

An oral history of the Pitt Men's Study was conducted in 2006, recording interviews from the researchers and community activists who were involved. The following article is a result of those interviews.

History of the Pitt Men's Study

by Raymond Yeo

For most of us it began in the early 1980's. One of the first warnings came from the Morbidity and Mortality Weekly Report (MMWR) in July of '81: "Physicians should be alert for Kaposi's Sarcoma and PCP, and other opportunistic infections associated with immunosuppression in homosexual men." A large percentage of Americans reacted with a combination of fear and denial. Our nation's then-President, Ronald Reagan, didn't officially address the AIDS crisis until September of 1985, after the death of 5,000 U.S. citizens. As a result, in part, initial efforts to combat the epidemic were few and far between.

In Pittsburgh, however, a handful of researchers, doctors and gay activists came together to form what would become a ground-breaking research study. Dr. Charles Rinaldo of the University of Pittsburgh started the ball rolling the same year the MMWR issued its warning.

Rinaldo's office is tucked away in the halls of the Graduate School of Public Health. It's a small and ordinary space, considering his current position within the University: Chairman of the Department of Infectious Diseases and Microbiology, a professor in the Department of Pathology, and the Assistant Director of the Clinical Microbiology Laboratory. "I was recruited in 1978, by Dr. Monto Ho, to work in microbiology and, also, to work in the Department of Pathology, in the School of Medicine," he told me while settling in behind his desk. Rinaldo is an unassuming man with dark, graying hair and full eyebrows. "I was working in Boston, on my post-doctoral fellowship at Massachusetts General Hospital, on human cytomegalovirus...or CMV." He seems cautious in choosing his words, but not overly so. He is a scientist after all. Being clear and concise is part and parcel with his chosen profession.

After only three years with the University, Rinaldo came into contact with a patient suffering from Pneumocystis Pneumonia and a severe case of CMV. He and his colleagues were making rounds at a University hospital in Oakland. It was 1981. The combination of illnesses suggested an impairment of the man's immune system. He would later be listed as one of the first in a handful of AIDS cases reported to the Centers for Disease Control and Prevention. Of course, that was long before it was called AIDS. "Early on, researchers thought they were dealing with a super strain of CMV," Rinaldo explained, "but CMV doesn't mutate like that." Rinaldo believed, back then, that it was a separate illness that had caused the opportunistic infections. "Around the same time that I'd encountered this patient, I'd met with Marty Hirsch, my old mentor from Boston, and we both agreed this new disease was something different."

When I asked why he took such a keen interest in AIDS, and in the gay community, he answered: "To be frank, I saw it as a great scientific opportunity. Saving people wasn't number one on my mind back then. We simply found the situation intriguing, as scientists. So there was a logic in how I became involved with this syndrome." He leaned forward, resting his elbows on his desk, and gestured with his hands. "You have

to realize that, from a professional standpoint, this was a very interesting phenomenon. The humane part of why I became involved didn't come until later, after I began to see the effects of the disease."

"So what happened next?"

Rinaldo didn't need my prompting. He seemed happy to tell his story—the story of his life's work. He launched back into the interview with modest excitement. "The next major step in my involvement with AIDS happened when I met a medical student named David Lyter. We had an official meeting somewhere on campus, as I recall."

"What was his interest in AIDS?" I asked.

"David was gay and was open about it. At the time, he may have been the only openly gay med student at Pitt. But he also had an interest as a budding MD."

"And what was the result of the meeting?"

"We worked together on a pilot study." Rinaldo casually leaned further back in his chair as he spoke. "We ended up enrolling about 75 men. David was critical. He did most of the recruiting."

"How did you all go about getting the study participants?—Where did you recruit from?" I asked.

"The key to our success was the Tavern Guild," he answered emphatically.

The Tavern Guild is gay organization consisting of bar and bathhouse owners. Except for a handful of political activists, they were the leaders of the gay community.

"They were scared," Rinaldo went on. "People were afraid of being in the same room with other gay men. They were worried that the disease could be transmitted by drinking out of a poorly washed glass."

"Did the Guild come to you?"

"David set up our first meeting but they wanted us to come in and talk about the disease."

Rinaldo listed the people who were there, all of them well-known for their generosity and support of gay-related causes—including the godfather of the gay community, Robert Johns, a.k.a. Lucky.

"We tried as best we could to ease their fears. We knew, even back then, that the disease wasn't casually transmitted. The evidence was pretty damn strong."

Recruitment began in the bars. The men were asked to come to Rinaldo's lab in Oakland, to have their blood drawn and to deliver specimens. "It was a God-awful, vintage med school lab from the 1950's—a very depressing and unfriendly place," Rinaldo said, describing the space and smiling. "Men would strip to their underpants for a physical and they would bring in a semen sample, stuff in Saran wrap and mayonnaise bottles...only partially filled, of course." He's quick to note they didn't have the tools to look for new viruses. "We knew that what we could do was limited...but we felt that we had to do something."

In 1983, the U.S. government made a rare effort to investigate the disease and the National Institutes of Health (NIH) put out a request for research proposals. In addition to studying AIDS in large urban centers, the NIH wanted to study the effects of the disease in an area of "low incidence." Rinaldo and Lyter jumped at the chance.

“It was an epidemiology grant,” Rinaldo explained. “They wanted to know the natural history of the disease. They wanted to know if it differed in high incidence areas versus low incidence areas, if the virus in Chicago, for example, was the same in smaller cities.”

Dr. Monto Ho, who was the Chairman of the Department of Infectious Diseases and Microbiology at the time, worked closely with Rinaldo to develop the application that led to the eventual funding of the Pitt Men's Study. Dr. Ho also devised hospital policies and protocols for the appropriate and compassionate treatment of hospital patients with HIV. These formed the bases for treating people with HIV protection in the region.

Working long hours, Rinaldo and Lyter then completed the final proposal that would come to include Pittsburgh in a multi-center AIDS cohort study (known today as the “MACS”). Baltimore, Chicago, San Francisco, and Los Angeles were the other cities involved. But, in order for Pittsburgh to also be chosen, they needed letters of support from the gay community, to show they could get a large number of human subjects.

Around the same time, just a few blocks away, civil rights activist and student Sharon Sutton was working the phone line at the Lesbian and Gay Community Center when she got a call from a man in New York City. “I'm scared,” the man told her. “I think I might have the gay disease and I heard that someone in Pittsburgh could help...someone at the University.” Sutton didn't have any answers but was determined to help.

After a little detective work, she discovered Rinaldo's pilot study at the Graduate School of Public Health. The two met within the week, to compare notes. Having organized a protest against anti-gay Floridian, Anita Bryant (who had come to Pittsburgh in the late 1970's to lecture on the evils of homosexuality), Sutton was no stranger to rallying support from the small, mostly-closeted community. She agreed to help in getting the letters of support, and to help with recruitment for the larger yet-to-be-funded study.

In her office at Pittsburgh Action Against Rape (where Sutton now works as the Coordinator of Counseling Services), she remembers the early days of AIDS all too well. “There were only bits and pieces of information about the disease in the news back then. It hadn't hit Pittsburgh yet...but I thought perhaps we can help. When Chuck asked for the letters of support, that was my next mission.” Sutton has a kind of kinetic energy that would be hard to contain. She is blond and petite and speaks in a deep, Kathleen Turner voice. “We were being asked to be a player in the fight against AIDS,” she goes on. “Soon after I spoke with Chuck Rinaldo, the handful of community leaders came together. We all started to meet regularly, to get the letters of support.”

One of those community leaders was Randy Forrester, a long-time political activist and founder of Persad Center (a counseling center for sexual minorities that dates back to the early 1970's). Forrester joined the effort and eventually helped organize recruitment in the first days of the study. Like Lucky and the Guild, Forrester was an integral part of the gay community. His involvement with local politics proved invaluable.

“As I recall,” Forrester explained, “there wasn't the slightest bit of difficulty in getting Rinaldo and the University to coalesce with the gay male community.”

Our interview took place on Forrester's house boat, docked along the Allegheny River. "Why do you think that was?" I asked. "I would think that the gay community wouldn't be so eager to work with government-funded scientists."

"I think there were a number of reasons," Forrester went on. He put his hand to his bald head and then stroked his goatee. "Pittsburgh is the biggest small town in the country. Movers and shakers know each other personally. It doesn't matter what community you're in. They all cross over. I can pick up the phone today and get any number of Rabbis or politicians...and I've been retired for 6 years!" Forrester chuckles then. "And that was also true of the gay and lesbian community."

With the added support from various gay leaders, combined with their prior pilot study experience, Rinaldo's proposal beat out researchers across the country and the Pitt Men's Study was funded in the summer of 1983.

"It was very exhilarating to get the contract," Rinaldo told me, with a hint of excitement still in his voice. "It was 4.2 million over four years—which was a huge amount of money at the time, especially for a single investigator."

"How did your fellow researchers react?" I asked, knowing the vast majority of doctors and scientists had turned a blind eye to the disease.

"There was some professional resentment, no question about it. They were saying who the hell is this Rinaldo?"

"But you were the one who stepped up to the plate."

"That's right. I was the one working with the gay community for a year or two before the proposal was funded."

"Was there any one person at Pitt who supported your efforts early on?"

"Dr. Monto Ho, who was Chairman of the Department of Infectious Diseases and Microbiology, was a powerful ally," Rinaldo said. "Forming the research team for the NIH grant was not a simple matter. To get a group of Pitt scientists to work with a young and green leader on this new and deadly infection would have been impossible without his full support."

"What did you do once you got the money?" I asked.

"The head of the Epidemiology, Lewis Kuller, who was also involved with the study early on, suggested getting Dr. Larry Kingsley to fill the spot of epidemiologist. Along with David Lyter, the three of us formed the core of the team."

I interviewed Kingsley shortly after my interview with Rinaldo. He explained the details of the PMS: "The breadth of the study has been incredible...and we're currently the largest on-going freezer bank study that I'm aware of." It was Kingsley's decision to freeze blood and other specimens long before anyone knew what caused AIDS. "And now we have a quarter of a century of information detailing the progression of this disease, going back to the early 1980's"

Kingsley's fourth floor office in the School of Public Health was narrow and slightly cramped. A steady flow of pedestrian traffic came and went outside his door as we spoke. "So, by freezing specimens," I concluded, "you were able to go back and identify which samples were infected."

“Right.” Kingsley adjusted his large, rounded glasses. His tone was somber but friendly.

“As an epidemiologist, what did you bring to the table?”

“Study design methodology,” he answered, “to create scientific ways to study populations to achieve optimal results.” He paused and then added: “I was also responsible for the management of data and the interpretation of results derived from those data, and that’s not trivial. That’s what the epidemiologists do—they fill the world with confusion.”

“What do you mean by that?”

“You’ve heard the studies that say eggs are bad for you...and then another study comes out to say no, they’re actually good for you.”

“It’s all in the interpretation of the data.”

“Right.”

“Once the study was funded, how did you go about recruiting the men?”

Kingsley paused. He took a moment to piece together the events from almost 25 years ago. “Tony Silvestre was one of the first people we hired...for the sole purpose of recruiting the men.”

When I asked Rinaldo about Dr. Silvestre, he told me another man had been originally hired to manage the recruitment. “The guy had a verbal contract and was getting ready to move to Pittsburgh,” he said.

“So what happened?”

“I got a call from Randy Forrester. He told me that if we hired a straight man to do the recruiting, they would pull out and we wouldn’t have the men we needed.”

“Did he have someone in mind for the job?”

“He suggested Tony—who was a community activist in Philly at the time.”

Back at his houseboat, Randy Forrester recounted the story in more detail: “That was the great Saturday night meeting,” he said. “As I recall, there was a group of us...and we called David Lyter to express our concerns. We made our case and said there’s no way we’re going to support this with a straight man doing the recruiting. When Lyter called Rinaldo, I think he said point blank okay, then find me someone else.”

“That’s when Dr. Silvestre applied for the job?”

“Tony was my counterpart in Philadelphia in that he was the executive director of a counseling center for sexual minorities. And like with so many gay organizations back then, he was going through a Board of Directors coup d’état.” Forrester chuckles and adds: “I survived my coup d’état...but Tony didn’t survive his. Just as an aside, to his credit, the woman who led the revolt had the organization in bankruptcy and closed within 12 months.”

“How did you know Dr. Silvestre?”

“We were both on the Governor’s Council for Sexual Minorities. Tony was the Chair of the organization. And, of course, I knew he was recently unemployed. They brought him in, talked to him, and hired him. There were two or three months when I filled in, to get the recruiting started in the meantime.”

Dr. Silvestre moved to Pittsburgh in March of 1984 and hit the ground running. Recruitment began on April 1st. In his Oakland office, overlooking Fifth Avenue, he

explained his introduction to gay Pittsburgh, and to the Pitt Men's Study: "I met with the Pitt people, including Chuck Rinaldo," he told me. I had a background in sociology and an impressive background as a fag." Silvestre uses the word with a straight face, revealing a well-honed sarcasm. "Since no one knew how to recruit gay men, I sounded as good as anyone."

"How did you get so many people into the study?" I asked.

"First, we adjusted our expectations down to a more realistic number."

"And then?"

"I had a background in community organizing and one of the principles I learned was that I couldn't do it—that the recruitment would have to be done by the community."

"So you got the community involved, to say how they thought it should be done?"

"My idea was to assemble the Community Advisory Board...there was nothing like it at the time. And that's when I started getting on the phone and meeting with people. Coming from Philadelphia, I didn't know anyone here. It was Randy Forrester who helped introduce me around. He made the initial connections with, for example, the leather community, the black community, gay college students, the drag queens, the dykes on bikes, the religious community, artists, and so on. After I started talking to all of these groups, the names of leaders started to emerge. In the end, we got a large, diverse group for the CAB."

"Who were some of the original members?"

"Sharon Sutton, of course. Also Buzz Pusateri, Herman McClain, Chuck Locey, Mike Crawmer, Bill Kaelin, and a guy who went by the name 'Master Boots'...just to name a few"

"Who else was involved in the study early on?—In addition to the CAB members."

"We hired a nurse, a sweetheart, Ric Witt, to draw blood and to work directly with the guys." Dr. Silvestre looked to a small portrait on his desk. The photo was taken in Witt's younger days—maybe a high school photo from the late 1960's. Witt was a good-looking man, with dark blond hair and long sideburns. "Ric was with us from day one" he went on to say. "He spent a lot of time in the men's room, at the bars, doing impromptu physical exams."

"This was related to the Study recruitment?"

Silvestre smiles politely. "It was. Early on, we had to be very active in the community. People were turning to us for answers. So we were going around to every place we could to provide information and to recruit. The CAB members introduced us around. They'd say 'this is Tony and Ric and you need to listen to what they have to say.' We went to the annual gay picnics held in North Park. We went to the bars and to the community center. We would show up everywhere we could to say 'this is what's happening and we need you to join the study to help people around the country...and you can learn how to stay healthy.'"

"Did you know then how the disease was spread?"

"We were comfortable telling the guys to use condoms, cut down on the number of sex partners, and don't let anyone cum inside you...but it wasn't until later in 1984 that Dr. Kingsley wrote the bench-mark article that proved the disease was spread primarily through unprotected anal intercourse."

"It must have been difficult for some community activists who were telling gay men, just a few years prior to AIDS, that they had the right to do whatever they wanted

sexually, as much as they wanted, with whomever they wanted...and then, a few years later, have to take it all back.”

“That’s exactly right,” Silvestre agreed. “There was a lot of conflict. People would listen politely to what we had to say but they still weren’t using condoms.”

“So what got them to listen?”

“People started paying attention when someone they knew died from the disease,” he answered. “It took the death of someone close, or someone prominent in the community, for people to understand the gravity of the situation. It was like a slap in the face.”

Bar owner and community activist, Frank Borelli, was one of those people.

“Frank was truly a gentleman,” Silvestre went on. “He owned Zach’s—a very up-scale establishment. Everyone knew him and had tremendous respect for him as a person. And all of a sudden Frank died of AIDS. It shook people up.”

“If he could die from AIDS,” I suggested, “then anyone could.”

“Exactly. He wasn’t using drugs and he wasn’t sleeping around. So if he could die, then nobody was safe.” Silvestre takes a moment to gather his thoughts. “I remember going to his funeral service. It was one of the first services we had as a community. Of course, back then, none of the churches would hold a service for a gay man who died from AIDS. So we had to do it ourselves. The place was packed. And it was frightening...because it was at that moment that I understood what was happening.”

“Do you think other people there were thinking the same thing?”

“I don’t know. I can only speak for myself. But that was when I began to see the community was going to be sent reeling. It was an epiphany. It’s like seeing a Tsunami—you see the wave coming and you think feet get a movin’!”

In May of 1984, Robert Gallo, of the National Cancer Institute, confirmed the existence of the retrovirus responsible for AIDS and, by January of the following year, the FDA had licensed the first AIDS blood test.

Finding out if a person tested negative or positive for the virus (now dubbed HIV) had become then a topic of extreme debate—both nationally and locally. On a national level, testing positive was a political hot-button issue, adding to the ever-expanding polarization between “conservative” and “liberal” ideologies. Everyone had an opinion. The far right talked of isolation camps and, in 1986, commentator William F. Buckley suggested persons who tested positive be forcibly tattooed. Everyone was afraid of AIDS. While it brought out the worst in some, others rose to the occasion.

What was surprising is that, rather than going further into the closet, the gay community did the opposite. Organizations like ACT UP (the AIDS Coalition to Unleash Power) took on the FDA, demanding access to drug treatments, cheaper drug prices, and public education.

Locally, within the Pitt Men’s Study, being able to test for HIV became an issue for the CAB. “We started to test the blood we’d already collected in the summer of ’85,” Silvestre explained, “and there were a lot of questions we had to answer. How do we know the test is right? What does it mean if you test positive? And how are we going to tell people and what are we going to tell them?”

“There must have been some concern about how people would handle finding out they were positive. They might think it was okay to have unsafe sex—thinking there was no harm since they already had the disease.”

“Or they might commit suicide,” Silvestre added, “or have a breakdown. We were dealing with a community that didn’t have a lot of resources.”

“And I’m sure there were issues regarding confidentiality.”

“That’s right. What if, for example, the police came in and demanded our records? What about insurance companies?” Silvestre shook his head and frowned. “It was tough...and the CAB worked their butts off. Now, everyone around the country was being hit with this all at once, so it wasn’t like you could say what are they doing in New York?”

“Everyone was faced with the same dilemma,” I surmised.

“So the CAB spent many hours hammering out what we were going to do. We had to bring a thousand men back, for a special visit, to learn their results. And about one in four tested positive—one of every four guys would walk in healthy and walk out knowing their days were numbered and that their death was going to be unpleasant.”

“Who delivered the news?”

“David Lyter and Ric Witt.” Silvestre shook his head again. “Not only did they have to deliver the bad news, but some of these people were close friends. Some of them were well known in the community.”

I couldn’t help but to wonder about the impact of one in four men testing positive for HIV. “That must have created quite a stir in the community.”

“That’s exactly right. And we had to develop standards to deal with issues involving confidentiality...and providing support. In fact, we wrote the brochure for the state on how to provide pre and post test counseling.”

“What about the sudden need for services to these people?”

“The Pittsburgh AIDS Task Force had been formed by then, as an offshoot of the CAB,” Silvestre went on, “and they had to drum up therapists that would work with people who were infected. They also had to find doctors and dentists and lawyers. They worked with bureaucrats in Harrisburg to deal with issues involving Social Security and Medicare. It was a tough time.”

By late 1987, the World Health Organization had been notified of 43,880 cases of AIDS in 91 countries. As the numbers increased, it became all too clear that the fight against the disease would be long-term. As a result, the Pitt Men’s Study continued beyond its original four-year mission.

When I asked about the significant changes or developments within the study, given the unexpected duration, each of the interviewees had a slightly different perspective.

Dr. Kingsley struggles to be modest but answers the question honestly. He verified what Silvestre had already mentioned: “One landmark paper was something I published, which was the first paper that showed the risk factors for getting infected with the AIDS virus,” Kingsley went on to explain in more detail. “It was called ‘Risk Factors for Seroconversion to Human Immunodeficiency Virus among Male Homosexuals.’ The antibody test had just been developed so we could test a person to see if they had become infected, and if you know when somebody becomes infected, you can do a case-comparison study to find out what behaviors lead up to it. Basically, the data showed that 95 percent of all the new infections were attributable to one single, specific sexual practice.”

“Unprotected anal intercourse.”

“Yea.” Kingsley then rummaged through stacks of books and papers and come up with a paperback novel. “I don’t know how I would categorize this....” He showed it to me. “I think it’s basically pornography.” He opens it to the last page and points to his name. “The guy who wrote this engaged in every sexual act imaginable, short of receptive anal intercourse...and he attributes his never having contracted AIDS to my paper.”

Admittedly, it’s not one of the most prestigious citations, but it is a pointed reminder of the incalculable number of lives saved by discovering exactly how the virus was transmitted.

When I asked Dr. Silvestre about major changes in the course of the study, he took a moment to recall—to narrow the list of accomplishments to the most important few. “Again,” he said, “Dr. Kingsley’s study was certainly one of the biggest milestones.” Silvestre paused, still gauging each major event in the long history of AIDS. “I think the next milestone was our ability to understanding a person’s T-cell count...because it was an indicator of how sick you were. From one study visit to the next, the guys could use the information as a barometer. It gave them a sense of control...some order...to a disease that had very little order or control associated with it.”

“What else?” I pressed on.

“AZT was another milestone that came early on. “It gave people something they didn’t have before—hope.”

“There was some controversy associated with it, right?”

“It was expensive at first...and it was a nasty drug that could send you to the hospital...but it was the first time we could say you need to get tested because there is something you can do about it now. Our recommendation was that people who tested positive get on AZT. And over time, with that, came other drugs to treat symptoms. The treatments for the illnesses associated with AIDS became more effective and less toxic. So a lot of our work became an examination of those treatments.”

Returning to Rinaldo’s cluttered corner office, I asked about the changes in the PMS, beyond the original four-year funding. His list was similar to Silvestre’s. “AZT was a major shift in the natural progression of the disease,” Rinaldo told me. “We showed that it prolonged life for about one year...which was significant at the time. After the discovery of an accurate test for the virus, I’d say it was the second most important shift in the study.”

“What was the next most important, after AZT?” I asked then.

“The third biggest shift would be around 1990 or 1991, with the development of the PCR (Polymerase Chain Reaction) test which could detect the needle in the haystack—we could not only detect the antibody, but also the virus itself.”

"That's when scientists were able to determine a person's viral load?"

"Not quite yet. The PCR test was adapted quickly to detect HIV, but it was several years before we showed that it was possible to tell how many copies of the virus were in the blood. What was key to making this discovery, however, was Dr. Phalguni Gupta, a virologist who I recruited to the PMS research team in 1984. Phalguni had contacts with the company developing one of the first HIV viral load tests...so we had an inside track in developing this test that was not yet on the market. It was a huge breakthrough and led to

one of the most important studies to come out of the PMS. Dr. John Mellors, who we recruited to Pitt, in the early 1990s, led this study.

"What was the significance of the test then?"

"We could go back to the freezer, which we filled ten years earlier," Rinaldo went on, "and we could pick out the samples of all those guys who gave us blood, and measure it with this new test and compare the findings. We were able to prove that AIDS-related health outcomes 10 years later were directly related to the level of virus in a person's blood when they were first infected. Still, to this day, it has major impact all over the world on how we do research in the HIV field."

"I know the development of effective treatments for AIDS was another major change—can you tell me how and when that happened?"

"Pittsburgh was fortunate to have Dr. Mellors here," Rinaldo told me then. "He teamed up with the drug company Merck and they put together one of the first studies on triple-drug therapy. In 1997, the new combination of drugs had a major impact. Overnight, the Pitt Men's Study became a study of the treatment of AIDS. The new drug therapies not only changed the face of our study but also changed how we lived our lives. It has to be one of the biggest success stories in medical history. No question about it."

Dr. Silvestre concurred with Rinaldo on the impact of the new drug therapies, post AZT. "I remember hearing people within the University saying Mellors is doing this experimental therapy and it looks good," he told me while folding his hands and crossing his legs at the knee. "Some people I know, who were in that study, who were at death's door, and are still alive. That was the beginning of the cocktails."

"It must have seemed like a miracle."

"The saddest thing for me were the people who died right before the drugs became available." Tony looked then to the photo of Ric Witt.

"So where does the study stand today? I'm under the impression that the treatments were the last big event in the history of AIDS"

"When we first started the question was why are these men getting sick? And now we're focused on what's the long term survival and the effects of the drug therapies?" Silvestre thought again. He sat up in his desk chair. "There was one other major development within the study, if I may?"

"Of course..." I nodded.

"Around 1990, the bar owners were beginning to notice that younger people didn't seem as concerned about safer sex...that AIDS was an issue for the older guys. So the CAB decided to study the attitudes of these younger guys and see if this problem was real."

"So the Pitt Men's Study is still open to new subjects?"

"We never closed our doors. Even though the MACS had officially stopped recruiting a year after the study began, we were still screening new cases—more out of public health than for science. So we compared the young guys with the guys who joined the study back in 1983-'84. We had the same age group from two different time periods. And what we found was that the infection rate was the same. We published that in 1992, which led to a bigger study by the CDC and, what became clear is that all of the work that went on in the 1980s needed to continue with each new successive generation of gay men."

“A lot of younger guys think AIDS isn’t life-threatening...or that AIDS only infects older men.”

Silvestre nodded in agreement. “And that points to a very significant problem which hasn’t been addressed.” He pauses again and I feel like the second shoe was about to drop. “The major institutions of family, church and state, that deal with young people, continue to fail in educating kids at risk for contracting HIV. It was the gay community who stepped into that breach between 1984 through ’87—to very dramatic effects. But that volunteer effort has decreased...and the funding hasn’t come from the government to sustain the effort. So now, 22 years after the epidemic, we’re faced with the same problem.” Silvestre looks away, to the window overlooking Fifth Avenue. “That’s a milestone in terms of the realization that successive generations weren’t being reached. We’ve made incredible strides in treatment, support services, and equality...but we failed and continue to fail in the area of prevention. And it’s not because we don’t know what to do. It’s because we don’t have the support.”

“How much of the problem is that it’s yesterday’s news?”

“That’s certainly part of the problem. People aren’t dropping left and right so it no longer has a dramatic impact. Young people aren’t getting tested and we haven’t begun to see their corpses because people with HIV are living longer. But eventually there’s going to be a wave of young people dying.”

“Is there anything going on in Pennsylvania, to try and reach the younger at-risk populations?”

“We do have some idea on how to deal with the problem. As a result of the study, we developed the Youth Empowerment Project...but we couldn’t get funding. We managed to get forty thousand or so from the Jewish Health Care Foundation. But that’s it. They do an excellent job...but we bang on the doors of the state department and nothing happens. The CAB is trying to get the Pennsylvania Secretary of Education to do more about HIV in the schools, for example, but no one is listening.”

It’s been a long war. Most of the principle players who put their lives and reputations on the line are tired and numb. Some have withdrawn from the fight, frustrated with the lack of genuine support from community leaders and government officials. And with so many competing tragedies as of late, it seems that the general populace has grown weary of the very mention of AIDS.

But there are still those in Pittsburgh who continue to slog through the trenches, who still work toward the eradication of this pandemic. The PMS is one of those groups still holding the front line. Year after year, a dedicated group of men continue to give their time and their blood. As a result, the Study continues to provide much-needed data—as well as providing resources for the health and general well-being of gay men in the greater Pittsburgh area.

“The men in the Study have access to some of the best medical care in the world,” Rinaldo told me during our last interview. “They’re subjected to scans, neuropsychological testing, blood tests for STDs, and even cholesterol testing. There’s no question the men have benefited in terms of general health. Keep in mind that the PMS wasn’t funded by the NIH to prevent HIV infection or AIDS. We were to study the natural history of the disease, not alter it. We added the prevention and counseling aspects to the study on our own. We saved lives as a result, which we’re very proud of.”

"How do you think you've changed as a result of the Study?" I asked finally.

"Well...I never expected to work so closely with the gay community." Rinaldo shrugged. "This disease brought me into that community...and I've benefited from it, as a person, and I hope they've benefited too." He paused and smiled with satisfaction.

"From a personal standpoint, I feel very blessed to have known so many good people. From a professional, scientific standpoint, I couldn't be doing anything more important. It doesn't mean there aren't other problems in the world. We all want to cure cancer. But discoveries made in AIDS research have pushed other fields forward."

"Is there anything else you'd like to add?"

Rinaldo leaned back in his chair then and his smile faded. "There will be a vaccine eventually, no doubt about it. And this study has put Pittsburgh in the middle of that. You couldn't ask for more in a career than to be doing something so important. And what people like Sharon and Randy and others were able to contribute made it all possible. We couldn't have done any of this without their support."

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The Pitt Men's Study

The University of Pittsburgh

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