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The Bread of Life

By Dodd Sims, M.D.

With the recent announcement that Dr. Anthony Fauci will be retiring at the end of this year, I was reminded of the first time I encountered his name and his work. It was more than forty years ago, and we were just learning about an impending medical crisis.

In June 1981, the Centers for Disease Control announced the first cluster of cases of what they feared was a new infectious disease. The symptoms included progressive weight loss accompanied by unusual infections and tumors. It appeared to affect mostly gay males. As case reports started to stream in from around the world, we feared a world-wide pandemic that would impact everyone.

We now call this syndrome HIV/AIDS. To date, 700,00 Americans have died from the AIDS pandemic, far fewer than have already died and will continue to die of Covid-19. But still, at the time, AIDS was devastating – no vaccine and for many years there was no effective treatment at all. One hundred

percent of patients who contracted AIDS would die. This is a much higher number than the one to two percent of patients who die of Covid-19.

In June of 1981, I was starting my last year of medical school in Chicago. I had not yet seen a case myself. During the next three years of my internal medicine training in Texas, we saw an occasional case. By the time I started practicing in DC in the summer of 1985, HIV/AIDS was real problem.

At the time, I was one of the few young male internists practicing near Dupont Circle, the heart of DC's gay community. I started picking up patient after patient with this new, slowly fatal disease. Within a few years, roughly ten percent of the total cases in DC were my patients.

They would generally come to me when they were in the last stages of the disease. They were often sick with an unusual form of pneumonia or a brain infection from a rare parasite. We would admit them to the hospital and treat their infections as best we could and then send them home to die.

Many would die alone, or perhaps with a few friends or a partner who was also infected but not yet near death. There was seldom any family. After all, these were gay men and, at that time, because of the stigma attached to being gay, they were estranged from their families.

Occasionally, the parents would show up and want to talk to me. They were often from small towns in Idaho or Kansas. The mothers typically showed real concern. The fathers would stand and pace and shake their heads. They simply could not come to terms with the fact that their son was gay. The families might stay for the weekend and then fly home. The only other contact I would have with them was when I called a few weeks later to tell them their son had died.

Rarely, I would have a married AIDS patient. These were particularly sensitive cases. The one case that has stayed in my memory was a successful African American lawyer. He was leading a double life, living on the "down low" as I came to understand the term. He had a wife and family in DC but a male lover in LA where he often went on business.

As he was getting sicker and missing more and more work, the couple came together to consult. Their concern was not that he was dying. Their fear was

that their social circle would learn about his double life. In fact, their goal was for him to die quickly and quietly, to avoid the shame associated with AIDS.

We agreed to stop all tests and treatment. He would stay home refusing food, accepting only sips of water. I guessed that he would not live more than two weeks. They thanked me deeply and sincerely for my support. As I left the exam room, I could literally hear the sigh of relief that there was a plan to keep his secret. The obituary could read, "He died after a short illness." I received a few queries from prominent professionals in the community but kept my promise not to discuss his case.

Demetrius was different. He had been a Marine, big and strong, so even as he wasted away, he still had a certain sparkle in his eyes and continued to show hope. As it turned out, his mother was a cafeteria worker in the hospital. She had the early shift, arriving at five in the morning to bake the biscuits we all enjoyed with our morning coffee.

If Demetrius was in the hospital, she visited him every day. Whenever our paths crossed, she greeted me, always asking how I was. She asked how my other AIDS patients were doing. She assured me that she was praying for them and for me.

As Demetrius approached the end of his life, she stopped me in the hospital corridor. "What," she asked, "can I cook for Demetrius?" She thought maybe fried chicken, perhaps peach pie. She wanted to know what would make him better.

I told her to bake him biscuits. She asked, "Will biscuits make him better?" I assured her, "Your biscuits will make him better."

He died a few weeks later, but I'm sure her biscuits made him better.

"Jesus said to them, "I am the bread of life. Whoever comes to me will never be hungry, and whoever believes in me will never be thirsty." John 6:35