WILLIAM KAPLA

Dr. Fitzhugh Mullan

Interviewer

Mullan: Would you give me your name and spell it, please?

Kapla: Dr. William Kapla, K-a-p-l-a.

Mullan: Date of birth?

Kapla: 3/14/43.

Mullan: We're in Dr. Kapla's office at 45 Castro Street on a fairly clear November day. It is the 8th of November 1996 looking out at a hillside--what is the hill we're looking at?

Kapla: This is part of the Buena Vista Park area. Very nice place to live. Some nice moderate but probably older homes in San Francisco.

Mullan: And we're on the campus of the Davies Medical Center. Tell me just a word as we're talking about the medical center and office complex. What is the campus we're on?

Kapla: Davies started out as a German Hospital at the turn of

the century to serve the German immigrant population of San Francisco. When we entered World War I, it could not be called the German Hospital so they decided to select the most patriotic name they could come up with so it became Franklin Hospital after Benjamin Franklin. Then more recently in modern times through philanthropic efforts by individuals namely the largest grant was by a resident named Davies so the medical center is named after Ralph K. Davies.

Mullan: How large a hospital is it?

Kapla: The hospital is licensed for about 320 beds. It has always been kind of a subspecialty hospital not covering all the services to be called really a general hospital but has also catered to subspecialties of medicine. Since the advent of the gay community moving in around the hospital over the past probably three decades, we've had to address the issues and needs of the gay community particularly since the advent of the AIDS epidemic in '81. So now it's probably the premiere private AIDS hospital in San Francisco. Not probably, it is.

Mullan: Is it largely AIDS--exclusively?

Kapla: No, not by any means exclusively AIDS but a great

portion of it is. It has a reputation for superb care for the AIDS patients. Volume-wise it's tremendous. There was a point when AZT first came out, this medical center was prescribing ten percent of Burroughs/Wellome's entire production.

Mullan: In terms of the medical complex, medical office building we're in, does this represent a cross-cut of specialties or is particularly the HIV infectious disease--

Kapla: No, it's a cross-section of specialties from surgeons, surgical subspecialties, medicine, and medical subspecialties. We certainly have lots of primary care here because obviously that's the focus these days.

Mullan: The building (unclear)

Kapla: Yes, there was a time where one could identify about 20 primary care practices that served the gay community of San Francisco and 14 of them could be counted right here at Davies. We're a little bit more spread out now that we have more people interested and a lot of cross-practices now deal with managed care and reassigning by insurance companies has distributed the community a little bit farther into other medical practices. It's not nearly as concentrated as it used to be.

Mullan: And the economics of that is the hospital able to--all hospitals are under siege these days--do the HIV infected patients here have decent insurance coverage?

Kapla: Most of them do. You can kind of make a generalization and say that the gay communities professionally and financially are a very successful segment of the San Francisco society and therefore, they all come with great benefits most of the time.

Mullan: So it's different than the HIV population of San Francisco General as far as there is more IV drug use and the like where insurance is not part of the picture and the cost burden is heavy, it's less so here in terms of people can carry their own weight insurance-wise.

Kapla: We should also in all fairness put a more correct perspective on it. This is the gay white population. We certainly have a Hispanic and a black gay population that is not nearly as financially successful, who do not have the benefits also much harder population to reach with the tremendous educational programs that reach the rest of the population.

Mullan: And that's in terms of the Davies clientele which is pretty much the gay white population based on this community?

Kapla: Yes, although we certainly get a incredible ethnic diversity here. It's--that's what makes living in San Francisco so wonderful.

Mullan: Well let's go back and talk about you. Way, way back if we could and tell me a bit about yourself. Where were you born and raised?

Kapla: I was a good midwestern boy. Was born in Duluth, Minnesota, with a very modest background. Very loving mother and father who are still living in Minnesota. I was the older of two sons. We moved to Colorado and I was essentially reared and educated in Colorado.

Mullan: Whereabouts?

Kapla: A suburb of Denver. I came to San Francisco for residency training. I was part of a government deferment program so after residency I went into the military as a flight surgeon. I spent two and a half years as a flight surgeon with the Marine Corps back east.

Mullan: Let's spend a little more time on your youth. What was growing up in the Denver area like--early reflections you have on

doctors, medicine, wonder how--

Kapla: All right, I'll give you a cute story. Somewhere when I was about eight years old I guess, my mother, brother and I were playing some sort of board game and little boys are always very curious and I asked my mother if she could have married anyone she wanted what kind of--what would she have preferred. She said, "Oh, sweetheart every young girl wants to marry a doctor." I said, "Oh, my gosh, really Mommy?" So that's my first recollection of where the interest for medicine came from. From that point on actually I became directed towards going to medical school. I was all--you know in junior high saying "What are you going to be?" "I'm going to be a doctor." And so all the courses were directed--high school and college prep to pre-med, etc.

Mullan: Did you like science? Did that come easily?

Kapla: Uh-huh. Science came easily. What doesn't come easily is I am probably half an inch above illiteracy. (Laughter) My nemesis is having to write something.

Mullan: But the pursuit of medicine was something that was pretty much with you throughout your youth.

Kapla: Uh-huh. As long as I can remember.

Mullan: What was your--what did your folks do?

Kapla: My father was an automobile mechanic initially. He transitioned into overseeing quality control at various construction projects later on. My mother worked as a grocery store checker, checking groceries. Very loving family. I'm sure their goal in life was to raise their two sons the best they knew how and as successfully as they could. My brother now is a mechanical engineer for Dow-Corning and happened to make all the Dow-Corning silastic breast implants that are in a quagmire now.

Mullan: Is he still with Dow-Corning?

Kapla: Oh, yes.

Mullan: What was growing up in Colorado in the area of the 40's, 50's like?

Kapla: As I recall, when we moved from Minnesota to Colorado that was very exciting because as a five- or six-year old boy I was loving cowboys and Indians and oh, my gosh, we were going to move out West where the real Indians lived. I recall that we

were a family that always did things so we were always going into the mountains west of Denver on picnics, camping trips, fishing trips. What brings me into a passion currently is we used to go and rent horses and take horseback rides. My father would walk along the horse and we'd just sit there in the saddle so somehow I was always begging, pleading for a horseback ride. Well, to this day now my great passion is to ride a horse--so twice a week I take my horse over fences. That has been a passion for the last eight years to get me out of my office, get a little exercise and a great stress reducer.

Mullan: Great. And you ride today?

Kapla: Yes, very much so.

Mullan: You went to the University of Colorado?

Kapla: Yes, uh-huh.

Mullan: What was that like?

Kapla: It was a short trip by the freeway to the incredible setting of Boulder, Colorado. Gorgeous campus with beautiful flagstone architected buildings. As I recall it was one of the

most positive experiences of my life. I worked very hard, enjoyed college very much. Of course, the goal was always to get into medical school which then accrued appropriately after four years.

Mullan: What did you major in?

Kapla: I have a B.A. in psychology. That was going to be kind of a back-up if I didn't get into medical school.

Mullan: And you went on to Colorado Medical School?

Kapla: Yes. Colorado University Medical Center in Denver.

Mullan: And what, as you approached medical school, what were thinking--what was your image of what kind of doc you wanted to be?

Kapla: Umm--

Mullan: What was your specialty?

Kapla: Yes. It was interesting, maybe a little side of the tremendous struggle of trying to recognize and deal with being a

gay male was extremely difficult through college. Extreme isolation, extreme fear that I was--that something would happen to me physically--

Mullan: In terms of retribution? Disease?

Kapla: Uh-huh.

Mullan: Disease was not the issue then.

Kapla: No, disease was not the issue. The disease was being recognized as a--and to this day for a man of my generation all you need to do is be walking along the street and somewhere in the background hear "Hey faggot." You'd go, "Oh, dear, my time to die!" A lot of people don't appreciate it if they're not gay. We still bash queers just for the sheer joy and sport of it. And so growing up in the 50's and 60's has always been terrifying. Gay men learn how to survive by some very interesting mechanisms, I think. But at any rate--

Mullan: What age--when was it that you first realized or recognized your gayness? Was it at college or high school?

Kapla: Oh, I have to say that it's pretty early that--12,13 you

knew what the desires were and in retrospect tremendous denial and striving for normalcy. a tremendous struggle because it didn't fit with what you were being taught either societally or religiously. How could God make such a despicable person when he is such an all-loving omnipotent entity? Great struggle there.

Mullan: Was your family religious?

Kapla: Uh-huh. Lutheran. We went to Sunday school all the time. We went to church. Said prayers 'til my God, it must have been my second year in college. Every night. So finally (unclear) in college, that provided a tremendous motivation for achievement and success was you know, if I am such a despicable person it's going to be so much harder to step on me if I'm a doctor than if I'm a whatever--janitor. So I knew that I could be more accepted in society if I had a respectful position.

Mullan: So it was a scheme motivating you--

Kapla: Yeah, in retrospect it was. I don't think I ever stopped and thought about it out loud, so to speak, it was always there.

Mullan: How did that--we were talking about your image of what

kind of doctor you wanted to be. Did that impact beyond wanting to be a doctor?

Kapla: At that point I didn't know what kind of doctor in the sense of what specialty I wanted. Even through medical school I enjoyed many of the subspecialties. For instance, there was a time where I could have been a plastic surgeon because it was wonderful and fine and meticulous and prestigious and beautiful and the only thing that prevented that was I had a difficult time with my sensitive approach to things of dealing with the obnoxious surgeon. I can remember through medical school surgical residents saying "Well, I don't want you to forget a chance to cut, is a chance to cure," and "Better to have cut and died than not to have cut at all." My God, these guys are really sensitive. Of course, with that great sensitivity to the patient, I thought gee whiz, this is an awfully harsh way to deal with patients. So I had a tough time with surgeons. I enjoy surgical procedures.

Mullan: How did you arrive at family medicine? This was a time when family medicine was--

Kapla: Well, this is interesting. Family practice came--I'd gone to a--I had a deferment for two years of internal medicine.

Then I was put into the military, came out of the military and still didn't quite--wasn't quite sure where I wanted to take everything so I started in the emergency room. I was an ER doc for four years taking lots of side courses. So I got very, very good at primary care. Got board-eligible for emergency medicine. I"m happy because the greatest joy was coming from taking care of a person and having them come back again and getting to know them as people. That was mainly the end of the challenge of family practice boards. I challenged the board, passed the board and became board-certified in family practice.

Mullan: So that the period at Presbyterian Hospital ('69 to '71) was in medicine. Then it was two and a half years in the Navy. By the time that you had sort of on-the-job trained yourself in family medicine then you took the boards and (unclear). Was there anything significant about the Presbyterian Hospital at the time. Was that a good residency, bad residency? That was when you came to San Francisco for the first time?

Kapla: It was wonderful. Wonderful.

Mullan: San Francisco or the residency?

Kapla: Both. It was great. San Francisco was far beyond my expectations of being comfortable with my personae, my life style, my self image. There was always the fear that I somehow would be denied practicing because I was gay. That was always still kind of hidden but it was becoming apparent there was a lot of other people like me here and a lot in medicine. So that was just actualizing, reaffirming that wow I was really a good person and going to be a good doctor. Military experience was wonderful.

Mullan: Did you come to San Francisco with a notion that there was a growing gay community here? Was that part of a formula or part of the scheme?

Kapla: Yes. I'd always wanted to go back East for residency because we never traveled other than between Colorado and Minnesota. Actually I'd never been east of the Mississippi so I thought well, I'll take my residency back there and be able to see the eastern part of the country. But a girl friend said "Oh, Bill, you ought to go to San Francisco. It's the most wonderful city." And I said "Oh, God, why do I want to go to California, it's nothing but a bunch of kooks." So in the third year of medical school a friend and I took a trip to California here with the idea of looking at residency programs. We started out in

Sacramento and spent a day there. It was going to be a few days in San Francisco and then a few days in Los Angeles. We came to San Francisco and I interviewed places here, we stayed at the YMCA which was just notorious and we just went crazy and the farthest south I got to San Francisco and Santa Clara so we never made it to Los Angeles. We spent the entire week in San Francisco and turned around and went back to Colorado.

Mullan: And it made you sure that San Francisco was--

Kapla: Well, then when the list of choices came for internships all of them were within a hundred miles of San Francisco and I was matched at Presbyterian and kind of been here ever since.

Mullan: Military service. Flight surgeon, etc. Tell me about that, what was that like?

Kapla: Went in with a great deal of fear and trepidation in the middle of the Vietnam War and we always feared that we would all be shipped to Vietnam and die. It was all for nothing then. Spent six months in Pensacola, Florida, becoming a flight surgeon and then was assigned to the Marine Corps Air Station in North Carolina. You had a choice of services. I actually chose the Navy because in my mind and perception the Navy had more gay

people than any other service. Based on--who knows. a little kid in the '70s. The Marines were wonderful. The Marine Corps was wonderful. I still to this day am not sure why other than my own personal fantasies and sexual fantasies of what the Marines are and their image but they take their doctors and if you are a neat, clean, square-away person they'll ask you to wear their uniform. Well, they did that with me and I wore a Marine Corps uniform the entire time I was with them. The Corps was always good but then I'm a very easy-going, try to be an engaging person so I just had no problem with the military. I knew I certainly wasn't going to stay in military. I like orderliness and rigid prediction well enough but boy, it was just hard and I knew that I couldn't stay in the military 20 years and be gay although to my great surprise, I met a lot of gay people. I realized that the Marine Corps attracted many, many gay men. Then it became obvious that we had adolescent boys with questions about their sexuality. God, here's the last hope and salvation was this big Marine Corps poster--"The Marine Corps builds men." Hell if they do, they foster it. Great commaradiere and all this buddy business and unfortunately they're viciously brutal if they catch one in the Marine Corps and just destroy the poor guy.

Mullan: Is that right?

Kapla: Oh, gosh, it's just incredible.

Mullan: So it's denied, it's not tolerated? It exists, I mean, homosexuality in the Marine Corps exists but when it's discovered it's dealt with harshly.

Kapla: Very.

Mullan: Is it tolerated in the sense--I just looking for the right word. It exists but it's totally underground or it's sort of look the other way?

Kapla: Well, it's hard to say now because what we're trying to do is capitalize on my experience 25 years ago and certainly more has come out now and probably the greatest reference was Randy Schiltz's book on gays in the military. I can't remember the exact title of it. Conduct Unbecoming--or something. Tremendous book and it extremely accurate from my recollection of being in the Service and how incredibly hypocritical they were. I had a patient once that was on board a submarine and there's 90 to 120 men on a submarine. When we'd go underwater I have given blow jobs to 100 out of the 120. When the sub surfaces, no one knows anything. This is a very interesting phenomena.

Mullan: Was the--

Kapla: I never recorded it (laughter)--

Mullan: It was like you didn't believe it. But it is important in understanding it for me and others to understand it to get the medical side of things how a person navigates one's way through like experiences, in this case the growing doc. The military experience, of course, is common to many folks particularly of our generation who had to serve military time. I was expecting you to tell me that it was a tough time but to the contrary you seem to have found comfort in it.

Kapla: I enjoyed it because No. 1, I wasn't going to stay there forever; No. 2, I could always be a doctor first and a military officer second. So I had tremendous rapport with the troops and the officers for that matter. I always made a point of you know, walking into the Colonel's office and chatting with him and going downstairs and chatting with the lowest enlisted rank and how he and his family were doing. It was fun. I enjoyed it. People knew I wasn't going to be a "lifer" so they could always come to me if they had issues or problems. I'm sure within the underground that they knew I was gay so that attracted the gay troops to me when there was a problem or issue.

Mullan: You didn't go to Vietnam in the end?

Kapla: No. Went to North Carolina, spent six months aboard a helicopter aircraft carrier in the Mediterranean so that was the first time I saw Europe which is an absolutely wonderful experience. People get very gay aboard a ship, too. Not nearly like a submarine but they certainly do aboard a ship.

Mullan: People who were--whose homosexuality was uncertain or people who--

Kapla: You know, I'm not sure whether it's a question of uncertainty. Somebody once said,(I can't give you a reference) that as human beings we probably respond to each other human-to-human irrespective of gender on a big bell-shaped curve. So probably there are very few pure homosexuals, few heterosexuals, most of us are probably bi-sexual then you put the influence of society, history, religion which skews that curve markedly toward heterosexuality. It's interesting to note that 25 percent of gay men have children. Many have come out after a marriage. I just had a patient this morning, 38 years old, 13 years of marriage, two sons and now he's ecstatic and thrilled having moved to San Francisco where his life style really should have been.

Mullan: But in the ship setting your point being that moves the skewing back?

Kapla: Yes, because there's just no outlet, I think. And so however the justification is made contact with a man, sexual contact with a man isn't nearly as bad as off the ship and the personae go up again and--

Mullan: I suppose it would be somewhat like the phenomenon in prison?

Kapla: Yeah. I'm sure. I'm sure there's parallels there.

Mullan: Shifting a gentle form of prison.

(Laughter)

Mullan: When did you actually come out? In your experiences was that at a given point in time or--

Kapla: Yes. I was struggling through college. Actually, was dealing with the issues with a counselor in college, got to medical school and that's another interesting little story. First day of medical school we were all in the auditorium and the

papers were passing by and one paper came by that said it was attestation to moral character and that we free of any character disorders, etc., etc., and any knowledge to the contrary would be grounds for immediate expulsion. Well, I knew what a character disorder was.

Mullan: This is again, this is medical school?

Kapla: Medical school. And I just said "Oh, my God, my God. Sign that puppy and move it along. You're here and just move it along." So that was the kind of anxiety that again in medical school. Second year of medical school the No. 1 student in the class was gay, his mother and father knew it and they were promising him a Corvette for him to change his sexuality. The stress of being gay created him committing suicide in the fraternity house and the school went into an uproar, couldn't understand why they had lost a student. I knew.

Mullan: Was the gay issue talked about?

Kapla: Oh, no. No, no, no. Not at all. So I went to the Dean of Students somehow wanting to inform but not incriminate myself and told the Dean of Students about this and he was actually understanding and sympathetic and wondering. And I said, "Well,

you know, things like the paper we had to sign the first day was pretty stressful." And he said, "Maybe that's something we should look at." And walked and there were no repercussions on me. I felt maybe I had accomplished something. Another great stressful time in medical school was in the fourth year. Okay. We're talking about coming out. So, I was rooming with a straight roommate the first year of medical school--through the second year. The second year I was going with a nursing student for the sake of having a girlfriend. We tried having sex. It was with our clothes on. I finally had an orgasm in my clothes on the floor of her apartment, it was dark and it was a struggle. It was an absolute struggle. I'm sure I must have been sweating and when it was all over I got up and I said I have to go. I walked down the alley and up the block and back to my basement apartment and said, "My God, that was hard." Got in my car and went down to a gay bar in Denver and met some nice guy, I'm sure, went home with him and went "Wow, damn that was easy. I've had it." This is the way I'm going to be. So that was the second year of medical school. The crises came in the fourth year when I had a psych rotation in an in-patient psych rotation. Some in-patient psych recognized me from the gay bar and told his attending psychiatrist that the medical student was a faggot. I was called in to the attendings office and was asked about this and said, "Well, this is pretty serious. We're going to have to

take you off the rotation. We're going to have to tell the other student why this is happening." I went, "My gosh, why?" First of all I denied it. Secondly I said, "Well, there was a time where I probably was considering it but I'm going with a nursing student"--'cause I still had contact with Nancy, thank God, so I could still use her as an alibi--and so the result of all this was "Well, maybe that's too harsh. What we will do is take this and deal with it as an issue and problem of the patient." Of course we should. Thank God. I left the office in sheer panic--within six months of being a doctor I was going to lose it all. I was just in morbid fear and panic. Ran to a psychiatrist friend I knew on the faculty. In a panic I went to see him and he brought me back down to earth and just said "Calm down, don't do anything and don't say anything and don't admit to anything. Everything will be alright." And in fact, it was. I graduated and went on through. But I guess I relate that to the such incredible impact as to the fear, anxiety that gay people endure to achieve what they finally achieve. I'm going to contrast this with how we deal with the gay medical student now in '96 and it's just all the difference in night and day. So whenever your ready for those stories--

Mullan: The psychiatrist who initially got the story and was prepared to discipline you, whatever, was his attitude

disciplinary, venal or was it therapeutic, I mean, how was he treating the potential revelation that you were gay?

Kapla: I think it was a moral issue for him. I don't think there was going to be discipline, per se, because I never admitted to it. His dilemma is "Is the student gay and if so what' our policy procedures of dealing with a gay student" back there in the 60s. Since I denied it, since I said I had a girlfriend, I may have considered thoughts like that in the past but they're no longer here now was the stance I took.

Mullan: Let him out of his dilemma.

Kapla: Let him out of his dilemma. Had there been an admission, I'm not sure what would have happened. My thought was, and of course my fear was, that it would have been expulsion.

Mullan: Since we're on the theme why don't you (unclear) forward to medical student treatment today--gay medical student culture.

Kapla: At this point it's probably quite enlightened but then of course, we're at UCSF here in the heart of San Francisco.

There is effort made at identifying the gay and lesbian student and an effort to pair them with positive role models. For instance, at this point, I now have rotating through my office two second-year students and last week a first-year student has now begun his preceptorship here and all of them are gay. All a gay student has to do is when they're setting up their rotations just say they would like a gay practice or an HIV practice. Some of them have shared, even during their interviews for admission to medical school, many of them have just in the course of things said that they're gay males enjoying umpty-ump (phonetic) and it never prevented them from admission to one of the finest schools in this country. Thank God we've come around a great deal, the stress is recognized so there's great effort at reducing the stress and helping the gay and lesbian student. There was--we even have like a significant other dinners where people can come and--whether they're gay, lesbian or straight--if they have significant people in their lives or family they can come to the dinner and get some sort of an appreciation of what this medical student is doing with his life and incredibly focused and time-consuming his whole life is.

Mullan: Let's go back now and pick up the story--we got you through the Marines and you served your country and decided--

Kapla: With great pride, by the way because I did not destroy the moral fiber and character of the military.

Mullan: By God! What were you thinking then and what did you do?

Kapla: Didn't matter. My goal at that point, if I had to sell shoes at Macy's, I was to return to San Francisco. So I returned to San Francisco and started in the emergency room as an ER doc and was enjoying that.

Mullan: Whereabouts?

Kapla: At Presbyterian again. As part of a group and then I was over at Mt. Zion Hospital for a couple of years.

Mullan: In ER?

Kapla: In ER, uh-huh.

Mullan: So tell me about your move into family medicine, you'd taking your boards and then when you got into practice.

Kapla: Well, the transition occurred because my friends during

that four-year period always wanted me to care for them. My only means of caring for them was to bring them through the emergency room and deal with them. Well, I was actually creating a very nice gay practice and it finally reached kind of a critical mass and psychologically I was ready to really deal with people that I liked. So I started a primary care practice and was very forthright with it and called it a gay practice.

Mullan: When was this?

Kapla: '78.

Mullan: And where was that?

Kapla: Here in the city.

Mullan: In this area?

Kapla: It was actually over closer to a hospital named St. Francis.

Mullan: Who came? I mean, was it successful?

Kapla: Yes. The gay community came. That was also in 1977,

the gay physicians in this community got together and created a group and had a gay physicians support group. First one in the country. Which has now been reproduced in other major areas and now there's a national organization. We couldn't have the name gay or anything like it so it's called Bay Area Physicians for Human Rights. It still is to this day. I'm now vice chair of the Board of Directors for the huge foundation to alleviate these issues. The fear was always State reprisal if you were gay but it began when one practice started that was openly gay and the board had no problem with that so that was my--

Mullan: The board being--

Kapla: The medical board in California. We called it BMQA (the Board of Medical Quality Assurance). The fear was still there of the moral turpitude--

Mullan: Fear of taking licenses away or--

Kapla: That they would take the license away if you were a gay physician. It wasn't until 1980, okay, so the Gay Physicians started in '77. The medical society of this city, this county, city and county of San Francisco, would not allow the gay physicians to meet in their building until 1980 and this was on

the vote of the Board of Directors. They were not going to let the faggot doctors in the building. That was just not right. So organized medicine has been very, very conservative. The AMA took us off their disease category three years ago or so.

Mullan: In terms of--

Kapla: Oh, no, I take that back--it was 1984 that the American Psychological Association took homosexuality out of their disease category.

Mullan: On terms of the (unclear) listing diseases.

Kapla: Yeah. So the AMA just recently--

Mullan: This is Dr. Kapla - Tape 1 continued.

Kapla: The AMA has finally said that gender preference was (unclear) issue for membership--or something like that. Anyway, we were all laughing because gee whiz, it only took them 10 years to get to that kind of unconditional position in their philosophy. The AIDS epidemic has helped a great deal in desensitizing people.

Mullan: Tell me about the excitement of opening a gay practice and what it was like in those early years both as a practice and as a business enterprise and then I want to get to the AIDS and your first experience with it. What was it like to have a gay practice?

Kapla: A gay practice was wonderful because I was one of the very, very few in the city that would address it. In fact, we have a columnist here for 40, 50, 60 years named Herb Caen (phonetic). He picked up on it immediately and said, "My gosh, gay medicine. I thought you had to be sad or hurt or painful to go to the doctor and here you can be gay and go to the doctor." It was a double entendre off the word gay and so that is my one and only comment gotten into Herb Caen. It was wonderful being on wave of addressing the gay issues or addressing the issues of the gay patient. I became an expert in caring for the gay patient and so I was asked to give talks to interns and residents on how to care for the gay patient. It went to other medical societies. Northern California, I'd gone, particularly after AIDS began. Then it became imperative because now people wanted to know "Oh, my God, you mean I've got faggots in my practice." You'd better believe you do. Now, here's the way to deal with it. So that was fun. There was--it was never an issue with the University because immediately when I became board-certified I

became a member of the clinical faculty. So my first student through the office was in '78. So I had students in the office--

Mullan: Was that in '78?

Kapla: In '78. And so the rotation through the office, I was always through the underground, attractive to the student. Now it's kind of out in the open with the students. I'm sorry. Attracted the gay students through the office. And the rotation was so good and so popular that we started getting straight students through. Which is no big deal but just personally from my own perspective gay students are more enjoyable. We also feel great obligation in helping these students over the others. I'm prejudice. If you can give them a role model and say "Hey, you can be as gay as you want to and still be successful. So the practice was fun. It was successful. I didn't know much about business and how to run a business but it all seemed to work out.

Mullan: Were you on your own? Or joined by--

Kapla: No, I was all alone. Yes, I was all alone until 1984 when I moved to Davies and then two of us joined together forming one practice.

Mullan: And did you see other than gay people? Other than gay men? Was it a mixed practice?

Kapla: No, it was virtually exclusively gay--probably 90 percent gay, 10 percent lesbian and the rest were gay men. It was wonderful. The patient loved it because it's hard to think, it's hard to understand that medicine had no time for gay and lesbian patients. They were diseased. They wanted to put them into shock therapy. They wanted to put them into therapy. For the most part the patient had to keep that aspect of himself secret from the medical profession. They didn't want to go into shock therapy--there were too many horror stories of putting kids and gay people through shock therapy to change them.

Mullan: That pre-HIV period, what was the nature of the principal clinic load? What were you seeing different--what standard problems and issues they had.

Kapla: Alright. Let's put it on a base that they were people like everyone else. We saw the gamut of health problems that happen to 20 to 40 year olds. Now on top of that a horrendous incidence of sexually transmitted diseases. This was in a free-for-all time--the sixties and seventies where the gay man was--the gay male was becoming a person unto himself with a new

dependence and an attitude of laizze faire and no one's going to tell me what to do and I'm going to have sex with whomever, whenever, wherever I want to. As a result, there was horrendous STDs. We dealt with them all ourselves. Quietly. We also became the community's experts on ambulatory proctology because no proctologist wanted to deal with a faggot and the faggots problems. So it was very hard to get proctology consults on these issues. So we did it. Let's see. We had to report to the Health Department the STDs, of course. The Health Department was of course concerned about the STD rate and there was a wonderful Director, not the Director of the Health Department, Assistant Director of the Health Department named Selma Dritz. Selma was wonderful because she reached out in a very motherly way to the gay community since she wanted to know why there was so many cases of parasites in San Francisco. She thought maybe it was originating from the gay community. So a rapport was established and we were just reporting all of our histolytica, giardia and all these bugs to Selma and she started characterizing enteric parasites on a public health basis and producing her papers and epidemiological studies. That established the rapport which led to the rapport with the clinic--the STD clinic for contact tracing that we did. AIDS struck in '81 and we had to deal with that health issue.

Mullan: Tell me about your first awareness of HIV. I remember the report on national public radio. I was driving home from work one day--that was my recollection. Your's is--

Kapla: The gay physicians had just gotten permission to go into the medical society's building so we had that year a CME course on gay medicine. No one else was going to teach us so we made our own. Friedman Keene from New York City came to San Francisco to present a talk on a strange cancer he was seeing in New York City exclusively in gay men. So that August in '81 he told the gay physicians in San Francisco about Kaposi sarcoma. He said he was terrified of what this might mean. I remember. Oh, God, this is too hard to believe. Man, we're having a wonderful, gay old time. We're curing our STDs and we're doing what we want. There can't be anything to stop this now. In 1982 one our physicians was diagnosed with a KS lesion in the back of his throat. Holy cow! And George was dead in '84. But shortly after--let's see '81--of course, then immediately right off the top was the report of PCP by Michael Gottlieb. That came out in July of '81. So that was the advent. And then it was just--

Mullan: Had you seen any PCP?

Kapla: No, no. We didn't really recognize anything as AIDS, so

we had no name for it. It was just a disease complex that was happening and it was happening in homosexuals. Okay. My God! A few bad apples but not us. When did we get the test? We got the test in--so this was--

Mullan: By that point it had names, right?

Kapla: Yeah. Then we were calling it gay related immune deficiency. GRID. We were starting to have struggles with bathhouses here in San Francisco.

Mullan: Struggles in the sense--

Kapla: Oh, God, this is the bed of this disease and we have to close the bathhouses. We can't close our sanctuaries, our palaces, our bathhouses. Emotional, passionate, vociferous--I mean it was terrible.

Mullan: Was it more a sense of entitlement or was it a sense of usage in that the majority of the gay community used bathhouses and didn't want their--

Kapla: No, it was entitlement. You can't tell us what to do. Your not going to put moral restrictions on us, you take our jobs

away, you take our house away, you take economic restrictions, religious restrictions and the gay community was not going to put up with it.

Mullan: And this was thing was dominal and--

Kapla: Yeah.

Mullan: But the bathhouses also were popularly used. I mean, it was not a small segment of the gay community used bathhouses?

Kapla: Uh-huh.

Mullan: So it was not a (unclear) dominal (phonetic), it was a real dominal in the sense that it was--

Kapla: Now in retrospect, it's very easy to see how AIDS just exploded in the gay community and why. Well understood now. It is whether we wanted to admit it or not facilitated AIDS beyond, it's staggering how it facilitated the spread of AIDS but we also said we can learn and we can use it as a resource center to educate people. Society wanted to close these absolute dens of immorality and moral turpitude because if "we close the bathhouses we're going to stop all this cheapness, sex." And so

I think society thought they would just stop sex. But we knew, "they're not going to stop sex. They're going to do it any place else. They'll do it on a muni-bus. They'll do it in airplanes. They'll do it any place but you're not going to stop sex." The only way to control this disease is to educate. So we as the gay physicians, I'm sure, created that approach to AIDS. You as the establishment can't stop this disease but we'll educate people and tell them how to avoid it. So six or eight of us got together in an office over on Fillmore Street where we created the safe sex guidelines that I'm sure you know of today. They have been modified and they've been sophisticated but the basics are still with us and--

Mullan: When would that have been?

Kapla: Late '82 probably. There's still one, two, three--three instantly that I can remember that are still alive from that meeting. To give you perspective of what a gay person does. We also became closer to the epidemiology side of UC. Oddly enough UC couldn't contend with AIDS. I mean they were a very prestigious research institution and to deal with the faggots' disease so they all move down to San Francisco General. So that's how everything comes out of San Francisco General very historically. Randy Schiltz again, Boys in the Band was the

resource. So we get--heard that the epidemiologists--we knew that when a guy went to a bathhouse you checked into a bathhouse, you checked your clothes, you got a towel and a key, put your clothes into a locker and then you went around and did whatever you wanted to with a consenting male. And you're talking five to one thousand men in a bathhouse. So we knew that when, and this was established by exit surveys, that we knew epidemiologically when someone went to a bathhouse he had an orgasm two and half times--average two and half times.

Mullan: One for each trip.

Kapla: Two and a half times each trip. He epidemiologically came in contact with 20 people for each orgasm. So he essentially had sex with 50 people that night. Now let's say he took a rest and only did it five nights a week, 250 men that week, 1,000 that month, 12,000 that year. Who can you find with 12,000 sexual partners. Now, we have on record people with three and four thousand one-on-one contacts that can be documented in the early AIDS and you're struggling to figure out where this was coming from. What was it, etc., etc. So this became the staggering geometric progression of the active gay male in San Francisco in the '70s. And no one was going to stop. So to bring us up forward now our education in the community has been

so good we have now wiped out 93 percent of anything you want to call an STD in the gay community. The overall STD rate in San Francisco has dropped 73 percent, the difference being the straight group that does not think they are as at risk for HIV so their safe sex practices aren't as good as ours. So here was the most astounding phenomena that anybody could believe that you could change someone's sexual behavior to such an astounding, dramatic degree after such uncontrollable activity out there. So now the great concern is how to reach sub-groups like Hispanics, the black man, and our youth. That's probably the most unconscionable problem we have on our backs right now is how to reach gay youth because darn, do you want to recruit gay youth? No, we want to protect them because we already know the gay-identified--self-identified gay youth in this city between the ages of 17 and 24, 12 percent are already HIV positive. And they've grown up in the era of safe sex. We know how to prevent it, we know how to keep people zero negative. Twelve percent are already positive so we've got to--

Mullan: Is this because they became sexually active before they've been exposed to much in the way of education or--

Kapla: Well, several reasons. It's hard to reach them, you can't get into the schools very easy to talk about sex, heaven

forbid, and now the religious folks are saying "You can't encourage them to have sex. Tell them no." I don't care what you tell them but your method is not working. They're positive and they're getting pregnant so do whatever you want to but I can stop it now. I can stop it now. And it's very, very hard for the religious types to deal with it. They just can't deal with giving a kid a condom. You're encouraging, you're giving them implicit permission to have sex. Yeah, but if I don't give them the condom, they're still going to do it anyway. So increase your family values, I think that's No. 1 but you're not doing it. Save the family, yes, but you're not doing it. We have more broken families, more divorces, more single parents around. So yes, that's wonderful for you that have the intact family, with two and half kids, a station wagon and dog but you're not doing it. I want to save the kids. The kids view it as "it's the old man's disease. It's the 30 and 40 year olds disease. The ones that they had in the '70s and '80s. Hell, I'm 18, I'm omnipotent, I'm invulnerable." So, it's very, very hard to reach them.

Mullan: Going back a moment to the early '80s. What was your practice like in terms of the advent of HIV? You began to see patients?

Kapla: It was unbelievable. Oh my God, what's happening here? I can remember a horrifying case. A patient I had taken care of, a nice, nice young man, 23, 24, came in and I had to give him his HIV test result. It was positive. He seemed devastated. We talked about it and he seemed to be okay. Then the following morning I got a call from the coroner "Could you come down Dr. Kapla and identify a body that we cut from a tree in Golden State Park." I couldn't do a thing about it. We had nothing we could do about it. Some of the most finest, most talented, most educated, most successful people were dying and no one cares. When you're 70 and 80 and have diabetes and heart failure and you die, everybody says, "Oh God, wasn't it a blessing that he died." When if you're 32 and die, they say "Good he was a faggot." (Unclear). But we had to, we were the only ones here. We had to do whatever we could.

Mullan: Did you find that the straight community was responsive at that time or--

Kapla: Not particularly. It was God's revenge. It was deserving.

Mullan: So in terms of dealing with this as yet untreatable disease fell to you and your colleagues.

Kapla: Yes. The University didn't want to deal with it. So it was shuffled down to San Francisco General. In the '80s a few great gurus emerged. Paul Volberding and now we have so many more that are gay physicians that do the academic research now.

Mullan: Obviously Holbrek (phonetic) stands out but have you found out over time that the straight physician community has responded--how would you characterize their response? Early on they didn't see it as their problem. Has that changed?

Kapla: Oh, absolutely. Now you can't hardly find anybody medically or in society that hasn't been touched by AIDS. Find somebody that doesn't know anyone that has died of AIDS. It is now out in the open, and I think it's done a tremendous amount of desensitization for the community in general. Acceptance. For someone my age, I'm just blown away and astounded. I thought I would live to see the day that maybe it was okay to be gay and now my gosh, we've got such incredible political power here. It was noted this morning in the paper we now have, it's the first time we do not have a straight male on the Board of Supervisors. Who! This whole issue of gay marriage, I mean I thought I could understand and deal with everything in life and I'm just blown away by the talk about gay marriage--I just never expected it. It is going so fast. I guess that's part of the realization of

getting old. (Laughter) Man, life's going so fast it's going to be over with here soon.

Mullan: But it's nice to see changes--

Kapla: Yeah, so unfortunately it's coming so fast society isn't ready for it but I think now I will see the day where we will have acceptance of officially recognized same-gender unions. Maybe a second class license or something. It will be recognized.

Mullan: To pick up the medical story, what--give the milestones from the practitioner's point of view as you recall them and how they affected your practice, HIV tests, first AZT--what were the things that made your practice different?

Kapla: Let's see. Well diagnosis was '81, it seems to me we had the test in late '82, the blood bank relied on Hepatitis B positivity core antibody positivity to eliminate the blood out of the blood supply but then realized it came in '83, when we finally said this was a virus and it's HTLV 3 virus. So we found an organism. Then we had the test. Let's see--

Mullan: Did people coming in wanting the test? Or what was it

like for you?

Kapla: No, you couldn't do a test because if somebody found out you were testing, you were going to lose your job and house--your home. Society wanted to find out where this terrible disease was. You're not going to find out from us. George Mosconni (phonetic) passed (unclear) for a new legislative which you could do the test anonymously and there legal sanctions if you told anybody. Thank you George. So we elected him Mayor of San Francisco. That was a God sent because now I could test people and we could do it without destroying their lives.

Mullan: That must have been still a struggle if an individual wanted to know or not.

Kapla: Oh, yeah. So we didn't really do a lot of screening. We were making most of the diagnosis when people walked in with manifesting disease. Now in retrospect, we knew--we know--we were doing a cohort study in the late '70s and early '80s on hepatitis and why there was such a tremendous Hepatitis B in the gay community and why 80 percent of Hepatitis in the gay community was Hepatitis B. Every place else was Hepatitis A. It was the reverse. We were doing a wonderful matched cohort study here in the city. So in retrospect we found out after we got the

(unclear) that five percent of the gay community was HIV positive in '78. By 1980 it had reached a critical mass of 20 percent and from that point on it exploded. It stayed steady at about 70 percent of gay men in the city were positive.

Mullan: Is it still today or has it fallen?

Kapla: We're using up the generation that had that. What we have is virtually a zero conversion rate.

Mullan: Is it really that good?

Kapla: Uh-huh. With the exception of youth and the exception of sub-groups like Latino gay men. If you take the gay white population the conversion rate is zero. For the last three, four years. Then Burroughs Wellcome came up with a new drug in '85--AZT. So here's a fertile field. We were in the Phase 3 community trials of AZT. People struggled to take the drug and giving it virtually three times the doze we give it now, today. It's all so much simpler but we had a tough time with AZT but people were living now. Rapidly, desperately trying to get some parameters what to do. It was Paul Volberding who did a study that if you picked 500--okay 500 T cells would start therapy and then suddenly when AZT came on board we extended the life of the

AIDS patient an average of about one year to "My God, they're living 18 months." Of course there was the political turmoil around AZT (unclear) and the government doesn't care, the pharmaceutical people don't care, and my God we'd just like to let the entire community of the country dissipate await. Eighty-seven when they approved AZT it took us two and a half, three years later before we got the second drug, DDI. Then they came more rapidly. Now our problem is they're coming so fast we're getting hit with a new drug every three to six months so the real challenge is "Oh, my God, what combination should we use?" If so, is there any basis for it or is it a stab in the dark?

Mullan: Your practice, your clinical practice must have changed a lot and fairly rapidly over the '80s moving from a gay physician treating largely a variety STDs and venereal warts and related issues of 20 to 40 year old men as you characterize it to somebody whose in the midst of a medical and scientific clamor that is treating incredibly complicated organ disfunction with absolutely new and often untested or not completely tested drugs. What was that like and how do you absorb all that into your head and your practice?

Kapla: Well as a basis all the diseases that were occurring in

AIDS were known. They just happened to be occurring in unexpected and unusual circumstances. So even though some of them were of the exotic variety and there weren't many resources. We knew what we had to deal with--pneumacystis, fungal diseases, and lymphomas and things like that. They were just occurring in these God-awful unexpected situations and combinations. We certainly became medicine's experts at dealing with AIDS and was called upon incessantly for help, guidance, education because gay physicians were running annual updates and education courses for ourselves. It just expanded and got larger and larger. We were our own educators and the educators of others. We also became compassionate experts in death and dying. Not that medicine didn't deal with death and dying and oncologists had always dealt with it and the internists always dealt with it with old people but they know how to deal with it when it was supposed to happen. They don't think they particularly knew how to deal with it when it wasn't supposed to happen. So what do you do with a 32 year old strapping young, healthy male that's dying on you? What kind of effort do you make medically? Do you give them every single thing medicine has to offer and tear the hospital walls down doing it? No. We knew they weren't going to get better. So why make the patient suffer? Medicine! Medicine is the world's expert in agony, suffering and knowing how to prolong it. We treat our animals better than we treat our dying patients.

Fortunately that has now modified and gotten much better. We've got some very good legal instruments in which to modify that approach.

Mullan: You were saying about--

Kapla: Death and dying. So I think even though we went to extraordinary measures to save that patient, we were failing. We were also being told and taught by our patients that they didn't want to go through that because when they asked you "Why should I, when are you going to make me better?" We obviously didn't have an answer. So we had to do something a little different. We had to now become expert at taking care of a patient in the active process of dying. Whereas I think prior to that okay the patient's now going to die. Go die and I'll go back to patients that I can do something about. And the dying patient, the 87-year old, was sent off someplace. I don't know where they went. Home with their family, to a nursing home, or something. Medicine kind of abandoned the dying patient. So we learned how to take care of the dying patient and make them comfortable and when you have had it, you tell me because I won't do anything anymore. Mother Nature can take her course. I promise you. Fortunately, that has now become a standard of care and reflected in our directives.

Mullan: What about the onslaught of new drugs and new diagnostic--

Kapla: The onslaught of new drugs has happened now in the '90s. We didn't have very many in the '80s. We used what we had. Slowly, but surely, we got a few things appeared, you know, since it's happened we've had the anti-fungals. God, Nizosal was a God-sent. Then we got Difhicon, then we got Sporanox. Those just got better. Burroughs Welcome probably the premiere HIVs pharmaceuticals. I mean, we always had Acyclovir but they came up with so much to deal with the AIDS and learned how to be responsive to the gay community. Maybe they were forced into it by some of the political rabble rousers but they came around. Probably a model for the rest of the pharmaceutical industry. Then we had a few others.

Mullan: They have not done a lot with their prices though, have they?

Kapla: Well not nearly what everybody wants but I don't know there was somewhere in the late '80s where they suddenly did a 20 percent cut in their AZT. I'm sure it's all ad marketing parameters behind it and not altruistic for the gay community or for patients in general but you know, we can all be cynical here.

But then other companies came along when we--it wasn't much of a challenge because we were on the cutting edge. We were the ones that were learning how to deal with these drugs. So when we "Hey, here's a new drug to treat the virus that creates blindness. How do we use it? Well, we think you give a little of it this way and this way and watch for this and that. Okay. I'll do it and I'll report back." So we did.

Mullan: So you've been incorporated in the research enterprises?

Kapla: Oh, absolutely. Yeah. Tremendous community-based resource because this is where the incredible fertile patients were.

Mullan: What about the question of not perhaps only in a high intensity HIV community such as this but in general is HIV and AIDS a generalist's disease or a specialist's disease?

Kapla: Oh, I'll take my prejudice and say it's the purview of the primary care. Part because that's my philosophy of the way I was brought up and practice medicine but in part because you're covering so many modalities when you're dealing with an AIDS patient and somebody needs to have some sensibility and overview

to guide the patient through the incredible quagmire of care that's required in an HIV patient. A few people cop out and say, "Oh, my God, this patient is HIV positive. I've got to toss him to the ID expert. He's the one that takes care of HIV in our community." Why? What if he never gets an infectious disease? Yeah, granted he's likely to but what if he doesn't? What if he comes down with lymphoma of the brain? Well, then maybe he has sense enough to know what to do with that or send him off someplace. Okay. I think you ought to stay right here. Right here where you belong in a primary care setting and in the beginning we'll learn together. Medicine never dealt with a patient that knew anything about their disease. Let alone coming to you with the world's literature on the disease.

Mullan: And that's still your point being that the AIDS patient, particularly the white male, educated AIDS patient, is often highly literate in the disease?

Kapla: Beyond medicine's staggering imagination. And we learned that it was alright to tell the patient "I don't know but we'll find out together." And the AIDS patient thought that was wonderful. Psychologically the rest of the medical community couldn't handle it. "What do mean you tell the patient you don't know? You can't do that." Why not? "Well they'll lose faith

and trust in you." Really. Well, an AIDS patient certainly doesn't expect you to know everything because nobody knows anything about it. So we kind of had an advantage there so we forged with kind of new insight into a partnership with the patient where you both didn't know anything about what you were doing. It gets back to primary care, I just like primary care philosophy in caring for a patient and I think you can so incredibly sensitive to their needs, how to deal with them, how to deal with their families, how to deal the eventualities of the disease. Primary care is the world's experts at dealing with that. Your subspecialties aren't.
(Unclear) compassionate.

Mullan: Give me a quick staff shot of a cross-section of what your practice is today in terms of numbers.

Kapla: Today there is about 1,200, 1,500 people in the practice, the demographics are about 85 percent now gay, 15 percent straight, in part because a lot of straight people like coming to us and insurance assignments--third party assignments to the practice.

Mullan: (Unclear) is your partner?

Kapla: There's an associate here. About 70 of the 85 percent, 90 percent of them are male, 10 percent are lesbian. Of the males 70 percent are HIV positive. The approach and treatment of AIDS is extremely sophisticated in the sense of most care is now managed as out-patient. It's so rare now to have to admit a patient. It's kind of a parameter, "My God, if you admit a first-time PCP patient what's the other major underlying disease you're dealing with?" You should never have to admit a first-time PCP patient. Sepsis oh, hell, we'll give him antibiotics at home. I have one person with sepsis that went on a cruise. Here's your bags of antibiotics, one a day. He went on a cruise once. We're making progress. The AIDS patient is now--the average life expectancy is probably beyond 30, 36 months, we just have no idea what protease inhibitors are going to do with that longevity. Maybe we have a five-year survival. We have an incredibly knowledgeable patient. We have a patient that starts very early wanting to know what their status is. We have a patient that will tell you the latest in the world's literature on AIDS and what we should consider with their management.

Mullan: Dr. Kapla - Tape 2, Side 1 continued.

Kapla: We still have patients dying but there's great preparation for that event so that's it's done in the most

controlled and, if you will, satisfying manner for not only the patient but for the patient's family.

Mullan: Is the future of your practice and the future of--how do you see the future of your practice and, in fact, the future of treating HIV disease?

Kapla: Let me separate. The future of the practice per se is at the mercy of the economics of medicine and I'm not sure how well it can survive. It's very difficult to associate and become part of the large conglomerates that can deal with third party payers. Setting the medical economics aside and looking at HIV, in light of medicine and how we're going to deal with it, HIV should stay in the purview of primary care. I think we will probably evolve into, if you will, a subspecialty of primary care HIV management. I think those of us that deal a lot with it as opposed to the physician that gets three or four AIDS patients assigned to him, so those of us that deal with it extensively we have learned how to be come incredibly cost-effective with a very complex, very costly disease. Our ability to leap frog, our ability to depend on lab tests for three or four months, knowing nothing is going to happen, and you review records and see somebody getting all nine yards of laboratory testing every four weeks so they need to know what's going on is ridiculous.

Mullan: Managed care is proving inclement?

Kapla: Yeah. Managed care reacts slowly. Managed care still has the idea of "Oh, my God, maybe in a year we can dump these costly patients onto somebody else's health plan." But managed care is going to have to call out this devastating disease because you're not going to get rid of it. It just isn't going to go away. We're going to learn how to deal with it more effectively, efficiently, cost-effectively and reward for cost-effective care of HIV management. We will end up with a long-term managed disease probably by the year 2010, 2020 similar to diabetes where we have a reasonable expectation of life expectancy. They tell us we'll have an effective vaccine by the year 2010. Apparently vaccines don't come quickly.

Mullan: Well that's very instructive. What you've done has been phenomenal in terms of riding this incredible, awful wave. Is there anything else that we should touch on and you'd like to add? Can you tell me a word about your personal life? Are you coupled? I mean the last I heard about was Nancy--I guess Nancy didn't make it.

Kapla: I met a wonderful man in the '80s. His picture is on the back. He was an architect. We had a good friend living with

us. In '84 the good friend got AIDS and that's when the two of us were tested. He was positive, I was negative. The third friend in the household died in '87 and that's when Jack, my partner got AIDS in '87 and died in '90. And so I've been six years now without a partner. Actually going through a mid-life crisis. The gay community stands on youth begets beauty. If you're young, you're going to be beautiful and that's prized. Ninety percent of gyms are filled with gay men because they're the best looking men in the world, straight men don't maintain themselves healthwise or physical-wise. So when you get into the 40s and 50s, it's hard for a gay man--goes through a lot of adjustment because he's no longer very desirable. It's pretty difficult to socialize and to partner up again. I'm still hoping (unclear) to live to 101 so there's somebody out there that's going to give me and I would give them a 30-year wedding anniversary.

Mullan: Has the practice been satisfying?

Kapla: The practice has been most satisfying beyond my perceptions of my life. Sometimes you say you never do anything because of the economics but with I've gone through and what I've learned, if I died today the overwhelming sadness would be that I didn't get to do it longer.

Mullan: Are your parents--have you made (unclear) with your parents? Have they accepted?

Kapla: Oh, they have been wonderful. It was very hard for them in the beginning but oh, gosh, the last 15 plus years it's been wonderful. Not public, they can't do--express publicly to their friends and family--it's understood and known but there's always been unconditional love and validation of Jack's and my relationship. They adored him. That's been a non-issue.

Mullan: That's good. And your brother?

Kapla: My brother had a hard time with it. His wife had a hard time with it and I'm not as close as I would like to be. They have four wonderful, beautiful successful children that I always felt a were kind of distanced from the funny uncle in San Francisco. Let me take a minute and say I've compensated because some wonderful people here have thought I have been an absolutely wonderful Godfather to their two young sons who are now nine and six and I have unconditional--

Mullan: Is that one of them on the horse?

Kapla: That's one of them on the pony back there. Now I'm very

excited because we now have a program that's getting--that being born here in the city--of gay youth mentoring--so I'm going to become a mentor to gay youth. I think the youth are our most valuable commodity in this country and I'll probably devote the rest of my life to making growing up gay easier than I had it. Let's hope I can get a gay adolescent and say "Hey, you can be whatever you want to. Stand up and be proud."

Mullan: That's great. Well if we can stop at that, that's been a marvelous contribution.