

DISCUSSION

1. What is Sallie Tisdale's opinion about abortion? What was her goal in writing the essay? Does her essay imply that she is conflicted about her job?
2. Do you feel Tisdale should have provided the graphic description of an abortion that she does? How does this account affect your own views on abortion? What does its inclusion suggest about Tisdale's own stance?
3. According to Tisdale, to what extent do the workers at her clinic engage the ethical issues related to abortion on a day-to-day basis? How does their work affect their lives?

Randy Shilts / Talking AIDS to Death

Esquire, March 1989

While the number of reported cases of AIDS (acquired immune deficiency syndrome) continues to rise steadily, the amount of media coverage of the epidemic has declined over the last several years. Our response as a society to this disease will determine the future of millions of Americans, both those who have tested positive for AIDS and those who might avert infection if properly educated. The nature of this response will, in turn, be determined by the amount and accuracy of press stories related to AIDS. "Talking AIDS to Death" raises grave questions about the current state of the media and their ineffectiveness in reporting on the deadly disease.

*Randy Shilts is national correspondent of the San Francisco Chronicle. His book, *And the Band Played On: Politics, People, and the AIDS Epidemic*, (1987), was an internationally acclaimed bestseller which documented the inability of government, public health organizations, and the scientific establishment to deal effectively with the crisis. "Talking AIDS to Death" first appeared in Esquire.*

I'M TALKING TO my friend Kit Herman when I notice a barely perceptible spot on the left side of his face. Slowly, it grows up his cheekbone, down to his chin, and forward to his mouth. He talks on cheerfully, as if nothing is wrong, and I'm amazed that I'm able to smile and chat on, too, as if nothing were there. His eyes become sunken; his hair turns gray; his ear is turning purple now, swelling into a carcinomatous cauliflower, and still we talk on. He's dying in front of me. He'll be dead soon if nothing is done.

Dead soon if nothing is done.

"Excuse me, Mr. Shilts, I asked if you are absolutely sure, if you can categorically state that you definitely cannot get AIDS from a mosquito."

I forget the early-morning nightmare and shift into my canned response. All my responses are canned now. I'm an AIDS talk-show jukebox. Press the button, any button on the AIDS question list, and I have my canned answer ready. Is this Chicago or Detroit?

"Of course you can get AIDS from a mosquito," I begin.

Here I pause for dramatic effect. In that brief moment, I can almost hear the caller murmur, "I knew it."

"If you have unprotected anal intercourse with an infected mosquito, you'll get AIDS," I continue. "Anything short of that and you won't."

The talk-show host likes the answer. All the talk-show hosts like my answers because they're short, punchy, and to the point. Not like those boring doctors with long recitations of scientific studies so overwritten with maybes and qualifiers that they frighten more than they reassure an AIDS-hysteria public. I give good interview, talk-show producers agree. It's amazing, they say, how I always stay so cool and never lose my temper.

"Mr. Shilts, has there ever been a case of anyone getting AIDS from a gay waiter?"

"In San Francisco, I don't think they allow heterosexuals to be waiters. This fact proves absolutely that if you could get AIDS from a gay waiter, all northern California would be dead by now."

I gave that same answer once on a Bay Area talk show, and my caller, by the sound of her a little old lady, quickly rejoined, "What if that gay waiter took my salad back into the kitchen and ejaculated into my salad dressing? Couldn't I get AIDS then?"

I didn't have a pat answer for that one, and I still wonder at what this elderly caller thought went on in the kitchens of San Francisco restaurants. Fortunately, this morning's phone-in—in Chicago, it turned out—is not as imaginative.

"You know, your question reminds me of a joke we had in California a couple of years back," I told the caller. "How many heterosexual waiters in San Francisco does it take to screw in a light bulb? The answer is both of them."

The host laughs, the caller is silent. Next comes the obligatory question about whether AIDS can be spread through coughing.

I had written a book to change the world, and here I was on talk shows throughout America, answering questions about mosquitoes and gay waiters.

This wasn't exactly what I had envisioned when I began writing *And the Band Played On*. I had hoped to effect some fundamental changes. I really believed I could alter the performance of the institutions that had allowed AIDS to sweep through America unchecked.

AIDS had spread, my book attested, because politicians, particularly those in charge of federal-level response, had viewed the disease as a political issue, not an issue of public health—they deprived researchers of anything near the resources that were needed to fight it. AIDS had spread because government health officials consistently lied to the American people about the need for more funds, being more concerned with satisfying their political bosses and protecting their own jobs than with telling the truth and protecting the public health. And AIDS had spread because indolent news organizations shunned their responsibility to provide tough, adversarial reportage, instead basing stories largely on the Official Truth of government press releases. The response to AIDS was never even remotely commensurate with the scope of the problem.

I figured the federal government, finally exposed, would stumble over itself to accelerate the pace of AIDS research and put AIDS prevention programs on an emergency footing. Once publicly embarrassed by the revelations of its years of shameful neglect, the media would launch serious investigative reporting on the epidemic. Health officials would step forward and finally lay bare the truth about how official disregard had cost this country hundreds of thousands of lives. And it would never happen again.

I was stunned by the "success" of my book. I quickly acquired all the trappings of bestsellerdom: *60 Minutes* coverage of my "startling" revelations, a Book-of-the-Month Club contract, a miniseries deal with NBC, translation into six languages, book tours on three continents, featured roles in movie-star-studded AIDS fund raisers, regular appearances on network news shows, and hefty fees on the

college lecture circuit. A central figure in my book became one of *People* magazine's "25 Most Intriguing People of 1987," even though he had been dead for nearly four years, and the *Los Angeles Herald Examiner* pronounced me one of the "in" authors of 1988. The mayor of San Francisco even proclaimed my birthday last year "Randy Shilts Day."

And one warm summer day as I was sunning at a gay resort in the redwoods north of San Francisco, a well-toned, perfectly tanned young man slid into a chaise next to me and offered the ultimate testimony to my fifteen minutes of fame. His dark eyelashes rising and falling shyly, he whispered, "When I saw you on *Good Morning America* a couple weeks ago, I wondered what it would be like to go to bed with you."

"You're the world's first AIDS celebrity," enthused a friend at the World Health Organization, after hearing one of WHO's most eminent AIDS authorities say he would grant me an interview on one condition—that I autograph his copy of my book. "It must be great," he said.

It's not so great.

The bitter irony is, my role as an AIDS celebrity just gives me a more elevated promontory from which to watch the world make the same mistakes in the handling of the AIDS epidemic that I had hoped my work would help to change. When I return from network tapings and celebrity glad-handing, I come back to my home in San Francisco's gay community and see friends dying. The lesions spread from their cheeks to cover their faces, their hair falls out, they die slowly, horribly, and sometimes suddenly, before anybody has a chance to know they're sick. They die in my arms and in my dreams, and nothing at all has changed.

Never before have I succeeded so well; never before have I failed so miserably.

I gave my first speech on the college lecture circuit at the University of California at Los Angeles in January 1988. I told the audience that there were 50,000 diagnosed AIDS cases in the United States as of that week and that within a few months there would be more people suffering from this deadly disease in the United States than there were Americans killed during the Vietnam War. There were audible gasps. During the question-and-answer session, several students explained that they had heard that the number of AIDS cases in America was leveling off.

In the next speech, at the University of Tennessee, I decided to correct such misapprehension by adding the federal government's projection—the 270,000 expected to be dead or dying from AIDS in 1991, when the disease would kill more people than any single form of cancer, more than car accidents. When I spoke at St. Cloud State University in Minnesota three months later, I noted that the number of American AIDS cases had that week surpassed the Vietnam benchmark. The reaction was more a troubled murmur than a gasp.

By the time I spoke at New York City's New School for Social Research in June and there were 65,000 AIDS cases nationally, the numbers were changing so fast that the constant editing made my notes difficult to read. By then as many 1,000 Americans a week were learning that they, too, had AIDS, or on the average, about one every fourteen minutes. There were new government projections to report, too: by 1993, some 450,000 Americans would be diagnosed with AIDS. In that year, one American will be diagnosed with the disease every thirty-six seconds. Again, I heard the gasps.

For my talks at a hospital administrators' conference in Washington in August, I started using little yellow stick-ons to update the numbers on my outline. That made it easier to read; there were now 72,000 AIDS cases. Probably this month, or next, I'll tell another college audience that the nation's AIDS case load has topped 100,000, and there will be gasps again.

The gasps always amaze me. Why are they surprised? In epidemics, people get sick and die. That's what epidemics do to people and that's why epidemics are bad.

When Kit Herman was diagnosed with AIDS on May 13, 1986, his doctor leaned over his hospital bed, took his hand, and assured him, "Don't worry, you're in time for AZT." The drug worked so well that all Kit's friends let themselves think he might make it. And we were bolstered by the National Institutes of Health's assurance that AZT was only the first generation of AIDS drugs, and that the hundreds of millions of federal dollars going into AIDS treatment research meant there would soon be a second and third generation of treatments to sustain life beyond AZT's effectiveness. Surely nothing was more important, considering the federal government's own estimates that between 1 and 1.5 million Americans were infected with the Human Immunodeficiency Virus (HIV), and virtually all would die within the next decade if nothing was done. The new drugs, the NIH assured everyone, were "in the pipeline," and government scientists were working as fast as they possibly could.

Despite my nagging, not one of dozens of public-affairs-show producers chose to look seriously into the development of those long-sought second and third generations of AIDS drugs. In fact, clinical trials of AIDS drugs were hopelessly stalled in the morass of bureaucracy at the NIH, but this story tip never seemed to cut it with producers. Clinical trials were not sexy. Clinical trials were boring.

I made my third *Nightline* appearance in January 1988 because new estimates had been released revealing that one in sixty-one babies born in New York City carried antibodies to the AIDS virus. And the link between those babies and the disease was intravenous drug use by one or both parents. Suddenly, junkies had become the group most likely to catch and spread AIDS through the heterosexual community. Free needles to junkies—now there was a sizzling television topic. I told the show's producers I'd talk about that, but that I was much more interested in the issue of AIDS treatments—which seemed most relevant to the night's program, since Ted Koppel's other guest was Dr. Anthony Fauci, associate NIH director for AIDS, and the Reagan administration's most visible AIDS official.

After fifteen minutes of talk on the ins and outs and pros and cons of free needles for intravenous drug users, I raised the subject of the pressing need for AIDS treatments. Koppel asked Fauci what was happening. The doctor launched into a discussion of treatments "in the pipeline" and how government scientists were working as fast as they possibly could.

I'd heard the same words from NIH officials for three years: drugs were in the pipeline. Maybe it was true, but when were they going to come out of their goddamn pipeline? Before I could formulate a polite retort to Fauci's stall, however, the segment was over, Ted was thanking us, and the red light on the camera had blipped off. Everyone seemed satisfied that the government was doing everything it possibly could to develop AIDS treatments.

Three months later, I was reading a week-old *New York Times* in Kit's room in the AIDS ward at San Francisco General Hospital. It was April, nearly two years after my friend's AIDS diagnosis. AZT had given him two years of nearly perfect health, but now its effect was wearing off, and Kit had suffered his first major AIDS related infection since his original bout with pneumonia—cryptococcal meningitis. The meningitis could be treated, we all knew, but the discovery of this insidious brain infection meant more diseases were likely to follow. And the long-promised second and third generations of AIDS drugs were still nowhere on the horizon.

While perusing the worn copy of the *Times*, I saw a story about Dr. Fauci's testimony at a congressional hearing. After making Fauci swear an oath to tell the

truth, a subcommittee headed by Congressman Ted Weiss of New York City asked why it was taking so long to get new AIDS treatments into testing at a time when Congress was putting hundreds of millions of dollars into NIH budgets for just such purposes. At first Fauci talked about unavoidable delays. He claimed government scientists were working as fast as they could. Pressed harder, he finally admitted that the problem stemmed "almost exclusively" from the lack of staffing in his agency. Congress had allocated funds, it was true, but the Reagan administration had gotten around spending the money by stingily refusing to let Fauci hire anybody. Fauci had requested 127 positions to speed the development of AIDS treatments; the administration had granted him eleven. And for a year, he had not told anyone. For a year, this spokesman for the public health answered reporters that AIDS drugs were in the pipeline and that government scientists had all the money they needed. It seemed that only when faced with the penalty of perjury would one of the administration's top AIDS officials tell the truth. That was the real story, I thought, but for some reason nobody else had picked up on it.

At the international AIDS conference in Stockholm two months later, the other reporters in "the AIDS pack" congratulated me on my success and asked what I was working on now. I admitted that I was too busy promoting the British and German release of my book to do much writing myself, and next month I had the Australian tour. But if I *were* reporting, I added with a vaguely conspiratorial tone, *I'd* look at the *scandal* in the NIH. Nobody had picked up that *New York Times* story from a few months ago about staffing shortages on AIDS clinical trials. The lives of 1.5 million HIV-infected Americans hung in the balance, and the only way you could get a straight answer out of an administration AIDS official was to put him under oath and make him face the charge of perjury. Where I went to journalism school, *that* was a news story.

One reporter responded to my tip with the question "But who's going to play *you* in the miniseries?"

A few minutes later, when Dr. Fauci came into the press room, the world's leading AIDS journalists got back to the serious business of transcribing his remarks. Nobody asked him if he was actually telling the truth, or whether they should put him under oath to ensure a candid response to questions about when we'd get AIDS treatments. Most of the subsequent news accounts of Dr. Fauci's comments faithfully reported that many AIDS treatments were in the pipeline. Government scientists, he said once more, were doing all they possibly could.

The producer assured my publisher that Morton Downey, Jr., would be "serious" about AIDS. "He's not going to play games on this issue," the producer said, adding solemnly, "His brother has AIDS. He understands the need for compassion." The abundance of Mr. Downey's compassion was implicit in the night's call-in poll question: "Should all people with AIDS be quarantined?"

Downey's first question to me was, "You *are* a homosexual, aren't you?"

He wasn't ready for my canned answer: "Why do you ask? Do you want a date or something?"

The show shifted into an earnest discussion of quarantine. In his television studio, Clearasil-addled high school students from suburban New Jersey held up MORTON DOWNEY FAN CLUB signs and cheered aggressively when the truculent, chain-smoking host appeared to favor a kind of homespun AIDS Auschwitz. The youths shouted down any audience member who stepped forward to defend the rights of AIDS sufferers, their howls growing particularly vitriolic if the speakers were gay. These kids were the ilk from which Hitler drew his Nazi youth. In the first commercial break, the other guest, an AIDS activist, and I told Downey we would walk off the show if he didn't tone down his gay-baiting rhetoric. Smiling

amiably, Downey took a long drag on his cigarette and assured us, "Don't worry, I have a fallback position."

That comment provided one of the most lucid moments in my year as an AIDS celebrity. Downey's "fallback position," it was clear, was the opposite of what he was promoting on the air. Of course, he didn't *really* believe that people with AIDS, people like his brother, should all be locked up. This was merely a deliciously provocative posture to exploit the working-class resentments of people who needed someone to hate. AIDS sufferers and gays would do for this week. Next week, if viewership dropped and Downey needed a new whipping boy, maybe he'd move on to Arabs, maybe Jews. It didn't seem to matter much to him, since he didn't believe what he was saying anyway. For Morton Downey, Jr., talking about AIDS was not an act of conscience; it was a ratings ploy. He knew it, he let his guests know it, his producers certainly knew it, and his television station knew it. The only people left out of the joke were his audience.

The organizers of the Desert AIDS Project had enlisted actor Kirk Douglas and CBS morning anchor Kathleen Sullivan to be honorary co-chairs of the Palm Springs fund raiser. The main events would include a celebrity tennis match pitting Douglas against Mayor Sonny Bono, and a \$1,500-a-head dinner at which I would receive a Lucite plaque for my contributions to the fight against AIDS. The next morning I would fly to L.A. to speak at still another event, this one with Shirley MacLaine, Valerie Harper, and Susan Dey of *L.A. Law*.

The desert night was exquisite. There were 130 dinner guests, the personification of elegance and confidence, who gathered on a magnificent patio of chocolate-brown Arizona flagstone at the home of one of Palm Spring's most celebrated interior designers. A lot of people had come simply to see what was regarded as one of the most sumptuous dwellings in this sumptuous town.

When I was called to accept my reward, I began with the same lineup of jokes I use on talk shows and on the college lecture circuit. They work every time.

I told the crowd about how you get AIDS from a mosquito.

Kirk Douglas laughed; everybody laughed.

Next, I did the how-many-gay-waiters joke.

Kirk Douglas laughed; everybody laughed.

Then I mentioned the woman who asked whether she could get AIDS from a waiter ejaculating in her salad dressing.

That one always has my college audiences rolling in the aisles, so I paused for the expected hilarity.

But in the utter stillness of the desert night air, all that could be heard was the sound of Kirk Douglas's steel jaw dropping to the magnificent patio of chocolate-brown Arizona flagstone. The rest was silence.

"You've got to remember that most of these people came because they're my clients," the host confided later. "You said that, and all I could think was how I'd have to go back to stitching slipcovers when this was done."

It turned out that there was more to my lead-balloon remark than a misjudged audience. Local AIDS organizers told me that a year earlier, a rumor that one of Palm Springs's most popular restaurants was owned by a homosexual, and that most of its waiters were gay, had terrified the elite community. Patronage at the eatery quickly plummeted, and it had nearly gone out of business. Fears that I dismissed as laughable were the genuine concerns of my audience, I realized. My San Francisco joke was a Palm Springs fable.

As I watched the busboys clear the tables later that night, I made a mental note not to tell that joke before dinner again. Never had I seen so many uneaten salads, so much wasted iceberg lettuce.

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A friend had just tested antibody positive, and I was doing my best to cheer him up as we ambled down the sidewalk toward a Castro Street restaurant a few blocks from where I live in San Francisco. It seems most of my conversations now have to do with who has tested positive or lucked out and turned up negative, or who is too afraid to be tested. We had parked our car near Coming Home, the local hospice for AIDS patients and others suffering from terminal illnesses, and as we stepped around a nondescript, powder-blue van that blocked our path, two men in white uniforms emerged from the hospice's side door. They carried a stretcher, and on the stretcher was a corpse, neatly wrapped in a royal-blue blanket and secured with navy-blue straps. My friend and I stopped walking. The men quickly guided the stretcher into the back of the van, climbed in the front doors, and drove away. We continued our walk but didn't say anything.

I wondered if the corpse was someone I had known. I'd find out Thursday when the weekly gay paper came out. Every week there are at least two pages filled with obituaries of the previous week's departed. Each week, when I turn to those pages, I hold my breath, wondering whose picture I'll see. It's the only way to keep track, what with so many people dying.

Sometimes I wonder if an aberrant mother or two going to mass at the Most Holy Redeemer Church across the street from Coming Home Hospice has ever warned a child, "That's where you'll end up if you don't obey God's law." Or whether some youngster, feeling that first awareness of a different sexuality, has looked at the doorway of this modern charnel house with an awesome, gnawing dread of annihilation.

"Is the limousine here? Where are the dancers?"

The room fell silent. Blake Rothaus had sounded coherent until that moment, but he was near death now and his brain was going. We were gathered around his bed in a small frame house on a dusty street in Oklahoma City. The twenty-four-year-old was frail and connected to life through a web of clear plastic tubing. He stared up at us and seemed to recognize from our looks that he had lapsed into dementia. A friend broke the uncomfortable silence.

"Of course, we all brought our dancing shoes," he said. "Nice fashionable pumps at that. I wouldn't go out without them."

Everyone laughed and Blake Rothaus was lucid again.

Blake had gone to high school in a San Francisco suburb. When he was a sophomore, he told us, he and his best friend sometimes skipped school, sneaking to the city to spend their afternoons in the gay neighborhood around Castro Street.

It's a common sight, suburban teenagers playing hooky on Castro Street. I could easily imagine him standing on a corner not far from my house. But back in 1982, when he was eighteen, I was already writing about a mysterious, unnamed disease that had claimed 330 victims in the United States.

Blake moved back to Oklahoma City with his family after he graduated from high school. When he fell ill with AIDS, he didn't mope. Instead, he started pestering Oklahoma health officials with demands to educate people about this disease and to provide services for the sick. The state health department didn't recoil. At the age of twenty-two, Blake Rothaus had become the one-man nucleus for Oklahoma's first AIDS patient services. He was the hero of the Sooner State's AIDS movement and something of a local legend.

Though the state had reported only 250 AIDS cases, Oklahoma City had a well-coordinated network of religious leaders, social workers, health-care providers, gay-rights advocates, state legislators, and businessmen, all committed to providing a sane and humane response to this frightening new disease.

"I think it's the old Dust Bowl mentality," suggested one AIDS organizer. "When the hard times come, people pull together."

My past year's travels to twenty-nine states and talks with literally thousands

of people have convinced me of one thing about this country and AIDS: most Americans want to do the right thing about this epidemic. Some might worry about mosquitoes and a few may be suspicious of their salad dressing. But beyond these fears is a reservoir of compassion and concern that goes vastly underreported by a media that needs conflict and heartlessness to fashion a good news hook.

In Kalamazoo, Michigan, when I visited my stepmother, I was buttonholed by a dozen middle-aged women who wondered anxiously whether we were any closer to a vaccine or a long-term treatment. One mentioned a hemophiliac nephew. Another had a gay brother in Chicago. A third went to a gay hairdresser who, she quickly added, was one of the finest people you'd ever meet. When I returned to my conservative hometown of Aurora, Illinois, nestled among endless fields of corn and soy, the local health department told me they receive more calls than they know what to do with from women's groups, parishes, and community organizations that want to do something to help. In New Orleans, the archconservative, pro-nuke, anti-gay bishop had taken up the founding of an AIDS hospice as a personal mission because, he said, when people are sick, you've got to help them out.

Scientists, reporters, and politicians privately tell me that of course *they* want to do more about AIDS, but they have to think about the Morton Downeys of the world, who argue that too much research or too much news space or too much official sympathy is being meted out to a bunch of miscreants. They do as much as they can, they insist; more would rile the resentments of the masses. So the institutions fumble along, convinced they must pander to the lowest common denominator, while the women and men of America's heartland pull me aside to fret about a dying cousin or co-worker and to plead, "When will there be a cure? When will this be over?"

"I think I'll make it through this time," Kit said to me, "but I don't have it in me to go through it again."

We were in room 3 in San Francisco General Hospital's ward 5A, the AIDS ward. The poplar trees outside Kit's window were losing their leaves, and the first winter's chill was settling over the city. I was preparing to leave for my fourth and, I hoped, final media tour, this time for release of the book in paperback and on audiocassette; Kit was preparing to die.

The seizures had started a week earlier, indicating he was suffering either from toxoplasmosis, caused by a gluttonous protozoa that sets up housekeeping in the brain; or perhaps it was a relapse of cryptococcal meningitis; or, another specialist guessed, it could be one of those other nasty brain infections that nobody had seen much of until the past year. Now that AIDS patients were living longer, they fell victim to even more exotic infections than in the early days. But the seizures were only part of it. Kit had slowly been losing the sight in his left eye to a herpes infection. And the Kaposi's sarcoma lesions that had scarred his face were beginning to coat the inside of his lungs. When Kit mentioned he'd like to live until Christmas, the doctors said he might want to consider having an early celebration this year, because he wasn't going to be alive in December.

"I can't take another infection," Kit said.

"What does that mean?"

"Morphine," Kit answered, adding mischievously, "lots of it."

We talked briefly about the mechanics of suicide. We both knew people who'd made a mess of it, and people who had done it right. It was hardly the first time the subject had come up in conversation for either of us. Gay men facing AIDS now exchange formulas for suicide as casually as housewives swap recipes for chocolate-chip cookies.

Kit was released from the hospital a few days later. He had decided to take his life on a Tuesday morning. I had to give my first round of interviews in Los

Angeles that day, so I stopped on the way to the airport to say goodbye on Monday. All day Tuesday, while I gave my perfectly formed sound bites in a round of network radio appearances, I wondered: Is this the moment he's slipping out of consciousness and into that perfect darkness? When I called that night, it turned out he'd delayed his suicide until Thursday to talk to a few more relatives. I had to give a speech in Portland that day, so on the way to the airport I stopped again. He showed me the amber-brown bottle with the bubble-gum-pink morphine syrup, and we said another goodbye.

The next morning, Kit drank his morphine and fell into a deep sleep. That afternoon, he awoke and drowsily asked what time it was. When told it was five hours later, he murmured, "That's amazing. I should have been dead hours ago."

And then he went back to sleep.

That night, Kit woke up again.

"You know what they say about near-death experiences?" he asked. "Going toward the light?"

Shaking his head, he sighed, "No light. Nothing."

His suicide attempt a failure, Kit decided the timing of his death would now be up to God. I kept up on the bizarre sequence of events by phone and called as soon as I got back to San Francisco. I was going to tell Kit that his theme song should be "Never Can Say Goodbye," but then the person on the other end of the phone told me that Kit had lapsed into a coma.

The next morning, he died.

Kit's death was like everything about AIDS—anticlimactic. By the time he actually did die, I was almost beyond feeling.

The next day, I flew to Boston for the start of the paperback tour, my heart torn between rage and sorrow. All week, as I was chauffeured to my appearances on *Good Morning America*, *Larry King Live*, and various CNN shows, I kept thinking, it's all going to break. I'm going to be on a TV show with some officious government health spokesman lying to protect his job, and I'm going to start shouting, "You lying son of a bitch. Don't you know there are people, real people, people I love out there dying?" Or I'll be on a call-in show and another mother will phone about her thirty-seven-year-old son who just died and it will hit me all at once, and I'll start weeping.

But day after day as the tour went on, no matter how many official lies I heard and how many grieving mothers I talked to, the crack-up never occurred. All my answers came out rationally in tight little sound bites about institutional barriers to AIDS treatments and projections about 1993 case loads.

By the last day of the tour, when a limousine picked me up at my Beverly Hills hotel for my last round of satellite TV interviews, I knew I had to stop. In a few weeks I'd return to being national correspondent for the *Chronicle*, and it was time to get off the AIDS celebrity circuit, end the interviews and decline the invitations to the star-studded fund raisers, and get back to work as a newspaper reporter. That afternoon, there was just one last radio interview to a call-in show in the San Fernando Valley, and then it would be over.

The first caller asked why his tax money should go toward funding an AIDS cure when people got the disease through their own misdeeds.

I used my standard jukebox answer about how most cancer cases are linked to people's behavior but that nobody ever suggested we stop trying to find a cure for cancer.

A second caller phoned to ask why her tax money should go to finding an AIDS cure when these people clearly deserved what they got.

I calmly put a new spin on the same answer, saying in America you usually don't sentence people to die for having a different lifestyle from yours.

Then a third caller phoned in to say that he didn't care if all those queers and

junkies died, as did a fourth and fifth and sixth caller. By then I was shouting. "You stupid bigot. You just want to kill off everybody you don't like. You god-damn Nazi."

The talk-show host sat in stunned silence. She'd heard I was so *reasonable*. My anger baited the audience further, and the seventh and eighth callers began talking about "you guys," as if only a faggot like myself could give a shit about whether AIDS patients all dropped dead tomorrow.

In their voices, I heard the reporters asking polite questions of NIH officials. Of course, they had to be polite to the government doctors; dying queers weren't anything to lose your temper over. I heard the dissembling NIH researchers go home to their wives at night, complain about the lack of personnel, and shrug; this was just how it was going to have to be for a while. They'd excuse their inaction by telling themselves that if they went public and lost their jobs, worse people would replace them. It was best to go along. But how would they feel if *their* friends, *their* daughters, were dying of this disease? Would they be silent—or would they shout? Maybe they'll forgive me for suspecting they believed that ultimately a bunch of fags weren't worth losing a job over. And when I got home, I was going to have to watch my friends get shoved into powder-blue vans, and it wasn't going to change.

The history of the AIDS epidemic, of yesterday and of today, was echoing in the voices of those callers. And I was screaming at them, and the show host just sat there stunned, and I realized I had rendered my self utterly and completely inarticulate.

I stopped, took a deep breath, and returned to compound-complex sentences about the American tradition of compassion and the overriding need to overcome institutional barriers to AIDS treatments.

When I got home to San Francisco that night, I looked over some notes I had taken from a conversation I'd had with Kit during his last stay in the hospital. I was carping about how frustrated I was at the prospect of returning to my reporting job. If an internationally acclaimed best seller hadn't done shit to change the world, what good would mere newspaper stories do?

"The limits of information," Kit said. "There's been a lot written on it."

"Oh," I said.

Kit closed his eyes briefly and faded into sleep while plastic tubes fed him a cornucopia of antibiotics. After five minutes, he stirred, looked up, and added, as if we had never stopped talking, "But you don't really have a choice. You've got to keep on doing it. What else are you going to do?"

DISCUSSION QUESTIONS

1. What factors, according to Randy Shilts, are responsible for the spread of AIDS in the United States? Why did the U.S. government not provide greater funding for AIDS research once the disease had become an epidemic?
2. Account for the difference between the two statements made by Dr. Anthony Fauci of the National Institutes of Health before a congressional committee and on "Nightline," respectively? Why, according to Shilts, was the *New York Times* the only major newspaper to pick up the story about Fauci's testimony?
3. Consider Shilts's recollection of his appearance on the "Morton Downey, Jr., Show." What was the host's attitude toward the AIDS epidemic? Is Downey's attitude representative of a more general attitude existing within the American media?