11

Hatari: Vinidogodogo (Danger: A Very Little Thing)

THE ORIGINS OF AIDS

Everybody knows that pestilences have a way of recurring in the world; yet somehow we find it hard to believe in ones that crash down on our heads from a blue sky.

—Albert Camus, *The Plague*, 1948

And that was the day that we knew, oh! In the world there is a new disease called AIDS. I thought surely this will be the greatest war we have ever fought. Surely many will die. And surely we will be frustrated, unable to help. But I also thought the Americans will find a treatment soon. This will not be forever.

—Dr. Jayo Kidenya, *Bukoba, Tanzania*, 1985

PRELUDE

Greggory Howard stood across the street from the ugly brick building and watched as junkies went in and reformed addicts came out.

Howard had tried methadone before—who hadn't? It was easy enough to buy on the streets during tough times when the police were busting local dealers or the supply from wherever hadn't made its way to Newark.

But today he was going to walk in that door and sign up for the methadone maintenance program. Last night's hit was the last.

He'd said that before, of course, but this time Howard was fed up with beatings, arrests, and looking up at the stars from a filthy alley. He was sick and tired of being sick. He wanted to "feel good about Greggory again."

Inside the Essex Substance Abuse Center, fluorescent light and iron bars greeted him, and Howard almost fled. But then he spotted the Dixie Cups. Methadone didn't come in Dixie Cups on the streets, but he had heard about this. It was almost impossible to steal a paper cup of neon-pink liquid and sell it on the streets. You had to drink it down right here, under glaring lights with the authorities watching.

Howard's body was trembling with the anticipation of that pink substitute high.

He stepped up to the iron-barred window and announced that he would like to quit his heroin habit.

Three thousand miles away in San Francisco, Bobbi Campbell stood adjusting his nun's habit. Campbell and friends from *Fruit Punch*, a gay men's radio talk show, had formed the Sisters of Perpetual Indulgence. The dozen or so Sisters would don their habits and carouse, given any good public forum. Handsome, black-haired Andy would shed his usual reserve and twirl a rosary while loudly declaring the beauty of gay love. Tall, thin Charlie would dance in circles singing "I Enjoy Being a Girl." Fred, with scraggly beard and wire-rims poking out of his face-framing habit, created endless clever chants, plays on Catholic homilies.

Still in graduate school at U.C. Berkeley, Bobbi, already a nurse, was the baby-faced member of the group. He wanted being gay in 1981 to be playful and joyous. Never mind those serious-politico-homosexual-rights-types who were embarrassed by flamboyant queens. Nurse Campbell, "Soeur en Drag," called himself Sister Florence Nightmare.

Everything about the full-time party that was San Francisco seemed fabulous to Campbell. True, everybody he knew seemed to have more than their share of one bizarre illness after another, but if it was all so joyous, who cared?

In Manhattan, Michael Callen was making music: disco dance tunes, gay love ballads, anthems. He, too, was thoroughly enjoying these days of liberation.

"Promiscuous" was a special word for twenty-six-year-old Callen. By the logic of the day, if it was liberating to openly declare one's right to have sex with a man, "it seemed to follow that *more* sex was *more* liberating," Callen said.

Like many, if not most, of the members of Manhattan's exploding gay community, Callen had left small-town America to escape the claustrophobia of his native Ohio. Raised a strict Methodist, the slender, non-athletic youth sang in the church choir and tried to belong. But he clandestinely devoured literature on homosexuality, most of it written by straight male psychologists. And he reached two conclusions: if homosexuality was a sickness, then he had it; and the best place to be "sick" was New York.

At age seventeen he had arrived in Manhattan, and soon discovered the gay bathhouses and sex palaces. With the exception of a several-months-long affair with a gay police officer, Callen's life from 1972 to 1981 was an endless string of sexual trysts and anonymous encounters—well over a hundred per year.

Thousands of miles and as many cultural leaps away, along the shores of Lake Victoria, Noticia finally had a dignified job as secretary to a Bukoba businessman. True, his tiny business wasn't much and her pay, even by

Tanzanian standards, was rather modest, but the job was honest and covered her bills.

After a year in Mombasa and Nairobi working as a prostitute, secretarial work wasn't at all bad. She had left her village of Nganga in late 1979 when it became obvious that her family would never recover from the shame of her rape by occupying Ugandan soldiers. Now, no man would marry her.

Noticia could not have risen above outcast status unless she left Nganga. So she had followed the example of many other Mhaya women of Kagera province and made the long, difficult journey across Lake Victoria by steamship, then overland hundreds of miles to the turquoise Indian Ocean.

In the Kenyan seaside city of Mombasa, Noticia serviced the sexual needs of three or four men a day for very little money. Later, in the Sofia Town slums of Nairobi, she fared a bit better, making more money than she had in Mombasa. She saved enough money to return to Bukoba and start a new, independent life.

Noticia was a shy young woman, and her voice was as soft as silk. Her high cheekbones and dignified carriage attracted the men of Bukoba like bees to honey. They would beg her to go to the disco to dance, drink Safari beer, and listen to flattery.

Noticia felt hopeful about her future.

A thousand miles to the south, Dr. Subhash Hira and his staff at Lusaka University Teaching Hospital went over their medical records in a routine meeting. It was the usual daunting list of sexually transmitted diseases: syphilis, gonorrhea, chlamydia, chancroid, and the like. One of Hira's assistants pointed out that there was a woman on the ward suffering from an unusual case of herpes zoster: tough, perhaps a special kind of herpes.

Hira suggested that everybody keep an eye out for such things, and the meeting moved on.

I

In the fall of 1980, Dr. Michael Gottlieb was in his office at the University of California at Los Angeles Medical Center when a colleague asked if he would look at a particularly unusual respiratory case. A short while later, a frail man of thirty-three waited in one of the outpatient clinic's private rooms.

Gottlieb was startled by the obvious severity of the man's ailment. He appraised the patient carefully: pale, almost ashen; extremely thin, bordering on classic anorexia; a mouth full of the white "cottage cheese" indicative of a fungal infection; coughing uncontrollably, and evincing severe lung pain. It looked like pneumonia, but it was exceedingly rare that Caucasians of this age developed such brutal illness in Los Angeles.

Gottlieb ordered a bronchoscopy, as well as scrapings from the mouth sores, and had the sputum samples sent to the lab. The results astonished

him: *Pneumocystis carinii* pneumonia, or PCP, filled the young man's lungs. Caused by a parasitic protozoa, PCP was almost exclusively seen among newborn infants in intensive care, terminally ill cancer victims, and/or elderly individuals living in nursing homes and other group settings. While nearly everyone had some *Pneumocystis* in his or her body, the organism was usually considered harmless because it was effectively kept in check by the immune system. What typical patients with PCP shared were exceptionally weak immune systems and concentrated exposure to other immune-deficient humans.

One thing was certain: it was rare, to the point of inconceivable, that this otherwise healthy man would have PCP.

"This is a red flag for something," Gottlieb told colleagues at UCLA. "This patient has no prior history of illness that should predispose him to *Pneumocystis*. It makes no sense."

The lab also reported that the white sores in the patient's mouth were caused by *Candida albicans* fungi, which could be sexually transmitted. And another sexually transmissible, usually harmless microbe was found in the patient's blood: cytomegalovirus.

Gottlieb took a careful history but learned little to explain his illness. True, the patient was a homosexual, and had had a few sexually transmitted diseases, but *Pneumocystis* wasn't spread sexually, and none of the three infectious agents ravaging him usually caused illness in healthy young adults. It just didn't make sense.

When Gottlieb ran blood tests the mystery deepened: the young man's antibody-producing capacity seemed intact, but his T-cell response was virtually nil. T, or thymus-derived, cells performed a range of crucial functions in response to infection, including identifying an invader and signaling the rest of the immune system to take defensive action against the microbe. Without an intact T-cell system no higher animal—be it mouse, dog, or *Homo sapiens*—could hope to halt the advance of even something as normally benign as *Pneumocystis*.

By March the patient had to be hospitalized. Gottlieb and his UCLA staff tried a variety of experimental and long-shot drugs on him, including the antiparasitic drugs trimethoprim-sulfamethoxazole and pentamidine and the antiviral acyclovir. The patient died on May 3, 1981: the autopsy found *Pneumocystis* throughout his lungs.

The terse litany of a medical report could never capture the drama of this patient's illness and death. For Gottlieb it had been shattering to witness, with uncharacteristic impotence, the patient's entire body fail, one organ after another, seemingly overwhelmed by waves of infection.

Even if this had been Gottlieb's only such case he would have felt compelled to chronicle the mystery for scientific scrutiny in some obscure medical journal.

But it wasn't the only case.

A Los Angeles private practitioner with a sizable gay clientele had, since late 1979, been spotting numerous cases of persistent long-term fatigue, reminiscent of mononucleosis, among his patients. Most of Dr. Joel Weisman's fatigued gay men were infected with the usually harmless cytomegalovirus.

In January 1981 one of Weisman's patients worsened significantly. In a few weeks, the thirty-year-old man's lymph nodes had swollen markedly, he'd lost more than thirty pounds, developed a pronounced *Candida* infection, and was running a daily fever of over 104°F.

By February, when it was clear the man wasn't improving with amphotericin B antifungal therapy, Weisman had him admitted to the UCLA Medical Center. Weisman and Gottlieb discussed the case, as well as other apparently odd infectious diseases seen among local homosexuals. When Weisman's patient also developed PCP in April, the doctors feared they were seeing a pattern.

By then Gottlieb had three other homosexual patients under treatment for PCP, none of whom was responding to treatment.

The similarities were striking: all five men were Caucasian, gay, aged between twenty-nine and thirty-six years at the time of PCP diagnosis, suffered PCP along with *Candida* and cytomegalovirus infections, had abnormal immune responses, reported multiple sex partners, and occasionally used amyl nitrite "poppers" as sexual stimulants.

One admitted to using injectable narcotics.

The "poppers" intrigued Weisman because he knew that use of the cardiovascular stimulants had recently become a fad all over the United States. Men believed the stimulants magnified the orgasmic rush of sex and enhanced their prowess.

Gottlieb wrote up a brief report and sent it to the CDC's Sexually Transmitted Diseases (STD) division, where Dr. Mary Guinan found it interesting enough to bring to Jim Curran's attention. They discussed the coincidences and, knowing that a number of STDs were epidemic in the gay community, speculated whether this might be due to any of several microbes then rampant in that population. Guinan pointed out that orders for pentamidine, an anti-PCP drug that physicians ordered through her office, had jumped from the usual fifteen requests a year to thirty in the first five months of 1981.

Curran decided to put the Gottlieb paper in the CDC's *Morbidity and Mortality Weekly Report*, and on June 5, 1981, U.S. physicians read for the first time of a curious new health problem in homosexual Americans.

The section written by Gottlieb and his Los Angeles colleagues was followed by an editorial, penned by Curran.

> The occurrence of pneumocystis in these 5 previously healthy individuals without a clinically apparent underlying immunodeficiency is unsettling. 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. . . .

All of the above observations suggest the possibility of a cellular-immune dysfunction related to a common exposure that predisposes individuals to opportunistic infections such as pneumocystis and candidiasis.[1]

On July 1, 1981, Dr. Paul Volberding opened San Francisco General Hospital's first designated cancer clinic. Not long out of residency, Volberding was pleased to be appointed acting chief of oncology for the city's primary public hospital, which also served as a teaching facility for the University of California at San Francisco Medical School. He selected as his nurse Gayling Gee, an experienced health provider whose staff record displayed a rare mix of administrative and patient care talents.

No sooner had the clinic officially opened than a nurse from another ward handed Gee the charts on an indigent cancer patient who had already been seen by several of the hospital's doctors. All of the physicians were baffled by the case. Gee looked at the diagnosis: Kaposi's sarcoma.

"Never heard of that one," Gee said.

"Well, take a look," the other nurse said. Soon, Gee and Volberding were examining a thin young man with pleading eyes. He had made the rounds of doctors, seen the befuddlement his case prompted, and was frightened.

Volberding studied the purplish-blue splotches on the man's body. These endotheliomas—out-of-control growths of the surface vascular networks on the skin—were a form of cancer extremely rare in the United States, though common in some parts of Africa.

"What do you do for a living?" Volberding asked, wondering if there might be some toxic chemical explanation for the tumors.

"I'm a hooker," the man replied. "Can you help me?"

Volberding had no idea how to respond.

Four days later the CDC published a report linking Kaposi's sarcoma, PCP, and homosexuality.[2] It described twenty-six cases of gay men in California and New York City who, though averaging just thirty-nine years of age, had all contracted the rare skin cancer usually seen in the United States only among elderly men. Eight of the men had died of either the cancers or other infections, most succumbing within a year of diagnosis. All but one of the men were Caucasian; the one exception was black. All were gay; no information about possible injecting drug use was provided.

The CDC also reported that the numbers of PCP cases were up, from five in Gottlieb's report a month earlier to a total of fifteen, all in California.

Credit for seeing a link between the skin cancer and prior PCP reports went to New York City dermatologist Alvin Friedman-Kien, who had documented an additional fifteen Kaposi's sarcoma cases by the time the CDC's report was released. That meant that at least forty-one gay men had Kaposi's