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OH
PROJECT | Oral Histories
of HIV / AIDS
in Houston,
Harris County,
and Southeast Texas

To collect, preserve and make available the experiences
of people impacted by the HIV/AIDS epidemic in
Houston, Harris County, and Southeast Texas


Oral History # 026

An Interview With
Adan Rios, M.D.

Place of
Interview: Houston, Texas

Interviewer: Lynn Schwartzenburg

Terms of use: Ope.

Approved: 
(Initials)

Date: 9 JAN 2017

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AN INTERVIEW WITH ADAN RIOS, M.D.

LYNN SCHWARTZENBURG: This is Lynn Schwartzenburg interviewing Adan Rios for The oH Project. The interview is taking place on February 10th, 2017, in Houston, Texas. I'm interviewing Dr. Rios to document his recollections concerning the AIDS/HIV epidemic in Houston, Texas.

Welcome, and good morning.

ADAN RIOS: Thank you.

LYNN SCHWARTZENBURG: Thank you so much for being here today and for being willing to share your stories.

Tell me, when and where were you born?

ADAN RIOS: I was born in the Republic of Panama, in the city of Panama. We were a family of three children. There was one sister, another brother and myself, and then, of course, my parents.

LYNN SCHWARTZENBURG: Tell me about your parents.

ADAN RIOS: My parents had been born in the rural areas of Panama and, like many, had migrated to the city in search of better opportunities. They were very humble people, but they were unusually aware of the relevance and importance of education. They really were very centered on having their children educated.

LYNN SCHWARTZENBURG: Were you educated in public schools in Panama?

ADAN RIOS: I went to an elementary school in Panama. It was a public school. It was a very good school. It was in what you could consider the French Quarter of the city because that's where most of the French representatives during the building

of the Panama Canal were located. It's an area where after the independence all the institutions that governed the country were [located].

If I can make an analogy, which is perhaps disproportionate, but to give you an idea, it would be almost like being in Washington, D.C., where you have all the major institutions of government in one single area. That's what the old city of Panama had, and so the schools and everything that surrounded that had some kind of attention from the government, and it was a very good elementary school.

My high school was really a formal baccalaureate done with the St. Javier School, which is a Jesuit program, and it was a very good program. It was a private school. That's where my parents centered all their efforts to send me there to that school. I don't think that I fully appreciated what they did until now, many years later, I can realize their enormous vision and their desire to really help me and so on.

SCHWARTZENBURG: Were you the oldest?

RIOS: I was the first child, yes. My sister went through a sort of pilot school that was developed by the German consulate, and it was another very good school. She became a laboratory technician. I became a physician. We were some of the first in generations that went to universities, so for us this was really like a whole new world.

SCHWARTZENBURG: What did your parents do for a living?

RIOS: We had a small store, like a 7-Eleven type, and we would sell coffee, sandwiches, and groceries. It was a very small grocery store. It was on the border of the Canal Zone with Panama in an area that would be technically considered what we

call a ghetto. It was a very poor suburban area, and that's where we worked and went to school.

SCHWARTZENBURG: Then after high school, what happened?

RIOS: After high school, I went through medical school. I applied to premed school. In those days they were having pilot programs because the country needed physicians, and the medical school was really not — and I say this with respect, but I want to honor the truth. It was a very elitist school. It has been really created by, for lack of a better term, the upper class of the country. While the students were very good and their dedication was up to the task, it was still a very elitist school. It was very reduced. People from popular institutions were not really in a capacity to attend the school and maybe not even welcome. I say this with no judgment involved.

But there were political changes that started promoting changes, and there was there a change in the program, and the premedical school was reduced to two years. It was like a pilot program, and after those two years you would go into the medical school.

The contrast with the past is, we don't have a title. Somebody would be a biochemist or a molecular biologist or an anatomist and go to medical school. Here you just have a premedical school grade that allows you to go into the medical school. I went into one of those programs and then was able to apply to the medical school and got accepted.

SCHWARTZENBURG: So you must have been a good student?

RIOS: I don't know. I think I was, but I don't know now in the distance. You know, when you grow up in an environment that I grew up, you develop some habits that

are not really the healthiest ones for students, but also you develop some skills, survival skills, and it's a mixture. It's a mixed bag. Sometimes those things help you, and sometimes they drag you down.

I think I sort of struggled the first, second year. By the third year, I had a teacher who became almost like a mentor. He was really very keen pointing out to me that I had been granted an unusual opportunity that most people didn't have, and he was very forthright in telling me, "You really don't understand what you have been given, and I can tell just by the way you handle it." It was a very strong conversation and relationship that really kind of set me on a more — and then I became a better student, and I had very good grades at the end of my career, and that was it.

SCHWARTZENBURG: You made a decision to take a test after medical school that —

RIOS: Yeah, the way that I explain this is that when we're young, sometimes we can be cruel without knowing it. We were now a mixture of people with good resources and capacity and understanding of what they needed to do, again, with a group of persons who were just happy to be in the medical school and considered ourselves just quite lucky that we had made it. We knew about the United States and how great the medicine here was, but I think many of us didn't have plans to come here because we didn't have the means.

In order to come here, you have to pass specific tests that are required for education and so on. I took the tests mostly because I didn't want to lose face, because people will ask you, "What's going to happen after you finish here?"

You would say, "Well, I'm planning maybe to go to the United States."

People would be skeptical, and it's not until you have paid for the test and

decided to take the test that then it became like, “Well, maybe this guy really is going to do it.”

As often happens in life by sheer accident, I did pass the test, and then I was walking around with all my certificates from Panama and all that and the test, which I thought had been a bad investment because I thought I will never use this. It doesn't mean anything here [in Panama].

But during the fourth year of the medical school, I was president of the Medical Student Association, and in our country, universities play a major role in the political life of the nation. The University of Panama traditionally has been the source of attention for the Panamanian people about where to go when it comes to politics, and the students have played a major, major role in the direction of the nation and sacrificed in many instances. Even with the ultimate or the greatest sacrifice, [which] many of those students have done. At the same time, sometimes many of them will be go into these battles to help workers, to help unions, and it will be the end of their university career because either they will be lost to the — unable to come back or they will be in jail for one or two years. When they come out, they couldn't go back to school.

SCHWARTZENBURG: Risky.

RIOS: I think in the United States, you have seen glimpses of that during the Vietnam Era, particularly. Maybe sometimes you see those practices and so on, but I don't think they carry the weight that we see in other countries. I regret that, because I don't think that universities are for that purpose. It's my perception that the greatest strength of this nation is its universities, is the freedom of thought, the capacity to make progress, to create innovation, that's what makes the United

States strong. For us, university becomes the source of education, and immediately education leads to righting of wrongs, but the righting of wrongs is done by students, and that, I don't think, is fair.

I became part of a movement against a military coup that happened in 1968, and they closed the university. We had to finish our medical school in the hospital. At the same time, the leadership of the medical students in the university, particularly in other schools, were more active. We were just part of the university movement. We were not even that active, but we were all listed, and there were blacklistings and so on. Eventually when I graduated, I went to a rural area of Panama. Then, I came back to Panama after I served my internship.

In those days there was no private medicine in Panama, so you had to work for the government, and if you were on one of those blacklists, you couldn't work. I happened to be on one of those lists, so I was really very anxious and truly desperate because I needed to start working. I had gotten married, and my wife was about to deliver. I was really struggling.

SCHWARTZENBURG: How old were you?

RIOS: I was 24.

SCHWARTZENBURG: That's a lot of responsibility.

RIOS: Yeah, and so I went for about 15 days to this government organization [to apply for a job interview]. They would always tell me, "Come back tomorrow, come back tomorrow."

Then eventually the director came out and said, "You know, Dr. Rios, my secretary made a mistake because I didn't know it was you. You are part of a list of names that we're not going to give them a job, so please don't come back, and

don't tell me what you did, because there's nothing I can do about it."

He was a physician that had been trained in a military school. There were many in Panama at the time of the [military] coup. That was something new to us. We didn't realize how many physicians had been trained in military schools throughout Latin America. It was kind of a phenomenon to us.

Anyway, he was respectful, but he was very firm. He said, "You have to leave now."

So I took the elevator, and I went down the elevator with the world on my shoulders. I thought, "Wow, this is really something."

I got to the lobby, and then I met this friend. When you're training in medicine, sometimes you get lost [from your neighborhood] because you're in the emergency room, you're doing calls or you're making rounds, and sometimes you take initiatives of going on your own through the hospital because you want to feel like a doctor, and some people don't see you.

I got lost from my neighborhood. Well, people knew what I was doing. Because it was so unusual to have somebody from that background to become a physician, people follow you. People are like, "Hey, I don't know where is Adan, but I know he's going to be a doctor."

My friend saw me, and he was so happy. He was as happy as if he was the one who had graduated. There's a kind of appreciation perhaps, even love, that you get that sometimes in life, and he was just excited to see me, and said, "Hey, I heard you graduated. We are so happy for you," and so on.

I knew I had to tell him, "I can't get a job."

SCHWARTZENBURG: Right. "Hate to disappoint you, but" —

RIOS: “It’s not as great as you think.”

I asked him, I said, “What are you doing right now?”

He said, “Well, I work as a phlebotomist for the Americans.” We call Americans gringos. It’s a term of affection, and it can be also a term not so good, but in general, when we say “the gringos,” we just mean the Americans. We don’t mean anything [offensive].

He said, “I work for the gringos, and I am a phlebotomist.”

I said, “How much do they pay you?”

He said, “\$450 a month.”

That was the salary of an intern in Panama in those days, so I thought, “Wow.”

He said, “Well, a guy left [his] post as resident. He just took off and left the house, the car, everything. He just got his wife and took off.”

This was 1972. I believe it was at the tail of the Vietnam Era. It was also the beginning of the — I don’t know what kind of revolution I would call it, but it was the time of the so-called hippies. There was a lot of instability in the social framework of the United States.

SCHWARTZENBURG: This was an American?

RIOS: Yeah, he was an American.

The Canal Zone was like an American colony in the middle of Panama. It was ruled by American laws. It was populated by American citizens. At peak, there would be 40,000 soldiers of all branches: Air Force, [Navy, Marines, Coast Guard, Army, and others]. The astronauts would always go to Panama to train in jungle training because all of the schools for jungle warfare were in Panama.

Apparently, this guy just took off. He just said, “This is not for me. I’m out of here.”

My friend said, “You know, you should go there, because maybe you can get hired.”

He didn’t know my situation.

So I said, “Yeah, maybe I’ll do that.” I just walked straight from that conversation to Gorgas [Hospital].

In those days, if you walked into the Canal Zone and you were not a worker or an American in the military service, you had nothing to do in the Canal Zone, and they could easily put you in jail. Actually, the patrol car would stop you. They would ask you for your papers. If they come to the conclusion that you shouldn’t be there, they would put you in the back of the patrol car, and take you to the police station, and then you will have to pay a fine, to be released.

It was part of the grievances of Panama with the Americans. It was that kind of control. It was like the loss of sovereignty over a piece of the territory, which I’m not here to discuss further. It was just the way it was.

I took the chance, and I walked all the way to the hospital and got to the department of internal medicine. Of course, I didn’t look like a physician would look here in the United States. I just looked like a peasant, but I had my folder with my certificate. The head of internal medicine was a colonel. Colonel Carlos de Castro came by, and he said, “Who’s this guy?”

The secretary said, “Well, he said he’s a physician.”

I don’t think she believed me.

Dr. de Castro said, “Well, please come in.”

He put me in his office, and he said, “Are you truly a doctor?”

I said, “Yes.”

He said, “Do you have your papers?”

I said, “Yes, I have my papers here.”

He started going through the papers, and all the papers in Spanish meant very little to him. A certificate of the American Institution that allowed me to come to the United States was like a sore thumb in that thing. He immediately said, “Did you pass this test?”

I said, “Yes.”

He said, “Wow, when can you start?”

I said, “Right now.”

He said, “Really?”

I said, “Yeah.”

So he pulled out a big form and he said, “I’m going to fill out these questions because I don’t want you to make a mistake. I’m going to ask you a question. Have you ever been a member of the Communist Party?”

I said, “No.”

He said, “Okay. Sign here, ‘No,’ and sign.”

I signed.

Years later, I found out that the reason they asked that question is because this was federal employment, and federal employees cannot be members of the Communist Party. I don’t know if they can be now, but in those days that was a part of the Federal Code; that if you were a member or had been a member of the Communist Party, you would not work for the Government of the United States.

I was hired right there on the spot as a resident in internal medicine.

SCHWARTZENBURG: From zero to hero.

RIOS: From zero to hero. It was amazing.

And by 5:00 p.m. that day, I had my card, my ID card, and I had the thing that most Panamanians, even of very high-level class, would love to have, a card for the PX [Post Exchange], because in the PX you could get American products of all kinds.

One of the agreements that the people that live in the Canal Zone had obtained from their senators is that they will have 20 percent extra salary for tropical hardship over the counterparts in the United States. Also, they didn't pay US taxes. They could import from anywhere in the world, and they wouldn't pay US tax. It was a paradise. The government of the Canal Zone would give you houses, three or four rooms with air-conditioning and a garden, for \$60 a month.

When the American people found out during the Panama Canal Treaty negotiations how the people in the Canal Zone lived, one of the first things the Panamanian negotiators did was to bring congressmen from the United States to the Canal Zone. The Black Caucus, for example, would come and visit Panama, and they would say, "This is how these people live. I don't think your constituents have this kind of privilege. They have worked this in silence and never let the American people know that they had this highly privileged position. This is where your tax money is going to."

You know how it works in our [American] society. People immediately — so I think those were elements that played a role in those negotiations.

But be as it may be, I was one of the privileged persons that enjoyed that period of bonanza that was the Canal Zone, so I was able to do a residency in Internal Medicine that was recognized in the United States because there were only two programs you could do residencies outside the Mainland [USA] and be recognized as such in the USA. One was the American Hospital in Paris that had been created during the First World War to take care of the wounded and the generals when they got sick, and then the Gorgas Hospital, which carried the name of William Gorgas, who was the man who sanitized the Canal Zone from malaria and yellow fever.

There was a program devoted there that had the Middle American Research Unit. It was a big program in microbiology, tropical diseases, and so on, a great research. It was just a phenomenal, fantastic program, and I just got in there by the hand of God.

After I completed that program, then I transferred to M.D. Anderson. I was able to get a position as a fellow. I spent three years at M.D. Anderson Cancer Center, one of the greatest institutions for cancer in the world.

Then I met somebody who was a civilian president of Panama. His name was Demetrio [Basilio] Lakas. At the beginning, I really didn't want to deal with him. I really didn't want to have anything to do with them, because I associated them with the reasons why I had to leave the country. During the military coup, he was the civilian president.

He was very persistent in keeping in touch with me, and we eventually became friends. He was very good to me. He had been an engineer, educated in Fort Worth, Texas, and he had great respect for American education. He saw my

educational achievement, as meaningless as that might be, as something that was really special, particularly because of where I was coming from, and he wanted me to come back to Panama badly.

Eventually I paid attention to him and went back to work for the cancer center in Panama. But as often happens, like I said [before], when you're young sometimes you don't understand how to conduct yourself, particularly if you're close to power. It's something that I believe is a common mistake that people do, and I did that. I didn't realize that every time that the president of Panama would send a driver to pick me up to have breakfast, that creates an anxiety in my colleagues because they would feel the way things were, he's going to be appointed head of the cancer center. The political overtones, sometimes we miss them and we're careless. We don't take care of assuring people that this is something different and that we're not looking for anything else.

So that created animosity and so on, and like I said, it wasn't just the place. I think it was that maybe I didn't know how to handle that, but the net result was that I had to leave, and I didn't leave on good terms.

I went back to the Canal Zone. It was good work. It was just internal medicine, taking care of soldiers. But soldiers, they're healthy people. They only have emotional problems, or they have sometimes venereal diseases.

SCHWARTZENBURG: And you were trained in oncology by that time?

RIOS: I was the first trained oncologist, American-trained oncologist in Panama. So that to me was almost like, "Wow."

Tropical medicine, the virologists, the people involved in malaria and yellow fever, they were having a ball because that was what that place was.

SCHWARTZENBURG: That's a hotbed for it.

RIOS: It was the right place for them. It turned out that as part of the negotiations between Panama and the Americans for the Canal Zone, that through Canal Treaties, the Shah of Iran ended up in the United States in exile. The embassy had been taken, and he was expelled to Mexico.

Mexico found oil, and the OPEC [Organization of the Petroleum Exporting Countries], the cartel, it is my understanding told the Mexicans, "You will not be part of the cartel unless the Shah leaves Mexico," and he was immediately expelled out of Mexico, went to San Antonio [Wilford Hall Medical Center at Lackland Air Force Base].

Then the question came, "If he stays in San Antonio [in American territory], we will start executing the hostages or doing harm to them."

The United States, "If you harm the hostages, we will invade Iran."

Russia immediately said, "If you invade Iran, we will protect Iran, because the reason that invasion has happened is not the hostages, it's the oil, and that's just not going to happen."

These were very algid points in the history of the United States. I'm not trying to overblow them or exaggerate them. This is what it was.

SCHWARTZENBURG: It was a game of chess.

RIOS: It was a game of chess.

So, I'm sitting there, and the story that I got was that a member of the CIA [Central Intelligence Agency] was in Miami when very high-level dignitaries were on their way to Vegas to a boxing match, because in those days Panamanian boxers were shining all over the world, and because of that, they got a lot of press.

Sports became an easy conduit of politics.

My understanding, was that a dignitary was on the way to Vegas to watch one of these fight programs where General Torrijos went. A guy from the CIA said, “Hey, the gringos are looking for a place for this guy, and this would be an opportunity to tell the general,” and that’s how the conversations were started.

Soon thereafter, the Shah of Iran was offered to come to Panama in exile. He accepted with the condition that they find an American-trained oncologist. There was none in Panama, but the physician of the embassy was in Lackland at the time on his way to Moscow, because he was going to be the physician of the embassy in Moscow. He was an oncologist by training. He had trained in Seattle. He had an enormous admiration for M.D. Anderson, particularly for my mentor, Dr. Freireich.

So when he went to Lackland and he found out that the Shah was there and there were conversations about the fact that now we’re stuck because we don’t have a physician, he said, “No, there is a guy from M.D. Anderson trained there. He works for us, actually.”

I was called to meet with the high authorities of the Southern Command, which was located at Gorgas Hospital, and with the representatives of the Shah of Iran, who were Dr. Benjamin Kean and Dr. Hibbard Williams, who was the dean of the University of California at Davis. He was an endocrinologist, and I believe that he has treated some of the Royal Family.

They asked me if I would do this.

I said yes. There was no hesitation in my acceptance of the task.

They asked me several times if I was sure that I understood what was

being asked of me. There were rumors that the PLO [Palestine Liberation Organization], there was a squad of the PLO that had been assigned to kill the Shah, and they were on the move, trying to get to where he was.

So, they asked me whether I would do it, and I said yes because I felt grateful to the United States for the opportunity to help them, and I also knew it was good for Panama.

They talked to me about these things, but I never had any confirmation of that. They just said, “There could be some risk involved in this.”

The Americans were very clear to me in saying, “You don’t have to do it. If you want to, we will offer you protection, but you have to understand this is a serious matter.”

SCHWARTZENBURG: About how old were you then?

RIOS: I was about 30, 32. I was very young. I don’t want to overplay that card, but I learned from an early age to protect myself and I learned survival skills, and that’s where they become handy in a way. You have a danger and you have a risk. I don’t say this with great pride. Seventy percent of the people I grew up with die from a violent death, and so I knew about [risk].

SCHWARTZENBURG: Were you fatalistic about it in any way?

RIOS: No. I believe I was naïve, and I think that that was true of most people, because they reacted like, “This guy really doesn’t understand what’s going on here.”

I did, but I had this sort of almost naïve attitude.

Then I started taking care of him, and I did that for three months and a half. And then when that was over, Dr. Freireich called me back, and that’s when I came to Houston, but I came in the middle of the academic year, and so they

told me, “Maybe you want to work with this Drs. Mansell and Newell, who are very actively involved in public health prevention and treatment of this new problem that we’re seeing.”

In Houston, there was this area called Montrose, which most gay men will live in Montrose, and it was kind of a Greenwich Village, I guess, of Houston. I don’t know much about Greenwich Village, but it seems to be me it was an analogous type of environment. They [Drs. Mansell and Newell] were working very actively [with this new disease], and there were a lot of — and people didn’t want to see those patients, really.

Years later, I found out that most cancer centers were inundated by terminally ill AIDS patients who had cancer and infections, but mostly because of the cancers. Forty percent would have cancers. That’s how M.D. Anderson started getting these patients through the emergency room.

Through the years, I think people had a great difficulty in dealing with those patients. One, because it was an unknown disease with disorders that we normally will see one every so often but not commonly. There were no treatments for these opportunistic infections, and certainly the opportunistic tumors were new. Although they were lymphomas and Kaposi’s sarcoma, their presentation tended to be different, more aggressive, and certainly the use of chemotherapy in the absence of prevention or treatment of HIV is almost like putting gasoline on a fire. I think that a lot of the first intents to treat these patients resulted in situations that were totally unexpected and disarming to those were involved in it.

I think also that the fact that the first generation of patients were gay men

that were openly gay created discomfort. I don't say this with — again, I'm trying to avoid judgment because I don't want to be judged myself, but I believe that in Texas because of the nature of this society, it's a conservative state and so on, openly gay men were almost threatening to society. An openly gay man was something that they [society in general] would almost fear, socially fear, and you will see that in the way people react to them.

SCHWARTZENBURG: How did you feel? Was there a gay community in Panama at all?

RIOS: Because I grew up in that ghetto, in ghettos you have thieves, prostitutes, you have regular people. You have everything. I mean, there was a restaurant with gay men, who they worked very hard and they would provide jobs and so on and so on. My father interacted with the owner of that restaurant. He rented a little space from our house to prepare the food that they would sell to the Canal Zone workers. So, to me, a gay man was no different than a neighbor. There was nothing alien about it. Let's put it that way.

Years later, I learned a phrase from Ovid, the great Roman poet, which I use when I will give lectures about the issue of AIDS and I will try to convey the fact that this was just a disease of human beings, I will say, "Remember what Ovid said. 'Nothing that is human is alien to me.'" They were just human people who were just sick.

The other thing that was very unusual to me was that I was ingrained in the Hippocratic Oath, and I never had experienced a confrontation between the oath and the reality of disease. I had never seen that. In fact, everything that I read was of physicians infecting themselves, injecting themselves [trying to find

the cause of a disease]. Maybe it was a myth, a mythology, but all that spoke to me of a profession that had no borders when it comes to helping others.

There was a disease called Carrion's disease. It was a medical student who infected himself and died.

We grew up knowing those examples, those things. For us, to me, it was kind of strange to see rejection of a patient by a physician on the basis of [a disease].

SCHWARTZENBURG: What would that rejection look like? They would just not treat them?

RIOS: They will not treat them. They will not see them. They will sneer at them.

Sometimes they will look upon them with anger. I believe that violence was expressed through neglect. There were hospitals where the food would be put at the door [of the patient's room, as part of their policy]. They would come to the X-ray department at 8:00 [a.m.] for a chest X-ray. That actually will be done at 8:00 o'clock at night after everybody. They will be told over and over, "You have to wait, because you know what you have."

It's what I call self-serving truth. It does not serve any purpose. All they're trying to tell you, that you're different and that what I'm doing to you is because of who you are.

I think all of us who experienced those times have PTS [post-traumatic stress]. We don't want to recognize it. We don't talk about it. I know, because if I have to remember those times, I cannot stop crying. For multiple reasons, I feel we were not firm enough. It was so unjust. We didn't act, sometimes out of fear because we were afraid that we were going to be fired. Yet like they say, the old

adage, we have been fired anyway, because that's the really absurd phenomenon; that appeasement for discrimination doesn't work.

It's really strange. Nothing works except to oppose it as firmly as you can, and it's a hard lesson to learn, because you will think that human beings will have the capability to reason and to understand, and this has nothing to do with

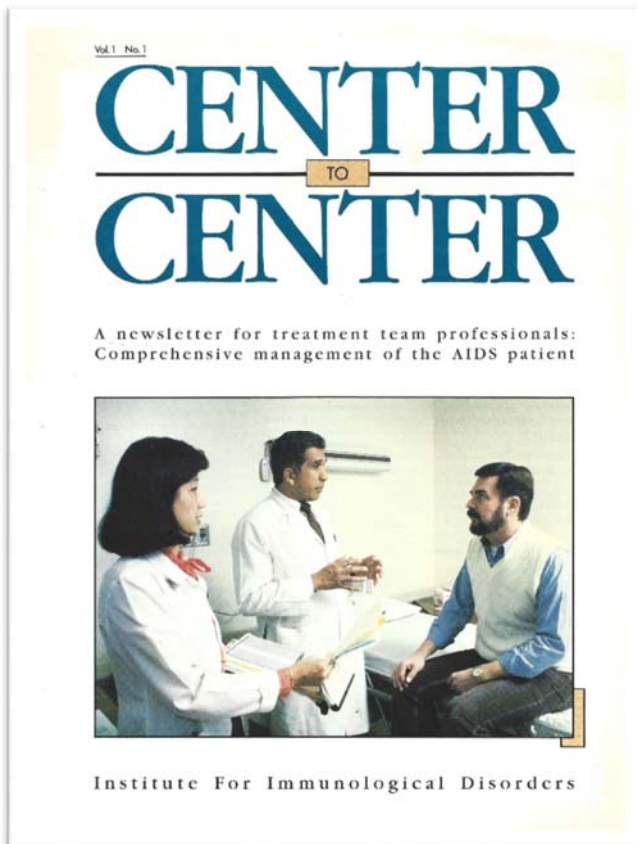
reason. It has to do with emotions.

SCHWARTZENBURG: How long were you at M.D. Anderson?

RIOS: I came back in 1981. I stayed there until 1985. We worked [with] the community. We had a clinic and through the help of Dr. Newell and Mansell, the project grew, and particularly Dr. Evan Hersh, he was the head of biological therapy, a program was actually created. A grant was written, and we earned one of the first AIDS treatment evaluation unit grants.

Then the decision was made to create the hospital for the AIDS patients, I think mimicking what had been done with the heart [disease] in

Kentucky with Dr. DeVries from Utah. Sometimes I think that the goal was to take the patients out of the Medical Center, because the hospital was located hours away from the Medical Center. It didn't make sense. But when you're young, you don't understand that sometimes, how do they say, "the tongue of the evil will praise you, the tongue of the friend will chastise you." Friends will tell you



Newsletter for The Institute of Immunological Disorders, Vol. 1, No. 1. 1986
Adan Rios, MD, center.

the truth.

There was all this, “It’s a great program. You deserve your own place,” kind of stuff, but at the end of the day, we were put out.

SCHWARTZENBURG: Way out.

RIOS: Way out. We were like lepers. There was no need for that. Obviously, I think it was a mistake.

Anyway, we went there, and the hospital lasted a year, year and a half. It closed ahead of its time. There were consequences of that. The creation of the hospital and the program was heralded as a potential victory over the disease, and the fact that the Medical Center, with the cardiovascular programs and all the things that were so great here, they had gotten involved in a program against AIDS was looked upon by the world mostly as, “Something is going to happen, because Texans, they have their Medical Center, and their faculties with [medical] might.”

We enjoyed that moment. The beginning of the race was great. The ending was sad because the failure and the rejection and all that surrounded the closing of the hospital was seen by the world as a signal that you should not get involved in AIDS because if these people who know how to do it got involved and look what happened [to them], what will you expect?

[END OF AUDIO PART 1]

SCHWARTZENBURG: What was the model of care there, and what were the patients like? How many patients did it have?

RIOS: I think the program was following between 3,000 and 4,000 patients. It was a sizable population. We had all the major drugs. We had research protocols. I

think the problem was that the first generation of patients were not insured patients, and I don't think that the finances were structured in the proper way. Again, something like this needs initial support, and I think that support was not there.

SCHWARTZENBURG: They pulled the plug too early?

RIOS: Too early. There were no real efforts to — and why do we say that? Because on the East Coast and the West Coast, there were political battles that were carried out that were not — we had political battles in Texas that we fought, but we didn't have the community strength that the communities of the East Coast and the West Coast have. In those communities, the support was significant, and you can see the amount of money that was spent on those AIDS programs was significant.

Texas was completely left out of the federal program because as that grant was returned, it created a technical animosity. It was not forgotten that you got the grant, and you did nothing with it. You returned the money. I mean, who hears that money is returned? I think we paid a high price for it.

At that point in time, Dr. Mansell and Newell worked so hard to keep this program alive.

Dr. Palmer Beasley, for example, from the Public Health school, he had tracked all the cases of AIDS in Texas. He had done incredible epidemiological mapping of where the cases were, the patterns of transmission. Way ahead of his time, way ahead of his time. Just to put it in context, what people do now with computers, he did it by hand. It was phenomenal work.

Mansell and Newell educated people.

Dr. Blaine Hollinger from Baylor did all the work on hepatitis B. Dr. James Reuben came through and did all the fluorocytometry.

And Evan Hersh was such a general who just help everybody to organize. He was very methodical in his approach to this problem, very cerebral, and he didn't let emotions get involved. There was a task to do, and he really — so I think there was important work that was done here in the early going that still had played a seminal role in what happened with AIDS afterwards.

Unfortunately, like I said, it was a relatively short run compared to the East Coast and the West Coast. Then after that, we were kind of left to our own destiny, I guess.

SCHWARTZENBURG: Did you go back to M.D. Anderson?

RIOS: I was asked to come back to Anderson, and I was given the opportunity to work in other programs, but quite frankly I felt very unsettled because I had spent some time working on AIDS. I had seen what had happened. I felt committed to the AIDS community. I really had become essentially an AIDS activist.

The victories were small in those days. I don't know if it's boasting. I hope it's not taken that way, because it's not. It's just to illustrate [the tone of the times]. I admitted the first patient who wanted to commit suicide to M.D. Anderson with AIDS. That patient was going to be rejected because what role does he have, a man who wants to kill himself because he has AIDS? Why should we admit him to the hospital? But that was what needed to be done. I'm glad that I put my foot down and we forced the admission because it was legitimate. It was not right to send this man home just because we felt he was a gay man who was undeserving of emotional care as any other human being in that

situation needed. I remember that was a big deal. “They admitted this “F_____”, whatever, because he wants to kill himself. Can you believe what we have been reduced to?”

I said, “No. We’re doing what is right. Actually, we have not been reduced to anything. We are being exalted.”

I was really unsettled because I didn’t know what to do with myself. Just to give you an example of how desperate, people who were taking care of AIDS in the city, we were all in the same boat. We were not that many, but I’m sure the experience was the same. We were all confused. We were all angry. We were all scarred by what we have seen in more ways than we will ever be able to realize.

I was at the airport, and I saw Dr. James Holland, and I knew that he was a very famous oncologist in New York. I had seen him with my mentor, Dr. Freireich, and I knew they were good friends. I was at the airport, I don’t know, doing something, but I saw him and I approached him. I said, “I don’t know if you have a job in New York?” I mean, that’s how desperate people were.

He said, “Well, what do you do?”

I said, “I work on AIDS.”

He said, “You should come and work with my wife, Jimmie Holland.”

She had the first psychiatric ward for AIDS patients in Memorial Sloan Kettering.

I was shocked because of the example that I just told you.

But anyway, at the end of the day there were colleagues here, Dr. Gordon Crofoot, Ben Valfre, Gary Brewton. Well, Gary Brewton was at the AIDS hospital, but Gordon Crofoot and Ben Valfre were working in the community, and

they had referred patients to us at the institute, so they contacted us and asked us, “What are you guys doing?”

I said, “Well, I think we’re going to go into the community work,” and we joined them [together with Dr. Jorge Quesada] and created a group called OnCol Medical Associates. The patients were distributed in different hospitals. Those who had insurance went to Methodist or Park Plaza. The ones who didn’t have insurance went to Harris County. Dr. Robert Alt was there. He was one of the pulmonologists who treated AIDS patients. And Dr. Piot, Dr. Gathe are some names that come to mind.

There was a lot of pressure on M.D. Anderson to do something about this closure of the hospital and, technically speaking, almost dumping of all this large population of patients. That’s how Thomas Street Clinic was created. It was a transaction because there was land that was involved, and they took a piece of land close to the Medical Center in exchange for Thomas Street Clinic, and then they gave Thomas Street Clinic to Harris County to become what is today the AIDS clinic of the city. That’s how that clinic was born.

Gib Lewis and William P. Hobby were officers of the State of Texas, the lieutenant governor and speaker of the house, [and they] created a commission to investigate why this program had been dismantled in such a way. That commission met for about one year and rendered a verdict that was not entirely favorable to what had happened here in Houston.

I was a member of that commission. Do you remember Senator Washington? There was a Senator Washington. And then some other activists were members. Chris Steele, Reverend Chris Steele was a member of that

commission too. And that commission really tried to find out in detail why this had happened, why there was this abandonment of the AIDS patients, of the AIDS community.

The Texas Medical Association, the Houston, Harris County, Dr. Sam Nixon took the bull by the horns and developed a program of education and created a book called *AIDS, A Guide for Survival*, which I became one of several editors. That book was printed, and millions of copies were distributed throughout the world. It became one of the biggest accomplishments of the AIDS era from Texas.

SCHWARTZENBURG: That came out of that commission or —

RIOS: It came out of the effort of Sam Nixon with the Harris County Medical Society, but I think that it was in response — I think what happened perhaps is that when the AIDS hospital was created and the grant was created, many others in the community said, “Well, the problem is taken care of.”

When they saw that that was not what had happened, that it was exactly the opposite, there were people who responded and said, “That was not what should have happened, and we want to do something about it.”

SCHWARTZENBURG: “We need to fix it.”

RIOS: So the politicians went and created the commission to find out what happened. Harris County started negotiating to see how we could provide for these patients. So, the ones who led the case said, “Look, we got a little. This is just impossible.”

So, Harris County, Sam Nixon, took that responsibility of saying, “Look, we have to do — and education has to be done clearly without euphemisms,”

because in AIDS, we learned very quickly that not talking clear — I'm not saying being crass or vulgar, but you had to speak clearly because these are vulnerable communities that unless they understand —

SCHWARTZENBURG: What's happening, why it's happening.

RIOS: — what is happening, then they become victims, truly victims, because they really — so that's how those efforts came about.

From those efforts, one that was borne out was the Houston Conference on AIDS in America, because we had among the members of the Houston Convention Bureau people like — there are people everywhere, gay men who are in positions of management and power, and they understand the issues, and they're highly educated. It's not like people used to think about this. So there were people there that decided to say, "Look, we can't leave the community without education. We need to ensure. What can be done?"

I knew Dr. Montagnier, the co-discoverer of the AIDS virus. I had met him at the institute. I had his contacts. So, I decided with my colleagues to create this conference. We actually invested money, because initially there was no money for this. Houses were mortgaged, because these conferences cost easily \$75,000 to run the conference. You have to bring the speakers.

Then the second year, we got the pharmaceutical industry involved and we started inviting the nonprofit organizations. By the sixth or seventh year, we were holding this conference in the Houston George R. Brown Convention Center, and there were thousands of attendees, thousands.

It served a great purpose. I believe it was something [of importance that] we contributed with that, because we would bring the best minds in AIDS in

America and in the world to Houston. Because we had known this from our experience at Anderson and working in cancer, we knew how these things are to be done, we will bring them top of the line: We will have their limo pick them up at the airport; we have a good hotel; we will pay them an honorarium that was commensurate with their efforts. That's what it takes to do these programs. These programs don't come out of the air.

The great thing was that because it was a community program, we will have the patients, the physicians, and these experts in the same room. The patients will have the opportunity to see these people who were transforming the AIDS world up close and ask them questions and understand what was done.

I think it was a great model that perhaps can be used for other diseases because there's nothing that can beat the patient asking an expert in front of their physician, "This is my problem. How do you think I should tackle it?" and the expert saying, "This is what I would do with you." It was such a powerful experience. And then we would have a dinner on the second day where we will give monies to our [community] non-for-profit organizations in the thousands of dollars. The conference had a run of 11 years, but those 11 years were of great service to Houston, I believe.

We were recognized. I don't want you to think that we were not recognized. We had our share of recognition, official and from the community. We sublimated the suffering of the first AIDS into something that was that — the sublimation of that agony and that rejection became something that was useful, and we felt we gave sense to some of that anguish that we experienced in the early years, with something meaningful.

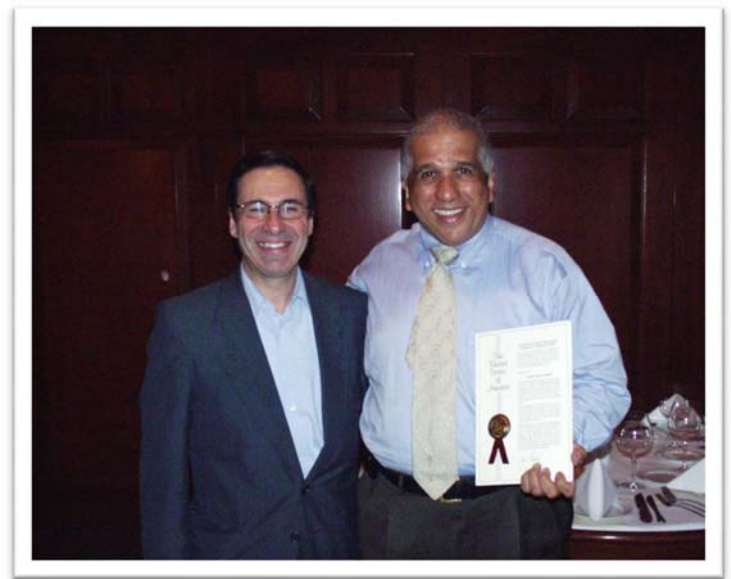
The Houston Conference on AIDS in America is something that people still remember. The nurses, particularly. We gave CMEs [continuing medical education] to the nurses and CMEs to the physicians. Some research programs were born out of it. I think that some generation of young physicians became involved and became captured by these great minds that would come to Houston. That kind of leadership creates always progress. I think that's what happened.

SCHWARTZENBURG: From tragedy to triumph, almost.

RIOS: Eventually as AIDS treatments became more effective, the hospitalizations became less and less and less, and managed care got involved. The disease became the purview of infectious disease specialists, so noninfectious disease specialists, general practitioners, oncologists were literally pushed out of the field.

I closed the AIDS program for two reasons: One, when it was not really fair to do, when we closed the hospital. And then when it became almost not needed any longer. It was almost like what happened with tuberculosis when treatment was developed. The big sanatoriums were closed and so on.

And we are still working at it. I developed an interest in developing a [HIV] vaccine at the time. It



Adan Rios and Mark Wainberg with patent for HIV vaccine, New York, 2005.

became needed, and I'm still working at it, as is the rest of the world. That's one thing that has not changed. Every so often you say, "I'm working on an AIDS vaccine."

Everybody says, "Yeah, but you have been working for a long time, and you don't have it."

Well, neither I nor the others, so how about sharing some of the resources and see if we can?

But you know, we now have calluses and we have thick skin, and so we know how to deal with it. It's only when we go back to the early years that we get very emotional, because it's just right there under the surface and it will not go away.

SCHWARTZENBURG: There was no time to process it.

RIOS: No. So I know that those emotional moments are there. The good thing is almost they can be called at will almost, and when you call them they never do harm to you. They're always good because they remind you what needed to be done, what has to be done, and what we cannot let happen again. That's really the value of that memory.

You hear about the Jewish community saying all the time, "We can't forget, because it will happen again." It's true. It's absolutely true.

So, when gay communities march and World AIDS Day is celebrated and we commemorate, and all these documentaries that have come out now about the AIDS epidemic in New York and in San Francisco, it will happen again if we forget, if we forget.

One of the greatest badges of honor that I have in my life is to have

become honorary mayor of the Gay Pride Week in 1994. I remember receiving calls telling me not to go; that there could be violence. But I went, and I got it, and it was done.

I always tell my children that if they ever want to tell somebody that I did something right, to go to the Internet and find my name there, honorary mayor of the gay [pride], and tell people this was right. Here he was right. Maybe only once in his life, but he was. So I feel very — it's something that I treasure very much. I know that in those days you couldn't get that just because it would look good on your CV [curriculum vitae]. It was a matter of human rights, and you had to have been there on the frontlines. That was the only way that they would give you that.

AIDS was what made the gay community black. I don't know if you understand my example. It gave a color and it allowed to say, "I am somebody." It gave context to their existence.

It's very peculiar how this society requires — well, in general, all, because the Jewish community became the Jewish community through that enormous crisis. Once you foot that kind of bill, there's no turning back. We have seen in it in what the progressive movement, in terms of development of AIDS therapies and the rights of AIDS patients as well as the rights of the gay and lesbian community and transgender. There's no turning back.

What else can you ask than to be part of something like that and be able to say, "I was there. I saw it."

SCHWARTZENBURG: You maintained your humanity.

RIOS: I hope so. Sometimes I don't know because, you know, you're challenged in

ways that are very — it's not easy to be challenged. I see all these people who work in civic leaderships and so on. It's not easy. It's not easy.

I remember, and I think I told you this story of this physician who was so harsh with AIDS patients, and years later he showed up in my clinic, and I was just beside myself when I saw him in the lobby, so I thought, "I thought I got rid of this guy. What is he doing here?" In those days, because of fear of authority or whatever, we would just accept comments and sneers and looks and things.

So I said, "Hi, how are you doing? What brought you here?" This is an AIDS clinic. I didn't say, "This is an AIDS clinic," but I just said, "What brought you here?"

He said, "Well, I need to talk to you in private."

So we went into a room, and he said, "I don't know how you will feel about it, but my son is in the parking lot, and he has AIDS. I told him that I was going to talk to you and see if you will take care of him. I'll be honest, as honest as I can. All the anger, and almost a sense of revenge, sent me here."

I just said, "Wow."

You hear about that the world goes around. There was nothing else that I could say to that man except to say, "Just bring your son in. We'll take care of him as if he were one of us." What can you do?

Those experiences are so unique in a sense, but they allow you to understand the complexity of these issues. You just don't know.

SCHWARTZENBURG: You never know.

RIOS: You just don't know. I'm sure like that experience, all my colleagues have way more than this. There was a first generation of AIDS physicians also who died of

AIDS taking care of AIDS patients because they also had been infected. They were the ones who led the charge, the initial charge. The lesbian community provided a care, the human touch, the embrace, the warmth of the caring. The mothers were always there.

The fathers, they came, but sometimes with some reluctance, but at the end, they came. Some of them were never able to overcome their situation, and I feel sorry for them, because who died was their child. It wasn't the neighbor's child. It was their child.

I had an experience with a man who was like a cowboy type, very laconic, few words. They were in the room of his son, and he said, "If he were my horse, I would put it to sleep. Why don't we do that?"

That was his way of dealing with the suffering that was in his son.

I said, "Well, because he's not a horse. The pain that you're suffering now, which I can see, within the distance it's going to give you comfort because you will have awareness that it hurt you to lose your son and he was not just like an animal that you put to sleep."

Those are the kind of conversations that we had in those times. Those things eventually with time translate into other things and, like I said, through this process of sublimation they give you some experience, some sense of how complex we can be as human beings.

Some people that don't live through those experiences may never have the opportunity to realize the complexities of mankind and perhaps not understand how an American president [Obama] can stand side by side in Pearl Harbor next to a Japanese man and be at peace because they both know that the other

alternative is not acceptable any longer; that hatred is not going to get anywhere.

Like I said, I'm not saying this in a political context, but I believe the fact that President Obama grew up in Hawaii, where Pearl Harbor happened, historically may have influenced his concept of what happened there and allowed him to stand with the prime minister of Japan and have a moment of growth for humanity rather than regression. I believe it's through these experiences that we are transformed. These are transforming experiences.

I don't know what else to say.

SCHWARTZENBURG: You've said a lot, and I really appreciate your time and your stories today because it's very good to capture those recollections so that we can all learn from your experiences and hopefully make humanity better.

RIOS: Now we need to understand that the experience of AIDS can be translated to other spheres of mankind, you know, the community support. The benefit windfall of all the knowledge that came out of the AIDS experience, all those things can be — I have sometimes discomfort when we talk about the great progress that AIDS has brought to medicine and the accomplishment of the pharmaceutical and medical community, because often what is forgotten in that initial statement is the fact that all this was built upon the shoulders of people that had been rejected to the max and that despite the rejection, they didn't quit and they forced the issue, because these were young people who refused to die and refused just to lay their life on the basis of something that made absolutely no sense to them. As they demanded treatment and recognition and acceptance of their existence, they forced us to change, and the change makes us better because we were able to understand the biology of these viruses and develop these medications.

I honestly believe that if the gay community had lain down and said like many unfortunates that I had the opportunity to be at their bedside at the time of death, young people who said, “I’m tired, and I think it’s time to let go. And you know what, Dr. Rios? It’s going to be better for everybody” — I don’t know how many times I heard that, but one was too many — if the community had laid down, I believe we would have said, “Great,” and it would have been the end of the story.

May be some who will say, “No, you’re crazy. This is not the way we behave,” this and that.

I only have my experience, and all I know is that when the other guy lays down his rifle, we shoot them because we thought they were our enemies. I think that’s what we would have done, I believe. I think there were people within the community that were so beaten that they had accepted that reality, and that’s why sometimes their last breath was a breath that they could convince that their death was a benefit to society because they had come to that point.

SCHWARTZENBURG: They had been treated that way.

RIOS: They had been treated that way, yeah.

SCHWARTZENBURG: And told that.

RIOS: And told that.

SCHWARTZENBURG: “[That] it’s better if you die.”

RIOS: “It’s better if you die. Everybody will be better without this problem.”

But there were people who had the foresight to say, “No, I refuse to die.”

That’s the great mystery of youth. Youth refuses to die. I don’t know if at all ages we do the same, but I just know that these were young people and they

just said, “No way. There better be a way to solve this problem. They’ve got to find treatments. They’ve got to do something. I mean, this is nonsense,” and they fought for it.

I always try to remind people when we talk about how great that our accomplishments have been not to forget how they came about, because we don’t talk about that. If you look at the medical journals, we self-aggrandize ourselves and we glorify our accomplishments, not that they don’t deserve it, but I think that always those introductions should choose half a line or two saying, “Thanks to the initial series of AIDS patients who refused to die and forced society to find a solution.”

It’s not going to diminish us. Again, it will give us a higher position. It will make us better. It will give a better value to what was done. Like I said, it was done because it was people who refused to die. Otherwise, I think nothing would have happened, and it would have been — oh, my God, I just can’t think about it. It’s unthinkable.

SCHWARTZENBURG: You couldn’t have done that without allies like you and the people that did see the suffering and stepped up to do something.

RIOS: So many, so many heroes. I don’t think that I did as much as I could, and I feel privileged just to have been there. There are two examples that I use. They are just analogies. I always tell people, “I feel like the foot soldier who was there when Napoleon surrendered to Wellington, and I can say I was there.” I was there. I wasn’t guarded in some nice house in London. I was in Waterloo. I saw it. Nothing can change that experience.

I also remember an interview that was done on PBS [Public Broadcasting

Service] about an old soldier that had been a prisoner of war during the Bataan March, and he said how they would keep their discipline by — because all the leadership was eliminated very quickly, but they would always name somebody like, “You’re the chief now,” and they would keep their discipline. They would salute the Union Jack every day, and they just tried to keep themselves together.

When they were liberated, he was narrating how the American captain came with the soldiers, and the American captain had a pristine uniform, pleated, just perfect, and they hadn’t seen something like that in all these years. They were famished, malnourished. They were on the verge almost of death from malnourishment. This captain walked into the camp, and when he saw them, he just couldn’t resist it, and he just sat down on the cot and took his hat — which taking off the hat in the military is almost like becoming civilian again. What he saw prompted him to do that. It was almost like an unconscious rejection of the military existence because it was capable of doing things like this. He sat, and he told whoever was his assistant, he said, “Tell them that they don’t need to be standing at attention.”

The guy told them, and they didn’t do it.

Then he said, “Why you don’t do it?”

He said, “Because this is the only way we were able to keep ourselves alive, was to keep ourselves together.”

The guy said, “Well, you’re going to have to give them an order. Otherwise, they won’t do it.”

So he gave the order, and then he started talking to him, and he said, “How many were you?”

The reply of the leader at the time — there were maybe 175, something like that — he said, “We were 500.” But the clinch is, “We are all here.”

I saw that interview, and it grabbed me, because I used to tell people there were times when I would have heated discussions, and I would say things that people would be a little bit like, “Hey, we’re in Texas. Remember that banker who was murdered in Montrose, stabbed and then beat up to death. People will come in trucks to Montrose to just attack.”

My reply was based on that interview that I saw. I said, “Well, you don’t see it, but I walk around with a lot of people, and they’re all with me,” and they would look around, but I felt always protected because I always thought my friends are with me. They’re here in the room. I have to say what they know. I need to say.

At other times, I wasn’t talking for the person who was listening to me. I was talking for my friends. That’s the way these experiences can change you.

I thought that interview was very insightful to me. It was very powerful, what the guy said. “We are all here.” Who can forget those who went ahead and did what they did? It was human experiences, basically. It’s all human experience.

SCHWARTZENBURG: I think we can stop here. I thank you so much, so much for your time and stories today. I really appreciate your contribution.

RIOS: I hope they were helpful.

SCHWARTZENBURG: Yes, very much.

[END OF AUDIO PART 2]

[INTERVIEW CONCLUDED]