And the Band Played On: Politics, People, and the AIDS Epidemic by Shilts, Randy. Copyright 1987 by Bedford/St. Martin's. Reproduced with permission of Bedford/St. Martin's in the format Copy via Copyright Clearance Center.
January 15, 1981
ST. LUKE'S-ROOSEVELT HOSPITAL,
NEW YORK CITY

Enno Poersch watched the white foam bubble out of Nick's mouth. Foam oozed from his ears and nostrils. For a few days after his mid-November diagnosis, it had looked like the young bartender was improving. The swelling in his brain receded. Nick and Enno even joked occasionally. But Nick never regained his strength after the diagnostic surgery. He had a heart attack, was revived, and was put into the intensive care unit with a tube down his throat and into his lungs to make sure he'd breathe.

He slept most of the time, though sometimes his eyes would open and he'd look at Enno, tall and strong and utterly helpless. Enno was convinced Nick was trying to communicate, but then his eyes would close again. When they pulled out the tube and simply cut a hole in his throat to ease the labored breaths, Nick didn't have the energy to talk. He had two more heart attacks, but the nurses and the machines had kept him from death. The doctors said a herpes virus, cytomegalovirus, was running wild in his body, inundating every organ, and he had some lung infection too. Nobody could say exactly what it was.

Enno and Nick's sister were keeping vigil over his bed on the brisk Thursday morning of January 15 when one of the nurses commented, "It's like he's trying to hold on for somebody." And Nick's sister turned to Enno and said the inevitable: "Why don't we turn it off?"

As the machines were disconnected, Enno looked down at the young man he had met on a Fire Island beach so long ago. He had been so handsome and vibrant. Enno was still staring down at the bed when the machines stopped bleeping and Nick's chest heaved one last time, and he was dead.

Enno made the trip to Nick's Pennsylvania hometown for the big Italian funeral. After the long trip back, he walked listlessly into his 80th Street apartment. He had never felt so alone. The phone rang and an anonymous caller started talking dirty. Enno couldn't believe what he was hearing.
February 1
CENTERS FOR DISEASE CONTROL,
ATLANTA

In her tiny office in the cluster of red brick buildings that serve as nerve center for the federal government’s monitoring of the public health, technician Sandra Ford did not take on the pentamidine request form. Pentamidine was one of the dozen drugs that were used so rarely that the federal government stocked the nation’s supply through a special arrangement with the Food and Drug Administration. Not only were the drugs not yet officially licensed for widespread use, but not enough profit existed in their production to interest commercial firms. When doctors needed them, they called Sandy Ford.

The thirty-year-old Ford had spent the last two years in the cramped Room 161 of Building 6 at the CDC, processing pentamidine requests and sending out small bottles of the drug in reinforced cardboard boxes covered with RUSH stickers.

She wasn’t going to save the world at this job, she thought, but she was where the action was and she prided herself on her thoroughness. That’s why she looked twice at the pentamidine request from a New York City physician. The form said he needed the drug to treat a case of Pneumocystis carinii pneumonia. Nothing unusual about that, because Pneumocystis was the disease that pentamidine was most frequently used to cure. Unlike most other requests, however, the doctor didn’t say why the patient had this rare pneumonia. You only got Pneumocystis when something had kicked the bottom out of your natural immunities, Ford knew. Her drug requests always mentioned some underlying cause of immune suppression. Most typically, childhood leukemia patients being treated with chemotherapy needed the drug. Others were people with lymphomas or patients on drugs used to stop the body from rejecting a transplanted organ. Sandy made a mental note about this unusual request, methodically filled the form away, and filled the order.

RAYBURN HOUSE OFFICE BUILDING,
WASHINGTON, D.C.

"Are you for the president or against him?"

Every Republican on Capitol Hill seemed to be echoing the line in the early days of February. The country seemed downright giddy over its new president, who had been able to announce the end of the humiliating Iranian hostage crisis only moments after pledging, in his friendly way, to cut and hack the federal budget to size. Battered by the loss of the Senate and the defeat of an incumbent president, the Democrats collectively seemed as insecure as a teenager who was stood up on the night of the senior prom. In the first months of 1981, they didn’t appear to have the gumption for much fight.

The long-feared Reagan budget was handed to Tim Westmoreland moments after it arrived in his office. This, everyone knew, was to be the opening volley in the new Reagan administration’s war on domestic spending. The book was still warm to the touch from the printing presses as Westmoreland quickly leafed to the sections on health programs. As chief counsel to the House Subcommittee on Health and the Environment, he would be the key congressional staff to defend the Democratic health agenda. Westmoreland was thankful that his boss, Los Angeles Congressman Henry Waxman, rarely wavered from a thoroughly liberal commitment to federal health spending.

Slapped together quickly in the days after the Reagan inauguration, the book was a hodgepodge of handwritten margin notes. The Carter administration had held a tight line on health spending. Under Reagan, Westmoreland could see, it would be worse. The National Institutes of Health did not fare too poorly under the Reagan proposals, losing only $127 million of Carter’s proposed $3.85 billion. Westmoreland sighed, however, when he saw the Reagan plan for the Centers for Disease Control. The executive Office of Management and Budget, or OMB, wanted to cut the Carter budget’s recommended $327 million in CDC funding to $161 million.

None of this was particularly surprising. President Reagan had been in office promising that federal programs would be turned over to the states. About half the money cut from the CDC budget would go to the states in block grants so they could administer comparable programs locally. Westmoreland, however, worried that the slashing of the CDC budget courted disaster. The CDC was the frontline in any public health emergency that mightbefall the country. In the past decade, it had been called upon to tackle Legionnaire’s disease and Tox-ic Shock Syndrome. There weren’t pork-barrel special interest programs or social engineering schemes by pointy-headed liberals. The CDC usually got involved when people were dying.

NEW YORK UNIVERSITY

Dr. Linda Laubenstein immediately recognized Paul Popham as a friend of Rick Wellikoff, the schoolteacher who had died last December after contracting the rare skin cancer. Paul was at NYU being treated again for psoriasis. Now there were six cases of that cancer, Kaposi’s sarcoma, she mentioned to Paul. Funny thing, she added, all of them were gay men.

UNIVERSITY OF CALIFORNIA,
LOS ANGELES

The fungus on the fingers, the diarrhea and herpes, those had been around for a long time, the young man explained carefully to Dr. Michael Gottlieb. The fevers had been running at 104 degrees for three months now, and he had dropped thirty pounds, he said. But the shortness of breath was something new.
Dr. Joel Weisman had sent the patient to UCLA in hopes that they could figure out what was so mercilessly haranguing his body. As Michael Gottlieb began studying test results, he was struck by how similar this man's symptoms were to those of another young man he had treated late last year. Coincidentally, this second patient was also gay. Gottlieb was taken aback when the lung biopsy indicated that the thirty-year-old, like last year's patient, was suffering from Pneumocystis. Even more striking was the depletion in his T-cells, just like the other patient.

Michael Gottlieb thought Joel Weisman looked anxious as they sat down with two other specialists to talk about the case in Gottlieb's office at UCLA. Of course, Weisman was anxious: He hadn't told Gottlieb yet that he had still another patient with precisely the same bizarre constellation of symptoms, right down to the rare pneumonia that suddenly didn't seem so rare anymore. Two cases was something to be concerned about. Three cases, he felt, were a big deal, a harbinger of more to come.

Weisman offered that the men's immune systems might have been shattered by some new cytomegalovirus or some combination of CMV and the Epstein-Barr virus, the cancer-linked microbe that most commonly causes mononucleosis. The new patient's blood certainly showed elevated levels of CMV that were rising and falling daily. Something was going on with that virus, Gottlieb agreed, and he would work it up further, but he still wasn't sold on the idea that CMV was causing it. The virus had been around for years and was reported to have infected as many as 93 percent of gay men. Something that ubiquitous just doesn't pick on a handful of people to start brutalizing. It needed careful study, they decided. Weisman soon sent Gottlieb his second Pneumocystis patient, the third such case at UCLA. Like Weisman, Gottlieb now knew something important was going on, even if he wasn't sure what. He started poring over books on CMV, immune problems of transplant patients, and anything else he could find on immune suppression. He began framing a scientific paper on the minepandemic of pneumonia.

ST. LUKE'S-ROOSEVELT HOSPITAL,
NEW YORK CITY

Not many Haitians can afford to whisk themselves to a fancy Manhattan hospital for treatment, Dr. Michael Lange thought, but the house staff confided that the patient was a bodyguard to President-for-Life Jean-Claude Duvalier. The patient, Lange noted, was positively ravaged, suffering from severe candidiasis, and even worse, tuberculosis that had spread throughout his body. The fellow's immune system appeared to be shot, and there didn't appear to be any reason for it. In another room, Lange was probing a similar mystery—a drug addict suffering from Pneumocystis. Talk was that a hospital in Queens was treating an outbreak of the pneumonia in intravenous drug users.

March 3
UNIVERSITY OF CALIFORNIA,
SAN FRANCISCO

The doctors lifted the baby boy gently from the mother's womb. Not only was the birth complicated by the cesarean section, but this was an "Rh baby." Because of an unusual genetic complication, his body had antibodies to its own blood. Only complete transfusions would save the infant's life, and within the next week, his entire blood supply was replaced six times.

A week after the baby's birth, a forty-seven-year-old man came into the Irwin Memorial Blood Bank to donate blood. The donor seemed fine and healthy. Before the day was over, his blood was broken into components. On the next day, one of those components, special cells that help blood to clot, were transfigured into the ailing baby at the UC Medical Center on Parnassus Hill.

CASTRO STREET, SAN FRANCISCO

Shortly after they met, Kico Govantes told Bill Kraus about his first night at a bathhouse on the day of last year's Gay Freedom Day Parade. Bill laughed and hugged Kico, and told him he was hopelessly naive. Kico's wholesomeness had been a source of amazement and attraction for Bill since the day they had met.

Kico knew he was in love the minute he saw Bill standing at the hip dance bar, The Stud, in his chinos, tennis shoes, and the knit polo shirt that showed off Bill's pectorals and flat stomach.

"I work at City Hall," Bill had said proudly, sliding the subject of politics into the conversation as soon as he could.

"Where's that?" Kico asked.

"I can't believe I'm talking to somebody who doesn't know where City Hall is," said Bill. "I work for Harry Britt."

"Who's that?"

"That's who took Harvey Milk's place," said Bill, as if that should explain it all.

Kico had never heard of Harvey Milk.

"We live in two different worlds," said Bill, somewhat pleased with the idea. Bill couldn't believe that Kico had lived six months in San Francisco and had never gone to bed with anybody. He laughed at the earnest twenty-four-year-old when he saw the Hindu religious book, the Bhagavad Gita, by Kico's bed.

"You're just like a little kid," concluded Bill after they made love.

"What other way is there to be?" Kico asked.

Kico was enchanted by the earnest politico who seemed so caught up in helping people and making a difference in the world. Bill explained all kinds of things to Kico, about gay politics, the importance of coalitions, and his new plan to foster gay culture by placing key gay activists in the offices of various political leaders.
"You don't get power by just having these people come to your cocktail parties," Bill would lecture. "You need to be on the inside."

Bill seemed to take a most wicked pleasure, however, in shocking the recent émigré's sensibilities, explaining the nuances of cruising and the rituals of such hallowed gay institutions as bathhouses.

"It's dirty," Kiko said flatly of the raucous bathhouse sexuality.

"It's not dirty—that's a value judgment," Bill answered. "If that's what a person feels good doing, it's not dirty."

"Why would somebody want some stranger's hand up their ass?" Kiko asked.

"What does that have to do with love?"

"You've gotten these people from Moline," Bill explained. He always had a hard time being calm when he felt an argument coming on. "They've been repressed all their lives, and now they're going to be a little extreme, a little weird, but it will swing back. It's like straight sailors when they get off a ship after a long time."

When Bill got backed into a corner, he rarely admitted to the inadequacies of his own arguments. Kiko sensed that Bill was being overly sensitive and defensive about the commercialization of gay sex, as if he were trying to justify the excesses to himself. Kiko wouldn't push the subject any further that day.

Indeed, the arguments came when Bill was having a more difficult time reconciling the gay community's sexual Disneyland with the political aspirations he wanted his minority to achieve. The sex had started off with such camaraderie. There was a warmth and brotherhood to it. When he went to a bathhouse for the first time in Honolulu, he had felt very liberated. Here was a place you could do anything you wanted with nobody to slap your hand and call you a pervert. But in the mid-seventies, when red hanky sprouted from everyone's pockets, something about it offended Bill's native midwestern conservatism. "Is this what these people want to communicate to the world?" he wondered. "That they want to get fisted-fucked or have someone piss on them?"

The gay sexual scene became progressively depersonalized: At first you'd sleep with a person, hug all night, talk and have omelettes in the morning. Then, you skipped the breakfast because just how many omelettes can you make before it gets boring? Then you wouldn't spend the night. With the bathhouses, you wouldn't even have to talk. The Glory Hole and Cornhole clubs came into vogue next. There, you wouldn't even have to see who you had sex with. Bill's leftist inclinations blamed it on corruption of money and businessmen. These places were created because there was money in them. Bill personally appreciated the convenience of the sex, sometimes making his way down to the giant bathhouse on 8th and Howard for Tuesday's buddy night. Politically, however, the dehumanization of sex was troublesome.

Even more problematic was what happened when you got straight people into the act. In early 1981, Bill was at the center of a controversy around the Jaguar Bookstore, a sex club in the heart of the Castro district. The Jaguar was one of a dozen gay private sex clubs in San Francisco, doing far less business in books than in membership fees that allowed patrons to wander around dark back rooms. There, men could be found engaging in proverbially unnatural acts at just about any time of the day or night. The store wanted to expand to a third floor, but neighborhood heterosexuals had rallied against the zoning variance the expansion would require. As an aide to Supervisor Harry Britt, Bill Kraus had championed the sex club's arguments, and Brit had accrued substantial criticism in conservative neighborhoods. To Bill, it was a matter of territorial imperative. If gays couldn't call the shots in the Castro, their only liberated zone, where could they exert their power?

Still, the debate left him with a sour taste for the entrepreneurs of the gay sex industry. While the Jaguar owner had publicly pleaded that he was the victim of horrible anti-gay bigotry to rally gay political support, he showed no further interest in city politics once he got his variance. As far as Bill was concerned, the guy was a pig who was only interested in making money. He still didn't regret the politicking, however, if only because he was convinced that straight people had no business getting involved in gays' sex lives. It had taken a decade to build this sexual freedom in San Francisco, and they couldn't give an inch or else it all might be taken away.

Kiko thought that whole line of reasoning was stupid after Bill explained it to him one afternoon as they strolled down Castro Street.

"I still think it's dirty," Kiko said.

March 30
ST. FRANCIS HOSPITAL,
SAN FRANCISCO

The pain pounded on both eyes, like heavy wooden mallets. Any movement increased the pounding, as if somebody wanted him to sit there and suffer through each excruciating pulsation.

Dr. James Groundwater knew this was serious stuff and immediately ordered Ken Horne to the hospital on a foggy Monday morning. Groundwater was now one of a panoply of specialists thoroughly baffled by Ken's failing health. Groundwater had seen a lot of skin in his day, and he knew what was benign and what wasn't. Whatever was causing Ken Horne's purple spots certainly wasn't benign. Never was this more clear than on that cloudy Monday morning when he admitted Ken to the hospital.

Ken had been suffering from unrelenting fevers for weeks now and complained of increasingly severe headaches and, today, that pounding pain. Ken had become testier with each passing month. He didn't want any more tests; he just wanted to be told what he had. Meanwhile, he deteriorated. New lesions appeared on his face and palate in February. In early March, they began covering his lower back.

Groundwater thought it might be a blood vessel tumor and had sent specimens to a lab in Michigan, which was unable to make a diagnosis. A cancer specialist wasn't helpful either. Within hours of Ken's admission to the hospital, a neurologist was checking out his complaints of weakness. She ordered a lumbar puncture. The test revealed an even more baffling malady—cryptococcus.

Groundwater thought he would drop when he heard the diagnosis. It ex-
plained the headaches but nothing else. Cryptococcus, he knew, was a parasite most commonly found in bird feces. Cryptococcus-infected pigeon droppings had fallen on San Francisco every day for a century. Why in March of 1981 should somebody suddenly come down with cryptococcus?

The first diagnosis of Kaposi’s sarcoma in San Francisco arrived in Jim Groundwater’s office on April 9, 1981, from a pathologist at the University of California at San Francisco. Ken Horne’s lesions were “consistent” with the disease, the pathologist said. The tumor also had invaded Ken’s lymph nodes. But Ken, Groundwater knew, was not suffering from classical KS. This was not the benign skin cancer that old Italians lived with for ten years. Groundwater started comparing notes with every pathologist and expert he could contact. Something else was ailing Ken, and he was going to die if Groundwater didn’t find out what.

April 4, 1981
CENTERs FOR DISEASE CONTROL,
ATLANTA

This guy should go back to medical school if he can’t find some simple neoplasm, Sandra Ford thought. Maintaining her professional air, however, Ford asked the doctor again, in a different way: How did he come to have not one but two patients with Pneumocystis carinii pneumonia who needed pentamidine? This was a simple question, Ford thought. What was the underlying cause of immune suppression that had brought on the pneumonia?

The Manhattan physician, again, answered he didn’t know why the two young men had PCP. In fact, there didn’t seem to be any reason for their immune systems to be so out of whack. Still, they needed pentamidine because they weren’t reacting well to the sulfa drugs more commonly used for Pneumocystis.

Ford figured the doctor was either incompetent or lazy. He probably didn’t have the patients’ charts in front of him and didn’t want to move his overpaid ass into another room to get them. But in the last eight weeks, she had filled five orders for adult male patients with unexplained Pneumocystis. All but one of them lived in New York.

UNIVERSITY OF CALIFORNIA,
LOS ANGELES

The fourth Pneumocystis carinii pneumonia patient at UCLA appeared in April, a black man suffering from what Dr. Michael Gottlieb could now identify as all the typical symptoms: swollen lymph nodes, fevers, weight loss, and a wicked case of candidiasis. Like the other three PCP sufferers, this man showed dramatically elevated levels of cytomegalovirus in his blood. The thirty-six-year-old was referred to Gottlieb by a distinguished West Los Angeles internist who had heard Gottlieb was studying gay men with just such immune problems. Gottlieb marveled at how fast news spread on the gay medical grapevine.

Dr. Joel Weisman had told him that the miniepidemic might be some strain of CMV gone wild or some new combination of CMV and another virus. No matter what it was, Gottlieb felt that with four patients, he didn’t have the luxury
to collect data for the next two years before writing up an August article for a medical journal. People had, to find out about this, Gottlieb thought frantically. He'd only been in L.A. since July, but he had one key contact.

Dr. Wayne Shandera answered the phone in his cramped downtown office at the Los Angeles County Department of Public Health and immediately recognized Gottlieb’s voice. The two doctors had been friends and residents together at Stanford and had both moved south in July. Shandera had ended up in L.A. on the first leg of a two-year stint with the Epidemiological Intelligence Service, the field investigative corps for the Centers for Disease Control. After three years in the San Francisco Bay Area, Shandera hated Los Angeles, though his spirits lifted whenever he and Gottlieb talked about collaborating on some project. Long before Gottlieb’s call, Shandera had suggested studying the immune response to infectious agents.

“Wayne,” Gottlieb said, “there’s something going on with Pneumocystis carinii pneumonia and CMV in homosexual men. Can you look into it?” Gottlieb was relieved Shandera was his friend, because somebody he didn’t know would probably think he was a crank caller.

Gottlieb described the cases. It sounded to Shandera as if the pneumonia victims must have had chemotherapy that had wiped out their immune systems. Once off the phone, Shandera mentioned the call to a colleague. She looked a little surprised and pointed to his desk.

“You’ve got a report of a CMV death sitting right there,” she said.

Shandera scanned the report. A twenty-nine-year-old attorney had died of cytomegalovirus pneumonia in Santa Monica last month. Health authorities had written it up for its novelty; CMV didn’t normally kill people. Wayne walked upstairs to the health department lab, where specialists were growing CMV cultures from the dead lawyer’s lung to see if there was anything unique about the CMV strain that had killed him.

This was important, Shandera knew, and the very reason he had volunteered for work in the medical world’s version of the Peace Corps. He would have preferred to be in some underdeveloped nation helping the truly disadvantaged, but, as he relayed his findings to Gottlieb, he sensed that what he was doing was significant.

Armed with his county health department power to pull any patient’s medical records, Shandera launched his car down the crowded Santa Monica Freeway toward the hospital where the attorney had died. An autopsy, it turned out, had found another organism in the man’s lungs, something that wasn’t mentioned on the death certificate. Maybe it was because a diagnosis of *Pneumocystis* would have made the death seem even stranger.

Any unusual outbreak of a disease is, in medical jargon, an epidemic. With five cases of *Pneumocystis* diagnosed in five gay men over the past few months in just one city, the phenomenon Gottlieb and Shandera were studying fit the necessary criteria for an epidemic. One man was already dead. Gottlieb had the queasy feeling that there was something bigger, something catastrophic lurking behind this. Five cases of an uncommon illness in just a few months meant that the disease was no longer uncommon among gay men, Gottlieb thought, and chances were that it was going to get a lot more common in the months to come.

He also knew it would be good to get out a medical journal report on this before anybody else did. He called the nation’s most prestigious journal, the *New England Journal of Medicine*, and talked to an associate editor.

“I’ve got something here that’s bigger than Legionnaire’s,” he said. “What’s the shortest time between submission and publication?”

The editor explained it would take three months to send the story around to a panel of expert reviewers who would make sure that it was scientifically sound. There would be another delay between the time the review was finished and the publication date, he said. He didn’t need to tell Gottlieb about the ironclad rule that the journal, like virtually all major scientific publications, maintained about the secrecy of material about to be published. If there was any leak whatsoever to the popular press about the research, the journal would pull the story from its pages.

“We’d like to see it,” the editor concluded. “Sounds interesting, but there’s no way we can guarantee that it will be published.”

But this is an emergency, Gottlieb thought as he hung up the phone in frustration. You don’t just run business as usual in an emergency.

It was an observation Gottlieb would recite almost daily in the difficult years ahead. For this young doctor, about to be credited with the discovery of the public health threat of the century, the thought became a grim mantra for the AIDS epidemic.

April 14

CENTERS FOR DISEASE CONTROL,
ATLANTA

Sandy Ford wanted to scream at the stupid doctor. For the second time in ten days, the same Manhattan physician was ordering pentamidine for two men with unexplained *Pneumocystis*. Not only that, these were the same two men who already had been treated with the drug. Sandy filled eighty or ninety pentamidine orders a year, and she never had filled two orders for the same person. The drug works and the *Pneumocystis* goes away. She also knew that the Food and Drug Administration reviewed the records she collected on drug orders. The antibiotic was only available on an investigational new drug license. Its uses were strictly controlled, and too many unexplained diagnoses on her annual FDA report would raise questions. She was sending in too many incomplete forms, and she didn’t know what to do about it.

April 17

LOS ANGELES

As the naked body stirred beside him, Cleve Jones reflected on his favorite aspect of gay life, that you could meet someone and in such a short time become
The cancer was particularly interesting to both Marcus Conant and Alvin Friedman-Kien because they were herpes experts and African KS had been linked to a herpes virus, CMV. This research was intriguing in that it might establish one of the first links between a virus and cancer, something scientists had sought for years. They talked about the Kaposi’s sarcoma–cytomegalovirus connection, and Conant promised to ask about KS the next day, when he was the featured speaker at the monthly UCSF conference of dermatologists.

Jim Groundwater was stunned when Conant asked if anyone had seen any unusual cases of KS. Groundwater had struggled for months before finally getting a KS diagnosis on Ken Horne just two weeks ago, and now the same thing was turning up in New York.

“I’ve got a case of KS in a gay man over at St. Francis Hospital right now,” he told Conant.

Oh God, Conant thought. This means trouble. At that moment, the realization was born that a new epidemic had arrived in San Francisco.

The next day, Groundwater called Friedman-Kien to tell him about Ken Horne. Groundwater was surprised at how similar Ken’s life-style was to the stricken New Yorkers’, right down to the habit of fisting. That afternoon, a letter arrived in the mail from the eminent New York dermatopathologist with whom Groundwater previously had consulted.

“It is difficult to determine whether the infectious agents play any role in inducing this lesion,” wrote Dr. A. Bernard Ackerman, who added with surprising prescience, “We have recently seen numerous cases of Kaposi’s sarcoma in young homosexual men and, it is our opinion, that these lesions may well be induced by an infectious agent.”

April 24

After talking to Jim Groundwater, Dr. John Gullert, an infectious disease expert who had been treating Ken Horne, decided to call Atlanta to report Ken’s Kaposi’s sarcoma and Pneumocystis pneumonia to the Centers for Disease Control. None of the CDC doctors he talked to, however, seemed particularly interested in his story. Gullert got the feeling he was being treated as a crank caller. At the CDC, nobody would later recall the day that Ken Horne became the first reported victim of a frightening new pestilence.

FIRE ISLAND, NEW YORK

A brisk breeze blew off the ocean and over the sand where Paul Popham and a small cluster of friends trudged, carrying a small box. Tourist season wouldn’t open for another month, so they had the island to themselves, except for a few merchants and homeowners out to check the damage from the winter storms. Paul looked toward Bob, who was holding the ashes of Rick Willikoff. He never knew what to say at times like this so he didn’t say anything at all. The
group had walked past a boarded-up disco and the tightly shuttered houses, out to where there is just sand and sky and sea. That's where the fifth-grade teacher from Brooklyn had wanted his remains to be spread, off the beach of the island he had loved so much. As the sun began its westward tumble toward twilight, Bob poured out the white gritty ashes, and Rick was gone into the cold gray Atlantic. Maybe now, Paul thought, he could put this behind him.

April 28
CENTERs FOR DISEASE CONTROL, ATLANTA

"What do you think about those five cases of bone sarcoma in homosexuals they're investigating at State University of New York?" the doctor asked Sandy Ford.

Ford said she had never heard of any such study. After she hung up, the conversation gnawed at her. They were investigating something about homosexuals in Queens at the same time she was getting all these strange pentamidine orders. There had been two more orders in the past two weeks for patients with unexplained immune suppression. One of them was from the Manhattan doctor who previously had seemed so inept to Ford. He alone had now made five orders for pentamidine in three weeks. Since February, she had filled nine orders that were all tinged with similar shades of mystery.

The unknowns went against the methodical streak in her attentive nature, so on that Tuesday afternoon, Sandy wrote a memo to her boss, the deputy director of parasitic diseases, and told him about the nine drug orders and the gossip about the bone sarcoma. That was how the thorough GS-7 drug technician in Room 161 of the Centers for Disease Control's Building 6 alerted the federal government to the new epidemic.

Sunday, May 17
WEST LOS ANGELES

Michael Gottlieb and Wayne Shandera sat at Shandera's dining room table surrounded by stacks of medical charts in neat manila folders. Gottlieb had heard that Alvin Friedman-Kien was working on a Kaposi's sarcoma study in New York, and he was eager to get his paper out before Friedman-Kien's. Shandera hit on the idea of publishing the PCP reports in the Centers for Disease Control's weekly newsletter, the Morbidity and Mortality Weekly Report, known to doctors just as the MMWR. The 6 × 8½-inch booklet was mailed every Friday to thousands of hospitals and health agencies internationally. Everybody who was anybody in public health or infectious diseases read its updates on every blip in the nation's physical well-being, along with the weekly state-by-state breakdowns on every new case of just about every infectious disease, from anthrax to rabies and typhoid. Although the publication did not carry the

scientific prestige of, say, the New England Journal of Medicine, publication required virtually no lead time. In early May, Shandera had called Dr. Mary Guinan, an old friend at the CDC venereal disease division, and she said she'd get whatever report they wrote into the right channels.

The report required a case-by-case detailing of this new phenomenon. Gottlieb talked through the charts while Shandera put the information into the dry, turgid prose that the MMWR preferred. The report noted the links between PCP, CMV, and the oral candidiasis that commonly preceded the pneumonia, and stated: "The fact that these patients were all homosexuals suggests an association between some aspect of homosexual life-style or disease acquired through sexual contact and Pneumocystis pneumonia in this population."

The next day, Shandera phoned in the report, entitled simply "Pneumocystis pneumonia in homosexual men—Los Angeles."

May 30
SAN DIEGO

Congratualtions were in order, thought Dr. David Ostrow as he prepared his speech for the CDC's annual sexually transmitted disease conference. The gay community had played a key role in the development of a vaccine for hepatitis B, a major international health problem, and it was time the medical world took notice. For the past three years, thousands of gay men had cooperated with the CDC research that gave the world both the first definitive hepatitis B epidemiology and, finally, a vaccine against the disease, a major killer of children in Africa and Southeast Asia. Tens of thousands of blood samples from these gay men remained frozen in the refrigerators of the CDC for use in future studies. The new vaccine could save millions of lives worldwide, and it was coming into
production courtesy of the gay community. Moreover, Ostrow thought, CDC plans for widespread vaccination of gay men would start the long process of eliminating the disease from the gay population.

Things were looking up, Ostrow told the conference in his presentation on gay sexually transmitted diseases. This story had a happy ending. Personally, Ostrow hoped that he'd be able to get out of the STD business altogether, now that the biggest of gay venereal diseases had been effectively beaten.

That was when Dr. Jim Curran stood up. Ostrow recognized Curran from years of work on both the hepatitis study and gay VD issues. Curran start talking about the five cases of Pneumocystis carinii pneumonia in Los Angeles. The CDC would be publishing an MMWR on Pneumocystis next week, he said, and they'd soon be setting up a task force.

Later that night, Ostrow, Curran, CDC veteran Harold Jaffe, and a few gay doctors caucused in Dave Ostrow's hotel room at the Harbor Holiday Inn. A light spring breeze blew over sailboats rocking gently in the marina outside the window. Ostrow mused on the years he had spent getting Curran and Dr. Jaffe acclimated to the gritty details of gay sexual habits, from rimming to fisting. Curran had seemed uptight at the start, Ostrow thought, but he buckled down to his work. Both Jaffe and Curran were unusual in that federal officials rarely had any kind of contact with gays, and the few who did rarely wanted to learn the detailed gymnastics of gay sex.

Maybe the pneumonia was the effect of some bad batch of drugs, Ostrow hoped aloud. Something easily taken care of. Curran agreed that there might be some environmental factor that could explain the outbreak. Maybe some bad nitrate inhalants. That was one of the two major hypotheses. There was another hypothesis, far more frightening: "It could be an infectious disease."

On Friday, June 5, 1981, the Centers for Disease Control Morbidity and Mortality Weekly Report published what would be the first report on the epidemic, based on the Los Angeles cases of Pneumocystis that Drs. Michael Gottlieb and Joel Weisman had seen in the previous months. In the week before publication, skittish CDC staffers debated how to handle the gay aspect of the report. Some of the workers in the venereal disease division had long experience working with the gay community and worried about offending the sensitivities of a group with whom they would clearly be working closely in the coming months. Just as significantly, they also knew that gays were not the most beloved minority in or out of the medical world, and they feared that tagging the outbreak too prominently as a gay epidemic might fuel prejudice. As it was, the fact that the hepatitis vaccine project had been largely a homosexual effort was downplayed for both Congress and the administration for fear that it would squash the program.

The report, therefore, appeared not on page one of the MMWR but in a more inconspicuous slot on page two. Any reference to homosexuality was