

# Transcript created by Epiq

Event: Horizon - Killer In The Village

Date: 25 April 1983

Speakers: Male Voiceover  
Kevin  
WC  
Doctor  
Sandy Ford  
Dr Gottlieb  
James  
Reggie  
Jim Curran  
Bobby Campbell  
Helen Sheeting  
Bob  
Al Freedman-Keen  
Linda Laubenstein  
David Auerbach  
Dick Minor  
Roger Dietels  
Leandro  
Testine  
George Hensley  
Steve Pasquale  
Shelby Deitrich  
Delores  
Jim O'Lesky  
John O'Hanrahan  
Prisoner Kastranova  
Gary Holland  
Scott  
Health Counsellor

(Audio commences at 00:03:24)

MALE VOICEOVER: Girl dancers give a charity performance before an audience that contains a high proportion of homosexual men. Martin Butler and his friends had seen the slow death of Terence Higgins, one of the first British victims of the bizarre new disease. Now they're raising money to promote research and health education for those most at risk. Among British gay men there's a strong admiration for all things American. There is a great deal of travel between the two countries. In America, this new disease has already become an epidemic. In New York, this is Greenwich Village. Centred in and around Christopher Street on the west side of this traditionally Bohemian district of Manhattan, is a vast community of gay men, said to be hundreds of thousands. Here the killer disease has taken its greatest toll of death and of fear among those who walk in its shadow. It's a world full of signals such as which side a bunch of keys is worn to indicate a preference for the active or the passive sexual role. Some bars or bathhouses cater for extremes of promiscuity. This door leads to private club of international reputation that occupies three floors of the large building behind it. In sharp contrast, some of the disease victims that we met claim to be monogamous. This is such a household given over, it seems, to music and the arts. WC, the aspiring musician, had for nearly a year. lived together happily with his boyfriend Kevin when disease struck the younger man down, savagely interrupting his career as a model and dashing his hopes of becoming a commercial artist and textile designer.

With an impaired immune system, Kevin's resistance to disease is lowered. His condition is called A-I-D-S, Aids. Acquired Immune Deficiency Syndrome. It lets in secondary diseases that can kill.

KEVIN: I had noticed these bumps on my skin and they looked a little suspicious. They didn't hurt but they were very strange and they were multiplying. It started out with one then the next day there were three. Up to this point now, a month and a half later, there's like close to 30.

MALE VOICEOVER: In fact, it's a cancer.

WC: I drew a picture about a week before we found out about it and Kevin said, "What is it?" I said, "It's gay cancer". We kind of laughed and then within a week he was in the hospital.

MALE VOICEOVER: With Kaposi's sarcoma.

WC: The tumours can be somewhat disfiguring, especially in a person as attractive as Kevin.

KEVIN: I was a little bit more in shock in the beginning of this than I am now. It's been hard.

WC: I'm very scared that I will come down with the Kaposi's at some point.

KEVIN: I think it's definitely transmissible. Just how, I don't know. Is it through blood? Is it through saliva? Is it through ... I don't know.

MALE VOICEOVER: Kaposi's sarcoma starts with purplish pink spots like blood blisters or mosquito bites that don't itch and don't hurt, but they don't clear up. Kaposi was a 19th century Austrian doctor who saw it in elderly men of Jewish or Mediterranean origin. Medical students are taught that the cancer develops slowly and rarely causes death. But in these young Americans, it develops rapidly in more and more sites, here inside the rectum until, without effective treatment, the patient will die. This is Kevin's last weekend before going into chemotherapy. He knows that's only part of his problem. He has cancer because his immune system has broken down. It is this underlying immune deficiency that others have called, "The Gay Plague". That name, with its hints of divine retribution for a despised and segregated minority is not popular among gay men. Homosexuality has been around a long time so they see no reason why this immune deficiency should be so strongly represented in their community. Why here? Why now? Is the underlying syndrome infectious. How far will it spread? Can anything be done to stop it? WC and Kevin are putting on a brave show but they'd like to know, can Aids be cured or will it put them at risk from other diseases too?

DOCTOR: How long have you had those stomach pains all together?

JOHN: Actually it started a week ago Wednesday.

DOCTOR: I see.

MALE VOICEOVER: The doctor suspects that John has an unusual form of pneumonia.



DOCTOR: What was the very first symptom?

JOHN: Loss of weight was the first sign something was going on.

DOCTOR: Just started losing weight for no good reason?

JOHN: I lost 30 lbs in one month.

DOCTOR: In one month? And how much weight have you lost all together?

JOHN: About almost 60 lbs.

DOCTOR: And what is your weight right now?

MALE VOICEOVER: John is the latest victim of a widespread epidemic of bizarre infections, all connected with Aids.

DOCTOR: Are they high fevers?

JOHN: 102.

MALE VOICEOVER: In fact, it was this rare pneumonia that first alerted the Centre for Disease Control in Atlanta, Georgia, that something very odd was going on. Usually it's people like transplant patients, whose immune system is artificially depressed, who sometimes get the pneumonia. Sandy Ford controls all supplies of the best drug for it.

SANDY FORD: I need your patient's name, age, sex and weight and the underlying reason for the immunosuppression.

MALE VOICEOVER: IN 1981, there was a sharp increase in the number of requests.

SANDY FORD: There's no underlying reason for the immunosuppression?

MALE VOICEOVER: The drug is restricted and she's supposed to have a clear diagnosis.

SANDY FORD: He's not on chemotherapy for any malignancy?

MALE VOICEOVER: Just checking. Chemotherapy also hits the immune system. When this first happened, all she could think about was her uncompleted paperwork but then it happened again and again. In a matter of months, the unsatisfactory forms began to pile up. The requests came mostly from around New York and from Los Angeles.

SANDY FORD: How about WPC count?

MALE VOICEOVER: White blood cells.

SANDY FORD: 2,000.

MALE VOICEOVER: That's low.

SANDY FORD: Why is it that you're opting for Pentamidine over more conventional therapy?

MALE VOICEOVER: Pentamidine is what they call an orphan drug. It's never been needed enough to make a profit. These days, testing new drugs costs a fortune so they call this experimental and hedge it around with paperwork. Instructions. "Dear Doctor, enclosed is not only the drug but also a special note on what's known about it and a consent form for the patient to sign".

As it happens, Pentamidine is or was until recently made at Dagenham in England. Here at CDC is the whole world's supply, bought up by Sandy Ford. At the start she didn't realise the importance of her evidence. Her records hold an answer to the question, "Is this disease really something new?" To CDC's epidemiologists the increased demand was a puzzle. They thought they'd better find out what happened to the drugs Sandy was sending out. Some went to the University of California and Los Angeles Medical Centre. By mid 1981 Michael Gottlieb had seen five patients with the rare pneumonia.

DR GOTTLIEB: Hi James.

JAMES: Hi.

MALE VOICEOVER: Jim is a bartender who, for family reasons, prefers not to face the camera. Pentamidine has halted the pneumonia but that's a secondary infection. It will do nothing for the immune deficiency that underlies it.

DR GOTTLIEB: What's your understanding at this point for this condition?

JAMES: I really don't know much about it yet.

DR GOTTLIEB: But you had heard about Aids prior to your developing pneumocystis?

JAMES: Yes. I read about it in the gay trade papers and other newspapers.

MALE VOICEOVER: Gottlieb spotted and reported to CDC the crucial fact that it was gay men who were getting the pneumocystis carinii pneumonia parasite in their lungs and dying. Anyone could pick this up but in a healthy population the effects are trivial.

The second most common infection in the epidemic among gay men is a form of tuberculosis that's carried by birds. It's highly unusual to see it in humans. It's yet another opportunistic infection.

Alfred too lost weight. That was quite a while back.

ALFRED: Just about a year.

MALE VOICEOVER: Again there seems to be a deficiency in part of his immune system that would normally protect his body from organisms that are carried by other creatures.

Reggie's problem is a very nasty form of diarrhoea.

REGGIE: It varies. It's like I go at least 20 times a day.

FEMALE SPEAKER: 20 times a day? Are they watery?

REGGIE: Watery.

FEMALE SPEAKER: How do you feel now?

REGGIE: I don't want to say lousy, but still alive so ...

MALE VOICEOVER: Reggie may have an unusual disease with another obscure name, cryptosporidiosis.

FEMALE SPEAKER: You lost 11 lbs. You never gained it back, right?

REGGIE: No. I didn't.

FEMALE SPEAKER: I see. Okay. Reggie, did you bring me a specimen?

REGGIE: Yes, I did.

FEMALE SPEAKER: Show me your bottle. Okay. So this is all night now? Okay. Put it back.

MALE VOICEOVER: Reggie, who used to be a clerk on the stock exchange had to borrow \$30 for his stool test for a disease that's normally carried by cattle. In men with Aids, the parasite lodges in the gut lining causing it to weep leading to dehydration and total exhaustion. A speedy diagnosis may not help much since drugs don't seem to touch it.

Reggie is lucky in one tiny way. Most previous cases have been confirmed by surgically taking a specimen from the gut. At St Vincent's Hospital, New York, Pearl Marris' contribution to medical science is a non-invasive method of diagnosis. At the moment, cryptosporidium can take its toll over many months until some final

collapse leads to death. But when a cure is found, it will be essential to distinguish the spores of crypto from those of Thrush, a common fungal disease which, though serious in men with Aids, can be treated. In this test, fungal spores take the green stain while the cryptosporidium spores will remain red. And it's red for cryptosporidiosis, a disease that farmers can pick up from cattle but which is normally self-limiting. Yet it's now a deadly part of that same Aids epidemic.

To CDC in Atlanta came the reports. Pneumonias in Los Angeles. Some cancers in San Francisco, with many more of both in New York and all it seemed were gay. An epidemiologist from the sexually transmitted disease department was told to set up a taskforce and deal with it fast. Jim Curran.

JIM CURRAN: You like to work on a project for three months and say that we saved X thousands of lives. That was the detail for three months in July of 1981. Now we moved into a permanent job. In mid 1981 we were able to find that there had actually been cases diagnosed in isolated centres, perhaps as early as 1978. From 1979 there was an essential doubling of cases, approximately every six to nine months.

MALE VOICEOVER: And by early 1983, there were around three new cases every day.

JIM CURRAN: The disturbing thing was to realise that these three cases per day are occurring in relatively small segments of society and are, at this time, relatively contained among a few small risk groups. A few high risk groups. Additionally tragic about these illnesses are their economic and physical toll upon the people before they die and their occurrence

in very young persons. The average age of victims is approximately 35. The average hospital bill often exceeds \$100,000 prior to death.

**MALE VOICEOVER:** Bobby Campbell, a nurse in San Francisco was one of the earliest Aids victims still alive. On a walking holiday he'd found what looked like a blood blister on his foot. It didn't clear up so he showed it to a dermatologist, who took a biopsy and diagnosed Kaposi's sarcoma.

**BOBBY CAMPBELL:** I was devastated. I was 29-years-old and I had cancer. I had a cancer that had killed a number of gay men in this country and some other countries. I felt like my death might be imminent even though I felt fine. All I had was spots on my feet but I had this potentially fatal illness. I went into, I think, a very severe depression. I got drunk quite a lot, spent a lot of time on the phone telling everyone that I knew that I had this. I felt that there were two ways that I could approach this. I could either keep it completely within myself and tell no one or I could tell everyone that would stand still long enough to listen. I chose the latter option because first of all it enabled me to educate other people who were also at risk for this disease and it also earned me personal support in a time when I was really in crisis. At that time, I went on disability from my job. I didn't want to risk being around sick people. It's still depressing feeling that I have this chronic illness that could kill me. In the year since I've been diagnosed I've had three people that I know personally who have died. Each time it's a blow to the heart.

**MALE VOICEOVER:** The population of the city of San Francisco is 650,000 men and women. No one knows how many gay men have come here.

Estimates range from 100,000 up. Gay newspapers here have emphasised the cancer and there's a Kaposi's sarcoma project in one of the University of California clinics. Nurse Helen Sheeting(?) gives her gay patients a sympathetic hearing.

HELEN SHEETINGER: I guess it's been about a month now you've been on chemotherapy?

BOB: Yes, it has.

HELEN SHEETINGER: You're finally coming back.

BOB: Yes. The spots are going away so that's nice.

HELEN SHEETINGER: Good. That's terrific.

MALE VOICEOVER: In more puritan communities, Bob might face intolerance or ridicule. He's escaped from that but into a different kind of nightmare.

HELEN SHEETINGER: At least you're used to this by now with the blood drawing for the chemotherapy.

BOB: You get used to lots of things you never used to think you would get used to.

HELEN SHEETINGER: Good. How's that?

BOB: That's fine.



MALE VOICEOVER: His blood is urgently needed for research. Already there's one way to monitor his immune system.

HELEN SHEETINGER: Your heart is doing the work just fine.

MALE VOICEOVER: In recent years work on the body's immune defences has begun to uncover an extremely complex system that includes a wide range of specialised white blood cells. Some act as helpers, others as suppressors. Their job is to help protect our bodies from cancer or from certain invading organisms. A helper recognises the alien cells and sends for reinforcements. More white cells are produced and these attack and try to kill the invader.

When the job is complete, the suppressor cells register the information and send a second message, close down production.

The emergency is over.

Normally when we're healthy we have more helpers than suppressors, maybe twice as many. But Aids may increase suppressors and drastically cut back the helpers. One sign might be swollen glands. Take the ratio down further and some men become vulnerable to Kaposi's sarcoma. Further down still and any of those bizarre infections that are around may take its toll. At worst there may be so few left it's difficult to find enough to count. Now all kinds of disease can strike down the helpless victim.

In Bob's case, the puzzle is that Kaposi's sarcoma set in so early in the downward pattern of the immune disease.

HELEN SHEETINGER: Okay then, don't bend your arm back.

BOB: I don't think I've developed any new spots but at least it'll give them a chance to check it.

MALE VOICEOVER: But a clue to that may also be found in the blood. Recent research implicates a genetically determined marker on the surface of each cell. Monoclonal antibody can be made to react with a sample of blood from anyone who has the marker. Men with the marker seem to be more susceptible to this cancer when they get Aids.

At the present rate of progress there are ten times as many men with Aids every two years. Unless there's some dramatic change, that exponential growth will continue unless the disease is identified and stopped or it weakens or resistance to it grows, or if there's a change in lifestyle which stops its transmission. Or, failing those, when everyone at risk has got it.

Having seen so many of the earlier deaths, New York's Greenwich Village was a good place to begin a search for the causes of Aids. In 1981 at nearby New York University, immunologist Al Freedman-Keen, joined forces with Linda Laubenstein, who'd been treating gay Kaposi patients for nearly two years.

LINDA LAUBENSTEIN: By May of 1981, we had about eight cases of all young homosexual men in their 30s, who had this disseminated form of Kaposi's sarcoma.

AL FREEDMAN-KEEN: They would tell us about the frequency of sexual encounters. They were extremely promiscuous. They'd all had histories of multiply transmissible sexual diseases, such as gonorrhoea, syphilis, giardiasis, which is a parasitic infection and amebiasis, which is now

considered a sexually transmitted disease among homosexual men, especially in New York.

MALE VOICEOVER: Outsiders were quick to attribute Aids to the men's sexual activities but what was new in that? Every possible variation had been around for thousands of years. Al Freedman-Keen noted one activity that was new to this society.

AL FREEDMAN-KEEN: They had histories of taking, what we call, recreational drugs. Marijuana, cocaine, and especially amyl and butyl nitrite, which are used as sexual stimulants during sexual activity. They're sold in the names of things such as Thrust, Locker Room, Harper's Old Fashioned Fragrance, Black Jack, Bolt, Hardware, Quick Silver. This particular agent was used by 100 per cent of our patients and initially we were rather suspicious that they may, in fact, be a relationship between the use of this drug and the evolution of the Kaposi's sarcoma and the opportunistic infections, which we'd been seeing in homosexual men.

MALE VOICEOVER: The president of New York's gay men's health crisis showed us how nitrites are used, though to avoid problems in his job, wouldn't show his face.

MALE SPEAKER: It's an inhaler and they block one nostril with the finger and inhale obviously with the other nostril. You have an almost immediate high.

LINDA LAUBENSTEIN: How long does a bottle like that last?

MALE SPEAKER: Oh, one night in a disco.

LINDA LAUBENSTEIN: Do people just keep --

MALE SPEAKER: They pass it a round a group, whoever is dancing together. It's passed around from person to person.

MALE VOICEOVER: But were these the cause of Aids? If so, there would be no need for big changes in lifestyle in the major gay communities. To the world outside Hollywood is still the movie capital of the world but to the people who live around here, it's also the centre of the gay district of Southern California. Around Los Angeles there are thought to be 200,000 to 400,000 gay men.

What is new in recent years, apart from nitrites is the sheer numbers that have gathered together, plus the greater sexual openness and freedom that gay liberation has made possible. Did this contribute to the spread of Aids?

In their personal relationships, gay men are free from feminine restraints. In heterosexual relationships, the male traditionally is the hunter. When both are hunters, the effect is explosive. Some gay men can claim hundreds of tricks. That is new sexual contacts each year. So sexually transmitted disease is commonplace. For many, an inevitable part of the lifestyle. Regular check-ups guard against the health hazard of sexual overload.

This is the clinic attached to the Gay and Lesbian Community Services Centre in Los Angeles.

MALE SPEAKER: Room 1, first door on your left. Appointment number 6 please.

MALE VOICEOVER: No lesbians. Women have more stable relationships and less disease if they avoid men. It's just men who come here, maybe 70 a night.

MALE SPEAKER: How are you doing this evening?

MALE SPEAKER: Just swell.

MALE VOICEOVER: Around 15,000 a year.

MALE SPEAKER: The doctor wants you to take tetracycline, one capsule, four times a day for the next ten days. You should avoid sex for the next ten days plus three days afterwards to see if your discharge returns.

MALE VOICEOVER: This clinic is run by gay volunteers. Other men go to private doctors who may also be gay or to the county clinic.

MALE SPEAKER: Okay. You just came in for a routine screening, okay? There's no charge for routine screening but I will ask you for a donation.

MALE VOICEOVER: Most men here have something, gonorrhoea, syphilis, NSU, hepatitis, the list goes on. With so much existing disease, who needs a new one? That was the idea behind another of the theories offered. Immune overload. An explosion of sexual activity leads to so much disease that the immune system is permanently damaged. However, that's never been seen before with other kinds of disease.

MALE SPEAKER: Your results are negative. That means you do not have gonorrhoea but non-specific urethritis. You take this pill four times a day for ten full days. Drink lots of fluids.

MALE VOICEOVER: Compared with all the rest, Aids is still quite new and so is this.

MALE SPEAKER: Aids Hotline. Yes. I'd be glad to give you the symptoms. Low grade persistent fever, night sweats, dry coughs that are not related to colds or smoking, weight loss of more than ten lbs during a period of less than two months, enlarged lymph nodes.

MALE VOICEOVER: He's checking contacts. For the major infections, they want to know who else needs treatment. Should that be done for Aids too? Linda Laubenstein.

LINDA LAUBENSTEIN: As we gathered up more and more patients, those patients would meet each other in the office. It became apparent that many of the patients had had contact with one or two or perhaps more other people who had the syndrome, which began to suggest to us that perhaps there was a sexually transmittable -- a single sexually transmittable agent that was being passed around in the community.

MALE VOICEOVER: A virus perhaps? At that time only 19 cases had been recorded in Los Angeles. From their local office, they managed to track down just 13. Where they linked? Did they know each other? David Auerbach.

DAVID AUERBACH: Of the 13 cases, or contacts of cases who we interviewed, we found that there were histories of sexual connection between 9 of those 13.

Those cases, those nine cases in Southern California are represented here. These circles represent cases of Kaposi's sarcoma or pneumocystis pneumonia. Here we have inter-connections. Histories of actual sexual contact between nine of these cases. Included here to make these connections, is one case, only one that was not from Southern California.

MALE VOICEOVER: An airline steward.

DAVID AUERBACH: This case has been found to have connections with approximately 40 other cases of A-I-D-S, mostly New York City but some from several other cities in North America. We believe that this sort of cluster information does make it more likely that we are dealing with a communicable agent. We believe that because of that, laboratory resources should be more and more directed to looking for a communicable agent that the cases might have been exposed to.

MALE VOICEOVER: So nitrites seem to be out. All over the States the search is on for some organism that could transmit Aids. Here they're looking in the diseased lymph nodes removed from Aids victims. They also have a sample of seminal fluid.

The idea they're working on is that it might be a sexually transmitted agent rather like the virus for hepatitis B. But what they don't know is whether to look for something completely new, never seen before or something that's common, thought of as harmless, but which has produced a new mutation which is doing all the damage.

Dick Minor is one of several investigators on yet another track. Could it be the agent of some mild disease that's transmitted among gay



men in a way that makes it especially dangerous. Perhaps also promoting the cancer. He's been looking for evidence of cytomegalovirus, CMV. There's its signature. The dense body and several incomplete particles, just the coating. The lymph nodes of sexually active gay men are often loaded with CMV, but was it the cause of the disease or more likely just another opportunistic infection? Recently interest has switched to a human T-cell leukaemia virus and seminal fluid is a good place to look for a virus that is sexually transmitted.

MALE SPEAKER: Dick, how are you doing?

DICK: All right.

MALE SPEAKER: Do you have enough specimen to do the complete works on this one?

DICK: Yeah. This one, small volume but it's adequate.

MALE VOICEOVER: But a further problem. It's been found that if sperm are injected into the blood stream of a mouse, that alone is enough to suppress its immune system. In New York, Alvin Freedman-Keen again.

ALVIN FREEDMAN-KEEN: Our most exciting hypothesis and the one that we're working on most right now is that with the multiple exposure to sperm that homosexual men have from a variety of sources, both through the rectal route or through the oral route, and possibly through tears in the mucosa or absorption through the mucosa, that the sperm is able to penetrate into the immune system or into the blood.



MALE VOICEOVER: In a survey of gay men in New York, 80 per cent had an immune deficiency but their average age was 35. To see how the deficiency is acquired, they need to study younger men. At UCLA volunteers from the student's gay club were recruited by the Dean of the School of Public Health, Roger Dietels(?).

ROGER DIETELS: We looked at the ratios of helpers to suppressors in this group of 89 young homosexuals and also looked at the absolute levels of suppressor cells and of helper cells. We also did a detailed questionnaire on sexual practices.

MALE VOICEOVER: At that early stage of an active sex life, they often found a substantial increase in suppressor cells but caused by what?

ROGER DIETELS: We found that there seemed to be an association with receptive anal sex and not with active anal sex. If the organism is introduced, the hypothesised organism is introduced into the blood stream of the individual through breaks in the rectal mucosa. The agent might be present in the sperm of the partner or it might be an inhabitant of the faeces of the individual himself and would gain access to his circulatory system because of the breaks in the rectal mucosa.

MALE VOICEOVER: And nitrites are implicated only because they help relax the muscles to receive anal sex. Highest risk? Men who receive a lot of anal sex from many partners. To which some gay men respond that it's not just them. Others get Aids too. Leandro injected heroin directly in his veins.

LEANDRO: I feel tough. I feel pain in my stomach, in my bones, my muscles. I feel weak. I think that's because I lost about 42 lbs, something like that. I feel very bad.

MALE VOICEOVER: This is a complication in the story but it's know that intravenous drug addicts can pass infections, such as Hepatitis B in traces of blood on dirty needles. Could an agent for Aids be passed around like that?

LEANDRO: I got a lot diarrhoea. I got about seven days with it.

MALE SPEAKER: Diarrhoea? Are you going to the lavatory a lot?

LEANDRO: Oh boy, I'm going crazy with that. Going to the bathroom all the time. All night long.

MALE VOICEOVER: His white blood cell count was lower than any we've yet seen.

LEANDRO: That's what they say. My blood is so low that I can't find no -- no matter how small the infection is, I can't find it.

MALE VOICEOVER: Leandro is not a homosexual.

LEANDRO: My wife comes every day but they don't let the kids coming up. Too small.

MALE VOICEOVER: Weakened by his addiction, he's fallen victim to an extreme form of Aids with a bewildering range of symptoms.

LEANDRO: I don't even know how to describe the way I feel.

MALE VOICEOVER: His doctor can describe it. Listen not for the technical details but simply for the number of diseases.

DOCTOR: He presented with diffused lymphadenopathy, profound diarrhoea of several months duration as well 40 lbs of weight loss. He also had oral thrush which is a candida infection of the mouth and an unusual intestinal parasite called Isospora, which we have not really seen in these patients before. He also has a hepatitis, some unusual eye lesions and a lymphocytopenia with a reverse helper and suppressor cell ratio, which we've been seeing in the A-I-D-S syndrome.

LEANDRO: So I don't know what's it going to be.

MALE VOICEOVER: When the disease occurs in more than one group, epidemiologists seek a common cause, which, in principle should become easier when a third distinct group is discovered. Testine, a Haitian, is very sick.

MALE SPEAKER: How are you feeling otherwise?

TESTINE: Bad.

MALE VOICEOVER: But for a year after Aids was first observed, no one made the connection. This looked like a completely separate problem.

MALE SPEAKER: Is your head still hurting you? Is there any pain in your head?

TESTINE: No.

MALE SPEAKER: That's very good.

MALE VOICEOVER: He's wasting away. The disease in the brain affects his speech.

MALE SPEAKER: How's the strength, by the way?

TESTINE: (Several inaudible words).

MALE VOICEOVER: He can't control one arm properly.

MALE SPEAKER: Try to hold a fist for me.

MALE VOICEOVER: One medical scientist was busy writing a paper putting it down to a new form of syphilis brought in by the immigrants that was fatal in two to six weeks. After three such deaths at Miami's Jackson Memorial Hospital, pathologist George Hensley decided to take a look. His bet was tuberculosis but among several less likely possibilities was a disease called Toxoplasmosis. That's a parasite carried by lions and other felines, including domestic cats. In humans it lodges in the brain but is held in check by the immune system.

GEORGE HENSLEY: Well, I'm going to make the first slice.

MALE VOICEOVER: It may form a microscopic cyst but causes no further trouble. Today Hensley knows exactly what he's looking for. Indeed, his research

has led others to identify warning signs in brain scans. Here's a ring of advanced Toxoplasmosis spreading outward through the brain. This patient died within a few days.

Syphilis and TB were out. But as more cases came to light there was a new problem. Was this a dangerous new strain of Toxoplasmosis brought in by the Haitians? Hensley duly reported his findings to CDC who promptly sent a team to follow every lead.

GEORGE HENSLEY: What is causing it is this lesion with a necrotic firm centre.

MALE VOICEOVER: Their first port of call was Krome North, a kind of concentration camp out on the edge of the swamps inland from Miami where, at that time, thousands of patients were crowded together as illegal immigrants pending a decision on what to do with them.

The women in their own compound were investigated as carefully as their segregated menfolk. About a third of the Toxoplasmosis patients were Haitian women. CDC investigators wanted to know whether the supposed new and more virulent form of the disease was being carried here to become the focus of some new epidemic. What they found in this whole, overcrowded camp was nothing. Had they been on the wrong track all along?

The idea began to grow that Toxoplasmosis was simply Aids once again but disguised by an unfamiliar outcome. If so, they also had to ask was it homosexuality among the segregated men? But among Haitians, homosexuality is taboo. That kind of question meets with blank incomprehension in Miami's Little Haiti.

The investigators came here and learned what they could about the complexities of a society in which Catholic and Voodoo are mixed,

where there's no word for disease and sickness is linked to spiritual state. Also where, by Miami's standards, there's very little crime. To the Americans, a strange and alien culture. But here again, no evidence was found that Aids had been brought in by the immigrants. However, on the island itself, over 50 cases have been reported to visiting investigators, mostly among men but some in women too, confirmed by the pneumonia, the cancer as well as the cat disease, toxoplasmosis, which is more common in The Tropics.

It's been suggested that Aids too came from Africa where it could spread through children's open sores. It's said that Haiti has been a popular holiday resort for gay men from America.

Jose has Aids and toxoplasmosis. He is a Spanish American with no taboos about being gay. He's a teacher of classical ballet. A surgeon has removed the cyst from his brain that had almost paralysed his right arm and leg. For Jose the research among the Haitians may have saved both life and livelihood.

It's gay men and heroin addicts who may unwittingly have created the link to the next group. In 1982 several haemophiliacs died and others, as yet unaffected, are worried. Steve Pasquale's haemophilia was diagnosed when he was six months old but there was no treatment at all in those days and his life was always in danger, particularly from internal bleeding. He received plasma from the age of four. Then at ten, a deep frozen precipitin from plasma that helped to clot his blood. It was always given under medical supervision. He was tied to the hospital. Ten years ago, when Steve was 17, a new concentrate of the clotting agent called Factor 8 revolutionised his life because he could make it up himself when and where he needed it.

Now it looks as though some has been contaminated. Must Steve now give this up? He does it all himself, timing the infusion according to an increase in stiffness in the joints. He'd come to expect a full and normal life. He consults specialist Shelby Deitrich.

SHELBY DEITRICH: Hello Steve. How are you?

STEVE PASQUALE: All right.

SHELBY DEITRICH: I would expect you've got some questions or feelings about this whole problem.

STEVE PASQUALE: Yeah. It's a little, you know, anxiety creating.

MALE VOICEOVER: There are 20,000 haemophiliacs in America and by this day, 10 or 11 cases of Aids reported and 5 deaths.

STEVE PASQUALE: So they think it's in the Factor?

SHELBY DEITRICH: Well, yes. The point is, haemophiliacs absolutely have to be treated for their bleeding problems and you know that. I'm sure it raises all kinds of questions about what do I do now.

STEVE PASQUALE: Whenever any of the haemophiliacs get together, it's a topic of conversation that always comes up. I think everybody's a little scared. Is this the infusion that's going to give it to me? I'm not ready to give up the benefits of concentrate yet.



MALE VOICEOVER: But if there were a problem with this batch, could it be traced back to its source?

MALE SPEAKER: Each lot of these clotting concentrates is pooled from over 2,500 donors each so that haemophiliacs are exposed to literally tens of thousands of donors per year. Tracking all of these donors back from a case is virtually impossible.

MALE VOICEOVER: How can we be sure that all blood products are safe? Stop gay men giving blood? Gay leaders say that's unacceptable. Everyone should have the same rights and the same obligations to society.  
In New York, volunteer donors are asked questions that should reveal some of the symptoms of Aids.

FEMALE SPEAKER: Have you lost a lot of weight recently?

MALE SPEAKER: No.

FEMALE SPEAKER: Have you been exposed to any infectious diseases that you know of in the past three weeks?

MALE SPEAKER: No.

FEMALE SPEAKER: Okay. Let me see both arms then.

MALE VOICEOVER: And there's an inspection for intravenous drug use, but is this enough? In principle, a further possibility would be to screen the bloods helper/suppressor ratios and it is tested here automatically for



blood groups. But it would be expensive and would take time to develop.

The contamination of blood and its products is not just an American problem. Half the Factor 8 used in Britain comes from the United States. Just how far can Aids spread beyond the four main high risk groups? To women too? Among the early pentamidine requests one was for a woman. Two Greenwich Village doctors, Joyce Wallace and Joe Sonabend(?) have found that among their gay patients, the number of sexual partners correlated remarkably well with immune deficiency. Joyce Wallace decided to see if that was true for New York prostitutes as well. Trading free check-ups for their stories and for samples of blood, she found women with compromised helper/suppressor ratios. She felt this supported her belief in the immune overload theory. Again, it seemed to be related to the sheer number of different contacts.

There's no evidence as yet of any transmission from prostitutes to their clients. But her next patient, not a prostitute, seems to confirm the transmissible agent theory. This woman was simply married to a heroin addict and now she, too, has been treated for the pneumonia and other secondary diseases. She was an hour late for this appointment.

DELORES:

A little bit tired as usual. I haven't been having the fevers or the chills lately but it's been hard getting around still. I don't travel on the trains because I'm afraid of fainting and dizzy spells. So not really that much.

MALE VOICEOVER: Joyce Wallace believes that Delores' story is reliable, although it contains one very curious detail. Her first symptoms of Aids appeared over a year after she left her husband. Can Aids hide in the body for so long?

DELORES: I have Ceptra(?) for the pneumonia and Tagamin(?).

MALE VOICEOVER: Joyce Wallace also believes that for every woman like Delores whose Aids is reported, there are six more with lesser complications. The disease can reach women, but babies too? Eight cases have been reported from one town alone. The population of Newark, New Jersey includes 22,000 Haitians, gay men who can't afford the prices of Manhattan and drug addicts. Most of the high risk factors are bundled up together. At Newark St Michael's Hospital, Jim O'Lesky(?) had treated eight babies with Aids.

JIM O'LESKY: Because of the wheezing he has in his chest, that's why --

MALE VOICEOVER: The eldest of the eight is Ramir. This is a check-up prior to his release from hospital. Of the other seven babies, all under eight months, four died from pneumonia or cytomegaly virus. Only one of the eight had received blood but one was a haemophiliac and two were Haitians. One had a drug addict father with an uncle living in who was gay. Ramir's doctor believes that he was infected while in the womb. His mother was one of several who were intravenous drug addicts. From today he'll be in the care of his aunt. A biopsy to confirm the pneumonia left the upper scar. That below is where the lung was

drained. Ramir's first symptoms did not appear until well after he was born. The same was true for most of Newark's other baby victims. Is this another sign of a slow, hidden incubation?

The strongest and most disturbing evidence of that comes from those jails in New York State where Aids has been reported. In principle, prisons provide a unique opportunity to monitor the progress of the disease, especially if it develops when the man is already inside. But there are problems. It is well known that there is homosexuality in prisons and prisoners own statements are notoriously unreliable. But in every case investigated, the man claimed to be strictly heterosexual, while all or most, it seemed, had been on heroin outside. That was supposedly stopped when they arrived in jail. Investigation such cases, CDC man John Hanrahan.

JOHN HANRAHAN: Do you remember when you first felt ill? How long after you were in prison did you start to feel ill?

MALE SPEAKER: Well, I went to (Inaudible) on March and I start getting sick like beginning of April, between March and April.

JOHN HANRAHAN: How long --

MALE VOICEOVER: From a year's investigation, John Hanrahan's tentative conclusion is this.

JOHN HANRAHAN: The bulk of their drug use, if not all, occurred prior to them being in prison. What that allows us to do is to try to establish a minimum incubation period from the time they stopped drug use, which is

coincident with the time they entered the prison system and the time they developed symptoms of Aids. For the ten inmates that we have data on so far who had Aids, nine of those, the only risk factor we know for them is IV drug use before being incarcerated. Their symptoms developed anywhere between 3 and 36 months after they were incarcerated and after their drug use stopped. The average being about a year and a half. That tells us that the incubation period of Aids in this group and maybe in all groups, is quite extensive on the order of many months to even years.

MALE VOICEOVER: Characteristically the former addicts developed pneumonia after a considerable delay. Three had already died in jail. Four others remained very ill.

JOHN HANRAHAN: Hello Mrs Kastranova. Go right on talking to your husband. I know your time is limited here.

MALE VOICEOVER: Prisoner Kastranova's speech is affected. He may have Toxoplasmosis as well as the pneumonia. This is one of his better days.

MRS KASTRANOVA: Look a lot better. Looks good today.

PRISONER KASTRANOVA: If it wasn't for my wife, I don't know what I'd be doing. She's been there with me every day, intensive care. I was on intensive care. I left here for what, four months? Went back to prison. They shot me right back here and they have no cure for it all. What's rough now is I don't know if I'll ever see my kids again, you know. Like a

walking time bomb. You know, that's what they said, "So you're like a walking time bomb".

MRS KASTRANOVA: You hope they'll find a cure for it.

PRISONER KASTRANOVA: Someday, but it might be too late. You see people out there shooting dope. Give it up because I'll never make it through. You know, if you've got any value for your life, give it up.

MALE VOICEOVER: Soon after that day, Kastranova died. All these cases have strengthened fears that there may be a year or two of hidden disease already in the pipeline before anyone at risk is off the hook. There are more secondary diseases too

JIM CURRAN: We've recently recognised that additional cancers and additional serious disorders such as deficiency in platelets are part of the syndrome and it's quite likely that for every case of reported illness, there are anywhere from 10 to 100 more cases of mild illness.

MALE VOICEOVER: Could it be caught early? At the Jules Stein Eye Institute, Los Angeles.

GARY HOLLAND: Look up.

MALE VOICEOVER: Gary Holland has observed small white patches, they call them cotton wool spots, on the retinas of men who later developed the more obvious symptoms of Aids.

GARY HOLLAND: Look to the left.

MALE VOICEOVER: They don't affect vision and they're precursors to other diseases too. High blood pressure or diabetes could cause them. But here six months later, that same retina was overwhelmed by cytomegalovirus. The diagnostic method that's normally used is to measure the white blood cell helper/suppressor ratio. Machines like this should soon be able to do it in a few minutes. By previous methods, one technician can process only about ten cases a week. But more serious is the scientists limited understanding of the normal range and behaviour of the immunological system and how it can be corrected when something goes wrong. Being able to measure it at all is still a scientific novelty. On the day we filmed this machine, the final calculation of the ratio was made on paper. But where the immune system is already suppressed is there any cure?

FEMALE SPEAKER: Excuse me gentlemen. Let me insert the needle now.

MALE VOICEOVER: One possibility is to inject some substance that promotes the growth of the white cells that are missing. At the Sloan Kettering Memorial Hospital, New York, Jim was very happy to be given a chance to try out Interleukin 2. A day's supply extracted from 50 pints of blood costs \$1,000. From the box it's pumped in near a lymph node in the groin. It won't repair the defective immune system but it's already given Jim relief from his secondary infections.

DR METTLESMAN: This Interleukin 2, which some people also call T-cell growth factor does just that. It makes T lymphocytes grow. What I should mention is that in the test of your cells didn't make any Interleukin 2 and when we added in the Interleukin 2, it behaved just like normal cells.

MALE VOICEOVER: And it did seem to work until the expensive experimental supply ran out. Later he developed Kaposi's sarcoma and joined other patients in a larger trial. This is Interferon, which has its problems too for a dozen different kinds have been identified in man. Should you use a lot or just a little and of which?

Several new synthetic Interferons are ready to be tested. In San Francisco General, Scott was one of the first to get it. His weakened immune system might be damaged even more by chemotherapy, while Interferon might prod it into action. It's a gamble.

SCOTT: I was just discussing with Dr Goldring the experimental factor. I haven't seen enough result to be too encouraging. I wonder if I had been wasting valuable time not being on chemotherapy. So I do have my reservations but I'm ready to follow through with the entire treatment plan and I'll see what happens then. I really don't know. My mind is not made up on that point as to how I feel about the whole treatment plan. If I was seeing remarkable results, of course I'd be ecstatic and have no questions or reservations whatsoever, but that's not the case.

MALE VOICEOVER: In these trials, the results so far have been patchy. Perhaps for Scott any effect so far has been overlaid by shock.



SCOTT: The shock was so great. I stopped smoking marijuana. I stopped smoking cigarettes. I stopped drinking. I've stopped sexual contact. I've stopped everything.

MALE VOICEOVER: There are still no absolutely certain answers to the most important questions.

MALE SPEAKER: How do you get it? Is there any cure for it?

MALE SPEAKER: Can there be some way to put a stop to it? Medicine? Shots or something that can be --

MALE VOICEOVER: They're talking to a gay health counsellor.

HEALTH COUNSELLOR: What if I told you that the diseases that are going around now have no cure and they lead to death within a year?

MALE SPEAKER: I'd move.

HEALTH COUNSELLOR: That you can catch it through sexual contact and that the more sexual contacts you have with people, the higher your risk of catching it. What would you do now?

MALE SPEAKER: That's tough.

HEALTH COUNSELLOR: Assuming I told you the more times you have sex with different people, the higher your chances of coming down with this.



MALE SPEAKER: Yes. I would stop having sex.

MALE SPEAKER: Oh, definitely.

MALE VOICEOVER: Changes in sexual behaviour should halt the spread of Aids, but that can be difficult

BOBBY CAMPBELL: It's very difficult in relationships. In my primary relationship, I had a boyfriend for a year prior to becoming ill. When I became sick and it became clear that I had something that was very serious and it was possibly transmissible, the question arose as to whether or not I should remain with this man. On the other hand, the doctors were saying that it was better to stay with a single partner than to go and be with someone who had not been previously exposed. Presumably this man Ron, whom I had been with, had already been exposed to any viruses that I might have had. So it put tremendous pressure on the relationship. It's like I have to be with you or there's no possible option for me. I have no outlets except for you.

Large numbers of people have become chased, are no longer seeking sexual satisfaction with other people, period. These people are not sick. They are living in terror that they are going to develop this disease that I have. So I don't know what to make of it. What I do know is that because I'm immunosuppressed, I believe that other people are more dangerous to me than I am to them.

MALE VOICEOVER: True. Doctors and nurses who work close to patients don't seem to be at risk. And of those at greatest risk, still over 70 per cent are gay. To survive, what course does Bobby Campbell recommend?

BOBBY CAMPBELL: It would seem to be helpful at this time, in order to protect oneself, to limit the number of sexual partners. In fact, that reduces your risk of disease of any type, even gonorrhoea, which at this point is beginning to look like garden variety. But to limit the number of sexual partners and to limit the frequency of use of recreational drugs, I think is certainly a wise recommendation.

MALE VOICEOVER: The British gay community is no longer just watching on the sidelines. There have been deaths here too. Aids has already arrived in Britain. Do we already have the hidden seeds of an epidemic here?