Leukemia Virus Played Down As AIDS Culprit

Boston

Widespread speculation that AIDS is caused by a rare virus that attacks blood cells is probably wrong, and it could reduce attention to other possible culprits in this devastating syndrome, a researcher contends.

Several recent studies have suggested a germ called the human T-cell leukemia virus, or HTLV, wrecks the body's defenses against disease.

"It's been overplayed to the point where I worry that it will diminish interest in other viruses" that could be behind the outbreak of acquired immune deficiency syndrome, said Dr. Paul H. Black of Boston University School of Medicine.

In a letter in today's New England Journal of Medicine, Black expressed "serious doubts" about the reported link between the leukemia virus and AIDS.

"Although infection with HTLV of a minority of patients with AIDS or patients with pre-AIDS or both apparently occurs," he wrote, "it is unlikely to be in itself the cause of AIDS."

Evidence of infection with the virus has been seen in as many as 60 percent of patients with AIDS.

Dr. Myron Essex of Harvard, who has published several studies on the virus, said last month that it is "the leading suspect agent as the possible cause of AIDS."

But Black maintains this is inconsistent with what is known about the way the virus attacks the body.

People with AIDS do not have enough helper T cells — white blood cells that rally the body's defenses when germs invade the system. This may leave them vulnerable to a variety of cancers and infections that healthy people ward off easily.

Black says there is no evidence that HTLV destroys T cells. Instead, he says, the virus usually makes them proliferate.

Those who support the virus theory note that many AIDS victims have HTLV antibodies in their blood. In all likelihood, these antibodies were produced to fight the virus, Black maintained.

However, he said, AIDS victims may spew out antibodies indiscriminately, and they are not necessarily being produced because of exposure to specific germs.

In a recent issue of the journal Science, Essex' group described a survey of hemophiliacs. Their increased risk of AIDS is thought to result from doses of tainted blood-clotting concentrates.

These researchers found that 12 percent of the hemophiliacs showed evidence of exposure to the virus, although none of them had AIDS. This exposure in normal people was 1 percent or less.

"I think it's getting an overwhelming emphasis," Black said of reports of the HTLV research. "There's a lot of hype associated with it."
**Study of S.F. Neighborhoods**

**Startling Finding on 'Gay Disease'**

By Randy Shilts

A study by the University of California at San Francisco has found that, by conservative estimates, one in every 350 single men in San Francisco's heavily gay neighborhoods has been diagnosed with the mysterious and usually fatal diseases known as AIDS, The Chronicle has learned.

The UCSF study, obtained yesterday by The Chronicle, was conducted by Dr. Michael Gorman, an epidemiologist, and Dr. Andrew Moss, a highly respected bio-medical statistician.

The figures from the preliminary draft of the study were termed "extremely high" by one federal AIDS researcher.

The study itself has become controversial in the gay community because some gay leaders thought the study should be released before its scheduled publication in a scientific journal.

Other leaders thought release of the report would cause panic in gay areas.

The researchers compared the incidence of AIDS cases with the numbers of never-married men over the age of 15 in the 1980 census tracts in the heavily gay Castro, Haight and Noe Valley neighborhoods.

The comparisons found that about one out of every 350 never-married men in the gay neighborhoods had been diagnosed with the deadly syndrome as of the end of last year.

In the study being prepared for publication in Lancet, a respected British medical journal, the authors cautioned that their figures probably "underestimate" the AIDS rates among gay men.

Dr. Selma Dritz, chief of San Francisco's bureau of communicable disease control, said yesterday she expects between 250 and 300 new cases of AIDS to be diagnosed this year in San Francisco -- more than double the 120 AIDS cases detected in 1982.

If this prediction proves to be correct -- and the concentration continues in the gay neighborhoods -- that could translate to a rate of at least one AIDS case out of every 175 never-married men in the gay areas by the end of this year.

At the federal Centers for Disease Control in Atlanta, Dr. Richard Selik termed the incidence rates "extremely high," but also said "it's not surprising that areas with high concentrations of homosexuals would have high rates of a problem which is largely striking homosexuals."

The epidemic of AIDS -- an acronym for Acquired Immune Deficiency Syndrome -- was first detected in San Francisco in 1980 when a number of otherwise healthy gay men were stricken with a series of baffling diseases such as Kaposi's sarcoma and a rare form of pneumonia. Nationally, AIDS has stricken nearly 1200 people, killing about 70 percent of its victims. Only 14 percent have survived for more than three years after diagnosis.

About 70 percent of AIDS patients are gay men. Haitian refugees, intravenous drug users and hemophiliacs comprise the rest. AIDS has remained a mystery, resisting treatment and defying scientists who are trying to understand its still-unknown cause. The most widely held theory, however, is that AIDS is spread through the blood mainly through sexual contact or through blood transfusions.

A total of 204 Bay Area men have now been diagnosed with the disease since 1980 and 53 have died, said San Francisco's Dr. Dritz, cautioning that "there probably are some more deaths that I haven't heard about."

The UCSF study comes at a time of growing division within the gay community on how to handle the big increase of this baffling killer.

Pat Norman, who handles gay concerns for the San Francisco Public Health Department, said she was worried about both heterosexuals and gays "panicking" when they heard of the high proportions of AIDS cases in gay areas.

"We don't want people thinking they can't eat in Castro restaurants when that doesn't have anything to do with this, because it can't be spread through food handlers" or on any casual basis, said Norman yesterday. "We'd rather get this out in a reasonable manner."

Growing numbers of gay political leaders, however, are challenging this low-profile approach.

"Who do these people think they are, keeping this study a secret?" fumed one prominent gay leader, who asked not to be identified.

"They're worried about panic -- there should be panic when we've got a fatal disease that you can catch as easy as gonorrhea," he said. "They have no business making life-and-death decisions for other people."

Researcher Moss, contacted in London, said he hoped the AIDS data would prompt greater preventive action among gays.

"The public health, gay and medical communities have the chance to get their acts together," he said.
Anti-Gay Preacher’s Church Burns

An arsonist early yesterday burned the church of a conservative San Francisco minister who preaches what he calls the Bible’s ban on homosexuality.

The Rev. Charles McLhenny, pastor of the First Orthodox Presbyterian Church, and his family were awakened shortly after midnight by a blaze that raged in an alley between the church and the rectory where they lived.

The one-alarm fire singed the side of the church and the pastor’s residence before it was extinguished by firefighters at about 1 a.m.

Damage was estimated at $18,000 and arson investigators found two blackened gasoline cans in the alley near the 1350 Lawton Street church.

McLhenny said he has no “concrete evidence” that the fire was “directly related” to his stand on homosexuality.

“There is no concrete evidence as to who did anything,” he added.

But he said that the fire is only the latest in a long list of vandalism that started after he fired a church organist for being gay in 1978. His church has frequently been defaced by paint, and its windows smashed by rocks and beer cans.

The organist sued, but McLhenny won the suit on the ground of freedom of religion.

McLhenny said yesterday he will not be frightened away. “I’m going to stay and preach the word of God.”

He added that he intends to hold worship services in the charred chapel this Sunday for his congregation of 50.

A sign hanging outside the church reads: “Keeping God’s Commandments Does not Promote Disease. Stay Healthy for Christ’s Sake.”

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Gay Bathhouses

S.F. to Require Warnings on AIDS

By Randy Shilts

San Francisco Public Health Director Mervyn Silverman said yesterday he will require the city’s gay bathhouses to post public health warnings about the dangers of contracting AIDS.

The warnings will be placed before the influx of gay tourists arrives for the annual gay parade this month.

Silverman’s decision was endorsed by Mayor Dianne Feinstein and a majority of the Board of Supervisors, who said they would enact any legislation Silverman wants to require baths to advise patrons that they may be “risking their lives,” as Supervisor Harry Britt put it.

“I believe that the spread of AIDS is related to multiple, anonymous sexual activity and to the degree that this takes place in certain facilities, then it poses a (health) risk,” Silverman said.

Silverman will meet tomorrow with gay business leaders and a spokesman for the bathhouses to try to reach a consensus on how to conduct an AIDS educational campaign not only in bathhouses but in bars and places “where sexually active gay men congregate.”

“I’d like to reach a consensus on what to do — I’d prefer cooperation to confrontation,” Silverman said.

But he added that he will use his powers over the city-licensed bathhouses to get health warnings posted “before the influx of people for the parade.”

He said he would dispatch health inspectors to bathhouses to make sure bathhouse owners posted warnings and distributed health pamphlets on the risk of contracting the acquired immune deficiency syndrome.

As of yesterday, AIDS had struck 249 Bay Area men since it was first detected here two years ago, killing 72 of them. Sixty-six new cases have been detected in the first five months of this year — and new cases are expected to double every six months, according to the Public Health Department. San Francisco has about one-quarter of the nation’s AIDS cases.

An ailment with no known cause or cure, AIDS is thought to be spread through exposure to contaminated blood products, or, for gay men, through sexual contact.

Six in seven of AIDS patients die within three years of their diagnosis. There is no evidence it is spread by casual non-sexual contact, but current medical evidence indicates that certain gay sexual practices appear to increase the risks of contracting the malady.

Silverman’s decision to require warnings at gay bathhouses — where multiple, anonymous sexual activity occurs came amid growing official concern about the hundreds of thousands of gay tourists expected for the annual Gay Freedom Day parade on June 26.

“I’m very concerned with this problem and the parade,” Mayor Feinstein said yesterday.

“Within the language of the health code, I think Dr. Silverman can write to them (bathhouses) and tell them to post whatever warnings are necessary,” she said. “I do think that would be advisable.”

Supervisor Carol Ruth Silver, a staunch ally of gays for a decade, said the health warnings “must be posted within the next two to three weeks.”

Britt, the city’s only gay supervisor, made his first public statement yesterday on AIDS in bathhouses, an issue that has sharply divided gays.

“Proper education is urgently needed at the bathhouses and private (men’s) clubs because what little we do know about AIDS tells me that we should not go to bathhouses,” Britt said.

“People who are still doing this are either unaware of the problem or have a psychological investment in going to the baths that is so strong that they’re willing to risk their lives.”
Housewife copes with AIDS hotline

Examiner Peninsula Bureau

Three days ago, a Hillsborough homemaker had an unlisted phone number. Now she's got a national hot line.

The problem is that the woman's number is identical to the federal government's new toll-free AIDS hot line — except for the 800 prefix.

"Almost half the calls are from women," said the 52-year-old homemaker, who lives with her husband and daughter, 24.

The woman, who did not want to be identified, said many people hang up as soon as they hear her voice.

"Maybe they're afraid to go on further or realize I don't belong to the hot line when they hear me," she said.

The U.S. Department of Health and Human Services has been flooded with calls since Tuesday, when it set up the hot line to dispense information on acquired immune deficiency syndrome.

The hot line is operated by the Public Health Service, which makes referrals when necessary on the mysterious disease that has caused more than 600 deaths nationwide. The toll-free number is (800) 342-AIDS.

"We've had to take the phone off the hook at times," said the Hillsborough woman. "Unless it stops in a few days, we'll have to change our number."

She sounded tired but not angry. "I feel so sorry for the victims," she said. "I can understand their anxiety. I think it's so sad for those people."

She said many start firing off questions immediately, not pausing long enough for her to tell them they have the wrong number.

A few years ago, her family acquired an unlisted number for their four phones, after being plagued by obscene and crank calls.
'Demystifying' AIDS: TV crew sidelines victim

Associated Press

Moments before a San Francisco TV program intended to "demystify" AIDS, technicians refused to hook up a microphone to a victim of the deadly, incurable disease. He had to participate offstage by telephone.

"I'm hurt and I'm a little frightened about being isolated," Paul Castro said after the incident yesterday at KGO-TV. "I feel we're being shunned and put into a leper colony and kept away from the public. I don't like that, I really don't."

It was the latest in a growing number of cases where people are reluctant to associate with those who have acquired immune deficiency syndrome because they're afraid of catching it.

Castro, 31, of San Francisco, was scheduled to appear on "A.M. San Francisco," along with a doctor who runs an AIDS clinic and the director of the AIDS and Kaposi's Sarcoma Foundation. A KGO spokeswoman said at least one other AIDS victim arrived at the studio with Castro.

The live program was part of a series on AIDS, which has been diagnosed in more than 1,500 people since 1979 and killed nearly 600 of them.

When a TV technician said she was afraid of catching the disease and threatened not to work if Castro stayed on the set, the TV crew refused to put a microphone on him or let him onstage.

After some discussion between management and crew members, Castro finally spoke about the disease from a phone in a separate room.

He said it wasn't the first time he'd met with that response: "It happened to me two weeks ago when I was going to do an interview with one of the radio networks."

He said he wouldn't play down what happened yesterday: "It was devastating —

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KNBR back in touch with AIDS

A radio station that barred AIDS victims from the building has changed its policy after a phone call from San Francisco Supervisor Harry Britt.

Jane Morrison, manager of community affairs for KNBR, said the station had invited an AIDS victim to appear on a show, but called it off after employees protested.

"The station is very supportive of concerns of employees," she said.

Although health authorities say categorically that there is no danger of contagion from casual contact with AIDS victims, the employees were concerned about what they thought were possible health dangers.

The station did, however, plan today to interview gay community leaders including Britt, Cleve Jones, Jo Daly and Lesbian-Gay Freedom parade committee members for a taped show to be played at 7:30 a.m. Sunday before the parade.

Several of those invited planned to walk out of the show because of the station's policy against admitting AIDS victims.

Yesterday, Britt phoned the station and warned its management about the strong feelings in the gay community.
TV crew refuses to touch AIDS victim for program

—From Page A1

but it wasn't as bad as the first time."

Other AIDS victims have experienced similar treatment from people who fear contact with them:

• Andrew Small, who suffers from AIDS, said that when he appeared for jury duty in Municipal Court other jurors didn't want to sit with him.

• Two nurses refused to treat an AIDS patient and quit their jobs at a San Jose hospital rather than face disciplinary action.

• San Francisco policemen and firefighters now don masks and gloves when they work with suspected victims of the disease.

Such reactions make life even tougher for AIDS victims, said Rick Crane, director of the AIDS Foundation. He witnessed the incident with Castro.

"He and others with AIDS are literally fighting for their lives, and they don't need more stress," he said. "I understood what happened, but I couldn't condone it. We talked about the fears on the show."

"The whole purpose of the program was to demystify AIDS, to overcome the myths and fears people have about it. We wanted to tell people there was no fear of contagion, that all the evidence shows that it can only be transmitted by intimate sexual contact or blood transfusions."

Dr. Paul Volberding, coordinator of the AIDS clinic at San Francisco General Hospital, said on the show there is no medical evidence that AIDS can be contracted by casual social contact, such as using a microphone or sitting on a stage.

AIDS destroys the body's ability to fight infection and leaves victims prey to a variety of rare diseases. It predominantly afflicts homosexuals, drug abusers, Haitians and hemophiliacs, but has been found among heterosexuals.

Bob Woodruff, program director at KGO, said he was "a little embarrassed" about yesterday's incident but hoped it would result in greater public awareness about the disease.
TV crews balk at touching AIDS victim

The refusal of some concerned television technicians to partake in a program "demythifying" AIDS ironically proved the program's intended point about the deadly and incurable disease, the program's producer said today.

"What happened here is a microcosm of what's taking place everywhere," said KGO-TV producer Steve Ober after the refusal of technicians on KGO's "A.M. San Francisco" show yesterday to be around two guests suffering from AIDS.

"The reason for the program to begin with was to dispel some of the fears about AIDS. For me, this really made our point."

As a result of yesterday's flap, A.M. had Dr. Dean Edell, who is researching and treating victims of AIDS (Acquired Immune Deficiency Syndrome) on the show again today to reiterate there is no evidence that the disease can be transmitted by casual contact.

AIDS, whose cause is unknown, is a breakdown in the body's immune system that renders victims vulnerable to a variety of infections and cancers that would not affect a healthy person. Believed to be caused by an infectious agent not yet identified, the disease has primarily affected gay men, Haitians, needle-using drug addicts, hemophiliacs and a small number of people who fit no particular category. The disease is incurable.

The disease has been diagnosed in more than 1,500 people since 1979 and has killed nearly 600 of them.

Yesterday, AIDS victim Paul Castro, 31, was to appear alone to discuss the growing concern about the disease and the widespread misinformation about it.

When he arrived, a KGO technician said she was afraid of catching the disease and threatened not to work if Castro stayed on the set. Fellow crewmembers then refused to put a microphone on him, Ober said.

After some discussion between management and crew members, Castro and a fellow guest, also with the disease, were put in a separate room and participated in the show off camera.

"It surprised the hell out of everybody," Ober said today. "(But) you can't force people to do things they feel, rightly or wrongly, are going to jeopardize their health or safety."

Although he was concerned about the treatment of the AIDS victims, Ober said he felt the incident probably helped by pointing out misconceptions about the disease and how it can be transmitted.

He said Edell will do a hour-long special on AIDS on KGO on July 17 (at 10 p.m.) and Channel 7's news operation is also planning a program on the subject.

Castro said he was "hurt and . . . a little frightened about being isolated" after the incident. "I feel we're being shunned and put into a leper colony and kept away from the public. I don't like that. I really don't."

He said it wasn't the first time he'd met with that response: "It happened to me two weeks ago when I was going to do an interview with one of the radio networks. It was devastating but it wasn't as bad as the first time."

At a press conference yesterday afternoon, he and others pointed to similar incidents elsewhere, including an AIDS victim being asked not to sit on a San Francisco jury, the refusal of two Peninsula nurses to treat an AIDS patient and the wearing of protective masks by San Francisco police and firefighters when they work with suspected victims.

Such reactions make life even tougher for AIDS victims, said Rick Crane, director of the AIDS Foundation and a participant on yesterday's show.

Dr. Paul Volberding, coordinator of the AIDS clinic at San Francisco General Hospital, said on A.M. there is no medical evidence that AIDS can be contracted by casual social contact, such as using a microphone or sitting on a stage. Edell repeated that on today's program.

No disciplinary action was contemplated against the technicians involved.
Brain parasite also hits AIDS victims

STANFORD (AP) — A potentially fatal brain parasite carried without ill effects by half the U.S. population has joined the list of maladies that can be fatal in people suffering from AIDS, scientists at Stanford University Medical Center say.

Acute toxoplastic encephalitis adds to the growing list of ailments that can claim the lives of victims of AIDS, a condition that destroys the body's ability to fight diseases.

And Dr. Jack S. Remington, professor of infectious diseases at Stanford, said it demonstrates that AIDS has the potential to affect a wide variety of people.

AIDS, acquired immune deficiency syndrome, has affected more than 1,500 people since 1979. About 80 percent of its victims have died within two years — often from a form of pneumonia or a cancer that assaults a nearly defenseless body.

While AIDS predominantly afflicts homosexuals, intravenous drug abusers, Haitians and hemophiliacs, it has been found among heterosexuals.

Benjamin J. Luft, a medical instructor at Stanford and researcher at Palo Alto Medical Foundation's Research Institute, published the findings on the toxoplasmosis victims in the April 9, 1983, issue of Lancet, a British medical journal.

The article focused on 10 of 60 parasite-caused encephalitis cases found in the United States and western Europe since July 1981. Among the 10, only two had homosexual histories. One received a blood transfusion in Haiti.

Nine of the 10 have died.

Luft said, "There is extremely strong evidence that all of these patients suffered from AIDS."

Before the recent outbreaks, only 10 cases of toxoplastic encephalitis in adults had been reported in the past 40 years.

Remington said the findings do not mean that the disease already has spread to the general population.

But he said the parasite is present in about 50 percent of the U.S. population, although the immune system keeps it dormant and under control in most healthy people.

The parasite is spread through undercooked meats, unwashed vegetables, soil and cat feces.

Beside Luft, authors of the Lancet article were Remington and Frances Conley, professor of neurosurgery at Stanford.
TV crew shunts AIDS victim aside
See story below
TV Studio Turmoil Over AIDS

By Randy Shilts

A television producer's attempt to "take the hysteria out of AIDS" backfired yesterday when TV station technicians refused to be in the same studio with two AIDS victims who were to be interviewed.

The bizarre episode occurred shortly before the live broadcast of KGO-TV's "A.M. San Francisco" program, which featured several doctors and public health workers as well as two acquired immune deficiency syndrome (AIDS) patients.

Studio personnel, however, refused to put microphones on the AIDS sufferers, and then balked at working if the patients were allowed on stage, said the show's senior producer, Steve Ober.

Once on the air, the show's host described what had happened and told the viewers that the two patients were being interviewed by phone from an adjoining room. The two were never shown on camera, but their voices were heard.

"I wanted to do this show because I have a friend with AIDS and he was telling me how hysterical people were reacting," said Ober. "It was sort of scary that we would end up having to deal with the same pandemic fear right in our studio."

Ober added that no disciplinary actions were planned against the technicians.

Later in the day at a press conference, the two AIDS patients denounced what they said was "growing paranoia" against AIDS patients.

"I already have to cope with fighting for my life — I can't believe that I would have to be subjected to that kind of stress," said Paul Castro, 31.

Dr. Robert Bolan, a family practice physician with many gay patients and a member of Bay Area Physicians for Human Rights, said AIDS research indicates virtually all cases of AIDS have been traced to either intimate sexual contact or exposure to contaminated blood.

"AIDS has been around for three years now," said Bolan, "if there were any way whatsoever that this could be spread on a casual basis — like by people coughing or something — it already would have shown up helter-skelter in the general public. But instead, its remained very restricted to a few risk groups."

In another curious twist, an AIDS patient said yesterday that he left a Superior Court jury after fellow jurors wrote to the judge and said they did not want to sit in the same room with him.

Andrew Small said his status as an AIDS victim came out in pre-trial questioning Monday, but that he was seated on a jury for a personal injury suit. Yesterday afternoon — in the second day of the trial — Small said the jurors slipped the note to the judge objecting to his presence.

"I decided I should excuse myself ... There were going to be problems," said Small, who added that he was replaced on the jury by an alternate.
Radio station KNBR was planning today to invite a person with AIDS to the station after reversing a policy banning victims of the disease from the building.

Community affairs manager Jane Morrison said the original policy was adopted after employees expressed concern about an AIDS victim visiting the station.

“The station is very supportive of concerns of employees,” she said.

Monday, however, Supervisor Harry Britt telephoned the station to protest the policy and to explain the strong feelings many gays hold about acquired immune deficiency syndrome. The often-fatal breakdown of the body’s immune system frequently strikes gays.

“We just weren’t sensitive to how importantly the issue is regarded in the gay community,” said Morrison, whose community affairs department was a pioneer in airing gay issues. “After Mr. Britt’s phone call, the policy was changed.”

Gay community leaders, scheduled to tape a broadcast yesterday about the Lesbian-Gay Freedom Parade, had said they would walk out because of the station’s policy but called off the protest after the station reversed itself and announced it would welcome AIDS patients to the station.

Konstantin Berlandt, co-chairman of Sunday’s parade, said he was pleased the station had changed its mind.

“I’m glad this has been resolved,” he said. “We have to draw the line on hysteria.”
TOUR OPERATOR CRAIG SEYBOLD
'We've never seen anything like it'

'Age of AIDS' Influencing Gay Tourists
By Randy Shilts

The largest turnout of gay tourists to attend the Gay Freedom Day parade — at least 250,000 by some estimates — will be spilling into San Francisco this week.

Gay business leaders are already seeing dramatic changes in how these visitors plan to spend their time and money.

The San Francisco gay community has entered the "Age of AIDS," as gay politicians call it, and the millions of gay tourist dollars spent here this week will reflect the growing concern among San Francisco gay men over the epidemic of the often lethal acquired immune deficiency syndrome.

The gay parade next Sunday has become the city's largest annual event and the biggest gay festival anywhere in the world.

"We've never seen anything like it — we're easily seeing twice as many gay tourists coming here this year than last," said Craig Seybold, an owner of Mark Tours, a travel agency that coordinates international gay tourist packages from its offices in Sydney, Tokyo and London.

The visitor's bureau in the Gay Pride Center said phone queries from out-of-towners are up 100 percent over last year.
The visitor's bureau in the Gay Pride Center said phone queries from out-of-towners are up 100 percent over last year.

Russ Alley, manager of the York Hotel, one of the classier hostels drawing a partially gay clientele, said: "Our advance deposits are 40 percent higher this year than last — it should be the biggest weekend ever. But they're coming here with a whole different attitude now."

The different attitude — reflecting the fact that some San Francisco gay neighborhoods have the highest concentration of AIDS in the country — is reshaping the gay business community.

Gay hotels will be packed by Friday night, hoteliers said. But the guests who once eagerly asked the directions to the city's bathhouses will now be more apt to ask the way to the Museum of Modern Art.

Gay tourists already have been shunning the heavy pickup bars in favor of the less libidinous ambience of piano bars and nightclubs.

Joel Roman of the bed-and-breakfast Inn on Castro, which has had this weekend booked solid for a year, said: "I see a marked difference in the way people are acting. Tourists seem to be enjoying the city for the city and not the sexual aspects."

As the York Hotel's manager Alley put it: "There's so many alternative things to do — whether it's shopping, theater or nightclubs — that a lot of people seem relieved to get away from the heavy sex."

In years past, gay newspapers for the annual celebration bulged with advertisements from the many private, sexually oriented clubs that catered to the promiscuous side of gay life, enters said. But with special party nights this year, those businesses have been having a hard time even paying their bills for ads during the last few months, let alone launching campaigns to go after new business.

The depression for sexually oriented businesses has turned into a boom for other gay enterprises.

The city's major gay paper, the Bay Area Reporter, will have a record number of pages for the two special issues it releases for the gay festivities — because of substantially increased advertising from non-sexual businesses.

"We're seeing an entirely new outreach to gay tourists this year — most ads are for more wholesome forms of entertainment and basic services," said Pierre Chapman, the paper's advertising director. "People want to go out and party, but they realize that they don't have to go to a sex club to have a good time."

No matter how the gay tourist dollars get cut, there's no denying the fact that the annual parade means big bucks for San Francisco's tourist industry.

If only a quarter of a million tourists arrive for Gay Freedom Week and spend the $80 that the city's convention bureau says a typical tourist spends on every one of the typical 4.1 days of their stay, almost $90 million will roll into local cash registers from gay tourists.

Herb Caen is on vacation
What's Needed In AIDS Peril

THE BAFFLING acquired immune deficiency syndrome is finally, after considerable foot-dragging, receiving appropriate attention at the federal level. The House of Representatives just voted $12 million for AIDS research for the remaining four months of this fiscal year. That quadruples the amount of federal funds for research into this mysterious malady. Mayor Dianne Feinstein and the San Francisco Board of Supervisors have indicated their support for an additional $2 million in city funds.

So the money is on hand to press the much-needed scientific effort to unlock the cause of this cruel sickness. With that step achieved, it is now important to take a calm, realistic look at just what is happening. A level-headed approach is needed to reduce some of the hysteria that has cropped up among those who are basically ignorant of what is now known about this epidemic in America since the days when polio was such a menace.

SINCE JUNE, 1981, 1450 cases of AIDS have been reported, more than 70 percent of them in male homosexuals or bisexuals with multiple sex partners. Others at high risk include intravenous drug abusers, recent arrivals from Haiti and hemophiliacs. Of these cases, 556 people have died, in the main from Kaposi's sarcoma, an unusual skin cancer, or from infections like pneumonia that the victims' immune systems cannot defeat. Four to five new cases are reported every day in the United States — San Francisco and New York are being hardest hit — and 106 cases have been found in 17 other countries.

With this in mind, it should be emphasized that casual contact will not spread the syndrome. That was reaffirmed just the other day by Edward Brandt, assistant health and human services secretary, as he announced that the malady is "our No. 1 priority... I feel a great sense of urgency about AIDS."
With that step achieved, it is now important to take a calm, realistic look at just what is happening. A level-headed approach is needed to reduce some of the hysteria that has cropped up among those who are basically ignorant of what is now known about this cruel sickness.

**Since June, 1981, 1450 cases of AIDS have been reported, more than 70 percent of them in male homosexuals or in bisexuals with multiple sex partners. Others at high risk include intravenous drug abusers, recent arrivals from Haiti and hemophiliacs. Of these cases, 558 people have died, in the main from Kaposi's sarcoma, an unusual skin cancer, or from infections like pneumonia that the victims' immune systems cannot defeat. Four to five new cases are reported every day in the United States — San Francisco and New York are being hardest hit — and 106 cases have been found in 17 other countries.**

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There appear to be only three ways the syndrome may be passed from one person to another: sexual contact, sharing needles among drug abusers or use of contaminated blood or blood products.

"What I'm trying to suggest to them (the public)," said Brandt, "is they shouldn't be panicked about this. We have no evidence that it is breaking out into the general population in any way. I'm sure enough that I'm not concerned about the risk of AIDS to me or my family."

**This kind of reasonable, dispassionate approach contrasts with the unfortunate bulletin issued by the Police Officers Association that public health officials derided because it implied the syndrome might be transmitted casually. And those police officers who wrote Democrats warning them not to come here for their convention were acting childishly.**

The more solid information that can be promulgated on this syndrome the better. In this regard, it seems to us that it is time for the San Francisco Department of Public Health to intensify its educational campaign about AIDS. There are certain precautions that are advisable. And the more one knows about a threat of this sort, the less do unfounded fears abound.

The kind of hysteria we have so far seen manifested about AIDS springs probably less from malice — although there is a nasty, anti-gay element to some of it — than from lack of real knowledge. It is this ignorance that feeds panic and prejudice. What is needed now is to confront this terrifying problem with thoughtful candor — and work to put an end to the AIDS threat.
Public’s ‘unreasonable fear’ of AIDS victims

DETROIT (UPI) — Homosexuals and Haitians, the groups most susceptible to AIDS, face rejection from a public showing “unreasonable” fear of the medical syndrome, the director of the U.S. Public Health Service says.

“Fear in this circumstance is understandable but it is unreasonable,” Dr. Edward N. Brandt Jr., head of the U.S. Public Health Service, said in an interview published in the Detroit News yesterday.

“There are only three ways to spread the disease: sexual contact, use of contaminated needles and — very rarely — through the use of blood and blood products.”

Acquired Immune Deficiency Syndrome suppresses the body’s ability to ward off infection. An estimated 80 percent of the victims die of bacterial and viral infections that healthy people are usually able to fight off.

The greatest majority of victims have been homosexuals, Haitians who lived in refugee camps, and intravenous drug abusers.

No health care worker who has had direct contact with AIDS patients has ever contracted the disease, Brandt said.

Since the first case was discovered in 1979, more than 1,600 people have contracted the disease and about 600 have died.
Gays urged to give up donating blood because of AIDS scare

From Page A1

The Hemophilia Foundation, in a statement released Monday, said that manufacturers of blood products stop using plasma "obtained from donor centers that draw from population groups in which there is a significant AIDS incidence.""The reason for this, Alpha has put restrictions on plasma it buys from non-profit blood banks, such as San Francisco's Irwin Memorial Blood Bank. Alpha gets an estimated 25 percent of its plasma from such banks, but Ferguson said it will not accept any plasma now unless the blood bank certifies it was not donated by male homosexuals.


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"Gay men cannot, even with the best of intentions, add to the morbidity and mortality of AIDS, even if it becomes embarrassing to be odd-man-out when the rest of thedrawing down to the blood bank to donate like all good citizens.

While most AIDS victims appear to have gotten the disease through sexual relations, the disease has now been reported in a San Francisco baby who received a blood transfusion and in eight hemophiliacs who used a clotting substance prepared at a San Francisco laboratory. At least six of the hemophiliacs have died.

These discoveries suggest that some unreported cases exist, such as a virus, is responsible and have forced public health officials to consider how best to protect the public.

While national blood bank organizations have rejected the notion of screening gay men simply on the basis of their sexual preference, the manufacturers of the clotting substance contend that it should be stopped.

"We just got paranoid that it (AIDS) was being transmitted in the hemophiliacs," said Bob Ferguson, a spokesman for the Los Angeles Alpha Therapeutics, one of several manufacturers of the substance. Alpha, like other firms, operates centers where donors give plasma — but have their red blood cells returned to their bodies. The clotting agent, Factor VIII, is prepared from the pooled plasma of thousands of donors.

Ferguson said that at Alpha's centers, those who have a positive plasma test card that asks that people exclude themselves if they are Haitians, intravenous drug abusers or male homosexuals.

"Then they are asked to initial a little area on the card that says, 'I certify that I am not a member of the above groups,'" said Ferguson.

Alpha had a center in San Francisco, which closed several weeks ago for other reasons, said Ferguson.

The Hemophilia Foundation, in a statement released Monday, said that manufacturers of blood products stop using plasma "obtained from donor centers that draw from population groups in which there is a significant AIDS incidence."

For this reason, Alpha has put restrictions on plasma it buys from non-profit blood banks, such as San Francisco's Irwin Memorial Blood Bank. Alpha gets an estimated 25 percent of its plasma from such banks, but Ferguson said it will not accept any plasma now unless the blood bank certifies it was not donated by male homosexuals.

But Irwin's medical director, Dr. Robert Perkins, said it will not sell its plasma under those circumstances. "We're not going to be asking our donors if they're gay," he said.

Federal health officials say the risk of transmitting AIDS through the use of blood is not as distinguished as people believe — from the clotting factor concentrated from many donors — appears to be small.

Accordingly, Irma and most other blood banks across the country have declined to bar homosexual donors, and the bank operators say they do not feel the public is being endangered.

Perkins pointed out that only one in 1,000 gay blood AIDS. He mentioned several steps being taken to guard against AIDS-contaminated blood.

Prospective donors are being asked if they have any early symptoms of AIDS, such as swollen lymph nodes, fever, weight loss or fever. Perkins acknowledged that the incubation period of AIDS may be so long, however, that someone could carry the infectious agent well in advance of noticing any symptoms.

The blood bank has diverted mobile blood-collection vans from areas with heavy gay populations.

Irwin officials have met with physicians who treat gay patients and asked that they advise high-risk gay people that the very sexually active, healthy young men — to voluntarily quit donating blood.

Dr. Robert Bojan, who has a large gay practice and heads the scientific affairs committee of the Bay Area Physicians for Human Rights, said some doctors are discouraging gay men at high risk from becoming donors, but that this advice was not being given out in any systematic way in the gay community.

Perkins said Irwin recruiters have noticed "a drop off in donors at mobiles where we knew were loaded with male gay people.

• Studies are being initiated of new tests that could be performed on donated blood to rule out the presence of AIDS.

Although the mysterious agent causing AIDS (if there is one) has not been identified, researchers have noted that the disease appears to be transmitted in much the same manner as hepatitis B.

Blood banks already screen donated blood for proteins shod from the outside coating of the hepatitis virus. How ever, some authorities believe a more sensitive test could be done for screening for proteins from other viruses that have been found in about 85 percent of AIDS victims.

Perkins said that this test may prove useful, but at its present state of development leads to falsely sending out percent of normal blood donors.

"We can add in any dimmest test the community wants us to, but it's going to cost money," said Perkins, who estimated that the test might add $5 to the cost of a unit of blood, which the blood banks sells for $30 to $40 if not replaced by the recipient, his family or friends.

Perkins noted that thus far only one AIDS case blamed on the transfusion of whole blood has been recorded, the San Francisco baby who contracted AIDS after receiving the blood of a man who later came down with the disease.

He said that San Francisco health authorities have followed for 1½ to 2 years about half a dozen people who received blood from patients later found to have AIDS.

"One thing that needs to be said," Perkins said, "is that most people who get blood transfusions would be dead if they didn't get them."

"There has always been a risk to transfusion, but we don't think that AIDS has added to that risk measurably."

Perkins said that this test may prove useful, but at its present state of development leads to falsely sending out 5 percent of normal blood donors.
By Richard Saltus
Examiner science writer

"BLOOD WANTED: Gay men need not apply."

This, in effect, is the new policy of some blood plasma collection centers and the National Hemophilia Foundation in a move that gay activists say recalls the internment of Japanese-Americans during World War II.

Alpha Therapeutics Corp., which buys blood plasma at centers in many cities, this month began requiring prospective blood donors to sign a statement that they are not male homosexuals, Haitians or needle-using drug abusers.

And this week, the National Hemophilia Foundation said that these groups should be barred from giving blood used to make a clotting factor for patients with bleeding disorders.

The actions stem from the suspicion that blood and blood products may transmit Acquired Immune Deficiency Syndrome. AIDS is the epidemic disease of unknown cause that has struck nearly 900 people nationwide. The disease is often fatal.

The illness erodes the body's defenses against a wide range of devastating infections and cancers. Gay men make up about three-fourths of AIDS patients, but Haitians and intravenous drug abusers also appear to be at high risk of contracting — and therefore transmitting — AIDS.

The new policies confirm fears among many gays that they are being singled out and blamed as a group for a disease which, although it appeared first among male homosexuals, is by no means limited to them.

Even among homosexuals, only certain individuals — primarily those with large numbers of different sex partners and those who use drugs in excess — are considered to be at unusually high risk.

The recommendation of the Hemophilia — See back page, col. 1
Scientists' new clue to AIDS

—From Page A1

the AIDS office at CDC.

The rosettes were found in the cells of three of six men who died of AIDS and in 17 of 18 homosexuals with unexplained lymphadenopathy, an enlargement of the lymph nodes in the neck, armpits and groin characterized by fever, chronic fatigue, diarrhea and weight loss.

Only two of 31 healthy people studied had the formations.

Ewing said since the research was submitted scientists have found the clusters in a drug addict, a hemophiliac and a Haitian with AIDS.

In other research developments:

Contraception — A non-prescription, disposable polyurethane sponge soaked in spermicide has been approved for contraceptive use in the United States.

The method proved about 85 percent successful in preventing pregnancy, which is near the success record of diaphragms and intrauterine devices, which require prescriptions, the Food and Drug Administra-
tion told the New York Times today.

Sponge kits will be sold for about $1 under the brand name Today when the Costa Mesa manufacturer finishes revisions in the instruction booklet ordered by the FDA.

Because the sponge remains effective for at least 24 hours after proper insertion, the FDA expects it to be hailed as conducive to more spontaneous activity than other barrier methods. FDA tests also showed the sponge is less messy and easier to use.

Hypertension — A two-part British study today refuted a claim made by previous researchers that vasectomies increase the risk of heart disease in men.

Doctors at the University of Oxford, England, studied 6,300 medical records and found that men who had undergone a vasectomy had no greater incidence of strokes, heart attacks or hypertension than men who had not been sterilized, the doctors wrote in the New England Journal of Medicine.
Gays urged to give up donating blood because of AIDS scare

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phil Foundation was labeled yesterday "an unfortunate decision" by Pat Norman, co-chairwoman of the Coalition for Human Rights. "It shows shortsightedness on the part of that association."

Norman, coordinator of gay and lesbian health services for San Francisco, said the policies might "lead to further discrimination in other areas, possibly in jobs."

She added that gay groups sent a meeting of national blood bank organizations a statement declaring that "any attempt to draw blood lines around a specific population is reminiscent of laws forbidding marriage of whites and blacks or of the internment of Japanese-Americans during World War II."

However, the issue has brought forth many points of view in the gay community.

Writing in the January issue of the newsletter of the Bay Area Physicians for Human Rights, a San Rafael physician urges gays to avoid blood and transfusions and to be more aware of possible symptoms of AIDS.

Dr. W.L. Warner writes: "The responsibility rests on us, the physicians, to control our own scene."

"We cannot, even with the best of intentions, add to the morbidity and mortality of AIDS, even if it becomes outrageous to be odd-man-out when the rest of the office troops down to the blood bank to donate like all good citizens."

Most AIDS victims appear to have gotten the disease through sexual relations, the disease has now been reported in a San Francisco baby who received a blood transfusion and in eight hemophiliacs who used a clotting substance prepared from donated plasma of six of the hemophiliacs have died.

These discoveries suggest that some unknown agent, such as a virus, is responsible and have forced public health officials to consider how best to protect the public.

While national blood bank organizations have rejected the notion of screening out gay men simply on the basis of their sexual preference, the manufacturers of the clotting substance said they felt it was a step they had to take.

"We just got paranoid that it (AIDS) was turning up in hemophiliacs," said Bob Ferguson, a spokesman for Alpha Therapeutics, one of several manufacturers of the substance.

Alpha, like other firms, operates centers where donors give plasma — the liquid portion of the blood — but have their red blood cells returned to their bodies. The clotting agent, Factor VIII, is prepared from the pooled plasma of thousands of donors.

Ferguson said that at Alpha's centers, those who have donated plasma or who have a card that asks that people exclude themselves if they are Haitians, intravenous drug abusers or male homosexuals.

"They then are asked to initial a little area on the card that says, "I certify that I am not in the above groups," Ferguson said.

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The Hemophilia Foundation, in a statement released Monday, said that manufacturers of blood products stop using plasma "obtained from centers that draw from population groups in which there is a significant AIDS incidence."

For this reason, Alpha has put restrictions on plasma: it buys from non-profit blood banks, such as San Francisco's Irwin Memorial Blood Bank, but Ferguson, a spokesman for Alpha Therapeutics, one of several manufacturers of the substance, said it would not donate by male homosexuals.

But Irwin's medical director, Dr. Herbert Perkins, said it will not sell its plasma under those circumstances.

"We're not going to be asking our donors if they're gay," he said.

Federal health officials say the risk of transmitting AIDS via transfusions or body fluids of infected persons is estimated to be from the clotting factor concentrated from many donors — appears to be small.

Accordingly, Irwin and most other blood banks across the country have declined to bar homosexual donors, and the bank operators say they don't feel the public is being endangered.

Perkins pointed out that only about one in 1000 gays contracts AIDS. He mentioned several steps that could be taken to guard against AIDS-contaminated blood:

- Prospective donors are being asked if they have ever injected drugs, such as without their knowledge, unexplained weight loss or fevers. Per-kins acknowledged that the incubation period of AIDS may be longer, how- ever, that someone could carry the infec-tious agent well in advance of noticing any symptoms.

- The blood bank has diverted mobile blood-collection vans from areas with heavy gay populations.

- The San Francisco office is met with physicians who treat gay patients and asked that they advise high-risk gays — the very sexually active, heavy drug- using or promiscuous males — to volun-tarily quit donating blood.

Dr. Robert Bolan, who has a large gay practice and heads the scientific affairs committee of Physicians for Human Rights, said some doctors are discouraging gay men at high risk from receiving donors, but that this advice was not being given out in any systematic way in the gay community.

Perkins said Irwin recruiters have noticed "a lot of gay patients who sales we knew were fed with male gays."

- Studies are being initiated of new tests that could be performed on don-al blood to rule out the presence of AIDS.

Although the mysterious ailment caused AIDS if their is one has not been identified, researchers have noted that the disease appears to be transmitted in much the same manner as hepatitis.

Blood banks already screen donated blood for proteins shed from the outside coating of the hepatitis virus. How- ever, some authorities believe a more sensitive test could be done by screening for antigens specific to the virus of the proteins that have been found in about 85 percent of AIDS victims.

Perkins said that this test may prove useful, but if its present state of development leads to falsely screening out 5 percent of normal blood donors.

"We can add in any damn test the commercial efforts, but we don't think it's going to cost money," said Perkins, who estimated that the test might add $3 to $5 to the cost of a unit of blood, which the blood banks sell for $38 dollars ($60 if not replaced by the recipient, his family or friends.

Perkins noted that thus far only one AIDS victim blamed on the transfusion of whole blood has been recorded: the San Francisco baby who contract-ed AIDS after receiving the blood of a man who later came down with the disease.

He said that San Francisco health authorities have followed for 1 to 2 years half a dozen people who received blood from patients later found to have AIDS. None of these patients has gotten the disease, he said.

"One thing that needs to be said," Perkins added, "is that most people who get blood transfusions would be dead if they didn't get them."

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Getting aid for AIDS

For people worried about possible AIDS symptoms, there are several numbers to call at S.F. General.

The Kaposi's Sarcoma Research and Education Foundation, 821-8125, refers individuals to screening clinics and support groups.

San Francisco General Hospital has a Kaposi's sarcoma-AIDS clinic; appointments are held on Thursdays and an AIDS clinic is held on Mondays by doctors for patients who have already undergone screening. The number is 864-4376.

The hospital also has a medical information session for patients at 3 p.m. each Wednesday, and there is a Monday afternoon educational session called "AIDS is not an isolated issue." Both can be attended without appointment. Call 821-8125 for further information.

Gayle Gee, the nurse heading the S.F. General clinic, said that in most cases AIDS symptoms do not need immediate treatment, so there is time to make clinic appointments. She also said she has someone with extremely bad cough or diarrhea or to the point of faintness, she should go to the hospital's emergency room.

Examiner science writer Richard Saltus also contributed to this report.

TOMORROW: The staggeringly difficult task of identifying the elusive "AIDS agent."
AIDS deaths stir fears of ‘bubonic plague’ in prisons

—From Page A1

A prisoner in Florida two weeks ago now is suspected as being a case of AIDS.

Since the death of the Florida inmate, doctors have identified four more prisoners in the state as being suspected AIDS sufferers, including one who was paroled.

Because of the presence of drug addiction and homosexual activity in prisons, some officials said they were surprised that an informal survey of most states by the Associated Press showed there were confirmed or suspected AIDS cases in the prisons of only four states. Only one federal prisoner, now released, was known to have AIDS.

Hawaii routinely screens inmates for AIDS. Michigan’s prison doctors have been warned to be particularly alert to the disease. California prisons have reported no cases, but medical workers are being trained to watch for symptoms of AIDS, as are prison doctors in Rhode Island and Oregon.

In the states where AIDS has appeared in prisons, officials say there is no evidence the victims contracted it while behind bars. They also point out that evidence indicates the disease cannot be caught through casual contact.

But in New York City, a guards’ union leader said yesterday that there is a danger of epidemic. The city Correction Department said AIDS killed two Rikers Island jail inmates and hospitalized seven.

Seventeen other AIDS victims in New York state prisons have died since the first case was diagnosed in 1980. Nineteen inmates are being treated for the disease.

“The New York City prison system is a breeding ground for the deadly AIDS plague,” said Phillip Seelig, president of the Correction Officers Benevolent Association. “The potential for an epidemic is clearly there... tantamount to bubonic plague during the Middle Ages.”

But Ed Hershey, a correction department spokesman, said the incidence of the disease in city jails is fairly low: “Officials have no reason to believe the cases were contracted in jail.”

About half of the more than 1,400 cases of AIDS that have been discovered in the last three years have occurred in the New York area.
Blood bank to try AIDS experiment

A month-long pilot project will begin next week at San Francisco's Irwin Memorial Blood Bank in an attempt to detect carriers of a mysterious disease found most often in gay men.

Irwin director Dr. Herbert Perkins says he is undertaking the experimental screening of blood donors with reluctance in response to community concern.

The disease, Acquired Immune Deficiency Syndrome, or AIDS, has been diagnosed in about 900 people in the United States, 40 percent of whom have died. About three-fourths of those afflicted have been homosexual men, mostly from major urban centers such as San Francisco, Los Angeles and New York.

The tests will attempt to spot antibodies produced by the hepatitis B virus. While the agent causing AIDS has not been identified, the disease appears to be transmitted much like hepatitis B.

According to Perkins, surveys have found that of male homosexuals suffering from AIDS, 88 percent had the hepatitis antibody. Perkins says he expects the test would eliminate about 5 percent of normal donors and raise the cost of a unit of blood by $3 to $5.

"It will upset a lot of people. The problem doesn't justify the hysteria over AIDS. There has been only one known case where a transfusion transmitted the disease," he said.

That case, confirmed in San Francisco last month, involved a 20-month-old Bay Area baby who had been given transfusions by a man who later died of AIDS.

San Francisco health authorities have followed for more than a year about a half-dozen people who received blood from donors later found to have AIDS, and Perkins says none of these has gotten the disease so far.

But last week, physicians at the University of California Medical Center in San Francisco urged the blood bank to adopt the test. People who have had either hepatitis A or B are already prohibited by state and federal law from donating blood.

Perkins said the test has never been used with blood donors, and he predicted "we will pick up lots of people who had hepatitis and didn't know it."

During the trial period, donors will not be told about the results and will not be screened out by the findings.

After a month, Perkins said, the results will be reviewed to see whether the test should be put into daily use by the center.
EMERYVILLE (AP) — The nation's largest producer of blood plasma products, Cutter Laboratories, intends to screen donors by using questionnaires designed to eliminate people with a high risk of having Acquired Immune Deficiency Syndrome.

The screening procedure is an effort to minimize the possibility that an unknown factor responsible for AIDS could be transmitted to hemophiliacs through coagulant concentrates produced at the labs, the company said.

Blood banks in Sacramento, meanwhile, said yesterday that homosexual men will not be permitted to donate blood.

"We are not concerned about their sexual preference. We are concerned about transmission of this disease," Dr. Vincent Caggiano, Sacramento blood bank medical director, said.

The National Hemophilia Foundation has asked all blood centers to start screening donors in an effort to protect the nation's estimated 15,000 hemophiliacs. They need coagulants extracted from human blood because their own blood does not clot.

"Cutter is committed to taking whatever precautionary measures the company can to protect the hemophiliacs who depend on our products for their lives," spokesman Bud Modersbach said.

Investigations at the federal Center for Disease Control in Atlanta and other research centers indicate that the immunity defect might be transmitted through blood and certain blood plasma products.

Effective immediately, donors at more than 80 plasma centers owned or under contract to Cutter will be asked to read and sign a questionnaire saying they are not members of those three high-risk groups.

During the medical exam routinely given to donors, doctors will ask about such AIDS symptoms as night sweats, drastic, unexplained weight loss and recurrent fever.
Link of Cancer Virus To AIDS Suggested

Washington

Strong new evidence that a virus associated with a rare blood cancer has infected some patients with the lethal immune system disease known as AIDS was reported yesterday by four research teams in the United States and France.

None of the reports claimed that the virus is actually a cause of the acquired immune deficiency syndrome, but one group of experimenters at the National Cancer Institute did suggest that the organism may disrupt the cells of the human immune system and thereby trigger the first steps leading to the life-threatening skin tumors, pneumonia and other infections that mark the AIDS epidemic.

Since the disease first became known in 1981, the Centers for Disease Control in Atlanta has counted 1410 cases and 541 deaths from AIDS.

The researchers' reports are being published today in Science, the journal of the American Association for the Advancement of Science.

The virus in question is the first human cancer virus to be isolated. It is called HTLV because it is linked to a malignancy called human T-cell leukemia. Only about 20 cases of HTLV-associated leukemias have been identified in the United States, but more cases have been seen in the Caribbean region and southern Japan.

Dr. Max Essex of Harvard University reported that his research group found antibodies to the HTLV virus in 25 to 35 percent of 35 patients who were either ill with AIDS diseases or showed the swollen lymph glands that often precede full-fledged AIDS symptoms.

Scientists say they are not sure whether the virus plays a primary role in AIDS or whether it is just another infectious agent picked up after victims lose their defenses against all disease.

Dr. Robert C. Gallo and associates at the National Cancer Institute isolated HTLV virus in the immune system cells of one AIDS patient, and they found proteins from the virus in the cells of two other patients, suggesting infection.

In Paris, Dr. Luc Montagnier and co-workers at the Pasteur Institute isolated an HTLV-related virus from a homosexual patient who suffered multiple infections and had a disease that could be a forerunner to AIDS.

Other researchers whose reports are being published in Science said they had found antibodies to the HTLV virus in several patients with either AIDS symptoms or the swollen lymph glands that are thought to be precursors of AIDS.

The immune system disease has occurred primarily among homosexual men, intravenous drug abusers, recent Haitian immigrants, children living in families where the risk of AIDS is high, and among hemophiliacs who require numerous blood transfusions.
AIDS cases triple; deaths soaring, too

ATLANTA (UPI) — Cases of Acquired Immunity Deficiency Syndrome have tripled in two years and its death rate is up 50 percent.

The National Centers for Disease Control said yesterday three or four AIDS cases are being reported each day, compared with one a day when the illness first gained attention in 1981.

AIDS causes near-total collapse of the body's ability to ward off illnesses. Its fatality rate has also increased — from 40 to 60 percent.

High-risk groups are identified as sexually active homosexual or bisexual men with multiple partners, intravenous drug abusers, hemophiliacs, Haitian immigrants and sexual partners of anyone in those groups.

There appears to be a latent period of several months to two years between exposure and recognizable illness, implying that transmission may precede recognizable illness.

Also yesterday, the Public Health Service in Washington warned that groups at high risk of contracting AIDS should avoid sexual contact with infected people and refrain from donating blood or blood plasma.

Rep. Henry Waxman, D-Calif., who heads the Energy and Commerce Health Subcommittee, criticized the government's warning. "Its overreaction on blood transfusions will neither stop the epidemic nor find a cure," Waxman said. He said it will "limit the nation's blood supply" at a time when many cities are running short.

Over 1,200 cases of AIDS have been reported from 34 states, the District of Columbia and 15 countries since June 1981. There have been at least 450 deaths.
Interferon slows AIDS-linked cancer

BOSTON (UPI) — Genetically engineered interferon has been found to be effective in combating a rare skin cancer that preys on homosexual men with AIDS, a study reported today.

Interferon also was mildly effective in treating an aspect of the immune system breakdown that is the primary threat to patients with Acquired Immune Deficiency Syndrome, doctors said yesterday in the New England Journal of Medicine.

The substance did not alter the course of AIDS, which kills more than 40 percent of its victims, said the researchers from the Memorial Sloan-Kettering Cancer Center in New York.

Kaposi's sarcoma, a non-lethal skin tumor that starts in blood vessel walls, is one of several diseases that strikes people whose immune systems are weakened by AIDS.

Eight of twelve patients with the tumor responded to interferon treatment, the study found. Three patients had complete remission and five others had mild to moderate remission, researchers said.

Interferon was especially promising in treating the AIDS patients because it had none of the side effects of conventional chemotherapy, which also inhibits the body's infection-fighting ability, a health official said.

"The treatment of Kaposi's sarcoma in AIDS patients using chemotherapy may aggravate the underlying immune deficiency, so these early results with interferon are encouraging," said Dr. Edward N. Brandt of the U.S. Department of Health and Human Services.

"Our preliminary findings suggest that interferon may be useful as treatment for Kaposi's sarcoma," said Dr. Susan E. Krown, a principal researcher.

AIDS, which afflicts more than 1,200 gay men, Haitians, drug addicts and hemophiliacs, is characterized by an excess of white blood cells that suppress the immune response and a lack of killer cells that fight infection.

Eight patients studied had an increase in natural killer-cell activity, researchers said. At last follow-up, however, six patients had died of AIDS diseases.
AID syndrome poses problems for blood banks

ATLANTA (UPI) — Gay activists fear a move is under way to bar homosexuals from donating blood, following the disclosure here that doctors have traced the transmission of Acquired Immune Deficiency syndrome to blood transfusions.

Blood and blood plasma in transfusions were identified yesterday at a meeting at the national Centers for Disease Control as one of the probable transmission routes of AIDS, an often-fatal disease previously traced to the sexual practices of homosexual men.

Also at high risk, doctors say, are intravenous drug users, hemophiliacs and Haitian refugees.

Dr. Jeffrey P. Kaplan, a CDC investigator of the AIDS outbreak, said at the conclusion of the meeting that cases of the syndrome were spreading through several segments of the population.

He said this spread "should not generate hysteria, but should generate concern. Steps have to be taken to protect the public health."

Kaplan said one of these steps should be closer screening of people who donate blood to eliminate carriers of the disease, while improving the technological refinement of blood and plasma supplies to remove or deactivate viruses.

The meeting was attended by public health administrators, representatives of a hemophiliacs' organization, a homosexual group and members of the blood and blood plasma industry.

Two representatives of the National Gay Task Force, Dr. Bruce Voeller of Los Angeles and Dr. Roger Enloe of New York, charged that a move was under way by the blood-products industry to exclude homosexuals from donating blood because they are at high risk of having the disease.

"I agree that this is a major public health problem," said Enloe. "And there is evidence that there may be hazards relative to blood products."

But he said homosexuals should not be singled out as contributing to the problem. "I just don't see the need for creating another 'bad blood' category," said Enloe, charging that blacks also carried that stigma.

Medical researchers say an as-yet-unidentified virus may be responsible for the newly recognized disease. There have been more than 800 cases of AIDS and 300 deaths in the past year and a half.

The issue of safe blood products for transfusions were of particular concern to the nation's estimated 12,000 to 15,000 hemophiliacs, some of whom require frequent transfusions of blood plasma.

AIDS is a disorder in which the body's ability to ward off infections is reduced, clearing the way for invasion of certain cancers and other lethal infections.
Monkeys may unlock AIDS mystery

By Richard Saltus
Examiner science writer

Scientists who have tracked the cause of the mysterious AIDS epidemic for more than two years expressed hope today that the discovery of an infectious AIDS-like disease in two research monkey colonies may yield a breakthrough.

If confirmed to resemble the immune deficiency disease that has stricken 1,000 people in the United States, the monkey disease could be an important tool for finding the unknown infectious agent that is the leading suspect in AIDS.

"It would be a great step forward," said Dr. Peter Drotman of the federal Centers for Disease Control.

"If we could produce the disease in the laboratory, we could be confident that we have the agent present in the sick animal and we could start to look for it," said Drotman, a member of the team investigating the AIDS epidemic that has erupted over the past three years.

Up to now, all attempts to transmit AIDS to animals by exposing them to body fluids or tissues from human patients have been unsuccessful.

The researchers cautioned, however, that it is premature to say that the disease found in monkeys at the California Primate Research Center at Davis and the New England Primate Center in Massachusetts is indeed "AIDS in animals."

Human beings who got AIDS (Acquired Immune Deficiency Syndrome) undergo an almost total collapse of their immune system, which is the body's defense against disease.

Investigators suspect that some unknown infectious agent causes the immune breakdown, which then allows bacteria, viruses and cancers to attack the victims. The majority of patients have had highly sexually active gay men, and investigators believe that AIDS is transmitted sexually and possibly also through blood transfusions.

Veterinarians at Davis reported that colonies of monkeys dating back to 1969 have been debilitated by a disease that, like AIDS, weakens the animals' immune systems. The monkeys have succumbed to unusual infections and cancers which, while not always identical to those affecting human AIDS patients, appeared to be the result of the immune deficiencies.

Recently, when eight apparently healthy monkeys from a group that had had immune deficiencies symptoms were put in the same enclosure at Davis with 96 healthy animals, the disease spread in epidemic fashion, according to a research team headed by Dr. Roy Henrickson, senior veterinarian at the primate center.

If the monkey disease is closely similar to AIDS, "that would go a long way toward confirming our leading hypothesis that AIDS is caused by an infection," said Drotman.

Precisely how the disease is being transmitted among the monkeys is not known.
organizations that deal with AIDS victims.

The bulletin offered these examples of possible AIDS transmission:

1. AIDS carrier spits in an officer's face, and the spittle enters the officer's eyes, nose or mouth; 2. An officer with an open cut on their (sic) hand handcuffs a bleeding AIDS carrier; 3. An officer books bloody or sweaty property of an AIDS carrier, and later puts a finger(s) in his mouth or eyes without washing his hands first; 4. During a confrontation, an officer is bitten by a high risk subject.

The bulletin also warns police officers to be particularly concerned about contacts with "high-risk groups" such as Cuban and Haitian immigrants or "homosexuals with multiple partners.

It urges all officers to submit written reports if they feel they "may have come into contact with a potential AIDS carrier," even if they have only handled the clothing of such people — and notes that the reports are "a necessary first step in establishing that any subsequent illness is job related."

The Health Department's Emergency Medical Service bulletin stresses the need for washing hands after contact with possible carriers of infectious diseases; using plastic or rubber gloves during contact with blood, oral secretions, or any other body fluids of suspected AIDS carriers, and using specially-designed protective masks when giving mouth-to-mouth resuscitation to victims of heart attacks or accidents.

The Health Department guidelines also include a one-page set of answers to commonly asked questions about AIDS, the mysterious auto-immune deficiency syndrome that destroys the body's defenses against disease and has caused an epidemic of fatal infections and a rare form of cancer.

About 1400 AIDS cases have now been reported across the nation, and the death rate among victims who contracted an AIDS infection as long as two years ago has now passed 75 percent.

The majority of AIDS victims are sexually active gay men, but the disease has also hit intravenous drug abusers who share contaminated needles, some hemophiliacs who must use transfusions of blood-clotting substances, Haitian immigrants, and about 30 infants — most of them born to prostitutes or mothers with multiple sexual contacts.
CHICAGO (AP) — A study showing children may catch the deadly immune deficiency disease AIDS from their families could mean the general population is at greater risk from the illness than previously believed, a medical journal reported today.

If routine personal contact among family members in a household is enough to spread the illness, “then AIDS takes on an entirely new dimension,” said Dr. Anthony Fauci of the National Institutes of Health in Bethesda, Md.

Infants and children in certain environments appear to be especially susceptible to AIDS, a disease previously thought to affect mostly homosexuals, Haitians, hemophiliacs and some drug abusers, according to reports in today's Journal of the American Medical Association.

Acquired immune deficiency syndrome is believed to be caused by a virus and results in the near-total collapse of the body’s immune system, leaving victims vulnerable to cancers and infections. There is no known cure.

Since 1981, more than 1,361 Americans have developed AIDS, and 520 have died, according to the federal Centers for Disease Control in Atlanta.

An editorial in the journal said the number of victims is doubling every six months. In some big cities, AIDS is an epidemic among sexually active male homosexuals.

First studies led scientists to suspect that AIDS was transmitted only through bodily secretions. But a new study suggests that it might be transmitted to children in high-risk households without sexual contact or other suspected forms of transmission, such as blood transfusions.

The study involved eight children from New Jersey families that included adults with known risk factors, such as intravenous drug use, homosexuality and Haitian origins. There was no evidence the children had been sexually abused or given illicit drugs.
Gays, alarmed by AIDS, told to cut sex contacts

How AIDS is changing sexual habits

By John Jacobs
Examiner staff writer

For the first time, some of San Francisco's most respected gay leaders are urging gay men to reduce their sexual activities, spend less time at bars and bath houses and choose their partners with care.

Confronting the rising incidence of AIDS, Acquired Immune Deficiency Syndrome, which specialists believe is sexually transmitted, gay physicians and political leaders spoke out last night at a meeting of the Harvey Milk Gay Democratic Club.

"I think we all need to be part of building a consensus that we are going to make some changes," said gay leader Cleve Jones, now an aide to Assemblyman Art Agnos, D-San Francisco.

"Those changes will come from our community, and we will do it freely. I'm very frightened. This (AIDS) is a tragedy of overwhelming proportions.

"If it is sexually transmitted, we have to make changes in the way we love each other, in the frequency in which we love each other and in the number we love. . . .

"To me," Jones said to loud applause from the several hundred members of the audience, "that means not going to the baths, the bookstores, (having) anonymous sex."

Given an increase in the incidence of AIDS victims in San Francisco — specialists say the disease that lowers a victim's ability to fight infection has a mortality rate of 70 percent over two years and predict as many as 200 new cases here this year — that might not seem like a difficult adjustment to an outsider.

But gays say their liberationist movement is intimately related to their ability to express themselves freely sexually. So to suggest moderation — even in the face of a potentially lethal

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AIDS alarm:  
S.F. gays told to be discreet  
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themselves freely sexually. So to suggest moderation — even in the face of a potentially lethal epidemic — is to face charges of being homophobic, of attempting to force gay people back into the sexual constraints they spent years breaking out of.

Jones and other gay leaders who spoke last night said their suggestion was based on saving lives — since gay men do seem most at risk of getting the disease — not out of misplaced moralism or a sense of judging.

“We have got to come to the realization,” added Bill Kraus, an aide to Rep. Phillip Burton, D-San Francisco, “that gay liberation means not the ability to have sex with a lot of people, but to care for and take responsibility for each other.”

“Yes, this is a beginning,” said Milk Club President Carole Midgen in an interview after the meeting last night. “There is a perception by some gays that it’s homophobic to say we are at risk.... It will have a powerful impact that our most respected gay leaders have the courage to make personal statements about altering their lifestyle, and we hope they will serve as role models.”

Their arguments may well be fueled by the preliminary findings of a study by University of California at San Francisco epidemiologists Drs. Michael Gorman and Andrew Ross. They have discovered that in heavily gay areas of San Francisco, principally the Castro District, the incidence of non-married gay males contracting the disease could be as high as one in 300 people.

“It’s a very high number,” Gorman told the gathering last night. “And if San Francisco already has 180 patients with AIDS, there are a lot more walking around incubating the disease. How many, we don’t know.”

While the number of gays among AIDS victims nationally is 70 to 75 percent, in San Francisco it is 95 percent, according to the study. It is to be published in Lancet, a respected British medical journal.

“The real take-home message,” said Dr. Robert Bolan, a family practice physician and member of Bay Area Physicians for Human Rights, “is that this is big-time stuff...and we’re going to lose unless we get our act together.... there is some reason why gay men are at high risk. It has something to do with our particular lifestyle, and it is appropriate to look at it.”

Bolan’s colleague, psychiatrist Ric Andrews, said the more gays learn about AIDS, the more they change their lives:

“In the last 15 to 20 years we’ve worked very hard to gain respect, and we’ve been very successful. Now we have a terrible, mysterious killer disease that is striking us down. What are we going to do about it?

“...Proposition 6 (the 1978 Briggs initiative that would have prohibited some gays from teaching in public schools) really mobilized us like nothing else in 20 years. That situation threatened our lifestyle. AIDS is threatening our lives.”

Kause and others also decried what they called the lack of federal funding for AIDS research, which he called a “disgrace.” He said the National Institutes of Health budgeted $8 million for research this year and $9.3 million next year, or two-tenths of 1 percent of its overall budget.

The other main federal research agency, the Centers for Disease Control in Atlanta, he said, had a $2 million budget last year, with no increase this year.

“They are not increasing the budget one penny,” he said, “despite the chairman of the CDC saying AIDS is the most important public health issue in the United States.”
Sex act can transmit immune deficiency

ATLANTA (UPI) — A lethal immune deficiency disease that affects homosexuals may be transmitted sexually between men and women, the national Centers for Disease Control says.

The CDC said yesterday it had reports two women became ill with AIDS after having steady sexual encounters with men with the disease.

The CDC said this supports its tentative hypothesis that an infectious agent is involved in AIDS and that both heterosexual and male homosexual couples are susceptible to it.

Reports of AIDS cases indicating the disorder also may occur following blood transfusions prompted a meeting of medical experts at the CDC to map plans for a more rigid screening of blood donors and further purification of blood and blood products.

AIDS involves a weakening of the body’s disease-fighting immune system, clearing the way for the invasion of a variety of rare infections, including Kaposi’s sarcoma, a soft tissue cancer.

Of the more than 800 cases reported to the CDC during the past 18 months, 315 have been fatal, giving the disease a mortality rate of nearly 40 percent.

The CDC, in its Morbidity and Mortality Weekly Report, listed the two women who came down with the disorder as a 37-year-old black and a 23-year-old Hispanic.

"Each reported female patient developed immunodeficiency during a close relationship, including repeated sexual contact, with a male who had AIDS,” the CDC said.

One of the male victims died of the ailment last November. The other was diagnosed as having Kaposi’s sarcoma, a cancer that appears in association with AIDS.
Hormone clue in gay cancer fight

BOSTON (UPI) — A hormone in amounts four times normal has been found in homosexual men with a baffling immune system deficiency, leading doctors to hope the discovery may help diagnose and treat the disease that kills 40 percent of its victims.

Measuring levels of a hormone secreted by the thymus — the master gland of the immune system — may help doctors screen patients at high risk of getting Acquired Immune Deficiency Syndrome, doctors said in a letter in today's New England Journal of Medicine.

"We're very excited about the observation. It's a clue that will enable us to help identify AIDS patients, and (may) give us a clue as to a potential treatment," said Dr. Allan L. Goldstein of the George Washington University School of Medicine and Health Sciences in Washington, D.C.

Eight "relatively healthy" homosexual men and two with a rare cancer called Kaposi's sarcoma had thymus hormone levels four times that of 10 healthy heterosexual men, said the study at George Washington and the M.D. Anderson Hospital and Tumor Institute in Houston.

Researchers were unsure if the high levels of the hormone were a result of a malfunction in the thymus, or the blood cells targeted to receive the hormone. The homosexuals also had low levels of total T cells, a type of white blood cell that fights disease. They had low levels of so-called helper cells, which aid in the body's battle against disease, and high levels of suppressor cells, so-called because they inhibit the ability to fight disease.

AIDS has been connected with virus infection and drug use. All the victims studied had a history of multiple sexually transmitted diseases, other infections and recreational drug use, the doctors said.

Goldstein said thymosin, the name for the entire group of hormones secreted by the thymus, has been useful in treating children born with deficient immune systems.

He said the hormone "turned on" the children's immune system and could possibly work for AIDS victims if the high hormone levels were the result of a thymus malfunction.
Interferon Used To Treat Cancer In AIDS Victims

Boston

A skin cancer common among victims of AIDS, the deadly disorder that destroys the body's immune system, sometimes can be treated effectively with a form of interferon, a new study says.

The cancer, called Kaposi's sarcoma, afflicts about one-third of all victims of acquired immune deficiency syndrome.

Doctors at Memorial Sloan-Kettering Cancer Center in New York gave genetically engineered interferon to 12 homosexual men who had the cancer. The disease disappeared completely in three and partly in two. Three patients showed minor, temporary responses.

The researchers cautioned, however, that the treatment seems to have little significant effect on the destruction that AIDS causes to the body's immune system. Without an effective immune system, AIDS victims with cancer remain easy prey to many lethal infections.

Dr. Susan Krown, describing the study in the current issue of the New England Journal of Medicine, wrote: "Although interferon treatment does appear to restore some aspects of immunity in some patients with Kaposi's sarcoma, we do not have evidence in this study that interferon consistently or permanently reverses the underlying immunologic defects that characterize AIDS."

Interferon is a disease-fighting material produced naturally throughout the body. Recovering large amounts of natural interferon from human blood is a slow and difficult process, so scientists have used genetic engineering techniques to insert human interferon genes into bacteria to manufacture the substance.

The latest study tested a bacteria-made form of the chemical called recombinant leukocyte A interferon.

The only significant side effect of the treatment was a flu-like illness, including fever, fatigue and loss of appetite.
Gay Freedom Day Raises AIDS Worry

By Randy Shilts

With up to 200,000 gay touts expected to crowd into San Francisco next month for the annual Gay Freedom Day Parade, concern was growing yesterday among public health officials and some gay leaders about how to protect the visitors from the deadly AIDS disease now epidemic in the city.

Much of the concern is over the city's bathhouses and private clubs that cater to men seeking anonymous sexual contact. The usually lethal acquired immune deficiency syndrome appears to be sexually transmissible.

"There has been some pressure on me to close the bathhouses," Dr. Mervyn Silverman, director of San Francisco's Department of Public Health, told The Chronicle.

"It's a concern because there's the potential that AIDS will be spread from here around the country," said Silverman.

"Certainly promiscuous and anonymous sex appears to be linked with AIDS in the gay male community," he said. "I hope that people coming here will realize they can't do the kinds of things they might do at home."

Another doctor, prominent in the local AIDS effort and widely regarded as sympathetic to gay concerns, finally said the baths should be closed — or at least required to post health warnings.

"I'd love to have a reason to close them (the bathhouses) down," said the doctor, who asked not to be identified.

"But because this is such a strange disease, we can't prove definitely that it's spread there — even though our best theories show that the more sexual contacts you have, the more it's going to spread."

Silverman said the city will "bee up" its own educational efforts for the June 26 march, but that the most meaningful warnings about AIDS hazards should come from the gay community.

"The government can only play a certain role in this," said Silverman. "The real validity comes with information from peers."

The concern about the bathhouses was apparent at a recent meeting of gay leaders and AIDS researchers when Supervisor Carol Ruth Silver, one of the gay community's most astute observers, asked if the city should declare a public health emergency and close the bathhouses.

The suggestion was met with loud hissing from gays — and no such moves are in the works. There are growing reports that many AIDS patients still cruise the dimly lit hallways where their symptoms are not easily visible.

Gay leaders last held a private meeting with bathhouse owners to express their worries and met with a mixed reception.

"I got the feeling that they were hostile at first, but that toward the end they realized that they needed to do something," said a president of a gay Democratic club who asked not to be named.

At the meeting, personnel from one private club passed out a statement saying, "We do not want to be singled out or subjected to an inquisition-like atmosphere."

Other private club owners and bathhouse managers were either unavailable for comment yesterday or declined to discuss the matter.

Organizers of the annual gay parade have said they want to draw 500,000 marchers to pressure the government for more funding on AIDS research. The parade, which for years has been the largest single event in the city, routinely draws crowds of a quarter-million.

The fear that AIDS will be spread by visiting gays eager to partake in the pleasures of the gay Mecca has sharply divided gay leadership. Some leaders want the community to aggressively distribute information about how to reduce risks for contracting the baffling disease. Others prefer a low-key approach.

"People have to be careful with what they say," said Konstantin Berlant, co-chairman of the parade organizing committee. "When people speak of fear about gay people getting together, they're attacking the gay movement."

Berlant said the parade program's back cover will have information about risk-reducing behavior, but that the gay community should not focus entirely on the AIDS issue.

"It's important that all of our other issues not be obliterated in favor of just this one," said Berlant.

More than 1500 AIDS cases have been reported in 35 states with more than 500 deaths so far. Nationally, 72 percent of AIDS cases have been among gay or bisexual men. In the Bay Area — where there have been 72 AIDS deaths — more than 90 percent of AIDS cases have been in the gay community, according to the department of public health.

Konstantin Berlant
A gay parade organizer

Trial Ordered
In Visits to Child By Lesbian 'Father'

A lesbian "father" seeking to visit the child of the woman she "married" five years ago was dealt a setback in Alameda County Superior Court yesterday.

On April 28, Judge Demetrios Argetis arranged temporary visitation rights for Linda Jean Loftin to see Sparkle Credt Loftin, daughter of Loftin's estranged lover, Mary Elizabeth Flourney.

But at a hearing yesterday, upon learning that Loftin, and Flourney could not reach agreement on the visits, the judge ruled that the issue must be decided by a trial.

Until a trial is held — and no date was set for the proceeding — Loftin may not visit the child, Argetis said.

Tutoring Session
For 'AIDS Letter Cops'

Two San Francisco police officers who asked Democrats to yank their convention out of San Francisco next year because of the AIDS epidemic met with the city's public health director Tuesday for some special tutoring.

Police Inspector Ray Driscoll and Officer Jown Fowlie, both of the department's hit-and-run division, last week wrote Joseph Beeman, executive director of the 1984 Democratic Convention, "This unknown disease should not be fostered (sic) upon the delegates and their families during the upcoming convention."

The letter proposed that the convention be held elsewhere.

Public release of the letter during a meeting of Democratic leaders in Santa Fe, N.M., last week infuriated Mayor Danne Feinberg who was there to calm already jittery nerves about the city's image.

"They're not very good health experts, and they're not very good San Franciscans," Feinberg said last weekend. "I hope they're good police officers."

On Feinberg's direct orders, layed by police brass, the two officers were sent to Silverman's office for some health education this week.

"I explained the medical-findings about AIDS, that there's no danger of any kind of casual contact, like people walking by, Moscone Center," said Silverman. "Their fears were not supported."

Although little is known about the mysterious AIDS — which destroys its victims' immune systems, leaving them susceptible to an array of deadly diseases — it is thought to be spread only through intimate sexual contact or exposure to the blood of an AIDS patient.

Sergeant Mike Pera, the police department's spokesman, said no further actions are planned against the officers.

Reached in Washington yesterday, Beeman, a former San Francisco police supervisor, said he had heard "not a word" from Democratic leaders around the country expressing concern about AIDS.

Both Driscoll and Fowlie declined to comment on the matter yesterday.
Gays decide it's time to get out the word on deadly AIDS

From Page A1

AIDS could be as high as one in 300 or 350 people.

* These same scientists strongly criticized the federal government for not funding additional research at levels commensurate with what they consider the seriousness of the epidemic.

Why, with imminent cover articles reportedly scheduled in Newsweek and Time, has the AIDS issue surfaced?

The answer seems to be that gays have finally realized that their lives are at stake. And scientists clearly do not have quick or easy answers. They have dug in for the long haul.

San Francisco expects 200 new cases this year and possibly 350 in 1984. Some gay guys have advocated keeping AIDS discussions under wraps for fear of handing the Jerry Falwells and Moral Majorities of the world a chip with which to beat them. But they are losing out.

People in my position have been working on this issue for a year," according to Cleve Jones, a gay leader, staff assistant to Assemblyman Art Agóés, D-San Francisco, and one of the organizers of the upcoming AIDS benefit at the Harvey Milk forum last week.

"We have become increasingly aware in the past few months that this (AIDS epidemic) is an enormous disaster for us. There's been a degree of paralysis, of being so overwhelmed that you say, 'What do you do?' And there's been a sense of not wanting to say too much too fast because the situation is so volatile.

"A growing number of us feel that with the increasing data (is a 70 percent death rate after two years), we had to act."

Dr. Robert Bolan of the Bay Area Physicians for Human Rights, a gay organization, believes the message is finally being heard, that "a certain critical mass of people have finally turned on this."

Dana Van Order, a staff aide to gay San Francisco Supervisor Harry Britt, said some gay guys believe that to speak out about AIDS not only creates panic, but backlash against gays.

"The ultimate answer," he said, "whether it is here for medical or political, is that we get it under control. If the community does not have adequate information to deal with it, we won't make progress. I think the real panic would come if the community continues to know people who get AIDS, continues to be affected and doesn't know what to do about it. That is, the lack of information would feed the panic."

Pat Norman, coordinator of lesbian-gay health services for The City's Department of Public Health, denied that she or anyone else has censored or suppressed information about the incidence of the disease in San Francisco.

Specifically, she was referring to the study by UCSF epidemiologists Michael Gorman and Andrew Moss, which examined city census tracts and then matched the number of AIDS victims with where they lived.

They found that between 1980 and 1982, unmarried men over 15 who lived in what is approximately the Castro District were getting AIDS at a rate of 267 per 100,000 people, or one in roughly every 350 people. The overall rate for San Francisco, they found, was 94 cases per 100,000, or about one in every 1,052 people.

They also found a high incidence along the Russian River, which has become an increasingly gay resort area.

"We've been putting out a lot of information to the community," Norman said. "What we did not put out was the Gorman-Moss study, which everyone is talking about. What we wanted to do was to be able to look at the material and find out if it was important to go out. Will it help? Will it cause people to change their behavior?"

"The other concern we've always had is how we are seen by the rest of the community — how that will affect us as child care workers, as food handlers. Are people going to be afraid to get on buses and go downtown with us?"

Norman's point was that as the epidemiological and other scientific information gets released, it is also important to make sure people know AIDS is not easy to contract, that scientists strongly believe it is only transmitted through intimate sexual contact or through exposure in blood products.

Another mobilizing point was the replication two weeks ago of an article by gay New Yorker Larry Kramer entitled, ""1,112 And Counting,"" which indicated the number of AIDS cases in the Bay Area is 1,063, people, or one in roughly every 350 people.

Kramer exhorted fellow gays to take AIDS seriously "because our continued existence as gay men upon the face of this earth is at stake."

The Reporter itself joined the fray, noting in the same issue, editorial, "Gay Men Dying: Shuffling Gears," that the newspaper never really covered the AIDS issue, that "this space — for that matter the entire paper by editorial fiat — has been reserved for coverage of what we have come to know as AIDS."

"The one position we have taken," the editorial said, "is to portray that each man owns his body and the future he plots for it. And he retains ownership of the way he wants to die."

But now, the newspaper said, "We've made a very deliberate decision to open the line up in AIDS that now the fatal furies that follow in its wake... it's time to start crying out loud."

The debate over how to handle AIDS information has not been limited to the gay community. Medical researchers, public health administrators and city officials also tried to walk a fine line between alarm and necessary information.

Last week, for example, Chief Administrative Officer Roger Boas called a reporter and urged "responsibility" in covering AIDS.

Boas said in a recent interview he is concerned that the news media is "hysterical" and "damn little interest" in what is shaping up as a grave epidemic that could spread to heterosexuals.

"It could take three to five years of research, and it's not being funded. The problem is how to spark that interest without creating panic in the street."

Boas said he was not concerned about a possible drop in gay tourism because of AIDS or even the possibility that the Democratic National Convention could decide not to come to San Francisco in 1984.

Boas said The City will spend the money necessary for additional medical wards, instruments and physicians, but cannot afford to allocate money for medical research, which he said is the federal government's responsibility.

Meanwhile, said Cleve Jones, gay men in San Francisco will continue to die.

"I've seen them die. I know I'm going to lose more friends. People very close to me have this disease, and this next year is going to be a very sad time for me and my friends."

"If we do succeed in creating a consensus to change our lifestyles and take better care of ourselves, there will be less and maybe 15 months from now or two years from now, we'll see a drop-off."
Sailor's Trouble
Over AIDS Inquiry

By Randy Shilts

An Oakland-based Navy petty officer with an "outstanding" record faces a discharge hearing next week, apparently initiated after he asked a Navy physician to test his blood for AIDS, the deadly epidemic largely striking gay men.

The Navy refused comment yesterday on the case against hospitalman Petty Officer 2nd Class William Kerr beyond confirming that a three-member administrative panel would consider Kerr's discharge next Tuesday.

Kerr, an operating room technician at the Naval Regional Medical Center in Oakland, said he went to his naval physician in February and asked for a blood test on his immune system because he thought he might be suffering from AIDS (Acquired Immune Deficiency Syndrome).

In Navy medical records obtained yesterday by The Chronicle, the physician says that Kerr made a "straightforward admission" of being gay and of being in a gay relationship with the same man for more than two years.

Kerr, however, claims the doctor accused him of being gay, tried to get him to acknowledge that he was and, after failing, told him his presence in the service was "dangerous" because other sailors might want to kill him.

He said the doctor, a naval commander, also told him he probably wasn't physically sick but having psychosomatic symptoms brought on by his alleged homosexuality.

The medical records indicate the doctor sent Kerr to both an internist and a psychiatrist because, the doctor wrote, Kerr suffered from "homosexuality with associated personality disorders."

The second physician, records show, found that Kerr was suffering from hepatitis, a disease with some symptoms similar to AIDS. The sailor was sent home for a three-week recuperation. When he returned four weeks ago, Kerr says, he was handed a report written by his original doctor and told that he was being processed for a discharge on the ground of homosexuality.

"I'd have to be an idiot to go in there and tell him something that I know would get me kicked out of the service," said Kerr, who enlisted in 1977. "Everybody knows about those (anti-gay) regulations."

Kerr, who was transferred to San Francisco from Hawaii six months ago, said he believes his personal life is "nobody else's business."

He said he was concerned about contracting AIDS because he works in an operating room.

"This is a disease spread in the blood and it's not unusual to be stabbed by a needle or a scalpel at work — that's one of the hazards from the job," he said.

Kerr's Navy lawyer, Lieutenant Cornelius Perry, said that Kerr's record is "outstanding" and that an overall evaluation last year for his first term of enlistment was a 3.75 on a scale of 4.
Doctor: Funds still lacking in AIDS battle

By Dexter Waugh
Examiner staff writer

Medical researchers trying to find the cause of AIDS and a cure for it are working against time with precious little money, Dr. Marcus Conant, co-director of the Kaposi's Sarcoma Clinic at the University of California-San Francisco, told a jammed lecture hall last night.

A year ago this month, there were in the whole world about 200 reported cases of Acquired Immune Deficiency Syndrome, the disease that attacks the body's immune system.

"Tonight," said Conant, "there are 225 cases in San Francisco.

"We will have 1,600 cases by this time next year in San Francisco, and the number will double.
Researcher: 1,600 have AIDS and don't know

—From Page A1

every four or five months for the foreseeable future, until everyone who can contract the disease has it, which may be an incredibly large number of our population.”

Warning that no one is immune from AIDS, he said researchers believe the incubation period for the disease is about 18 months. Most of the current cases here were contracted last year, Conant said.

“What that tells you is most haven’t had a chance to die yet,” he said. “It’s the death rate that makes this issue so important to all of us. The death rate is about 40 percent.

“Those 1,600 cases in San Francisco I promised you for next year are already incubating.”

That gives researchers about that long to try to find a cure to save a large number of the current victims, he suggested.

Conant showed a graph depicting the sharp rise in the number of cases reported worldwide — from seven cases in 1979 to 900 cases in 1982. “This thing is going straight up, it hasn’t leveled off or even peaked,” he said.

Although first identified about 100 years ago, primarily among elderly males, the disease “has found an environment in which it can thrive and is spreading through that environment like a brush fire,” he said.

“Gay men have not changed their sexual behavior in the last four years. Homosexuality has been with us for a long time.

“What’s changed is that a new agent has gotten into that environment and has found it is a wonderful place to live and is spreading like crazy.”

Conant cautioned his audience, a mixture of medical students and others drawn to the public lecture, young and old: ‘Don’t play the game of ‘I’m not at risk.’

“None of us is immune from this disease. If you are gay you are at great risk in this city.

“No epidemic in history has ever remained localized to one group of people. None of us are immune to getting this thing.”

So far the disease has been reported mainly among gay males in their late 20s and early 30s, hemophiliacs, Haitian heterosexual males and intravenous drug users, but people outside these groups also have the disease.

Conant also pointed to several other cases indicating that AIDS is an infectious virus, including four babies born here of a woman who had AIDS. The disease was transmitted to the infants, researchers believe, by blood through the placenta wall. Three of the four babies died.

“We have the tools to effectively attack infectious disease,” said Conant.

Scientists can isolate the cause, believed to be a virus, determine what the virus is made up of, then figure out what part of the virus makes good antibodies, then send it to a genetics company to clone and make a vaccine to inoculate the population, he said.

All it takes is money. Conant’s clinic at UCSF last week was awarded $450,000 from the federal government — the largest single grant to a non-government agency for the study of AIDS.

“But that is not nearly enough,” said Conant. “It will probably take $10 million a year for about five years to do the job.

“That sounds like a lot of money, but given the amount of people who are going to get this disease, it is minuscule.”

He said it costs The City $70,000 to provide terminal care for one AIDS patient. With a “conservative” estimate of 1,000 cases here, he said, providing care for those cases alone will take $70 million.

“The cost of this disease is going to be staggering,” he said. “It’s far wiser to spend the money to find the cause of the disease and prevent its spread.”

Research published today suggests the often deadly disorder can be spread during heterosexual relations.
The Hysteria Over AIDS —
It's Now a Second Epidemic

From Page 1

said, creates a climate that is ideal for rumor transmission.

"One of the things that increases rumor rates is a fear of anxiety. The more the fear of a disease, the more the rumors flourish because people need to articulate and express their fears. People believe what they want to believe and one of the ways they buttress their beliefs is by embroidering the facts.

Juries, roommates and television technicians have refused to be in the same room with AIDS patients. Landlords have evicted tenants with AIDS. Landlords will generally treat patients with everything from Legionnaires' disease to rabies, have refused to offer their services to those dying of AIDS.

Sociologist Dane Archer at the University of California at Santa Cruz said the uncertainty of scientists has added to public fear.

"This kind of hysteria flourishes where scientific explanations either haven't been advanced or are incomplete," Archer said. "When this fear epidemic began, the epidemiologists initially threw up their hands. That creates a condition in which collective behavior, rumors, etc., can flourish. There's ambiguity, and the absence of rational authoritative explanations."

Archer said the fact that public officials — ambulance drivers and police officers — expressed concern about dealing with AIDS patients fueled peoples' fears.

"The average person is very influenced by the fears of authority," he said. "And what the authority did in this case was to legitimize this type of hysteria."

Describing a disease in scientific terms that are not clearly understood by the public at large can also increase unwarranted fear.

"They've been saying that AIDS is a virus," said Thomas Pettigrew, a UC sociologist and expert on prejudice. "People think of a virus as something that flies through the air, as in colds and bronchial stuff. People in general know pitifully little about health.

"In this case you're dealing with a very hazy set of categories that are not well bounded. We do know about diseases that you can pick up casually, and so our ideas of what they are and where that stops are unclear..."

Pettigrew said the fact that AIDS has primarily occurred in the gay population, instead of simply reassuring people — as it should — that they are less susceptible, "seems to enforce what they thought anyway about gays. People can say they got what they deserved if they'd just straighten up and fly right they would be all right."

Prejudice, Pettigrew said, is often accompanied by mistaken beliefs about the stigmatized group. In the South, for example, there was tremendous resistance to building swimming pools where both blacks and whites could swim, he said.

"If you pressed people on this, the theory turned out to be that blacks were diseased. If you pressed people on what the disease was, they would say syphilis. Now, indeed, the syphilis rates for blacks at the time were higher than for whites — but they certainly weren't going to get syphilis in the swimming pool," Pettigrew said.

Meanwhile, scientists and public health officials can only reassure the public, hoping the furor will die down.

"These kinds of fears usually flourish early in an event," said Archer. "What happens later, one hopes, is that scientific, rational explanations erode the fears."

Dr. Selma Dritz, the San Francisco Health Department's specialist in disease control, said, "you get infected when you get the virus from semen or blood from an AIDS patient, and it goes into your own blood supply though a break in your skin.

"Even doctors and nurses who have worked without precautions with AIDS patients for two years have not come down with it, using instruments and needles with some of the sickest patients. Why should a man worry about picking it up from garbage in the street?"

Dritz, who finds herself increasingly in the position of chief assuager of fears, said with a sigh, "All we can do is keep repeating the facts. Some people are listening, and are cooling off, and others have a stone wall there and don't want to be convinced."

The four gardeners who donated protective suits for their cleanup job in Civic Center will not be doing it again, according to Recreation and Parks director Tom Mallon. Some people, he said, have thought it was an anxious overreaction, stemming from ignorance, and it could contribute to an atmosphere of hysteria.

Fire Guts Airport Hangar

Mantua, N.J.

A fire before dawn yesterday destroyed an airport hangar where crop-dusting pesticides were stored, injuring seven firefighters and forcing 25 families from their homes.

Associated Press
By John Jacobs
Examiner staff writer

For more than a year the gay community has debated whether releasing
important information about AIDS, Acquired Immune Deficiency Syndrome,
causes alarm and panic.

Gays have been living quietly with
the fear of contracting the mysterious
and often lethal package of diseases.
They have been reluctant to talk about
their anxieties, reluctant to publicly
discuss their sexual behavior or even
make sure that medically important
information gets passed around to
those at risk.

In recent weeks all that seems to
have changed.

Gays have become more vocal. Re-
search scientists have become more
forceful in expressing their concerns
about a scary new epidemic, and news-
papers and news magazines have finally
called on. For example:

- Dr. James Curran, chief of the
federal government's AIDS task force
at the Center for Disease Control in
Atlanta, said in San Diego that AIDS is
"the most important new public health
problem in the United States" and
predicted it will "inevitably become
epidemic throughout the nation."

- For the first time, respected gay
leaders urged gay men at a Harvey
Milk Gay Democratic Club meeting on
Tuesday night to reduce their chances
of getting the disease by reducing their
sexual activities, which they defined as
hitting the bars, bath houses, and hav-
ing sex with multiple partners who are
strangers.

- Medical researchers at the Uni-
versity of California at San Francisco
released an epidemiological study
showing that in some of the most
highly concentrated gay areas in the
Castro District, the incidence among
unmarried gay men of contracting

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See back page, col. 1
Funding OK'd for homeless, AIDS victims

New funding for the homeless and for victims of AIDS has been endorsed by a supervisors' committee for consideration by the full board.

The Finance Committee approved $150,000 for the program announced recently by Mayor Feinstein to aid the homeless. The program would shift many of the people now receiving emergency shelter to The City's general-assistance rolls.

Social Services Director Edwin Sarsfield told the committee the department is already screening homeless people in shelters to determine whether they qualify for the $248-per-month assistance payments, intended to cover the cost of housing. He said nearly 70 percent of those screened so far are eligible for general assistance.

Those who do not qualify will be housed in a system of backup shelters funded in part by the appropriation endorsed by the committee.

Sarsfield said an extra $1.9 million will be sought for the increased caseload expected in the general-assistance program.

The committee also approved $269,603 to fund two projects related to Acquired Immune Deficiency Syndrome, the often-fatal disease that mostly strikes gay men.

The Shanti Project would receive $100,000 to prepare a residential program for 12 AIDS victims and an additional $141,000 as a reserve to house 36 victims.

The Kaposi's Sarcoma Research and Education Foundation would receive $47,490 to expand information and referral services. Kaposi's sarcoma is a cancer that often afflicts AIDS victims. Both appropriations are expected to be heard by the full Board of Supervisors Monday.
From Page 1

that all evidence indicates "it takes intense conflict with the sexual partners of AIDS patients"—contact most often the result of sexual activity—for anyone whose immune system is normal to develop any of the AIDS diseases.

The new guidelines urge that all patients and medical workers be protected from direct contact with the secretions of AIDS patients—particularly blood, semen and spu-
tum. These recommendations closely parallel long-standing rules in most hospitals for protection against the spread of hepatitis.

The guidelines say that although strict isolation is not needed for AIDS patients, "it may be prudent" to place them in private rooms. The patients need not be made not to wear masks unless they are coughing outside their rooms, and outpatients with AIDS may use the hospitals' public waiting rooms and bathrooms, the guidelines say.

As for hospital workers, the guidelines maintain that protective clothes, such as gowns, masks and gloves are needed only when workers are "directly" exposed to blood or secretions from AIDS patients and are not necessary if the workers are merely "in contact" with patients in their rooms.

The task force did say, howev-
er, that medical workers who are injured by needles or scalpels who have AIDS must be reported quickly to their health services so that records can be maintained for the patient. These workers should be treated for the injury according to standard procedures for potential exposure to hepatitis, the guidelines said.

The 24-member task force, in-
cluding specialists in infection con-
trol at UC's hospitals on Parianus Heights as well as the Veterans Administration Medical Center and San Francisco General, recom-
manded that hospital workers—
except those who are pregnant—be excused "on their own initiative" from caring for AIDS patients unless there is reason to believe they are at high risk for infection because their own immunity is defective.

One extremely tough problem involves hospital workers who themselves have AIDS but who are without apparent symptoms or who are not ill enough to stop working. There may be only 10 or 20 such workers in all the Bay Area's hospita-
l, Sande and Volberding said, and the guidelines made no recommenda-
tions—admittedly after long and difficult debate:

- If the hospital workers have any AIDS symptoms at all, they should not be permitted to care directly for patients.
- If they are completely free of disease symptoms and the doctors decide they are free of transmissible infections, they may be excused from all direct care duties while their disease sta-
tus is continually evaluated—both to protect them from new infec-
tions and to protect the patients from any infectious organisms the affected workers may be carrying.

"We do not consider the direct transmission of AIDS to itself to pa-
tients to be likely, as there is no evidence supporting casual con-
tact," the guidelines state.

As Volberding noted, he has had one patient and one doctor come in contact with nearly 100 seriously ill AIDS patients since the problem was first found here two years ago, and he is still completely healthy even though he took no precautions in the early days.

The guidelines that will now be applied at UC's affiliated hospitals were already adopted by Dr. Mervyn Silverman, the city's health director, who helped develop them.

There is a 24-member informal advisory committee on AIDS that includes specialists from the San Francisco Medical Society, the Bay Area Physicians for Human Rights, the Jewish Community, UC and the Health Department itself.

Yesterday's AIDS tally compiled by Dr. Solma Dritz, the Health Department's epidemiologist, shows that 250 AIDS cases have now been reported, leaving 172 and 72 of the patients have died.

In Sacramento, meanwhile, the State Senate unanimously passed a measure yesterday that would speed state-financed research into the causes of AIDS.

If the measure passes the As-
sembly, the state Department of Health Services will be required to finance individual grants for research and to sponsor interdisciplinary workshops on AIDS, and a seven-member scientific review panel will be established. If the bill is approved by the Assembly, the Senate and Governor Deukmejian, will be created to ad-
minister the grants.

"AIDS is a problem destined to be with us for a long while unless we do something," said state President David Roberti, author of the bill.

The AIDS diseases, believed to be caused by an as-yet undiscov-
ered virus in other organism, in-
clude the rare cancer called Kaposi's sarcoma, the lung disease called pneumocystis carinii pneumonia and so-called "op-
portunistic" infections.

About 70 percent of the 1450 AIDS victims nationwide are male homosexuals. Others include intrav-
enous drug abusers who share con-
taminated needles, intravenous hemophiliacs who have inadvertently used con-
taminated blood products for their clotting purposes, and a few Ital-
ian immigrants.
Dentists told to guard selves against AIDS

By Jim Wood
Examiner staff writer

San Francisco dentists, alarmed by the spread of the deadly disease known as acquired immune deficiency syndrome, are being advised to don protective equipment when they believe a patient may be gay.

The advice from Dr. Sol Silverman of UC-San Francisco is being given to dental students, graduate students and practicing dentists who inquire.

The San Francisco Dental Society is referring questions about the issue to UCSF.

Silverman said the basic assumption when a patient is gay but has none of the symptoms of AIDS — swollen lymph glands, sweats, drastic weight loss — is that he is not an AIDS victim.

If a patient says he has the symptoms or expresses a concern that he may have been exposed, the dentist then is advised to wear gloves, glasses and, if the procedure may involve spray, a mask.

Silverman said patients generally are cooperative about such safeguards, understanding the possible risk.

The problem becomes sensitive, he said, when a patient has none of the symptoms but the dentist knows or believes he is gay and thus a member of an at-risk group.

In such cases, Silverman says, a dentist should exercise his judgment about protecting himself. He said that in his own work, he puts on protective equipment if he believes a patient is gay.

Silverman likened the situation to using blood donated by male homosexuals with no known exposure to AIDS. He said that while in theory the blood was probably safe, he would not want to use it for fear of contracting the disease.

San Francisco police officers have been issued similar gear for administering first aid to people they believe may be AIDS carriers. Firemen also have been given plastic gloves, and department resuscitators have been equipped with plastic mouth guards.

San Francisco public health figures show that 236 people here have contracted AIDS, with 71 deaths in the past two years. The total is about 20 percent of the reported cases in the United States.
UC Hospitals’ Guidelines on AIDS Cases

By David Perlman
Science Editor

Experts from the University of California’s major hospitals completed yesterday the nation’s first detailed guidelines on handling the AIDS problem. The guidelines are designed to protect both patients and health workers from infections caused by the acquired immune deficiency syndrome.

The major recommendations in the guidelines are expected to be approved swiftly by a citywide advisory committee created by San Francisco’s Health Department and then to be followed closely by every other hospital in the city.

The guidelines are also being sent to the federal government’s Centers for Disease Control in Atlanta to serve as a national model for hospitals in every community touched by the lethal AIDS.

The guidelines, although highly conservative, are based on the conviction of the task force that AIDS and the often deadly diseases that can result from it are relatively non-infectious and difficult to contract — despite growing public fears about the mysterious malady whose cause is unknown.

Dr. Merle Sande, chief of medicine at San Francisco General Hospital, who headed the task force, and Dr. Paul Volberding, director of the hospital’s cancer service, agreed in an interview yesterday.
The Hysteria Surrounding AIDS

By Erica Goode

Four city gardeners, afraid they might contract AIDS, stepped into disposable paper suits and tied on surgical masks yesterday morning before they picked up trash from Sunday's Gay Freedom Day parade.

The incident was the latest in a series that has led experts on mass behavior to see the hysteria surrounding AIDS as an epidemic in itself — feeding on rumors, fear, prejudice and the uncertainty surrounding the disease's cause.

A San Francisco Health Department doctor said the gardeners were under no risk of contracting acquired immune deficiency syndrome.

Sociologists and anthropologists who study the reactions of the public said yesterday the public is reacting with fear to AIDS because the ailment embodies an unprecedented convergence of an outbreak within a group — the gay community — which is already socially stigmatized.

"The fear of contact with a pariah group is widespread anyway," said Alan Dundes, an anthropologist at the University of California at Berkeley.

"In terms of so-called macho types, there might already be the fear that homosexuality is catching. The AIDS situation then gives them a medical rational for their fear, saying that these people really could be dangerous."

Any mysterious disease outbreak, Dundes and other experts
It's today's Examiner.

AIDS: Killer in the blood

Fear revives ‘old-fashioned dating’
Part III of a series/Page A4

Rain of terror
Why the nasty weather makes many of us surly
Bill Mandel/Page A2

How to survive a plane crash

Staying alive
It’s up to you to know the basics
Scene/Page E8

San Francisco Examiner

118th Year No. 244
Wednesday, March 23, 1983
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California edition
AIDS epidemic spreads fear — even among doctors

By John Jacobs
Examiner staff writer
First of three parts

For Elissa Chandler, a 28-year-old registered nurse at San Francisco General Hospital, the most difficult case was the young gay man who came into the hospital, was quickly diagnosed and died, alone and in pain.

"It becomes very personal and devastating to see young people die," said Chandler, who works on the fifth-floor medicine ward, which at any one time has an average of 10 patients stricken with AIDS.

AIDS, or acquired immune deficiency syndrome, is the mysterious breakdown in the immune systems of its victims.

It leaves them prey to a wide range of potentially lethal infections and a rare cancer called Kaposi’s sarcoma. Nationwide, the number of cases is doubling every six months.

"He was deserted by his entire family, who didn't know he was gay, and by all his friends. He was desperate, scared, isolated," Chandler said.

"One minute he was coherent and talking. The next minute he stopped breathing. No pulse. It was hard for me to believe someone 20 had a cardiac arrest. The team came and tried everything they could, but there was no hope. He was gone. I couldn't help his dying and suffering in any way."

Chandler’s shock over the young man’s death and her concern about her own exposure to AIDS patients in her two years on the fifth floor mirrors that of many doctors, nurses and other health workers in hospitals all over San Francisco.

Health officials anticipate as many as 200 new cases of AIDS in San Francisco this year compared to 111 last year and only 39 in 1980. There are already 27 new cases this year and no end in sight to the epidemic, presumably caused by an as yet unidentified infectious agent.

infant had contracted AIDS and had received a blood transfusion from a donor who later died of it, heightened fears that gays who donate blood to blood banks may unwittingly be spreading the disease. A national organization

—See next page, Col. 1
AIDS is now the leading cause of death among gay men in their 30s and 40s.

They're not dying of syphilis or pneumonia, and even fewer from Hepatitis B, but rather dying from AIDS, said Dr. Isherwood, director of the Health Department's AIDS Registry. "It takes on average six to eight years to get AIDS.

Although the numbers reported in the UCSF study is fine to precise national and local problems, the report also increased the number of new trends in the spread of the puzzling syndrome:

- The concentration of AIDS is moving from the heavily gay Castro District area to a broader cross section of gay and non-gay neighborhoods through San Francisco.

- Gay men in the 20-to-44 age group have contracted the disease at a rate twice that of gay men in the 35-to-45 age group, reflecting growth of gambling in the Castro District for getting AIDS in the city.

- Among all single men in San Francisco between the ages of 25 and 44, AIDS is being contracted at a rate about ten times as high as the rate among all 50 percent of gay men in the city.

Researchers compared the number of diagnosed AIDS cases in any census tracks with the number of never-married men aged 25 to 44 for the years 1985 and 1986. The disease rates in the 30-to-34-year-old groups are now as high as the rate of the 20-to-24-year-old group, which is up from 15 percent.

The study concludes the AIDS epidemic, which dominates the body's normal immune system and leaves it vun-

erable to a variety of illnesses, is getting worse, is spreading, a new risk class, and those who are getting pneumonia and other infections, are men.

"There probably something different in the niche-populations that we don't know about yet," he said.

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Reliving the JFK Assassination

Richardson, Va. Attorney General Ramsey Clark, who has been a leading lawyer on the case, said yesterday that the Warren Commission's report on the assassination of President Kennedy "will be considered a crime" because of the way it was prepared.

Clark said that the report was not a "true" report, and that it had been "tampered with" by the government.

Clark also said that the Warren Commission's report was "a cover-up" for the government's involvement in the assassination.

Clark said that he was "shocked" by the findings of the report, and that he would not accept the conclusions of the report.

"I will not accept the conclusions of the report," Clark said.

Clark added that he would take legal action against those responsible for the assassination.

Clark's comments came as the nation marked the 50th anniversary of Kennedy's assassination.

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Five Hours on the AIDS Hot Line Take Their Toll

By the time Michael Tolliver had finished at the AIDS hot line it was already rush hour in the Castro. The young men who worked in banks were coming home to the young men who worked in bars. Like prisoners who had tunneled to freedom, they spilled from the mouth of the Muni Metro, stopping only long enough to raise the stubby barrels of their collapsible umbrellas and fire at the advancing rain.

As Michael crossed Castro at 18th, a purrout from the '80s lurched into the intersection and stood shouting “Go back to Japn” to a black woman in a Mitsubishi. The woman exchanged an amiable shrug with Michael, a form of social telepathy that means only one thing to a seasoned San Franciscan: “Well, looks like we lost another one.” That knowing glance between survivers always struck Michael as a curiously intimate experience.

Since the cupboard was bare back at Barbary Lane, he decided to indulge in a small pizza at the Sausage Factory. He owed himself a pizza, he decided. And a warm spot out of the rain. And maybe half a liter of so of red wine. Queen or no queen, this had been one bitch of a day.

The wine was a big mistake. What began as a mild flirtation with memory had degenerated into maudlin self-pity by the time the alcohol took hold. Seeking distraction, he studied the funk-littered walls—only to focus upon a faded Fabio Blue Ribbon sign that said: DON'T JUST SIT THERE — NAG YOUR HUSBAND. When the waiter arrived with his pizza, his face was already lacquered with tears.

“Uh . . . are you OK, hon?”

Michael mopped up quickly with his napkin and received his dinner. “Sure. I'm fine. This looks great.”

The waiter wouldn’t buy it. He stood there for a moment with his arms folded, then pulled up a chair and sat down across from Michael. “If you’re fine, I’m Joan Collins.”

Michael smiled at his comforter. In spite of the leather vest and the keys that were clipped to his Levi's, he suddenly reminded Michael of a waitress he had known years ago in Orlando. She, too, had called him “bien” and cared deeply about his well-being. And like this man, she had never known his name.

“It was one of those days,” shrugged Michael. “You know how that is.”

The waiter rolled his eyes dramatically. “Oh Lord, do I You work on the street, huh?”

Michael shook his head. “Over on Clement. At a nursery. But this was my day off.”

The waiter frowned. “I do volunteer work at the AIDS hot line,” Michael explained. “Across the street.”

“Oh.” A palpable cloud of terror swept across the man’s face. Then he drew a hasty conclusion about the tears he had seen in Michael’s eyes. “God, I’m really sorry. No wonder you’re looking . . .”

“I’m fine,” blurted Michael. “I just answer the phones. I’m one of the worried well.”

“Aren’t we all,” sighed the waiter. “My ex-lover’s lover died of it last month.”

“I’m sorry,” said Michael.

The waiter hung his head in thought. “It’s pretty goddamn scary, all right. I haven’t been to Folsom Street in weeks. I figure, until it’s over, I’m only tricking out of sweater bars, you know?”

“Hmmm,” grumbled the waiter. “Mary Ann Singleton just announced it.”

“I know her,” exclaimed Michael, perhaps a bit too proudly. “She’s my best friend.”

“Oh yeah?” said the waiter. “Then what does she keep in that purse?”

Michael laughed. “I meant Mary Ann Singleton.”

Heading back to the kitchen, the waiter glanced over his shoulder and winked at Michael. “Then I’d say she’s a mighty lucky lady.”

A winter full of rain had left a moss green scum on the wooden stairway leading to Barbary Lane. Michael climbed it carefully, holding fast to the rail until he felt the reassuring squish of eucalyptus leaves under his feet. When he reached the fych-gate at No. 28, he stopped long enough to take in the cozy old house that had been his home for almost seven years.

Then he crossed the courtyard in the pouring rain and said a brief prayer at the spot where Jon’s ashes had been buried. As he sprinted back to the house, he made a special effort not to curse the weather. A late spring, he told himself, was often the nicest spring of all.

Monday: Mary Ann and Mouse
The medical cost of AIDS may reach $300 million in '84
UC officials say S.F., L.A., N.Y. taxpayers to foot majority of bill
By John Jacobs
Reporter and writer
The medical costs of the ill-fated AIDS epidemic to dwarf
millions of dollars and may one day soon become
sooner borne by taxpayers in New York City, Los Angeles and
San Francisco, according to a leading public health
expert.
Dr. Philip Lee, former director and now director of the
Health Programs at UCSF-Fresno, said that the federal
government has responded to the need for re-
search.
"But it has not yet given medical care for AIDS patients
at rates to 100% per patient, in ease
and wool government and to the patients themselves,
many of whom have lost their live and their health insurance
since they tested the disease."
"Because 80 percent of the 2,640 reported cases of
AIDS have been in New York City, Los Angeles and San Francisco,
those states now must bear the burden of paying for this care," he
said.
"I think the AIDS epidemic has identified a large scale
deficit in our health-care system," Lee said in an
interview Friday. "There are 16 in 10 people who
have AIDS, and the federal government is not
adequate to meet the problem."

The federal government, under its AIDS program, has
diagnosed 2,640 cases of AIDS, which are about 5,000 cases
beyond.

"Although federal officials now predict that the number of new cases will continue to decline
every six months, as it has since AIDS first became recognized, the numbers will continue to grow.

If 5,000 new cases develop next year, Lee said, the cost of treating the medical problem could top $380 million.

San Francisco officials approved spending $48 million for new AIDS patients, and federal officials in San Francisco are preparing to do a similar study.

Lee, a medical secretary for health in former Presi-
dent Lyndon B. Johnson's administration, said the federal
administration would solve the medical problem with a national
policy for outpatient health insurance, similar to
health insurance Congress approved for the

\[\text{State to appeal ruling changing way vacation benefits are computed}]

Los Angeles (402) The state will appeal a federal court decision that affirms the legal right of톡하기가

\[\text{The special people in your life deserve special attention and care. This is true in the future. John Hancock's Variable Life Insurance will help you provide both care and protection immediately and in the future. Unlike traditional policies, John Hancock's Variable Life lets you invest some of your premiums in stock, bond or money market accounts. It's a sound approach. Not only is it the face value of your policy guaranteed, but you can add to this amount without paying additional premiums.}

Small wonder, that within the past year, over 35% of the life insurance policies we've sold have been our new Variable Life Insurance. It's a smart way to begin a program of family protection. It's also an ideal means of purchasing additional coverage at a reasonable cost.

Care for those close to you can take on many forms. One of the newest and best is John Hancock's Variable Life Insurance. Send in our coupon and learn more today.

\[\text{We can help you here and now. Not just hereafter.}]

\[\text{Need to review your life insurance program.}

Please send me more complete information and a Prospects, including charges and expenses. I'd like to find the materials carefully before investing or lending funds.

Name
Address
City
State
Zip
Phone (optional)
Fax (optional)
The above rates and policies are for insurance agents or brokers.

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Disease Centers Director Quitting

Dr. William H. Foege, brought in to head the national Centers for Disease Control amid controversy six years ago, announced his resignation yesterday with a "sense of accomplishment" and an eagerness to tackle new tasks at the agency.

In a letter to Dr. Edward N. Brandt, assistant U.S. secretary for health, Foege asked for "approval to shift responsibilities" and leave his post as director.

Foege, 47, said no pressure or policy conflicts contributed to his decision. "I just decided it's time for a change."

Shellie Lengel, spokeswoman for the CDC's parent agency, the Public Health Service in Washington, D.C., estimated the search for Foege's successor would take several months. Foege will stay until he is replaced; he expects to remain with the agency's Atlanta headquarters.

He said he will work in other areas in which he is especially interested, including the CDC's efforts to promote public health through international projects and cooperation with the academic community.

Foege was appointed director 1977, after Secretary of Health, Education and Welfare Joseph Califano ousted Dr. David Sencer over the ill-fated swine flu vaccination program.

Before his elevation, he served for two years as assistant director. But Foege made his name through CDC work in health research, especially in the successful fight to eradicate smallpox.

He is credited with developing the strategy that wiped out the once-dreaded disease — a program of surveillance, immunization and containment in areas where smallpox broke out.

Associated Press
MILK DEMOCRATIC CLUB DENIES ALICE CHARGES

By Carole Migden, President, Harvey Milk Gay Democratic Club

A recent series of articles and statements, some of which veer curiously toward the hysterical, accuse the Milk Club of "exploiting" the AIDS crisis for political gain.

The drumbeat of accusations originating from the current president of another political club are themselves, of course, an obvious political exploitation of the A.I.D.S. crisis. Normally they would best be left ununanswered.

But to be accused of making political use of the horror and suffering caused by AIDS is a cruel as well as a vicious accusation, particularly when it is leveled against a club which has been the leadership of major efforts on almost every level of community response to this epidemic. It is doubly so when deliberate distortions and outright lies are used to slander individuals with ties to this club, people who have worked courageously to save gay people's lives — especially when these distortions and lies can only have the effect of making it more difficult for them to do so.

It would be as pointless to respond to each of the accusations as it was several decades ago to answer an earlier group of McCarthyites who used similar tactics. I want to emphasize that I have no criticism of those who raise questions about the performance of duties by gay or non-gay leaders. We have a right to ask such questions, in fact, in the face of a deadly epidemic we have a duty to our community to make certain that every person is doing all that is possible to do. But the tactics being used here do not involve such questioning; they consist of broad and often patently untrue charges. Flung not only at individuals but also at this club.

The Harvey Milk Gay Democratic Club, or our AIDS Committee, has never attacked another gay person or organization on the subject of AIDS. Nor, as its president, have I. We have not done so because we believe that this terrible crisis is no time to pursue petty organizational rivalries and further divide our community.

Also, anyone who has bothered to pay the slightest attention would know, we have never called for the closing of the baths. Most of us, I suspect, strongly oppose doing so. This particular red herring, so demonstrably false, indicates that those who continue to repeat this charge must know that the accusation is false.

The Milk Club, and most of its leaders, has argued for greater community education about AIDS — to give gay people the knowledge to make the decisions which might save their lives.

Despite the cries that we were homophobic or that there was no "proof" that AIDS is sexually transmissible, we are delighted to talk frankly about the need to change our lifestyles in order to save our lives. Subsequent events have proven us right, and now what was courageous at that time is taken for granted by most people. (And of course those attacking us now are the same people who did so then, and their attacks then were against the same club members whom they attack now for different reasons.)

The Milk Club followed up on this by continuing to act on what we saw as our responsibility — everyone's responsibility — to educate one another.

Although we are not a wealthy club with thousands of dollars tucked away in a bank account, we raised thousands of dollars to get out a message we thought needed to be said. We wrote and had printed more than 30,000 copies of "AIDS Talk," an AIDS brochure which has been universally praised as among the best pieces done so far by anyone about AIDS. Seeing our responsibility to gay people beyond this city, we are sending this brochure to gay people in cities around the country.

Our Milk Club AIDS Committee, chaired by Catherine Caspar, and Mark Virga, has directed this work. Milk Club leaders have in recent months distributed other AIDS literature and worked in other ways on this crisis. At the moment we are planning a major club fund- raiser for the national AIDS Lobby.

Harry Brit has initiated the process of getting most of our AIDS funding in San Francisco, from the original grant for the AIDS KS Foundation to the recent S2.1 million added by the Board of Supervisors.

Anyone has the right to challenge Supervisor Brit or anyone else for the job he is doing, but to scurrilously accuse him of masterminding a "plot" to "get" Pat Norman for running against him is another matter. In this bizarre whispering campaign this incumbent, twice-elected Supervisor is said to have arranged for a statewide publication, California Magazine, to do his bidding. This charge is absurd on its face, particularly in view of the magazine's unfavorable treatment of Brit himself. To make the absurd scenario plausible it requires branding Randy Shilts, a Chronicle reporter, as a Milk Club "lieutenant" despite the fact that Shilts has never been a member and has in fact frequently criticized the club. (Anyone interested in pursuing Shilts' alleged subservience to the Milk Club or Harry Brit might try re-reading the last chapter of his book.) Meanwhile any legitimate attempt to analyze Pat Norman's record in doing her job is automatically dismissed as Brit propaganda.

Likewise, Bill Kraus' record of AIDS work has been attacked despite the fact that he has been almost universally acknowledged to have been our city's most effective gay advocate in getting the federal AIDS research money which is ultimately the only way that AIDS will ever be conquered.

His role as a deeply caring and effective advocate for the gay community has been cited recently by none less than San Francisco's two Representatives in Congress, Barbara Boxer and Sala Burton. He was also one of the first to speak out about the need to modify our lifestyle to protect us from the AIDS epidemic.

For this Bill has been subjected to a campaign of name-calling, distortion, and outright lies by the president of another gay club. For some, apparently, the need for scapegoats in the rivalry between clubs is more important than this man's ability to work on the front lines to help save gay people's lives.

Have we not had enough of wearing ourselves out against inter-club rivalry so important that it cannot be laid aside even in the midst of this terrible crisis?

To repeat something I said earlier: The Milk Club has never attacked anyone on the issue of AIDS.

We believe AIDS is not a matter which ought to be used to foment inter-club divisions or to promote anyone's political career. This is a position which I believe is shared by our community and by the great majority of members of all political clubs.

I intend this to be the last I will write about this issue. The Milk Club, at least, will not contribute to a continuation of these divisive and counter-productive tactics.

The Milk Club intends to maintain this position. We invite others — in the name of common decency — to stop this fratricidal war of words and join in getting on with doing what is necessary to end this terrible epidemic.

We have never called for closing of the baths.

I repeat this list of accomplishments not out of a desire for club self-aggrandizement, but to show that the road we have taken is one of accepting political and social responsibility for dealing with the horrible reality of this disease — not on pursuing petty and narrow battles with rival political clubs.

Furthermore, we view one of the major responsibilities of a lesbian/gay political organization in protecting our community from AIDS to be supporting the gay leaders whose work has been critical to getting our people the things we need. Two of these leaders, Supervisor Harry Brit and Bill Kraus, aide to Sala Burton, are former presidents of this club — and thus have also come under attack.

The almost unbelievable recklessness and irresponsibility of repeating false and slanderous charges against these two major figures in the fight against AIDS can only lessen their ability to help our community get the resources it needs to fight AIDS.

...to be accused of making political use of the horror and suffering caused by A.I.D.S. is a vicious accusation.

--Harry Brit
HARVEY MILK CLUB EXPLOITS A.I.D.S. CRISIS

By Randy Stallings
President, Alice B. Toklas Memorial Democratic Club

I guess it had to happen. Sooner or later the horrible A.I.D.S. epidemic was bound to be exploited by some cynical politician or group. It has happened with a vengeance.

A magazine called California, which normally peddles the latest swimwear trends from Santa Monica, decided to try to sell more magazines by trying its hand at muckraking. A.I.D.S. was the perfect topic. Because people are so frightened of this health crisis and because many heterosexual readers are ill-informed about the Gay community in general and A.I.D.S. in particular, the magazine was able to present an “expose” riddled with lies and distortions and have it accepted as fact.

The authors, Peter Collier and David Horowitz, spent just two weeks doing research. Horowitz visited a San Francisco Gay bathhouse for a few hours one evening. And finally, they interviewed a few political hacks with partisan axes to grind. As a result, they accused virtually the entire Gay community of “denying” A.I.D.S. They further accused most of San Francisco’s political and medical establishment (except for the Harvey Milk Gay Democratic Club — the source of most of their accusations) of “suppressing” information about the prevailing theory that A.I.D.S. is sexually transmitted. Supposedly, the Mayor, the Department of Public Health, the A.I.D.S. K.S. Foundation, the Alice B. Toklas Democratic Club, the Stonewall Gay Democratic Club, the U.C. Medical Center Department of Epidemiology and the Lesbian Gay Parade Committee all managed to keep information about A.I.D.S. a “dirty little secret.” This was allegedly done to protect the Gay image and to protect Gay business. Meanwhile, they portrayed people with A.I.D.S. as wandering about the darkest recesses of San Francisco sex clubs, wantonly infecting all they came in contact with.

Because of this homophobic garbage, people with A.I.D.S. who marched in this year’s Lesbian/Gay Parade in San Francisco had to be protected by anti-sniper police patrols after death threats were received by the Shanti Project (an organization that counsels the gravely ill and the bereaved). Organizations like the A.I.D.S./K.S. Foundation had to divert precious time and resources to protect their reputation against the lies. Enemies of our community were given further ammunition with which to attack us. Responsible Gay leaders who have been insisting on accurate information being distributed and who are concerned about unwarranted and dangerous hysteria have been labelled, in the words of one Harvey Milk Club officer, as “homicidal” and “criminal negligence.” And, most tragically, people with A.I.D.S. have been further branded as untouchables and as sexually irresponsible at a time in their lives when they most need love and support.

They portrayed people with A.I.D.S. as wandering about the darkest recesses of S.F. sex clubs wantonly infecting everyone...""

""We will continue to hold in contempt anyone, gay or straight, who dares exploit the nightmare of A.I.D.S...."

running for the S.F. Board of Supervisors at the same time as the leader of the Milk Club, Harry Britt. So, to destroy any potential competition from a lesbian, three Milk Club hit-pers ons concocted an elaborate series of lies to destroy her reputation.

It is also necessary to understand that while the Milk Club supported the recall of Mayor Feinstein in the recent election, 70% of the Lesbian/Gay community, including the Alice B. Toklas Club, took the position that the recall was unwarranted. So the Milk Club is exploiting this health crisis to “get even” with Toklas. The Mayor and others they do not control. In effect, they have lined themselves up with the Moral Majority just to make a little partisan political mischief. They accuse the rest of us of suppressing information on A.I.D.S. in the vain hope of looking like the only ones who are “brave” enough to tell the Gay community the “unknown” truth: A.I.D.S. could well be sexually transmitted.

My club, Alice B. Toklas, has often been accused of fighting with the Milk Club. It is true that over the years we have been forced to defend ourselves on occasion when they attack us. It is also true that we have often remained silent for the sake of an image of Gay unity in the face of their never-ending attempts at total dominance of the Lesbian/Gay political scene. But this time they have sunk to new depths. In their fervor to destroy anyone who does not blindly obey their dictates, they have seriously damaged the community that they purport to serve. Because of their actions, we all suffer, especially our brothers with A.I.D.S. who are already suffering from massive public misunderstanding and panic.

The Alice B. Toklas Club and the other groups so carefully indicted for “criminal negligence” by this self-righteous little group will continue to work for non-hysterical, accurate and supportive information about A.I.D.S. We will continue to be proud of our community, our sexuality and our courageous friends who are sick with A.I.D.S. We will continue to encourage Mayor Feinstein in her role as this nation’s foremost elected official battling this epidemic. We will press for more and more funding, more patient services, more non-hysterical information and more understanding of this crisis. And we will continue to hold in contempt anyone, Gay or straight, who dares exploit the nightmare of A.I.D.S. for their own narrow political purposes.
About 2000 longshoremen shut down bay shipping briefly in a dispute over a cargo ship in Richmond. Page 2.

New rules were issued for the more than 800 anti-nuclear protesters who remain in Santa Rita jail. Page 2.

Atari Inc. is quietly laying off 1000 white-collar workers, 20 percent of its workforce in Santa Clara County. Page 49.

Another long winter and short spring have caused black bears in California to become more aggressive. Page 3.

Slow printing presses and political differences slowed down the already crawling state budget process. Page 6.

Gas prices in Northern California and Nevada went up an additional nickel a gallon in June. Page 4.

An NFL attorney testified that an Oakland takeover of the Raiders would not clash with the league constitution. Page 5.

The Colorado River burst through a crumbling dike as the river surged to its highest levels on record. Page 20.

Politicians receive an amazing array of gifts from foreign governments and diplomats. Page 14.

A report for the White House Science Office says action should be taken immediately to curb acid rain. Page 6.

A compromise on military aid to El Salvador threatens to unravel due to a legislative veto provision. Page 8.

The pope reportedly told Lech Walesa that martial law could end in September if Solidarity protest ceased. Page 12.

"Maybe we are all crazy," balloonist Maxie Anderson, killed yesterday, once said, "but someone must do this." Page 10.

After 15 years of talks, the U.S. will pay Marshall Islands residents $183.7 million for nuclear weapons tests. Page 10.

Two Soviet cosmonauts went into space on a 20 million-horsepower rocket in pursuit of Salyut-7. Page 12.

Weather

Bay Area: Coastal clouds morning and night Tuesday, afternoon sun. Highs to mid 70s; lows, mid 50s. Westerly winds 15 to 35 mph. Page 20.

The Largest Daily Circulation in Northern California
The Hysteria Surrounding AIDS

By Erica Goode

Four city gardeners, afraid they might contract AIDS, stepped into disposable paper suits and tied on surgical masks yesterday morning before they picked up trash from Sunday's Gay Freedom Day parade.

The incident was the latest in a series that has led experts on mass behavior to see the hysteria surrounding AIDS as an epidemic in itself — feeding on rumors, fear, prejudice and the uncertainty surrounding the disease's cause.

A San Francisco Health Department doctor said the gardeners were under no risk of contracting acquired immune deficiency syndrome.

Sociologists and anthropologists who study the reactions of the public said yesterday the public is reacting with fear to AIDS because the ailment embodies an unprecedented convergence of an outbreak within a group — the gay community — which is already socially stigmatized.

"The fear of contact with a pariah group is widespread anyway," said Alan Dundes, an anthropologist at the University of California at Berkeley.

"In terms of so-called macho types, there might already be the fear that homosexuality is catching. The AIDS situation then gives them a medical rational for their fear, saying that these people really could be dangerous."

Any mysterious disease outbreak, Dundes and other experts believed, has been in power for the past two decades.

However, political commentators said there could be protracted negotiations on forming a new administration, Italy's 44th since World War II, with the minor parties demanding a larger share of cabinet seats and a bigger say in policy-making.

With all of the vote counted for the Chamber of Deputies, the lower house of parliament, the Christian Democrats had 32.9 percent and the Communists had 29.9 percent. In 1979, the Christian Democrats had...
The Hysteria Over AIDS — It's Now a Second Epidemic

From Page 1

said, creates a climate that is ideal for rumor transmission.

“One of the things that increases rumor is a flow of anxiety. The more the fear of a disease, the more the rumors flourish because people need to articulate and express their fears. People believe what they want to believe and one of the ways they buttress their beliefs is by embroidering the facts.

Juries, roommates and television technicians have refused to be in the same room with AIDS patients, landlords have evicted tenants with AIDS. Some nurses, who routinely treat patients with every thing from Legionnaires’ disease to rabies, have refused to offer their services to those dying of AIDS.

Sociologist Dane Archer at the University of California at Santa Cruz said the uncertainty of scientists has added to public fear.

“This kind of hysteria flourishes where scientific explanations either haven’t been advanced or are incomplete,” Archer said. “When this fear epidemic began, the epidemiologists initially threw up their hands. That creates a condition in which collective behavior, rumors, etc., can flourish. There’s ambiguity, and the absence of rational authoritative explanations.”

Archer said the fact that public officials — ambulance drivers and police officers — expressed concern about dealing with AIDS patients fueled peoples’ fears.

“The average person is very influenced by the fears of authority,” he said. “And what the authority did in this case was to legitimate this type of hysteria.”

Describing a disease in scientific terms that are not clearly understood by the public at large can also increase unwarranted fear.

“They’ve been saying that AIDS is a virus,” said Thomas Pettigrew, a UC sociologist and expert on prejudice. “People think of a virus as something that flies through the air, as in colds and bronchial stuff. People in general know pitifully little about health.

“In this case you’re dealing with a very hazy set of categories that are not well bounded. We do know about diseases that you can pick up casually, and so our ideas of what they are and where that stops are unclear.”

Pettigrew said the fact that AIDS has primarily occurred in the gay population, instead of simply reassuring people — as it should — that they are less susceptible, “seems to enforce what they thought anyway about gays. People can say they got what they deserve, or if they’d just straighten up and fly right they would be all right.”

Prejudice, Pettigrew said, is often accompanied by mistaken beliefs about the stigmatized group. In the South, for example, there was tremendous resistance to building swimming pools where both blacks and whites could swim, he said.

“If you pressed people on this, the theory turned out to be that blacks were diseased. If you pressed people on what the disease was, they would say syphilis. Now, indeed, the syphilis rates for blacks at the time were higher than for whites — but they certainly weren’t going to get syphilis in the swimming pool,” Pettigrew said.

Meanwhile, scientists and public health officials can only reassure the public, hoping the furor will die down.

“These kinds of fears usually flourish early in an event,” said Archer. “What happens later, one hopes, is that scientific, rational explanations erode the fears.”

Dr. Selma Dritz, the San Francisco Health Department’s specialist in disease control, said, “you get infected when you get the virus from semen or blood from an AIDS patient, and it goes into your own blood supply though a break in your skin.

“Even doctors and nurses who have worked without precautions with AIDS patients for two years have not come down with it, using instruments and needles with some of the sickest patients. Why should a man worry about picking it up from garbage in the street?”

Dritz, who finds herself increasingly in the position of chief assuager of fears, said with a sigh, “All we can do is keep repeating the facts. Some people are listening, and are cooling off, and others have a stone wall there and don’t want to be convinced.”

The four gardeners who donned protective suits for their cleanup job in Civic Center will not be doing it again, according to Recreation and Parks director Tom Malloy.

“It is not a department policy and it should not have been done. It was an anxious overreaction, stemming from ignorance, and it could contribute to an atmosphere of hysteria.”
There have been numerous instances: let's just take two. In San Jose, two registered nurses resigned from the Valley Medical Center rather than treat a patient suspected of having Acquired Immune Deficiency Syndrome (AIDS). One nurse was quoted as saying, "I think most nurses would agree. There really isn't anyone who wants to go into the room.

Less than a week later, technicians at KGO-TV in San Francisco refused to work on the phone lines if AIDS sufferers and, then balked at sitting at a computer terminal if AIDS patients were allowed in the studio. They were forced to sit in an adjoining room and be interviewed over the telephone.

This is witchcraft, friends, pure and simple; 11th-century superstition in a particularly nasty 20th-century form. The problem in these cases is not the disease, which is dreadful and tragic but still just a disease; the issue is the surrounding socio-logical-magical implications.

The reasoning goes something like this: Bad people get AIDS; bad people transmit it. It's the wrath of God. AIDS is employed as a reason for ostracism, as unstoppable as sin, of which it is (most probably) the wages.

ETS CONSIDER AIDS just as a medical ailment, then perhaps few think that AIDS is a disease of the blood, and the mechanism of transmission is something to do with sexual intimacy or unclean needles or genetic predisposition or some as yet unknown permutation of the above.

It follows, then, that AIDS is not a disease which is easily transmitted, it's not like the common cold, or even measles. If it were, then the expectation of infection among the general population would be much higher. Which means that you can't get it from shaking hands—or any other physical contact, touching a lavaliere made to someone's lapel.

One can, with fairness, speculate about the other reasons AIDS is so feared by the public, nurses and technicians in question. Do they, for instance, immediately leave a room when a cigarette is lit? Do they even think of AIDS, or homosexuality, driven by someone who has consumed alcoholic fluids? Have they been a thorough investigation into the presence of asbestos in their workplace?

All of these situations are known to be life-threatening diseases. All of these situations indicate that AIDS is precisely the opposite situation—that no harm will accrue to anyone who makes merely casual contact with an AIDS sufferer, any more than a person who chats with a malarial victim will be subsequently stricken with chills and fever.

So what's the problem? I think it's obvious. To use the current, although etymologically inaccurate, nomenclature: homophobia, defined at the moment as an unreasonable fear of homosexuals. The word is a school of medical analysis. People who feel hostile toward gays now have an official, documented way of an- noying them without being called homosexuals.

Like many people who live outside the gay community, there's a lot I don't understand about AIDS. Maybe that's just as well. I think I did understand it. But this blossoming ostracism of gays on the basis of this sad malady is entirely reprehensible. I doubt if anyone benefits from it, whether it is to the unfortunate sufferers of leprosy (another disease not transmitted) or the millions who have been treated cruelly in their illnesses became identified with God's curse.

What is happening now is that we are begin- ning to deny solace and comfort to the victims of terrible illnesses at precisely the time when these sufferers need our acceptance most.

The reason that Samaritan was "good" is that he had an unreasonable dislike for the Jew who had been beaten by thieves and left to die on the road to Jericho, but the Samaritan nevertheless bound his wounds, and took him to an inn, and there cared for him.
Rosette: a new clue to deadly AIDS

Odd-shaped cell forms tied to mysterious immune disease that kills gay men

BOSTON (UPI) — Strange rosette-shaped structures found in the cells of people with Acquired Immune Deficiency Syndrome will provide a "starting point" for finding the cause of the deadly disease, the cases of which have doubled every six months, a study said today.

Federal scientists using electronic microscopes discovered the structures in lymph node cells of men with AIDS, and in homosexuals with enlarged lymph nodes common in the early stages of the syndrome.

The structures may help doctors diagnose AIDS, an immune system breakdown accompanied by an array of rare diseases and infections that has a 38 percent death rate, said the study in the New England Journal of Medicine.

"If it turns out to be a specific agent then it may be useful in the diagnosis of AIDS," said Dr. Edwin P. Ewing Jr. of the Centers for Disease Control in Atlanta.

"It does not look like any infectious agent we've seen before, and it may be associated with the cause of the disease," he said.

Ewing cautioned that the work is preliminary and did not explain the relationship between the rosettes and the lymph node disease.

"We don't know what it is and we don't know what it means, but we hope other researchers will investigate it," said Ewing.

"It's another lead to follow, a starting point."

AIDS, believed to be caused by a virus passed through blood and semen, has primarily been found in homosexual men, Haitians, drug addicts and hemophiliacs who have received tainted blood transfusions.

The structures, called vesicular rosettes because of their shape, "could be a manifestation of a viral infection," researchers wrote.

Four new cases of AIDS are reported in the United States every day, with a total of 1,279 cases, said Larry Zyla, a spokesman for...

— See back page, col. 5
A hard look/ AIDS makes gay donors unwelcome at blood banks

By Richard Saltus
Examiner science writer

"BLOOD WANTED: Gay men need not apply."

This, in effect, is the new policy of some blood plasma collection centers and the National Hemophilia Foundation in a move that gay activists say recalls the internment of Japanese-Americans during World War II.

Alpha Therapeutics Corp., which buys blood plasma at centers in many cities, this month began requiring prospective blood donors to sign a statement that they are not male homosexuals, Haitians or needle-using drug abusers.

And this week, the National Hemophilia Foundation said that these groups should be barred from giving blood used to make a clotting factor for patients with bleeding disorders.

The actions stem from the suspicion that blood and blood products may transmit AIDS. Acquired immune deficiency syndrome is the epidemic disease of unknown cause that has struck nearly 600 people nationwide. The disease is often fatal.

The illness erodes the body's defenses against a wide range of devastating infections and cancers.

Gay men make up about three-fourths of AIDS patients, but Haitians and intravenous drug abusers also appear to be at high risk of contracting — and therefore transmitting — AIDS.

The new policies confirm fears among many gays that they are being singled out and blamed as a group for a disease which, although it appeared first among male homosexuals, is by no means limited to them.

Even among homosexuals, only certain individuals — primarily those with large numbers of different sex partners and those who use drugs in excess — are considered to be at unusually high risk.

The recommendation of the Hemophila Foundation said that these groups should be barred from giving blood used to make a clotting factor for patients with bleeding disorders.
Bar gay men from blood banks, foundation asks

NEW YORK (AP) — Noting that many victims of the mysterious acquired immune deficiency syndrome are homosexual men, the National Hemophilia Foundation has called for "serious efforts" to bar gay men as blood donors.

The foundation also recommended an end to blood collecting in areas where homosexuals live.

In a statement released last night, the foundation recommended that manufacturers of blood products used by hemophiliacs stop using plasma "obtained from donor centers that draw from population groups in which there is significant AIDS incidence."

"A great deal could be be achieved by excluding donors from the ‘hot spots,'" the foundation said.

Several blood groups, including the American Red Cross, the American Association of Blood Banks and the Council of Community Blood Centers, have announced their blood banks would neither ask donors if they were homosexual nor exclude them because of it.

But Gilbert Clark, executive director of the association, said "We are asking (blood) recruiters to avoid specific recruitment of groups at high risk of AIDS," including homosexual men, Haitians and drug addicts.

Although he said this rule clearly would preclude collecting blood at a homosexual organization, he would not say if any businesses or geographic areas would be avoided.

That, he said, was a matter for local association officials to decide.

Between them, the three organizations collect 95 percent of all voluntarily donated blood.

The Hemophilia Foundation's opinion counts strongly among the manufacturers of the expensive blood products used to treat hemophilia. These manufacturers usually pay blood donors, but some of their plasma comes from non-profit blood banks.

Klan involved in effort to ban books from Michigan library

THREE RIVERS, Mich. (UPD) — A mother-and-son minister team and a Ku Klux Klan leader united here to rid the public library of books they say favor homosexuality — including "Our Bodies, Ourselves," a popular women's health book.


Emery, 28, of South Bend, said he is the King Kleagle of the Realm of Indians of the National Knights of the Ku Klux Klan.

Emery said he and the Varners are concerned with the "corruption of the young children here in Three Rivers and all over the United States."

Varner says he is a "friend of the Klan" but refuses to say if he is a member. Varner is trying to organize a chapter of the National Association for the Advancement of White People to act as the antithesis to the NAACP.

The books targeted by the Varners and Emery are "The Lord Won't Mind" by Gordon Merrick; "The Front Runner" by Patricia Nell Warren; and "Our Bodies, Ourselves" printed by the Boston Women's Health Collective.

However, librarian Janet Wehrung said two of the books have been stolen from the library since the controversy began, leaving only "Our Bodies, Ourselves."

The book is written from a feminist perspective and contains information about preventative medicine, free health clinics and self-examinations.

The library board had twice refused to ban the books since May.

Wehrung said she has been called a communist and a homosexual sympathizer because of her membership in the American Library Association.

Varner claims the ALA is engaged in a secret campaign to stock library shelves with pro-homosexual materials and undermine the family.

New container law a Mass. problem

BOSTON (AP) — Gov. Michael S. Dukakis says the state will investigate whether retailers are raising prices illegally now that the state's container-deposit law has taken effect.

There were about 100 telephone calls to the state attorney general's office yesterday, the day the law went into effect, most with complaints of higher prices. Some store owners also cited an increased workload.
AIDS Is Now a Global Peril, World Health Group Reports

By Robert Glass
Associated Press

London

AIDS, the baffling syndrome that has killed more than 1000 people in the United States, has appeared in 32 other countries and now poses a global health threat, medical experts say.

Western Europe, the worst hit region outside North America, accounts for 10 percent of all acquired immune deficiency syndrome cases, the number of victims having doubled this year, according to the World Health Organization.

More than 3000 cases of AIDS have been reported worldwide, and recent evidence suggests the crippling and often-fatal malady is much more widespread in central and western Africa than was previously thought.

"AIDS is now being found a little bit everywhere and can no longer be considered a uniquely American problem," said Dr. Jean-Baptiste Brunet of the French Health Ministry.

Because AIDS has a lag time of one to three years between onset and diagnosis, health experts believe the ailment is at the same stage in Western Europe that it was in the United States two years ago.

"In the absence of control measures yet to be discovered, we could have an outbreak equal in size to the United States," Dr. Peter Ebbesen of Denmark's Institute of Cancer Research wrote recently in the British Medical Journal.

AIDS was first diagnosed in 1981 after an alarming outbreak of unexplained sickness among homosexual men in New York, San Francisco and Los Angeles.

The ailment breaks down the body's natural immune system, making its victims vulnerable to almost any infection that comes along. It can also cause a rare form of skin cancer known as Kaposi's sarcoma. Its cause remains a mystery, although a virus is universally suspected, and there is no known cure.

As of November 21, the Centers for Disease Control in Atlanta, Ga., had registered 2003 cases of AIDS in the United States since 1979, including 1146 deaths—a fatality rate of 41 percent.

The highest risk groups are male homosexuals, 71 percent of all cases; intravenous drug abusers, 17 percent; Haitians, 5 percent, and heterosexuals, less than 1 percent.

"European investigators have reported that the same groups are at risk," Ebbesen, a leading AIDS researcher, wrote in the British Medical Journal.

In the first coordinated attempt to assess the global impact of the disease, 20 scientists involved in AIDS research got together in November at the headquarters of the World Health Organization in Geneva, Switzerland.

They reported that there have been 297 confirmed cases of AIDS in Europe since 1979, including 164 cases, or 56 percent of the total, that were diagnosed between January and October of this year.

Only two cases have been reported in Eastern Europe, both in Czechoslovakia, but medical records are not as open in the Soviet bloc as they are in the West.

WHO reported that 250 cases of AIDS have been reported among developing countries in Africa and the Caribbean, including 202 in Haiti.

Dr. Walter Dowdle of the Atlantic centers, who chaired the WHO meeting, said in a press statement that scientists have not yet identified how the disease is being transmitted in developing countries. One theory, however, is that poor sterilization techniques in some hospitals may have contributed to its spread.

Dowdle said the number of AIDS cases in Africa, including Zaire, Congo, Mali, Gabon, Rwanda and neighboring countries, remains too small to be an accurate representation of its spread.

Israel and several countries in Asia, including Zaire, Congo, Mali, Gabon, Rwanda and neighboring countries, remains too small to be an accurate representation of its spread.

Dr. Dan Michaeli, director of the Tel Aviv Medical Center, said in an interview that homosexuals in Israel were most likely to have numerous sexual partners. Homosexuality is not as accepted in Israel as in the United States, and there are virtually no gay bars.

Australia has reported four cases of AIDS, Japan, the only Asian country where AIDS has been reported, had two cases. Canada has reported 56 AIDS cases.

WHO gave no statistics on fatalities, but an informal survey by the Associated Press showed there have been at least 86 deaths in nine West European countries: France (41), Belgium (21), West Germany (12), Britain (12), Denmark (7), Spain (3), Sweden (2), Norway (2) and the Netherlands (2).

France has been hardest hit of European nations, with 44 confirmed cases, followed by West Germany with 45 and Belgium with 38.

In the December 10 issue of The Lancet, the authoritative British medical magazine, doctors at West Germany's federal AIDS working group in Berlin reported that clusters of AIDS cases have been identified in Munich, Frankfurt and Berlin.

"These data indicate ... that the epidemic is now spreading within the German homosexual community," the doctors said.

By the end of 1982, there had been only 67 AIDS cases reported in all of Western Europe, and the two-fold increase since then has prompted intense research—and some alarm.

France, and several other European countries have taken steps to reduce dependence on U.S. blood products, and several governments have asked homosexuals and drug addicts to refrain from giving blood.
SAN FRANCISCO — Local researchers investigating Acquired Immune Deficiency Syndrome, the deadly disease primarily striking homosexual men, are being urged by two members of the Board of Supervisors to submit their funding needs to the city.

In light of limited federal funding for AIDS research, Supervisors Harry Britt and John Molinari pledged Monday to try to find city money to pay for local research and counseling projects. The board, meanwhile, approved a resolution urging the federal government to allocate more funds for national research.

About 900 people, mostly homosexual men, have been stricken with AIDS in the past two years and about 340 have died. Of the 150 victims in San Francisco, about 40 have died. "The AIDS epidemic is one of the most serious public health problems ever to hit San Francisco," Molinari said. "The city has an absolute obligation to respond with all the resources at its disposal to see that AIDS patients are cared for and this threat is ended."

Last year, the board approved supplemental appropriations of $180,000 for AIDS research in 1982-83 and another $270,000 for 1983-84. The money was divided between the Department of Public Health and various organizations that are researching the disease or caring for its victims.

Federal funds for AIDS research totaled less than $2 million last year. The money was given to the U.S. Centers for Disease Control in Atlanta and has been spent already.

"The sharp increase in numbers of people with AIDS disease, the increased need of the community for information about ways to respond to avoid risk, and the development of research plans demand this effort to get more money," Britt said. "The longer we wait, the more people we will see affected by this disease."

AIDS victims inexplicably suffer a breakdown in their immune systems that makes them susceptible to virulent infections and cancers, in particular a deadly skin cancer called Kaposi's sarcoma.

Researchers across the country, especially in New York, San Francisco and Los Angeles, where the most number of cases have been reported, are trying to determine the cause of AIDS and develop a possible cure for it. None have been found.
Scary U.S. Warning About AIDS Epidemic

By Randy Shilts

The head of the federal medical effort against AIDS told a San Francisco symposium yesterday that the gay community should brace itself for a deadly AIDS epidemic that will last "through this decade."

Dr. James Curran, director of the AIDS Task Force of the federal Centers for Disease Control, said the reported cases of acquired immune deficiency syndrome are probably only the "tip of the iceberg."

"This clearly is one of the most devastating epidemics to hit a specific sub-group in the history of industrialized society," Curran told 120 local doctors at a symposium on AIDS sponsored by the Bay Area Physicians for Human Rights.

"We shouldn't think of this as a crisis -- we should think about this as planning for the rest of the decade," said Curran, who coordinates the national AIDS effort out of the CDC headquarters in Atlanta.

The disease's long incubation period will frustrate efforts to halt its spread even after its now-elusive cause and cure are discovered, said Curran.

Because the incubation period gives victims a long time to transmit AIDS to sexual partners, Curran thinks the 1642 known AIDS victims in the country may be only 5 percent of the people who have been exposed to the still-unknown element behind the illness.

It also is possible that not everybody who is exposed to AIDS actually gets the fatal syndrome, Curran said. He pointed to past epidemics when many people came down with a malady, but it turned out that they represented only a fraction of the people exposed to the causative agent.

Despite the growing incidence among gay men, however, AIDS does not appear to be making any entry into the nation's general population, Curran said. Yet he warned that gays would have to cope with the disorder for years to come.

Gay Parade, Celebration Tomorrow

The Lesbian/Gay Freedom Day Parade and Celebration is scheduled to begin at 11 a.m. tomorrow with a parade up Market Street to Civic Center Plaza opposite City Hall.

Organizers of the event predict that more than 300,000 people will attend the seven-hour celebration, which has been dedicated to people who have died or who are suffering from acquired immune deficiency syndrome (AIDS).

The parade will start at Spear and Market streets, move up Market to Seventh Street, and then across United Nations Plaza to Civic Center Plaza.

Entertainers and speakers will be on stage from about 12:30 p.m. to 6 p.m. opposite City Hall.

"Even if a vaccine were developed today, it (AIDS) won't go away for a long time because of the induction period," he said. "Everyone in San Francisco could become monogamous tomorrow and the cases could increase" because of cases now in incubation.

Curran advised the doctors, many of whom have large gay clienteles, to press for self-prevention of the disease, through elimination of multiple sexual contacts in the gay community, because no miracle cure appears around the corner.

As of yesterday, 270 Bay Area men have contracted AIDS, 216 of whom live in San Francisco, and 83 have died, according to figures from the San Francisco Department of Public Health.

Nationally, 641 deaths had been reported to federal authorities as of Wednesday.
Gays Taking Precautions

New Hope on AIDS

By David Perlman
Science Editor

San Francisco Health Director Dr. Mervyn Silverman reported yesterday that the toll of AIDS diseases in the Bay Area continues to rise steeply — but that recent changes in the sex practices of men at highest risk may offer at least some hope that the epidemic will begin to taper off before long.

In an updated report on the acquired immune deficiency syndrome, Silverman estimated that Bay Area AIDS cases since the first patient was diagnosed in 1980 will reach a total of 457 by the end of this year, and the local death toll will reach 148.

By far the majority of the cases have been discovered in San Francisco, Silverman said, and 80 percent of them involve gay or bisexual men.

The number of reported AIDS cases was doubling every six months when AIDS first emerged four years ago, Silverman’s figures showed, and the rate has climbed far more rapidly in subsequent years.

The city is now spending $5 million a year, Silverman said, on AIDS medical care, epidemiology, housing, nursing, hospice care and education.

But there are at least two hopeful signs, Silverman noted.

He said there is evidence that sexual behavior patterns are changing in the gay community. Attendance at bathhouses is down. Bathhouse owners are cooperating with the Health Department and community groups in warning their customers about the risk of AIDS from anonymous sex. And educational campaigns are pursuing gay men to avoid the most dangerous sex practices that once were widespread.

Silverman said there has been a “dramatic” decrease in reported cases of gonorrhea throughout the city — both urethral and rectal. The incidence of both these major sexually transmitted diseases has dropped by about half in the past year, he said, and this can only mean people are being much more careful in their sexual activities.

Silverman said he hopes this decline in venereal disease will be followed by a marked decline in AIDS itself, but because the incubation period for AIDS is unknown — and may be anywhere from six months to three years — the future course of the epidemic is still highly uncertain.

“Safe sex” is the best preventive, Silverman said — which means using condoms in any sexual activity, avoiding activities that can injure rectal tissue, and confining sex to partners whose state of health is known. All these precautions, he said, seem to be more and more widespread.

“There seems to be a major lifestyle change in the gay community,” Silverman said, “and we can only hope it’s a lifelong, permanent change.”

Although scientists are no closer to understanding the cause of AIDS, and neither a cure nor a vaccine is in sight, it is clear that the lethal problem can only be transmitted by the exchange of contaminated body fluids such as blood or semen, Silverman said.

“This means that the general public still has nothing to fear from casual contact with people in high-risk groups or even from contact with AIDS patients,” Silverman said.

Although the cause and cure of AIDS are unknown, the diseases that follow its onset are all due to the destruction of the immune system in AIDS victims. That complex immune system involves specialized cells that the body mobilizes to fight off infections and invasions by foreign proteins, including transplanted tissues. With AIDS, as with transplant patients who are given drugs to suppress the immune system, the body becomes easy prey to infectious diseases.

The most common AIDS diseases are a cancer called Kaposi’s sarcoma and a form of pneumonia called Pneumocystis carinii pneumonia. Many AIDS victims also die of far more rare infections caused by germs and parasites that people with healthy immune systems shrug off easily. Although homosexual and bisexual men constitute by far the largest high-risk group for contracting AIDS, intravenous drug users who share contaminated needles are also at risk. Cases have also been reported among hemophiliacs who use a blood-clotting substance made from the pooled plasma of thousands of paid donors, and among Haitian immigrants.

Only two intravenous drug users have contracted AIDS in San Francisco, Silverman reported yesterday. AIDS occurs far more frequently in that group in New York. This is presumably because many heroin addicts in New York take their drugs in “shooting galleries” where as many as 20 to 30 people will use a single needle.

The federal Department of Health and Human Services announced yesterday it is awarding a $208,000 grant to New York City researchers for a study aimed at learning precisely why AIDS is so common among drug users there.

S.F. Sends Bill To Florida in AIDS Dispute

Dr. Mervyn Silverman, San Francisco’s health director, sent a bill for more than $6,000 to a Florida hospital yesterday for treatment given to a fatally ill AIDS patient whom the hospital flew here over the objections of San Francisco health authorities.

Silverman condemned the doctors at Shands Hospital in Gainesville, Fla., for showing “very, very poor clinical judgment” in sending the man to San Francisco while insisting that he needed only infrequent outpatient care.

The AIDS victim, 27-year-old Morgan McDonald, was sent from Florida aboard a chartered air ambulance on October 4. He died at San Francisco General Hospital 16 days later.

Silverman and Mayor Dianne Feinstein told Florida Governor Bob Graham at the time that they were appalled at the transfer and called it a “blatant case of dumping” a critically ill patient.

The hospital said McDonald was not seriously ill, but never explained why their doctors considered it necessary to fly him here on a special plane with a physician and a nurse in attendance.

Silverman sent the hospital a bill for $6,027.26 yesterday to cover the cost of his care here.

“The bill might have been much higher,” he said, “except that the patient was in such bad shape and his prognosis was so bad that we didn’t do any expensive tests because we knew they were unnecessary.”

Silverman said McDonald had been told by lawyers for the Florida hospital that he had no choice but to accept a transfer, even though the Florida institution was told at least three times by doctors at San Francisco General Hospital that they would not accept him.

Nevertheless, McDonald was flown here and taken to the AIDS/KS Foundation in San Francisco, where doctors immediately realized that he was wasting away.

Silverman said the important issue of the controversy is not the bill but “the lack of a sense of responsibility and the need for humane care of an individual.”

He said he wrote to hospital officials to protest their action on October 13 but never received a reply.
TERS TO THE EDITOR  CHRON. 7-9-83

have been murdered, wholesale.
Now the routed murderers and
their pitifully fanatic religious
slaves, camped under the wing of
the CIA in Pakistan, are praised in
the name of the star-spangled ban-
er, by Secretary of State George
Shultz, as freedom fighters.
Such is one more abominable
snow job, aimed at the minds and
hearts of you and me, as well as an
utterly cynical ploy for deals in
appeasement of Moslem dictators
everywhere, for regional U.S. pow-
er on the border of the Union of
Soviet Socialist Republics.
Obvious also is a futile business
calculation on trading the with-
drawal of rebel support between
hemispheres and social systems —
one staggering in world retreat, one
stumbling too, but forward.
Meanwhile, of course, the take-
home pay of Americans will contin-
ue to be cut to finance CIA assist-
ance to such noble “freedom” activ-
ities around the world.

DON STEVENS
Mill Valley

Falwell and AIDS

Editor — I cannot let “Falwell’s
Answer to Checking AIDS” (July 5)
go unanswered. It is obvious from
his comments that the good Rev.
Falwell suffer from a disease. It is
called bigotry.
His simplistic statement that it is
not homosexuals that he hates, just
their “perverted lifestyle”, makes
about as much sense as the Grand
Dragon of the KKK saying that it is
not blacks that he hates, only the
color of their skin and their cultural
heritage he cannot tolerate.
Falwell suggests legal restraints
against gay people and the closure
of certain establishments frequented
by them. I would suggest that the
principles of freedom that this great
country was founded on would
better be served by requiring the
registration of those who would
pervert the word of the Bible to
their own bigoted ends and the
closure of those pulpits used to
spread this particularly venomous
brand of hatred. I support freedom
of religion. I support freedom of
speech. I cannot support the misuse
of these freedoms to spread bigotry
and hatred.

R. HUMPHREY
Sacramento

Take a Poll

Editor — If President Reagan
would like to upgrade his chances
of getting re-elected, let him pro-
pose that a substantial part of his
defense budget be used for the
installation of burglar bars and
alarms on the homes of Americans
who can’t afford them. Defense
money should be spent where it
does the most good.
If a poll were to be taken, it
would verify my contention, I’m
sure, that far more Americans are
concerned over the possibility of
being burglarized than they are of
an invasion by the Soviet Union.

STUART OLIVER
Oakland

Housing Shortage

Editor — Your editorial June 27
about AB965 overlooked one ex-
tremely important fact: Construc-
Government scientists reported yesterday that laboratory tests indicate a substance produced by normal white blood cells may help combat acquired immune deficiency syndrome, improving AIDS victims' ability to withstand infection.

But officials cautioned that the tests of the substance, interleukin-2, have occurred only in test tubes and it is not yet known whether the treatments will help AIDS victims.

Dr. Edward Brandt, assistant secretary for health of the Department of Health and Human Services, said the laboratory study provides a basis for beginning clinical tests of interleukin-2 in AIDS patients.

Brandt cautioned against speculation that the tests may lead to a "quick cure" for AIDS but said the work may prove to be a step toward understanding how AIDS can be fought.

Interleukin-2, which is produced by normal lymphocytes — a type of white blood cell — is available in small quantities, Brandt said.

Scientists from the Food and Drug Administration and the National Institute of Health found interleukin-2 increased the infection-fighting activity of white blood cells taken from AIDS patients.

Scientists have found that AIDS patients tested at the National Institutes of Health Clinical Center have a deficiency in certain types of lymphocytes called natural killer, or NK, cells which normally destroy infected cells. AIDS patients studied also had serious deficiencies in another type of lymphocyte that helps kill specific virus infections.

In the study, white blood cells suffering from AIDS and lymphocytes out AIDS were incubated with interleukin-2.

Interleukin-2 enhanced the ability of lymphocytes from healthy subjects to fight scientists found.
Sutro Bath House on sale — AIDS scare

THE OWNER of the Sutro Bath House — which bills itself as one of The City’s few co-educational bathhouses — says he is selling his Folsom Street building because the AIDS crisis is hurting business.

Even though the Sutro specializes in entertaining straight couples, owner Bill Jones said fear of acquired immune deficiency syndrome — an incurable and usually fatal disease primarily striking gay men — has caused “business to drop sharply.”

He said he hopes any new buyer will lease a smaller portion of the building at 1015 Folsom St. back to Sutro.

Last week the Hothouse, one of San Francisco’s largest gay bathhouses, held a going-out-of-business sale — selling chains and other restraining...
AIDS Megabucks

Editor — A recent article (Open Forum, Sat., Oct. 1) reported that next year the federal government may finance AIDS research to the amount of $40 million. The doctor who wrote the article pointed out that if Washington financed cancer research to the same amount per patient that it will finance AIDS research, the government would be spending $300 billion, enough to easily refight World War II or make a good start on a nuclear holocaust.

I found it very sad and ironic that when AIDS was apparently confined to gays, Haitians, drug-users and other such Godless undesireables, there wasn’t a farthing to be found for research. Now, however, when AIDS may strike a white, straight, middle-class American, all these megabucks suddenly appear.

CHRIS ROHRS
Petaluma

10-5-83
Gay Bars to Cooperate With Health Dept.

By Randy Shiffs

San Francisco bath¬houses owners and repre¬sentatives of gay bars and businesses yesterday pledged their support for what the city's public health chief has called the most "intensive" public health campaign in recent city history.

The promises of cooperation with the city in posting warnings about the outbreak of AIDS came after a meeting with Dr. Mervyn Silverman, director of the city's Health Department.

"I'm very pleased at their active support," said Silverman.

"The campaign we're plan¬ning will not just cover bars and bathhouses, but will reach into businesses too — any place where people who are at risk congregate," he said.

Silverman said the cam¬paign will be focused within the gay community — where 90 to 95 percent of the Bay Area cases of acquired immune deficiency syndrome have been diagnosed — and will involve the distribu¬tion of "hundreds, if not thou¬sands" of leaflets. He also said that bars and baths have agreed to the prominent posting of signs about how gay men can take preventive measures against contracting the usually deadly array of diseases associat¬ed with AIDS.

The public health chief said the educational campaign would be in full gear within two weeks, when an estimated 200,000 gay tourists are expected to begin arriving in San Francisco for the annual gay freedom day parade on June 26.

Some gay bathhouse owners had been reluctant in previous meetings with gay leaders to agree to post warnings about risky sexual behavior — largely concerned about the role that signs appears to have in spreading AIDS.

Before yesterday's meeting, however, Silverman had indicat¬ed that he would use his powers as director of public health to require such warnings if he did not receive voluntary coopera¬tion from the gay community.

"I'm looking forward to the campaign," said Bill Jones, own¬er of the Sutro Bathhouse, which draws both gay and straight pa¬trons. "The more people know about AIDS, and how to avoid getting it, the less hysteria there will be about this."

Wayne Friday, a former president of the Tavern Guild — a loose association of 100 gay bars, representing about half the gay pubs in the city — said he was convinced that gay bars would also post whatever materi¬als are suggested by the city.

"I can't think of any bar owner in the city — certainly none in the Tavern Guild — who wouldn't be happy to cooperate with the city," said Friday. "If that's what the Health Depart¬ment wants, that's what they'll get."

Doctors Link AIDS To Thymus Gland

The disorder known as AIDS appears to destroy the thymus gland in its vir¬tual workings of the disease, a new research report says.

The thymus, a walnut¬sized gland lying beneath the breastbone that is a major com¬ponent of the body's disease¬fighting immune system, particu¬larly for the young.

Researchers who compared thymuses taken from AIDS vic¬tims with those from people who died from other causes said Wednesday that the organs were completely disrupted in the cas¬es involving AIDS, which stands for acquired immune deficiency syndrome.

Dr. Thomas A. Seemayer, a pathologist at McGill University and Children's Hospital in Mont¬real, said thymuses from AIDS victims were deformed, lacked normal structures called baps—sul's cornealys, and contained plasma cells and fibrous tissue that shouldn't have been there.

No cause or cure are known for AIDS, although scientists sus¬pect that a virus may be in¬volved. The disorder destroys the body's immune system, leaving victims vulnerable to many fatal diseases and infections.

More than 70 percent of the victims have been homosexual or bisexual men; other high-risk groups are intravenous drug abusers, Haitian immigrants, and hemophiliacs and others using blood transfusions.

The thymus, which releases hormones and defensive cells that bolster immunity, decreases in size and importance after pu¬berty. It normally degenerates and shrivels in old age but re¬tains some of its functions into adulthood, experts say.

Researchers from Canada, Haiti and the United States ex¬aminined the thymuses of six AIDS victims and compared them with glands from five Hait¬ian and 25 Canadian patients hospitalized for other conditions, Seemayer said.

Seemayer told a meeting sponsored by the George Wash¬ington University Medical School that the significance of the findings with AIDS is un¬clear, but the gland has some relationship to the disorder.

"What we see in the thymus may not just be an impact of AIDS, a result of the disease," Seemayer said in an interview. "The thymus might be one organ at the core of whatever AIDS is," he continued. "It may be a focal point of the disease."

Dr. Allan L. Goldstein of George Washington University said another link between AIDS and the thymus is a hormone it secretes called thymosin alpha-1. Goldstein and colleagues pre¬viously reported finding unex¬pectedly high levels of this hor¬mone in AIDS patients and oth¬ers at high risk of contracting the disorder.

Experts have yet to explain how an organ that is decimated by the disorder retains the abili¬ty to produce excessive amounts of the hormone. Despite this lack of information, Goldstein said he thinks the elevated thymosin le¬vels may be useful in them¬selves.

"We can measure thymosin levels with a simple blood test, and we may be able to use these measurements to screen for peo¬ple who have AIDS or who are at risk of getting it," he said.

Associated Press
Health Officials Push Full Count of AIDS

Federal health officials, doubting a report that new AIDS cases are leveling off in New York City, said yesterday they have started an investigation in New York to ensure that all cases of the deadly condition are reported to health authorities.

New York state health authorities said last month that the rate of new cases of acquired immune deficiency syndrome had decreased by 30 percent in the past three months in New York City.

But officials of the federal Centers for Disease Control in Atlanta said they think the decreases may reflect an under-reporting of cases by gay doctors who fear the federal government may not guard their patients’ confidentiality.

"We cannot say at this time that an apparent, slight decrease in numbers in New York might be due to a true decrease or simply less medical reporting of the disease," Dr. Richard Selik, an epidemiologist with the Atlanta-based centers, told The Chronicle yesterday.

New cases of AIDS have been doubling every six months since the mysterious condition was first detected among gay men in New York in early 1981.

Doctors across the country watch the rates for AIDS in New York City closely because they are considered a precursor to national trends in the mysterious syndrome. The case numbers in San Francisco, for example, have generally lagged one year behind New York. Cases in other major urban areas have followed San Francisco by one year.

As of Monday, 2952 cases of AIDS had been reported to the Centers for Disease Control. This compares with 881 cases that were reported nationally 11 months ago. In the Bay Area, AIDS has stricken 419 men, according to the San Francisco Department of Public Health. Of these, 142 have died.
Group Calls for a Ban On Gay Blood Donors

By David Perlman
Science Editor

The National Hemophilia Foundation has called for “serious efforts” to bar male homosexuals from donating blood because of fears they may be carrying AIDS, the acquired immune deficiency syndrome.

But voluntary blood banks are rejecting the recommendation as ineffective and counter-productive.

The controversy arose this week after recent reports that at least eight patients with hemophilia contracted AIDS-type infections and five of them died.

Most hemophiliacs use a blood product called Factor VIII, which helps their blood to clot if they are injured or undergo surgery. The product, derived from blood plasma, is prepared from the pooled plasma of thousands of donors.

The Hemophilia Foundation’s recommendation has drawn the anger of gay organizations because they view it as discriminatory, and by blood bank scientists who feel it has no scientific basis.

The disorder known as AIDS...
BLOOD

From Page 1

was first detected in male homosexuals who lead promiscuous lives with a number of sex partners, and researchers are increasingly convinced it is transmitted by an as yet unknown virus that may be related to the organisms that cause hepatitis and herpes infections.

It renders its victims highly susceptible to a variety of infections, and in many cases causes a rare form of cancer called Kaposi's sarcoma as well as a lethal lung disease called Pneumocystis pneumonia.

Intravenous drug abusers and — for unknown reasons — immigrants from Haiti are also considered high-risk candidates for AIDS diseases.

Nearly 900 AIDS cases have been reported around the country in little more than two years, and nearly 400 have died, according to the federal government's Centers for Disease Control in Atlanta.

At San Francisco's Irwin Memorial Blood Bank, Dr. Herbert Perkins, research director of the non-profit agency, explained the bank's policy toward gay blood donors in an interview yesterday.

“Our attitude is that we are not about to try to bar all gays from donating blood,” he said, “but we are discouraging indirectly those donors who are living in the fast lane, frequenting the gay bathhouses, or who have many sex partners. We're working with doctors who care for patients in the gay community, in an effort to keep out the dangerous donors, and we haven't been sending our mobile blood collecting units to areas where dangerous donors congregate.”
Limiting the locations of mobile blood collection units, Perkins said, was originally intended to help screen out carriers of hepatitis-B virus from the donor program—a screening effort that is vigorously carried at the blood bank's central facility at 250 Masonic Avenue.

All donors are carefully screened there, and although their sexual preference is not queried, they are given a questionnaire that yields information on any possible early signs of AIDS, Perkins said.

Perkins' views mirror the policies of the nation's three major groups of voluntary blood collection facilities: the American Association of Blood Banks, the American Red Cross and the Council of Community Blood Centers.

According to these organizations, gay men and women are major donors of volunteered blood, and efforts to exclude them all—even if they could be identified—would not only diminish the critically needed blood supply in many regions but would invade the privacy of many individuals without cause.

As for the recommendation from the Hemophilia Foundation, Perkins called it an "an effort to force us to take action for emotional reasons rather than scientific reasons."

There are an estimated 15,000 hemophiliacs in America, and they already have available a second blood-clotting product that is not derived from pooled plasma and is therefore less hazardous than the freeze-dried Factor VIII. But it is much less convenient to use because it is in liquid form and must be kept frozen until it is administered.

However, Perkins said yesterday that the U.S. Food and Drug Administration is getting ready to approve a new process that will kill hepatitis viruses and other organisms in blood plasma during the preparation of clotting Factor VIII. The new version of Factor VIII is expected to be on the market within a year, he said.
Guidelines released yesterday by a committee of the American Hospital Association would require that all healthy hospital employees work with AIDS victims, a stand taken months ago by experts at the University of California.

The association's guidelines also advise hospitals that acquired immune deficiency syndrome patients need not be isolated from other hospital patients "unless a patient's hygiene is poor" or the patient is suffering from an additional illness or infection that of itself calls for complete isolation.

The recommendations also say that in outpatient clinics or emergency rooms, direct contact between AIDS sufferers and other patients should be minimized, but separate examination facilities and bathrooms are "neither necessary nor desirable."

At the same time, the association emphasized that hospitals have an obligation to teach health care workers about the disease, the way it is transmitted and how to avoid contacting AIDS.

Although the exact cause of AIDS is unknown, the association said that research suggests it is probably a virus transmitted by intimate sexual contact, and it is likely that the "causative agent" is found in body fluids, secretions or excretions.

As of this month, the association said, approximately 2800 cases of AIDS have been reported in the United States and Puerto Rico. Nearly 95 percent of AIDS victims are either male homosexuals, Haitians, drug abusers or people with hemophilia, the association said.

The guidelines were prepared by the association's advisory committee on infection within hospitals, which based its recommendations on information obtained from the Centers for Disease Control, epidemiologists and hospital administrators.

The association's proposals are similar to guidelines first proposed by experts at the University of California's major hospitals last June.

In September, the UC committee flatly said, "There is no scientific reason for healthy personnel to be excused from delivering care to patients with AIDS."

Our Correspondent
Spare nothing to conquer AIDS

IT IS DIFFICULT to keep up with the data on Acquired Immune Deficiency Syndrome. Earlier this year, a three-part Examiner series quoted San Francisco doctors who are spearheading some of the national research as predicting 200 AIDS cases in The City by the end of this year. A week ago, there already were 225 cases, and a projection of 1,600 by next spring.

Doctors at the Centers for Disease Control in Atlanta were quoted then as saying that three new cases were reported each day. Now, the count is up to five or six a day. The number of cases doubles every six months.

As things stand, about three-quarters of the 1,500 victims nationwide are gay, 11 percent are intravenous drug users, 5 percent are Haitian immigrants, 1 percent are hemophiliacs and 5 percent do not fit into the susceptible groups.

Half of the victims are in New York, a quarter in San Francisco and a fifth in Los Angeles, where the first case was reported in 1979. The rest are scattered mainly in other urban centers. Cases also are cropping up overseas.

About 40 percent of its victims have died in the first year after diagnosis; 70 to 80 percent after two years. Yet some people live, others who have been exposed to it show no signs, and still others may be only carriers.

Sleuthing for the cause of AIDS is complicated by its up to two-year "incubation period." AIDS is a condition in which the body's natural ability to fight off diseases breaks down. Its victims die of rare diseases like Kaposis's sarcoma, cancer, and virulent Pneumocystis pneumonia.

Nor is AIDS' cause known. Though most researchers suspect a virus, none has been found. Some viruses are known to disappear before the first symptoms of disease are manifest, which means that researchers may be looking for a villain that already has fled the scene.

San Francisco has spent more than $1 million on AIDS. Mayor Feinstein has promised another $2 million next year. Most of the money, however, must go to patient care. Since it costs $70,000 to $100,000 to care for each patient, San Francisco could deplete its health care kitty just taking care of AIDS patients.

Rep. Ted Weiss of New York has introduced a bill that would make diagnosed AIDS victims eligible for Medicare, much the way that Medicare accepts people who need kidney dialysis regardless of age or finances.

Congress should pass the bill quickly. Individual cities simply cannot afford to pick up a geometrically expanding tab on what is basically a national health concern. Its victims should not be forced into destitution before they can receive medical help.

Cities then could better spend their money on programs that might identify potential victims and contain the spread. To that end, and at least until the elusive "cause" is found, city officials should consider tightening health standards at local bathhouses. Indiscriminate sexual activity can spread a disease like wildfire. Witness herpes. The gay community itself has begun a retreat from the bathhouse scene.

Rep. Henry Waxman of Los Angeles has introduced a bill that would establish a $30 million emergency public health fund that could be used to combat any sudden outbreak of disease, such as AIDS, Legionnaires disease, Toxic Shock Syndrome or herpes.

The fund was first proposed two years ago, before the AIDS epidemic, by then Health and Human Services Secretary Richard Schweikler, who did not link it to AIDS. Food and Drug Administration officials testified before Congress last year that, had there been another health emergency, the FDA would not have been able to respond to it.

The fund would represent less than 1 percent of the NIH budget, and would be brought back up to $30 million each year. It would let researchers quickly zero in on sudden and potentially devastating diseases, and would pay for itself by developing cures and treatments more rapidly.

Meanwhile, Rep. Barbara Boxer of Marin has rekindled the late Congressman Phil Burton's bill to give the CDC in Atlanta a one-time, $10 million grant. Dr. Marcus Conant, co-director of the Kaposis's sarcoma clinic at the University of California-San Francisco, estimates that it could cost $10 million a year for five years to nail down the elusive cause. New technologies may have to be invented while researchers pore through case histories looking for clues.

Given the slow start of the research, AIDS' geometric expansion and mortality rate, this bill, too, demands approval.

The state also wants to give the University of California $100 million to make up for NIH grants that have been denied. Less than half of UC's requests for AIDS research money have been approved. Equipment sometimes is not available because researchers working on other projects fear laboratory contamination. But since diseases rarely respect state borders, the problem should be addressed at the federal level — with a maximum commitment. We hope that it will be.

It is far, far cheaper to find a preventive cure than it is to treat the rapidly growing number of victims. The time to attack AIDS was yesterday. But better late than never.
Florida hospital says AIDS patient sent here for 'humanitarian' reasons

By Ivan Sharpe
Examiner staff writer

A Florida hospital, vigorously denying charges that it "dumped" a dying AIDS patient in San Francisco, says it flew him here in a private jet to make sure he got the best care.

And spokeswoman Virginia Hunt said the hospital's staff was "stunned" to learn that San Francisco Mayor Feinstein had fired off an angry wire to Florida's governor demanding an explanation of the patient's "outrageous and inhumane" treatment.

"This is all so frustrating," Hunt said yesterday. "We did this out of humanitarian motives to make sure he was cared for."

She said the Shands Hospital in Gainesville, far from dumping the patient, "was going the extra mile trying to find a nursing home or some place that could care for him on an outpatient basis."

Dr. Mervyn Silverman, San Francisco's public health director, was unmoldified by the hospital's reaction.

"It sounds as if they were just desperate to get rid of him for some reason," he said.

Silverman said the patient, Morgan MacDonald, 27, was in poor but stable condition in the AIDS ward at San Francisco General Hospital.

MacDonald, who visited a San Francisco community clinic late last year, has refused to talk to the press. But Silverman said he has denied requesting a transfer here.

He was flown into San Francisco International Airport Tuesday, accompanied by a physician, a social worker and a nurse. The hospital paid for the plane, which reportedly would have cost about $7,000 to charter, and gave MacDonald $300 as pocket money.

Hunt said Shands used the private "air ambulance" because hospital officials were worried that the patient might not be accepted as a passenger on a commercial flight.

Florida officials have begun an investigation of the transfer.

Florida's Gov. Bob Graham is in Hong Kong and is reportedly unaware of Feinstein's telegram, but Lt. Gov. Wayne Mixon turned the matter over to Dr. James Howell, deputy secretary of Florida's Health and Rehabilitation Services Department.

After consulting with Shands officials yesterday, Howell said, "It's too early to come to any conclusions. San Francisco feels the patient came out much sicker because of this incident. Shands feels they went far beyond the call of duty in a very difficult case."

Although Silverman accused Shands of releasing a critically ill patient who was too sick to walk, Shands' Hunt said MacDonald was not in bad shape when he left the hospital.

"He was weak and he hadn't been eating, but he was walking. He was ambulatory and stable. AIDS is a disease where your condition changes," Hunt said.

She said MacDonald was admitted to Shands, a private, teaching hospital affiliated with the University of Florida, in mid-July.

"He was treated for a variety of symptoms associated with AIDS and recovered to the point where he no longer needed hospital care" but still needed some outpatient treatment, she said.

AIDS, acquired immune deficiency syndrome, has been identified as a growing problem in the gay community. It strips the body of the ability to fight life-threatening diseases.

Hunt said MacDonald was admitted to Shands July 14 from Kash K Ranch, a religious commune of about 25 families in Roseland, near Vero Beach in Florida.

He came to the commune with a friend, said Jennifer Denise, a leader of the ranch.

"When he came here, he looked real sick," she said.

Denise said MacDonald, who apparently had no family in Florida, stayed at the commune for three days.

Hunt said Shands had treated nearly a dozen AIDS victims in the past year.

"But we have patients who need beds. It's not appropriate to use the hospital as a hotel. This guy did not need acute care," Hunt said.

Shands officials asked MacDonald to arrange to live somewhere near a hospital, but Hunt said MacDonald put no effort into finding a place.

The hospital contacted the Kash K Ranch.

"They didn't want him back," Hunt said. "He left with some hard feelings."

Denise, who described herself only as a leader of the commune, said no one had ever suggested MacDonald return there. But she said if the issue had come up, "people would not have been happy."

Hunt said Shands' social workers tried to find a Florida nursing home to take MacDonald, but she said, "No nursing home in Florida would take him."

Finally, she said, Shands turned to San Francisco General Hospital and to the AIDS/Kaposi's Sarcoma Foundation of San Francisco.

Here Shands' account of events conflicts with San Francisco officials' version.

She said both institutions agreed to treat MacDonald. Shands contends the foundation agreed to give MacDonald 30 days of free lodging, then set him up with food stamps, Medi-Cal and other help, and San Francisco General had agreed to provide outpatient care.

"At any time in the process, the San Francisco people could have said no," Hunt said.

Silverman said San Francisco officials twice told Shands that the policy was not to accept transfers from outside the Bay Area. He said Florida, which has the third-highest AIDS rate in the nation, is capable of taking care of its own patients.

Silverman said he felt that Shands had played the two institutions off against each other, assuring both of them that MacDonald needed only outpatient care.

Hunt, however, said the flight from Florida "was not a clandestine operation."

She said the hospital had given MacDonald $300 from a $4,000 fund raised by the local gay community to help AIDS victims.

She said MacDonald was given the option of being discharged on Friday, or of being transferred to San Francisco.

"The hospital has provided you more than enough time to resolve this problem," David Mathias, Shands' attorney, wrote to MacDonald.

Florida's state health officer, Dr. Stephen King, said yesterday, "I certainly think the situation warrants an investigation. I would hope it's all a misunderstanding."
Gays Petition Congress for AIDS Funds

Washington

About 100 gays, armed with petitions containing 2500 signatures, lobbied on Capitol Hill yesterday for more federal funds to fight AIDS.

The lobbying effort was organized by the National AIDS Vigil Commission, which is sponsoring a candlelight march from the White House to the Capitol tonight.

Representative Ted Weiss, D-N.Y., chairman of the House Government Operations Subcommittee on Human Resources, who has been pushing the Reagan administration to increase spending on AIDS research, accepted the petitions. The group members then fanned out across Capitol Hill to visit their local representatives and senators.

“Only by marshaling all our national resources can we control AIDS,” said Clint Hockenberry, co-chairman of the vigil. “The national march will show us the faces behind the numbers. We are marching not only to remember those 1000 friends who have died from AIDS, but also to demonstrate our care and support for those 1500 others who are now fighting for their lives.”

AIDS, or acquired immune deficiency syndrome, destroys the body’s ability to fight infection. Most of its victims have been gay men.

Besides seeking more federal research money to fight the disease, the petitions call for creation of an independent federal advisory commission to oversee research and financing, a comprehensive patients’ bill of rights and a federal statement on patient confidentiality.

An official at the Department of Health and Human Services said the agency has been meeting with groups concerned about AIDS and sees no need for a new advisory panel.

‘Chronicle Washington Bureau
An expert sets record straight on myths, rumors about AIDS

As part of an educational effort about acquired immune deficiency syndrome (AIDS), the San Francisco Health Department helped the Examiner prepare this question and answer primer on the disease.

Q. What is the outlook for patients with AIDS?
A. I hate to say it, but New York has reported that with a very few exceptions, there have been no survivors after three years from diagnosis. There's a 75 to 85 percent mortality rate within three years. We started giving our reports of cases from 1980 on. By the end of 1980, six have died. Of 41 reported in 1981, 28 have died. We had 151 cases reported in 1982 and of these 30 have died. In 1983, so far, we have had 66 cases and nine of these already have died. Overall in the San Francisco Bay Area we have had 73 deaths.

Q. What are the symptoms?
A. The symptoms depend chiefly on which of the various disease organisms developing in the patient. To them all is probably unexplained, rapid weight loss in a short period, malaise, fatigue, unexplained temperature for a period of weeks. Most of the patients also will find enlarged lymph glands, particularly in the back of the neck and the groin. Although they may not be very large, they will have some enlargement in the groin from other sexually transmitted diseases.

Beyond that, it depends on whether a Kaposi sarcoma (a cancer of the skin or internal organs) is developing, in which case the patient will find from reddish to purplish spots anywhere on the skin or mouth. His physician may find it elsewhere on deeper penetration. Or if it's going to be pneumocystis carinii pneumonia, you have the beginning of what seems to be a cold, coughing, weight loss and it doesn't go away. If you have pneumocystis, you're developing some of the other opportunistic infections, one of the common ones will be the fungus in the mouth (from a fungus infection.) The rest depends on which disease is developing. One of the symptoms of patients may have these symptoms because they're coming down with something else. If they have these symptoms, they shouldn't run out immediately and write their wills, but they should run immediately to their physician and find out what's causing these symptoms.

Q. What is the incubation period?
A. If there is an agent that is incubating, it seems to be anywhere from seven to 24 months, but there's nothing solid. In these histories we got from various patients and their contacts with other persons, but it's not solid.

Q. Is it contagious?
A. It's hard to say how contagious. It's not infectious if you're talking about someone with a healthy immune system. A group of gay men in which a lot of them have an impaired immune system, and some of them are not apparently ill, are more susceptible to the infection than an AIDS patient who is infectious in contact with a group of healthy heterosexuals with normal immune systems.

Q. How is AIDS spread?
A. It is spread chiefly by intimate personal contact or by needle contact, as far as we know.

Q. It's sometimes said that AIDS is spread through transfer of body fluids. Specifically what fluids?
A. We can't give a specific answer. It's generally considered blood and semen are most likely.

Q. How about saliva?
A. We don't know. There isn't any evidence that points to that, but there isn't any proof in either direction.

Q. What precautions should be taken?
A. For the general public, there is little if any risk that we can see, unless they have the same kind of contacts with the patient. There's no risk in the classroom, the factory or classroom or riding on the bus or eating in a restaurant.

Q. What groups are presently known to be at risk?
A. About 70 percent of the patients are gay men, 30 percent are heteros. In the latter group, heterosexual women and Haitians, people with a history of blood transfusions and hemophiliacs.

Q. Is there a cure for AIDS?
A. The Center for Disease Control in Atlanta says that at this time there is no known cure for AIDS. Doctors treat the separate illnesses which strike the patient while his immune defense is down. Research is being pressed at medical centers across the country including San Francisco.

Q. How widespread is the disease?
A. It has been reported in 35 states and 17 foreign countries.

Q. Who should a person do who believes he may have AIDS?
A. He should immediately contact his own physician for treatment. The physician also has a list of support groups and other organizations ready to help AIDS patients.

Q. What about AIDS and blood banks?
A. There is a lot of concern in the blood-bank industry, both voluntary and commercial. The organizations are working intensively to develop some way of screening high-risk donors and high-risk blood. There's been a lot of interaction among the American Red Cross, the American Association of Blood Banks and all the different national organizations as well as leading blood banks in New York and the West Coast. At the moment, since there is no good laboratory test, they are having to depend on using a battery of tests that could be a way of picking out the donors who are not likely to be at risk of AIDS. They're also using additional questions to see if any of their donors who are gay or bisexual have been less than 25 years of age. Whether factors indicate they would be much greater danger of being infected with AIDS than the general public.

Q. Would you advise gay people not to give blood?
A. There were heated discussion about that in Atlanta, at the Center for Disease Control, in January of this year. It was widely felt that we probably got to a consensus. For one thing, it would be unfair to the many gay donors who are personally not sources of good blood that is badly needed. Here in the city Dr. Herbert Perkin's of the Irish Hospital for Animals has estimated that he might lose 5 percent of his donors. They have developed a battery of questions that they provide that indicate if there is a risk and then they say if you have answered any of these questions affirmatively, we recommend that you defer donating until there is an adequate test for AIDS. It doesn't label anyone as specifically gay or an IV drug user or sexually hyperactive or anything like that.

Q. Can I get AIDS from anyone on the bus, in the office, in a restaurant?
A. Categorically, no. AIDS itself, which causes the immune system, is what it is. There is no evidence suggests but we're not positive and can't prove it, has to get under the skin of the contact from the blood of the patient into the blood of the contact and you won't get that on the bus, in a restaurant or working in an office. You won't catch AIDS from using the same telephone or the same pencil or even washing your hands at the same sink in the washroom. The AIDS agent, as far as we know, is transmitted primarily through multiple, intimate contacts, usually sexual contacts, through sharing of needles for intravenous drugs, or through other related activities.

Q. Can I get AIDS by sharing a swimming pool with someone who has AIDS?
A. No. It has to get under your skin.

Q. Can you get AIDS from a food handler who has AIDS?
A. No. You won't get AIDS that way. It has to get into the blood stream, we think.

Q. Why do you keep saying “we”?
A. Until we have absolute proof from looking under the microscope or the electronscope we have to say we think or we believe. But all the evidence is not strong enough to say so that we can say probably. There are two phases. You get deprived from your own body. Then the second thing comes in. If you don't already have the AIDS and you're not deprived, these other things won't bother you, even if an AIDS person coughs in your face. These rare AIDS diseases can only attack a person whose immune system does not respond adequately and wipe them out. It's deadly out.

Q. What about renting to a person with AIDS?
A. No problem unless you have multiple sexual contacts with your tenant. People have AIDS have been thrown out of their apartments. The mayor has arranged supplemental housing for them.
Some voluntary blood banks have even tried to bar known homosexuals from donating blood because of fears their blood may be carrying the unknown transmissible AIDS organism.

In the past 18 months, 881 cases of AIDS have been identified, with the majority in New York City, San Francisco and Los Angeles. The death rate is about 40 percent, and the major diseases triggered by the AIDS syndrome are a form of cancer called Kaposi's sarcoma and a lethal lung ailment called pneumocystis pneumonia.

"The known cases are only the tip of the iceberg," Curran said. "There are another 200 cases which have not been confirmed and probably 10 or 100 times that number of people who have the symptoms and don't know they have the disease," he said.

Health officials are concerned that the nation's supply of blood for transfusions might become contaminated with whatever causes the disease.

New York health commissioner David J. Sencer, a former director of the CDC, called for tighter controls over commercial blood donors.

"I think there should be more screening of people who are giving blood for the making of blood products," Sencer said. "I think these people ought to have good physical examinations and serological (blood) tests."

A.P. & U.P.
Public health officials and blood experts from across the nation met yesterday to discuss ways to stem the alarming recent increase of a mysterious condition that robs its victims of immunity to diseases.

Known as Acquired Immune Deficiency Syndrome, or AIDS, the epidemic was first identified among homosexual males in New York and California, then among Haitian immigrants, intravenous drug users and several hemophiliacs.

The cause of AIDS remains unknown, but evidence from researchers around the country suggests more and more strongly that it is triggered by some unidentified "transmissible infectious agent," said Dr. James Curran, head of the AIDS task force at the national Centers for Disease Control, where the conference was held.

Curran said it may be weeks before definite recommendations are made by the CDC. Yesterday's meeting was called solely to hear ideas from a variety of experts seeking to learn how to control the problem.

But already the occurrence of AIDS cases among patients who have received transfusions of blood or blood products — including several babies who have died from AIDS diseases — has caused consternation at many major blood banks.
Hormone Test May Help Diagnose Aids

New York

The discovery of a hormone imbalance associated with the disease known as AIDS could lead to a simple test that would reveal its presence quickly in patients and prevent its spread through blood transfusions, a researcher said yesterday.

The disease, called acquired immune deficiency syndrome, had struck 1112 people and caused 418 deaths as of February 24, according to the Centers for Disease Control in Atlanta.

According to a report presented yesterday at a meeting of the American Society for Microbiology in New Orleans, AIDS patients and people at risk for the disease have higher-than-normal levels of a hormone called thymosin alpha-1 in their bloodstreams.

Because the hormone can be measured with a simple blood test, it could serve as an inexpensive way to identify people with AIDS or those likely to get it, said Allan Goldstein of the George Washington University School of Medicine in Washington, D.C. It could also be used to detect the disease in blood donated for transfusion, he said.

"We think we have the opportunity to provide a useful test for screening blood and blood products," Goldstein said in a telephone interview. "Secondly, if this is an early warning sign for AIDS, it would enable the patients to seek early treatment."

The blood test for the telltale hormone has now proven reliable in 300 volunteer subjects who were reported to be at high risk for developing AIDS, Goldstein said.

Last week, the U.S. Public Health Service recommended that those found to be at risk for AIDS — active homosexuals, drug users, Haitians and others — refrain from donating blood. The American Red Cross said that it would follow that recommendation.

Dr. Thomas Spira, an immunologist and AIDS specialist at the CDC, said Goldstein's findings would not alter that recommendation until more research is done.

There is now no simple test for the disease, said Dr. Harold Jaffe of the AIDS task force at the CDC. The complicated tests now in use cost from $100 to $600 per patient, he said. The new test would be significantly cheaper, researchers said.

Associated Press
New Safeguards Urged in AIDS Emergencies

By David Perlman
Science Editor

Doctors, nurses and other hospital workers should not be required to give AIDS patients emergency mouth-to-mouth resuscitation unless equipment is available to prevent direct contact with the mouths of the patients, according to guidelines from the University of California published yesterday.

The recommendations, first drafted earlier this year by a committee of experts from UCSF and San Francisco General Hospital, said disposable resuscitation bags or plastic tubes should be kept at the bedsides of patients with Acquired Immune Deficiency Syndrome. These would prevent direct mouth-to-mouth contact if the patients must be revived after sudden lapses into unconsciousness.

The mouth-to-mouth technique is known as cardiopulmonary resuscitation, or CPR, and is widely taught to firemen, ambulance attendants, police officers and first-aid volunteers. It has been credited with saving hundreds of victims of heart attacks and accidents.

"The decision to withhold direct mouth-to-mouth resuscitation from a patient with AIDS when a CPR device is not available is solely that of the individual employee," the UC guidelines say.

The recommendations have already been adopted by many Bay Area hospitals and the San Francisco Health Department. They are now being adopted by the state Department of Health Services and are the first and strongest guidelines on handling AIDS patients to be approved by any medical group. They are being published today in the New England Journal of Medicine.

The UC committee members who wrote the guidelines acknowledged that any decision to withhold or delay resuscitation of unconscious patients near death.
Acknowledging that some hospital workers and even physicians have been reluctant to care for patients with AIDS, the UC report said that if employees flatly refuse to care for AIDS patients the problem is “ethical, legal and administrative” and should be handled as such.

Other points covered by the final UC guidelines include:

- Private rooms for AIDS patients are not necessary if they can control their bodily functions, but “it may be prudent” to give them rooms alone when rooms are available.

- AIDS patients should wear masks if they are coughing and must leave their rooms.

- Outpatients with AIDS can safely share bathrooms and waiting rooms with other patients.

- Doctors and nurses should wear goggles when there is a chance of being spattered with an AIDS patient’s blood.

Britain’s Record Tourism

London

Britain earned a record $6 billion from tourism last year, the British Tourist Authority said yesterday.

About 11.6 million people visited Britain in 1982, up 2 percent from 1981, Chairman Sir Henry Marking said. Income from tourism increased by $420 million, or 7 percent, from the previous year, the authority said.

Reuters
Disposable resuscitation bags or plastic tubes urged raises many moral and ethical questions. But the group's report added:

"One must balance the universal right of all patients to be resuscitated, if they so desire, against the right of health care workers to protect themselves from contracting a serious infectious illness, however remote that risk may be."

Heading the task force developing the guidelines were Dr. Merle A. Sande of San Francisco General Hospital and Dr. John E. Conte Jr. of UCSF. Conte said yesterday he knows of no case where resuscitation was withheld from an AIDS patient because of fear of contracting the immunity defect.

Sande said in an interview that while many health workers have expressed misgivings about giving mouth-to-mouth resuscitation to anyone suspected of being an AIDS carrier, he himself feels an "overwhelming obligation" to aid any unconscious person, no matter what his symptoms.

Even though contact through saliva is considered by some physicians to be a risk factor in AIDS, Sande said, he believes the chances are "miniscule" that administering CPR by mouth can spread the syndrome.

The new UC guidelines are largely similar to recommendations first released last June, although at that time the committee did not draft a policy on CPR for AIDS patients. The section was finally hammered out a month later.

Committee members could not agree, however, on whether hospital workers who are also AIDS patients should be allowed to continue working. The guidelines offered two alternatives: Either reassign those workers so they have no contact with patients, or evaluate each employee with AIDS on a "case-by-case basis."

Specialists on infectious diseases who advised the UC committee maintained there are no medical grounds for barring hospital workers with AIDS from contact with patients, as long as the workers are free of symptoms or unless the hospital patients themselves have weakened immune systems.

The UC committee members, however, were more cautious, and concluded that individual hospitals could properly elect to advise employees with AIDS to accept "non-patient-care positions."

The committee voiced a far stronger position on the obligation of all hospital workers to care for AIDS patients. "There is no scientific reason for healthy personnel to be excused from delivering care to patients with AIDS," the guidelines state flatly.
UC Scientists' New Theory on AIDS

By David Perlman
Science Editor

Two University of California scientists searching for the agent that causes AIDS have developed a theory that the problem is a type of infection that can only strike people whose immunity to disease has already been damaged by other causes.

If their theory is correct, it would mean that healthy people with normally functioning immune systems cannot acquire AIDS — acquired immune deficiency syndrome — or the lethal diseases associated with it, even if they are infected by the mysterious AIDS organism.

The scientists also predict that many people in areas where the AIDS diseases are occurring have probably already been infected by the organism but have been able to fight off the germ because of their normal immunity.

Most researchers believe that AIDS is caused by an agent — probably a virus — that breaks down the immunity of otherwise healthy individuals.

The new theory also suggests that people most likely to be stricken by AIDS may well be those who have been able to avoid the condition by "adopting a lifestyle favoring recovery of their immune system."

These concepts have just been advanced in the British medical journal Lancet by Dr. Jay A. Levy of the Cancer Research Institute at the University of California in San Francisco and by Dr. John L. Ziegler, a UCSF professor of medicine at the Veterans Administration Medical Center here.

The two researchers have also proposed that Kaposi's sarcoma, a type of cancer that strikes many AIDS victims, develops when certain cells are transformed by protein substances that the patients' own bodies release in an effort to restore the functioning of their immune systems.

Ironically, those very substances also promote the release of other proteins, called angiogenesis factors, which induce the formation of blood vessels essential for the growth of cancer cells, the researchers believe.

The human body's immune system is extraordinarily complex, depending on a variety of highly specialized disease-fighting cells. Antibodies against many invading germs, for example, circulate through the blood after being produced by the activity of white blood cells called T lymphocytes. These cells are also produced in the bone marrow but are then activated within the thymus, a gland that lies near the throat and develops until puberty.

In an interview yesterday, Levy said the theory he and Ziegler have developed predicts that the varied rare AIDS diseases will eventually show up in a wide variety of people who are not in the "high-risk" groups but whose immune systems have been damaged already by cancer or organ transplants, repeated viral infections, repeated bouts of the many sexually transmitted diseases or heavy treatment with antibiotics.

The "high-risk" groups among whom the AIDS diseases have already occurred most frequently include homosexuals who have had multiple sex partners, intravenous drug users, hemophilia patients who must receive frequent treatment with blood products, and a few very young children who have received transfusions of presumably contaminated blood.

The immune system in infants up to a year old is most often poorly developed, Levy noted. And the lifestyle of promiscuous male homosexuals and drug abusers has undoubtedly already damaged their immune systems because of infections, or exposure of damaged anal tissue to sperm cells, or repeated invasions of many viruses.

According to Levy, if the drug abusers and active homosexuals with defective immune systems change their health-threatening lifestyles, they may well allow their natural immunity to recover and thereby avoid becoming AIDS victims.

Doctors at UCSF are now studying a group of more than 100 active homosexuals who have had chronically enlarged lymph glands but no other AIDS symptoms for a year or more. According to Levy, the swollen lymph glands probably indicate that they have been infected by the unknown AIDS organism but that their immune systems — even though partially defective — are still successfully fighting off any of the potentially lethal AIDS diseases.

Levy and Ziegler are working with their laboratory colleagues in a variety of efforts to test their theory and to discover and isolate the AIDS organism.

They are growing Kaposi's sarcoma cells in tissue cultures and examining the effect these cells may have on mice with genetically defective immune systems. They are culturing cells from patients with other AIDS diseases to observe their effects on experimental animals with damaged immunity. And they are trying to assess the role of the many different viruses that have been found in AIDS patients but that have not yet been established as a cause of the AIDS diseases.
Physiologist Michael Allerton

'There's a lot of mystery surrounding AIDS'

Phone Workers' AIDS Message

By Edward Iwata

For Beverly Hadden, a 47-year-old Pacific Telephone Co. reports clerk, the myths and stereotypes about AIDS and its patients ran wild in her mind until yesterday.

"I always thought only gay men got it, that you caught the symptoms the way you catch syphilis and gonorrhea," she said.

Hadden admitted that after a homosexual visited her Oakland home she used "quite a bit of bleach in my bathroom."

Hadden's anxieties, and those of 80 other Pacific Telephone employees in Oakland, were addressed yesterday by a speaker from the Kaposi's Sarcoma Foundation of San Francisco.

"There's a lot of mystery surrounding AIDS, a lot of things medical scientists and researchers don't know about yet," acknowledged Michael Allerton, a medical physiologist and assistant director of health education at Kaiser Hospital in Walnut Creek.

Still, Allerton did all that was possible in a 45-minute speech to shatter the myths that feed public hysteria over acquired immune deficiency syndrome.

"Back in 1978 when the first cases were found, the only similarity in the patients was that they were all homosexual males, so researchers felt it must be related to their lifestyles," said Allerton. "Newspapers started coming out with headlines about a 'gay plague.'"

"Unfortunately, the first thing people hear is usually what sticks in their minds."

In the days after sensational news accounts, Allerton said, telephone calls "increase dramatically" from a worried public.

"We get calls from restaurant owners who wonder if gay waiters are a health problem, or landlords who want to know if gay tenants are a risk to others," he said.

Allerton took a few deep breaths before preparing to help educate the next group of telephone employees.

"It can't be done in every article and television show, but we can do all we can now to dispel the myths," he said.

A new lifestyle may save the 'high-risk' group

By Edward Iwata

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Baby got ‘gay disease’ from blood transfusion, doctors say

By John Jacobs
Examiner staff writer

Three San Francisco physicians have confirmed that a 23-month-old Bay Area baby who was given blood transfusions probably has contracted the same kind of deadly immune-deficiency disease that has struck the nation’s gay and Haitian populations.

Although scientists are being somewhat cautious, the consensus is that the first confirmation that the disease, sometimes known as “gay cancer,” can be transmitted through transfusions.

The blood donor, a 45-year-old white man, denied being homosexual although later circumstantial evidence indicated that he was. Seven months after he donated the blood, he showed symptoms of the disease, Acquired Immune Deficiency Syndrome (AIDS), and later died of it, according to epidemiologist Dr. Selma Dritz of the San Francisco Public Health Department.

Dr. Herbert Perkins of the Irvin Memorial Blood Bank could not assure that the presence of such a disease or infectious agent in the blood can be screened before blood is used in transfusions.

He said that all blood donated by the AIDS victim was accounted for. In cases other than the infant, he said, the blood went to patients with terminal diseases who badly needed blood and who quickly died of their illnesses.

Dr. Perkins added that the disease takes three to six months to develop, he said, it played no role in the deaths of the terminal patients.

When pressed, Perkins said, “Blood transfusions have potential serious side effects. You never order blood transfusions unless the benefits outweigh the risks.”

Dritz tried to put the risk in perspective when she said that so far, only one AIDS case has been found for every 100,000 gay men in the Bay Area. Using an estimate of 100,000 gay men in San Francisco, she said 128 AIDS victims are on her list.

“I don’t have the vaguest notion of how many donors are gay,” said Perkins, “or how you define gay.”

Dr. Robert Bolan, a family practice physician with many gay patients, and a member of Bay Area Physicians for Human Rights, said he does not know how one screens gay or other “high risk” donors.

The story of the “possible occurrence of transfusion-acquired” AIDS came out of the Centers for Disease Control in Atlanta. The syndrome is a mysterious breakdown of the body’s natural immune system. It allows what physicians call “opportunistic” diseases to attack the body, often with fatal results.

Such diseases include cancer, especially a virulent and rare form of cancer called Kaposis’ Sarcoma, pneumonia and other forms of infection that lead to death. About 60 percent of those who contract Kaposis’ Sarcoma die of it within a year, and there is no known treatment.

Nearly 800 cases have been reported by the CDC nearly all from gay men, drug abusers who use needles, Haitian immigrants and a handful of hemophiliacs, people whose blood does not clot properly and who are treated with clotting factors concentrated from the blood of many donors.

Scientists suspect the disease is caused by a virus and transmitted by body fluids, including semen, saliva and, of course, blood.

A CDC study of the victims showed they tended to be extremely active sexually, with a lifetime average of 1,000 sex partners, but some far less promiscuous men also have fallen victim.

Only 45 of the AIDS victims have been women, most of them drug abusers. Scientists say the mortality rate for the disease is about 40 percent, although they expect it to grow as recently diagnosed cases progress.

The condition of the infant, who was not identified, was described by Dr. Art Ammann, director of Pediatric Immunology at the University of California, San Francisco.

The baby was delivered by Cesarean section, with Rh problems, an incompatibility of the infant’s and mother’s blood, and needed blood transfusions. He received 21 units from 10 donors.

According to a draft of the CDC report, the parents and brother of the infant are heterosexual, not Haitians, in good health, with no history of intravenous drug abuse. The infant is not suspected to have had any contact with AIDS patients.

The infant did very well until he was 6 months old. Ammann said, and then began developing chronic fever and an ear infection that did not respond to normal antibiotic treatment.

At 12 months, the baby developed jaundice and hepatitis, although the cause was “not traditional.”

An immunological study found patterns not usually associated with inherited immune-deficiency traits, and when the baby was redmitted to a hospital with severe bleeding, his platelet count had dropped to dangerously low levels, Ammann said. Platelets are cells involved in clotting.

At that point—June 1981—doctors did a bone marrow evaluation and found “a very unusual organism,” which has also been found in AIDS patients.

“It confirmed what we were suspicious of,” said Ammann. “Things were fitting together. We decided that since we knew he was immunodeficient, we would look at all blood transfusions done before the bone marrow test and all of those had been done in the nursery when the infant was first born.

Working closely with UCSF and the blood bank, Dritz found that one name on the list of donors matched a patient who had donated blood in March 1981 and whose blood was used in the transfusion. He developed his first symptoms of AIDS in October seven months after he donated, and died last August.

“We can’t prove this child has AIDS,” said Ammann. “It’s an assumption.”

Nevertheless, the “assumption” is strong enough that Dritz gave her roster of 128 AIDS patients to the blood bank, which will check the names against its donor lists. After that, in what could be a huge project, the blood bank will check the records of all 128 AIDS patients to see if they received blood transfusions at any time in the last year or two.
Mayors: Devote new funds to AIDS research

DENVER (AP) — New funds and unbudgeted money should be used for AIDS research, the U.S. Conference of Mayors agreed before the close of its meeting today.

The conference unanimously adopted a resolution calling for their members, plus other state and local officials, to promote research to combat the disease. Acquired immune deficiency syndrome, an often-fatal breakdown of the body's immune system, has been found primarily in the homosexual communities of the nation's larger cities.

The passage of the resolution came after Health and Human Service Secretary Margaret Heckler promised the mayors the AIDS problem would be the No. 1 health priority of her agency.

National digest

Compiled from Examiner news services

Gonorrhea declines 6%

ATLANTA — Researchers at the national Centers for Disease Control report a 6 percent drop in gonorrhea rates nationwide this year, but say it's too early to tell if fear of AIDS has contributed to the trend. Nationwide, 367,497 gonorrhea cases were reported by the CDC for the first 22 weeks of 1983 — down almost 24,000 cases from the same period last year. The 1983 figures are 7 percent below the median for 1978-1982. William Whittington, of the CDC, yesterday gave "the largest" credit for the decrease to control measures implemented in 1972, including screening of high-risk women and referrals of sex partners of infected people for treatment.
A Drop Reported In Some VD Rates

Atlanta

A federal health researcher said yesterday that gonorrhea rates for the nation are down and the increase of syphilis has slowed, with the fear of AIDS and other sexually transmitted diseases possibly contributing to the trends.

On Monday, health officials in Los Angeles County reported a 20 percent drop in gonorrhea incidence, crediting the fear of AIDS (acquired immune deficiency syndrome), which affects mostly sexually active gay males, herpes and other diseases with reducing sexual activity. Los Angeles has the third highest number of AIDS cases of any American city.

Early 1983 statistics from the two highest-ranking AIDS cities, New York and San Francisco, do not necessarily confirm the Los Angeles officials' hypothesis. Gonorrhea is on the increase in New York, while syphilis has registered a slight decline in both New York and San Francisco.

Nationwide, 367,497 cases of gonorrhea were reported by the federal Centers for Disease Control through the first 22 weeks of 1983 — down almost 24,000 cases, or 6 percent, from the same period last year. The 1983 figures were 7 percent below the median for 1978-1982.

"With gonococcal infections, this is the continuation of the trends," said CDC researcher William Whittington. "The gonorrhea numbers strike me in the face of the fact that the numbers of people at some level of risk — those in the more sexually active age groups — have, during the same period, actually increased in the United States."

National statistics for syphilis do not express the same "trend over time" as the gonorrhea figures, he said. In the first 22 weeks of this year, 13,472 syphilis cases were reported nationwide, a 3 percent drop from last year but 23 percent above the 1978-82 median.

"With syphilis ... we hope to think this year is the reversal of an upward trend," Whittington said. "But the gonorrhea trends are very, very good news."

He gave "the largest" credit for the gonorrhea decrease to control measures for venereal disease put into widespread use in 1972, including the screening of high-risk women and the referral of sex partners of infected people for treatment.

Associated Press

Correction

Drug charges were dropped against Richard Virgil Aschero, 47, arrested in January by officers who seized nearly 40 pounds of cocaine in his San Francisco apartment near Pier 39.

Aschero was inadvertently identified in yesterday's editions as his cousin, Joseph Aschero, 52, who was not involved in the case. The Chronicle regrets the error.

Municipal Court Judge Frank Hart dismissed the charges against the younger Aschero after ruling that police acted illegally in making the arrest. The district attorney's office is studying the case to determine whether the charges can be refiled.
AIDS
Killer in the blood

AIDS scares S.F. gays into being careful with sex lives

By Edvins Beiliks and John Jacobs
 Examiner staff writers

Last of three parts

Gay men in San Francisco seem to be changing their sexual habits out of fear of contracting AIDS, according to observers and activists in the gay community here.

The fear of AIDS (Acquired Immune Deficiency Syndrome) has brought back "old-fashioned dating," says Bob Jerome, founder of Other Ways, a gay social community help organization.

"Instead of going to bed on the first go-round, people are more careful. It's in the back of everyone's mind that, 'Hey, I only have to expose it to it once and there I go.'"

Two gay therapists, Leon McKusick and Bill Horstman, a Ph.D. in psychology, have confirmed the change, based on a study they are doing to determine whether gay sexual activity is changing because of AIDS.

Using their own money, they have polled 1,000 gay men in San Francisco, one-third who frequent bath houses, one-third who frequent bars and one-third who are in couples of six months' duration or longer.

While the final results are not in, McKusick said he sees "preliminary trends" in a sample of 100 men, divided the same way. Among couples, "there is a more conscious attitude about sex outside the primary relationship. And overall there is a decrease in attendance in the bath houses, without a corresponding sentiment to close them down."

The preliminary data also indicate, he said, a "dramatic increase in the fear of getting AIDS, a decrease in anonymous sexual contacts, a decrease in the use of most drugs, especially amyl nitrate and amphetamine."

No one believes, however, that everyone is cooling it.

Dr. Gerald Fliipen, a proctologist who has dealt with a number of AIDS cases, said the people who have the disease "fall into two groups: One says, 'The hell with it, I'll go on living the way I have.' Others take precautions."

Jerome of Other Ways said, "There are individuals out there with Kaposi's sarcoma who are going to bed with people, knowing that they have it. That's totally immoral to me."

Dr. Robert Bolan, 70 percent of whose patients are gay, said that because AIDS has an incubation period of up to two years, some people feel that even if they change their lives today, "they still might be dead in two years (from earlier contacts), so what's the point?"

But he and gay leaders are beginning to put out the word that as long as sexual activity is regarded as one of the primary ways AIDS gets transmitted, it's probably a good idea to reduce the number of sex partners and anonymous contacts.

There have been 1,188 cases of AIDS in the United States since 1979 and 434 people have died. In San Francisco, 186 cases have been diagnosed, 27 this year.

The disease has come to light in a unique series of populations including male homosexuals, drug addicts and Haitians. Its victims, their immune systems unable to fight back, are stricken with a wide range of bacterial, viral and fungal infections and rare cancers including Kaposi's sarcoma, a type of skin cancer.

"With AIDS, people can relate the fear to themselves, " said Jerome."It's not a fear of outrageousness, but a real fear of turning into a sick man or woman."

There is another side. The AIDS problem has mobilized the gay community. A number of organizations and AIDS groups are spearheading drives for education, fund raising and support services, demanding, for example, that the federal government devote more money to medical research.

One immediate problem is to find housing for AIDS patients evicted by landlords or roommates. The Shanti Project, which already counsels people sick with AIDS, has asked the city for $58,000 to lease a number of large residences each able to house five or six people, said Jim Geary, director of Shanti.

"The Kaposi's Sarcoma Research and Education makes referrals to medical and social service agencies, but also stresses education about the AIDS epidemic, says Rich Crane.

"We (gays) need to take a closer look at the way we lead our lives," he said. In the general population "there needs to be more information on transmissibility of the disease. Many people don't realize it's spreading through sexual contact, not casual contact."

The foundation is also working on a plan that would have Muni buses and other public transportation fitted with placards giving phone numbers for information on AIDS.

Where to go if you have possible AIDS symptoms

For people worried about possible AIDS symptoms, there are several sources of help in San Francisco.

The Kaposi's Sarcoma Research and Education Foundation, 894-4578, refers individuals to screening clinics and support groups.

San Francisco General Hospital has a Kaposi's sarcoma-AIDS clinic. A screening clinic run by nurses is held Thursdays and an AIDS clinic is held Mondays by doctors for patients who have already been screened. Appointments are made by calling 821-8800.

The hospital also has a medical information session for patients at 3 p.m. every Wednesday and there is a Monday afternoon patient conference on "lifestyle issues" at 1 p.m. Both can be attended without appointment. Call 821-8800 for further information.

Gaylign Gee, the nurse heading the S.F. General clinic, said that in most cases AIDS symptoms don't need immediate treatment, so there is time to make clinic appointments. But if someone has an extremely bad cough or shortness of breath, or diarrheas to the point of faintness, she said, he should go to the hospital's emergency room.

District Health Centers No. 1 656-3005 and No. 2 656-2230 also have AIDS screening clinics.

And for severe emotional stress, help can be obtained through The City's psychiatric emergency service line at 821-6125.

The Shanti Project, which counsels people facing a life-threatening illness and bereavement, has seen a large number of AIDS patients. It offers counseling at 356-9444.

"Hey, I only have to expose to it once..."
AIDS scares S.F. gays into being careful with sex lives

By Edvins Beiltiks and John Jacbens
Examiner staff writers

Last of three parts

Gay men in San Francisco seem to be changing their sexual habits out of fear of contracting AIDS, according to observers and activists in the gay community here. The fear of AIDS (Acquired Immune Deficiency Syndrome) has brought back "old-fashioned relations," says Bob Jerome, founder of Other Ways, a gay social and community-help organization.

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Two gay therapists, Leon McKusick and Bill Horstman, a Ph.D. in psychology, have confirmed the change, based on a study they are doing to determine whether gay sexual activity is changing because of AIDS. Using their own money, they have polled 1,000 gay men in San Francisco, one third of whom frequent baths, houses, one third who frequent bars and one third who are in couples of six months duration or longer.

While the final results are not in, McKusick said he saw "preliminary trends" in a sample of 100 cases, divided the same way. Among "couples, there is a more conscientious attitude about sex outside the primary relationship. And overall, there is a decrease in attendance in gay bars, without a corresponding sentiment to close them down."

The first data also indicates, he said, a "dramatic increase in the fear of getting AIDS, a decrease in anonymous sexual contacts, a decrease in the use of most drugs, especially amyl nitrate and amphetamines."

No one believes, however, that everyone is cooling it. Dr. Gerald Foss, a psychologist who has dealt with a number of AIDS cases, said the people who have the disease "fall into two groups: One says, 'The hell with it, I'll go on living the way I have.' Others take precautions."

Jerome of Other Ways said, "There are individuals out there with Kaposi's sarcoma who are going to bed with people, knowing that they have it. That's totally immoral to me."

Dr. Robert Bolan, 70 percent of whose patients are gay, said that because AIDS has an incubation period of up to two years, some people feel that even if they change their lives today, they "will still be dead in two years from earlier contacts," so what's the point?

But gay and gay leaders are beginning to put out the word that as long as sexual activity is regarded as one of the primary ways AIDS gets transmitted, it's probably a good idea to reduce the number of sex partners and anonymous contacts.

There have been 1,188 cases of AIDS in the United States since 1979 and 494 people have died. In San Francisco, 118 cases have been diagnosed, 27 this year.

The disease has come to light in a unique series of populations including male homosexuals, drug addicts and Haitians. Its victims, their immune systems unable to fight back, are stricken with a wide range of bacterial, viral and fungal infections and rare cancers including Kaposi's sarcoma, a type of skin cancer.

"With AIDS, people can relate the fear to themselves. They know it could hit them at any time," said Bob Vareck, part-owner of Community Rents/Gay Rooms.

Despite having 2,000 listings a month, it's not easy to find housing for AIDS victims, he said, because potential roommates are afraid of acquiring the disease.

Others report diagnosed AIDS patients being fired from jobs and in some cases being thrown out of restaurants in the Castro District.

"I don't know anybody who says, 'It doesn't make any difference to me,' because it's too close, too possible. Nobody's indifferent," said Vareck.

In addition to the gay community, enough has come out about AIDS to worry non-gay about whether they should eat in restaurants where the help is predominately gay, drink from the same cup or take a drag from the same marijuana cigarette as gay men.

Dr. Keith Hadley, chairman of the infection control committee at San Francisco General Hospital, said there is no indication that casual contact can transmit the disease. He pointed out that no medical personnel working with the disease have contracted it, and that no evidence exists that it is transmitted by sneezing or coughing.

Evidence points to intimate contact or infecting of the blood in primary reasons for contracting AIDS, explained Grace Lipsky, infection control nurse at SFGH.

"It might not be a good idea to share a toothbrush or razor with someone who has AIDS," she said, "but to be in an elevator or department store or sitting behind them at work — that involves no known risk."

But gay artist and photographer Jim Moss said his friends have "vastly altered" their style of living and the fear carries across to live-in relationships.

"Every time my roommate gets aimple, we have to go to the doctor and take a look at it," Moss said.

He's lost two close friends to AIDS and knows 10 others who succumbed to the disease. "It's a myth until someone you know dies."

There is another side. The AIDS problem has mobilized the gay community. A number of organizations and ad hoc groups are spearheading drives for education, fund raising and support services, demanding, for example, that the federal government devote more money to medical research.

One immediate problem is to find housing for AIDS patients evicted by landlords or roommates. The Shanti Project, which already counsels people sick with AIDS, has asked the city for $250,000 to lease a number of large residences each able to house five or six people, said Jim Geary, director of Shanti.

The Kaposi's Sarcoma Research and Education makes referrals to medical and social service agencies, but also stresses education about the risks of gay lifestyles, said Rick Crane.

"We need to take a closer look at the way we live our lives," he said. In the general population there needs to be more information on transmissability of the disease. Many people don't realize it's spread through sexual contact, not casual contact."

The foundation is also working on a plan that would have Muni buses and other public transportation filled with placards giving phone numbers for information on AIDS.

Where to go if you have possible AIDS symptoms

For people worried about possible AIDS symptoms, there are several sources of help in San Francisco.

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San Francisco General Hospital has a Kaposi's sarcoma/AIDS clinic. A screening clinic run by nurses is held Thursdays and an open clinic is held Mondays by doctors for patients who have already been screened. Appointments are made by calling 921-8800.

The hospital also has information sessions for patients, noon and 7 p.m. each Wednesday and Monday afternoon patient can go to "lifestyle issues" at 1 p.m. be attended without appointment.

Gaying Gee, the nurse in the S.F. General clinic, said the cases AIDS symptoms don't always get moderate treatment, so they make clinic appointments. But one has an extremely bad cough, shortness of breath, or diabetes.
There is no way to overstate the effect of AIDS on the gay community. Nearly everyone knows someone who has it or died of it. Moreover, this minority group, persecuted for its sexuality, barely out of a closet full of demons, is now faced with a disease that is transmitted through semen or blood.

As Kraus put it, “When I first heard about AIDS, I thought, ‘Oh, God, they’ve finally found a disease for the diseased.’ It rekindles in the psyche all the hateful propaganda that you are sick.”

Many in the gay community share those vivid memories and experiences of being labelled “sick” and “untouchable.” In some terrible irony, they feel a medical stigma replacing the old social stigma.

The fear of being persecuted again, this time for carrying a “gay plague” — although the disease is not believed to be caught through casual contact — leads to denial and paranoia. Men such as Kraus who tried to convince gays of the need for precautions were labeled by some as “sexual fascists” or “homophobes.” There are still stickers in the telephone booth near Castro St., the heart of the gay district, insisting that AIDS “comes from government laboratory, not your lifestyle.”

But even for the majority of gay people who don’t share “CIA conspiracy theories,” the call to change their lifestyles sounded ominously like a medical form of the old repression. The entire history of open gay life is short and tenuous. It’s still less than a decade since the Twin Peaks became the first gay bar in San Francisco to have glass windows.

Among many gay men, “liberation” was defined or confused as the right to have sex without restraint. Their sex life included a series of anonymous sexual encounters. Now, as one man put it, “we have to choose between life and lifestyle.”

Routinely, in one conversation after another, one man explains “the need to change my lifestyle” and another says he has “dropped out of the fast lane” and a third describes “the return of courtship and romance.” The choices range from celibacy to monogamy to condoms, but they are the subject of incessant, almost obsessive conversation here, particularly among “the worried well.”

“There’s never been anything that has had such a dramatic impact on people’s behavior,” says a local writer. “A year ago a fashionable gay man in the Castro area was promiscuous and used drugs. Today those are the people you want to stay away from.” As Kraus describes the change in his community, “It’s sort of like going down the freeway 65 miles per hour and throwing the car in reverse.”

Says 31-year-old Bobby Campbell, who is living with AIDS: “Knowing someone’s middle name does not protect you.” But the reassessment of the culture seems to go beyond pre-caution.

Listening to gay men I hear a mild nostalgia for the old excess, as if those had been fraternity days, and yet a strong sense that it is better to move on. AIDS, like some fatal herpes, has given homosexuals in the fast lane a reason to grab the emergency brake.

“If there is anything positive about this horrible situation, assuming the great majority of us survive, it will have been a crisis that makes people stronger,” says Kraus. “I see it de-trivializing sex. I think that will be permanent. I think there’s room in human society and gay society for people to be kinder and warmer to each other.”

With luck and a cure, this may be the peculiar legacy of a dreadful disease.

NEXT TUESDAY: AIDS: The New Leprosy

The Boston Globe
UC study offers guidelines on caring for AIDS patients

By Jim Wood
Examiner staff writer

A prestigious University of California task force recommends that hospitals treat acquired immune deficiency syndrome as a relatively non-infectious disease.

The guidelines set out recommended procedures for hospitalized patients, outpatients and hospital employees, including between 10 and 20 in the Bay Area who already have AIDS.

A total of 249 AIDS cases have been reported in the Bay Area during the past two years, resulting in 72 deaths. This year 66 new cases were reported through May.

Dr. Merle Sande, chairman of the 24-member UCSF task force, said, “It seems to take extremely close involvement and transmission of secretions, either, as best we can tell, semen or blood products, to spread the disease.”

Dr. Paul Volberding, who joined Sande in reviewing the guidelines for reporters, said he has treated 90 patients over the past two years without contracting the disease.

“Even most lovers of AIDS patients don’t get AIDS,” he said.

The UC guidelines, which are being sent to the federal Centers for Disease Control in Atlanta and are expected to become a national model, call for the use of gloves and compulsory handwashing when in contact with the patient’s blood or secretions.

Senate approves AIDS research bill

Examiner Capitol Bureau

SACRAMENTO — The state Senate has passed a bill that would set up a state research program to look for cures for AIDS.

The bill’s author, Senate President pro tem David Roberti, D-Los Angeles, called acquired immune deficiency syndrome an epidemic in urging his colleagues to support a research program by the state Department of Health Services.

Sen. Milton Marks, R-San Francisco, said: “Unless we do something at this time to find a cure for this very serious disease, it’s going to spread throughout the country.”

The measure, SB910, went to the Assembly on a 35-0 vote.

Gowns are recommended for those likely to have direct contact with patient secretions and blood.

The committee said strict isolation rooms are not necessary for AIDS patients, although if such rooms are available their use may be prudent.
New clue to how AIDS kills

Prison study finds thymus gland may be the key

Examiner news services

WASHINGTON — In a new clue to the development of acquired immune deficiency syndrome, two pathologists say studies of tissue from victims of AIDS suggest that it destroys the gland that plays a key role in the body's defenses.

A survey of prisons shows that the disease has killed at least 28 inmates, raising fears among guards of a modern "bubonic plague" and prompting new efforts to identify prisoner victims.

Drs. Thomas Seemayer of the Montreal Children's Hospital in Canada and Arthur Davis of Roche Biomedical Laboratories Inc., Burlington, N.C., working independently, found that thymus glands taken from the chests of men and women who died of AIDS were virtually destroyed.

They reported their findings yesterday at an international conference on thymic hormones.

AIDS, first recognized in 1981, is known to break down the body's immune system — its defenses against germs. The thymus gland has been called the "master gland of the immune system.

AIDS has occurred primarily among homosexual men, intravenous drug abusers, recent Haitian immigrants and hemophiliacs who require numerous blood transfusions.

The Centers for Disease Control in Atlanta has counted more than 1,400 cases and more than 540 deaths in the last two years.

Dr. Allen Goldstein of George Washington University is chairman of the conference. He called the reports by Seemayer and Davis "a very important series of observations."

He said one possibility is that the unknown infectious agent — possibly a virus — that causes the disease infects the thymus gland. Then, he said, it may be the body reacts against the agent and this reaction destroys the thymus.

Goldstein said much more research is needed to confirm the theory. At least, he said, scientists now have some important clues on where to direct their studies.

Nineteen prisoners in New York state have died since 1980 of AIDS, which wasn't formally named until July 1982. Nine have died of the disease in New Jersey since 1979. In addition, one North Carolina inmate who died last month showed evidence of the illness, and the death of a...
First S.F. hospice-type center for victims of AIDS will open

By Norman Melnick
Examiner staff writer

The City and the Shanti Project expect to open the first hospice-type care center for the neediest victims of AIDS by the end of this week, Acting Health Director Mark Finuken said last night.

He said these 12 to 14 individuals had been evicted from their present residence or were unable to pay the rent because they had the deadly disease, acquired immune deficiency syndrome.

This will constitute the first batch of homeless AIDS victims to receive shelter and succor in a program coordinated by Shanti, a counseling service for the seriously ill, through the Health Department's office of gay/lesbian services.

Finuken said Health Department experts estimated that between 250 and 300 San Franciscans will be AIDS victims by the end of this fiscal year — June 30.

"There is a general feeling in the community that it is important to have (the terminally ill) all together in one place to support one another," said Finuken, whose boss, health director Dr. Mervyn Silverman, is in China.

U.S. Secretary of Health and Human Services Margaret Heckler has called AIDS a "scourge" and has promised that the government will leave "no stone unturned" in its effort to find a cure.

Finuken said The City proposed to put up $250,000 in two stages to help victims of AIDS, which is most likely to strike gay men, drug users and Haitians and is often fatal.

The first stage will be for $102,000 to fund the first residence, with the balance held in reserve for more patient settings.

He said the Shanti organization, which is highly respected in City Hall, had already found several locations in the Castro and Haight neighborhoods and these were being reviewed, with one to be chosen and opened by Friday.

The acting health director said the need was to locate "in a neighborhood and setting that would be comfortable to them (AIDS victims)."

The proposed legislation was on Mayor Feinstein's desk, Finuken said.

Feinstein has voiced support of the proposal, which, if she approves, next goes to the Board of Supervisors as a supplemental budget appropriation, he said.

He said Shanti had agreed to put up some of its funds for the first patient setting until The City's appropriation measure went through.

Only those who have been evicted or cannot pay the rent will be eligible for the program, if they have been diagnosed as having a life-threatening AIDS illness, Finuken said. They must also be San Francisco residents at least three months.

Rape suspect re-arrested

A man just released from city prison on an earlier alleged attempted rape was arrested again last night, after police came on him beating a 42-year-old woman in a Tenderloin parking lot.

Booked for rape and assault was Michael Tucker, 37, who told police he had no local address.

Examiner 4/12/83
Gays, officials launch AIDS education plan

By Beth Hughes
Examiner staff writer

Gay community leaders and city health officials are rushing to start an intensive AIDS education campaign before thousands of visitors descend on The City in two weeks for Gay Freedom Week.

The campaign will focus on how the deadly disease is spread and how the chance of its transmission during sex can be reduced.

“We would have done this anyway,” Dr. Mervyn Silverman, director of the Department of Public Health, said yesterday. But the prospect of a quarter of a million visitors “did get us to move a little faster,” he admitted.

Silverman announced the campaign yesterday after a four-hour meeting with 15 gay community and business leaders, including representatives from the Tavern Guild, the Golden Gate Business Association and owners of gay bathhouses.

In the past, some bathhouse owners had been reluctant to post warnings about acquired immune deficiency syndrome, which is believed to be transmitted through semen and blood or blood products.

“It was clear there was an atmosphere of cooperation,” said Konstan tin Berlandt, co-chairman of the June 26 Gay Freedom Day Parade, who attended the meeting.

Working with The City was more palatable than “allowing the government to regulate what we can do,” he said, alluding to Silverman’s intention to require posted warnings in bathhouses whether or not owners and customers wanted them.

“Of course, we’re concerned about not spreading a disease,” Berlandt said. “But what should we do? Take our bodily fluids and put them in barrels off the Farallones?”

There have been 249 cases of AIDS reported in the Bay Area since 1980, making this area second to New York City in the number of reported cases. About 1,460 cases have been reported nationwide. Epidemiologists say the number of newly reported cases continues to double every six months.

Of the local cases, 90 percent of the patients have been homosexual men, 72 of whom have died of diseases that invade their body because of the weakened immune systems.

Within the next two weeks, informational pamphlets and posters on AIDS, featuring the disease’s name inside a red circle cut by a diagonal, will be posted throughout the gay community “in restaurants, bars, anywhere patronized by gay men,” Silverman said.

He estimated the campaign “will cost less than treatment for one case of AIDS,” or about $70,000 in city funds.

Roger Gross, a representative of the 300-member Golden Gate Business Association, said his group would cooperate with Silverman in posting the notices.

“The wording will be very positive,” said Bill Jones, owner of the Sutro Bath House, 1015 Folsom St.

“The idea is what YOU can do to prevent the spread of this,” he said. “It’s not where you have sex, it’s how you have sex. It’s not the number of sexual contacts you have, it’s how you do it. It’s my responsibility to get this information out.”

Educational fliers illustrated by cartoons have been available to Sutro Bath House customers. The material suggests ways to achieve sexual satisfaction without transferring semen. The flyer also promotes health care — such as eating well-balanced meals, sleeping regular hours and seeking prompt medical attention for any suspicious condition — as a possible way to avoid contracting AIDS.
AIDS: **Killer in the blood**

How AIDS has... changed 2 lives

By John Jacobs

Examiner staff writer

The four stuffed teddies today are neatly arranged on the “chair,” the window sill crammed with cards, the colorful flowers and plants and, as of most, the healthy-looking, sandy-haired man with the rosy smile lounging on the hospital bed — all seem to belie the dreadful news.

Doug Bass, 34, was told two weeks ago he has pneumocyto-

tis pneumonia, a paralytic lung condition that can lead to
fatal pulmonary disease. It means his immune system has been suppressed, that he suffers from AIDS, Acquired Immune
 Deficiency Syndrome.

As he describes it, he was near death when he was brought into San Francisco General Hospital a few weeks ago with a 104 degree fever and gasping for air. He realized he had eight of the 12 symptoms listed on an AIDS pamphlet. Now that he has evidence of acute illness, he’s learn-
ing to deal with the implications that his life has been changed — and irrevocably shortened.

“I’ve been terrible,” he said, in an interview, “but I’m begin-
ing to see how I can use it as an opportunity, how I can make other peoples’ lives mean more as a result of my life.”

Bass, who has been a ballet dancer, a circus worker and, most recently, an employee at the San Francisco Taxi Company, has come on a hunch that the number of people he has been intimate with in the past two years — which disputes the myth that all AIDS victims have been promiscuous.

“For a long time, I was so emotional I couldn’t see anyone,” he said. “At first, I was so sick I just concentrated on British TV, then I got better; I spent a day feeling sorry for myself, then another day letting in the anger, the frustration, the best feeling.”

Then I realized it doesn’t matter. Why, Do I do now? I’m on the razor’s edge.

“A recent graduate, who took a six-month leadership seminar and a converted Roman Catholic (“but not all that fire and brimstone, day of judgment stuff”), Bass says he is learning the “symbolic things,” to take him to the next level.

He has volunteered to be given an experimental drug, Potassiumilimide, and he read the possible side effects aloud: pain, swelling, muscle cramps, weakness, rash, vomiting, lowered blood pressure, nausea and impaired kidney and liver function, among others.

He’s in the gains phase,” he said, “like the first cancer patients. The testing is real painful, but the results will help the next group. Based on the research they do on us, maybe they’ll find something.”

** Martin Cox, 29, dark-haired, slightly balding, is in another ward at the hospital, suffering from the same lung disease. He is waiting; he says, as he has done for the last 13 months to find out if he will be another victim.

At the beginning of his stay — among other things, he signed a relief committee for victims of the Foilom Street fire — Cox says he has had “probably four or five hundred partners; I can identify” in the last few years, sometimes 10 or 12 a night, and “easily another hundred or so that were wham-bam.”

And it all stopped a year ago when he found he had no energy anymore. Now he sleeps 15 to 18 hours a day, feels “swiped out,” has night sweats and enlarged lymph nodes. “I know I’ve been going through it.”

He’s waiting for the results of a diagnostic test that will determine whether he has pneumocytosis pneumonia, the same as Doug Bass.

In the meantime, his roommate has asked him to leave — “He felt he needed his own space and maybe I should move out as rapidly as possible.” When he’s invited out for dinner, sometimes he’s served on a paper plate.

“You find out who your friends are,” Cox said. “I’m real glad I have a lot of intimate friends and they seem to have the same right to life as anyone else who is already diagnosed. He’d like city officials to allocate more money and support for AIDS and pre-AIDS patients.

Both Cox and Bass agree on one thing: the care of people at San Francisco General has been “marvelous,” compassion- ate, understanding and the hospital staff provides a “won-
derful sense of support.”

“...We’re losing too many friends,” Cox said, “It’s difficul-
to go on. Big boys can cry.”
AIDS Spending Called Small

Washington

The chairman of a House health panel accused the Reagan administration yesterday of neglecting the "most significant epidemic since polio" — the deadly disease called AIDS.

Representative Henry Waxman, D-Calif., told a congressional hearing that the administration has spent a woefully inadequate amount of money to combat the mysterious illness, known as acquired immune deficiency syndrome.

Waxman called for increased efforts by the Centers for Disease Control in Atlanta, which received $2 million from Congress last year to study the illness. The CDC shifted other funds and spent about $4.5 million doing research on AIDS.

Waxman said his health and environment subcommittee was told that the administration wanted to drop this amount to $2 million in fiscal 1984. After the hearing, administration officials said the amount would actually be about $4.2 million, still only half what Waxman wants.

Waxman complained that it took nearly two years from the time the CDC identified AIDS in June 1981 until the National Institute of Health issued the first $2.7 million grant to fight the illness.

“The outbreak of acquired immune deficiency syndrome has been described by one public health official as the most significant epidemic since polio,” said Waxman. “The administration's response has been disappointing.”

According to latest government figures, 600 of the 1400 U.S. AIDS victims have died. The number of reported cases has doubled every six months since it was first identified two years ago.

The ailment is caused by an unknown organism that destroys the body's defense mechanisms. Male homosexuals comprise the largest number of victims, and the disease also strikes drug abusers, Haitian immigrants, hemophilia patients and children of people in the high-risk groups.

Dr. Edward Brandt, an assistant secretary of the Department of Health and Human Services, opposed the legislation. He said his agency already has the mechanism to obtain emergency funds.

United Press
Supervisors propose $2 million for AIDS

By David Johnston
Examiner staff writer

A San Francisco supervisors' committee has endorsed the spending of $2.1 million to combat AIDS.

"There is a critical need for increased patient services and a critical need for community education," said Supervisor Harry Britt, who, along with John Molinari, co-sponsored the resolution approved by the Finance Committee yesterday.

The resolution, which will be considered by the full board Monday, calls on Mayor Feinstein to incorporate the funding in The City's health budget on an emergency basis to help fight the outbreak of Acquired Immune Deficiency Syndrome.

Feinstein's support for the program is by no means certain, according to Tom Eastham, her chief press aide. He said the measure would not force the mayor to seek an appropriation of funds and is purely advisory.

"The mayor has said we've got to preserve what remains of the surplus," said Eastham. "There are serious concerns about diminishing that surplus, not just for AIDS but for any initiative."

In recent weeks, Feinstein proposed additional AIDS funding, to be used for increased community education and emergency shelter for displaced AIDS patients. She has said that The City will spend more than $2 million to combat the disease by the end of the coming budget year.

Eastham said parts of the supervisors' funding package may overlap the projects already scheduled for expansion in the upcoming budget.

Feinstein, who has also formed a national task force of mayors on the disease, has said she regards AIDS as a high priority.

"The mayor is committed to what is necessary as a public health emergency," said Eastham. "But any new proposal will be evaluated in light of the surplus and what The City is already doing."

Of the 200 reported AIDS cases in The City since 1980, 69 people have died of AIDS-related diseases. Twenty-five percent of the cases reported nationwide are in San Francisco and the case load has been doubling every six months.

AIDS victims are swamping Social Security with claims

WASHINGTON (UPI) — The Social Security system is issuing emergency instructions to its offices nationwide in response to growing claims for disability benefits from victims of infections caused by deadly AIDS disease.

AIDS — Acquired Immune Deficiency Syndrome — is a recently discovered disorder that weakens the body's ability to ward off infections, clearing the way for invasion of certain cancers and lethal infections: Three-quarters of the victims are homosexuals.

Social Security issued emergency instructions to its offices last month ordering that benefits be granted to all applicants with proven AIDS-related infections, as long as they aren't working and have paid in enough payroll taxes to qualify.

"There has been an increase in applications," Social Security spokesman Jim Brown said yesterday.

In San Francisco, a spokesman for the Social Security Administration reported a "significant" increase in the number of applications for disability by individuals saying they were AIDS victims. At the large Social Security office on Sutter Street, there were 10 claims in the last 60 days. At the Mission Street branch office, there were seven applications in 60 days. The spokesman had no comparison figures for periods earlier than 60 days ago.

Eleven cases of disability applicants who say they have AIDS have been officially reported to the agency's Baltimore headquarters.
**Virus discovery gives new lead in AIDS search**

By Richard Salzus
Examiner science writer

The new discovery that some AIDS patients have been infected by a human virus that is otherwise extremely rare in the United States provides the first fresh lead in the search for the cause of the chilling epidemic in many months.

However, even the researchers who are reporting the finding in five scientific papers today acknowledge that any infectious agent that is clearly the cause of AIDS. Acquired Immunodeficiency Syndrome, is missing.

More than 1,350 people nationally have contracted AIDS, which devastates the body's biological defenses against a variety of diseases and cancers. At least 500 people have died.

AIDS researchers, who have thrown their efforts against the virus, have implicate a variety of microbes and viruses in the AIDS epidemic. But intensive study of the virus, known as Human T-Cell Leukemia Virus (HTLV), being the long-sought cause of AIDS.

"This is not anywhere near proof of cause," said Dr. Max Essex, chairman of the Department of Cancer Biology at the Harvard School of Public Health. What it is is just a different sort of lead — a new lead that wasn't available just a few months ago." The development is all the more welcome because researchers have been stumped in the search for any infectious agent that is clearly the cause of AIDS, Acquired Immunodeficiency Syndrome.

AIDS doctors get $1 million for research

Researchers at the University of California, San Francisco, have found a way to improve more than $1 million to support their research into the cause of AIDS.

The National Cancer Institute will cover work over the next three years by about 30 scientists at the University of California, San Francisco General Hospital; Fort Miley Veterans Administration Hospital and Mount Zion Hospital and Medical Center.

Dr. Paul Volberding, chief of oncology at San Francisco General and director of the Center for the grant, said: "It will help us in our overall program. That involves attempting to find the infectious agent that causes the disease, learning more about how AIDS is transmitted and developing the best methods of treatment." He said the investigators are looking for other sources of funds because more money is needed for the wide range of experiments called for by the seriousness of the epidemic of acquired immune deficiency syndrome.

That evidence would be bits of DNA formed in the T-cells as the virus reproduced itself.

Genetic material from the HTLV virus was found inside T-cells of two AIDS patients in a group of 35. By contrast, the T-cells of 25 healthy homosexual males showed no evidence of the virus.

The French research group found a virus related to HTLV in T-cells of a male homosexual who did not have AIDS but did have swollen lymph glands, which may be a mild form or a precursor of the more severe disease.

The scientists now face several questions: Dr. Gary Noble, a virologist at the Center for Disease Control in Atlanta, said: "Obviously there are several interpretations. Either this is another example of the increased susceptibility of AIDS patients to a variety of infectious processes, or, that HTLV has some role in causing AIDS.

A glaring question is why only about 25 percent of the AIDS patients had antibodies revealing an HTLV infection. Why not 100 percent, if the virus was causing AIDS.

One possibility is that the time
The discovery that some AIDS patients have been infected by a human virus that is otherwise extremely rare in the United States has provided the first fresh lead in the search for the cause of the epidemic in many months. However, even the researchers who are reporting the finding in five scientific papers today acknowledge for the virus, known as Human T-Cell Lymphoma Virus (HTLV), being the long-sought cause of AIDS.

"This is not nowhere near proof of cause," said Dr. Max Essex, chair man of the Department of Cancer Biology at the Harvard School of Public Health. "What it is is a different sort of lead — a new lead that isn't available just a few months ago."

The development is all the more welcome because researchers have been stumped in their efforts to find any infectious agent that is clearly the cause of Acquired Immune Deficiency Syndrome.

More than 1,300 people nationally have contracted AIDS, and some investigators have pointed to an increase in certain kinds of cancers, resulting from immune cells with male malignancy. In the United States, at least four out of five AIDS patients have contracted cancer, and at least two thirds of them have cancer of the T-cell leukemia. It is still far too early to determine whether the HTLV virus is causing AIDs, or is simply another of the microbes that infects AIDS victims once their defenses are weakened, researchers say.

But the findings are intriguing on several counts. For one thing, the virus is known to infect immune cells called T-cells, the same cells that are deficient in AIDS patients.

In cats, the researchers reported, a virus related to HTLV can cause immune deficiency not unlike that in human AIDS victims.

Another fact that throws suspicion on the human T-cell leukemia virus is that it is prevalent in Africa and the Caribbean but rare in the United States. Some scientists suspect the AIDS epidemic originated in Africa or some Caribbean country such as Haiti. Haitian immigrants constitute one group of AIDS victims.

The way HTLV is transmitted — by intimate personal contact also fits into the pattern of the AIDS epidemic.

However, researchers are puzzled because the HTLV virus, which is rare, is found in one-fourth of the population in southern Japan, yet there is little or no sign of AIDs there.

The reports issued today are from the laboratories of Essex at Harvard, the National Institute of Allergy and Infectious Diseases group headed by Robert C. Gallo, who first identified HTLV, and a group of French virologists at the Pasteur Institute.

Preliminary reports on their findings appeared last month, but today's was the first official word on the discovery.

Essex's group examined blood samples from 75 AIDS patients, looking for evidence of infection by HTLV.

They did so by mixing the patients' blood with laboratory-grown T-cells infected with HTLV. The T-cells contained antibodies disease-fighting molecules resulting from an HTLV infection, these antibodies seek out and link up with the laboratory virus.

Essex reported that antibodies identifiable as specific for HTLV were found in the blood of 19 of the 75 AIDS patients, or only two of 330 control samples (blood from people without AIDS) contained the virus antibodies. Gallo's group, meanwhile, looked for direct evidence of the virus in T-cells from patients with AIDS, and they found AIDs, doctors give grim for research

Researchers at the University of California, San Francisco, have received grants totaling more than $1 million to support their research into the cause of AIDS.

The funding by the National Cancer

Institute is expected to enable the work of a project headed by Robert C. Gallo, USF professor of medicine, for the next three years by about 30 scientists at UCSF, San Francisco General Hospital, the Children's Hospital, the Administration Hospital and Mount Zion Hospital and Medical Center.

"It's the beginning, chief of

onology at San Francisco General and principal investigator for the grant, said today of the AIDS research program. That involves attempting to identify the infectious agent that causes AIDS, and finding a way to use the knowledge about how AIDs is transmitted and develop the best methods of treating it.

He said the investigators are looking for other sources of funds because the $1 million is needed for the wide range of experiments called for by the seriousness of the epidemic of Acquired Immune Deficiency Syndrome.

That evidence would be bits of DNA from the virus in the T-cells as the virus reproduced itself.

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The French research group found a virus related to HTLV in the T-cells of a male homosexual who died but had no AIDS symptoms, and he showed no sign of the virus.

The results now face several questions. Dr. Gary Noble, a virologist at the Center for Disease Control in Atlanta, is one of these. There are several interpretations. Either this is another example of the increased susceptibility of the patient to a variety of infectious processes, or, that HTLV has some role in causing AIDS.

A glaring question is why only about 25 percent of the AIDS patients have antibodies to HTLV, an AIDS-like infection. Why not 100 percent, if the virus was causing AIDS?

One reason the patients have not been diagnosed: The disease can be picked up in the blood, but that isn't always possible.

Another objection to the viral link was raised by Dr. Jay Levy, associate professor of medicine at the University of California, San Francisco. Levy's objection is that there is also searching for the mysterious "AIDS agent," said that if HTLV is infecting AIDS patients, it should be more widespread in the general population.

Most viral diseases, like polio, he said, affect everyone. Many people actually show signs of the disease. But less than 1 percent of Americans have ever had polio.

And antibodies in the AIDS patients may have been produced in response to the patient's body's reaction to HTLV instead of a virus that caused them to develop AIDS.

However, Essex and other re-

searchers pointed out that some vi-

ruses, like smallpox, cause disease in virulent doses. A mild illness doesn't become infected. So, it would not be surprising to see the virus only in people who have contracted AIDs, said Dr. Paul Gallo, whose laboratory HTLV.
Gay business representatives met yesterday with public health director Dr. Mervyn Silverman (at head of table, right)

Gay Bars to Cooperate With Health Dept.

By Randy Shilts

San Francisco bathhouse owners and representatives of gay bars and bathhouses yesterday pledged their support for what the city's public health chief has called the most "intensive" public health campaign in recent city history.

Doctors Link AIDS To Thymus Gland

Washington

The disorder known as AIDS appears to destroy the thymus gland in its victims, researchers reported — a finding that could provide a new clue to the workings of the mysterious illness.

The thymus is a walnut-sized gland lying beneath the breastbone that is a major component of the body's disease-fighting immune system, particularly for the young.

Researchers who compared thymuses taken from AIDS victims with those from people who died from other conditions said Wednesday that the organs were completely disrupted in the cases involving AIDS, which stands for acquired immune deficiency syndrome.

Dr. Thomas A. Seemayer, a pathologist at McGill University and Children’s Hospital in Montreal, said thymuses from AIDS victims were deformed, lacked normal structures called Hassall's corpuscles, and contained plasma cells and fibrous tissue that shouldn't have been there.

No cause or cure are known for AIDS, although scientists suspect that a virus may be involved. The malady destroys the body's immune system, leaving victims vulnerable to many fatal diseases and infections.

More than 70 percent of the victims have been homosexual or bisexual men; other high-risk groups are intravenous drug abusers, Haitian immigrants, and hemophiliacs and others using blood transfusions.

The thymus, which releases hormones and defensive cells that bolster immunity, decreases in size and importance after puberty. It normally degenerates and shrivels in old age but retains some of its functions into adulthood, experts say.

Researchers from Canada, Haiti and the United States examined the thymuses of six AIDS victims and compared them with glands from five Haitian and 25 Canadian patients hospitalized for other conditions, Seemayer said.

Seemayer told a meeting sponsored by the George Washington University Medical School that the significance of the findings with AIDS is unclear, but the gland has some relationship to the disorder.

The promises of cooperation with the city in posting warnings about the outbreak of AIDS came after a meeting with Dr. Mervyn Silverman, director of the city's Health Department.

"I'm very pleased at their active support," said Silverman.

"The campaign we're planning will not just cover bars and bathhouses, but will reach into businesses too — any place where people who are at risk congregate," he said.

Silverman said the campaign will be focused within the gay community — where 90 to 95 percent of the Bay Area cases of acquired immune deficiency syndrome have been diagnosed — and will involve the distribution of "two pages upon thousands" of leaflets. He also said that bars and baths have agreed to the prominent posting of signs about how gay men can take precautions against contracting the usually deadly array of diseases associated with AIDS.

The public health chief said the educational campaign would be in full gear within two weeks, when an estimated 200,000 gay tourists are expected to begin arriving in San Francisco for the annual gay freedom day parade on June 26.

Some gay bathhouse owners had been reluctant in previous meetings with gay leaders to agree to post warnings about risky sexual behavior — largely concerning the role that semen appears to have in spreading AIDS.

Before yesterday's meeting, however, Silverman had indicated that he would use his powers as director of public health to require such warnings if he did not receive voluntary cooperation from the gay community.

"I'm looking forward to the campaign," said Bill Jones, owner of the Sutro Bathhouse, which draws both gay and straight patrons. "The more people know about AIDS, and how to avoid getting it, the less hysteria there will be about this."

Wayne Friday, a former president of the Tavern Guild — a loose association of 100 gay bars, representing about half the gay pubs in the city said — he was convinced that gay bars would cooperate if materials are suggested by the city.

"I can't think of any bar owner in the city — certainly none in the Tavern Guild — who wouldn't be happy to cooperate with the city," said Friday. "If that's what the Health Department wants, that's what they'll get."

Associated Press