

HIV/AIDS Timeline

1960s

HIV moved out of Congo as a result of increased trucking transportation across Central and East African highways and growing numbers of sex workers at truck stops.

HIV also moved from Africa to the Caribbean.

HIV/AIDS Timeline

1970s

HIV moved from the Caribbean to the US.

Sporadic cases of AIDS occurred in the US but were not recognized as a clinical syndrome.

Human retroviruses were discovered and the unique means by which retroviruses replicate was understood.

HIV/AIDS Timeline

1980

A new clinical syndrome was recognized in gay men in SF, LA and NYC: severe immunodeficiency, Kaposi's sarcoma, and opportunistic infections (life-threatening bacterial and fungal infections that don't occur in people with healthy immune systems).

1981

Cohorts of gay men with this syndrome were reported in the medical literature.

By the end of the year, the CDC had identified 270 people with this syndrome, called GRID.

HIV/AIDS Timeline

1982

This same syndrome was recognized in heterosexual partners of IDUs, heterosexual Haitians, and recipients of blood transfusions.

1983

A retrovirus (ultimately named HIV) was isolated from AIDS patients and proved to be the causative agent of AIDS.

Cases of AIDS were discovered in Africans.

Gay men in SF and NYC formed groups to advocate for medical treatment and against discrimination.

HIV/AIDS Timeline

1984

A diagnostic HIV antibody test became widely available, and people at risk began being tested for infection.

1985

Rock Hudson, famous movie actor and close friend of US president Ronald Reagan was outed as having AIDS.

Reagan began to talk about AIDS, and NIH stepped up funding for treatment research.

HIV/AIDS Timeline

1986

The first antiretroviral drug, AZT, demonstrated clinical efficacy in a randomized trial.

1987

AZT became widely available in the US, even before the FDA approved the drug.

AIDS Coalition to Unleash Power formed, demanding more government funding to develop HIV treatment and expedited access to new drugs.

HIV/AIDS Timeline

1988-1996

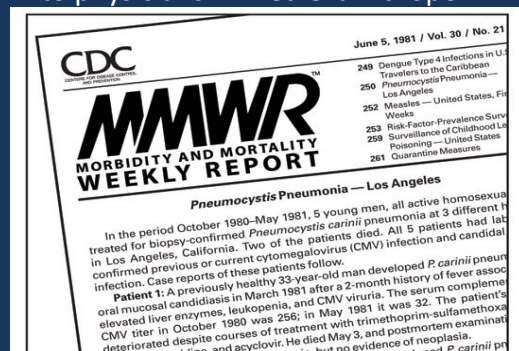
NIH funding for HIV/AIDS research accelerated. New drug development and access to treatment proceeded, but with little effect on mortality or morbidity. In 1996, effective three-drug antiretroviral regimens became widely available, resulting in a marked decrease in mortality and opportunistic infections.

WHO Global Estimates

People living with HIV	37 million
New HIV infections in 2015	2.1 million
Deaths due to AIDS in 2015	1.1 million
<i>Cumulative AIDS deaths</i>	<i>36 million</i>
<i>WW I/II military deaths</i>	<i>32 million</i>

What made the first decade of the AIDS epidemic uniquely challenging for physicians?

At the onset we were trying to manage a fatal disease as mysterious as bubonic plague was to physicians in medieval Europe



Activist demands



Potential risk for clinicians from exposure



Coping with young people dying on a massive scale



HELPLESS

June 5, 1981 / Vol. 30 / No. 21

CDC
MORBIDITY AND MORTALITY WEEKLY REPORT

- 249 Dengue Type 4 Infections in U.S. Travelers to the Caribbean
- 250 Pneumocystis Pneumonia—Los Angeles
- 252 Measles—United States, First Weeks
- 253 Risk-Factor-Prevalence Survey
- 259 Surveillance of Childhood Lead Poisoning—United States
- 261 Quarantine Measures

Pneumocystis Pneumonia—Los Angeles

In the period October 1980–May 1981, 5 young men, all active homosexuals treated for biopsy-confirmed *Pneumocystis carinii* pneumonia at 3 different times in Los Angeles, California. Two of the patients died. All 5 patients had latent infection previous or current cytomegalovirus (CMV) infection and candidal infection. Case reports of these patients follow.

Patient 1: A previously healthy 33-year-old man developed *P. carinii* pneumonia in March 1981 after a 2-month history of fever associated with elevated liver enzymes, leukopenia, and CMV viremia. The patient's serum complemented oral mucosal candidiasis in March 1981. The patient's serum complemented elevated liver enzymes, leukopenia, and CMV viremia. The patient's CMV titer in October 1980 was 256; in May 1981 it was 32. The patient's condition deteriorated despite courses of treatment with trimethoprim-sulfamethoxazole, zalcitabine, and acyclovir. He died May 3, and postmortem examination developed *P. carinii* pneumonia.

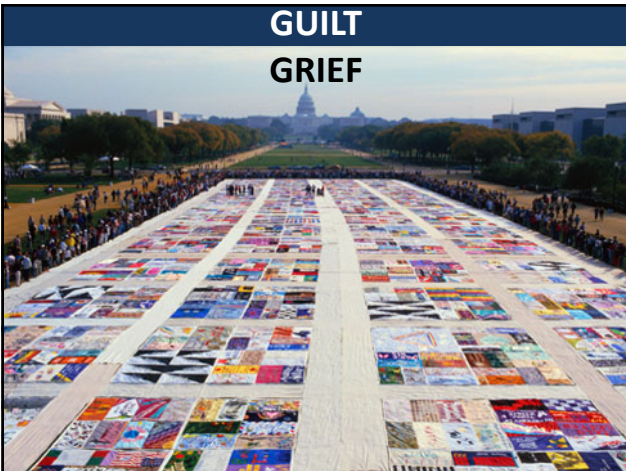
**WE SHARED THEIR ANGER AT GOVERNMENT
BUT WERE DEFENSIVE WHEN WE WERE THE
TARGETS**



FEAR FOR OUR OWN SAFETY



**GUILT
GRIEF**

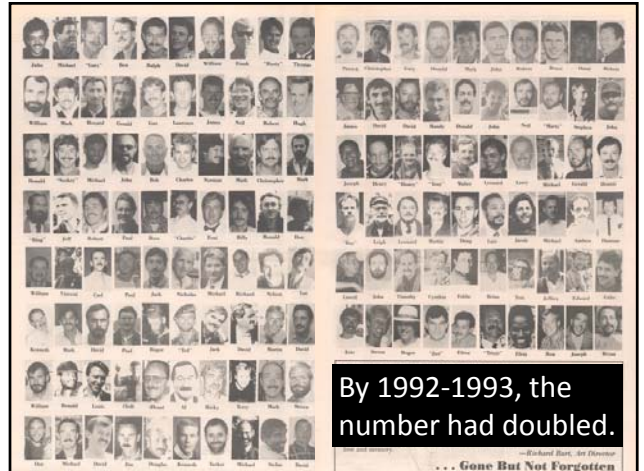
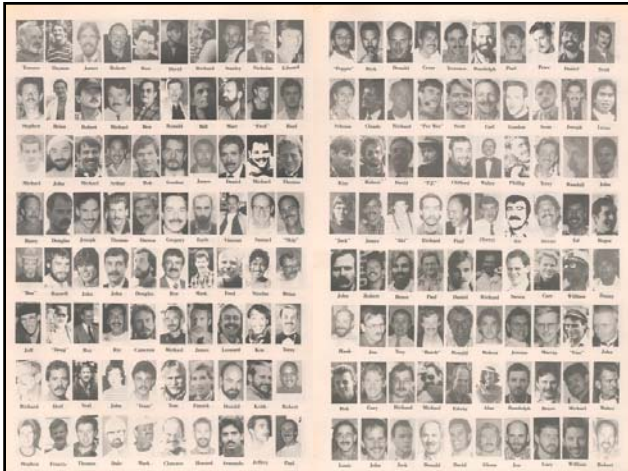


Obituaries in the Bay Area Reporter

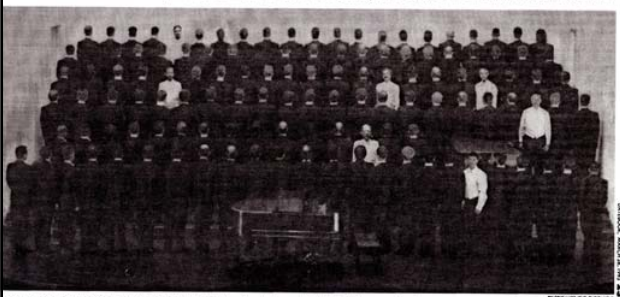
- There were 610 obituaries for which photos were available published in BAR between October, 1988, and November, 1989

—Courtesy of Tom Burtch, San Francisco GLTB Historical Society.

—<http://www.glbthistory.org/>



SF Gay Men's Chorus 1993



The San Francisco Gay Men's Chorus: Those in black represent all members who have died, those in white represent founding members still living

San Francisco GLTB Historical Society

<http://www.glbthistory.org/>