Oral History #062A

An Interview With
Wayne Shandera, MD

Place of Interview: Houston, Texas
Interviewer: Lynn Schwartzenburg
Terms of use: Open
Approved: (Initials)
Date: 26 October 2019
LYNN SCHWARTZENBURG: This is Lynn Schwartzenburg interviewing Dr. Wayne Shandera for The oH Project. The interview is taking place on September 25, 2019, in Houston, Texas. I am interviewing Dr. Shandera to document his recollections concerning the response to the HIV/AIDS epidemic in Houston.

Hi, and welcome.

WAYNE SHANDERA: Good morning.

LYNN SCHWARTZENBURG: Let’s start at the beginning. When and where were you born?

WAYNE SHANDERA: I was born in Fort Worth, Texas, in May of 1952. I was put up for adoption two days later and raised in San Antonio.

LYNN SCHWARTZENBURG: Can you tell me about your parents, the parents that adopted you?

WAYNE SHANDERA: They were of Czech and German origin, descendants of settlers from the 19th century here in Texas. My dad worked for the civil service. My mom was a homemaker, but she was also a very skilled seamstress. They adopted another child, a girl from a Magdalene house in Ireland. That was when I was almost three. Incidentally, we were only two days apart in age, so we were almost the old Irish twins.

LYNN SCHWARTZENBURG: To a German-Czech family.

WAYNE SHANDERA: Right, exactly.

LYNN SCHWARTZENBURG: Tell me a little bit about that culture and what you
SHANDERA: It was a culture that was steeped in traditions. They grew up in the area of the painted churches. In fact, my great-grandparents adoptive-wise were buried in Praha, Texas, which is one of the towns of the painted churches. They placed a good emphasis on music. I was trained early in life in piano and later, pipe organ. It was a rich culture. My mother’s family operated some large cotton farms in the area, and I would go down there in the summers for a week. They’d have the old party telephone lines, and you’d be hearing all these unusual languages, and it gave me, I think, a predilection for learning foreign languages because it was easy to hear very many dialects, too. There would be Bayerisch or Bavarian. There would be Plattdeutsch, which my grandmother spoke, and regular German. There would be Moravian and Czech, so you’d hear a variety of languages in this little town in Lavaca County, Texas.

SCHWARTZENBURG: You grew up in San Antonio?

SHANDERA: I grew up in San Antonio, that’s right. I attended elementary school there with the parochial Catholic system through eighth grade, and then I received a scholarship to go to a prominent academic high school called the Keystone School, and it was an excellent school especially for the sciences. It was small. There were only between 20 and 30 in each graduating class. It was founded by a retired Air Force colonel and a family from the Waco area, and it used a lot of retired personnel in the San Antonio area for teaching foreign languages, so we had five languages available at that time. I was able to study Russian, German, and Spanish and achieve some proficiency there. They also offered French and Latin.
SCHWARTZENBURG: Your exposure to all those languages really helped you.

SHANDERA: Right, later in life, exactly.

SCHWARTZENBURG: Do you still speak those languages?

SHANDERA: Yes, I’ve used the Russian a lot in conferences; and then the Spanish, every day when I was on the wards at Ben Taub. Then I later in life took up reading clubs in these languages. When we had a Goethe-Institut in Houston, I participated monthly with reading German novels. I did that for about six or eight years until the institute closed. Then we tried to keep it going, but it was difficult. Then I switched to French, and I picked that up on the side through the years, so I still keep that going.

SCHWARTZENBURG: How did you learn about the Keystone school, or how did you get the scholarship?

SHANDERA: How did I learn about Keystone? There was a student in the class above me who also had heard about it and went there, and she told me about the scholarship program and the chance to go there. That’s how, yes.

SCHWARTZENBURG: Was math your specialty?

SHANDERA: I liked math a great deal and the sciences. They offered two years of biology, chemistry, and physics, and I think we all took two years of each. I liked math a great deal. I went into college thinking I’d probably want to be premed but maybe a math major. Then I was accepted to Johns Hopkins, MIT [Massachusetts Institute of Technology], and Rice, and I chose Rice, not completely willingly. I kept my MIT acceptance until mid-July because two of my best friends were going there. And then another friend was going to Rice, and so that kind of makes an impact — it’s an important factor for high school
students often. Then I attended Rice and continued the studies in Russian and German. I didn’t take Spanish at that time. I thought I’d be a math major, but you get to Rice and you’re in a class of linear algebra with 60 top-of-their-class students from all over Texas, and I said this isn’t going to work. I’m going to do either premed or this. I can’t do both. It was just kind of a recognition that there’s a limit to what we can learn and do in life and do it well. I think a strong college like Rice teaches you that very quickly; that you’re put up against so many very talented people that you recognize that you have to find your own niche in some fashion. I decided to take a variety of things. I was a biology major. I studied pipe organ with a very good organist, Klaus Christhart Kratzenstein. I had been the organist at my church and had played organ at a United Church of Christ as well as my church in my senior year of high school, but I never learned proficient pipe organ playing because these were just old electric organs that I played on. This Austrian organist really was excellent. He taught me, and I gave half of a little concert my sophomore year at Rice. Then that was something that sort of came back to me through the years, is playing pipe organ. I would stay away from it for maybe a few years, and then I’d come back to it. I did that on two or three occasions. When I was a resident at Stanford, I studied with the campus organist there, Herbert Nanney. When I was a medical student at Hopkins, I studied organ with a professor at Peabody, which was at that time not a part of Hopkins. It is now. I continued my organ training on the side while I was a resident and student.

SCHWARTZENBURG: Dazzling them?

SHANDERA: Yes, right. It’s paid off because I got to give a concert this last year.
SCHWARTZENBURG: Where was that?

SHANDERA: In Los Angeles, at the Cathedral of Our Lady of the Angels. It was a benefit for Mission Doctors Association, which is a group that I’ve supported and helped and worked in their clinic in Ecuador. The director of the organization had heard through an NPR [National Public Radio] interview that was done by Brenda Wilson back on the 25th anniversary of AIDS that I played the organ, and so she thought it might be a good idea to do it, but it was a very time-consuming effort, shall we say.

SCHWARTZENBURG: A lot of preparation.

SHANDERA: A lot of preparation, right. We did an interesting program. It was for Mother’s Day, which was good and bad in the sense people had many other activities, so it wasn’t as well attended as the organization had hoped or intended. A clarinetist [David Schaider] who directs our choir here at the University of St. Thomas, at St. Basil, where I volunteer my organ skills, came along. I don’t know if you know the French organist/composer Olivier Messiaen, but we did two of his works, and we decided that motherhood was associated with moments of despair and moments of ecstasy. He took the despair part, and I took the ecstasy. The despair, we chose the clarinet solo from “The Abyss of the Birds” from *The Quartet for the End of Time* written when Messiaen was a prisoner of war in 1941 or so in Germany. He lived in Paris otherwise. I’m not sure how he became a prisoner of war. I don’t know the details about that. Among his fellow prisoners were a clarinetist; a violinist; a cellist; and he himself, the keyboard. I can’t imagine what that keyboard was like, but in any case, a custodian at the concert kept the material, and it’s one of the more profound works of the century.
It has about eight movements, and one of the middle movements is a solo clarinet work called “The Abyss of the Birds,” where the only thing that shows any hope is the twerping of birds outside. It’s about an eight- or nine-minute piece, and David [Schaider] played that solo, and it’s very effective. Then I followed it with the last movement of the *Saint-Sacrement* of Messiaen, which is the ecstasy of the communion, which for him was the essence of what ecstasy was. He was a very devout Catholic, he and his wife. People try to find something negative about him. In the book *The Rest Is Noise*, [by Alex Ross] which is a survey of 20th century music, the author says that the only thing they could find negative about Messiaen was that on one occasion, he and his wife ate the whole pear tart.

SCHWARTZENBURG: That’s a pretty good line.

You’re at Rice, in premed. When did you graduate?

SHANDERA: I graduated in 1973. I started in 1969, which was still the height of the student rebellions. Abbey Hoffman tried to come on campus and was denied that, and we had closure of the campus. We had a bombing of the ROTC [Reserve Officers’ Training Corps] building. The library had bomb threats, it seemed, every third or fourth night. It was the height of the 1960s rebellions. It didn’t surface as much in Texas as in other parts of the country, such as Kent State or Berkeley, but we did have our issues. I went to a physics class, and the teacher said, “We’re not discussing physics today. We’re talking about Vietnam and why we need to get out of there.” It was not the best of times to be in college for a supportive learning. I still had a very good education at Rice, but it was politically very tinged. I came from San Antonio, which is a military city, and it tends to kind of accept the line of government, and it’s very establishment sort of
oriented. So it was a challenge for me to come to Rice and see these diverse opinions. One of the history of art professor’s sons escaped to Canada. I remember later thinking I would have probably done that. I told my sister, and she was outraged in San Antonio that I would even consider that sort of thing.

SCHWARTZENBURG: After you graduated, what did you do?

SHANDERA: After Rice, I could get into medical school several places. My roommate [John Glenn Morris] was also premed. He went to Tulane. I went to Hopkins, and I’m sort of glad I did. I met so many interesting people there and saw all of the contacts that you make at these schools. I lived the first two years in inner city Baltimore in the dorm. It wasn’t always the safest place. The year after I left there and moved to California, a student was murdered in front of the dorm. My car was broken into five times in Baltimore. They stole my tape recorder, which we used to have in cars, but they left all my tapes, which were mostly classical music. They didn’t want those.

SCHWARTZENBURG: You were internal medicine?

SHANDERA: We could be anything. We took our rotations, and I liked general medicine. I did that as my first rotation. People said don’t do what you’re going into first, but I liked it. I thought when I went through it, surgery was a possibility, but I took surgery in January in Baltimore. We had to get up at 4:30, and I just said I don’t have the physical stamina for this. I was never very athletic, and it really helps to be very athletic to maintain the rigors of a surgery schedule, so I went into internal medicine. I liked my infectious disease attendings, especially William Greenough, who was a cholera specialist and was married to a Bengali woman and had done a lot of work overseas. I liked
infectious disease. I worked in the lab of Diane Griffin. Richard Johnson was a neurovirologist there that I had a lot of exposure to. I really felt comfortable with that group. That was the group that I liked the most.

Then the match came, and you know, you in medicine rank about 10-plus. Now they’re ranking more than that. I think I ranked seven places, or seven to 10. I applied to pretty high-powered places, and I remember Philip Tumulty, the old senior clinician there, saying I really needed a safety valve there, a safety place, and I didn’t have one. He thought maybe Emery University in Atlanta or something such as that would be good.

The first two choices, I didn’t think they were likely that I’d get in. They were Mass General [Massachusetts General Hospital] and UC San Francisco [University of California, San Francisco]. I got an interview at Mass General. They have a very competitive program, so they have a lot of internal people that they use for filling their spots, especially in San Francisco. My third choice was going to be either Stanford or Hopkins, and I debated that for some time and then decided probably it was Stanford because I wanted a less sort of a geriatric community at that point in my life. Then I did get matched with Stanford, so it meant a move across the country, and I spent three years at Stanford as an intern and as a resident there in internal medicine, and I enjoyed it a great deal.

The link with HIV is that I got to know Michael Gottlieb, who wrote one of the first academic papers — or the first paper — on anything related to HIV, and he was the allergy attending with Hal Holman, who was the senior rheumatologist on the service. When I rotated, I spent a month as a resident, and he spent a month as a fellow, so we got to know each other during that month, and
then we later found out that we were both moving to Los Angeles at the same time. As it happened, when I was at Stanford, I was encouraged by Jack Remington, who is an ID [Infectious Disease] doctor, to join the public health services. I’m not sure why he recommended that.

I applied to CDC [Centers for Disease Control], and I went there for the interviews. They give you also a match, and they give you a match of — I had about a dozen places on my match. I really wanted to return to Atlanta, for a variety of personal reasons, and I thought that would be the place to go. I thought the field services might be interesting or fun, and so let me just put down two field offices. I put down New Orleans, and I put down Los Angeles. I’m not sure why I put down L.A. It just sounded like it might be kind of interesting, but it was my 10th choice. I couldn't believe it when I got it. A colleague later said, “Yes, well, you were at Stanford. They wanted some place they could move you to cheaply.” I don’t know if that was the case or not, but in any case, that was one of their better positions, and I didn’t realize it at the time. The sad thing when you join the public health service, you don’t really know what the jobs are about until you do them.

I was assigned to Los Angeles, and that was the same time when Mike was accepting a job at UCLA [University of California, Los Angeles] as assistant professor in allergy and infectious diseases. We didn’t know each other real well. I think I went out to his house for dinner once, but we saw each other professionally at grand rounds weekly and we’d talk about possibly some kind of project at the time.

Andrei Calin at Stanford was doing a lot of studies on HLA, human
leukocyte antigens, and their relationship to disease. We said we should do something related to HLA, some kind of immunogenetics related to infectious diseases, but we couldn’t exactly pinpoint what it was. At the same time, I would be writing reports monthly to J Lyle Conrad, our field services officer in Los Angeles, about what outbreaks were occurring in Los Angeles. We had quite a variety. We had an epidemic of stillbirths in Long Beach which was never completely explained; an outbreak of E. coli [Escherichia coli] in a daycare center in East L.A.; an outbreak of neuromyasthenia by a neurologist in Santa Monica of fairly affluent people on the west side. Those were interesting because I would go either by myself or with some other colleagues in the office, and we would go to these places and try to find out what the common source was or link, and most of the time unsuccessfully.

I remember reporting that at a regional meeting in Ashland, Oregon, about the epidemic neuromyasthenia, but he was the only one who found that. He was an NIH-trained [National Institutes of Health-trained] neurologist, and I don’t think anything ever came of that. Then we had an epidemic of campylobacteriosis, Campylobacter in the blood, of about 12 cases throughout the county and made a weak association with processed turkey. We had an epidemic of non-A, non-B [hepatitis], which is hepatitis C [virus infection], but it was called that at the time. That was in a plasmapheresis unit where women were giving blood for eventual development of RhoGAM, and so they were contaminated with hepatitis C, or the non-A, non-B agent, and that was published. We had a variety of outbreaks. There was a lot going on. In the process, I got to know L.A. quite well just driving around the city, learning its freeways.
Mike would call me now and then about something unusual going on in gay men. We had two senior pediatricians who ran the office, Shirley Fannin and Betty Agee, and they knew the whole county very well. They had been there for most of their lives, and they knew providers in the San Gabriel Valley and the San Fernando Valley. They said that they were hearing of gay men having swollen lymph nodes, and it was unexplained, and there were many such cases around.

It took the allergist Mike Gottlieb at UCLA to really make the break. It did happen because he was on the consult service, and he had three cases of Pneumocystis carinii pneumonia [PCP] in otherwise healthy gay men. He said, “This is unusual.” I think I had not seen a case at Stanford in three years. If you looked in the literature, you saw it, and it was reported among starvation victims in post-World War II Poland, and it was reported also in children at St. Jude’s Hospital in Memphis. They also had this particular disease. It just wasn’t something that occurred in otherwise healthy individuals.

I thought back to my residency days, and I remember having a case of endocarditis in a gay man there with his partner, and I couldn't remember any Pneumocystis having occurred. He said that he saw these three cases and that he knew of another one that occurred at another UCLA hospital, Cedars-Sinai, and that he wanted to pull those together and report it, and he was concerned that he’d get his group in print first, but if he went through the peer-review process, it would take a year or more. The only way to do that would be through the public health system, and I was the access to that since I was the Epidemic Intelligence Service officer for Los Angeles. This was at a time before there were emails or faxes, and we had to call anything in word by word.
He came down to the office with these cases, and on my desk was a fifth case that day of PCP and CMV [cytomegalovirus]. It was in a young, 20-something-year-old in St. John’s Hospital in Santa Monica. I went out there and saw him. He was with his partner. He had Hodgkin’s disease, and he had pneumocystis pneumonia. While they are a variety of infections that occurred in the course of therapy for cancer, this is a bit unusual in an adult.

We took the five cases and reported them, called them in word by word to CDC on the phone. We first called the parasitic disease division, and years later they said that they were seeing a run on the medications for this and that they knew the outbreak was occurring because of that.

I asked Mike — we went out for Chinese food a few years ago, and he works as a practitioner now in L.A. — and he says he doesn’t remember that, and I don’t either. I think that’s revisionist history. I’m really kind of bothered by that; that it’s being touted as something that occurred at the time, and neither of us can remember that.

So we call this in to CDC, the Parasitic Diseases Division, Bruce Weniger — and I can’t remember who else was working there, Dennis Juranek, I believe — and it was picked up immediately by the *Los Angeles Times*, and they wrote a first-page article about it. The Centers for Disease Control put in the Morbidity and Mortality Weekly Report on the second page because it involved gay men and it was done by a more conservative group in Atlanta because Atlanta remains the headquarters for CDC.

Unfortunately, the *L.A. Times* gave me more credit than Mike, and it really kind of set him off and impaired our friendship a bit for a time. That got
straightened out, and I remember going over to USC L.A. County, the largest hospital in the U.S., and going to the ICU [intensive care unit]. I’d gone there frequently for grand rounds because they had ID wards there, and at L.A. County they had several cases in the ICU of — well, not several; they had about two — and I thought, “Gee, this is bigger than I thought,” and I had no idea that it was going to be a pandemic like it is. There were immediately more cases being recognized. Then shortly after that a physician named Alvin Friedman-Klein reported the first cases from New York of Kaposi sarcoma, which was the sort of indicator disease to the public that somebody had AIDS for a long period of time.

Unfortunately at this point, I had arranged a transfer to Atlanta for a variety of reasons that I wanted to go there the first time, so I moved there, but before that, we sent this off and reported that. When I moved to Atlanta, I was put on the task force for the first several weeks with this new disease, and so I attended the first meetings. Charles Curran ran those. He was the senior epidemiologist who ran them. I was primarily assigned to enteric diseases, and I did that because my roommate from Rice days [John Glenn Morris] had been there, and he left and said there was nobody working enteric diseases. They badly needed some help. It was just Paul Blake who ran that office and myself, and Paul was one of the reasons I moved there, because he was a skilled writer. He knew how to write scientific papers. He was very talented, and I didn’t feel I was getting that in Los Angeles; that I didn’t have the kind of supervision that could teach me those skills that you need in academia of writing, and Paul was strict. He was very good about it, and he knew how to do that.

Then about a month or two after I moved to Atlanta, my dad died. I
worked at a project before that in Beaumont-Port Arthur on cholera and got to visit him several times in San Antonio. A friendship with a woman in Baltimore was another reason, and that fell through during that year, as well. The reasons for moving to Atlanta kind of — you know, I just wondered what if I just stayed in Los Angeles? But I did want to learn how to write papers better, and I got that out of the experience.

I had already arranged to do a fellowship the following year in Boston, and I went to Mass General for a year of fundable work. I learned clinical infectious diseases, which has been useful in my career on several occasions. That was with Mort Swartz, who was a masterful clinician at Harvard. I did not work with HIV related diseases after moving to Atlanta. I didn’t see any there, but when I moved to Boston, I saw a few cases. Marty Hirsch was a virologist, and we were going to report a cluster of Hodgkin’s disease which was not yet reported. It was one of the cardinal syndromes associated with HIV, but it had already been done by some other group, and I think our report didn’t get accepted.

After that, I wasn’t quite sure what to do after my year in Boston. As one counselor said, I was kind of all dressed up with no place to go. I worked for a few weeks at a mission hospital in Haiti, and I tried to practice in San Antonio. I had been gone too long. You can’t go home again. It’s just very difficult.

Then in *The New England Journal*, I saw an ad for a combination health officer/clinician practice in Vancouver, Washington, so I took that for almost two years. I liked it, and I didn’t, because in the practice side, you don’t have any time. Every night, you have a meeting about something. How to run it, working with an insurance company, something. In academia, at least you have the benefit
of time to think, and so I said I have to get back into academia in some fashion, and the group at Boston helped me get a job teaching. Probably it was Paul Blake and the CDC will help me get a job teaching sexually transmitted diseases at the University of South Carolina with Jerry Gibson and his group, and so I moved there and taught at Columbia with USC for a year, but I immediately knew when I moved there that it wasn’t going to be a long-term place for me to live, and I accepted a job for the following year helping out at a clinic in Dallas, with AIDS.

I did that in part because there was a PBS [Public Broadcasting Service] show on Father Damien and his leper colony work in Hawaii and the difference he made and the benefit in people’s lives and how he gave of himself to that disease. I said, “Well, that’s pretty impressive,” and I thought I should do something similar, so I arranged in 1987 to move to Dallas.

I moved and worked with one other provider [Dan Barbaro] at Parkland, and this was at a time when AZT [azidothymidine] was not released. It was released during 1987, and there was a lot of bitterness and anger about the disease in Dallas. It was not the supportive community that the San Francisco-Bay Area was, and there was a project called the Shanti Project in San Francisco that provided support services for AIDS patients.

In Dallas, we had a meeting, and people decided they needed to build a building before they could do support services, which was kind of an unusual mentality. There was a church in downtown Dallas where the billboard said, “AIDS, the wrath of God,” and no nursing home in the Dallas - Fort Worth area would accept an AIDS patient.

I’m kind of jumping ahead, because by this time, the serologies had
become available, and that was about 1985. I may be wrong on that. The virus was isolated in 1983–1984, clearly by Montagnier first and then by Gallo. AZT was the first, and it was sort of discovered by serendipity because when the virus was isolated, the NIH virologist tested a whole panel of antivirals against this new agent, and the one that worked was AZT, which was an old cancer agent that was ineffective against cancer but it was very effective against HIV, so it was brought out and used and was the only thing we were giving, and that was for four years. It was 1991 before another agent came out.

We know in retrospect we were breeding resistance at the time. It was a difficult time because there were so many patients. Patients were so sick. We had no oral antifungals. There was no Diflucan. Amphotericin was all we had. We had patients with thrush that were being treated with IV [intravenous] amphotericin, so they’d have to come into the hospital three times a week, so you got to know these people extremely well.

We actually went to the funeral of one of the patients, in Athens, Texas. A social worker who was a cousin of Larry McMurtry — his name was Larry McMurtry — and his wife and a nurse friend of mine and I went there. We got to the funeral, and his brother got up and said, “Well, we didn’t approve of his lifestyle, but we do wish the best in eternity,” something like that, and it was eerie to see these sort of attitudes that were very prevalent at the time. It wasn’t universal, but there was a ward cleric on the service and a family member was gay and they were very accepting, and there were many families that accepted and took care of their patients, others that completely let them go and they were very isolated there. I made a house call. I made a couple of them. They were just
alone with nobody to support them. It was difficult for us as providers.

The director of the clinic was Dan Barbaro, who is now in practice in Fort Worth. He was from New York. He was a guy of Italian descent. He worked very hard. We all did, but it was hard work and it was difficult. We’d have meetings to try to get along better as a unit, and it was just almost too much because there wasn’t a lot of support within the system or within the city for doing the work.

SCHWARTZENBURG: This was Dallas?

SHANDERA: This was in Dallas, right.

So I decided to do something else. I did a project with a medical student on the seroprevalence of cytomegalovirus and Kaposi sarcoma, and that worked well and gave me something else to do. Then I decided I wanted to do something totally different, so I enrolled in a graduate math course at SMU [Southern Methodist University]. It was a course for which I had to study many other prerequisites which I had never had, not having done it at Rice, and so I spent a lot of time on that. I know I passed the course. I probably got a B or something. It was filled with a lot of engineering types, and it was at SMU, Dr. Anderson, and I enjoyed it still.

I had to do something medical, so they gave me a part-time job part of the time working at the STD clinic, sexually transmitted disease clinic, adjacent to Parkland, for Dallas city. I remember that being an eye opener, too, because the syphilis cases there from the poor side of town were reported with contact tracing, but the wealthy cases from north Dallas were reported anonymously with no contact tracing. That made me realize that there’s sometimes a reverse kind of
discrimination in public health.

During that semester, I answered an ad and got a job here at Baylor in general medicine because it allowed me to pursue my math interest. It was run by a mathematician [Catarina Kiefe] who was here at the time in this office. When I got here, I once again couldn’t find the connection with math. I could study it on my own in Dallas, but here I couldn’t find a mentor, and she didn’t want to mentor, and actually math was in her past but not her present.

I came down here, and AIDS was being cared for at the old Jefferson Davis Hospital. Bob Awe had the clinic at the time, and I was the first —

SCHWARTZENBURG: What was that clinic like?

SHANDERA: I only went there a few times, and it’s kind of hard to remember. I attended on the service there with the dean, Major Bradshaw. He was the other attending. The clinic was well run. It was run by the TB [tuberculosis] staff. It was older, largely African-American nurses who knew what they were doing. Then they were the ones that were pulled over to Thomas Street when it opened in, I think, 1990, because I came here in 1988. In 1990, I went over there.

SCHWARTZENBURG: What was the state of HIV/AIDS at that time?
SHANDERA: It was increasing all the time. The number of cases was about 40,000-plus per year. It was still very much a gay white men’s disease. It had not moved toward being a disease of people in rural areas or immigrants, which it became later, and of women. Thomas Street was a Southern Pacific railway hospital that was subsequently bought by MD Anderson, and MD Anderson wanted a building adjacent to them which the county owned, and they switched buildings, which I guess you know about.

It opened around 1990. We were in the basement, and the facilities were pretty meager at that time. They were renovating it. They had an open pit for the elevator, and there were blind patients with CMV retinitis. I remember the people thinking yeah, they could easily fall into that.

I remember trying to do an LP [lumbar puncture] under less than ideal circumstances and sticking myself with the needle for the lidocaine and then having to go on AZT for six weeks, which really made you feel sick. Fortunately, I did not seroconvert, but it was just scary — Susan Miller ran it for a while, but first it was Bob Awe, and then it was Tom Cate who ran it for a long time. He was a very nice guy. He was skilled as an infectious disease academician.

For some reason, an outbreak of Xanax in the streets occurred because he and other providers were really offering it very globally, Xanax [alprazolam] and that happened during that period, and I’m sure Lois Moore could tell you more about that. She got along very well with Susan Miller, and they connected and Susan ran it. She ran it rather toughly. You had to get a co-signature to prescribe Diflucan, which is now like water now that markets made it available, but at the time, it was just newly marketed and expensive, and you had to have a
co-signature.

SCHWARTZENBURG: So it rationed out?

SHANDERA: Rationed out, exactly.

The newer medicines were becoming available: ddI [didanosine] in 1991, which was put on the market before it was fully understood, because pancreatitis occurred in about 4 percent and there were cases being seen at Ben Taub. We’d go to the morning report and hear about pancreatitis from ddI. It was under the pressure of ACT UP [AIDS Coalition to Unleash Power] and AIDS Action groups that something had to be done; that these medications had to be released. And so they were released, but maybe a bit prematurely because we didn’t know all the side effects at the time. And then ddC [zalcitabine], which caused a lot of neuropathy, mouth sores. These were both taken off the market. ddI, I think I have a patient on it right now, and I got a letter that it’s been off the market now. I’ll have to see what that patient is going to be taking instead. And 3TC [lamivudine]. Mostly reverse transcriptase inhibitors.

I became sort of a point person for teaching students. We taught about neuroradiology, with neuroradiologist Pedro Diaz, he and I, on many occasions here at Ben Taub. I kind of followed the outbreak for three decades. I went to lots of meetings everywhere. I had a project on human leukocyte antigen, HLA, and extrapulmonary tuberculosis, and that was with a Center for AIDS Research grant, and I presented that in South Africa. I had a meeting and then went back and gave grand rounds at Chris Hani Baragwanath in South Africa. Had a nice relationship with the people there. It was a very pleasant sort of place to work with. I went to AIDS in Africa meetings in Marrakesh and in Kinshasha and
Abidjan.

In Kinshasha, about five of us were kidnapped. That was a horrible experience. We were individually so. I like to add on some touring to my trips, so I was going to go see the gorillas in Eastern Zaire. The day the birthday of Mobuto [Sese Sako], the former head of Zaire, and the one plane in Air Zaire was being used by him, so we were out at the airport at 5:00 o’clock and had no plane.

Fortunately, the Zaïrois around me, the Congolese, said to me, “Don’t go back into town. You’ll be robbed. If you’ve got to go in, wait until it gets light.”

So I went back into town, and I wasn’t quite sure what to do. I went to Mass, and then I was going to go over to a German doctor that I had befriended and his wife. They had kept some of my luggage. When I was walking over there — I had had lunch at the Inter-Continental, and then I’m walking over — these three guys pulled me into a car. In retrospect, they were plain-clothes policeman. They said somebody was saying something negative. They weren’t at all in uniform. Somebody was saying something negative against Mobutu.

I thought, well, my talk was about civil versus constitutional rights with African laws. I had done a survey of African countries, and I may have said something, but it just kind of terrified me. I really thought it was the end of my life. I just thought I was going to be thrown into a Zaïrois prison and that was it. Then they said, “Here, let’s look through your wallet,” and they took my wallet. At the time, we had traveler’s checks, and so they took most but not all of my traveler’s checks.

Then when I got out of the car after what seemed like an endless period — it was probably only about 10 minutes, but it seemed like an eternity — I walked over to...
the doctor’s house, and they had a German friend there, and she said, “Oh, look at your wallet. They took your money. They did it to Rudy yesterday from WHO [World Health Organization].”

There were about five of us, mostly Germans and WHO personnel, that it happened to. It happened to a guy from Montpellier, France. Several of us kind of kept in touch with each other for a while after that because it was such a horrible experience. So then the German doctor gave me his gardener to walk around town with because I was pretty shaken up, and I stayed there with him and his family. I had stayed before that at a Jesuit center that was very basic. Then I stayed a few more days, and I didn’t know how to get my money back, and I went to American Express in Belgium, when I flew back home through Brussels with the airline Sabena, and they said I could have done it at the Inter-Continental, which I didn’t know, but I got my money back there and later found out that the traveler’s checks which were stolen from me were cashed at a bank in Taiwan, because China has amazing infrastructure in Africa and still does, and so they were able to cash those checks there.

So I didn’t want to go to AIDS in Africa meetings. I remember the next one was in Cameroon. I was at the dentist’s office. You were saying, “I’m glad
I’m here.” It was just quite a while before I could go back. I went back to a meeting when I had a friend who was a missionary in Africa. He was one of her former residents, and we did a paper together. He and his family were at the Africa Inland Mission in Kenya, and I went there and gave a talk. It was just kind of an inroad back and everything. That was just before the meeting in Cape Town that I presented a study on human leukocyte antigen [HLA] types with tuberculosis bacteremia.

SCHWARTZENBURG: Why so many talks in Africa?

SHANDERA: I felt a calling to do that. I can’t give you any other reason for that. It wasn’t only the adventure. I think I was in Africa four or five times before I was around a safari or saw an animal. The most I ever saw was a lizard on those five trips, and I thought about that.

SCHWARTZENBURG: Were there just a lot of conferences in Africa because —

SHANDERA: It was recognized that almost nothing was being done about that. I actually recall that Project SIDA with Jonathan Mann was — Jonathan Mann was an epidemiologist that ran the Global AIDS — I knew him in CDC. He was a SIDA epidemiologist from New Mexico. We did a paper together on botulism, of all things. He rose in the ranks. He was married to a microbiologist from Baylor [Mary Lou Clemens] when their plane crashed, the Swiss Air flight going to Geneva for a meeting, off the coast of Nova Scotia. I’d just seen him the year before at a meeting in Geneva. Africa was highly impacted, and very little was being done about it.

SCHWARTZENBURG: So it was really just, “This is blowing up. Let’s get some resources there”?
SHANDERA: This is important, right.

SCHWARTZENBURG: Were things fairly stable in the U.S. in terms of HIV/AIDS?

SHANDERA: They were, and they weren’t. Reagan was president for the 1980s, and he rarely mentioned it. One time, with Elizabeth Taylor at his side. But he appointed C. Everett Koop, who was a very good surgeon general. He sent a letter to every household explaining what HIV was about, and that was a very important point in the education of the community at large because there was a lot of fear early in the disease.

There was an orthopedic surgeon at UCSF [University of California, San Francisco] who would wear a space suit every day for surgery, for fear. It was not completely unjustified. We all knew that the epidemiologists most akin to die of hepatitis B virus infections and hepatitis B effects gay men, heroin addicts, and also healthcare providers. So there was some thought that healthcare providers could come down with HIV, as well, just by taking care of it, which would have been horrible because then it would have made it an untreated disease. But then the epidemiology later showed that it occurred among those healthcare providers who exclusively had another risk factor category.

I remember hearing our professor at Harvard call it the 4H club when I was there in 1982 because it affected homosexuals, heroin addicts, hemophiliacs had the highest seroprevalence because they had blood products given by other adverse groups, and Haitians. There was a large group from Haiti that came in diseased studied in South Florida and had the highest seroprevalence of any nation in the Americas.

SCHWARTZENBURG: How long were you at Thomas Street Clinic?
SHANDERA: I’m still there. I’ve had a clinic twice a week in the past. I have it weekly now. This week, it’s twice. I’ve got to go tomorrow afternoon because of the floods last week. Thomas Street was run well when I got there. I was impressed with how it was managed by Lois Moore and Susan Miller. I actually knew them. Then the next provider was Chris Lahart, and then Tom Giordano.

SCHWARTZENBURG: So really, you have seen Thomas Street Clinic from the absolute beginning until now.

SHANDERA: From the start, right.

   And then I also got to know David Ho. He was a fellow with me at Boston, at Mass General. He was part of the team that did the mathematical modeling that led to the AIDS cocktails. There was a group from Los Alamos that probably did the most scientific work, but it was not a real complicated formula. It was just that the thinking about HIV was that it was a disease that sequestered in some tissue like a lymphocyte or a nerve or something, like herpes, and then later activated. Everyone just assumed that as the gospel — that it would come out later — 20 years ago and that it was just quiescent for this long period.

   They challenged that, and that made all the difference in the world. They’re challenging it by testing the amount of virus in the blood, with a viral load, which nobody had done before, and then applying that data with administering a new protease inhibitor as an experimental agent. They gave that and saw that the viral load came down and that if the viral load came down, they could apply a first-order differential equation to it and see how fast it’s come down and what’s the reason. They can show that this virus is producing a million copies a day and if that’s the case, you could only treat it if you hit it really hard
and with several agents, and that was David’s recognition at the Vancouver, Canada, meeting in 1996. He was made Time magazine’s Man of the Year after that for that finding.

David is very bright and a very nice person. I don’t know how much of that was his or versus Alan Perelson at Los Alamos, and then George Shaw, the investigator at Alabama who is now at New Jersey. So there were a team of investigators that did this and reported it in Science and Nature, and I think that really made a big difference in the history of the outbreak; that once you started giving the cocktails, it made the disease manageable. The problem was, it was expensive. The best thing to look at — and we have a copy here — is Fire in the Blood. I don’t know if you’ve seen that movie yet. Have you?

SCHWARTZENBURG: Yes.

SHANDERA: It’s fabulous, and it talks about the reluctance of the pharmaceutical industry to really support this until Yusuf Hamied, the Indian physician, stepped in and helped with that and made it available to countries throughout the world, and it’s made a profound difference.

SCHWARTZENBURG: To what do you attribute your compassion and willingness to stay involved even though it was initially gay men and then it was minority communities?

SHANDERA: I think because I saw it from the beginning. I think that had a lot to do with it; that I’ve seen it from the very beginning. And the team at the L.A. Health Department was an amazing group of individuals that were out to convert the world and cure them of disease. They had a wonderful public health spirit. When I gave my concert in Los Angeles this Mother’s Day, two of my old epidemiology
friends came, Mike Tormey and Frank Sorvillo. We were really good buddies, and they really understood what public health is about. I think Frank actually mentioned the disease first in his *Public Health Influence and Newsletter* in L.A. County. Mike was a hepatitis epidemiologist. They were all from ethnic Catholic backgrounds, and they had a strong feeling about what public health is and should be. You don’t see that everywhere. I thought it was everywhere when I was there. I was really blessed to have worked with those people and the students that were in that office.

[END OF AUDIO PART 1]

SHANDERA [continuing]: Shirley Fannin [Physician Director of Acute Communicable Diseases with LA County Health Department] and Betty Agee, Deputy Director of ACD, were sometimes kind of a pill to put up with, but they knew what to do. Shirley was quite a character. She was a single woman who adopted a child who later left her, had congenital heart disease. It was kind of a tragic life. She would come in with her black-and-yellow costume and look like the queen bee running that office. She was on TV a lot, and she really knew public health for Los Angeles. Lyle Conrad, CDC Director of Field Services, said to her that she has a heart of gold. She was really a kind person.

She had roots in rural Kentucky, which kind of became interesting to me because about three years ago, I found my original roots. I looked for my birth family for 40 years and never could find them, and finally a group from Austin said, “Look, the people whose names are on these birth certificates don’t exist. That’s somebody’s made-up names.”

SCHWARTZENBURG: Is there anything that we’ve missed that you feel is important to
SHANDERA: Oh, I’m sure I’ll think of something later.

SCHWARTZENBURG: Right, that happens.

SHANDERA: I think Houston has done very well with managing the outbreak. I think that having Thomas Street was an excellent idea because it’s so removed. At first, I thought it was so far, but it’s kind of a medical home, and the medical community talks about having a medical home. For a while, a lot of groups in town provided lunches every day, and now there are only one or two groups that do. St. Anne’s Church did it, and some of the AIDS groups in the Montrose did it. They provided lunches to very indigent people in that building.

It is an interesting old piece of history, and I’m sorry to hear that they’re moving, but they’re going over to Quentin Mease at some point, because I think it’s an important part of our history and it should not be forgotten. I don’t know what they’re going to do with the building. It’s difficult to maintain because it has a lot of structural problems, but we managed quite well at a time when it was far inferior to what it is now. Locally, I knew Bob Awe pretty well, not real well. He was a pulmonologist here. We had a little service for him after he died. Sister Agnes Joy was our chaplain, and I was going to go visit her in a couple of weeks, and I just heard that she’s very sick.

Time moves on. I kept up with it through giving talks and going to conferences, but as you get older, you kind of have to transfer the potentials to the next generation and let them take over. It’s kind of hard for some physicians, including myself, to do, but it’s important to reflect back and so this, I think, is very important to write about. I thought about things I haven’t thought about in
years today in providing this information. I’m sure I’ll think of more things later.

SCHWARTZENBURG: That’s a good place to stop, then. Thank you so much for your time and your stories.

SHANDERA: All right. Did that help you?

SCHWARTZENBURG: Yes.

SHANDERA: Good.

[END OF AUDIO PART 2]

[INTERVIEW CONCLUDED]

* * * * *