photos, the streetlamps are cluster lights. In 1949, an out-of-focus man is walking by.

"It's not much of a building, which could be a very good thing," Phil said in an if-you-catch-my-drift way.

I didn't catch her drift.

"If it's a bathhouse and people don't want you to know it's a bathhouse," she said.

With a magnifying glass, West and I established that the building's storefront was "Majestic Upholstery Co." in 1937 and "Sweeney-Berwanger Co." in 1949. Actually, the "w" in Berwanger was a guess. I mentioned this to Phil, who told me I could check the name of the business by looking up the address in *Polk's Seattle City Directory 1938* . The Polk's directories, starting in 1910, were published yearly until the mid-'90s. In 1938, the volume's publishers began including a reverse directory, meaning that, instead of looking up a business and finding its address, as with a phone book, you could look up an address and find the business at that location. With a set of Polk's directories, you can reconstruct the commercial history—in a sense the cultural history—of any area of the city. We were thrilled to find names of automotive businesses, groceries, and upholsterers, and set about charting the yearly progress, from 1938 onward, of 1115, 1117, and 1119 Pike Street, addresses that no one has ever had any reason to remember.

The Polk's directories are not online—"There's a lot of things you can't find online," Phil intoned—and the earliest editions don't have reverse directories. (They also fall apart as you turn their pages.) The reverse directory in the 1938 edition indicates that in 1938 "Majestic Upholstering Co." occupied 1119 Pike Street, the "Roland Apartment Hotel lodgings" occupied 1117 Pike Street, and the 1115 Pike Street address was vacant. Since the reverse directory wasn't published any earlier than 1938, it's impossible to look up those addresses in earlier editions; however, you *can* use the earlier editions to look up businesses that you know existed eventually, to see when they first appear. "Majestic Furniture Upholstering Mfg. Co." first appears in 1933. "Roland Apartments" first appears in 1928.

Here's another wonder of the Polk's directories: Early on, the directories included the names, in parentheses, of the manager of every business listed. In 1930, the manager of the "Roland Hotel" is G. Nakahara. By 1938, the listing has changed to the more complete "Roland Apartment Hotel lodgings" and the manager is Yoshinobu Hasegawa.

Hasegawa is the manager in 1939, 1940, 1941, and 1942.

And then, he disappears.

Hasegawa is a Japanese name. If you were Japanese and living in Seattle, 1942 wasn't your year. That spring, the Wartime Civil Control Administration nailed thousands of posters with instructions to all persons of japanese ancestry to telephone poles around town. On a hunch that Hasegawa's

1942 disappearance from the Polk's directories was no coincidence, I called the Quick Information Center at the Seattle Public Library. I gave them what I had: a name (Hasegawa) and a place of employment (the Roland Apartment Hotel). The next day, a Saturday, I got a call from Jeanette Voiland, Senior Librarian in History, Travel & Maps, who told me that a search for Yoshinobu Hasegawa in a central database of interned Japanese Americans maintained by the National Archives and Records Administration came up empty.

The day after that I met Voiland and she showed me the database. She was right. A search for "Yoshinobu Hasegawa" turned up no records, although a search for "Hasegawa" alone turned up hundreds. Each name had alphanumeric codes next to it, each code corresponding to information about each internee: race, religion, birthplace, birth year, year of arrival in the U.S., last permanent address, etc. I searched for "Hasegawa" only among individuals whose last permanent address was in Seattle. That got 27 results. The ninth-from-the-last name was "Hasegawa, Yoshinob."

According to the codes, "Yoshinob Hasegawa"—his name apparently didn't fit—had been living in Seattle and had an occupation that fell into the category "Hotel and Restaurant Managers." This was clearly the guy. I learned from the other codes that he was born in Japan in 1887 and arrived in the U.S. in 1910. He was widowed. He had a high-school education, knew English, and had gone back to visit Japan twice since moving to America. The records showed that, after being rounded up, he was first taken to fairgrounds in Puyallup, where thousands were forced to live in temporary housing built in parking lots and horse stalls, and then he was sent to Minidoka, an internment camp in Idaho.

At Minidoka, Hasegawa lived in Block One, Barrack 7D, along with Hiroshi, Yukio, Naoko, and Yukinao Hasegawa, which I know because I subsequently found his name in *The Minidoka Interlude* , a book published by residents of Minidoka Relocation Center. (There are several groups of Hasegawas in the book, but only one with anyone named Yoshinobu.) Nearly 10,000 Japanese men, women, and children were imprisoned at Minidoka, "one of 10 concentration camps built on the wastelands of America in 1942," writes Jack Yamaguchi in *This Was Minidoka* . "In most places the sandy ground never hardened and was a never-ending source of dust and grime in the barracks. The wind often swept down upon the camp, raising suffocating clouds of dust which poured through the loose-fitting windows and doors." There were armed guards in towers, there was barbed wire, and there was a shortage of medical staff. Death, Yamaguchi writes, was "ever present."

One way to get through the barbed wire was to volunteer for service in the war. Hasegawa, in his early 50s, was too old to qualify, which maybe saved his life. In the end, writes Yamaguchi, Minidoka had "the largest casualty list of any of the 10 relocation camps." Among those casualties, according to a few obituaries reproduced in *This Was Minidoka* , were two young Japanese men who had previously attended Broadway High School. Broadway High School was once located where Seattle Central Community College is now, a three-minute walk from Club Z.

Meanwhile, on the other side of the world, in Japan, in 1944, Allied forces were preparing to bomb Okinawa. An 11-year-old Chinese girl living in Taiwan—her first language was Japanese because Taiwan had been under Japanese occupation her entire life—remembers finding leaflets dropped from U.S. warplanes warning Taiwanese civilians that the siege on Okinawa was coming. And she thought: "How wonderful these people are to warn people! That's the first impression I got of American people—they're so nice and generous."

As a young woman, she longed to move to the U.S. "At the time, for me, that was like going to the moon." When she was old enough to leave home, in 1950, she unrolled a map of the U.S. and chose to leave for Kansas, because she wanted to be in the middle of everything. Then she visited her

brother in Seattle. "I really liked Seattle a lot better than Kansas." She transferred to Seattle University in 1954, and soon after met her future husband in a nightclub in what was then called Chinatown. "It was kind of a pickup place," she admitted to me. They were so embarrassed they didn't tell their kids where they'd met. They've been married since 1957.

Her name is Joyce Marleau. Thirty years ago, she became interested in investing in real estate. In the spring of 1978, she read an ad for a building that seemed within her means and talked to a realtor, who discouraged her. "He said, 'It's really hard to get in to look at this building.'" Six months later she saw the same ad and thought, "I've got to see this building, I don't know why."

Club Z, known at the time as the Zodiac Social Club, had been in business in the building for about a year. When Marleau arrived with her lawyer and realtor to see the building, the tenants wouldn't let them in. Women were not—and are still not, and have never been—allowed in the club. "So we had to make another appointment," she said. "I don't know what they did—maybe clean some places."

When she finally did see inside the building, she said, "It was *horrible* ... I didn't realize gay people *do* that kind of thing. It was awful... It was horrible. I nearly vomited when I heard what they were doing, and this was before the AIDS." She bought the building because "it was in a good location."

This diminutive woman in her early 70s has owned the building housing the most hardcore bathhouse in the city ever since. I met her once, briefly, at a design-review meeting at City Hall two years ago. For months I tried to get back in touch with her. She wouldn't return my calls. Then last spring, after I'd left dozens of messages, I called again—I kept calling on the off chance that she might pick up. She picked up. She told me she hadn't returned my calls because she wants to keep the redevelopment project "low-key." She told me that the place was originally built in the 1920s. I told her it was actually built in 1906. "Wow, 100 years old," she said. "It's really bad... the way the outside looks. The surrounding neighborhood is remodeled and, our building, we never did anything."

I mentioned the boarded-up windows and she said, "Yeah, so tacky!" Then I asked her if the management of Club Z kept changing in the 1980s—something I noticed in the Polk's directory—because the managers kept dying, and she said, "Mmm-hmm!"

Marc D. Sauer is listed as manager of the "Zodiac Social Club" in the Polk's directory of 1978—the first year the club appears. In 1980, James Barrett is listed as manager, and in 1983 James Barnett (who is probably the same person, although maybe not) is listed. In 1985 it's Ron Wilson, in 1989 it's Brad Gruman, and in 1993 the Polk's directories cease publication. Similar resources published more recently don't list managers. According to the Social Security Death Index database for Washington State, a Marc D. Sauer, age 42, died in Seattle on August 9, 1989. An obituary appeared in *Seattle Gay News* two weeks later citing "respiratory failure and complications from a long battle with HIV" as the cause of death. Nine James Barnetts in Washington State died between 1983 and 1994, two of them, both relatively young, in King County. There are lots of Ronald Wilsons, including Ronald L. Wilson, age 48, in Lynwood in 1993; Ronald E. Wilson, age 59, in Tacoma in 1993; and Ronald D. Wilson, age 66, in Seattle in 1995. Several of these deaths received notices in the daily newspapers, but just standard death notices, which only say, *So-and-so died* . That's where the information ends.

Yoshinobu Hasegawa, the Roland Hotel Apartments manager who was sent to Minidoka, died in a nursing home in 1965 and got a somewhat detailed obituary in the *Seattle Times* . But he is also somewhat of a ghost to history. You now know all that I know. I have an acquaintance whose last name is Hasegawa, but he isn't, it turns out, related. Hasegawa's obituary mentions membership in

the Japanese Apartment and Hotel Owners' Association, but that organization no longer exists. There is a picture in *The Minidoka Interlude* of the 130-plus residents of Block One, but it is impossible to know which one of them is Hasegawa, and he is in none of the many smaller group pictures captioned with last names throughout that book. According to Hasegawa's obituary, his body was cremated at Butterworth Mortuary, two blocks from where Club Z stands, in what is now a bar with ghost-white furniture called Chapel.

Since half the general population isn't allowed inside Club Z—including the neighborhood's liaison to the city and the woman who owns the walls in which the glory holes are carved—here's some information about how the club works and what you generally find there. Membership is required. According to a figure published last summer in *Seattle Gay News* , they have about 4,000 members. Memberships last one year, for $17, or six months, for $10 (although for a while last spring Club Z was offering month-to-month memberships in anticipation of the building's demolition). Paying for a membership gets you a membership card. Once you've shown your membership card and paid for either a locker ($9–$11) or a standard room ($15–$17) or a deluxe room ($28–$35)—prices vary depending on the night of the week—you are buzzed in through a heavy door and issued a towel, a key for your room or locker, and a condom.

The locker room is on the first floor, along with a shower and a sauna—both rarely used. On the second floor are dozens of small rooms, as well as a large room where several monitors play videos and men stroke themselves and smoke. On the third floor are still more rooms and a "maze" that consists of partitions set at angles from one another—many of them with holes at crotch level—in almost total darkness. In certain corners of the maze it's possible to be standing next to someone who's loudly getting fucked and not be able to see them. The rest of the building is staircases and hallways full of loiterers. Since doors are usually closed, you can't see into any of the smaller rooms, except those that have glory holes.

Sometimes doors are left open. Occasionally you walk by a room and see someone on their stomach, bare ass facing you, waiting. Or you see someone sitting up in bed, masturbating, trying to be inviting. The idea of the club is that anything is possible, that pleasure and adventure reign, that a sexual energy prevails that's not allowed expression outside the club's walls—but the truth is that a lot of these men look extremely bored. At one point I walked into a large room where a handsome guy in jeans and a baseball cap was flipping channels. A hardcore dildo scene... a pool scene... a guy getting comed on... an ass being eaten... a group scene in which some of the guys were tied up. He settled on the group scene. He watched. A few people walked by. He looked around the room. He watched some more. He looked at me. I was being standoffish. At last he said, "I want a pizza."

On a chalkboard in the bathroom down the hall, several club members had written messages:

340 FIST/FUCK PARTY
213 BB TOP
232 Piss in my mouth
233 HOT NO TEETH BLOWJOB
370 SLING MY ASS!

I was interested in the party in 340 because I wanted to see a group scene. Group scenes at Club Z seem to be exclusionary—a few guys meet, find a room, and close the door. It's rare to find groups of people having sex in any of the common areas, which is odd, because you expect the patrons of a bathhouse to be voyeuristic and confident and driven by values that run in opposition to everyday conduct, and so would be swinging naked from the rafters or whatever, but in fact most people here have sex in shabby approximations of privacy. The walls of the rooms don't always go

up to the ceiling, so you hear things, but a certain level of privacy is important to most, and it's necessary if you're going to do drugs. According to posted rules, drug use is prohibited.

The door to room 340 was open, a red bandanna tied to the door handle. Inside, a huge man with studded genitals was suspended from the ceiling on his back. Another man stood between his legs, putting on gloves. There was no one else in the room. They introduced themselves. The guy in the sling was Carl. The guy in the gloves was BJ. They were not attractive.

BJ scooped some white lubricant out of a tub and began sliding his hand into Carl, whose expression was casual. A large diaper pad was spread out on the bed below Carl. On the television screen, a man was sinking a dildo into another man. BJ was plunging his hand in and out of Carl, slowly, not being too aggressive, not punching, warming it up. They did this for a minute and then BJ looked down at his hand and said, "Uh oh. Brown." He pulled his hand out. The white lubricant was tan. Carl sighed big and literally said, "It's been one of those days," and got out of the sling and went off to the bathroom, and BJ said something about not being afraid to get shit on his hands.

In the locker room, as I was leaving—I had come to see if I could get turned on; I couldn't—a sexy guy who told me he was visiting from Amsterdam asked me if I had had fun. I admitted that I'd found it boring.

"It *is* boring," he agreed.

My first time inside Club Z, a boyfriend, whom I'll call F., took me. Early on in our relationship he told me he had been "experimenting" with some things, which turned out to mean that he had been using crystal meth and, while on meth, getting fisted. This is more common than you might expect among men who use crystal meth. He hadn't done it much and he talked about it nervously. I was open-minded and wanted to know everything. He said he had first used the drug with a boyfriend and, after that ended, once or twice with people he met at Club Z.

Because I loved him, I wanted to see the place where he had done this insane thing. I remember thinking that it cost a lot of money to get in, more than $40 for both of us, and that I didn't want to touch anyone. I remember some grotesquely fat men in towels. (I say that as a person who was once fat.) I remember standard-issue ugly men, and lots of average men, and older men I wasn't attracted to, and muscled men who looked blasted, and a few young guys I assumed were HIV-positive—in other words, the only person I wanted to have sex with was the person I came with. It was my idea to leave the door open, to be wild, but within minutes the room filled with people who wanted to touch us. I wasn't into it, and F. kept muttering how disgusting the place was, so minutes into the adventure we put on our clothes and left.

Turns out, F. liked the place better when I wasn't with him. While we were a couple he went to Club Z four or five times, always without telling me, always when I was gone for a night or a weekend. I'd return home to a shaky, babbling version of my boyfriend. He went when he was alone and bored. And he was always bored. Work bored him, people bored him, the city bored him; he was a bored person. I guess he was bored except when on meth.

On one level, it made him happy.

I wanted him to be happy.

Crystal meth is not a sexual stimulant. It's a central-nervous-system stimulant. It was developed by a Japanese scientist in 1919 and used by U.S. and British pilots in World War II to keep them alert,

and, in larger doses, by Japanese kamikaze pilots. "It makes you feel incredibly good, like you're some kind of god," says D. L. Scott, clinical coordinator for Project NEON at Seattle Counseling Service, whose programs for gay men on meth have grown exponentially in recent years. Eighty-five percent of the users who come into the clinic use the drug to enhance their sex lives. "It's a big social drug in that there are a lot of big group sex scenes. [Users] say it doesn't matter who the person [they're having sex with] is as long as they have a dick. There are group scenes where you have 10, 20, or more people engaged in sexual encounters."

And it's hugely addictive.

"It's bad news," Scott says. "Real bad news."

Within 15 to 30 seconds of it being ingested into the body, methamphetamine floods the bloodstream with dopamine, serotonin, and norepinephrine, tons of it, raising blood pressure and body temperature, elevating sensory perception, obliterating inhibitions, and erasing pain. It makes getting someone's fist into you, a psychotic idea to most people, possible. "Some of my patients talk about how they feel on crystal meth as being akin to being robots programmed with the sole purpose of doing more crystal and having more sex," Dr. Steven Lee, a psychiatrist, told the *New York Times* , which has published lots of reporting about the rises in meth use and HIV transmission among gay people.

A "dangerous nexus has formed between the nation's two big epidemics: AIDS and methamphetamine abuse," writes David J. Jefferson in *Newsweek* , citing a 2004 study among gay men in Los Angeles County. Thirteen percent of the men in the study had used meth in the previous 12 months and "those respondents were twice as likely to report having had unprotected sex, and four times as likely to report being HIV-positive." Jefferson's article began with an anecdote about three dozen men—many of them "sweaty, dehydrated, and wired on meth," and HIV-positive —having unprotected sex in a hotel room in New York City. One of the men said, "It's completely suicidal, the crystal and the 'barebacking.' But there's something liberating and hot about it, too."

Hunter Handsfield, the UW professor of medicine, told me, "If you're a meth-using [HIV-negative] gay man who comes into the STD health clinic at Harborview, and then you show up again one year later, there is a 25 percent chance you will have become HIV-positive." There are very few populations in industrialized countries with those rates; you have to look among "subsets of commercial sex workers in Africa," he said, to find such statistics. When Handsfield was the director of Public Health, Seattle and King County's STD prevention program, he never urged the closure of Seattle's bathhouses because numbers have always shown that HIV spreads at the same rate in cities that have bathhouses as in cities that don't. He concedes that if people can find meth in bathhouses, that makes them more dangerous from a public-health perspective, but he added, "If you cracked down on that—not using 'crack' for any particular reason—would meth use change? Or just happen somewhere else? I don't know."

I have been offered meth several times in the last year, always unsolicited, both online and at Club Z while working on this story, but I've always turned it down. I am terrorized by what it did to my ex-boyfriend, who entered recovery toward the end of our relationship.

I was also offered a lot of sex at Club Z. When two guys—one of them handsome and normal, a guy I would go on a date with—offered to have a three-way, I declined. I have a mild phobia of strangers' gooey privates. I'm afraid of STDs. But I let these two guys have sex in my room because neither of them had his own room and they were willing to let me watch. The one I liked, Handsome and Normal, got on his back on the bed, and the other one held Handsome and Normal's legs in the air, and they had sex for a while in a variety of positions on the bed and on the floor without

condoms. It stunned me how little they said, how absent language was. I assumed they were both HIV-positive because they both seemed to assume that about each other. In any case neither brought it up. I began thinking about—not in a patriotic way—the idea of freedom, namely the freedom to do to your body what you want. Seems like a necessary freedom. I thought about my friends who are HIV-positive, and about what it would be like to be gay and HIV-positive in this country right now, in other words to be in the margins of a margin, and how that might change your feelings about "community." It occurred to me that some people are more comfortable with the idea of living with HIV than others are, and that people smoke even though it will kill them, and that we all die somehow, and that the unlawfulness of suicide has always seemed unjust to me.

My problem with meth is that it removes reality and an awareness of consequence from experience—in other words, it makes you less free. I could never understand why my ex-boyfriend liked getting fisted, but I think it was related to a desire for intensity. The problem with that is: *What's next? Are you going to stop here at the fisting level?* It made me panicked for him, and sad, which probably made me love him more. I won't tell you any details of his life, because it's proper to protect his identity, but he is the kind of guy who wanted more than anything to be extraordinary.

When I watched BJ and Carl in that room, it made me wonder which rooms F. had been in and how many other people had watched him. During our relationship I used to wonder those things a lot—how many men at Club Z were involved, who they were, whether the door had been open. These questions terrorized me. So did the place, the menacing building itself. I forgave and forgave and forgave F., and then, the fourth or fifth time he went, because somehow he couldn't stay away, and then lied about it, I couldn't forgive him anymore. In that way, this building killed us.

Joyce Marleau is hoping that the ground floor in her new building will be a deli. Janow, the neighborhood liaison to the city, loves the way the Kenn Rupard–designed redevelopment will look, adding, "It's going to be a major attraction in the neighborhood." It's also going to greatly improve the value of the property. The real-estate businessman who lives a block east of Club Z speculated that the land alone is worth $750,000–$850,000, and that if the new building becomes condos the whole thing will be worth "upwards of seven million dollars."

At one Design Review Board public meeting I went to at City Hall two years ago, four people in glasses sat along a table and talked about plans for the building that's going to replace Club Z. They talked about parking, fenestration, terracing, signage, overhead weather protection, sidewalk trees, the neighboring hotel, the pedestrian zone, views that would give "a sense of openness," and shadows. One of the men at the table asked for information about sunlight at different times of the year.

"Shadow study," someone said. A shadow study would show "details and layers and shadow and context."

There were nine members of the public present, but they only had comments about future windows and future trim. No one, throughout the meeting, said a thing about the current building. Maybe its details, layers, shadows, and context are too much to bear. I found the silence kind of poetic.

I stopped last week to ask the person at the front desk when the building is expected to be torn down. "Not until the end of the summer," he said. Men who post on the web about anonymous sex have been delighting in the gift of more time, of extended life. They haven't been silent at all. Someone wrote on www.squirt.org :

I was there last night... and there was a sign saying the lease had been extended. Had a great time

while I was there. Was piston fucked by this dominant guy who worked me in every position possible with him being on top. Then, this Hispanic guy slowly teased me with his cock, edging himself closer and closer until he couldn't hold back any more. Then this hot daddy stud with a really thick cock pounded me doggie style. He didn't last too long before he unloaded—boy did he bellow when he shot! This young black guy with a rock-hard cock finished off my evening there. The only thing he said to me was "thanks" as he left my room. Gives you an idea of the diversity of the guys that play there. And this was on a Wednesday night! It's going to be too bad when this place is gone.

This story has been updated since its original publication.

A Chance Encounter

Tuesday RedHand
11 Jul 2017

> **Niccolo and Donkey said:** ↑
>
> Some may remember how I speculated that Gaetan Dugas and Freddie Mercury must have run into one another at some point.
>
> link

Gaetan Dugas realised what the virus he carried was doing and continued his ways. He told a doctor he would not stop his carnal excess as he *could* not stop "being true to himself" (paraphrasing). This must have taken extraordinary power of will ... and greed and callous disregard for human life in pursuit of what? Self belief? Sexual satiation? I view the man as a truly satanic figure.

Local Daimyo
Tuesday 11 Jul 2017

The fact that all the modern gay pride rhetoric was already there in full flower in the person of Gaetan Dugas (who as "gay" in his name) is extremely revealing in its cruel irony

Cocaine

Saturday 31 Azimuth Aug 2013

> It took a lot of maneuvering. In that program, we tested 2,351 intravenous drug users, which is probably more than anybody outside Baltimore. There are estimated to be 13,000 drug users in San Francisco, so we tested about one in four or one in five. **We found out the main thing associated with HIV in drug users was intravenous cocaine use, not heroin. I went to NIDA and told them, but they didn't believe it; nobody believed it. The reviewers didn't believe it; we had to fight the paper into *JAMA [Journal of the American Medical Association*].** 39 **But it turned out to be true. It's cocaine injection that gives people AIDS.**

This makes sense considering queers, their promiscuity practically a defining element, are more likely to be cokeheads rather than junkies. After all, from what I understand, sex is about the last thing one desires when on heroin.

Niccolo and Donkey Saturday 31 Aug 2013

Thomas777 Fitz O'Zebedee

Dr. Moss on studying drug users in 1984 **:**

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Saturday 31 Azimuth Aug 2013

niccolo and donkey said: ↑

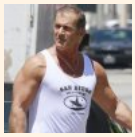
> I wonder if it has anything to do with what was in the cut cocaine at the time? Lots of toxicity, no doubt.

Good question. It's quite possible the coke was cut with something that helped suppress the immune system, something cocaine alone already does (it's common for coke users to come down with colds after binges, for example).

Niccolo and Donkey
Saturday 31 Aug 2013

> **Azimuth said:** ↑
>
> Good question. It's quite possible the coke was cut with something that helped suppress the immune system, something cocaine alone already does (it's common for coke users to come down with colds after binges, for example).

I've got a lot more coming on this thread as I've collected a lot of primary sources, many of which will deal with the lifestyle gays were living in San Fran (and by extension, NYC and LA). From what I've seen already, these guys had a shitload of venereal diseases already swimming through their systems and were on all sorts of illegal drugs, plus a lot of penicillin. There is no way that these weren't co-factors in what later became AIDS. In NYC, there were gay doctors that were going to Fire Island and stocked up with penicillin and were shooting it into themselves and their friends before they went out to parties and got high.



Wednesday 2 Oct Vuk 2013

Cocaine Use Can Make Otherwise Resistant Immune Cells Susceptible to HIV

University of California, Los Angeles (UCLA), Health Sciences

October 1, 2013

In many ways, the spread of HIV has been fueled by substance abuse. Shared needles and drug users' high-risk sexual behaviors are just some of the ways that narcotics such as cocaine have played a key role in the AIDS epidemic in much of the world.

There is, however, relatively little research into how drugs can impact the body's defenses against the virus. But a new UCLA study published in the October issue of the Journal of Leukocyte Biology examines how cocaine affects a unique population of immune cells called quiescent CD4 T cells, which are resistant to the virus that causes AIDS.

The results: cocaine makes the cells susceptible to infection with HIV, causing both significant infection and new production of the virus.

“The surprising result was that the changes cocaine induced on these cells were very minimal, yet they were sufficient to fuel infection,” said Dimitrios Vatakis, assistant professor of medicine in the division of hematology/oncology at the David Geffen School of Medicine at UCLA and the study’s senior author. “We found that cocaine mediates its effects directly, inducing minimal changes in the physiology of these cells and utilizing the same pathways it uses to target the brain.”

For the year long in vitro study, the researchers collected blood from healthy human donors and isolated quiescent CD4 T cells. They exposed the cells to cocaine, then infected them with HIV. They harvested the samples over different time points to trace the cells’ susceptibility to infection at different stages of HIV’s life cycle, comparing the infected cells with untreated cells.

They found that a three-day exposure to cocaine made the cells more susceptible to HIV infection by stimulating two receptors in the cells, called σ1 and D4. The findings suggest that cocaine use increases the pool of T cells in the human body that can become infected by the virus.

The researchers caution that, as with all in vitro studies, the results may be skewed. Also, they based their research on an acute—that is, brief--cocaine exposure set-up; by contrast, typical drug users are chronic users, meaning that they take the narcotic over extended time. They do, however, have data from their animal models that support and strengthen their observations.

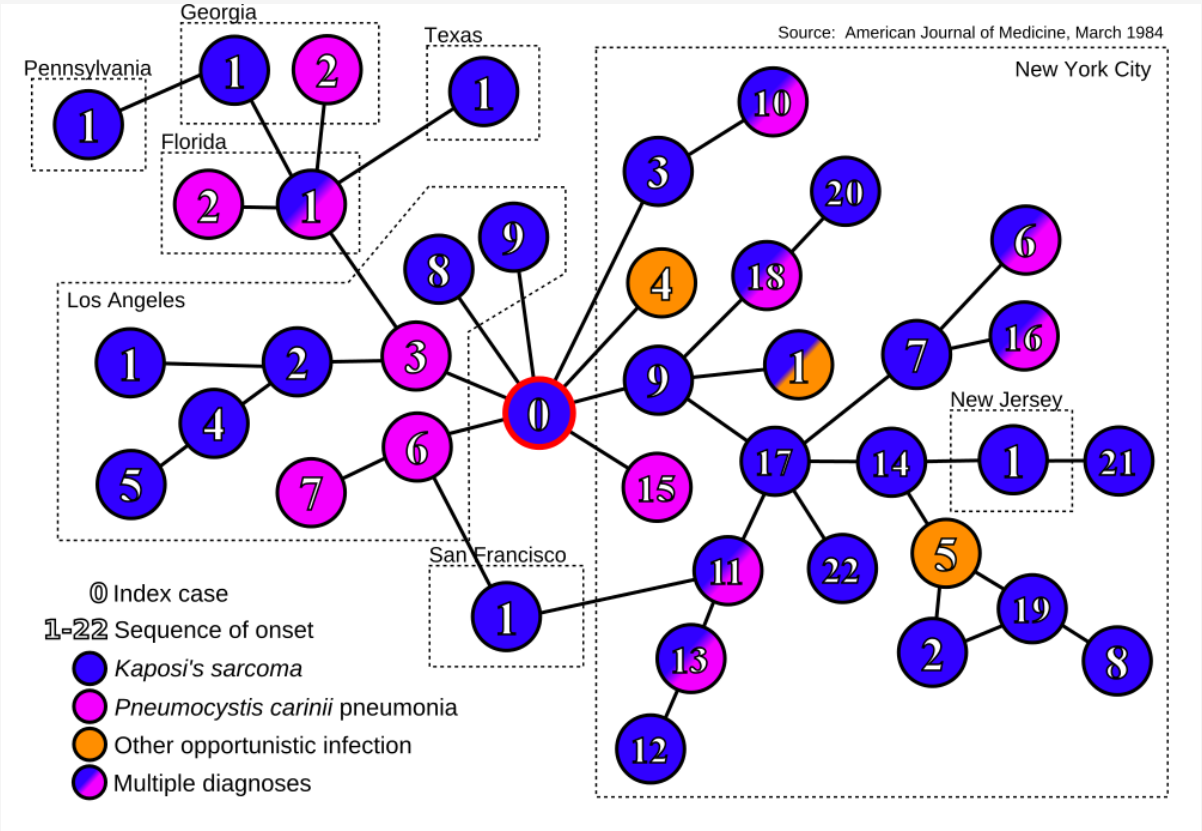
“We have shown that cocaine modulates the permissiveness of quiescent cells to HIV,” the researchers conclude. “The potential for cocaine to augment the pool of HIV target cells with a commensurate increase in the viral reservoir has significant implications for HIV seropositive individuals who abuse or use stimulants such as cocaine.”

The next stage in the research will be to more closely examine the means by which cocaine makes these once resistant cells susceptible to infection and if the drug does indeed lead to a higher viral reservoir, and to use humanized mouse models to study how drug abuse affects HIV infection as well as the efficacy of Highly Active Antiretroviral Therapy (HAART).

Where Are They Now

Niccolo and Donkey
Friday 3 Jan 2014

The original cluster study with Gaetan Dugas as "Patient Zero", mapped:



Niccolo and Donkey
Wednesday 4 Dec 2013

Let's jump in the Salo Forum Time Machine and fast forward to 2013.....

CDC: 62 Percent Of HIV-Positive Men Have Unprotected Sex

> Data released last week found that 62 percent of American men who self-reported being HIV-positive said they had unprotected anal sex with a male partner in the last 12 months.
>
> The Centers for Disease Control report , “HIV Testing and Risk Behaviors Among Gay, Bisexual and Other Men who have Sex with Men,” noted that the population of men having sex with men (MSM) is a small proportion of the US population; however, this group represents the majority of people diagnosed with HIV.

In 2011, men who had sex with men accounted for at least half of persons diagnosed with HIV in all but two states. Anal sex is cited by the CDC as having the highest-risk practice for HIV infection.

“High HIV prevalence, lack of awareness of HIV-positive status, and unprotected anal sex” between gay, bisexual and other men are cited by the CDC as contributing to continued new infections among this population.

However, only 67 percent of sexually active MSM reported getting an HIV test in the past year.

The researchers found that some men attempt to decrease their HIV risk by only engaging in unprotected sex with those “perceived” as having HIV or not. However, this practice is risky because some may not disclose or may not know they are infected with the virus.

Unprotected anal sex among MSM increased from 2005 to 2011, and in 2011 one-third of HIV-positive MSM who did not know if they were infected reported unprotected sex with a partner who said they were HIV-negative or did not know either.

Niccolo and Donkey
Wednesday 8 Oct 2014

First an update.....

Syphilis diagnoses hit all-time high

Syphilis has reached its highest level ever recorded in Australia, with the increase almost exclusively among gay men.

Health experts are calling for an increased focus on syphilis after data showed 1765 people were diagnosed with the potentially deadly bacterial disease in Australia last year - a 34 per cent increase on the number documented in 2009.

The annual surveillance report on the nation's sexual health produced by the University of NSW's Kirby Institute said unprotected sex between men was the main driver of new diagnoses between 2009 and 2013.

Associate Professor David Wilson, one of the authors of the report that looked at viral hepatitis and sexually transmissible infections (STI) in Australia, said syphilis remains far less common in Australia than many other sexually transmitted diseases.

But there has been a rise in men catching the disease and this is due to the increase in condomless sex between men, he said.

Syphilis is increasing almost exclusively amongst gay men and men who have sex with men, he said.

What we have seen is there have been decreases in condom use in that population, that's likely to

be one of the key reasons for that.

Professor John de Wit, director of UNSW's Centre for Social Research in Health, said people tend to think of syphilis as an old and rare disease, which is not helpful.

Indeed syphilis does have this image of being one of those classical venereal diseases from a bygone era and that is not very helpful, he said.

If syphilis is not diagnosed it can have a significant impact on people's health.

Symptoms of late stage syphilis include difficulty coordinating muscle movements, paralysis, numbness, blindness, and dementia.

In the late stages of syphilis, the disease damages the internal organs and can result in death.

Niccolo and Donkey
Friday 23 May 2014

Some info on today's situation :

In spite of extraordinary research breakthroughs and new effective treatment and prevention, the HIV epidemic continues to chug along. There are 50,000 new HIV infections a year in the United States – a steady flow unchanged since 2007 (the peak was 130,000 a year in the mid-1980s). And the reasons are not so much medical as they are behavioural, psychological and cultural.

The US Centers for Disease Control and Prevention (CDC) recently announced that if HIV infections continue to rise at current rates, half of young gay men will have HIV by the age of 50. Infections have been increasing among young men who have sex with men, especially young, black men. Emory University in Atlanta, Georgia, reports that a black gay or bisexual man in Atlanta who becomes sexually active at age 18 now has a 60 per cent chance of becoming HIV-positive by the time he turns 30. Nationwide, condom use is steadily dropping and unprotected anal sex is increasing. New HIV infections have proved similarly resistant in Europe and Asia. There are still 6,300 new HIV infections a day worldwide.

Niccolo and Donkey
Friday 23 May 2014

Jongkind Vuk

More from the same link above:

Some admit to simply wanting to get the virus so they can stop worrying and just have sex with other HIV-positive men. At the very extreme end of this is a behaviour called ‘bug-chasing’, where

men seek out HIV-positive ‘gift-givers’ to infect them. Damon Jacobs, a 42-year-old licenced family and marriage counsellor in New York City, says that he went on PrEP when he found himself with exactly those thoughts. ‘A few years ago, after a break-up, I was getting back into the world of dating, and condoms were not as popular as they’d once been. I was seeing people with HIV living and thriving. I found myself thinking: *if I don’t use condoms and I get HIV, well, maybe it won’t be the worst thing in the world* . Those thoughts freaked me out. It wasn’t *if* I get HIV, it was *when* .’

Some see HIV-positive status as a coveted state. Since positive men on antiretroviral therapy are virtually unable to transmit the disease, some are choosing to partner only with such men. ‘Limit your condomless sex to poz guys with undetectable viral loads, and avoid condomless sex with casual negative partners,’ advises Marc André-LeBlanc, a Canadian HIV/AIDS activist, on a Canadian online HIV magazine called *Positive Lite* . Undetectable has become the new negative .

Niccolo and Donkey
Monday 14 Jul 2014

This can't be!!!!

WHO warns HIV 'exploding' among gay men, urges preventive drugs

AFP

July 11, 2014

HIV infections are rising among gay men in many parts of the world, the World Health Organization warned Friday, urging all men who have sex with men to take antiretroviral drugs to prevent infection.

"We are seeing exploding epidemics," warned Gottfried Hirnschall, who heads WHO's HIV department.

Infection rates are rising again among men who have sex with men -- the group at the epicentre of AIDS pandemic when it first emerged 33 years ago, he told reporters in Geneva.

While images of skeletal men dying of AIDS in the 1980s pushed the world to act, a younger generation that has grown up among new treatments that make it possible to live with HIV are less focused on the disease, he suggested.

Today, this group is 19 times more likely than the general population to be infected by HIV, Hirnschall said.

In Bangkok for instance, the incidence of HIV among men who have sex with men stands at 5.7 percent, compared to less than 1.0 percent for the overall population, he said.

In its new recommendations for combatting the HIV/AIDS pandemic, published Friday, the UN health agency therefore for the first time "strongly recommends men who have sex with men

consider taking antiretroviral medicines as an additional method of preventing HIV infection".

US authorities made the same recommendation in May.

Taking pre-exposure prophylaxis medication, for instance as a single daily pill combining two antiretrovirals, in addition to using condoms, has been estimated to cut HIV incidence among such men by 20-25 percent, WHO said, stressing that this could avert "up to one million new infections among this group over 10 years".

The new guidelines also focus on other high-risk groups, pointing out that men who have sex with men, transgender people, prisoners, people who inject drugs and sex workers together account for about half of all new HIV infections worldwide.

- Putting overall progress at risk -

At the same time, they are often the very groups who have least access to healthcare services, with criminalisation and stigma often dissuading them from seeking help even when it is available.

When people fear seeking health care services it "will inevitably lead to more infections in those communities," Rachel Baggaley, of the WHO's HIV department, told reporters.

Globally, transgender women and injecting drug users, for instance, are around 50 times more likely than the general population to contract HIV, while sex workers have a 14-fold higher chance of getting infected, WHO said.

The world has overall been making great strides in tackling HIV, with the number of new infections plunging by a third between 2001 and 2012, when 2.3 million people contracted the virus.

And by the end of 2013, some 13 million people with HIV were receiving antiretroviral treatment, dramatically reducing the number of people dying from AIDS.

"Progress is however uneven," Hirnschall said, warning that failing to address the still sky-high HIV incidence among certain groups was putting the overall battle against the deadly disease at risk.

Most countries focus the lion's share of their attention on fighting HIV infections among the general populations, paying relatively little attention to the most high-risk groups.

This is especially true in sub-Saharan Africa, which is home to 71 percent of the some 35.3 million people worldwide living with HIV, the expert said.

Hirnschall stressed that tackling infections among the most at risk should be a general concern.

"None of these people live in isolation," he said, pointing out that "sex workers and their clients have husbands, wives and partners. Some inject drugs. Many have children."

Decriminalising and destigmatising these groups would greatly help bring down HIV infections among them, WHO said.

Promoting condom use, wide-spread voluntary HIV testing, treating at-risk individuals with antiretrovirals, voluntary male circumcision and needle exchange programmes figure among the other WHO recommendations for battling the disease.

Niccolo and Donkey
Sunday 21 Dec 2014

Bathhouses today.....

A new reality for Toronto’s bathhouses

As industry crumbles in the U.S., Canadians turn upscale.

Chris So/The Toronto Star

Robert Knight, left, president and director of Spa Excess, and his business and life partner, Michael Dorman.

Come New Year’s Eve, 250 men will gather for a hot meal and celebration at Spa Excess, one of the city’s foremost bathhouses.

The festive meal comes complete with all the trimmings you’d expect of a celebratory feast over the holiday season: white and dark turkey, mashed and roast potatoes, cranberry sauce, salad, cookies, white and chocolate cake.

And, at midnight, champagne.

After 16 years in business, it’s tradition, said president and director Robert Knight.

“It’s so popular and so wonderful an evening, because a lot of people are alone and not many people come as a couple,” said Knight, who co-owns Spa Excess with his treasurer, secretary and life partner, Michael Dorman. “It’s become like one big, huge family.”

But the meal isn’t just an opportunity to gather and break bread; it’s a small sign of more significant changes that today’s bathhouses have had to make to remain relevant.

Bathhouses date back to the Roman Empire, initially built to maintain hygiene in major cities. By the late 1950s and ’60s, as the need for a public place to wash up declined, bathhouses began drawing crowds by offering a discreet place for gay men to meet and have sex in a time when sodomy was still a crime. Bathhouses saw their heyday in the 1970s, before being vilified in the 1980s during the AIDS epidemic.

Today, bathhouses face new challenges. The rising acceptance of homosexuality and the growing number of gay dating websites and hook-up apps are endangering the once-booming businesses.

The Associated Press reported earlier this year that Damron, the publisher of an annual gay travel guide, found the number of bathhouses across the U.S. dropped from nearly 200 in the late 1970s to about 90 by 1990. In the last decade, the number of bathhouses nationwide dropped to 70 following closures in San Diego, Syracuse, Seattle and San Antonio.

In Canada, bathhouses are concentrated in Montreal, Vancouver and Toronto. The industry in Toronto has been tested more than once, most notably on Feb. 5, 1981, when police raided four of the city's biggest operations. Close to 300 men were rounded up and herded into bathhouse lobbies, with the majority being apprehended in one of the country's largest mass arrests.

The raids prompted thousands to take to the city's streets in protest that winter; the following spring, the city held its first Pride parade. Toronto was the first North American city to host WorldPride this year, more than three decades after the raids.

At Spa Excess, Knight said business is still going strong. **"We've always been a bathhouse city, for years and years and years," he said.**

Spa Excess welcomes 9,000 to 10,000 men a month, mostly middle aged and older, but age groups overlap, Knight said. "That doesn't mean there are not young people, but the majority of people fall into the older demographic."

Knight said he's seen a handful of bathhouses — The Barracks, the Spa on Maitland, Club Toronto, St. Marc Spa and Bijou — go out of business in Toronto since he opened Spa Excess in late 1998. But others have also moved to the city, namely two chains: Steamworks Baths and Central Spa.

The city's big-name bathhouses, he said, still see a lot of business, as do locations in other Canadians cities. The difference between bathhouses in Toronto and some of the ones facing closure in the United States is hospitality, Knight said.

"Typically, (American) owners put just enough money in to take money out. It's not every bathhouse, but many don't offer decent customer service," Knight said. "A lot of them are seedy. A lot of them have been taken over by drug dealers and users."

At Spa Excess, Knight, Dorman and their late partner Peter Bochove have always focused on keeping their bathhouse upscale. Their location on Carlton St. offers free WiFi, clean towels, a licensed lounge, a pool table, tanning beds, a sundeck, a whirlpool and massages.

"It's a retreat. We encourage our guests to come here and get away from the real world," Knight said. "You have to accommodate all of the customers and what their needs are."

Growing hospitality in the bathhouse industry is the same trend seen in coffee shops, hotels and gyms, said Chris Srnicek, owner of the bathhouse chain Central Spa and the president of the North American Bathhouse Association's board.

The majority of bathhouses now offer free WiFi, extra linens, towel swaps and cheap tanning, he said. At Central Spa, which has four locations across Ontario including one in Hamilton and another on Dundas St. W, Srnicek follows the lead of night clubs by offering theme and specialty nights.

"Our stronger establishments partner with local sports organizations, DJs and party promoters to

create new ideas all the time. We also offer discounted entry fees at different times of the week," he wrote in an email to the Star.

The U.S. bathhouse business was antagonized by governments, public health officials and local politicians in the late 1980 and early '90s, which made it tough for any bathhouse to operate, Srnicek said. The U.S. industry did decline, he agreed.

In Canada during the same period, officials were more cautious, he said. Fewer clients passed through the doors, but owners were still able to invest in their facilities.

"Toronto has been able to maintain so many bathhouse since it's a large city, and pretty open-minded," Srnicek said.

Still, like businesses in almost every sector, technology is creating strong new competition, in this case from apps such as Grindr and online dating sites such as gay.com.

John Brodhagen, general manager of Steamworks, said they see thousands of clients a month but apps have still affected business. He encourages clients use his bathhouse on Church St. for get-togethers, so they don't have to give out their home address. "Our platform is that we have staff here 24 hours a day," he said. "Even if you're going to cruise online, it's still the safest place for you to meet up."

Bathhouses are part of the entertainment industry, a business that always takes a hit during recessions, he said.

"There has been a slight decline, but it's going back up again," Brodhagen said. "Overall, we haven't really noticed a huge dip. It hasn't been as bad as the bars" in Toronto's gay village.

Steamworks openly advertises, including through a billboard featuring two men on Church St. It's something that never would have been done years ago, Brodhagen said.

"Our clients love it, because it's big and bold," he said.

Niccolo and Donkey
Thursday 4 Feb 2016

President Camacho Bronze Age Pervert Nelson Van Alden Vuk menaquinone4 Richard Hollywood

LOL US Air Force LOL

Military appeals courts confront sexual activity by HIV-positive troops

WASHINGTON-
Gavin B. Atchak's commanding officer at Seymour Johnson Air Force Base in North Carolina ordered him to avoid unprotected sex after Atchak tested positive for HIV in 2011.

The officer also directed Atchak, an enlisted man in the Air Force security forces, to

inform future sex partners that he carried the virus that can cause AIDS.

Atchak disobeyed and engaged in unprotected oral and anal sex with fellow airmen. At a subsequent court-martial, he pleaded guilty to aggravated assault. Then the ground shifted.

Now Atchak and others, including a former South Carolina-based airman, are caught amid changing times, as military prosecutors and defense lawyers alike sort through the evolving legal guidelines applicable to sexual activity among HIV-positive troops.

While some 34 states have adopted criminal laws related to exposure to HIV, Congress has not done the same for the Uniform Code of Military Justice .

Like in any other aggravated assault case, the question is whether grievous bodily harm was the likely consequence of the (defendant's) sexual activity. U.S. Air Force Court of Criminal Appeals

Next month, the nation's highest military court will review Atchak's case. And next week, the Air Force's top appeals court will review a separate court-martial conviction involving an HIV-positive airman from South Carolina's Shaw Air Force Base named Adolphus A. Young III.

The Atchak and Young cases differ in several respects. Both, though, represent fallout from a groundbreaking 2015 decision by the U.S. Court of Appeals for the Armed Forces that involved an HIV-positive enlisted man at McConnell Air Force Base in Wichita, Kansas, named David Gutierrez .

"Gutierrez was pivotal for HIV-positive service members, as it is the first case to begin to accept, small as it may be, the truth surrounding HIV risk, transmission and exposure," Ken Pinkela, military and federal projects director for the SERO Project , a network of people with HIV and their allies, said Thursday.

The results of these follow-up cases will, in turn, shape the military legal landscape as well as individual fates for years to come. Pinkela, a former Army lieutenant colonel and a combat veteran, already had his aggravated assault conviction reversed last November because of the Gutierrez ruling.

Up until the decision in United States v. Gutierrez , military courts had determined that AIDS' presumed lethality meant an HIV-positive individual could be convicted of aggravated assault simply for not telling partners of their viral status.

In the Gutierrez decision, though, appellate judges concluded that the proper test for an aggravated assault conviction was not whether AIDS, once contracted, would probably kill or injure, but whether the sexual act itself was likely to result in HIV transmission.

Well-intentioned laws meant to prevent the spread of HIV have instead helped contribute to the stigma around the disease. By basing the laws on outdated science, studies have shown that the laws actually hurt the public health effort to reduce the spread of the disease. by Daniel Desrochers and Natalie Fertig

"For a number of reasons, it was a pretty big deal," Pepis Rodriguez, a program director for the Center for HIV Law and Policy , said of the Gutierrez decision Thursday. "The court acknowledged that HIV transmission is pretty highly unlikely for a number of acts."

Now Air Force Capt. Michael Schrama, an appellate attorney for Atchak and Young, said Thursday,

“We’re challenging what Gutierrez actually means.”

The ruling occurred after Atchak had pleaded guilty to aggravated assault in 2013 but before the Air Force Court of Criminal Appeals reviewed his case. Citing the intervening Gutierrez decision, the Air Force appellate panel last August dismissed Atchak’s aggravated assault charges.

The Air Force panel noted that the Centers for Disease Control and Prevention says “HIV transmission through oral sex has been documented, but rare,” while the risk of transmission from unprotected anal sex is estimated at 1 in 200.

“A risk of ‘almost zero’ or a risk that is only ‘remotely possible’ is not sufficient to sustain an aggravated assault conviction,” the Air Force court reasoned.

The decision cut Atchak’s prison sentence to eight months from 36. The government appealed, hoping for a conviction on lesser charges of assault consummated by a battery.

“Through no fault of the United States, the aggravated assault specifications were set aside and the hard-fought sentence was reduced on appeal,” Air Force Capt. James R. Steelman wrote in the government’s brief.

Defense attorneys counter that a rehearing on modified charges would subject Atchak to double jeopardy.

“An aggravated assault conviction could not legally be affirmed based on Gutierrez, and the government forfeited their right to a rehearing by their inaction at trial,” Schrama wrote in a defense brief.

The notion of assault consummated by a battery is also at the heart of the case involving Young, which will be heard Tuesday by the Air Force appeals court.

A staff sergeant while based at Shaw, Young acknowledged in 2014 engaging in unprotected oral sex and protected anal sex with men to whom he had not divulged being diagnosed as HIV-positive in 2007. He has been receiving medical treatment.

“There was no evidence admitted at trial . . . to demonstrate a realistic possibility of transmission of HIV,” Schrama wrote in a brief.

Government attorneys argued in their brief that “the only question to be asked” is whether Young had engaged in sexual relations without first informing his partners of his HIV-positive status. Since he did not, the government concludes, his partners could not knowingly consent, which means the sexual touching amounted to battery.

Read more here: http://www.mcclatchydc.com/news/crime/article57147868.html#storylink=cpy

Wednesday 11 Marcus Mar 2015

http://www.latimes.com/local/lanow/...ids-healthcare-foundation-20150310-story.html

> Public health officials across the West Coast are urging medical professionals to look out for cases of ocular syphilis – a sexually transmitted disease that can cause blindness – after two potential cases in Los Angeles recently.
>
> On Thursday, the Los Angeles County Department of Public Health issued an advisory for primary and eye-care providers to look out for symptoms associated with the disease, which is usually a complication of primary or secondary syphilis infections.
>
> “These new cases ... highlight the importance of ongoing, regular check-ups for sexually active individuals who feel they may be at risk, particularly men who have sex with men," said AHF President Michael Weinstein in a statement .

Interesting Facts

Niccolo and Donkey
Tuesday 6 Aug 2013

Interesting factoid I just stumbled across:

> While there, the young doctor published studies in prestigious medical journals, mainly focusing on AIDS among marginalized New Yorkers. **He conducted the nation's first HIV-prevalence survey among homeless men, for instance, revealing the startling fact that 62 percent carried the virus** —an early indicator that AIDS had jumped the boundaries of the gay community. Partly on the basis of that study, which made headlines in the New York *Times* in 1989, he was offered the top AIDS job at St. Vincent's in 1990.

Saturday 6 kenshiro
Feb 2016

> **Niccolo and Donkey said:** ↑
>
> **Now, there were gay men who were aggressively out, the S&M, sadomasochist, men, the leather boys we called them, who walked up and down Market Street dressed in leathers with leather caps like the old Nazi men, and chains, and leather boots. But they were the ones that died fastest, because generally speaking, they used the most traumatic anal-rectal techniques, and got infected. They had been infected with many other sexually transmitted diseases before then, so they were in no shape even to postpone the activation of the AIDS virus after it hit them.**

Reminds me of this weirdness from Cali in the 70s: The National Socialist League, the only (to my knowledge) explicitly gay neo-nazi club in U.S., run by a guy who gained some notoriety for trying to put on public showings of *Triumph of the Will.*

(From *Encyclopedia of White Power,* J Kaplan, 2000)

Subsequent issues of *NS Kampfruf* would be less subtle. Photos of homosexual orgies in (and out of) Nazi regalia vied with more tasteful male nude statues from the heroic imagery of the original Third Reich. Short articles and news briefs vied as well with letters to the editor extolling the organization, which had dared to offer a home for openly gay National Socialists. Ironically, through a series of interviews in the mainstream and gay press, Veh seems to have made his bizarre National Socialist "group" something of an object of debate over the openness of the gay community to all gay men,

regardless of their political ideology, and an object of interest to the mainstream press, whose respectful interviews called into question how far newspapers would go to find ever-more-exotic filler for an otherwise slow news day.

Veh appears to have taken this curiosity as approbation, and soon *NS Kampfruf* began to run personal ads that probably would not have met the fairly low standards of taste and decency of the underground newspaper of the day, the *Berkeley Barb,* much less the puritanical ethos of American National Socialism. Thus, the American National Socialist community was treated to ads that ran

heavily into leather fetishism and S&M as a vital component of National Socialist belief. Needless to say, there was little positive response throughout the American National Socialist subculture. In fact, the graphic personals simply provided ammunition for the movement's internecine wars in which a charge of homosexuality was simply a convenient term of abuse, as in this *NS Kampfruf* personal ad, reprinted in the *Deguello Report* (which itself is reprinted in its entirety in the "Resources" section of this encyclopedia):

> Subservient young man, dedicated to National Socialism, desires to provide complete oral service for dynamic male holding leadership position within the American Nazi movement.

Finding no support for his efforts in Los Angeles, Veh inexplicably moved to the even-more-conservative environs of San Diego in 1982, changing the name of the National Socialist League to the World Service in the process. From there he faded from the National Socialist scene.

See also: American Nazi Party; Covington, Harold; Lauck, Gary; Rockwell, George Lincoln.

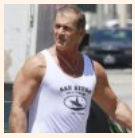
Further reading: John George and Laird Wilcox, *American Extremists, Supremacists, Klansmen, Communists and Others* (Buffalo, NY: Prometheus Books, 1996).

Apparently there is an archive of all these newsletters in some gay studies collection. I wonder how many of these guys got AIDS and died.

Niccolo and Donkey
Saturday 28 Sep 2013

> **SteamshipTime said:** ↑
>
> Interesting unasked question: what demography were the bathhouse owners? I'm reminded of drug dealers, who tell their kids don't get hooked on your own product.

From what I've read thus far most of them weren't homosexuals. But it's a very good question and could use some more investigating.



Sunday 1 Feb Vuk
2015

Research uncovers connection between Craigslist personals, HIV trends

> Craigslist's entry into a market results in a 15.9 percent increase in reported HIV cases, according to research. When mapped at the national level, more than 6,000 HIV cases annually and treatment costs estimated between $62 million and $65.3 million can be linked to the popular website, the authors state.

DeMarcus Aurelius
Monday 17 Jul 2017

Fun AIDS facts

Posted on July 17, 2017 by quaslacrimas

Cost of anti-retrovirals , per patient per year: *The average annual cost of HIV care in the ART era was estimated to be $19,912 (in 2006 dollars; $23,000 in 2010 dollars).3 The most recent published estimate of lifetime HIV treatment costs was $367,134 (in 2009 dollars; $379,668 in 2010 dollars).*

Average cost *per new case identified* (just in terms of the diagnostic costs): $2,000-$10,000 in hospitals, $10,000-$20,000 in community organizations, $3,000-$30,000 in jails.

New US cases per year: In 2015, 40,000 new cases; in the last decade, 40,000-50,000.

Growth in gay population per year, estimating age cohorts at 5M and gay men at 2% of male population: 50,000 per year.

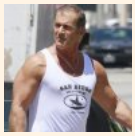
Estimating per-patient costs at $25k, annual total cost of AIDS drugs in US: $27.5 billion.

Average annual cost of AIDS per payer of federal income tax: $225

Total US consumer spending on prescription drugs , 2015: $328 billion

AIDS drugs as a percentage of total US prescription drug spending: 8%

Bake the cake, bigot!



Saturday 27 Feb Vuk 2016

Posting viral transmission rates is now a subversive act. Cropped directly from the CDC.
http://www.cdc.gov/hiv/policies/law/risk.html

Estimated Per-Act Probability of Acquiring HIV from an Infected Source, by Exposure Act*

Type of Exposure	Risk per 10,000 Exposures
Parenteral[3]	
Blood Transfusion	9,250
Needle-sharing during injection drug use	63
Percutaneous (needle-stick)	23
Sexual[3]	
Receptive anal intercourse	138
Insertive anal intercourse	11
Receptive penile-vaginal intercourse	8
Insertive penile-vaginal intercourse	4
Receptive oral intercourse	low
Insertive oral intercourse	low
Other^	
Biting	negligible[4]
Spitting	negligible
Throwing body fluids (including semen or saliva)	negligible
Sharing sex toys	negligible

* Factors that may increase the risk of HIV transmission include sexually transmitted diseases, acute and late-stage HIV infection, and high viral load. Factors that may decrease the risk include condom use, male circumcision, antiretroviral treatment, and pre-exposure prophylaxis. None of these factors are accounted for in the estimates presented in the table.

^ HIV transmission through these exposure routes is technically possible but unlikely and not well documented.

References

[1] Cohen MS, Chen YQ, McCauley M, et al; HPTN 052 Study Team. Prevention of HIV-1 Infection with early antiretroviral therapy. *N Engl J Med* 2011;365(6):493-505.

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Offhand Remarks

Saturday SixtusVIth
6 Feb 2016

I can only wonder at this sort of thing. Are the subconsciously courting their own destruction - out of guilt? A desire for attention? Or are they trying to overcompensate and be as aggressively normal in non-sexual matters as possible? I can see a longing for normality leading a gay man to hide himself in a conservative community on a permanent basis - but these men aren't hiding. Maybe it's just insane lust over the allegedly "masculine" spirit of Nazism.

Bob Dylan Roof
Sunday 17 May 2015

> Ironically, in describing his longing for love in gay life, for commitment between two individuals, Kramer was prophetic in his warning about promiscuity. In 1978, gays were already talking over dinner about the latest parasites to strike them and the latest medicines their doctors had prescribed. Over Sunday brunch, men were talking about their shingles and amebiasis. The year before it had been chlamydia and fungus.

This would make a great episode of *Modern Family* . I wonder if they accept freelance scripts. Season 7, Episode 10: What's for Dinner? My dads brought home chlamydia and fungus from the manhole!

Friday Phalluster
30 Aug 2013

After reading this thread, I downloaded "Plague, Inc." for my iphone.