Longtime Companion

Michael Gottlieb was at AIDS ground zero in 1981. Today the good doctor is still standing -- and still leading the pack in patient care. Ronnilyn Pustil gets the goods from the guy who gave us GRID, grit and great heart.

June 1, 2001 By Ronnilyn Pustil

Michael Gottlieb, MD, was a 32-year-old assistant professor of medicine at UCLA when he authored the first article -- on page 2 of the CDC's *Morbidity and Mortality Weekly Report* -- about what would later become AIDS. At the center of the vortex ever since, he cofounded amfAR, made house calls to Rock Hudson and treated thousands of PWAs. Today, with an HIV-packed private practice and a full research agenda, the good doctor remains on the frontlines -- a little older, a lot wiser and in it to win.

***POZ*: How was it, in 1981, to witness a catastrophe in the making?**

Michael Gottlieb: I certainly felt on the cutting-edge of *something*. I was excited but extremely unnerved. The six months after the *MMWR* piece came out were like *The Twilight Zone*: the rising numbers of patients, the press attention, the realization that this was an infective form of immune deficiency, and some worry about our own risk as physicians and nurses.

Not to mention that this was your introduction to gay culture.

Well, I went to medical school near San Francisco, so I'd gotten over the shock of seeing men walk hand in hand. But I didn't know many details of gay lives or sexual practices -- poppers, the number of partners. My patients soon brought me up to speed!

You took flak for coining *GRID*.

I take responsibility for that. But I meant nothing negative; all our early patients were gay. Luckily, the name didn't stick.

Did the fed's lack of response trouble you?

The CDC was very responsive. But other institutions didn't have the flexibility to react quickly. And these were the Reagan years. Because of the affected populations, there were no emergency measures. If you have an earthquake or flood, there are federal funds; the Red Cross and churches mobilized. Instead we had a close-knit, grassroots effort from the gay community.

You were young when AIDS defined your career. How did you deal with pressure?

Not very well. At that time, an assistant professor speaking to reporters about a potential global crisis wasn't in my job description. My name would appear in the newspaper, and I'd get a call the next morning from my chairman: "Mike, I saw your name in the paper yesterday." He wasn't praising me. He wanted me to fade back into the ivory tower. I was torn between my responsibilities to UCLA and my conscience. The public needed access to what little we knew. It came down to: "Are you with *us* or with *them*?" And I was with them -- PWAs.

At what point did you realize that the disease might be sexually transmitted?

Probably the third case. I was on the first board of AIDS Project Los Angeles, and at an early meeting, I spoke about the likelihood that this was a virus. But a prominent activist cautioned me that it would be very damaging to say that this was infectious unless we knew without a doubt. We were all very lucky that HIV was discovered in 1983.

But there were still no treatments.

It was very much like battlefield medicine. You treated infections, patched people up and sent them back out. They'd come back the next month with something else, but you did what you could and tried to instill hope -- the way we still do it today for patients resistant to antivirals: We tell them to hang in there until new medicines arrive.

What were the most important early treatment victories?

The first expanded-access programs. The FDA made companies offer AZT, ddI and 3TC to patients about six months before approval. This saved lives. But fast-tracking drugs has its drawbacks. A lot of us doctors got sucked into sequential monotherapy: one new drug at a time every two years. That was damaging, in terms of resistance. I worry about my pretreated patients, who now don't have options left.

How have you dealt with so much illness and loss?

The marked improvements from HAART in the mid-'90s were critical to that. Many of my patients are going on with their lives now. On a more personal level, the birth of my daughter 11 years ago, when things were still rough in AIDS, was a major lifesend for me.

What's the best lesson from the early days that we can apply to the HAART era?

To maintain a healthy skepticism about what we're being told. Not negativism or paranoia, because there's a lot of that -- wild attacks on the industry and the drugs that are not constructive -- but an open, questioning attitude.

With endless drug combinations, side effects and resistance, do you find treating AIDS more confusing now?

Oh, no, it's much *less* confusing. I'm not saying that I always know the right thing to do, but 20 years later, there's an amazing depth of understanding of the whole process. Knowledge is power.

How many of your patients have died?

I can’t count. Hundreds.

Yet you have stayed the course in AIDS.

I would never quit. I love my patients. It’s intellectually challenging to participate in refining treatment. And it’s encouraging to see people who had a once-fatal viral infection now coming back, many likely to live for decades.

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