

# Oral History Center

## HIV/AIDS in American History

### Assignments – Grade 11

September 2020

For more information on curriculum, see the [Oral History Center website](#).

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## Overview

In the assignment guidelines below, there are many references to specific narrators of oral histories, even specific sections or passages. You may want to withhold that in order to make the students do the legwork and use the search functions in the collection.

Have students look through the interviews to find evidence of the first experience of people living with AIDS, especially described in the nurses' interviews.

## Podcast Episode 1

The podcast, *First Response: AIDS and Community in San Francisco*, is about the politics of the first encounters with the AIDS epidemic in San Francisco. Read about the [7-episode podcast](#) on the Oral History Center website, including descriptions of each episode. Listen to the [podcast episodes](#) on Soundcloud.

One way to introduce this unit is to work with [Episode 1: San Francisco](#), which outlines some major themes that emerge from reading the collection. For more advanced or self-motivated students, you might want to assign listening to Episode 1 at home and discuss it with students the next day, or you might want to play a segment of it, then pause and discuss before moving to the next part of the podcast. Below are some themes that emerge from the interviews.

## Themes

Themes from podcast *Episode 1: San Francisco*, are explored in the following assignment.

What does it mean to say that "disease is political?" Do students agree/ disagree? If something is political, does that mean it's not true or that it doesn't have an existence that is independent of what we think about it?

Why is trust important when fighting a disease?

How can human suffering build community rather than incite divisions between groups of people?

How do epidemics serve as social, political, and economic tests? What institutions, laws, systems, and individuals are being tested?

What do epidemics tell us about the responsibilities of governments to protect the public?

What is the relationship between individual rights and group responsibilities in a free society?

Does one disease affect different groups differently?

How do people make sense of suffering? How do they process it?

What were some of the social and political outcomes of the epidemic?

### Assignment: Working with Themes in the HIV/AIDS Interviews

Find a passage in the interviews you are looking at for your project area that reflects any of the themes listed above.

**Goal:** Ask grade 11 students to find supporting or contrasting views from other oral histories in the collection (can be statements about the views of others as well).

### Preliminary sample assignment: AIDS campaign

It's late 1982, so experts know this is a sexually transmitted disease affecting mostly, but not exclusively, gay men. They have not discovered the virus, but they know that there is some kind of infectious agent that attacks the immune system. In groups, put together a mini-public health campaign to show the danger and cost of AIDS. What should the public health advice be?

Each group should make a poster with visual and textual information. Also, make a one-page pamphlet with information about what to do/not to do. Think carefully about audience.

**Goals:** Thinking historically; social-emotional learning; multimedia presentation; digital literacy

**Critical thinking:** How to persuade people of a course of action in the face of uncertainty. How do you maintain your authority when your scientific authority rests on expert knowledge? Is legal/ martial force an option? Is force effective?

**Where to look:** The oral histories of Selma Dritz and Mervyn Silverman would be central to this work, as they represented the public health authority for San Francisco. Richard Lee Andrews talks about the suspicion of the public health department among the gay community.

## Four Possible Assignment Topics

### Assignment 1: Women on the Front Lines: Gender, Identity, and Values

In the history of the epidemic in San Francisco, women's contributions and perspectives are less visible than those of men. They were underrepresented in the ranks of physicians and medical researchers, and they were not really among the first members of the afflicted population, as AIDS infected primarily gay men at first. However, a number of women played prominent roles in the early history of AIDS, including not only nursing professionals, but also leading AIDS researchers, physicians, and public health authorities. How did these women contribute to research and treatment around HIV/AIDS? Did their perspectives and experiences as women affect how they understood the epidemic? What are the questions you want students to

explore? For example, nursing is a historically female-dominated profession. Where did women tend to sit in hospital hierarchies? Why were nurses taking the lead on looking after the emotional and psychological wellbeing of patients in the case of AIDS? Look at the interviews with Angie Lewis and Diane Jones, nurse leaders and educators who talk about gender and race in the care of AIDS patients. The Diane Jones interview is especially helpful.

Examples of research leadership roles include Deputy Director of the San Francisco Department of Health Dr. Selma Dritz and physician and researcher Dr. Constance Wofsy [pronounced WOF-SEE]. Constance Wofsy's oral history is interesting because of her advocacy for women with AIDS and her concern with intersectionality and disease burden, i.e., how gender, race, and sexual orientation/ identity can overlap to increase susceptibility to the disease and decrease access to medical and health resources.

Other oral histories to explore:

Dr. Arthur Amman discusses research on maternal-to-fetal transmission of HIV.

Helen Schietinger on patient privacy and rights, on identity as gay woman and sympathy for patients.

Gayling Gee, Interview 1, around minute 56, on why the doctor-nurse relationship was less hierarchical than with other diseases

## Sample curriculum

### *Teaching identity*

One of the challenges teachers face is how to talk about identity in the K-12 space. Educators will have their own way of talking about this with students. In some ways, younger people are absolute experts in the problem of identity. They are living it. Tapping into that will be a key to their engagement with these stories. When we talk about identity in this context, we are not talking what men or women "really are"; we are talking about common, shared ideas about what defines the adjectives "male" and "female," and how each category of person designated male or female is expected to behave. We are talking about the very idea of the masculine or feminine as cultural conventions rather than biological essence, conventions that reduce the range of human experience and self-understanding to these two categories. With respect to these gendered categories, there is "identity," how you see yourself, and "recognition," how other people see you. When discussing how other people see you, talk about the ways in which what you are supposed to be and how you are supposed to act influences how you see yourself. What can be so challenging about teaching identity is that, for many people, the fit between how they see themselves and how others see them is close enough that it does not reveal itself as a problem at all. In fact, the norms that tell us how we should act may seem to most people

to be, no pun intended, normal. They may even seem natural. And anything that does not fit the norm of course may seem unnatural, abnormal, or possibly immoral.

How do you talk about gender and identity with your students? You might start with a discussion about how students are supposed to behave in general, and why. Then proceed to ask if there are different expectations of how to behave between boys and girls, with examples, really brainstorming and putting the answers into categories of male and female on the board or in a shared online document. Ask how boys and girls have different preferences, again with different examples. Then ask if it's possible to have some preferences from one category and some from the other, and discuss that. Then start putting names to these concepts in order to build up a common vocabulary for the project: norms, gender, sex, sexual identity, and sexual orientation. There is so much more to discuss, but this is a core on which to build. There may be students who argue that gender is a cultural reflection of the very biological essence of men and women. It's important to hear and discuss those views without erasing the identities of those who see themselves as outside of a biological, essential definition of men and women. This is a very difficult subject, and you will have to know your students and your community well before designing your approach.

But talking about identity is so important in the context of these oral histories, because many of the participants did not fit into the conventional idea or identity of "male" or "female." The narrators and the people they talk about struggled to define who they were in a way that was different from how other people and other institutions told them they should be. Even more important is the fact that this unconventional sexuality and identity in the United States of the 1980s was what made the AIDS epidemic even worse in some ways than other epidemics. This struggle between how people saw themselves and how others saw them amplified patterns of behavior seen in earlier epidemics: the exclusion, fear, hatred, blame, neglect, and judgment of the sick.

In the broad patterns of gender roles in American society at the time, sympathy and caring for others, especially the weak and vulnerable, was the cultural domain of women. Celebrations of strength, independence, and a dispassionate view of the world's troubles were more the province of masculine identity. Think of doctors as heroes in the movies, especially old movies, or in TV shows. They treat the patient with microscopes and charts; they do not hold the patient's hand and listen to their troubles. That was the nurse's job in the common stories of how men and women were supposed to act. In the 1980s, medical doctors were almost exclusively male; nurses were almost all female, or gay male, as Cliff Morrison states. All of those norms affected the narrators of these oral histories, as well as those who live with HIV/AIDS. Students will need to have some understanding of what's at stake in terms of identity

and social norms in order to do this assignment.

### *Instructor*

Read some of the following statements to the class. Although these statements are made up, they are composites of common views that were expressed and held by many people during the HIV/AIDS epidemic. Some of these attitudes are widely held today. If these statements represent a point of view, ask your students to find real points of view in the oral histories that contrast with or reinforce the views expressed here. Talk about what these views mean, and especially what they mean in the context of an epidemic. What do epidemics teach us about our values? Are these views gendered? You could set up a poll through Zoom or other online software and ask students to assign M or F to different statements as a way of talking about gender and attitudes. Hopefully, you have established a good enough rapport with your students to talk together respectfully about a wide range of opinions.

### *Statements*

“Health is a choice. If you take care of yourself, you won’t get sick most of the time. People who get sick usually have brought it on themselves through behavior: indulgence in food, drugs, alcohol, sex, or other risky behavior.”

“We have a moral, possibly a religious responsibility to care for the sick and the needy. If we start dividing people into groups of worthy or undeserving, we go down a dangerous road.”

“If you saw how these people suffer, got to know them, you would want to help them as much as you would anyone else.”

“Patients don’t know what’s good for them. I have the expertise. They should listen to me.”

“We need to listen to patients to understand their needs and try to provide for them if we can.”

### *Gender, identity, and values*

It’s quite likely that the students might say that gender makes no difference, that these statements could come from anyone. It is the 21<sup>st</sup> century. In the early 1980s, however, the United States was a much more gendered place. Presenting as something other than the gender you were assigned at birth would almost certainly lead to the loss of your job, and possibly your arrest and incarceration in a psychiatric institution. Homosexuality and “gender dysmorphia” were classified as mental illnesses. Acting according to one’s identity or sexual orientation was a criminal act in most states and was only decriminalized in California and San Francisco *seven years* before AIDS patients started arriving at area hospitals and clinics. Homosexuals in movies at the time were represented as clownish figures for comic relief, or they were cast as

dangerous psychopaths who corrupted or murdered the innocent.

Now go back to these statements, which are common-enough views, and add this layer of ostracization of the gay community. Ask the students, what kind of person was going to care for AIDS patients in that context?

### Sample assignment

From the archives, find three different perspectives on the question of gender, gender identity, and the approaches to power relationships and care taken in the early AIDS epidemic in San Francisco. Present a dramatic reading of these three voices for the classroom to tell these three stories. Be sure to introduce each voice with biographical information that is available in the interview history of each story.

Diane Jones

Clifford Morrison

Constance Wofsy

Diane Miller p. 175 (hospital context)

### *Class discussion*

What is the social position of the sick person in our society at the time? Are they celebrated? Pitied? Looked down on? Why? If you get sick, is it your fault? If it depends, how?

What was the normal arrangement for treatment of patients in a county hospital (i.e., health care for those who could not afford to pay)?

### Assignment 2: Virus Hunters: The Search for HIV

Use podcast *Episode 2: The Virus of Fear*, on not knowing.

Define the following terms: epidemiology, immunology, virology.

What constitutes evidence of disease? The symptoms of this disease were strange. Patients presented with symptoms of extremely rare diseases that only occurred in the very old or very sick. What was the pattern in the illnesses? How did doctors notice it? How did they interpret this? Was it a given that doctors would see the pattern right away? (Marcus Conant and Paul Volberding will be very important here.)

What were epidemiologists looking for?

Population: Who has it? There were conflicting reports about the origins of the disease and the scope of the infected population.

What are the symptoms?

How does what you know influence what you see? (See Arthur Amman on epidemiology vs. immunology. He describes the need in science to define something before you know exactly what it is.)

Is the science just about the imposition of expertise? (Selma Dritz on building trust with the gay community, or Marcus Conant.)

Larger political/ economic context: Don Francis. Podcast *Episode 5: The Fight for Resources*

Development of formal epidemiological studies: Andrew Moss (SF General Hospital) and Warren Winkelstein (UC Berkeley)

### Assignment 3: The Early Search for Treatments

#### Part one — Lack of support for public health

Explore the larger context of the failure of federal government to pay attention to epidemic. The interview with Don Francis contains his perspective on the government neglect of public health and scientific research on emerging diseases.

High school level: Why did Ronald Reagan cut funding for infectious disease research? What did Reagan campaign on in the 1980 election? What was the state of the economy? What is the reputation of public health? Why were people – reporters, press secretaries, celebrities – reluctant to talk about AIDS publicly?

#### *Sample assignment: Exploration debate*

Time period: fall 1983 to fall 1984

Split off into two groups. Look at the transcripts listed. One group is assigned to advocate for increasing funding for public health outreach and scientific research into the epidemic. The other group is assigned to develop arguments for the denial of increased funding. Your arguments must be consistent with the views expressed at the time. Use the AIDS timeline to orient yourselves.

**Where to look:** Don Francis on cuts to public health funding. Don Abrams and Paul Volberding on developing first protocols around treatment (without a cure). Under general resources, look at the articles by George Will, from 1987 and more recently. These are clear articulations of a

reaction to increased support of public health or primary health care.

University level: Bill Rutter on viral load, intellectual property, p. 92, research and regulatory challenges in vaccine research, 107–09.

### Part two — Public health and epidemiology: The science of patterns meets the policy of protection

The interviews with Mervyn Silverman and Selma Dritz really cover the efforts by public health authorities to slow the spread of the disease, to track down new infections and develop strategies to warn the public and end practices that contributed to the spread of the disease.

See also Marcus Conant as the interface between gay community and the biomedical community.

Write responses to any number of the following questions. Students must cite specific parts of the interviews with specific narrators.

What do you need to do to have effective public health monitoring of emerging diseases?

**Where to look:** Selma Dritz’s interview.

How do you treat a disease with no known cure? What specifically did doctors and nurses do for patients? What wasn’t working so well for AIDS patients with the ways hospitals were set up to provide care? What changed in response to the AIDS epidemic?

**Where to look:** Interviews with Clifford Morrison and Diane Jones.

### Assignment 4: Pride and Prejudice: Gay Rights vs. Collective Responsibilities in the Shadow of AIDS

Work off of existing frameworks in podcast Episodes 1 and 4.

Students can explore two aspects of the history of the epidemic. The first is the nature of the gay liberation movement. Until the 1970s and ’80s, what did society teach about the nature of homosexuality? What did it mean to be gay and out in San Francisco in the 1970s? What did they experience back home that encouraged them to come to the city? What was the city’s reputation in general? How did the general public react to the full, free expression of gay men?

**Where to look:** You will find the most material at the beginnings of the oral histories, especially of the physicians in private practice and the gay-identified narrators. Look at the fourth volume of interviews, the community physicians. Since many of the community physicians were gay themselves, they often talked about what gay liberation meant in the 1970s. Across the entire

collection, look at Conant, Andrews, Morrison, Abrams, O'Malley, Jones, and Schietinger.

The second is to see what the arrival of AIDS did to the dream of gay liberation. What was the relationship of gay men to the city public health services? What were the bath houses, and what did they mean for gay culture? Why were gay men suspicious of the calls to close the bath houses? Was the gay community unified in its opposition to the closure of the bath houses?

**Where to look:** Selma Dritz on public health for gay men in San Francisco. Mervyn Silverman on the closure of the bath houses. Richard Lee Andrews, as a gay physician and leader of Bay Area Physicians for Human Rights (BAPHR), has much to say about being caught in the middle of these debates. For the ambitious, students could explore the UCSF Library's archives of the Bay Area Reporter, a gay newspaper that reported on the closures of the bathhouses and contains a wide range of opinion on the subject, though much of it was negative. See Section 6: HIV/AIDS Resources – General. Notwithstanding the extra effort, this research would be a good counterbalance to the perspectives of Silverman and Dritz as representatives of public health authorities.

### Sample assignment

Should the bath houses be closed? It is late 1984. Two groups of students must research and articulate the cases for closing or keeping open the bath houses in San Francisco. You must cite arguments that are mentioned in the oral history or the UCSF AIDS collection.

500–750 words. State the problem. Provide evidence supporting your position according to the knowledge that was circulating at the time. Acknowledge the arguments of the other side. Argue why your position is more important and should be followed.

## Supplemental AIDS Project Information

### Citation Information

It is recommended that this oral history be cited as follows if you publish completed assignments online:

**To cite the volume:** The AIDS Epidemic in San Francisco: The Medical Response, 1981-1984, Volume III, an oral history conducted in 1992, 1993, 1994, and 1995, Regional Oral History Office, The Bancroft Library, University of California, Berkeley, 1997.

**To cite an individual interview:** Arthur J. Ammann, M.D., "Pediatric AIDS Immunologist: Advocate for the Children", an oral history conducted in 1992 and 1993 by Sally Smith Hughes, Ph.D., in The AIDS Epidemic in San Francisco: The Medical Response, 1981-1984, Volume III, Regional Oral History Office, the Bancroft Library, University of California, Berkeley, 1997.

## Original Preface to the Interviews

*What follows is the introduction to the AIDS interview series written in 1994 by James Chin, an epidemiologist at UC Berkeley's School of Public Health. This will help you and your students to get oriented with respect to the narrators interviewed and the context of the early years of the epidemic.*

As the California state epidemiologist responsible for communicable disease control from the early 1970s to the late 1980s, I had the privilege and opportunity to work with all of the participants who were interviewed for the San Francisco AIDS Oral History Project. I consider it an honor to have been asked to provide a brief introduction to the role that these individuals played in the history of AIDS in San Francisco during the early years. Before I begin, the following quote from Dr. James Curran, in a December 1984 issue of the San Francisco Chronicle sums up what has happened to all of the participants in this oral history project:

I'd like to sound more upbeat about this, but there are some unavoidable facts we need to face. AIDS is not going away. Gay men don't want to hear that. Politicians don't want to hear that. I don't like to hear that. But for many of us, AIDS could well end up being a lifelong commitment.

The first recognized cases of AIDS were reported in the Morbidity and Mortality Weekly Report (MMWR) on June 5, 1981. I recall this report vividly. A few months earlier, the Centers for Disease Control (CDC) had begun sending an advance copy of the MMWR text to state health departments. The advance text of the June 5 MMWR had a lead article on the sudden and unexplained finding of five apparently unrelated cases of *Pneumocystis carinii* pneumonia in five young gay men from Los Angeles. The MMWR text was received in my office just before our weekly Tuesday afternoon staff meeting was to start. I handed the text to Tom Ault, who was responsible for the state's venereal disease field unit and asked him to have some of our federal- or state-assigned staff in Los Angeles assist in the investigation of these cases. I remember saying to him that it may not turn out to be much of anything, but it may be the start of something. I never imagined that that something would eventually develop into a worldwide epidemic of disease and death.

In the ensuing weeks and months, it became apparent that the mysterious illness reported from Los Angeles was also present among gay men in San Francisco. From 1981 to 1984, the numbers of AIDS cases reported from San Francisco rose almost exponentially--from a handful in mid-1981 to well over 800 towards the end of 1984. The impact that AIDS has had in San Francisco is unequalled on a per capita basis anywhere in the developed world. If the AIDS prevalence rate of about one AIDS case per 1,000 population that was present in San Francisco at the end of 1984 was applied nationally, then there would have been about a quarter of a million AIDS cases

nationwide instead of the 7,000 that were actually reported. During the first few years of what was initially referred to as GRID (gay-related immune deficiency), there was general denial of the severity of this newly recognized mystery disease even in San Francisco. The enormity of the AIDS problem was first fully accepted by the gay community in San Francisco, and physicians and researchers in the city rapidly became the leading experts in the country on the medical management, prevention, and control of AIDS. In contrast to Los Angeles and New York, which also have had large concentrations of AIDS cases, the gay community in San Francisco has been more unified and organized in developing political and community support for the treatment and care of AIDS patients.

The epidemiology of AIDS, namely, that it is caused primarily by a sexually transmitted agent, was fairly well established by 1983, well before HIV was eventually isolated and etiologically linked to AIDS in 1984. Public health investigations in San Francisco, spearheaded by **Selma Dritz** in 1981 and 1982, provided much of the key epidemiologic data needed to understand the transmission and natural history of HIV infection. The more formal epidemiological studies of AIDS among gay men in San Francisco were carried out by **Andrew Moss** at San Francisco General Hospital (SFGH) and **Warren Winkelstein** at the University of California at Berkeley. All of these studies were helpful to **Mervyn Silverman** (who during this period was director of the San Francisco Department of Public Health) to support his decision in October 1984 to close the San Francisco bathhouses. Selma Dritz retired from her position with the health department in 1984, and Mervyn Silverman has moved on to become the premier HIV/AIDS frequent flier in his current position as president of the American Foundation for AIDS Research, which is now supporting studies internationally.

**Jay Levy** was an established virologist when AIDS was first detected and reported in 1981. His laboratory isolated and characterized a virus which he initially called ARV--AIDS Related Virus. He continues to play a prominent role in the quest to better understand the pathogenesis of HIV. **Herbert Perkins** was the scientific director of the Irwin Memorial Blood Bank in San Francisco during the critical period around 1982-1985 when data began accumulating to indicate that the cause of AIDS might be an infectious agent which could be transmitted via blood. Under his direction, the Irwin Memorial Blood Bank in May 1984 was the first blood bank in the country to begin routine surrogate testing of blood units for the AIDS agent using a hepatitis B core antibody test. He retired as director of Irwin Memorial in April 1993, but remains very much involved in defending the blood bank from legal suits arising from transmission of HIV via blood transfusions during the early years. **Don Francis** did not work in California during the early 1980s, but directed epidemiologic and laboratory studies on AIDS as the first head of the AIDS laboratory at CDC in Atlanta during this time period. Following his request to become more directly involved with field work and HIV/AIDS program and policy

development, he was assigned to work in my office in Berkeley in 1985. Don took an early retirement from CDC in 1992 and continues to actively work in the San Francisco Bay Area as well as nationally and internationally on the development of an AIDS vaccine.

The clinical staffs of San Francisco General Hospital and the University of California at San Francisco established the two earliest AIDS clinics in the country, and in 1983, Ward 5B at SFGH was set up exclusively for AIDS patients. In the early 1980s, **Don Abrams** and **Paul Volberding** were two young physicians who found themselves suddenly thrust into full-time care of AIDS patients, a responsibility which both are still fully involved with. As a result of their positions, experience, and dedication, both are acknowledged national and international experts on the drug treatment of HIV and AIDS patients. **Merle Sande, John Ziegler, Arthur Ammann,** and **Marcus Conant** were already well established and respected clinicians, researchers, and teachers when AIDS was first detected in San Francisco. Their subsequent work with HIV/AIDS patients and research has earned them international recognition. The **Greenspans, Deborah and John,** have established themselves as the foremost experts on the oral manifestations of HIV/AIDS, and **Constance Wofsy** is one of the leading experts on women with HIV/AIDS. There is rarely a national or international meeting or conference on AIDS where most, if not all, of these San Francisco clinical AIDS experts are not present and speaking on the program. The number of HIV/AIDS clinicians and research scientists from San Francisco invited to participate in these medical and scientific meetings usually far exceeds those from any other city in the world. All of these individuals have made tremendous contributions to the medical and dental management of HIV/AIDS patients in San Francisco and throughout the world.

As of late 1994, more than a decade since the advent of AIDS in San Francisco, Jim Curran's remark in 1984 that "...for many of us, AIDS could well end up being a lifelong commitment" has been remarkably accurate for virtually all the participants in this San Francisco AIDS Oral History Project.

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September 1994

### List of interviews

#### *Phase I: The AIDS Physician and Scientist Series, 1981-1984*

Oral histories conducted with 17 university and public health physicians, scientists, and medical administrators.

Volume I: Selma K. Dritz and Mervyn F. Silverman

Volume II: Donald I. Abrams, Marcus A. Conant, and Andrew R. Moss

Volume III: Arthur J. Ammann, Paul A. Volberding, and Constance B. Wofsy

Volume IV: Donald P. Francis, Merle A. Sande, and John L. Ziegler

Volume V: Herbert A. Perkins

Volume VI: Deborah S. Greenspan and John S. Greenspan

Volume VII: Warren Winkelstein, Jr.

Volume VIII: Jay A. Levy

*Phase 2: The AIDS Nurses Series*

Interviews with 8 nurses, one hospital administrator, and one medical journalist at UCSF, San Francisco General Hospital, and the Visiting Nurses Association.

Volume I: Michael J. Helquist, Jeanne Parker Martin, and Helen K. Schietinger

Volume II: Gary Stephen Carr and Angie Lewis

Volume III: Diane Jones and Clifford L. Morrison

Volume IV: Gayling Gee, Grace I. Lusby, and Diane Miller

*Phase 3: The AIDS Community Physicians Series*

Interviews with medical practitioners who had large HIV practices in San Francisco and/or significant roles in early AIDS politics.

Volume I: Richard Lee Andrews, James M. Campbell, and James R. Groundwater

Volume II: Paul Monahan O'Malley and Stephen E. Follansbee

Volume III: Robert K. Bolan and William F. Owen, Jr.