Hooked on Chaos

In *Neighbors*, the clockwork suburban existence of Earl and Enid Keese (John Belushi and Kathryn Walker) is smashed to smithereens by the arrival next door of a very peculiar couple. Vic and Ramona (Dan Aykroyd and Cathy Moriarty) proceed—with utterly mysterious motives—to seduce, intimidate and derange their victims to the point where the Keeses themselves become hooked on chaos.

Thomas Berger’s paranoid comic novel could have made a fascinating movie in the hands of Roman Polanski, who knows how to make a comedy of menace. John G. Avildsen (“Rocky”) doesn’t have a clue: you can’t twist reality if you can’t establish a reality to twist. Belushi and Aykroyd obviously got cast because they’re “bankable,” but no one seems to have asked if they were appropriate. The parts demand sublime comic acting—they do TV turns. Just how much blame falls on Larry Gelbart’s disjointed script is hard to say (Avildsen could make any writer look bad), but without question composer Bill Conti has come up with the year’s most offensive score—a cattle prod of cartoonish cuteness that only underlines the movie’s desperate uncertainty of tone.

The ads for “Neighbors” call it “a comic nightmare”; it’s more like a sour case of creative indigestion.

D. A

---

**MEDICINE**

Gay bar in New York: 'The problem is person-to-person transmission'.

**Diseases That Plague Gays**

The promiscuous homosexual male has long been vulnerable to hepatitis and venereal diseases like syphilis and gonorrhea. But an unusual assortment of disorders—some of them deadly—has recently broken out in the homosexual community. Among them: intestinal infections usually seen in the tropics, a particularly virulent form of pneumonia and a lethal cancer most often found in equatorial Africa. “The health problems of homosexuals used to be no different from those of heterosexuals,” says New York internist Dr. Ronald J. Grossman. “But in the last five or six years there’s been a major change.”

The epidemic does not affect homosexual women; it seems closely linked to the lifestyle of gay men with many sexual contacts. It coincides with the burgeoning of bathhouses, gay bars and bookstores in major cities where homosexual men meet.

The large numbers of anonymous contacts in gay bathhouses increases the risk of sexually transmitted diseases exponentially,” says Dr. Daniel C. William, a New York physician with a large homosexual practice. According to the Centers for Disease Control, nearly 50 percent of males with active syphilis are homosexual. Hepatitis B is so prevalent among homosexual men that blood serum from gay volunteers was used in the development of the new vaccine against the disease.

**Dramatic Spread**: Male homosexuals are particularly prone to intestinal disorders if they combine oral and anal sex practices. In San Francisco the number of cases of amebiasis has risen 7,000 percent since 1974, and shigellosis and giardiasis have also spread with dramatic swiftness. “No modern city should have this many cases,” says Dr. Selma Dritz of the city’s Bureau of Disease Control and Adult Health. “The problem is person-to-person transmission.”

These so-called tropical diseases can be treated with drugs, but controlling their spread remains difficult. The usual public-health technique of case finding often fails because homosexuals are sometimes reluctant to name their sexual partners—and in some cases they may not know their names at all. The victim may not recognize his illness and meanwhile may infect several other men. Finally, many physicians aren’t alert to the possibility of tropical diseases for several reasons: they rarely have seen a case; they may not know of their increased prevalence among homosexuals, and they may not know that a particular patient is gay.

**Out of Control**: Far more menacing diseases are beginning to worry public-health experts. In last week’s New England Journal of Medicine, Dr. Frederick P. Siegal of New York’s Mount Sinai Medical Center described four young homosexuals who had been hospitalized with herpes virus infections that got out of control. All suffered from severe ulcers around the anal area, as well as fever, weight loss and a gradual decline in health over the previous year. Such herpes infections usually occur only in leukemia cases or among people who are taking drugs that impair the body’s immune system. Each of the gay patients showed abnormal T-lymphocytes, white blood cells which fight off infection, and despite intensive treatment, three of the four died.

The same issue of the journal describes another disease among gays involving defensive immune responses. Dr. Michael S. Gottlieb of the University of California at Los Angeles reported on four homosexual patients with various infections who ultimately developed pneumocystis pneumonia (PCP), a deadly lung infection that oc-

---

(Reed Birney), the heiress to a steel fortune. But Danilo’s wide-eyed American dreams turn into a nightmare when—at midpoint in the film—he future explodes in a scene of shocking violence.

**No Glue**: After this, Danilo’s life—and, alas, the film—splinters into fragments. “Four Friends” begins to seem like a series of coming attractions—it’s all epiphanies, with no psychological glue to hold the pieces together. We see a lot of Danilo but never really get to know him. What does he feel about the heiress? Why does he become a steelworker? Is he engaged in the social convulsions around him? Why does he keep pursuing the annoyingly elusive Georgia? Craig Wasson’s performance doesn’t help answer these questions. He’s a competent actor, but there’s something hangdog in his presence—a fatal lack of charisma. As the supposedly irresistible Georgia, Jodi Thelen shows real talent (she has a great syrup-thick voice), but her own showbizzy mannerisms reinforce one’s suspicions that Georgia is just a poseur. If the romantic chemistry seems wildly awry, one still senses the presence of a filmmaker passionately committed to his tale. The real emotional core of “Four Friends” is in its making, in the urgency of Penn’s attempt to contain his own ambiguous feelings about the ‘60s in this one unwieldy vessel. Like one of its characters, “Four Friends” goes up in flames, but it burns, on and off, with a lovely light.

DAVID ANSEN
Diseases That Plague Gays

The promiscuous homosexual male has long been vulnerable to hepatitis and venereal diseases like syphilis and gonorrhea. But an unusual assortment of disorders—some of them deadly—has recently broken out in the homosexual community. Among them: intestinal infections usually seen in the tropics, a particularly virulent form of pneumonia and a lethal cancer most often found in equatorial Africa. "The health problems of homosexuals used to be no different from those of heterosexuals," says New York internist Dr. Ronald J. Grossman. "But in the last five or six years there's been a major change."

The epidemic does not affect homosexual women; it seems closely linked to the life-style of gay men with many sexual contacts. It coincides with the burgeoning of bathhouses, gay bars and bookstores in major cities where homosexual men meet. "The large numbers of anonymous contacts in gay bathhouses increases the risk of sexually transmitted diseases exponentially," says Dr. Daniel C. Williams, a New York physician with a large homosexual practice. According to the Centers for Disease Control, nearly 50 percent of males with active syphilis are homosexual. Hepatitis B is so prevalent among homosexual men that blood serum from gay volunteers was used in the development of the new vaccine against the disease.

Dramatic Spread: Male homosexuals are particularly prone to intestinal disorders if they combine oral and anal sex practices. In San Francisco the number of cases of amebiasis has risen 7,000 percent since 1974, and shigellosis and giardiasis have also spread with dramatic swiftness. "No modern city should have this many cases," says Dr. Selma Dritz of the city's Bureau of Disease Control and Adult Health. "The problem is person-to-person transmission."

These so-called tropical diseases can be treated with drugs, but controlling their spread remains difficult. The usual public-health technique of case finding often fails because homosexuals are sometimes reluctant to name their sexual partners—and in some cases they may not know their names at all. The victim may not recognize his illness and meanwhile may infect several other men. Finally, many physicians aren't alert to the possibility of tropical diseases for several reasons: they rarely have seen a case; they may not know of their increased prevalence among homosexuals, and they may not know that a particular patient is gay.

Out of Control: Far more menacing diseases are beginning to worry public-health experts. In last week's New England Journal of Medicine, Dr. Frederick P. Siegal of New York's Mount Sinai Medical Center described four young homosexuals who had been hospitalized with herpes virus infections that got out of control. All suffered from severe ulcers around the anal area, as well as fever, weight loss and a gradual decline in health over the previous year. Such herpes infections usually occur only in leukemia cases or among people who are taking drugs that impair the body's immune system. Each of the gay patients showed abnormal T-lymphocytes, white blood cells which fight off infection, and despite intensive treatment, three of the four died.

The same issue of the journal describes another disease among gays involving defective immune responses. Dr. Michael S. Gottlieb of the University of California at Los Angeles reported on four homosexual patients with various infections who ultimately developed pneumocystis pneumonia (PCP), a deadly lung infection that oc-
MEDICINE

curs mostly among patients taking drugs that suppress the immune system. "It is not a disease of normal young adults," says Gottlieb. Like Siegal's patients, Gottlieb's had reduced T-cell function.

Kaposi's sarcoma, which has also cropped up among gays, is equally intriguing—and dangerous. It is a rare, slow-growing type of cancer that generally occurs among elderly men of Italian or Jewish descent in the form of purplish lumps on the legs. A deadlier form, which spreads to many body organs and can kill within months, strikes children and young adults in parts of Africa, but was almost never seen in the United States until 1979, when it turned up in the gay population.

The fulminating herpes infections, PCP and Kaposi's sarcoma have triggered the most extensive investigation by the Centers for Disease Control since toxic-shock syndrome. So far, CDC investigators have counted 77 cases of Kaposi's, 75 of PCP and another eighteen involving both conditions. Thirteen other cases of strange infections that usually occur among people with defective immunity have also been reported. To Siegal the findings suggest nothing less than "a nationwide epidemic of immunodeficiency among male homosexuals." Although the total numbers are small, the death rates are alarmingly high: about 60 percent of the PCP victims and 20 percent of those with Kaposi's died.

Endemic So far, investigators can only theorize about the cause of the outbreaks. A likely suspect is cytomegalovirus (CMV), a rather common virus that may produce no symptoms but can cause fever, swollen glands and weight loss and damage the immune system. CMV has been reported in Africans in whose countries Kaposi's is endemic, and most of the gay patients with PCP and the cancer also harbored it. The virus can be carried in semen as well as urine.

Drugs are also suspect. Many of the patients used butyl or amyl nitrite, inhalants that are supposed to heighten the pleasure of orgasm. In the body, nitrates may produce nitrosamines, which have been shown to cause cancer in animals. CDC is now conducting animal tests to determine if nitrates also suppress the immune system.

A few experts suspect that promiscuous gay patients lose their immune defenses because of the multiplicity of infections they catch. "A large number of exposures adds insult to injury, so the immune system is overtaxed and ceases to perform," says Dr. Alvin E. Friedman-Kien of New York University Medical Center. Others disagree. "Our immune systems are being challenged all the time by all sorts of substances and we don't experience this kind of failure," says Gottlieb.

Genetic factors may be involved. Dr. Pablo Rubinstein of The New York Blood Center finds that nearly two-thirds of the Kaposi's patients he has studied had the same white blood cell type, called DR5, while only 12 to 15 percent of the general population shares it. Interestingly, DR5 is also prevalent among the racial groups that tend to get this form of cancer. Conceivably, the combination of viral infection, drugs and genetic predisposition leads to Kaposi's. But CDC is looking into at least a dozen other possible risk factors. "It could be the bugs out of the pipes in the bathhouses," says Dr. Yehudi M. Felman of New York City's Bureau of Venereal Disease Control.

What worries epidemiologists is the probability that these diseases will spread even faster in the future. "This is just the tip of the iceberg," says Friedman-Kien. "In our hospital alone, we're seeing one or two new cases of Kaposi's a week." Heterosexuals might also be affected, through contact with bisexuals.

"It's probably only a matter of time," says Grossman.

No really effective treatment for Kaposi's or PCP has been developed. Some researchers are testing interferon and other drugs that stimulate the immune system. The best way of stopping the outbreaks is prevention. Physicians and gay activists are encouraging homosexuals to practice better hygiene, reduce their sexual contacts and get the names of those they do have sex with. The important task of tracking contacts would also be greatly eased if the stigma of homosexuality were further reduced. "We have to deal from a position of trust," says Felman.

MATT CLARK with MARIANA GOSNELL and bureau reports

San Francisco clinic: An outbreak of bizarre disorders

TEXTEND
Rare Diseases Hit Haitian Refugees

Atlanta

An epidemic of rare and lethal infections, including a type of skin cancer first detected in male homosexuals, is now being seen in Haitian refugees, the national Centers for Disease Control said yesterday.

The CDC said 34 cases of “opportunistic infections” and Kaposi’s sarcoma, a cancer of the skin, have been reported among Haitians in five states. Opportunistic infections are infections affecting persons with faulty natural defenses against disease.

The federal health agency termed the development “a new phenomenon” and said “it was not clear whether this outbreak is related to similar outbreaks among homosexual males, intravenous drug abusers and others.” It said, however, that the clinical and immunological pictures appear quite similar.

“We wonder if there is some connection between the groups, but we haven’t been able to prove anything,” said Dr. Peter Drotman of the CDC task force on Kaposi’s sarcoma and opportunistic infections.

The outbreak of rare kinds of infections and cancer, normally seen only in individuals whose immune systems are being suppressed for treatment of serious diseases, has prompted a major investigation by the CDC.

Drotman said the agency has received reports of 438 cases in two years. Normally, “only a handful” of such diseases would have occurred in that period, he said.

United Press
'Gay Plague' Called Epidemic

New York

The head of the National Task Force investigating the "gay plague" calls the mystery sickness an epidemic unprecedented in the history of American medicine.

Dr. James W. Curran, of the Centers for Disease Control in Atlanta, said the disease kills up to four out of 10 victims and threatens to explode in the nation's big cities.

Male homosexuals who have many partners and people who give themselves drugs through needles top the list of likely victims, medical experts said.

The illness is nicknamed "gay plague" because the first outbreaks took place in homosexual men. But now it is hitting heterosexual males as well as women, Curran said.

Curran and other experts spoke Tuesday during an all-day symposium at Mount Sinai Medical Center.

One form of the disease, Kaposi's sarcoma, causes leg tumors and formerly was only seen, and then rarely, among aging Jewish and Italian males. What disturbs the experts is that the new cases are showing up in young men.

Another form is a highly fatal rare pneumonia, pneumocystis-carnii pneumonia. That, too, formerly was seen in elderly or very ill people. New victims are under 50, and many are in their 20s or 30s.

Suspected agents could include a new virus, a changed virus or something not seen before, doctors participating in the conference suggested.

Curran said 413 cases of "gay plague" have been reported since 1981 and 155 of the victims are dead. Eighty-five percent are under 45; the median age is 35.

"Unfortunately this is growing and will continue to grow," he said.

"In the last three months there has been a 50 percent increase in cases reported to the CDC," Curran said.

"Since February, there have been reports of 1.5 cases per day. In the past six weeks 2.5 cases per day are being reported."

"What is so terrifying is that it is being found so frequently in asymptomatic (apparently well) homosexual males," said Dr. Thomas Chalmers, president of Mount Sinai Medical Center.

United Press
The Rare Diseases

By Charles Petit

A Santa Rosa man, in his mid-30s and gay, visited the Veterans Administration hospital in San Francisco a few days ago to find out why raised, purplish mole-like marks had appeared on the lower part of his legs.

The marks gave him no pain or discomfort. But within days, he found himself at a special clinic at the University of California, San Francisco, where worried health workers grilled him intensely for information on his lifestyle, eating habits, friends and medical history.

A baffling set of rare, often fatal illnesses is striking gay men around the nation. The man’s interrogators were part of a federal task force trying to find out why.

He was diagnosed as having an early stage of Kaposi’s sarcoma, a cancer that affects the skin, lymph system and other organs. Until this year, it was considered to be a rare illness of the very old in this country, or of residents of a swath of equatorial Africa.

But that cancer, as well as a rare but virulent lung infection called pneumocystis pneumonia, is on a sudden and often deadly upsurge among gay, usually young, men.

A bewildering list of common factors — including lifestyle, heredity, and infections by both viruses and bacteria — appear to be associated with the two diseases.

The overriding clue to the cause of the illnesses seems to be a breakdown in the immune systems of the victims, in which their white blood cells and other disease-fighting mechanisms fail to respond in a normal way to infection. Pneumocystis pneumonia was formerly found primarily in people whose immune reactions were deliberately suppressed with drugs, such as organ transplant recipients.

The two diseases, plus occasional reports of overwhelming infection involving a variety of organisms, are concentrated in gay communities in the Bay Area and in New York, but are being reported nationwide.

The first recognition of a peculiar upsurge of Kaposi’s sarcoma among gay men came last May from New York physician Dr. Alvin E. Friedman-Kien. Later, links to a similar outbreak of pneumocystis pneumonia were reported from the University of California at Los Angeles.

Word spread fast through extensive publicity in gay-oriented newspapers, sometimes with the illnesses just lumped under the term “gay cancer.”

Some of the early warning signs are unexplained weight loss, persistent lesions on the skin, fever, swollen lymph nodes or breathing difficulty.

Public health authorities concede they are treading a thin line as they try to prevent panic, while at the same time spread words of caution.

“We’re trying to keep this a little on the low-profile side,” said Dr. Selma Dritz, an infectious disease specialist with the San Francisco Department of Health.

She and other physicians emphasize that although there are now many more victims of the diseases than were reported formerly, the total is still not large and the chance of getting the illnesses, even among gay men, is slim.

Reviews of records by the U.S. Centers for Disease Control in Atlanta show the upsurge in the diseases is less than 2 years old, with 138 cases of both the cancer and pneumonia reported so far. Of these, 52 people died, an overall mortality rate of 40 percent.

The totals include 60 cases of Kaposi’s sarcoma and 53 of pneumocystis pneumonia (among persons with the pneumonia alone, the death rate is higher, about 60 percent; 14 cases in which both diseases appeared and eight cases of “opportunistic infection.”

James Curran, the head of the task force, said in Atlanta that about five new cases are being reported each week.

“The most perplexing thing is why now,” said Dr. Curran.

Striking Gay Men

By David U. D. Norden

What could have happened in the last year or two to cause these problems?

While a relatively small number of people are developing Kaposi’s sarcoma or pneumocystis pneumonia, “These serious illnesses may be the tip of the iceberg of immunosuppression diseases. There may be other tumours or infections; people shouldn’t assume the whole gay community will die tomorrow, but also that 135 people are not all those affected.”

The federal task force has set up an office in San Francisco to question in detail the men here suffering the diseases. Similar efforts are under way in New York, Los Angeles, and Atlanta.

“We ask them everything we can think of, from job history to diseases to travel,” Dritz said. “But we don’t really know what to look for yet.”

At the UCSF medical center, a special clinic under the direction of dermatologist Dr. Marcus Conant has been established to treat the diseases, which have so far been highly variable in their resistance to therapy.

The clinic group hopes its work will not only lead to an end of the current outbreak but also shed light on the causes of more common cancers — including the possibility of a link between some human cancers and viruses.

So far, the main thrust of the program has been to gather information by interviewing victims and comparing their histories with those of other gay or straight men selected from various groups, matched by age and race. The researchers are looking for some clear difference in background between the men with the disease and the healthy men.

There has been speculation that frequent bouts with common, sexually transmitted diseases could somehow overwhelm the immune system, leaving some persons vulnerable to the rarer, non-sexual diseases now being reported.

Dr. Friedman-Kien in New York reported in the current issue of the Journal of the American Academy of Dermatology, “Most of the patients often indulged in anonymous sexual activities at gay bathhouses, bars, clubs and gay resort areas.” And, he said, “The homosexual subpopulation has been shown to have a well-documented, high incidence of infections” by such diseases as gonorrhea, syphilis, herpes simplex, and intestinal diseases such as amebiasis and giardiasis.

But Curran said that pattern is far from clear, and that some victims had been in stable, monogamous relationships for more than a year before becoming sick.

There are other clues. Kaposi’s sarcoma, for instance, had already been circumstantially linked in Africa to cytomegalovirus, or CMV, a relative of the herpes virus that causes cold sores. CMV is present in 40 percent of the human population and has been identified in the semen and urine of more than 80 percent of gay men tested.

One possibility is that some breakdown in the immune system permits the virus, which is present normally, to trigger the cancer in certain gay men. But it is equally possible that the virus simply proliferates after the immune system breaks down, and has nothing to do with cancer.

Possibly, certain genetic factors make some persons more vulnerable than others.

“But until we get the data, we really can’t say anything,” Curran said. It will probably be more than a month before the data from the questionnaires are processed. “I’m in no position to guarantee we’ll have an answer,” he said. “I’d be optimistic to think there will be a simple solution.”
New reports on epidemic among gay men

By Richard Saltus
Examiner science writer

A new series of reports on a mysterious and sometimes deadly infection among gay men nationwide says that the cause is unknown, but that a prime suspect is sexually transmitted infections that may weaken the body's natural defenses.

The baffling outbreak may represent a "nationwide epidemic of immunodeficiency among male homosexuals" that leaves them vulnerable to attack by rare "opportunist" infections, a paper reported in the New England Journal of Medicine.

Researchers, accordingly, have turned to experimental drugs in hopes of turning the failed immune system back on in patients who have the disease.

Nevertheless, there have been no reported cures and 75 of 180 patients stricken with Kaposi's sarcoma, pneumocystis pneumonia or both, have died.

And one of the 30 patients in the Bay Area says that despite widespread publicity and concern in the gay community, there has been no radical change in sexual lifestyles or use of drugs, which is another suspected factor.

"I wouldn't say things have changed much," said Bobbi Campbell, 29, a nurse who was diagnosed as having Kaposi's sarcoma in October. "After all, people still smoke."

The alarming public health problem was discussed yesterday at the 40th annual meeting of the American Academy of Dermatology. Simultan¬eously, the prestigious New England Journal published three major articles and an editorial on efforts to pinpoint the cause of the outbreak first noticed last spring in New York and, subse¬quently, California.

Within a few weeks, the Center for Disease Control in Atlanta is expected to reveal what it has found in a computer analysis of interviews with gay men who developed the disease and those who did not.

The hope is that the interviews—40 were done in San Francisco—will show a pattern of behavior or other factors common to patients afflicted with the disease.

Eight of the 30 Bay Area patients have died.

Dr. Marcus Conant, a University of California at San Francisco der¬matologist who heads a special clinic for the disease, said, "We're advising gay men to try to cut down on the number of sexual partners—ideally to one, rather than 15 or 16 a week."

But he agreed with Campbell that the gay community has not drastically changed its behavior, and noted that two patients who have the disease have been seen at public baths.

Underlying the disease in nearly all patients is a striking inactivity of the body's immune system, particularly an imbalance in two kinds of white blood cells that must work in harmony to fight infections.

The patients develop either Kapor¬si's sarcoma, an otherwise extremely rare cancer manifest on the skin, or an unusual form of pneumonia, and sometimes both.

The patients develop either Kaposi's sarcoma, an otherwise extremely rare cancer manifest on the skin, or an unusual form of pneumonia, and sometimes both.

Occasionally, people whose immune systems have been particularly "turned down" for organ transplants get this disease, but it rarely appeared in young, healthy people.

What is common to the homosexual patients is that their bodies show signs of "a genetic 'helper T' cell defect," which is sometimes called "cytomegalovirus (CMV). The virus can be transmitted sexually, and it has been known to suppress the immune system."

It is therefore highly possible, Conant said, that Dr. Michael S. Gottlieb of the University of California at Los Angeles, that sexually active gay men get repeated infections of CMV, perhaps so often that their immune defenses don't recover from the attacks.

As a result, he said, these episodes "could conceivably lead to over¬whelming chronic infection and immunodeficiency or Kaposi's sarcoma."

That some individuals contract the disease but most don't may be partly explained by a curious discovery that a high percentage of the patients have genetic similarities in their immune system.

But why, asked the writer of the New England Journal editorial, did the disease appear suddenly?

"Homosexuality is at least as old as history, and cytomegalovirus is pre¬sumably not a new pathogen. Were the homosexual contemporaries of Plato, Michelangelo and Oscar Wilde subject to 'risk of dying from opportunistic infections?'" wrote Dr. David T. Durack of Duke University Medical Center.

Conant said it is possible that a new mutant strain of cytomegalovirus has triggered the outbreak, which he said apparently began in New York and may have been spread to San Francis¬co by gay men who traveled back and forth.

The researcher said some of his patients are being given an experimen¬tal drug called thymosine in an attempt to restore the proper balance in cells of the immune system. Patients with the disease have too many cells called "suppressor T-cells" and too few "helper T-cells," which are supposed to act in concert like the accelerator and brakes of a car.

Thymosine acts on helper T-cells to spur their activity, but Conant said it was too early to tell whether the drug would be effective.

Researchers in New York are giving patients the experimental drug interferon, but the results have been mixed so far, said Dr. Geoffrey Got¬tlieb, a dermatologist at the NYU Medical Center.

Otherwise, patients with Kaposi's sarcoma are being treated with stan¬dard cancer chemotherapy.

The New England Journal editorial called the three reports signed by 38 authors "only a beginning" and urged further research.

Meanwhile, local physicians of the Bay Area Physicians for Human Rights plan to distribute a pamphlet, written in part by Conant, describing the disease and showing pictures so other physicians will recognize it in its early stages.

Dr. Robert Bolin of the human rights group said that some of his patients are becoming "a little more discriminating and more careful."

However, he is concerned about human rights groups for HIV patients. Dr. William Owen, said, "My feeling is that a lot of patients are waiting to see if any information can be gleaned as to the cause."
Perplexing illness spreading to non-gays

By Harry Nelson
Los Angeles Times

It was late in 1980 and Dr. Joel Weisman had just seen his second young patient in his Southern California office in a matter of weeks with the same puzzling symptom — an unexplained high fever that had been lingering for months. Weisman was curious. He also was worried.

What could be ailing these men in their 20s and 30s who previously had been perfectly healthy? The symptoms sounded like an infectious disease, but the laboratory tests showed nothing specific.

By early 1981, both of Weisman's patients, plus two similar ones, were under intensive study by Dr. Michael Gottlieb at the University of California, Los Angeles, Center for Research in Immunological Diseases.

Within months one was dead and the others were fighting for their lives against a strange array of infectious organisms.

One clue was that all four were homosexuals. But what did that fact have to do with their smoldering symptom?

Today, 18 months later, medical investigators are still wondering. The mystery not only remains, but it has grown far more complex.

Now it involves not only homosexuals but an increasing number of heterosexuals, and health authorities fear that the entire population may become at risk.

What started out as four cases of persistent and unexplained fever is now recognized as an epidemic that to date has stricken 355 patients.

Although the first reported cases were Gottlieb's at UCLA — soon supplemented in greater numbers by reports from New York and San Francisco — the epidemic has spread to nearly half of the 50 states and to six other nations.

Unlike most epidemics, this one does not strike as a single disease but appears in the patient as a suddenly acquired defect in a segment of the immune system. That in turn makes the individual susceptible to a wide variety of diseases ranging from an unusual form of pneumonia to a rare type of cancer.

Of the 355 patients, 41 percent have died. The Centers for Disease Control in Atlanta say that an average of one new case is being identified in the United States every day.

See GAY, Back Page
S.F. to Get ‘Gay Health Specialists’

The San Francisco Health Department won approval of a special “gay health services specialist” designation yesterday to help it staff mental health centers serving large homosexual populations with persons who have had special sensitivity training.

The designation, recommended by the city’s Gay Mental Health Task Force, was approved without debate by the Civil Service Commission.

As explained later by department spokesman Herbert Clayton, 50 jobs — including physicians, nurses, health workers and psychiatric social workers — at four mental health centers will be given the special designation.

These jobs will be open only to persons who have completed 16 hours of formal training on lesbian, gay and bisexual lifestyles. They have 500 hours of supervised work...
Gays high risk for infections

BOSTON — A study released Wednesday said homosexuals have a high risk of contracting intestinal parasites, mainly because of their frequent practice of oral-anal sex.

The study reported in the New England Journal of Medicine said healthy homosexuals also risk contracting such infections because relatively high numbers of homosexuals are already infected. The study was conducted at a venereal disease clinic by the New York City Health Department, Beth Israel Medical Center in New York and Mount Sinai School of Medicine with help from the Centers for Disease Control in Atlanta.
'Gay Diseases' Turning Up Among Others

Atlanta

Scientists studying an epidemic of a cancer and other infections in homosexual males are finding an epidemic of similar cases among heterosexual patients, the national Centers for Disease Control said yesterday.

"That's what's kind of worrisome," said CDC epidemiologist Mary Guinan. "This is something that's in the community. It's a very serious illness."

Between June 1, 1981, and May 18, 1982, the CDC received reports of 355 cases of Kaposi's sarcoma and other infections that struck previously healthy people because of an apparent weakness in their natural immunity systems, the CDC said. Kaposi's sarcoma, a cancer, previously had been seen primarily in the elderly. The other infections, including Pneumocystis carinii pneumonia, had been observed only in people whose immune systems had been weakened by something such as chemotherapy or transplant surgery, Guinan said.

"We define an epidemic as any increase over the expected increase of the disease," she said. "We've never before seen this particular immune defect in nature," she said. "Something is happening in the environment ... and the manifestation of this immune problem is in this unusual cancer."

Kaposi's sarcoma and other infections that set in because of the immunity breakdown have a 40 percent mortality rate in homosexual males, the Centers for Disease Control had said earlier.

Of the 355 cases reported this time, 281, or 79 percent, were homosexual or bisexual men; 41, or 12 percent, were heterosexual men; 20, or 6 percent, were men of unknown sexual orientation; and 13, or 4 percent, were heterosexual women.

The CDC report noted that sexual preference was obtained from patients by their doctors and that it may not be completely accurate.

Five states accounted for 86 percent of the reported cases — California, Florida, New Jersey, New York and Texas. The rest were reported by 15 other states.

The median age for onset of symptoms was 36 years for homosexual men, 31.5 years for heterosexual men and 29 years for women.

Associated Press
New report on disease that hits gay males
— See story/Page B7

The sky's the limit
Luxury gift guide
Scene/Page E1

The Giants seek a hitter with ‘pop’
Sports/Page F1

How to outwit steelhead
Sports/Page F1

San Francisco Examiner
Thursday, December 10, 1981
20¢
Continued from Page A-1

At first, investigations at the Centers for Disease Control suspected that amyyl nitrite, a drug widely used by homosexuals to enhance sexual pleasure, was somehow damaging the body’s immune system, but that theory has been weakened by a finding that only 1 of the 41 heterosexual victims had used amyyl nitrite, according to Dr. Harold Jaffe, a member of the centers’ special task force probing the epidemic.

Investigations by Los Angeles County’s greater emphasis on a potentially much more serious candidate for the cause: a virus.

The Centers decided the cause was extensive use of nitrites. We are now swinging our efforts toward looking for an infectious agent,” said Dr. Walter J. Wallis, chief of the Center for Infectious Diseases, a part of the Centers for Disease Control.

If the cause of the immunosuppression is a virus, the big question is whether it is preventable or curable.

One frightening — although speculative — scenario for the spread of such a virus has been suggested by Dr. Françoise Barois, an expert in hepatitis at the Centers for Disease Control’s hepatitis research facility in Phoenix.

Francis suggests that the virus was brought to the United States from Africa, perhaps, by an American homosexual. Africa is a prime possibility for several reasons, the main one being that type A-1, which most often is seen in the epidemic is Kaposis’s sarcoma, a cancer suspected of being caused by virus. It is rare in America but accounts for about 9 percent of all cancer in Uganda and other parts of Central Africa. Africa is also the site of discovery recently of several deadly virus-caused diseases, one of them being Lassa fever.

Francis’ hypothetical gadget returned to America — probably to New York because that is where the largest number of cases have been identified — would then be passed on by sexual contact. The new victims, in turn, spread the virus to other homosexuals in San Francisco and Los Angeles when the virus has spread to other parts of the country.

According to Francis and others at the center, the manner of spread of the immunosuppression as well as the epidemiological data on the life style variants mimics exactly that of hepatitis B. This could mean that the immunosuppressing virus is a “fellow traveler” with hepatitis.

Hepatitis B is caused by a virus that is transmitted from one person to another by blood. Hepatitis B is a common disease in Africa and Asia but is relatively uncommon in the United States, except among male homosexuals, drug addicts and other people who come into contact with blood, such as medical personnel and recipients of blood transfusions.

Some of the sexual practices of homosexuals, such as anal intercourse — which can cause abrasions — may make them especially susceptible to any disease that might be transmissible by blood.

Francis believes that the same groups of individuals who are at risk of acquiring hepatitis may also be at risk of acquiring immunosuppression, although there is no good evidence yet that medical personnel or blood transfusion recipients are especially vulnerable to such immunosuppression.

“The implications for this (epidemic) go far beyond the gay population,” Dowdle said in an interview last week. “People don’t seem to appreciate that, and that has been something of a problem for us.”

If, as it now appears, the immunosuppression can be a sexually transmitted viral disease, it is reasonable to speculate that the virus will not be confined to the homosexual population but may become widespread throughout the population.

It is possible that blood is not the only body fluid that may transport the immunosuppressing virus, if indeed such a virus exists. Scientists have known for some time that the cytomegalovirus, which is carried in semen, cervical secretions in the female, saliva, and in blood, supresses immune response.

Cytomegalovirus infections are common in the homosexual population, as are herpes, fungal infections, intestinal infections and venereal diseases.

However, scientists point out that the degree of immune suppression seen in all the victims of this new disease does not yet far exceed anything that cytomegalovirus has been seen to do.

Considering that oral sex is not uncommon among heterosexuals, then, too, could be vulnerable to any “super” cytomegalovirus or other virus that may recently have made an appearance on the scene.

But one bit of evidence seems to contradict that possibility: Only 13 females have so far been reported to have contracted the virus and many of the men were drug addicts who may have acquired the disease by means of a contaminated needle.

Another fact that may lessen the risk for heterosexuals is that most, but not all, the homosexual victims had had an unusually large number of sexual partners and a large number of venereal and other infections before succumbing to the immunosuppressing disease. This raises the possibility that their immune system may have been overwhelmed by the cascade of infections, leaving them vulnerable to new infections that a normal immune system could have warded off.

However, that consideration does not explain why the phenomenon of an immunosuppressing disease has appeared on the scene so suddenly.

Scientists are certain that it is a new phenomenon because of its connection with Kaposis’s sarcoma. Until now that type of cancer has been seen in the United States only among elderly males who were ill with some other disease, or among kidney transplant patients — but never in healthy young men. Scientists say that the appearance of the new disease would surely have been noticed.

The Centers for Disease Control and several medical schools, including UCSF, have launched major efforts to try to identify viruses in the tissues of Kaposis’s sarcoma victims as well as in individuals as yet without symptoms but who resemble them in other ways may soon develop Kaposis’s on one of the so-called opportunistic infections.

They are looking for standard viruses as well as some strange ones that may be as yet unreported. An expert who heads a group of virologists at the centers.

Noble and Paul Feorino, a virologist, said their quest is extremely difficult because of the tendency of some viruses to disappear after causing an infection, plus the fact that the mere presence of a virus in tissue does not necessarily mean it caused the problem.

“We may be looking at just a footprint where the cause has already gone,” said Dr. Bruce Ewton, recently appointed to head the center. “Unlike an bacterium, who heads a group of virologists at the centers. Bacteria are very large and easy to detect, so it is much easier to find them. Viruses are much smaller.”

Gottlieb, UCLA’s infectious disease expert, and co-workers are looking for any similarity in the strains of viruses in tissues taken from different patients. If a particular genetic strain appears to be more common in immunosuppressed patients, that strain will then be introduced into animals to see if they also result.

Since seeing the first four cases, Gottlieb has consistently believed in the viral theory, including the possibility that a variant virus from some part of the world may have found its way into the gay population here where it is spreading.
experience in a clinic serving homosexuals. The schooling is offered by the University of California and other institutions.

Clayton said “gay health service specialists” may be paid a $6-a-week bonus similar to that currently paid persons in jobs with a special bilingual designation. However, civil service officials said no extra pay has been authorized this fiscal year.

Clayton said persons earning the special gay designation will have a separate seniority list, giving them layoff protection superior to others in similar jobs within the department.

At the same time, he said, persons who are “uptight about working with gays and lesbians” can refuse appointments to, or request transfers from, those 50 jobs without jeopardizing their standing on civil service lists for their job category, he said.

Deer Hunter Killed

Bridgewater, N.J.

A hunter was accidentally shot to death yesterday 39 minutes before the official opening of the six-day New Jersey deer hunting season, authorities said.

Associated Press
Disease halts gays’ immune systems

LOS ANGELES (AP) — A puzzling disease that appeared suddenly in homosexual communities, killing at least 40 percent of its victims, is the first known epidemic to turn off the body’s immune systems, says a medical researcher.

The disease — with 119 deaths in about a year, dozens of victims still in critical condition and a new case appearing almost daily — leaves its victims almost defenseless against killer infections and against a rare and normally non-fatal skin cancer called Kaposi’s sarcoma.

“This is the most complex new medical disorder to come along in a long, long time,” Dr. James W. Curran, head of a U.S. Center for Disease Control task force said yesterday.

While the disease is mostly limited to young homosexuals, researchers said that solving its mysteries could give answers to fundamental questions about other cancers, especially the role of the immune system and the suspected-but-unproved role of viruses in some malignancies.

Though the vast majority of the 300 known victims are gay men in New York, Los Angeles and San Francisco, Curran told a House subcommittee hearing here, “I envision this problem is going to become more widespread” before it is solved.

Scientists so far can scarcely guess at the cause, prevention or cure for the disorder, which was first spotted less than a year ago.

Researchers discovered only in the past few months that the infections and cancers are but symptoms of the underlying problem: the victims’ immune systems, which defend against infections, are somehow being shut down.

“This is the first documented community-acquired epidemic of immune system suppression,” Curran told Rep. Henry A. Waxman, D-Calif., chairman of the House subcommittee on health and environment.

Waxman, whose Hollywood district has a substantial gay population, opened the brief hearing by saying, “This horrible disease afflicts members of one of the nation’s most stigmatized and discriminated-against minorities. The victims are not typical Main Street Americans. They are gays.”

He contended, “If the same disease had appeared among Americans of Norwegian descent or among tennis players, rather than among gay males, the responses of both government and the medical community would have been different.”

But Dr. Bruce A Chabner, acting director of the National Cancer Institute’s treatment division, said, “There is no problem attracting research interest in this problem” and the institute is directly funding a number of studies searching for treatment and cause.

Dr. James A. Lipsett, a cancer specialist at City of Hope National Medical Center and “a gay man,” said this “very real, totally new phenomenon” is frightening to homosexuals.

It “has come upon us suddenly and it appears to strike the strongest, the youngest, those in their prime,” he said, noting the average age of victims is about 35.

He also noted, however, that Kaposi’s sarcoma, which accounts for about half the known cases of the immune disorder, has hit only about 150 people from a gay population of perhaps 1½ million in the three most seriously affected cities. The disease remains rare, he said.

Curran said victims can face either the unusually virulent form of Kaposi’s sarcoma or an otherwise rare and potent infection called Pneumocystis pneumonia, or both. He said life-threatening infections are not uncommon and there are even hints that other cancers may be linked to the disorder.

“What we’re talking about is likely to be just the very severe end of the spectrum,” Curran said.