

## Houston Area HIV Services Ryan White Planning Council

### Affected Community Committee Meeting

12 noon, Tuesday, November 22, 2016

**Meeting Location:** St. Hope Foundation  
1414 S. Frazier Street; Conroe, TX 77301

### AGENDA

---

- I. Call to Order Allen Murray and  
Tana Pradia, Co-Chairs
- A. Welcome
  - B. Determine the person chairing the meeting
  - E. Moment of Reflection
  - F. Adoption of the Agenda
  - G. Approval of the Minutes
- II. Public Comment  
(NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. **No one is required to give his or her name or HIV/AIDS status.** All meetings are audio taped by the Office of Support for use in creating the meeting minutes. The audiotape and the minutes are public record. If you state your name or HIV/AIDS status it will be on public record. If you would like your health status known, but do not wish to state your name, you can simply say: "I am a person with HIV/AIDS", before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization. If you work for an organization, but are representing your self, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to a member of the staff who would be happy to read the comments on behalf of the individual at this point in the meeting.)
- III. Training: HIV and Substance Abuse Pennye Rhodes, PA  
St. Hope Foundation
- IV. Old Business Allen or Tana
- A. Monthly Topics & Off Site Meeting Locations
  - B. 2016 Community Events
  - C. Greeters
  - D. Quarterly Committee Report
  - E. 2017 Committee Goals
- V. Announcements
- VI. Optional: Members Meet with Committee Mentor Cecilia Ross
- VII. Adjourn

## Houston Area HIV Services Ryan White Planning Council

### Affected Community Committee Meeting

12 noon, Tuesday, September 20, 2016

**Meeting Location:** 2223 West Loop South, Room 532; Houston, Texas 77027

## MINUTES

MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT
Tana Pradia, Co-Chair	Amber David	Bruce Turner
Allen Murray, Co-Chair	Arlene Johnson, excused	Tracy Gordon
Curtis Bellard	Jacob Sandler, excused	Robert Noble
Ardry "Skeet" Boyle	Herman Finley	Michael Kennedy
Teresa Pruitt	Lionel Pennamon	John Poole
Cecilia Ross	Rodney Mills, excused	Angela F. Hawkins
Viviana Santibanez		Tasha Traylor, RWGA
Johnetta Evans-Thomas		Carin Martin, RWGA
		Tiffany Shepherd, TRG, via phone
		Tori Williams, Office of Support
		Rodriga Avila, Office of Support

**Call to Order:** Tana Pradia, Co-Chair of the Affected Community Committee called the meeting to order at 12:10 p.m. and asked for a moment of reflection.

**Adoption of the Agenda:** *Motion #1*: it was moved and seconded (Pruitt, Bellard) to adopt the agenda. **Motion carried unanimously.**

**Approval of the Minutes:** *Motion #2*: it was moved and seconded (Boyle, Bellard) to approve the August 23, 2016 minutes. **Motion carried. Abstentions:** Ross, Bellard.

**Public Comment:** None.

**Old Business:** Members reviewed the list of monthly meeting topics, off-site meeting locations, 2016 Community Events, and the list of Greeters for 2016 Planning Council meetings.

**Announcements:** None.

**FY 2017 Standards of Care and Performance Measures:** Tasha Traylor and Carin Martin from RW Grant Administration provided draft copies of standards of care and performance measures. They invited consumers to share problems they were having within the care system and encouraged meeting participants to suggest ways in which services can be improved. They took notes on all comments and will report back to the Council, especially if comments can be related to the FY 2017 Standards of Care and Performance Measures. Tiffany Shephard, representing The Resource Group, also took notes and will report back to the Council if the comments can be related to the FY

2017 Part B and State Services Standards of Care and Performance Measures.

**Adjourn: Motion #5:** *it was moved and seconded (Boyle, Pruitt) to adjourn the meeting at 1:40 p.m. Motion carried.*

Submitted by:

Approved by:

\_\_\_\_\_  
Tori Williams, Director                      Date

\_\_\_\_\_  
Committee Chair                              Date

**Houston Area HIV Services Ryan White Planning Council**

**Affected Community Committee Meeting**

12 noon, Tuesday, October 25, 2016

**Meeting Location:** 2223 West Loop South, Room 532; Houston, Texas 77027

**INFORMAL NOTES SINCE QUORUM REQUIREMENTS WERE NOT MET**

---

<b>MEMBERS PRESENT</b>	<b>MEMBERS ABSENT</b>	<b>OTHERS PRESENT</b>
Tana Pradia, Co-Chair	Amber David	Heather Keizman, RWGA
Allen Murray, Co-Chair	Cecilia Ross, excused	Diane Beck, Office of Support
Curtis Bellard	Rodney Mills, excused	Rodriga Avila, Office of Support
Ardry "Skeet" Boyle	Johnetta Evans-Thomas	
Arlene Johnson	Lionel Pennamon	
Herman Finley	Jacob Sandler	
Teresa Pruitt	Viviana Santibanez	

**Training: Prevention of Domestic and Sexual Violence:** Heather Keizman from Ryan White Grant Administration presented information on intimate partner violence (IPV). Pradia said that her training on IPV at the Houston Area Women’s Center was well attended. She would like to have a committee meeting there.

**2016 Community Events:** The following volunteered for Road 2 Success on November 12: Boyle, Pruitt, Pradia, Finley and Bellard.

## Schedule of Topics for 2016 Affected Community Committee Meetings

(revised 10-18-16)

Shaded areas indicate an off-site meeting location; black areas = meeting rooms not available

Confirmed	Month 2016	Topic	Speaker/Facilitator	Meeting Location
✓	12 noon, Tues. February 23	<ul style="list-style-type: none"> <li>• Purpose of the Council and Public Hearings</li> <li>• Participation in Health Fairs</li> <li>• Why meetings are held off-site</li> </ul>	Tori Williams	Office of Support
✓	12 noon, Tues. March 17	Joint meeting of the Affected Community, Priority & Allocations and Quality Improvement Committees	Committee Co-Chairs	Office of Support
✓	12 noon, Tues. March 22	<u><b>Training for Consumers:</b></u> The RW How To Best Meet the Need Process - Part 1	Tori Williams	Office of Support
✓	1:30 - 4 p.m., Thurs. April 14	How To Best Meet the Need Training – Part 2	Planning Council Chairs	Office of Support
✓	10:30 a.m. – 4 p.m. Tues. April 26 &/or Wed. April 27	How To Best Meet the Need Workgroups	Quality Improvement Committee	Office of Support
✓	12 noon, Tues. May 24	HIV and the Asian Community	Peta-gay Ledbetter, PhD	Hope Clinic 7001 Corporate Dr., #120 Houston, TX 77036 713 773-0803
✓	6:30 – 8:00 p.m. WEDNESDAY June 15	HIV and the Heterosexual Community Advisory Board (CAB)	Amana Turner	Change Happens 3353 Elgin St. Houston, TX 77004
✓	12 noon, Tues. July 26	PrEP	Adonis May	Bee Busy Wellness Center 8785 West Bellfort Ave. Houston, TX 77031
✓	12 noon, Tues. August 23	<u><b>Training for Consumers:</b></u> Standards of Care, Why Should I Care?	Amber Harbolt, Health Planner, Office of Support	Office of Support
✓	12 noon, Tues. Sept. 20	Standards of Care and Performance Measures <u><b>Consumer Only</b></u> Workgroup	Carin Martin, Manager Ryan White Grant Administration	Office of Support
✓	12 noon, Tues. October 25	Prevention of Domestic and Sexual Violence	Heather Keizman, Ryan White Grant Administration	Office of Support
✓	12 noon, Tues. November 22	HIV and Substance Abuse	Pennye Rhodes, PA St. Hope Foundation	St. Hope Foundation, <u><b>Conroe</b></u>

**Possible Topics:**

Community Involvement in HIV Clinical Research Trials - Morénike Giwa

Medication Updates – Shital Patel, MD or Ben Barnett, MD OR invite all drug reps. Include info on getting Rx's FDA approved, change to generic status – how does this impact ADAP pricing?

## Affected Community Committee 2016 Community Events (as of 10/18/16)

Point Person (PP): Committee member who picks up display materials and makes sure they are returned to the Office of Support.

Day, date, times	Event	Location	Participants
Sunday, March 6 1pm-Walk	AIDS Foundation Houston (AFH) AIDS Walk	Houston Park Downtown 1100 Bagby Street, 77002	Allen Murray will distribute Project LEAP flyers.
Friday, May 6; 6 – 9 pm Contact: H. Finley/J. Humphries	Houston Splash 2016	Double Tree Hotel – Galleria	Allen, Teresa, Curtis, Arlene, Cecilia <b>PP:</b> <b>Teresa; back up Skeet</b>
Saturday, June 25 Noon – 7:00 pm	Pride Festival	Downtown near City Hall	<u>Shift 1 (11:30 am-2 pm) : PP Curtis</u> , Peta, Tana, Johnetta <u>Shift 2 (2-4:30 pm)</u> John L, Ruth, Teresa, Allen <u>Shift 3 (4:30-7 pm): PP Teresa</u> , John L., Tracy, Rodney <b>To be Assigned:</b> Steven , Carol, Arlene
Friday, September 16	HIV and Aging Symposium	Montrose Center	Tana, Allen, Curtis, Cecilia, Teresa, Rodney, Johnetta, Viviana, Tracy G. <b>PP:</b> <b>Skeet</b>
Sunday, September 18	MISS UTOPIA	Crowne Plaza Northwest-Brookhollow 12801 Northwest Freeway Houston, TX 77040	<b><u>Need 3 volunteers</u></b> Carol, Peta, Skeet, Tana, Cecilia <b>PP: Peta, Curtis, Skeet_</b>
Saturday, November 12	Road 2 Success – Part 1	Montrose Center 401 Branard Street, 2 <sup>nd</sup> Floor, 77006	<b><u>Need 12 volunteers</u></b> Bellard, Boyle, Pruitt, Pradia, Finley
Tuesday, December 1	World AIDS Day Events		Most committee members attend events
December Contact: Herman Finley	Gay Men’s Health Summit New Name: Live Out Loud	Hiram Clarke Multi Service Center 810 W. Fuqua St., 77045 <b>MAY BE MOVED TO UNITED WAY</b>	Teresa (PP), Curtis, Allen, Cecilia, Arlene
January 14, 2017	Road 2 Success	Montrose Center 401 Branard Street, 2 <sup>nd</sup> Floor, 77006	<b><u>Need 12 volunteers</u></b>
<b><u>NEW DATE:</u></b> Saturday, January 21 2017 8:00 a.m. – 2:30 p.m.	HIV Testing and Prevention: Tools for Your Practice	Houston Marriott Medical Center 6580 Fannin Street (Driveway Entrance on 1730 Dryden Rd) Houston, TX 77030 (713) 796-0080	Curtis, Rodney, Allen, Tracy, Tana  <b><u>CONFIRM IF AVAILABLE FOR NEW DATE:</u></b> Cecilia, Teresa, Isis

## Greeters for 2016 Council Meetings

(Revised: 08-15-16)

<b>Meeting Dates</b> (Please arrive at <b>11:45 a.m.</b> Unless otherwise noted, the meetings are held at 2223 W. Loop South)	<b>Greeter #1</b> External Member	<b>Greeter #2</b>	<b>Greeter #3</b>
Thurs. March 10	Viviana Santibanez	Teresa Pruitt	Arlene Johnson
Thurs. April 14	Johnetta Evans Thomas	Gene Ethridge	Allen Murray
Thurs. May 12	Lionel Pennamon	Gene Ethridge	Teresa Pruitt
Thurs. June 9 <b>Off-Site Location:</b>	Johnetta Evans Thomas	Allen Murray	Teresa Pruitt
Thurs. July 14	Ruth Atkinson	Teresa Pruitt	Tana Pradia
Thurs. August 11	Tana Pradia	Teresa Pruitt	Skeet Boyle
Thurs. September 8	Teresa Pruitt	Arlene Johnson	Viviana Santibanez
Thurs. October 13	Teresa Pruitt	Curtis Bellard	Isis Torrente
Thurs. November 10 External Committee Member Appreciation	Teresa Pruitt	Curtis Bellard	Skeet Boyle
Thurs. December 8	Teresa Pruitt	Curtis Bellard	Skeet Boyle

**2016 QUARTERLY REPORT**  
**AFFECTED COMMUNITY COMMITTEE**

(To be submitted November 2016)

**Status of Committee Goals and Responsibilities (\* indicates a HRSA mandate):**

1. Educate consumers so they understand how to access HIV/AIDS treatment, medication and clinical trials. Provide information that can be understood by consumers of diverse educational backgrounds on client-centered issues such as: medication side effects, toxicities, adherence and more.

**Status:**

2. Continue to meet 4 – 6 times a year in locations throughout the Houston EMA/HSDA in order to make the Council more accessible to people living with HIV/AIDS.

**Status:**

3. Distribute information about committee meetings and Council sponsored, educational opportunities to local service providers.

**Status:**

4. Assure participation by people living with HIV/AIDS in all Council work products.

**Status:**

5. \*Work with other committees to coordinate Public Hearings regarding the FY 2017 How to Best Meet the Need Results & Priorities and Allocations for Ryan White Parts A and B and State Services.

**Status:**

6. Continue marketing the activities of the committee and Council through health fairs and other appropriate activities so that people living with HIV/AIDS can attend committee meetings and give input to the Council.

**Status:**

7. Recruit Council applicants throughout the year.

**Status:**

8. Annually, review the status of committee activities identified in the current Comprehensive Plan.

**Status:**

\_\_\_\_\_  
Committee Chairperson

\_\_\_\_\_  
Date



**FYI**

## CONTRIBUTOR

# For Our Communities, HIV is Too Important to Ignore

© 10/14/2016 04:24 pm ET



Brent A. Wilkes  
National Executive Director,  
The League of United Latin  
American Citizens

This post is hosted on the  
Huffington Post's Contributor  
platform. Contributors control  
their own work and post freely  
to our site. If you need to flag  
this entry as abusive, [send us  
an email](#)

*This piece was co-authored by Mary Beth Maxwell of the Human Rights Campaign.*

Today marks [National Latinx AIDS Awareness Day](#), an opportunity to focus the nation's attention on the impact of HIV and AIDS on Latinx communities. And focus our attention, we must. With HIV transmission rates on the rise among Latinx LGBTQ people, it is imperative that we recognize HIV as the intersectional issue that is it.

According to the Centers for Disease Control and Prevention (CDC), Latinxs [accounted for 24 percent of all new HIV diagnoses](#) in 2014 despite comprising only 17 percent of the entire U.S. population. While that number is unacceptably high by any measure, it pales in comparison to the alarming rates of HIV transmission we're seeing among Latinxs in the LGBTQ community.

Between 2005 and 2014, HIV diagnoses fell by 4 percent among all Latinxs *except* Latino gay and bisexual men, among whom rates have steadily increased. In fact, the CDC now estimates that if current trends continue [one in four Latino gay and bisexual men](#) will contract HIV in their lifetime. One in four. The situation is also dire for Latina transgender women, who continue to experience disproportionately higher rates of HIV transmission when compared to their white and cisgender (i.e., non-transgender) counterparts. A [2008 survey](#) of transgender and gender non-conforming people in the U.S. found that nearly 8 percent of Latina respondents reported living with HIV, more than double the percentage of all trans respondents.

These numbers should shake all of us to our core.

Behind every statistic is a real person whose life has been impacted by HIV. All too often, our organizations encounter [people like Alexa Rodriguez](#), a brave

transgender woman who contracted HIV from a partner years after she immigrated to the United States from El Salvador. Or [people like Steven Vargas](#), a LULAC Houston member and long-term survivor who has been living with HIV since 1995. Steven lost both of his parents to AIDS-related complications.

Their stories speak to some of the social, legal, and cultural barriers Latinx LGBTQ people face in getting tested or treated for HIV, including language and immigration status. Many undocumented Latinxs, for example, avoid seeking HIV-related services altogether for fear of violence, harassment, and deportation – fears that are only compounded when woven together with homophobia and transphobia.

As leaders of two of the nation's largest LGBTQ and Latinx civil rights organizations, we have a tremendous responsibility to ensure that any talk of an "AIDS-free generation" includes tackling the unique issues facing LGBTQ Latinxs. That means continuing to educate our members and supporters about the current realities of HIV, advocating for sound public policies that address the societal barriers keeping people from getting connected to care, and combating stigma wherever it rears its ugly head. It means reminding people to get tested early and often for HIV and other sexually transmitted infections, to take advantage of new HIV prevention and treatment options like [Pre-Exposure Prophylaxis](#) (PrEP), and to vote for candidates at all levels who support our communities and share our priorities.

In a time when both the LGBTQ and Latinx communities have so much at stake, our organizations reaffirm our shared commitment to pushing for a world where all people can lead healthy, meaningful lives regardless of their HIV status. We'll only get there by working together.

*Brent A. Wilkes is the National Executive Director of the League of United Latin American Citizens. Mary Beth Maxwell is Senior Vice President for Research, Training, and Programs at the Human Rights Campaign.*

HEALTH

# H.I.V. Arrived in the U.S. Long Before ‘Patient Zero’

By DONALD G. McNEIL Jr. OCT. 26, 2016

In the tortuous mythology of the AIDS epidemic, one legend never seems to die: Patient Zero, a.k.a. Gaétan Dugas, a globe-trotting, sexually insatiable French Canadian flight attendant who supposedly picked up H.I.V. in Haiti or Africa and spread it to dozens, even hundreds, of men before his death in 1984.

Mr. Dugas was once blamed for setting off the entire American AIDS epidemic, which traumatized the nation in the 1980s and has since killed more than 500,000 Americans. The New York Post even described him with the headline “The Man Who Gave Us AIDS.”

But after a new genetic analysis of stored blood samples, bolstered by some intriguing historical detective work, scientists on Wednesday declared him innocent.

The strain of H.I.V. responsible for almost all AIDS cases in the United States, which was carried from Zaire to Haiti around 1967, spread from there to New York City around 1971, researchers concluded in the journal *Nature*. From New York, it spread to San Francisco around 1976.

The new analysis shows that Mr. Dugas’s blood, sampled in 1983, contained a viral strain already infecting men in New York before he began visiting gay bars here after being hired by Air Canada in 1974.

The researchers also reported that originally, Mr. Dugas was not even called Patient Zero — in an early epidemiological study of cases, he was designated Patient

O, for “outside Southern California,” where the study began. The ambiguous circular symbol on a chart was later read as a zero, stoking the notion that blame for the epidemic could be placed on one man.

Myths like that of Patient Zero echo in prevention efforts even today, experts said. Many vulnerable groups, including young gay men and African women, fail to use protective drugs or avoid testing because they fear being stigmatized or accused of being carriers.

Reflecting on the epidemic’s early days, Dr. Anthony S. Fauci, then a doctor treating AIDS patients and now the director of the National Institute of Allergy and Infectious Diseases, said he remembered it seeming plausible at the time that one person was responsible.

In hindsight, he added, the idea now seems absurd. “We were unaware of how widespread it was in Africa,” Dr. Fauci said. “Also, we thought, based on very little data, that it was only about two years from infection to death.”

The new data is consistent with the scenario described in 2011 in “The Origins of AIDS,” by Dr. Jacques Pépin, an infectious disease specialist at the University of Sherbrooke in Quebec.

Relying on previous genetic research and African colonial records, Dr. Pépin showed that H.I.V. was carried from Kinshasa to Haiti in the 1960s — most likely by one of the thousands of Haitian civil servants recruited by the United Nations to work in the former Belgian Congo after colonial rule collapsed.

In Haiti, he theorized, a few cases were multiplied by unsterile conditions at a private blood-collecting company, Hemo-Caribbean, that opened in 1971 and exported 1,600 gallons of plasma to the United States monthly. Plasma clotting factors were used by American hemophiliacs, many of whom died of AIDS.

Haiti was also a sex-tourism destination for gay men, another route the virus could have taken to New York.

The blood samples analyzed in the new study were collected in 1978 and 1979 in New York City and San Francisco as part of an effort to make a hepatitis B vaccine.

Researchers stored almost 16,000 blood samples; nearly 7 percent of those from New York and 4 percent of those from California later turned out to be infected with H.I.V.

A team led by Michael Worobey, an evolutionary biologist at the University of Arizona in Tucson and the lead author of the Nature paper, sequenced the genomes of the H.I.V. found in some of those samples and compared them with viral DNA in samples collected in the early 1980s from Haitians, Dominicans and others treated in American hospitals.

Because decades spent in freezers had degraded many samples, Dr. Worobey said, his lab developed an “RNA jackhammering” technique similar to that used to reconstruct the ancient Neanderthal genome. Counting mutations allowed the researchers to “wind back the molecular clock” and see when each strain of H.I.V. diverged from its ancestors.

Africa has a dozen H.I.V. groups, and Haiti’s epidemic came from one of those. The New York samples all derive from one Haitian strain, and those from San Francisco are all so closely related that they probably all resulted from one person introducing one New York strain, Dr. Worobey said.

The symptoms that were later called AIDS were first recognized in 1981, and the legend of Patient Zero began with a 1984 study that traced the sexual contacts of 40 gay men with Kaposi’s sarcoma or other indicators of late-stage AIDS. Eight of them, half in New York and half in Southern California, had had sex with an unidentified flight attendant.

Initially described as “Case 057” and then as Patient O, he reported having about 250 sexual partners a year.

That study incorrectly assumed that most patients developed AIDS symptoms within about 10 months of infection. In reality, it takes years — so some participants may have been infected long before meeting Mr. Dugas.

Also, Mr. Dugas may have become the cluster’s focal point partly because he kept a diary. Men in the study reported an average of 227 partners a year, often

quick, anonymous encounters in bars and bathhouses.

But Mr. Dugas gave investigators 72 names.

Dr. Harold W. Jaffe, who was one of the original investigators and is now the associate director for science at the Centers for Disease Control and Prevention, said the text of the original article referred to a “patient outside California.”

But the chart, of which he had an early copy, was admittedly ambiguous. At the center is the “O” or “0,” identified as the “index patient.” The other cases are numbered: “LA3” and “NY15,” for example.

The legend itself sprang from the publicity campaign for a best-selling 1987 book, “And the Band Played On,” by Randy Shilts, a gay San Francisco journalist who himself died of AIDS in 1994.

In a 1993 interview, Mr. Shilts said he had heard C.D.C. investigators use the term Patient Zero and thought, “Oooh, that’s catchy.”

By hunting down former boyfriends of men in the 1984 study, Mr. Shilts established that the flight attendant was Mr. Dugas, who was born in Quebec but lived his last years in Vancouver, British Columbia.

Mr. Shilts said he was initially horrified that his publisher, St. Martin’s Press, focused his book tour on Patient Zero instead of the government’s slow response to the epidemic, but he went along.

Although Mr. Shilts did not accuse Mr. Dugas of starting the American epidemic, he demonized him as a deliberate spreader of the virus who ignored a doctor’s demand that he stop having unprotected sex, and coldbloodedly told some sex partners that he had “gay cancer” and now they might get it.

Back in 1984, the term Patient Zero was not normally used to describe an outbreak’s first case, said Dr. Jaffe, an author of the new Nature paper. “I don’t remember who first used it,” he said. “But after Randy Shilts did, we started saying it ourselves.”

Later, he said, when reporters asked if Mr. Dugas had brought AIDS to North America, “We said no, that he wasn’t the first.”

Dr. Jaffe added: “But I think they went with it anyway. The idea of Patient Zero was very attractive. Letter O would not be a story.”

Richard A. McKay, a Cambridge historian and another author of the *Nature* paper, has long fought for Mr. Dugas’s reputation, saying his friends in Vancouver’s gay community had painted a sympathetic portrait of him for Mr. Shilts, who ignored it.

Humanizing Mr. Dugas could help in the fight to end the epidemic, said Dr. Robert M. Grant, an AIDS researcher at the University of California, San Francisco.

Even though the disease can now be prevented and controlled, many people — in San Francisco and in Africa, he said — resist getting tested for H.I.V. and fool themselves into believing they are not at risk because they fear being blamed by their social circle.

“No one wants to be the Patient Zero of their village,” he said. “But this may be helpful because it says, ‘Just because you are the first to be diagnosed doesn’t mean you started the epidemic.’”

***Correction: October 26, 2016***

An earlier version of a picture caption with this article, using information from a photo agency, overstated what is known about the location where the men are shown walking. While they were in San Francisco, they were not on Castro Street. (The agency cannot determine the street in the 1986 photograph.)

**Like the Science Times page on Facebook. | Sign up for the Science Times newsletter.**

A version of this article appears in print on October 27, 2016, on page A1 of the New York edition with the headline: H.I.V. Was in the U.S. Long Before ‘Patient Zero’.