

John L. Ziegler  
Oral History  
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Conducted by Dennis Rodrigues

This is a telephone interview with Dr. John Ziegler of the Veterans' Hospital, University of California, San Francisco, on Dr. Ziegler's contribution to AIDS research in the early 1980s. Dr. Ziegler was formally in the National Cancer Institute (NCI). In this interview he discusses the workshop of September 1981, which was conducted by NCI in response to the excessive cases of Kaposi's sarcoma and Pneumocystis carinii pneumonia; the role of the Centers for Disease Control (CDC) in early awareness creation; the National Institutes of Health's initial mobilization; and the first ever AIDS research grant. He also briefly describes the positions held by him at NCI. The interviewer is Dennis Rodrigues, program analyst, the NIH Historical Office.

Rodrigues: One of the very first things that happened at the NIH in response to the outbreak of Kaposi's sarcoma [KS] and Pneumocystis carinii pneumonia [PCP] was a workshop in September 1981, which you were instrumental in organizing. Could you describe the thinking behind the workshop? For instance, how did you decide on whom to invite? What were the goals and outcomes you expected?

Ziegler: Briefly, the sequence of events, as I recall, was that in June 1981 the CDC [Centers for Disease Control] started to get reports of excess cases of Kaposi's sarcoma in homosexual men, and they could not account for these figures. Finally, they published their results, I think sometime in early August, August 8, I believe. The report was picked up by the *New York Times*, a small piece went into the *Times*, saying that a federal agency reported excess numbers of rare cancers in gay men. That was the first time that I had seen this, and during that week I got a call from Dr. Bruce Chabner, who was then head of the DCT, Division of Cancer Treatment, at NCI. He said that they wanted to put together a meeting and figure out whether this was an epidemic of cancer, to evaluate the current situation and what it meant. He wanted to know what I knew about it. Basically, I became involved because I had spent five years in Uganda, from 1967 to 1972, studying various kinds of indigenous forms of cancer there. One of those forms was Kaposi's sarcoma, which comprises something like ten percent of the adult malignancies in males. I had written many papers on Kaposi's sarcoma, and we had conducted a major treatment program there [in Uganda]. That was really the only place in the world where there was considerable clinical expertise on Kaposi's sarcoma. Kaposi's sarcoma emerged in the United States in the 1970s in patients who were getting transplants and were immune-suppressed. So, it was not a surprise that Kaposi's sarcoma appeared again when AIDS appeared and we realized that we were dealing with an acquired immunodeficiency.

Because of my experience in Africa and my interest in the disease, Bruce Chabner and I discussed who should come to this meeting, and we selected a number of investigators. One of the participants was from New York, Dr. Alvin E. Friedman-Kien, who was one of the first physicians to call attention to Kaposi's in gay men. Dr. Marcus Conant came in from San Francisco. Dr. Chuck (Charles) Vogel came up from Miami. He had been involved in a major way in the Uganda Project. Dr. Linda Laubenstein came from New York University, where she is an oncologist, and was then working under Dr. Franco Muggie, a former NCI investigator who was treating patients with Kaposi's. After the NCI meeting, I wrote up a short summary, which was published in the *Journal of the NCI*, probably around December 1981. It was probably one of the first official NCI papers having to do with the epidemic.

Rodrigues: What was your position at that time in the Cancer Institute?

Ziegler: Before I left, I was the Editor-in-Chief of the *Journal of the National Cancer Institute*. Prior to that, I was the associate director for the Medical Oncology Program.

Rodrigues: Was your training that of an oncologist?

Ziegler: Yes. I studied at Amherst College and Cornell University and went to the NIH in 1966. The following year I went to Uganda for five years. When I returned, I became the chief of Pediatric Oncology at NCI from 1971 to 1974. I was the associate director for Clinical Oncology and deputy clinical director of NCI for five years after that. I became the editor-in-chief of *JNCI* for a year, after which I moved to the University of California, San Francisco.

Rodrigues: And, again, when in 1981 did you leave NIH?

Ziegler: I departed around the sixteenth of August and arrived in California just after the first cases of KS and AIDS were discovered.

Rodrigues: Did you in any way maintain any sort of collaborative relationships with NIH staff?

Ziegler: Off and on, yes. I stay in touch with Dr. Ian Magrath of the Pediatric Branch of NCI. We worked together in Africa for many years. I recruited him to the NIH in the early seventies and he has been there ever since. He works on the AIDS-associated lymphomas. I have kept in touch with Dr. William Blattner. I was in a meeting with Dr. Robert Gallo in Florida in early 1982, and we talked about AIDS being caused by an HTLV-I, Human T-cell Leukemia Virus-type one, type retrovirus.

Rodrigues: One other aspect of our project, in which Dr. Victoria Harden is particularly interested, has to do with the intellectual process that physicians and scientists employed in looking at this new problem. One of the questions we have asked a number of people is how they viewed these new cases; what they felt about the different theories; when they began to think it was definitely an infectious disease and then a viral disease.

Ziegler: I think that the CDC deserves the major share of the credit in that evolution of thought. They traveled all over the country, trying to piece cases together, and did some small case control studies. I would say that the majority of the credit here goes to Jim (Dr. James Curran), and Hal (Dr. Harold) Jaffe, and that whole group. They were the ones who between 1981 and 1983 collected enough cases to show that this was an infectious process; that it followed the path of hepatitis B; that it was probably communicable; and that it was probably sexually communicable, particularly through homosexual practices. They also were the first to pick up the early spread of AIDS at the blood banks and through intravenous drug abusers. So they were able to hypothesize pretty quickly that this was an infectious agent that was in the blood stream and was sexually communicated. They realized that it was very much like the hepatitis virus. The cases coming from Africa and Haiti were a little perplexing at first, but obviously those were also sexually transmitted. In fact, travelers or indigenous Africans were the point sources for many of the European cases. There was a Haitian outbreak at the beginning of the epidemic, a situation that was really a microcosm of what was going on in Africa, albeit slightly more advanced. I would say that over the first two or three years of the epidemic, the CDC was clearly the world leader in determining how the epidemic was evolving.

Rodrigues: Since you have worked both at the NIH and outside the institution, you have a unique perspective on the nature of the response that was mounted both by the CDC and the NIH. There were many people who were very critical of the government agencies, saying they were not doing enough, yet there were others who said that the agencies moved very fast. A number of people have suggested that the NIH could not initiate a program sooner because there was not enough information. How did you view these arguments?

Ziegler: In the very earliest years, the NIH was short-sighted in terms of getting its leadership mobilized for what was obviously going to become a major pandemic. I think you can spread the blame around. Ironically, it was the Cancer Institute that first got heavily involved in AIDS because of the Kaposi's and lymphoma connections. If AIDS had not been associated with cancer, it is possible that the Cancer Institute would not have paid too much attention to it. It was probably the cancer link that got investigators going. In fact, just for the record, the very first grant that any organization gave anybody for AIDS research was an American

Cancer Society grant to the University of California, San Francisco to study Kaposi's sarcoma in the clinic. That came from their vice president, Dr. Frank Rauscher, a former director of NCI. This first grant from the American Cancer Society was a research development award for \$50,000. It paid for a nurse, some equipment, transport and so forth, so we could start a Kaposi's clinic here in San Francisco, which was largely done by Marcus Conant over at the university. During the same time, we tried to get some funds from the NIH, but it was very hard to obtain grants early on for predominantly clinical descriptive study. We finally got a small cooperative agreement with NCI, which began around late 1982. Dr. Marcus Conant, myself, Dr. Paul Volberding, Dr. John Greenspan, and Dr. Jay Levy were the major proponents for AIDS research on our campus in the early days.

Rodrigues: I think one of the unique aspects of AIDS is how the transition occurred to a major research commitment on it. In the beginning, everyone was involved with other different types of research, and funding was very competitive. Then, suddenly, a new problem appeared, and it did not fit existing research programs. It was not as if scientists had a lot of flexibility to redirect resources, beds, nurses, technicians toward this problem.

Ziegler: Nobody saw the whole elephant, either. It was hard to realize that we were dealing with one major disease, which was spreading rapidly and was already taking hold, rather severely, in the Third World. The CDC was raising a lot of red flags, but it was not getting many resources. I think that before Dr. Gallo got in, the NCI had not given it much attention, except for these small cooperative agreements. NIAID was way behind. Dr. Anthony S. Fauci had written some speculative articles, but there had not been very much interest in that institute until early 1982 or 1983. I am not that critical of the NIH. I have been there, and I know how the place works. You need to get somebody in a position of leadership excited about it (a disease problem) and to get a commitment takes a while. I think Dr. Fauci deserves much credit for mobilizing the necessary resources from the Congress.

Rodrigues: This has been very enlightening. Thank you very much, Dr. Ziegler.