An interview with an AIDS expert

by Michael Helquist and Rick Osmon

Don Abrams has been involved with AIDS treatment since the very beginning. He began seeing his first patient with AIDS in the fall of 1981 and is currently the assistant director of Ward 86, the AIDS outpatient unit at San Francisco General Hosptial. Abrams also conducts primary research into the lymphadenopathy syndrome (swollen lymph glands) that some consider to be an early form of AIDS or a milder reaction to the AIDS agent.

Born in New York City and raised in Cleveland, Abrams came to Stanford Medical Center in 1972, graduated in 1977, and completed his residency at San Francisco Kaiser Hospital. A fellowship at UC San Francisco followed with a focus in hematology and oncology. During the last two years of his fellowship, he acted as the primary AIDS consultant for Moffit Hospital. Abrams is presently a board certified internist and oncologist and a clinical instructor at the UC School of Medicine.

Helquist and Osmon: You recently became involved in the bathhouse controversy, partly through your work on Dr. Mervyn Silverman's advisory board. How has your being a gay man influenced your work with AIDS?

Abrams: There is certainly a lot to be said for my being gay and being sensitive to the issue, but I would prefer to think that what I say is important because of my medical education and training and not because of who I sleep with. There's both pro and con factors about being a gay identified physician and faculty member. Credibility in the gay community is very important, but it's also important to have the credibility you need to be recognized as a medical authority.

Just Out: Don, some of the physicians

who've been public during this debate have reconsidered their earlier decisions and have changed their minds. You have remained steadfast with your position.

Abrams: I think the bathhouse issue is strictly medical. That's the strongest point I have to make. At the Alice Club roasting, I clearly stated that I thought the decision by Silverman was a medical decision and not a political one.

Just Out: The implications appear very political to a number of others.

Abrams: The community can politicize this all it wants, but when the decision was made, it was medical, made by a group of doctors.

Just Out: The doctors have frequently explained how long it takes to do research and to develop therapies. But do the doctors realize that political aspects of the bathhouse debate take time also?

Abrams: I think that's unfair because we have debated this issue for nine months, and I think the greatest factor in the debate was the political ramifications. Merv Silverman has demonstrated an incredible amount of sensitivity about the political concerns. He has said, however, that he hated to think of how many men might contract AIDS and die because of his fear of making a decision with political ramifications.

We know that there were as many people dead from AIDS on January 1, 1984, as were diagnosed with AIDS on January 1, 1983. We think the same pattern will happen again: we predict there will be about 350 deaths by January 1, 1985. The average life span of someone with AIDS in San Francisco is one year. That has not changed since the beginning of this epidemic.

Look, if you go to the baths, you can have sex with five or six men. Each of these may have already had sex that day with another five or six men. Your six contacts may be exposing you to infections or viruses that might be carried by a total of thirty other men. Adn that's just from one visit. If you meet someone away from the baths and go home transmitted diseases is considerably reduced. Your contact is with one person, not with a potential total of thirty or more.

Just Out: Do you think enough work had been done with the bathhouse owners before this crisis erupted?

Abrams: The Health Department has been giving advice to the bath owners since May of 1983. Remember the preparations for last year's Gay Pride march. Those AIDS warning signs were up in the baths for a week; then, after the march, they came down. I think a year is a long enough time for people and businesses to change. We have to consider the free enterprise rights of these businessmen, but are we being exploited? Some of the things I heard said at the meetings with the bathhouse owners I won't repeat. I wanted to, but I won't repeat it for the media. But I would question the motivation of these men and wonder how much of it is strictly financial with complete ignorance about what is gong on in the community and how they might be contributing to it. It's frightening.

We were told, "Why are we arguing? We're both in it for the same reason. You get money when the patients are seen here (at the AIDS clinic); we get money when they come to the bathhouses." We were told that by a bath-

house owner.

How long ago was it that one of the bathhouses discriminated against Asians, Blacks, people who were overweight? Then these are suddenly the champions of our society because of human rights? I think it's time for members of the community to hinge their identity on something other than high volume, risky, potentially life-threatening activity in the bathhouses.

Just Out: When you spoke at the Milk Club meeting, you were reported to have said that if your AIDS patients were going to the baths, you would no longer want to treat them.

Abrams: I said that my patients generally don't go to the baths, but if they were continuing with high-risk activity, I'd rather not see them. It's a waste of my time, their time, and that of others in the clinic, if they're going to continue with suicidal, life-threatening behavior. It becomes a waste of time to deal with their every little neurosis, ache, and pain.

Just Out: What kind of efforts do you make to help your patients with behavior changes?

Abrams: I'm a physician and we have a large

support service network here so I refer them to a psychiatrist, a psychiatric social worker, or to Shanti. I tell them what my feeling is about how this disease is transmitted and what particular sexual and drug behaviors are increasing their risks.

I think one of the major things the community needs right now is really intensive support services to help people change compulsive sexual behaviors; but that's not my job and I can't do it.

Those men who have compulsive sexuality have a disturbance. Not homosexuality, but compulsive sexual activity is a serious disturbance. Some people who smoke feel they cannot stop smoking; some try nicotine flavored gum as an alternative. Our alternative has to be to change behaviors in the baths.

Just Out: Some people have suggested that gay men need to "clean up their act" so that non-gays don't object to the high cost of medical care costs for AIDS patients.

Abrams: I think that's why the city has to take action, because it supports AIDS care so much.

Just Out: How do you cope with the emotional demands of your job?

Abrams: It's difficult. Basically, I try to not take it home with me which is virtually impossible since most of my friends are gay and they all have concerns and my patients become my friends. Everyone has a question or wants advice or wants a prescription filled. It is becoming too much.

Just the frustration of getting our medical advice muddled with all this political stuff has almost brought me to wanting to get out of this business. All we're trying to do is save

I'm an oncologist; I look forward to the day when I can take care of people who only have tumors or breast cancer or leukemia. We can do something for these people to prolong their life. These are often elderly people who have had long, fulfilled lives. I look forward to the time when I don't have to see the tragedy of young men who have been healthy up until a short time ago being snatched from the



