It's an Epidemic

Gay Men's Strange Diseases

From Page 6

of the strange diseases.

Jerry, a KS victim, already has gone through chemotherapy, a month of expensive and scientifically unproven interferon injections and is now being treated with another drug, all with no apparent effect on the disease.

"We keep revising our treatment protocols," worries Dritz of city public health. "But nothing seems to work, so we just have to keep experimenting."

Scientists have had as much trouble isolating a cause for the outbreak as finding a cure. Put simply, researchers attribute the GRID diseases to a massive breakdown in the victims' immune systems. This stops the body's ability to arrest the development of cancer cells, or pneumonia, or any other invading organisms to which most people are exposed.

What causes this short-circuiting of the immune system among such a specific demographic group?

Federal health officials ran profiles of 130 risk factors on the GRID victims through a computer and found that the typical patient had about twice the sexual activity of the normal American gay male, tending to be involved in bathhouses and esoteric sexual activities.

They also indulged in heavier use of such drugs as marijuana, MDA, ethyl chloride, LSD, alcohol and "poppers," the nitrate-based stimulants popular in gay circles. They also tend to have extensive histories of sexually transmitted diseases.

It is unclear whether sexual practices, drugs, diseases or treatments for the diseases — or a combination of all these factors — are behind the epidemic.

Complicating the search is the fact that several sets of roommates and lovers have come down with the same GRID disease, leading some researchers to suggest that a viral agent may be involved.

"The problem with this is that people who live together also tend to do a lot of other things that are similar," says Dr. Howard Jaffe, a member of the Atlanta-based Center for Disease Control task force on GRID.

The suspicion of a viral cause of this cancer has piqued the scientific curiosity of many in the medical community and there is a belief among some researchers that a solution to the outbreak of GRID diseases may ultimately bring a solution to the causes of cancer.

Like just about any subject involving homosexuality, it hasn't taken long for GRID to become a political issue.

At congressional hearings on KS in Los Angeles last month, Congressman Henry Waxman, chairman of the House Subcommittee on Health and the Environment, accused the federal government of dragging its feet on gay-related diseases.

"There is no doubt in my mind that if the same disease had appeared among Americans of Norwegian descent, or among tennis players, rather than among gay males, the response of both the government and the medical community would have been different," said Representative Waxman, D-Los Angeles, whose district includes the predominately gay West Hollywood neighborhood.
Mysterious gay cancer growing at alarming rate

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With no gain, a foothold

In San Francisco, there have been 109 reported cases - all gay men - and 35 have died.

Belief among scientists that a sexually transmitted virus may be at work has stunned the gay community, a population whose lifestyle is based on a free-wheeling approach to sex.

"It is like a big, black cloud," said Jim Moss, a gay activist in San Francisco.

"Until recently, the consequences of promiscuous sex were treatable. This epidemic is forcing some people to cut down on sex and is creating guilt among those who are unable to slow down."

Now physicians and gays alike are uneasy about the finding of widespread immune system changes.

In a New York study published last month, 80 percent of a group of apparently healthy homosexual men had abnormal results in immune system tests, and researchers in San Francisco are also finding signs of immune problems, such as swollen lymph glands, in gay men without AIDS.

Will these men eventually go on to suffer a more severe breakdown of their immune defenses, becoming vulnerable to serious diseases like Kaposi's sarcoma, a rare form of cancer, and a virulent illness called pneumocystis pneumonia, that attack victims of AIDS?

So it is now that AIDS, as worrisome as it is, may only be the vanguard of a more massive outbreak still to come.

Our sense of the disease is that we're seeing a lot more evidence of it," said Dr. Paul Volberding, a research specialist at San Francisco General Hospital and co-director of a large task force in the City involved in an intense effort to find the cause of AIDS.

"We could be sitting on a major outbreak of serious disease in the next year."

To date, 394 cases of AIDS have been reported in the United States since 1979, with 260 deaths. Fifty-eight percent of patients have died within a year and 60 percent, within two years, and none have made a complete recovery.

On the other hand, some public health officials feel it is equally likely that most of the immune-deficient men will never develop the full-blown AIDS syndrome, even though their mild symptoms may have resulted from exposure to whatever causes AIDS.

"The people with Kaposi's sarcoma and pneumocystis pneumonia may be the tip of the iceberg," said Dr. Harry Haverkos of the federal Center for Disease Control.

"Below the surface are a lot of people who show immunologic abnormalities but may not come down with the severe opportunistic diseases." Something similar occurred during the epidemics of polo, he noted, when only a few percent of people exposed to the virus actually got the paralytic disease.

In San Francisco, 80 gay men who have swollen lymph nodes and other signs of altered immune function are being closely watched by University of California physicians whose lifestyle is based on a free-wheeling approach to sex.

Some of the immune problems probably are due to non-AIDS infections such as mononucleosis, researchers say.

None of the patients have developed AIDS so far during the study that began a year and half ago, but "they're disturbed by not knowing what they have," said Dr. Donald Abrams of the Cancer Research Institute at UCSan Francisco.

Although there is no definite evidence, most researchers think the cause of AIDS will turn out to be a sexually transmitted virus carried in the blood.

Viruses are known to suppress the immune system, and sometimes are present in semen. Therefore, promiscuous rectal intercourse among gay men could repeatedly spread viruses through wounds and abrasions in the rectum, according to some theories.

Other factors in the so-called "gay lifestyle" may also be suppressing immune defenses. Recreational drugs, injected and injected, and repeated bouts with sexually transmitted disease such as hepatitis, syphilis and gonorrhea, could interact with a virus to damage the immune system.

Still, investigators are perplexed by the syndrome's appearance in women, heterosexual men, Haitian immigrants and three homosexuals, in addition to gay men. Nor can they explain the sudden appearance of the disease.

The latest information about the epidemic will be discussed by prominent researchers on Friday at a meeting co-sponsored by UCSan Francisco and the Kaposi's Sarcoma Foundation. The following day, at 10 a.m., a public forum at Everett Middle School, Church and 16th streets, is scheduled.

Forums and fund-raisers for AIDS are among the ways San Francisco's gay community has been responding to the epidemic. There are several hotlines, including one run by the Kaposi's Sarcoma Foundation (804-4750).

The City is putting in place a coordinated system of referral services, screening clinics, treatment facilities, support groups, hotlines and hospice services, said Pat Norman, coordinator for gay and lesbian health services at the San Francisco Department of Health.

Among gays frequenting the bars and baths for casual sex, the reaction to AIDS runs the gamut from fear and changed behavior to rationalization and business-as-usual.

Together with an alarming rise in sexually transmitted disease among gay men since the middle 1970s, the epidemic is a threatening turn of events for a movement that has fought for years to live its own style of life openly.

"Sexuality is its banner, and it is a hard banner to put down," said Dr. Richard Hamilton, a physician at the Buena Vista Medical Group who is treating victims of the often fatal syndrome.

This atmosphere of high sexual activity has taken on a great deal of importance for a community that is suffering a certain amount of repression," he said. "It is a rather frightening experience to be involved in health care of the gay community at this time."

A tour of gay gathering places in the Castro and Tenderloin districts finds the cruising bars still wall-to-wall with men looking for someone new.

In a Tenderloin night spot, a bartender named Bill bumps and grinds to a disco beat, and with a naughty grin admits that he still considers a marathon of sex with as many as 40 partners a...
By David Perlman  
Science Editor  

A 26-month-old boy who has been hospitalized since September is suffering from a rare infection that strongly suggests he may be the victim of the puzzling set of diseases known as AIDS, doctors reported yesterday.

They also said circumstances show that the infectious agent causing his illness may have entered the baby's body by a blood transfusion from a donor who later died with profoundly depressed immunity and a variety of widespread infections — including the virus most frequently associated with hundreds of AIDS cases.

Those cases, occurring most frequently among sexually active gay men, include a rapidly spreading form of cancer called Kaposi's sarcoma and a lethal lung disease called Pneumocystis carinii pneumonia.

The baby's illness, and its possible association with AIDS (an acronym for Acquired Immune Deficiency Syndrome), was first disclosed yesterday in a report from the federal Centers for Disease Control in Atlanta.

The disease surveillance center also reported that four patients with hemophilia, all of whom have been receiving regular transfusions of a blood-clotting factor derived from hundreds of donors, also have been confirmed as AIDS victims.

After the Atlanta report yesterday, three San Francisco physicians studying the possible link between the baby's illness and the blood transfusion discussed the problem in detail.

They were Dr. Arthur J. Amman, director of pediatric immunology at University of California at San Francisco; Dr. Herbert Perkins, director of research at the Irwin Memorial Blood Bank, which supplied the transfusions for the baby, and Dr. Selma Dritz, the city health department specialist who has been monitoring the more than 125 AIDS cases that have surfaced within the past two years.

The situation is significant, they agreed, because it seems to be the first case in which a link may have been established between the blood of a known AIDS victim — in this case a 46-year-old man — and an infant with an unexplained immune system deficiency and a so-called "opportunistic infection."

And it is bound to pose concern among many patients who must receive transfusions of whole blood or blood components and who may worry that these transfusions can transmit infectious agents.

To that worry, however, Dr. Perkins offered this reassurance: All blood volunteers at the Irwin Memorial Blood Bank and at other voluntary blood banks, he said, are carefully screened and are rejected if they show evidence of past hepatitis infections. They are also closely questioned about any possible present or past infectious diseases that might make them ineligible to give blood, he said.

Furthermore, he said, blood destined for newborn babies, whose immunity to infection is naturally low, is also screened for the specific agent known as cytomegalovirus that has been most widely implicated in the AIDS problem.

"The volunteer donor," Perkins said, "is a relatively safe donor. But blood transfusions do have a potential for serious side effects, and should never be ordered unless one is convinced that the benefits outweigh the risks."

The story of the baby boy at UCSF began when he was born by Caesarian section on March 3, 1981, and yesterday Dr. Amman detailed that story in an interview.

The infant was an "Rh baby" — born with a potentially lethal blood problem that required doctors to transfuse his body's entire blood supply six times within a week. In the first month of his life he received blood and blood products from a total of 21 donors.

At four months he suffered an enlarged spleen and liver; at seven months he was hospitalized with an ear infection, failed to respond to antibiotics, and a fungal infection invaded his mouth. Two months later he developed jaundice and hepatitis of unknown origin, although tests to determine whether he had been infected with hepatitis virus or with cytomegalovirus were negative.

More infections developed over the following months, and after he was hospitalized, bone marrow analysis showed that his immune system was severely depressed and that he was suffering from a rare fungal infection called Mycobacterium avium-intracellulare.

Yesterday, in the Journal of the American Medical Association, a UCLA report noted that five male homosexual AIDS patients who had died recently in Los Angeles were all suffering from that same fungal infection. The fungus is common in soil and some animals, but almost never causes illness in people with normally functioning immune systems.

The baby boy, Dr. Amman said, is still being treated in UCSF's Moffitt Hospital with a variety of antibiotics and is in "stable but guarded" condition. His parents are both perfectly normal; there is no evidence of any genetic defect that might cause the infant's immune system problem, nor has the baby shown any evidence of infection with cytomegalovirus or any other of the herpes-type viruses associated with AIDS.

In other words, the organism responsible for depressing the baby's immune system and leaving him prey to so many infections is a complete mystery.

But the mystery led Dr. Amman to seek a possible cause in the blood transfusions that the baby had received early in his life, and three weeks ago he enlisted help from Dr. Dritz at the health department. She in turn called on Dr. David Perlman at the blood bank, and he was able to give her the names of all the volunteer donors whose blood or blood fractions had been given to the sick baby.

Dritz then checked those names against her constantly updated list of AIDS victims — many of them still under treatment and many dead within the past two years.

On that list she found the man who had been a volunteer donor at the blood bank on March 10, 1981, and whose blood platelets had been transfused into the newborn baby the next day.

That man was perfectly well at the time, and his blood tests were normal.

But the following October, according to the detailed records Dr. Dritz maintains as meticulously as a homicide detective, he began to show symptoms typical of AIDS. He was fatigued and his appetite diminished; his lymph glands became swollen and the retina of one eye became clouded. By last December he was hospitalized with pneumonia. By last March his immune system was severely depressed. By April he developed a fungus infection in his mouth. By June he was hospitalized again for an infection from salmonella bacteria, an atypical mycobacterium infection, a severe encephalitis and a widespread cytomegalovirus infection — all major signs of AIDS and opportunistic infections. He denied being homosexual. He died in August.

Yesterday's report from the Centers for Disease Control noted that if the baby in San Francisco does indeed have AIDS, as seems quite possible, and if the unknown infectious agent was carried to the baby by the transfusion from the now-dead donor, then:

"One must assume that the agent can be present in the blood of a donor before the onset of symptomatic illness, and that the incubation period for such illness can be relatively long."

"This report, and continuing reports of AIDS among persons with hemophilia raise serious questions about the possible transmission of AIDS through blood and blood products. An advisory committee to the U.S. Public Health Service is being convened to address these questions."
Fears that gay cancer epidemic will worsen

While a CDC study found that AIDS victims statistically tended to be extremely active, with a lifetime average of 1.300 sex partners, some victims have been fairly promiscuous.

Turner, after treatment with standard cancer chemotherapy, entered a trial of the experimental drug interferon by Dr. Volberding.

Ten patients have received the drug over an eight-week period and the results have been "encouraging," Volberding said. Even when treatment of the AIDS diseases have been successful, however, the patients' immune systems have not returned to normal, leaving their future uncertain.

Turner said that he has seen no progression of his disease and that by improving his diet and taking it easy, he is feeling well.

The CDC has advised gays to have fewer different sex partners — reducing the number of times they may be exposed to — and to avoid drugs. Yet the physicians are cautious, not wanting to appear to be making moral judgments about the way gays live.

"I think we're very reluctant to give it the lifestyle up," said Steve Jones, an administrative assistant to Assemblyman Art Agnos and an official of the Kaposi's Sarcoma Foundation. "A lot of our institutions are based on sexual pursuits, and cruising is one of the best ways to make friends.

To gays, moreover, concern that the epidemic will be used against them is rampant. "There is the fear that the Moral Majority will say, 'God is punishing you,'" said Turner.

Dr. Paul Volberding at S.F. General Hospital, who is studying and treating AIDS cases, with patient Paul Dogue

--- From preceding page good weekend.

If his fast pace has not slowed, Bill has taken one precaution:

"Now," he says, "I don't kiss them."

And although many gays seen reluctant to drastically curb a lifestyle based on ever-changing sex partners, many other men say the deaths and sickness have made them so fearful that they are choosing their sexual partners more selectively, cutting down on drugs and avoiding bathhouses or clubs where sex is free, fast and anonymous.

Assuming the trend on sexual behavior is difficult because of the immense diversity among perhaps 100,000 guys, ranging from the monogamous Pacific Heights couple to the leather-fancying swingers South of Market having having scores of different partners in a year.

"Are there fewer people at the baths?" asked Paul Hardman, publisher of the Voice, a gay newspaper, "Look at Eighth and Howard (Club Bath of San Francisco) it's booming," he said. "I don't think anybody is changing to a great extent."

Those whose lives have been touched by AIDS have been far quicker to alter their behavior, said Jim Geary, director of the Shanti project, which brings together victims of the disease in support groups.

"I think people who are working with the victims, such as our volunteers, are making more changes in their lifestyle," he said. "For most of the gay community, people are still thinking that it couldn't happen to them."

That was what Dan Turner, a 34-year-old playwright, thought last winter when he noticed two purple spots like cigarette burns above his right ankle.

He had read the news stories, saying that purple or blue lesions on the skin could signal Kaposi's sarcoma, but he dismissed the idea that that was his problem.

At that time, he said, most people in the community felt "that you had to be way out (in sexual activity or drug use) to get it — that the average Joe Gay wasn't going to get this thing."
Scientists studying an epidemic of a cancer and other infections in homosexual males are finding an epidemic of similar cases among heterosexual patients, the national Centers for Disease Control said yesterday.

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

Between June 1, 1981, and May 18, 1982, the CDC received reports of 355 cases of Kaposi's sarcoma and other infections that struck previously healthy people because of an apparent weakness in their natural immunity systems, the CDC said.

Kaposi's sarcoma, a cancer, previously had been seen primarily in the elderly. The other infections, including Pneumocystis carinii pneumonia, had been observed only in people whose immune systems had been weakened by something such as chemotherapy or transplant surgery, Guinan said.

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

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

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

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

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

The median age for onset of symptoms was 36 years for homosexual men, 31.5 years for heterosexual men and 29 years for women.
Baby with AIDS disease raises doubt about blood transfusions

By John Jacobs
Examiner staff writer

The appearance of a deadly immune deficiency disease in a Bay Area baby, who may well have contracted it through a blood transfusion, has prompted concern that anyone who receives a blood transfusion could be at risk.

The disease poses a difficult public health question because it is not possible to identify those donors who are at the highest risk of transmitting the disease. Nor is it yet possible to identify signs of the disease in blood in which it may be incubating.

The apparent link between this 20-month-old baby and the disease — acquired immune deficiency syndrome (AIDS), sometimes known as "gay cancer" — is the first seeming confirmation that the mysterious affliction may be transmitted through the blood.

The disease has so far been associated with gays, Haitians and drug abusers.

Blood bank officials say, however, the danger to the population as a whole appears small because the disease is rare and most donors are regularly contributing, carefully screened people.

AIDS somehow breaks down the body's natural immune system, leaving the body vulnerable to a host of infections, pneumonia and an especially virulent form of cancer known as Kaposi's sarcoma. An estimated 60 percent of those who get Kaposi's die within a year. Treatment is unknown.

Nearly 800 AIDS cases have been reported by the Centers for Disease Control in Atlanta.

Most have been in the past 18 months and nearly all have been in gay men, Haitian immigrants, male and female drug users who use needles and a handful of hemophiliacs, whose blood lacks an ability to clot.

Mortality for AIDS victims is estimated at 40 percent, although that figure is expected to grow. A CDC study found that many who get the disease have had hundreds of sex partners.

In this particular case, announced by CDC and confirmed Thursday by physicians at the University of California at San Francisco, a man who donated blood to the baby (he was one of 19 donors) displayed symptoms of AIDS seven months later and eventually died.

Although the man denied being gay, officials said later circumstantial evidence indicated that he was.

Dr. Herbert Perkins, head of research at the Irwin Memorial Blood Bank in San Francisco, which unknowingly supplied the allegedly diseased blood, emphasized that nothing has been proven.

He said that if the disease can be transmitted through blood, "present evidence indicates it is an extremely rare phenomenon."

Nevertheless, Dr. Selma Dritz, chief epidemiologist with the San Francisco Department of Public Health, said she is worried because "people are getting sick and dying" so quickly.

There still isn't any specific concrete proof that the blood of the (AIDS) patient caused AIDS in the child," said Dritz. "But it is serious enough that we must do a complete and thorough study."

One concern is that gays who donate blood in San Francisco (or elsewhere) can unknowingly transmit the disease since symptoms may not manifest themselves until months later.

And, of course, gays are just as vulnerable to receiving diseased blood from transfusions as anyone else.

Because so little is known about AIDS, no one is yet prepared to recommend how to screen potential "high-risk" donors, partly because it is unclear who they might be.

"If it turns out that AIDS is an infectious disease transmitted by transfusion and that the incubation period is eight months or more, then obviously our careful histories and lab tests are totally useless," said Perkins.

"In that case, the only way to cut down on the risk of transmitting is to identify the high-risk groups of potential donors. I sure don't have any way to do that at the moment."

"What it comes down to is (whether) gays are a high-risk group. Should they be eliminated as donors? It is very premature to make that judgment.

Gays are overrepresented among people with AIDS. Is it the fact that they are gay or that they have multiple sex partners?"

"Is the risk equal among heterosexuals with multiple sex partners? And what's multiple? Two, five or more? And how do they relate sexually? Does it have to be anal intercourse?"

"Nobody has any notion, so who's going to draw up rules and regulations?"

Dr. Robert Bolan, a family practice physician with many gay patients who is a member of Bay Area Physicians for Human Rights, said he does not see how gays can be screened in advance.

Dritz said the decision on whether to accept a transfusion must be between the patient and the doctor because "only the physician will know how great the need of that patient is for that blood and how the risk of not getting the blood compares to the risk of transfusion."

"Thousands of transfusions are given every year. This could be a freak, but we can't take a chance," Dritz said.

Perkins took pains to reassure the public that he believes blood donated in San Francisco is no more dangerous than blood donated anywhere else.

For example, he said, the blood bank screens every pint of blood for evidence of hepatitis B, which appears in the same population as does AIDS and is transmitted by direct intimate contact and by blood transfusions.

"If you compare our volunteer donors as a total group," he said, "with people who come to donate special blood for family members in the hospital, the frequency of positive tests for hepatitis B is higher in the relatives group than in our usual volunteer donor.

"So I'm saying our volunteer donors are at least as safe as the average family member."

As an example of routine screening, Perkins said the first step when a potential donor comes in is to check his or her medical file. Then a nurse asks a series of questions, designed to meet state, federal and the American Association of Blood Banks' regulations — which exist to protect the donor and the recipient.

Since hepatitis is the main problem, donors are asked whether they have had it within six months or have come in close contact with anyone who has.

Yes answers are grounds for permanent or temporary exclusion.

A person who once had hepatitis can never donate blood. Records of hepatitis patients are kept on a permanent state roster, which all blood banks consult.

The potential donor is also asked about history of malaria and venereal disease. Depending on the answer, he may be excluded from donating until he can no longer transmit the diseases.

Every donation of blood, Perkins said, is tested for presence of hepatitis and syphilis — which the doctor said is almost never transmitted.

Some 35 more medical questions are also asked, and nurses are required to write yes or no answers on the donor card. For affirmative answers, the donor is examined by a blood bank physician.
Health bulletin for city workers on how to avoid three diseases

By Beth Hughes
Examiner staff writer

All San Francisco police, fire and medical workers who have contacts outside hospitals with people who may have hepatitis, syphilis or AIDS will be receiving an information bulletin from the city's Department of Public Health outlining ways to guard against contracting the diseases.

The memo is the product of a three-week series of meetings at San Francisco General Hospital where police, fire and emergency medical service representatives met with doctors who are experts on the three diseases.

The San Francisco Police Officers Association is distributing its own five-page supplement to the DPH memo.

"We and the medical profession are probably in the highest-risk group in dealing with these people," said POA President Al Casciato, explaining why the group decided to augment the official city release.

Officers must be made aware of AIDS symptoms so victims can be taken to a hospital rather than to jail, Casciato said.

Officers should report any contact with a carrier of any of the three diseases to their commander, he said. This would provide future substantiation if the officer contracted one of the diseases and applied for compensation for work-related injuries or illnesses.

One San Francisco doctor, an expert on AIDS, called the association's addition "more than a little inflammatory."

The longest section of the DPH memo addresses AIDS, the disease that destroys the body's immune system, opening victims to a wide range of infections and rare cancers.

In a question-and-answer format, the memo states that no cases of AIDS have been diagnosed among doctors or nurses who work with afflicted patients, nor has the disease been found "in any other working groups ... such as paramedics, police or firemen, unless they also were in a high-risk group."

The mysterious disease strikes at a variety of high-risk groups, which include sexually promiscuous homosexual men, drug addicts and immigrants from Haiti or Cuba.

More than 1,145 people in the United States have contracted the disease, which has proved fatal in more than 428 cases since it first appeared in 1979. San Francisco health authorities expect 200 cases to be reported here this year and possibly 350 in 1984.

"Sure, I want to know more about it," said one firefighter who asked that his name not be used. "You come in contact with lots of people doing this."

Explaining that many fellow firefighters expressed the same concerns, he said he worried about contracting AIDS, especially when he gives mouth-to-mouth resuscitation.

The DPH memo suggests all "field personnel" follow these three rules to reduce the risk of contracting contagious diseases:

- Wash hands after any patient contact even if gloves have been worn.
- Wear disposable plastic or rubber gloves when there is contact with any bodily fluids.
- Use a portable bag-valve mask device or a pocket face mask for mouth-to-mouth resuscitation.

While the DPH memo states that transmission of AIDS occurs "by very intimate, usually sexual contact or by contact with blood or body secretions of affected patients," the police association's supplement contends the disease can be transmitted by "limited, non-sexual contact of mucosal surfaces with any body secretion such as blood, sweat, urine, feces or saliva of affected subjects."

"Realistically, every police officer by the nature of police work is at some risk," the association's bulletin reads. "However, particular concern must be paid when officers come into physical contact with any of the high-risk groups (Cuban and Haitian immigrants, intravenous drug users, homosexuals with multiple partners, hemophiliacs) or when any mucosal contact occurs with any body secretion."

The association's report also provides officers with hypothetical examples of how they might be exposed to AIDS:

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

"This is more than a little inflammatory," said Dr. Paul Volberding, who is an assistant professor of medicine and chief of the oncology department at San Francisco General Hospital.

"It's precisely the kind of information we'd like to see eliminated by the dissemination of facts."

Casciato said the tract was not intended to be inflammatory. "I ran it by five or six officers, and they said they were thankful for the information," he said.

But Volberding, an expert on AIDS, challenged some of the POA "information," saying, "There is no evidence at all that AIDS is spread by means other than direct sexual contact or blood products.

"We think semen is the principal secretion in question," he said.
If this article doesn’t scare the shit out of you we’re in real trouble. If this article doesn’t rouse you to anger, fury, rage, and action, Gay men may have no future on this earth. Our continued existence depends on how angry you can get.

I am writing this as Larry Kramer and I am speaking for myself and my views are not to be attributed to Gay Men’s health crisis.

I repeat: our continued existence as Gay men upon the face of this earth is at stake. Unless we fight for our lives we shall die. In all the history of homosexuality we have never been so close to death and extinction before. Many of us are dying or dead already.

Before I tell you what we must do, let me tell you what is happening to us.

There are now 1,112 cases of serious Acquired Immune Deficiency Syndrome. When we first became worried, there were only 41. In only 28 days, from January 13 to February 9, there were 164 new cases — and 73 more dead. The total death tally is now 418. Twenty percent of all cases was registered this January alone. There have been 195 dead in New York City from among 526 victims. Of all serious AIDS cases, 47.3 percent are in the New York metropolitan area.

These are the serious cases of AIDS, which means Kaposi’s sarcoma, Pneumocystis carinii pneumonia, and other deadly infections. These numbers do not include the thousands of us walking around with what is also being called AIDS: various forms of swollen lymph glands and fatigues that doctors don’t know what to label or what they might portend.

The rise in these numbers is terrifying. Whatever is spreading is now spreading faster as more and more people come down with AIDS.

And, for the first time in this epidemic, leading doctors and researchers are finally admitting they don’t know what’s going on. I find this terrifying too — as terrifying as the alarming rise in numbers. For the first time, doctors are saying out loud and up front, “I don’t know.”

For two years they weren’t talking like this. For two years we’ve head a different theory every few weeks. We grasped at the straws of possible cause: promiscuity, poppers, back rooms, the baths, rimming, fisting, anal intercourse, urine, semen, shit, saliva, sweat, blood, blacks, single virus, new virus, repeated exposure to a virus, amebas carrying a virus, drugs, Haiti, voodoo, Flagyl, constant bouts of amebiasis, hepatitis A and B, syphilis, gonorrhea. (Continued on page 16)
Gay-health issue — and gossip of stolen thunder

By David Johnston
Examiner staff writer

The supervisors' weekly meeting was winding down when Supervisor Richard Hongisto tapped his microphone and called for hearings on the subject of Kaposi's sarcoma and a variety of other diseases that seem to strike gays especially hard.

Supervisors Harry Britt, Nancy Walker, Doris Ward and Lee Dolson were quick to join their colleague in supporting the hearings, but afterward there was some private grumbling about Hongisto's call for the hearing.

Nobody actually came right out and said Hongisto was claim-jumping on the issue of gay health. But Walker, chairman of the supervisors' Health Committee, and Britt, The City's only gay supervisor, have been leading a month-long effort to come up with a gay-health package for San Francisco.

That neither supervisor was aware of Hongisto's hearing plans until shortly before the supervisors met was regarded by the Britt camp as a breach of collegial etiquette — such as it exists in the unruly give-and-take at City Hall.

Hongisto said Britt asked him if he would postpone his call for the hearings. "I asked why and got some nebulous answer," Hongisto said. "So I said I won't delay the hearings because I think this is a serious problem. I said, I would acknowledge your part, but I want to participate in putting the mayor up against the wall to start the ball rolling the way I see it."

None of Hongisto's allies at City Hall came right out and said it, but there was an unmistakable feeling among them that Britt was trying to claim territorial rights on an issue in need of all the friends it can get.

Britt and Walker have worked hard on the gay-health problem. They have carefully conceived a $375,000 spending proposal that would expand screening, diagnosis and treatment of Kaposi's sarcoma while providing more money for The City's programs to combat other health problems affecting gays, such as certain communicable intestinal diseases, alcoholism and general health care among gay senior citizens.

The central focus of the package is funding to combat Acquired Immune Deficiency or AIDS diseases. Among these is Kaposi's sarcoma, a form of cancer that is fatal to nearly half of those who contract it, said Pat Norman, coordinator of gay and lesbian health services for the City Department of Public Health.

She said the disease has turned up not only among primarily gay men, but Haitian immigrants and intravenous-drug users. There are more than 100 cases in the Bay Area, said Norman.

"At this point there are services to diagnose and treat AIDS diseases in some areas," said Norman. "However, it's very difficult for people to go in and get screened and treated and have ongoing followup by people who are committed to those services."

In an effort to get the new package off the ground, Britt held a private meeting with Mayor Feinstein last week in which he urged her to support funding for the package. Britt, who often disagrees with Feinstein on city policy and is not a regular at the circle of chairs before the mayor's desk, emerged from the session smiling.

"I have nothing but good words for Dianne Feinstein on this issue," said Britt. "We'll talk about raises later on."

He said he was optimistic that Feinstein might seek the supplemental appropriation required to fund the package. When the mayoral nod is given, Britt plans a major announcement before moving quickly to secure funding for the package.

"We're in a hurry because there are people who are victims or exposed to life-threatening diseases who need to know that The City is concerned," said Britt.

Hongisto insists his call for hearings is a sincere gesture to help solve a pressing community problem — not a ploy to shore up a political base.

"I want to get the health director in here so we can develop some facts," Hongisto said. "Then I can determine how big the problem is and how little he's doing about it, so we can start on what I consider a public-health problem of some magnitude."

Hongisto is no newcomer to gay politics. From the first of his two terms as San Francisco sheriff, beginning in 1972, Hongisto was one of The City's first major elected officeholders to court gay political support and espouse gay concerns.

Largely on the strength of his long track record, major gay leaders, including Britt, have endorsed Hongisto's re-election bid this year for a second term in office.
By Jerry E. Bishop

Epidemic First Concentrated Among Homosexual Men Is Affecting Many Others

Evidence is growing that an often-lethal disease of the body's immune system that has broken out in epidemic form may be spread by a "transmissible agent," perhaps a virus, that enters the bloodstream.

The newly discovered disease destroys the body's natural defenses against infections and cancer. Victims develop a rare form of cancer or severe infections from bacteria, viruses and other microorganisms that don't ordinarily cause serious illness.

Since the epidemic was first detected 13 months ago, the disease has hit 452 people in 21 states and eight foreign countries. The known U.S. death toll of July 8 was 127, making it one of the most deadly epidemics to hit the U.S. in decades. Deaths now exceed those from toxic shock syndrome and Legionnaires' disease combined.

Until recently, the epidemic was concentrated largely among homosexual men in New York City, San Francisco, Los Angeles and Atlanta. A few drug addicts also developed the disease, known as acquired severe immunodeficiency disease, or AIDS.

Disease Spreads

But the epidemic is spilling over into the general population. The government Centers for Disease Control in Atlanta, where a special task force is trying to ferret out the cause, report that 60 heterosexual men and 23 women have been diagnosed with the disease.

Last week the CDC said that AIDS had hit 32 Haitian immigrants in five cities, none believed to be homosexual. Fifteen of the Haitian victims died.

Yesterday the CDC reported that three hemophiliacs had developed AIDS, two of whom died. The development was considered serious because hemophiliacs, whose blood doesn't clot, are treated with "clotting factors" extracted from donated human blood. None of the hemophiliac victims were homosexual. This "suggests possible transmission of an agent through blood products," the CDC report said.

Checks showed that the hemophiliac victims had received clotting factors derived from different lots, hinting that the suspect "agent" may have contaminated more than one blood supply.

Researchers Puzzled

In more than a year of intensive research, scientists have been baffled about the cause of the disease and how it's spread. Because of high incidence among homosexual men, early efforts concentrated on the habits and lifestyles of these men.

But the more recent developments bolster suspicions that a "transmissible agent," perhaps a virus, is involved. Experts note a strong similarity between the way AIDS is spreading and the way hepatitis B spreads. Once known as serum hepatitis, this liver disease is caused by a virus carried in blood.

Gay ills hit Calif. harder

Victims of new ills here: 25% of total

By Tom Eastham
Examiner Washington Bureau

WASHINGTON — About a quarter of the victims of two diseases which have mysteriously struck homosexual men in recent months—killing about 40 percent of them—have been Californians, a study shows.

California and New York are the states with the largest number of cases, and "Something like 25 percent of the cases reported are in California," according to Dr. James Curran, of the Center for Disease Control in Atlanta.

"Although not all are in San Francisco or Los Angeles, they are about equally divided between these two metropolitan areas."

Curran is chief of a CDC task force seeking urgent answers as to why two rare and mild diseases — a skin cancer called Kaposi's sarcoma and a strain of pneumonia called pneumocystis — have twinned up with such frequency and such devastating effects.

The number of cases among homosexual men is up to 200 times the expected rate, according to Curran, and the scale of the medical mystery is being compared to the toxic shock syndrome and the so-called Legionnaire's disease.

Neither disorder independently is usually fatal, but in the 111 combined cases recorded in recent months—including 70 since July 3— at least 43 male victims have died from one or the other of the diseases.

"They are mysterious, particularly in that they are occurring among a relatively small group of men," Curran said. "The mystery is not in the disease itself, but in its occurrence."

The current outbreak is violating all the rules of experience with the two diseases. The pneumonia usually is found only when other diseases have attacked the system first, making it vulnerable. The sarcoma usually attacks only old men whose immunity systems have been impaired.

Now they are striking more frequently, and are hitting young and healthy men.

Curran said CDC investigators have interviewed male victims and their physicians in San Francisco and Los Angeles as they probed the lethally linked skin cancers and pneumonia.

Members of his task force will be assigned to California within the next few weeks, Curran said, adding that details of the investigation have not yet been worked out. CDC employees now assigned to state and local health agencies may also be used, he said.

"We want to see as many cases as we can, and we will concentrate where most of the cases are," Curran said.

"We anticipate working with local health authorities and the private physicians involved in implementing a case control study. We will interview patients, collect laboratory information and collect specimens."

In addition to talking with victims, the CDC team will set up control groups of homosexuals in a number of large cities.

One suspected agent is a herpes virus, dormant in half the population and in as many as 95 percent of homosexuals. When active, the virus is present in body fluids such as blood and semen and can be passed by person-to-person contact. It has been found in some Kaposi tumors.

—See Back Page, Col. 4
AIDS hooks four babies

By Richard Saltus
Examiner science writer

The deadly immune deficiency disease AIDS, which has largely targeted homosexual men, Haitian refugees and needle-using drug abusers, now has been identified in a number of infants who apparently contracted it from their mothers, federal officials said today.

One of the mothers, a San Francisco prostitute and drug user, evidently passed the disease that weakens the immune system to four baby girls she bore — all with different fathers.

Two of the infants died of a particularly lethal form of pneumonia that is often seen in victims of AIDS or, Acquired Immune Deficiency Syndrome. Another died of other causes but probably had AIDS, and the fourth is believed to have AIDS and is at “extremely high risk” of getting a life-threatening infection, said a University of California at San Francisco pediatrician.

Since three of the baby girls lived apart from the mother and two of those were separated from her at birth, “it makes us very strongly suspicious” that an infectious agent was passed to the infants through the mother’s blood before birth, said Dr. Morton Cowan of UCSF.

The report of an AIDS case in four children under 2 years of age is the first to surface since the nation’s first AIDS epidemic was recorded last spring.

The San Francisco child, a 2-month-old girl, was the first case of the disease in an infant under 2 years of age to be reported to the U.S. Centers for Disease Control in Atlanta.

The CDC said the disease is recognized in all categories of high-risk groups — but in gay men, Haitians, and intravenous drug abusers.

Dr. Richard Saltus, a Miami-based epidemiologist, said the infant's mother was a prostitute who had had repeated blood transfusions from drug abusers, including some of her drug-dealing partners.

Infants in such cases can become carriers, that's going to potentially expand the pool of victims beyond the high-risk groups already noted.

“I don’t think we’ve seen the full impact of how extensive AIDS is going to be,” Dr. Saltus said.

The CDC said in its Morbidity and Mortality Weekly Report that all four infants who apparently got AIDS were under 2 years of age.

None of them were known to have received blood transfusions, suggesting to the epidemiologists that the disease was passed on directly by the mothers.

The San Francisco victim noted in the formal case report from CDC was born in April to a 25-year-old prostitute who also injected drugs intravenously. When she was 2 months old, the baby came down with oral and vaginal fungal infections, as well as an unusual pneumonia that experts think is a form of AIDS.

Epidemiologists discovered that the mother had had similar oral fungal infections and also had shown signs of immune system abnormalities.

The infant’s physician at UCSF reported in the Morbidity and Mortality Report that the baby had coughed, leading to the infant’s being hospitalized with what turned out to be pneumocystis carinii pneumonia — another infection common in AIDS victims. The infant died last month.

In addition to the San Francisco case, the CDC reported AIDS cases in a baby of a New York drug abuser who died of pneumocystis pneumonia. Another victim was the son of Haitian immigrants in Brooklyn, N.Y. A baby boy in Newark, N.J., also born to Haitian parents, died of pneumocystis pneumonia at about 6 months of age.
Drug Tested Here Against 'Gay Cancer'

By Charles Petit
Science Correspondent

Tests of the experimental drug interferon began this week at San Francisco General Hospital against Kaposi's sarcoma, a baffling form of cancer that is on the increase primarily among gay men.

The set of ailments, lumped under the term "acquired immunodeficiency syndrome" or AIS, has struck nearly 500 people in the past four years, killing almost half of them.

At San Francisco General Hospital, tests began Monday on the first of 10 patients with Kaposi's selected for the trial.

"We will add two patients a week to the program, and should have a good sense of the results in three or four months," said Dr. Paul A. Volberding, chief of oncology at the hospital. He is directing the study with Dr. Marcus A. Conant, co-director of the UC San Francisco Kaposi's Sarcoma Clinic.

Kaposi's is a disease that usually first appears in the form of small, raised, purplish skin tumors. Until the recent upsurge, it had been known mainly in older men.

Previous tests at Sloan-Kettering Cancer Center in New York with interferon indicated it causes partial or complete remission in about half of Kaposi's sarcoma patients.

"That result is probably as good as with chemotherapy," Volberding said.

However, all AIS diseases seem associated with defects in patients' immune systems, a factor that theoretically makes interferon a superior treatment than standard chemotherapy.

"Chemotherapy, we know, further impairs the immune system," Volberding said. "Interferon, we hope, augments it, although there are still a lot of unknowns."

All 10 patients for the study have already been selected. "We had no trouble at all getting volunteers," Volberding said.

From Page 1

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The patients are being hospitalized only for the first three days, and then they be treated as outpatients.
The mystifying epidemic that has wrought serious illness, death and fear in the gay community is growing at a worrisome rate.

Aside from the mounting number of cases, researchers now are concerned about recent discoveries that many gay men who are apparently healthy have something amiss in the cells of their immune systems.

No one yet can explain the finding, but some physicians fear it foreshadows a still larger spread of the epidemic of AIDS (Acquired Immunodeficiency Syndrome). Most of the victims are male homosexuals.

Appearing suddenly three years ago, the disease has baffled medical investigators with its ferocious attack on the immune system. It virtually shuts down the body’s defenses against disease, allowing rare cancers and devastating infect-
In a shabby office on the fourth floor of the San Francisco Health Department, a deeply concerned epidemiologist named Selma Dritz is tracking the lethal statistics that pile up day after day from the mysterious and spreading epidemic known as AIDS.

Cautiously and tactfully, Dr. Dritz threads her way through sensitive interviews with patients as she tries to trace the intricate web of the sexual contacts they disclose — contacts that have led to the varied array of symptoms known collectively as Acquired Immune Deficiency Syndrome, or AIDS.

“I wake up at 2 in the morning,” Dritz says, “and I ask myself: ‘What are we going to do? We can’t let these young men die.’ But they do die, and I want to weep.

“If you think only scientifically, AIDS is the medical whodunnit of the decade — but who can think that way when it’s going on all around you? When right here in this office I interview two young patients only a week ago, and today I know that both of them are dead?”

The toll from this new plague is rising inexorably among young homosexual men around the country, and physicians and research scientists are baffled in their efforts to discover the causes of the epidemic.

In San Francisco, nine AIDS cases were diagnosed in 1980, four victims died. Last year, the case number rose to 40, and 20 men died. So far this year the city has record-
Blood test for ‘gay plague’ revealed

MEMPHIS, Tenn. (UPI) — A doctor has developed a blood test that replaces surgery to diagnose “gay plague,” a type of pneumonia known to affect cancer patients, newborns and homosexuals that she says could be the Legionnaire’s Disease of the 1980s.

Dr. Linda Pifer, who has studied the affection for nine years, said yesterday she has developed a simple test for Pneumocystis carinii, the disease which picked up the nickname “gay plague” because it was detected in a number of homosexual men last year.

Pifer is a microbiologist and assistant professor of pediatrics at the University of Tennessee Center for the Health Sciences. Her study of the disease began with the problems of newborn babies who are especially susceptible to Pneumocystis.

With the help of the blood test developed by Pifer, more and more cases of the disease have been diagnosed, especially in homosexual males.

“I sure wouldn’t be surprised to see this turn out as the Legionnaire’s Disease of the 1980s,” she said. “You might call it a bully because it picks on somebody whose defenses are down,” said Pifer, who also serves as director of virology and immunology at LeBonheur Children’s Medical Center.

She said the opportunistic disease is probably “grossly underdiagnosed.”

“There may be people dying of this in this country today who have not been diagnosed, who don’t know they have it,” she said.

Pneumocystis invades the tiny air sacs in the lungs and interferes with the exchange of carbon dioxide and oxygen. Unless proper treatment is administered, death is likely in 90 percent to 96 percent of the cases.

Before Pifer’s test was developed, the best way to determine the existence of pneumocystis was exploratory lung surgery.

With Pifer’s test, which is done only in Memphis, the disease can be rapidly identified and treated with antibiotics.
Warning On Gay Sex Enhancers

By Evelyn Ihsu

Manufacturers of "poppers" — inhalants widely used as sexual stimulants — should print warnings on the possible side effects of the products, a spokesman for a group of gay doctors said yesterday.

"There are grave doubts in the scientific community about the safety of the use of these inhalants as anything more than occasional drugs," said Dr. Robert Bolan of the Bay Area Physicians for Human Rights. "I would recommend that people strongly consider not using them at all until more information is known."

Advertised under such many names as Hardware, Bolt, Thrust, Rush and Locker Room, these inhalants are widely used by gays, said Bolan. They are readily available in bars, discos and bookstores.

Manufacturers advertise the substances as room odorizers or "liquid incense," Bolan said at a City Hall press conference. But "these substances are widely used as inhalant drugs for the purposes of enhancing sexual pleasure, dancing pleasure," he said. "We feel it is important for manufacturers to own up to the reality of how these substances are used."

Manufacturers should state in their advertisements the potential short term injurious side effects, such as burns around the nose and bronchitis, and state that little is known about the effects of long-term use, said Bolan.

"Some doctors believe poppers may be linked to the rise of several rare infectious diseases among homosexuals. Researchers at the National Cancer Institute found in a recent study that a small group of popper users had lower disease resistance, similar to changes found in gays who contracted several rare forms of cancer.

Bolan and other gays representatives later presented their concerns to the Health and Environment Committee of the San Francisco Board of Supervisors.

Inhalant products such as Bolt and Rush are readily available at bars, discos and bookstores.

They said the supervisors may be able to require makers of the poppers to give out information about the substances at the time of purchase. They also suggested that manufacturers alter their products to make them noxious to inhalers.

Supervisor Doris Ward said that "we don't know" what the city can do about regulating poppers, but added she has asked for an opinion by the city attorney's office about the city's possible jurisdiction.

No representatives of manufacturers of the products appeared to defend them at yesterday's hearing.

Because they are classified as room odorizers, they do not fall under the jurisdiction of the Food and Drug Administration, although it is illegal to sell poppers to minors.

Composed of either amyl or butyl nitrites, the substances cause dilation of blood vessels in the head, hands, feet and face. It is this increased blood flow that causes the "pleasurable experience" associated with popper use, said Bolan. "A rush-like sensation, time slows down, sensory experience intensified," is how the physician described its effects.

Amyl nitrite has long been a prescription drug used to relieve pain associated with heart ailments. But there is little research on the consequences of long term use of either amyl or butyl nitrite.

Asked whether labeling would have any real effect on reducing popper usage, Bolan said he was unsure but added that "calling the matter to people's attention, where it hasn't been called to attention at all, will count for something."
Joining the War Against Hepatitis B

It's a homosexual problem, but straights can get it as easily as gays

2/1/82

BY MICHAEL ROBERTSON

Hepatitis B is a gay problem, but it is not a gay disease. Over 100 million people have it worldwide, mostly in the developing countries. About 200,000 cases occur in the U.S. annually, many of which are not the result of sexual contact.

But one of the most common ways the hepatitis B virus spreads is through anal and, to a lesser degree, oral sex.

As a result, the disease is epidemic among America's homosexuals. According to Dr. Pat McGraw, a graduate of Jefferson Medical College in Philadelphia and a physician specializing in male homosexuals, 73 percent of S.F.'s gay male population either have or have had hepatitis B.

He bases this figure on statistics from field studies of hepatitis B that were conducted jointly by the S.F. Department of Health and the U.S. Public Health Service.

That is why last June McGraw, lawyer Alan French and business man Jim Mercer started the Resource Foundation to serve the city's gay community. Its first project is to eradicate hepatitis B in San Francisco.

Though male homosexuals are particularly susceptible to the disease, "a straight person can get it as easily as a gay person," says Dr. Selma Dritz of S.F.'s Bureau of Communicable Disease Control. And in approximately one in 20 cases, the condition becomes chronic, often resulting in death from cirrhosis or cancer of the liver.

Any kind of break in the skin can admit the virus, and since it is secreted in a variety of bodily fluids — including tears and saliva as well as semen and blood — people can be infected in many ways.

However, hepatitis B, traditionally known as "serum" hepatitis, is not commonly spread by food handling, like "contagious" hepatitis A. "I don't want people to think they'll get it from gay waiters," McGraw says with dry humor. "All the restaurants would close."

Some carriers don't realize they have hepatitis B. The disease is cataplastic, sometimes so mild that victims think they've had a case of flu. Yet those with only mild cases can remain infectious indefinitely.

McGraw estimates there are 1000 such carriers in San Francisco alone.

The foundation is cooperating with Serex International, a Los Angeles-based plasma collection company, in establishing a center, opening next week, in which Serex will collect plasma containing live hepatitis B virus from which a vaccine immunizing individuals will be manufactured.

In December the Federal Drug Administration licensed Merck, Sharp and Dohme Pharmaceuticals of West Point, Pa., to begin sale of the vaccine, which will become available sometime this fall.

Though the Research Foundation is both tax-exempt and nonprofit, it will share space with Serex at the plasma center at 130 Church Street. The foundation is working with Serex, "the most basic reason. "Without the plasma," says McGraw, "there will be no hepatitis B vaccine."

For the past six months the foundation has been collecting blood samples that Serex tested. Such tests reveal one of three things:

- The presence of hepatitis B virus markers or "antigens," which means the person is a carrier of the disease, even though he might be unaware he was ever infected.

- The presence of antibodies that indicates the person once had the disease but is now immune.

- The absence of antigens or antibodies, which means the person has never had the disease and probably is a candidate for vaccination.

McGraw anticipates 5000 to 10,000 such candidates will be found among Bay Area gay males.

If the concentration of antigens is sufficiently high, a person can sell plasma to Serex for the manufacture of vaccine. If the concentration of antibodies is sufficiently high, he can sell plasma from which gammaglobulin is manufactured. The gammaglobulin can be administered to those who have been exposed to hepatitis B but have not been vaccinated, in the hope they will be able to "borrow" temporary immunity.

Although McGraw hopes the foundation will receive small grants from both Merck and Serex, private contributions are necessary to raise the $60,000 to $70,000 needed. "No private insurance or medical insurance will cover this," McGraw says.

(Dr. Miriam Alter of the Hepatitis and Viral Enteritis Division of the branch of the Center for Disease Control in Phoenix says the CDC will recommend the new vaccine for high-risk groups in addition to male gays: health care professionals, patients on hemodialysis, drug abusers, Asian refugees, American Eskimos and the populations of institutions in which people are confined in close quarters long-term.)

According to McGraw, most gay men who have been sexually active for 10 years are immune.

"Those who need the vaccine will be the sexually inexperienced. And they will be the least willing to come and get it."
S.F. Department of Health and the U.S. Public Health Service.

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"Those who'll need the vaccine will be the sexually inexperienced. And they will be the least willing to come and get it.

Let's consider a married guy from Indiana who's never had sex, down to a bathhouse for a sexual outlet. (As a possible source of infection, bathhouses are "a very dangerous environment," according to McGraw.)

Such a person needs to be vaccinated. But he may engage in only an occasional homosexual liaison. He may not read gay newspapers, which have given extensive coverage to hepatitis B, or be part of the gay community, which is generally aware of the problem.

The Resource Foundation is putting together ads and public service announcements to publicize the hepatitis epidemic. But the problem the foundation faces is similar to that faced by those who wish to publicize the advantages of birth control methods for sexually active young people. "We can't make someone interested in something as important as birth control," says McGraw. "But a service for people who now have a reason to attend will make them more interested."

McGraw feels that we need the vaccine, and we need it in large quantities. Here is a mechanism for collecting it.

An Experimental Plan For the Victims

In 1970 John Calleau, then in his early 30's, went to Europe for three months when he returned he was not only lawyer. He went to a physician and discovered he had hepatitis B.

"I thought of it as inconsequential," he says, "no drinking, maybe a couple of months in bed. I thought of it as serious but not serious, something worse than a cold, like adult measles."

But in the fall of 1971 he had a relapse. Calleau had chronic hepatitis B. He began drug therapy with prednisone, an anti-inflammatory hormone thought at the time to prevent liver damage. The drug had a number of unpleasant side effects: mood swings, tension. But when he discontinued it, "my blood chemistry went wild."

Calleau says hepatitis B is a disease "which deeply affects your energy level, your enthusiasm. You aren't just those suffering from hepatitis B would be considered suitable for treatment at all.

"This is," says Smith, "a clinical trial of a therapy which is new but shows promise. We can make no promises. It helps in at least half the cases. But it is at least better than doing nothing."

These interested in participating in the study should contact Smith at the Stanford University Medical Center.

There were 14 gay men in the study, under the supervision of Dr. Coleman Smith of the Stanford University School of Medicine, needs volunteers suffering from chronic hepatitis B. Though Smith says not all those suffering from hepatitis B would benefit from the therapy.

Under a $2 million grant from the National Institute of Health, Stanford is running a more extensive five-year program of treatment and analysis to test a combination of interferon and adenosine monophosphate (Ara-AMP). The study, under the supervision of Dr. Coleman Smith of the Stanford University School of Medicine, needs volunteers suffering from chronic hepatitis B. Though Smith says not all those suffering from hepatitis B would benefit from the therapy.

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‘High Risk’ Reported

U.S. Surveys Gays and Disease

Washington 9/1/81

As many as 60 percent of homosexual men, especially those who have many sex partners, may contract one or more sexually transmitted diseases, according to a federally-conducted survey reported in the current American Journal of Public Health.

The percentage may be even higher, and many homosexuals contract sexually transmitted diseases more than once, the survey says.

The situation is a challenge to medicine, according to an editorial in the journal, which is the official publication of the American Public Health Association, the society of federal, state and local health officials.

The journal summarizes the results of a questionnaire voluntarily filled out by 4212 homosexual men from every state and Canadian province, a sample called “the largest and most diverse” yet of a homosexual population.

Sixty percent of the respondents had at least one sexually transmitted disease. Thirty-eight percent had had gonorrhea. 24 percent urethritis (inflammation of the urethra). 19 percent venereal growths; 13 percent syphilis; 10 percent hepatitis (liver disease, transmitted by a virus) and 9.4 percent some form of herpes, another virus disease. Also reported were intestinal diseases like amebiasis, shigellosis and enteritis, and meningitis, a serious brain or spinal cord infection.

The survey was conducted by the federal Centers for Disease Control, which sent questionnaires to 1800 groups listed by the National Gay Task Force. Because those who answered in effect selected themselves, the survey cannot be considered representative of all homosexuals, said CDC’s Dr. William Darrow and his co-authors.

It is at the least fair to say that homosexual men who have had multiple sex exposures “are at high risk” of major disease, said Dr. H. Hunter Handsfield, author of the public health journal’s editorial.

Gay Disease Syndrome — A Revealing Study

Boston 9/14/82

Doctors investigating a syndrome that has left record numbers of homosexuals prey to debilitating infections have found a similar impairment of the immune system in healthy homosexuals.

A report in today’s issue of the New England Journal of Medicine showed more than 80 percent of male homosexual volunteers studied had far fewer white blood cells to fight infection than a heterosexual control group.

The lower level of “helper cells” or OKT4 lymphocytes, which help produce the antibodies needed to fight viral infection, was “similar to but less pronounced” than that of victims of the acquired immuno-deficiency syndrome, the study said.

Acquired immuno-deficiency syndrome has struck 586 people in the United States since the Centers for Disease Control in Atlanta began compiling statistics 16 months ago. The syndrome has killed 241 people, according to Dr. Richard Selik, head of surveillance at the centers’ task force on the disease.

Concentrated among young homosexual men, drug abusers and Haitians in the United States, reported cases have jumped from one a day a year ago to two or three a day recently.

Although it isn’t clear how, the syndrome seems to attack the immune system, lowering the ratio of helper to suppressor cells, or OKT8s, which inhibit antibody output. Acquired immuno-deficiency syndrome sufferers have less than one helper cell to each suppressor, while healthy people have about twice as many helpers as suppressors.

In the Journal study, done at St. Luke’s-Roosevelt Hospital Center in New York City, the 81 otherwise-healthy homosexuals studied also had a weakened immune system, with about an equal number of helper cells and suppressor cells.

Researchers warn that the similarity may be coincidental.

“At the present time, that should not be used to infer that the AIDS syndrome is present or is more likely to occur (among homosexuals with abnormal ratios) than if the ratio was normal,” said Dr. Michael Grieco, who headed the study.

Too little is known about the cause of acquired immuno-deficiency, he said, and it is not clear what lowered the level of helper cells among homosexuals studied. Cell ratios can be thrown off balance by various infections, Grieco said.

“A number of viral infections may lead to an abnormal ratio,” he said. For example, acute hepatitis and cytomegalovirus, to which many male homosexuals are exposed, lower the level of helper cells.

Grieco also warned against generalizing the results of the study, because it was not random. Volunteers were recruited through advertising in gay newspapers and organizations.

Associated Press
The High Health Price of the Sexual Revolution

AIDS: Anger, fear over ‘gay plague’

BY GLENNDA CHUI

T he spread of a deadly disease, known as AIDS, among gay men is frightening many into changing their lifestyles, cutting back on drugs and anonymous sex.

“...A lot of thinking people I know are scared,” said Marcus Hernandez, a columnist in the San Francisco gay press for 12 years.

“They’re taking lots of extra health precautions. They’re more selective in their pairing off. They don’t just dawd off with anybody. Because of the chances of getting the disease, they’re less promiscuous. It sets you to thinking. Wow, this could happen to me and my lover.”

AIDS, or Acquired Immune Deficiency Syndrome, is a baffling breakdown in the body’s natural defenses (see story, Page 19).

In the 16 months since AIDS was identified there have been 634 confirmed cases in the United States and 200 deaths, most of them from Kaposi’s sarcoma, a rare skin cancer, or pneumocystis pneumonia. While this comes out to a 4% percent fatality rate, in fact the disease offers little hope of survival of patients diagnosed as having Kaposi’s sarcoma. As of 18 months ago, 66 percent have died.

Eighty-five percent of the victims are homosexual men, but the syndrome has also been found among heterosexual Haitian immigrants, drug addicts and hemophiliacs.

Investigators are still not sure what causes AIDS, although they think that a virus spread in semen or blood may be one of the basic factors, while a wide range of other possibilities is being explored.

That uncertainty, coupled with the fact that there is no cure, frightens and frustrates gay men.

“The sociopsychological impact of this is far greater than the medical impact,” said Marty Levine, associate professor of sociology at Bloomsfield College, in a telephone interview from his home in New York. “Everyone talks about this all the time. There are a lot of men sitting at home, miserable, horny and wringing their hands.”

Levine said the disease particularly worries the gay men who live a life of quick sex, drugs and heavy partying, all popularly thought to aggravate the immune system.

Now, the same men who threw themselves into the fast lane 10 years ago are backing out to pursue quieter pleasures, including dating and couple relationships, Levine said. He believes their influence will spread in the next three or four years, bringing widespread changes in the way many gay men live.

Doctors and clinics in the Bay Area report a steady stream of calls from men who are afraid they have AIDS, or Acquired Immune Deficiency Syndrome. An estimated 100,000 people in the United States have AIDS, according to the federal government.

The fear of contracting AIDS is making many people pause before leaping into bed with the proper stranger. They may go ahead and do it anyway — but not before at least considering the consequences.

Along with the other facts of life is the inescapable fact of genital herpes, a form of venereal disease that affects an estimated 10 to 20 million Americans and may be on the increase (see story, Page 19).

According to the Washington Post-ABC News public opinion poll released this week, more than half of the 1500 unmarried adults surveyed nationwide are changing their sexual behavior to avoid catching herpes.

What about the local effect of the herpes scare? Are Bay Area lovers stopping in the passion of the moment to inquire if their partner has herpes or, as one sex therapist suggests, inspecting one another in the shower, preciously?

Probably not, but they are asking lots of questions about herpes more sober moments.

“I know from our clinics that people are very fearful of getting herpes,” said Helen Shaw, assistant director of the VD national hot line in Palo Alto. “But what they want is some miracle solution, some kind of guarantee so they don’t have to change their lifestyle.”

At the San Francisco VD clinic, callers are asking how you can tell if someone has herpes and what can be done to avoid it.
Disease that kills gays may originate in Haiti
Mystery illness that destroys immune system and paves way for cancer seems to be a virus

WASHINGTON (AP) — Haiti may be the origin of the deadly immune-system disease that is killing increasing numbers of homosexual men, scientists say.

The disease, called Acquired Immune Deficiency Syndrome or AIDS, destroys the body's ability to fight disease, including Kaposi's sarcoma, a rare but rapidly growing malignancy nicknamed "gay cancer."

AIDS probably is a viral affliction, Dr. Bruce Chabner of the National Cancer Institute said yesterday.

In the two years since the disease was first noticed in homosexuals, scientists have speculated whether a bacterium or virus might be involved. But there is as yet no direct evidence of a cause.

"It is most likely that the cause is viral," Chabner said at a meeting of the institute's National Cancer Advisory Board. "No virus has been found yet, but there is indirect evidence that a blood-borne virus is involved."

The mysterious disease primarily afflicts male homosexuals, but also is reported in some drug users, in Haitians living in the United States and among those afflicted with a rare, inherited blood-clotting disorder called hemophilia.

Dr. James W. Curran of the federal Centers for Disease Control, coordinator of a government task force investigating AIDS, said 775 cases have been reported in the United States since June 1981.

Of this number, only 45 were women and most of them were drug abusers, he added.

AIDS causes what appears to be irreversible damage to the protective immune system that wards off disease and rejects foreign substances. This breakdown leaves victims unprotected against cancer, pneumonia and other infections that lead to death.

Many victims contract a virulent form of a relatively rare cancer called Kaposi's sarcoma and others die from a fatal type of pneumonia. The death rate from AIDS is about 40 percent, but experts expect this figure to rise as recently diagnosed cases progress.

Although it is not known how AIDS is transmitted, scientists suspect that close contact with body fluids such as blood, semen or saliva is involved.

Eight hemophiliacs in six states are known to have contracted AIDS and three have died. Because hemophiliacs are treated with clotting factors concentrated from the blood of many donors, Curran said this strengthens the theory that a blood-borne agent is involved.

Although the syndrome is linked to Haiti, Curran said he suspects the disease is relatively new there too. Groups of Haitian immigrants who came to the United States just a few years ago show no symptoms of the disease, he said.

Chabner said there are no reliable figures on AIDS-like illnesses in Haiti, a poor nation with an inadequate health-care system. But there are unconfirmed reports of at least one cluster of Kaposi cancer cases, he said.

If the suspected disease-linked virus lurks in Haiti, it has a connection to U.S. homosexual communities through New York City, where 45 percent of all U.S. AIDS cases are clustered.

"Homosexuals in New York take vacations in Haiti, and we suspect that this may be an epidemic Haitian virus that was brought back to the homosexual population in the United States," Chabner said.

In other research developments:

Chemotherapy — Ovarian cancer victims who underwent a type of chemotherapy ran a much higher risk of developing acute adult leukemia than women whose cancer was treated surgically or with radiation, a study showed today.

Of 998 women treated with one of two drugs for ovarian cancer, 12 developed acute non-lymphocytic leukemia, a potentially fatal cancer. No leukemia was found in 401 women who underwent surgery or radiation therapy, said the study in the New England Journal of Medicine published today.

Hypoglycemia — A disorder in the immune system causes some cases of severe life-threatening hypoglycemia, a baffling disease that seems to be on the rise, said another study published in today's NEJM.

The disorder was found to be one cause of a rare form of hypoglycemia, called fasting hypoglycemia because it occurs when an individual has not eaten for extended periods. The more common type of the condition is a reaction to foods high in simple sugars.

Fasting hypoglycemia can cause the blood sugar to fall very rapidly, resulting in confusion, seizures or coma. If a coma is deep and long, the brain can be fatally damaged. An immune-system disorder is only one of several known causes.

"This condition is very dangerous. We've seen five of these patients, three of whom died," said Simeon L. Taylor of the National Institutes of Health in Bethesda, Md. He said he is aware of about 25 cases of the disorder.

"Each year the number of cases goes up. I suspect its much more common than we know," he said.

Taylor said treatment with prednisone, a cortisone-like drug used for relief of inflammation, completely corrected the problem in a 60-year-old woman suffering a severe case.
The Strange, Deadly Diseases That Strike Gay Men

By Randy Shilts

A 45-year-old San Francisco man looked at the purple spots covering his arms, face and chest and contemplated the death sentence they might foreshadow.

"Every time I see a new spot, I think I'm a step closer to death," said Jerry, a former waiter. "I don't even look in the mirror any more."

Jerry is a victim of one of a series of baffling diseases hitting primarily gay men with increasing frequency across the country.

Scientists have lumped the various diseases together under the acronym GRID — for gay-related immunodeficiency diseases — and public health officials have come to view them as the most startling health problem to hit the United States since the first outbreak of Legionnaire's disease in 1976.

The numbers of gay men struck by the GRID diseases passed epidemic proportions long ago, and are now frightening public health officials for a number of reasons:

- In the 11 months since the first American case of a rare skin cancer, known as Kaposi's sarcoma was reported to federal authorities, the cancer and the other GRID illnesses have reportedly struck 335 Americans, almost all of them gay men, killing 19 — a higher death toll than both toxic shock syndrome and Legionnaire's disease combined.
- The diseases, most of which were previously unheard of among healthy young men, offer few hopes for survival. Only 15 percent of the men diagnosed in 1979 for Kaposi's sarcoma, now colloquially known as "gay cancer," are alive, say federal officials. Two-thirds of the reported 1,800 victims have died.
- The overall death rate for patients with Pneumocystis pneumonia, the "gay pneumonia," which is the deadliest GRID, now stands at 75 percent.
- Public health officials are also discovering that a laundry list of other strange diseases are striking gay men, apparently associated with a dysfunction of the patient's immune system. These "opportunistic" diseases now account for one-sixth of the GRID victims.
- Even more mysterious than the fact that these diseases are attacking a group with few if any common genetic, physical or racial characteristics, is the isolated geographic regions where GRID victims have been found. About half come from New York, with another quarter split almost evenly between Los Angeles and San Francisco. The remaining quarter is scattered throughout smaller centers of gay populations around the country.

Public health officials also worry that so far they have seen only the "tip of the iceberg," because of the increase in frequency with which the diseases are being reported. About 80 percent of the GRID victims have been reported since January and the federal Center for Disease Control now average one new case a day.

Scientists fear the GRID problems may spread into the mainstream population before they find the solution. New figures are showing a growing number of women and bisexual or heterosexual men who have come down with one of the mysterious diseases.

In the Bay Area, where GRID diseases have struck 65 gay men and killed 19, authorities have responded quickly to the threat, establishing one of the nation's first GRID clinics at the University of California-San Francisco Medical Center.

"In San Francisco, it's an epidemic beyond anything that's acceptable," says Dr. Selma Dritz, assistant director of the bureau of communicable disease control for San Francisco's Department of Public Health. "It's like nothing we've ever had."

A major comfort for GRID victims has come with the weekly meetings of a support group, sponsored by the Shanti Project, a Berkeley-based organization specializing in grief counseling with terminally ill patients.

Every Wednesday, a half-dozen GRID victims discuss the turns of their unusual illness in conversations ranging from jokes about how they sneak marijuana into hospitals to counter their chemotherapy to more somber thoughts about the five group members who have died from the baffling maladies.

For Jerry, the 45-year-old waiter, having a cancer associated with a stigmatized minority meant waiting for six months before telling his religious mother for fear that she might say that he was only experiencing what God does to the immoral.

And when one gay victim of Pneumocystis lapsed into a semi-coma, his relatives tried to strike his lover's name from the guest list and forbid him from seeing the dying man, says Geary.

Bobbie Campbell, a gay cancer victim who writes a column on the disease for a local gay paper, says he has found that many in the gay community are eager to pin the diseases on the drug use and exotic sexual practices that some medical officials have found to be associated with victims.

"There's this need to focus on these aspects of the disease — so people can put the victims at arm's length from themselves, so it doesn't hit close to home," says Campbell.

The victims search for a cure remains the most disheartening aspect of the illness.
Urgent Meeting on Disease That Hits Gays

By David Perlman
Science Editor

The toll from the epidemic that has found its victims largely within the gay community is growing, and evidence suggests more strongly than ever that some unknown "transmissible agent" may be the cause, the federal task force leader investigating the epidemic said yesterday.

In less than two years, federal officials have recorded more than 665 proven cases of the varied diseases known collectively as Acquired Immune Deficiency Syndrome, or AIDS, according to Dr. James W. Curran of the federal Centers for Disease Control in Atlanta. More than 270 of the stricken have died, he said.

In addition, Curran reported, 51 confirmed cases and 30 deaths have now been reported from Europe and Australia, with 15 percent of them women.

Curran came to San Francisco yesterday for urgent meetings with city Health Department officials and University of California researchers to map fresh strategies for combating the mysterious outbreak, which has hit this city's gay men most virulently.

He also spoke last night at St. Francis Memorial Hospital to physicians, health workers and community leaders who are trying to cope with the AIDS problem.

The devastating AIDS epidemic is marked by two major lethal diseases: a form of cancer called Kaposi's sarcoma and another illness called pneumocystis pneumonia. It also includes a tremendous number of lesser-known illnesses lumped under the technical term of "opportunistic infections."

All the AIDS cases have one element in common: they strike people — mostly men — whose normally effective bodily immune system has been severely weakened. Of the AIDS cases diagnosed so far, Curran said, 60 percent have proven fatal within a year. In one study, he said, the average survival time of 80 Kaposi's sarcoma patients was 16½ months after diagnosis, and for 80 pneumocystis pneumonia victims death came on an average of only 6½ months.

While most widespread among gay men, the AIDS diseases are also striking smaller numbers of drug abusers who take their drugs by intravenous injection; a few victims of hemophilia whose treatment must include repeated transfusions of blood pooled from thousands of donors, and — for wholly unknown reasons — Haitians.

Whether the variety of AIDS diseases will increase and spread to a broader segment of the population is still unknown, Curran said.

"This syndrome is here to stay," he said. "There is no obvious smoking gun, no cause we can pin down, so we'd better think about what we're going to do about it over the next 10 years."

So far, Curran said, there have been a few encouraging signs that some forms of treatment for AIDS cancer and pneumonia victims are helping at least temporarily. But until effective therapies emerge from current research, at least some preventive measures are feasible, he said.

In an interview before his lecture Curran endorsed the urgent warnings being issued by many San Francisco physicians who work in the gay community. Avoid anonymous sexual contacts and stay out of the public baths where so much of the gay sexual lifestyle is centered, he said. Other potentially preventive measures include limiting sexual contacts, practicing scrupulous hygiene, and maintaining proper diet, sleep and exercise habits in order to keep immunity levels as high as possible.

Not all doctors have been willing to urge preventive measures, Curran said. "Some of us," he said, "have simply been afraid to tell gay men how to save their own lives."

One of the strongest pieces of evidence linking AIDS to an unknown "transmissible agent" — perhaps an as-yet-unidentified virus — comes from confirmed reports that the diseases are being found in clusters of cases where victims have had sex with others who also develop the disease, Curran said.

For example, Curran said, one recent Kaposi's sarcoma patient in Los Angeles had been the lover of a man who died of an AIDS disease, and the surviving patient led disease researchers to another victim with whom he had had sexual contact. The cluster then widened to 13 other patients, and nine of them had been sexually involved with the first sarcoma victim.

Another AIDS patient led epidemiologists to eight other men with whom he had been sexually involved in San Francisco and three other cities, Curran said.

"There may be an illusion of transmissibility here," he said, "and the possibility of a transmissible agent certainly hasn't been proven — but the likelihood is growing stronger." In a conference with Dr. Erwin Braff and Dr. Selma Dritz of the San Francisco Health Department yesterday, Curran praised the efforts of city and UCSF health workers for their active collaboration with federal efforts to find a cause and cure for AIDS and for their intensive research.

Braff, whose department has recorded nearly 75 AIDS cases in...
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DR. JAMES CURRAN
He’s probing AIDS disease

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Braff, whose department has recorded nearly 75 AIDS cases in
GAY DISEASE
The fear is widespread

From Page 17

symptoms associated with AIDS.

"There are people who have a cold and are sure they have the gay pneumonia. The fear is making a number of peoples lives miserable," said Dr. Leo Lova of the Buena Vista Medical Clinic on Van Ness Avenue. "Our phones ring off the hooks when we have gay clinic here," said John Days, coordinator of the Berkeley Gay Men's Health Collective. "They say, 'I've got a spot on my body — should I get it checked? I've got a rash. Things they wouldn't have asked a year ago.'"

Like many gay men, Day finds his social life changing in subtle ways. Although he continues to go out, "I'm looking at the person I'm with more closely and talking to them more, which is a positive change," he said.

Another man who moved to San Francisco from Ar¬
kansas three years ago said, "I'm so freaked. I'm not gonna change myself — I'll always be gay — but I may change my physical activities quite a bit. I get to know people. I weed them out."

AIDS is a daily topic in hang¬
outs like the Elephant Walk on Castro Street, where bearded John Lopez sat drinking with friends.

"In conversations in bars, gay cancer always comes out," Lopez said. He said he and many of his friends have curbed their social lives as a result, "not going out as much, not going tricking."

But one of his drinking buddies, Noel King, said he wasn't about to let fear slow him down.

"I seem to lead a very lucky life," King said, waving a cigarette. "And I haven't read anything conclusive that says marijuana, pop¬
ers, homosexual sex or anything else is related to it. I just don't see that there's anything to convince me to give up something I enjoy a lot."

To people like Dennis Mitchell, part owner of the clothing store in the Castro area, that kind of attitude is disturbing.

Mitchell's lover of six years, Joe Duhos, was one of the first cases of AIDS diagnosed in Cali¬
fornia. Now 26, he is an invalid with Kaposi's sarcoma.

"Most people in the gay community don't want to hear it," he said bitterly. "I don't think people know people are dying. They say, 'I want to go discos, man, I want to go get laid. I don't want to hear about anything like cancer. That's for old people.'"

Still, Mitchell mourns the end of a lifestyle he loves.

"There were all these good times, a good lifestyle. That's hard, to take away what your culture's about, celebrating life. Now, for me especially, that's all been washed out. To me it takes the joy out of living."

AIDS: Where to Find Help

Virtually all people involved in AIDS work in San Francisco suggest a patient first contact his physician at any sign of an AIDS infection.

Another good contact is the Kaposi's Sarcoma Research and Education Foundation, which keeps an office at 520 Castro Street. The foundation offers medical information, referrals and advice, over a telephone hotline at 864-4376 seven days a week.

The Bay Area Physicians for Human Rights (673-3106) can also refer people to physicians especially knowledgeable about gay health problems. For patients who are members of Kaiser Foundation, a call to 929-4031 can put them in contact with physicians who are familiar with AIDS and KS.

San Francisco Public Health Center No. 1 at 3850 17th Street (558-
3000) can diagnose and screen potential KS and AIDS victims. Both San Francisco General Hospital and the University of California Medical Center have AIDS treatment programs once patients have been diagnosed.

For severe emotional distress, the Mission Crisis Center (661-3077) operates from 8 a.m. to midnight with personnel trained in dealing with emotional problems.

AIDS: Causes and Cures Still Elusive

BY DAVID PERLMAN

It has killed more victims than Legionnaire's disease and toxic shock syndrome combined — yet the causes and the treatment of the mystery ailment known as AIDS are still elusive.

Acquired Immune Deficiency Syndrome is the full name of the problem, but it's by no means a single disease, in fact it may be many. The one factor that links all its manifestations is a profoundly depressed ability of the body's com¬plex immune system to fight off whatever mystery attackers — whether germs or genes or chemicals — are attacking its victims.

Because AIDS is linked to at least a half-dozen different diseases the symptoms vary widely. But doctors at the government's Centers for Disease Control in Atlanta list these possible warning signs:

- Fever that persist for four or five days, or that come and go for longer periods.
- Unexplained loss of 10 to 20 pounds within a few months.
- Loss of appetite.
- Chronic diarrhea.
- Painless swelling of lymph nodes.
- Sudden weight loss.
- Persistent generalized weakness.
- Night sweats.
- Persistent coughing.
- Repeated or severe yeast infections.
- A dry cough for more than three weeks.
- A persistent sore throat.
- Continuous fatigue.
- Skin rash.
- Can't concentrate.
- Numbness or tingling in hands or feet.

Heredis Medical Facts

One reason for the concern about getting genital herpes is that, unlike other forms of venereal disease, there is no known cure. Syphilis and gonor¬rhea are caused by bacteria and therefore can be killed by antibiotics, such as penicillin. Herpes, on the other hand, is caused by a virus, and viruses cannot be killed by currently known antibiotics.

Herpes simplex type 2, often known as genital herpes, causes blisters on or near the sex organs. These blisters can be painful, especially when they appear inside a woman's vagina.

The initial outbreak of geni¬tal herpes is usually the most painful, since the body doesn't have any immunity to it. During the active stage of herpes, the person should abstain from sexual relations because there is a high risk of transmitting the disease. It takes a few weeks for the sores to heal completely, after which the herpes virus can resume its or her sexual life.

The herpes virus then re¬treats to nerve endings near the base of the spine, where it lies dormant. Some people never have another attack; others are plagued with herpes once or twice a month. Doctors don't un¬derstand what brings on subse¬quent attacks, although there is some evidence that they are related to stress.

Patients should never touch a herpes sore and then rub their eyes, this could result in an eye infection called herpes keratitis, which has been known to cause blindness.

A woman is pregnant during an active herpes infection, she has a 50 percent risk of passing the disease to her baby, which can result in serious birth defects and even death. However, if she has checkups during her preg¬nancy, the sores can be spotted and the baby delivered by Caesarean section to avoid the risk of infection. Because female herpes victims have a significantly higher chance of developing cervical cancer, it is essential that they have a Pap smear taken at least once a year.

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AIDS: Causes and Cures Still Elusive

BY DAVID PERLMAN

Science Editor

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Acquired Immune Deficiency Syndrome is the full name of the problem, but it’s by no means a single disease; in fact it may be many. The one factor that links all of its manifestations is a profoundly depressed ability of the body’s complex immune system to fight off whatever mystery attackers — whether germs or genes or chemicals — are invading its victims.

Kaposi’s sarcoma, “the gay plague,” is one of the most lethal aspects of AIDS. Squamous cell carcinoma of the anus or the mouth may also result from it. Some AIDS victims may fall prey to still another type of cancer called Hodgkin’s lymphoma.

Pneumonia triggered by the germ called Pneumocystis carinii is still another cause of death from AIDS. So is toxoplasmosis, an infection caused by a one-celled organism that can damage the brains of unborn babies when the germ infects their mothers.

In the past year scores of virus researchers and others have been urgently trying to pin down the basic cause of the defect in the immune system of AIDS patients, and there are almost as many theories as there are researchers.

The prime candidates are the widespread herpes viruses, one of which is the cytomegalovirus that is known to suppress the immune system, and is involved in various forms of hepatitis, mononucleosis and some congenital defects.

Another candidate is the Epstein-Barr virus, believed to be a cause of some cancers of the nose and throat as well as a cancer widespread in parts of Africa and called Burkitt’s lymphoma. Also suspect are the herpes simplex type 2 virus and the hepatitis B virus.

Other researchers believe that drugs as varied as marijuana and the nitrate-based sexual stimulants called “poppers” can cause temporary loss of immune protection, and at the National Cancer Institute scientists have found that use of amphetamines, cocaine and ethyl chloride seems to increase the statistical risk of AIDS. Even sperm cells, entering the bloodstream of male homosexuals during anal intercourse, may damage the immune system.

There is no known cure for most of the diseases linked to AIDS, but at various medical centers across the country doctors are conducting still-limited trials.

Because AIDS is linked to at least a half-dozen different diseases, the symptoms vary widely. But doctors at the government’s Centers for Disease Control in Atlanta list these possible warning signs:

- Fevers that persist for four or five days or that come and go for even longer periods.
- Unexplained loss of 10 to 20 pounds within a few months.
- Flu-like aches, pain and fatigue for more than 10 days.
- Persistent sore or swollen lymph glands.
- Blish or purple spots on the skin.
- Herpes cold sores that don’t clear up and last more than a month.
- Stumbling gait, loss of sensation or other signs of nerve damage.

Many diseases other than AIDS can cause any of these symptoms; but if they do show up, both men and women are urged to see a physician.

BY RANDY SHIETS
House Votes $2.6 Million for Gay Diseases

The House of Representatives voted yesterday to appropriate $2.6 million to the Center for Disease Control for research on the mysterious diseases now striking gay men across the nation, a spokesman for Representative Phillip Burton announced in San Francisco yesterday.

The appropriation will go for further research into the Acquired Immune Deficiency Syndrome, or AIDS, the baffling illnesses that in two years have stricken 675 people, killing 270.

San Francisco has been particularly hard-hit by the diseases with 37 deaths of 128 AIDS patients reported since 1980, according to statistics from the San Francisco Bureau of Communicable Disease Control.

Some gay activists have criticized the government for delaying research on the diseases because the victims are largely gay men. Burton, wooing gay voters during his re-election campaign against state Senator Milton Marks this fall, promised to obtain more funds for AIDS research.

"This clearly is a recognition by Congress that AIDS is a serious public health issue and the federal government has a responsibility to deal with it," said Bill Kraus, an aide to Burton.

In San Francisco, Donald Currie of the Kaposi's Sarcoma Foundation said the news of the appropriation was "wonderful," but he added that the appropriation is only "a drop in the bucket, because testing and research for AIDS is exorbitantly expensive." Kaposi's sarcoma is one of the diseases involved.

The allocation was part of a $85.5 billion appropriations bill for health, education and related social programs for the current fiscal year. The measure passed by a 330 to 70 vote.

8 New Jersey Cases

'Gay' Disease Linked to More Children

Atlanta 12/21/82

At least eight New Jersey children, four of whom have died since 1979, were linked yesterday with an incurable disease previously thought to afflict only homosexual men and drug users, doctors reported.

The incurable and often fatal disease apparently has spread to children through blood transfusions, the national Centers for Disease Control reported.

The latest findings suggest the syndrome is a transmissible disease which, like hepatitis, can be spread by blood transfusion.

The disorder, called acquired immune deficiency syndrome (AIDS), destroys the body's immune system, leaving patients unable to fight off usually harmless organisms.

A 20-month-old San Francisco child, who had several blood transfusions at birth, appears to have contracted the disease through one of those transfusions, The Chronicle reported yesterday.

The New Jersey children, ages 5 months to 5 years, have been confirmed as AIDS victims by the state Department of Health and the Atlanta-based CDC, which has been tracking the outbreak and spread of AIDS for 10 months.

The discovery that one identical twin contracted the disease while its sibling is healthy indicates it is not inherited, said Dr. James Oleske, a pediatrics professor at the University of Medicine and Dentistry's Newark-based Medical School.

In addition, two children with hemophilia, one from Los Angeles and one from Pennsylvania, were reported to have contracted the disease. Hemophiliacs must receive frequent transfusions of blood or blood products that help the clotting process.

"These additional cases provide important perspectives on AIDS in U.S. hemophiliacs," the CDC reported. "Two of the patients described here are 10 years of age or less, and children with hemophilia must now be considered at risk for the disease.

The federal health agency lists homosexuals, drug users, hemophiliacs and Haitians as groups known to be at a relatively high risk of contracting the syndrome. But the list may be expanding.

Scientists in California, New York and New Jersey are investigating possible cases of the disorder among children of parents in the affected groups.

More than 40 percent of the syndrome patients identified so far have died, succumbing to infections such as pneumocystis pneumonia or to a rare form of cancer, Kaposi's sarcoma.

United Press
Baby with AIDS disease raises doubt about blood transfusions

By John Jacobs
Examiner staff writer

The appearance of a deadly immune deficiency disease in a Bay Area baby, who may well have contracted it through a blood transfusion, has prompted concern that not just certain groups — gays, Haitians and drug abusers — but anyone who receives a blood transfusion could be at risk.

Blood bank officials say the danger now appears to be small because the disease is rare in the population as a whole and most donors are regularly contributing, carefully screened people.

Yet they concede that the disease poses a difficult public health question because it is not possible to identify those donors who are at the highest risk of transmitting the disease. Nor is it yet possible to identify signs of the disease in blood in which it may be incubating.

The apparent link between this 20-month-old baby and the disease — acquired immune deficiency syndrome (AIDS), sometimes known as “gay cancer” — is the first seeming confirmation that the mysterious affliction may be transmitted through the blood.

AIDS somehow breaks down the body’s natural immune system, leaving the body vulnerable to a host of infections that can lead to death, including pneumonia and an especially virulent form of cancer known as Kaposi’s sarcoma. An estimated 60 percent of those who get Kaposi’s die within a year.

Treatment is unknown.

Nearly 600 AIDS cases have been reported by the Centers for Disease Control in Atlanta.

Most have been in the past 16 months and nearly all have been in gay men, Haitian immigrants, male and female drug users who use needles and a handful of hemophiliacs, whose blood lacks an ability to clot.

Mortality for AIDS victims is estimated at 40 percent, although that figure is expected to grow. A CDC study found that many who get the disease have had hundreds of sex partners.

In this particular case, announced by CDC and confirmed Thursday by physicians at the University of California at San Francisco, a man who donated blood to the baby (he was one of 19 donors) displayed symptoms of AIDS seven months later and eventually died.

Although the man denied being gay, officials said later circumstantial evidence indicated that he was.

Dr. Herbert Perkins, head of research at the Irwin Memorial Blood Bank in San Francisco, which unknowingly supplied the allegedly diseased blood, emphasized that nothing has been proven.

He said that if the disease can be transmitted through blood, “present evidence indicates it is an extremely rare phenomenon.”

Nevertheless, Dr. Selma Dritz, chief epidemiologist with the San Francisco Department of Public Health, said she is worried because “people are getting sick and dying.”

“There still isn’t any specific concrete proof that the blood of the [AIDS] patient caused AIDS in the child,” said Dritz. “But it is serious enough that we must do a complete and thorough study.”

One concern is that gays who donate blood in San Francisco (or elsewhere) can unknowingly transmit the disease since symptoms may not manifest themselves until months later.

And, of course, gays are just as vulnerable to receiving diseased blood via transfusions as anyone else.

Because so little is known about AIDS, no one is yet prepared to recommend how to screen potential “high-risk” donors, partly because it is unclear who they might be.

“If it turns out that AIDS is an infectious disease transmitted by transfusion and that the incubation period is eight months or more, then obviously our careful histories and lab tests are totally useless,” said Perkins.

“In that case, the only way to cut down on the risk of transmitting is to identify the high-risk groups of potential donors. I sure don’t have any way to do that at the moment.”

“What it comes down to is (whether) gays are a high-risk group. Should they be eliminated as donors? It is very premature to make that judgment.

Gays are overrepresented among people with AIDS. Is it the fact that they are gay or that they have multiple sex partners?”

Is the risk equal among heterosexuals with multiple sex partners? And what’s multiple? Two, five or more? And how do they relate sexually? Does it have to be anal intercourse?

“Nobody has any notion, so who’s going to draw up rules and regulations?”

Dr. Robert Bolan, a family practice physician with many gay patients who is a member of Bay Area Physicians for Human Rights, said he does not see how gays can be screened in advance.

Dritz said the decision on whether to accept a transfusion must be between the patient and the doctor because “only the physician will know how great the need of that patient is for that blood and how the risk of not getting the blood compares to the risk of transfusion.”

“Thousands of transfusions are given every year. This could be a freak, but we can’t take a chance,” Dritz said.

Perkins took pains to reassure the public that he believes blood donated in San Francisco is no more dangerous than blood donated anywhere else.

For example, he said, the blood bank screens every pint of blood for evidence of hepatitis B, which appears in the same population as does AIDS and is transmitted by direct intimate contact and by blood transfusions.

“If you compare our volunteer donors as a total group,” he said, “with people who come to donate special blood for family members in the hospital, the frequency of positive tests for hepatitis B is higher in the relatives group than in our usual volunteer donors.

“So I’m saying our volunteer donors are at least as safe as the average family member.”

As an example of routine screening, Perkins said the first step when a potential donor comes in the door is to check his or her medical file. Then a nurse asks a series of questions, designed to meet state, federal and the American Association of Blood Banks’ regulations — which exist to protect the donor and the recipient.

Since hepatitis is the main problem, donors are asked whether they have had it within six months or have come in close contact with anyone who has. Yes answers are grounds for permanent or temporary exclusion.

A person who once had hepatitis can never donate blood. Records of hepatitis patients are kept on a permanent state roster, which all blood banks consult.

The potential donor is also asked about history of malaria and venereal disease. Depending on the answer, he may be excluded from donating until he can no longer transmit the diseases.

Every donation of blood, Perkins said, is tested for presence of hepatitis and syphilis — which the doctor said is almost never transmitted.

Some 35 more medical questions are also asked, and nurses are required to write yes or no answers on the donor card. For any affirmative answers, the donor is examined by a blood bank physician.
modern pulse to dance records like "Step II" by Sylvester. Joining Sylvester's ensemble in 1977 to record and tour until 1979, Cowley gained recognition for his work on the hits, "Mighty Real" and "Disco Heat."

In 1980, Cowley and Blecman entered into a partnership that resulted in Megatone Records. Under Cowley's name, they released a disco record entitled "Menergy" on the fly-by-night Fusion label. It went to No. 1 on Billboard's dance music chart. "The amazing thing was the record's success in the European pop market," recalled Blecman. "It was Top 10 in France."

During the summer of 1981, they found financial backing to start Megatone, and they released Cowley's first solo album, "Megatron Man." The title song from the album became another international disco hit, but Blecman and Cowley felt that the money wasn't as important as total artistic control. "We weren't (primarily) out to make big bucks," Blecman said. "We just wanted to do it ourselves. Now we've got licensing deals all over the world -- Europe, Japan, even Africa!"

"Patrick wanted to make music without someone looking over his shoulder and telling him what to do," said Parker.

"Even though he had a commercial approach, his own tastes were sort of esoteric. He produced the new wave group, Indoor Life, and he listened to anything with synthesizers: Eno, Vangelis, Tomita, Jean-Michel Jarre . . . ."

"One of his last reviews compared him to Vangelis and called him disco's answer to Jean-Michel Jarre," smiled Blecman. "He loved that and had us read it to him over and over."

The pneumonia that crippled Cowley in late '81 was a consequence of the AID (acquired immune deficiency) syndrome, the generic name for a complete dysfunction of the body's anti-bacterial forces.

This illness has been most prevalent among gay men and is seemingly incurable.

"The doctors couldn't tell him what was wrong last Page 34

performing on the stage below. All these people were whooping, hollering and partying, and they had no idea what was really going on."

Cowley died on November 12. "He was angry about having to die," said Blecman. "He saw success in his own time, and could afford to die on his own terms. He bought a house, essentially to die in, and had around-the-clock nurses.

"Not everyone who falls victim to these diseases can deal with the end like this. He died with dignity."

Since then, Blecman started the Patrick Cowley Memorial Fund through the Kaposi's Sarcoma Foundation of San Francisco.

The fund welcomes any donations, which will be used to investigate the cause and potential cure of the AID syndrome.

"Patrick died," said Blecman. "What's it going to take to get people aware of the problem? Who else has to die?"
Producers's Quest for Death With Dignity

By Michael Snyder

Because he was laboring against the clock, disco producer Patrick Cowley never worked harder than he did in the final year of his brief life.

Fighting off the debilitating effects of an immunological deficiency, Cowley managed to write, arrange and record three complete albums and two full-fledged dance-club hits, while also adding his electronic keyboards to a handful of studio sessions.

Last month he finally succumbed to pneumocystis carinii pneumonia, resulting from one of the mysterious diseases now plaguing the gay community. The 33-year-old Cowley had six records on national pop, soul and disco charts and was obviously on his way to becoming a major force in contemporary music when death intervened.

"Right now, you can look at any record chart and see Patrick's handiwork," said Marty Blecman, Cowley's partner in the San Francisco-based disco label, Megatone Records. The bearded, cherubic Blecman continues to run the record company, which is located in a spiffy restored Victorian on a quiet block near the Castro district. Business has never been better, largely due to Cowley's prolific year-long swan song.

The late producer's last undertakings — his second solo album, "Mind Warp," his record with vocalist Paul Parker, "Right On Target," and his collaboration with the bizarre, incandescent soul singer Sylvester, "Do Ya Wanna Funk" — are selling so well that, according to Blecman, "people in the dance end of the music business are referring to the Cowley sound. It's electronic, but energetic, and we've got enough of his music still in the can to release Patrick Cowley stuff for the next four or five years."

The irony that disco, a good-time party music, was forged by an invalid did not escape Cowley's associates. Nonetheless, both Blecman and Paul Parker agree that music may have prolonged the friend's life. "At first, I thought his illness was the success-sickness syndrome," said Blecman, "but, in truth, the music pulled him through his first bout with pneumonia last December and probably kept him alive an extra year."

"After hospitalization, he told us that he just wanted to record one more album," added Parker. "Then, we couldn't keep him out of the studio. At one point, he recorded two albums over about five weeks. He'd spend 20 hours straight to complete something and, when finished, he'd collapse. Taking a little time to recuperate, he'd be right back in the studio to work on other records. That new version of 'Baby, I Need Your Loving,' sung by Carl Carlton, is almost all Patrick on synthesizer, recorded between his own sessions."

Cowley was a native of Buffalo, N.Y., who moved to San Francisco in 1971, attracted by the city's free-wheeling environment. He played drums in a few rock groups while studying the synthesizer in courses at San Francisco City College. Soon aware of the commercial possibilities inherent in electronic music, he hooked up with former disc jockey Blecman at Fantasy Records.

Blecman was working in Fantasy's disco division. He thought that Cowley's synthesizer expertise could add a
AIDS: A Lethal Mystery Story

The deadly disease first broke out in the homosexual communities of New York, San Francisco and Los Angeles. Later, it cropped up among heroin addicts, Haitian refugees and victims of hemophilia. And now, public-health experts fear, the epidemic has spread to infants and even unwary patients receiving blood transfusions. With each new case, they have become more alarmed—particularly because the cause of the illness is unknown.

Experts call the new disease acquired immune deficiency syndrome (AIDS), meaning a breakdown in the body’s natural defenses that often leads to fatal forms of cancer and lethal bouts of infection. AIDS was first recognized in 1981. The Centers for Disease Control have now documented 827 cases, with 312 deaths, around the United States. The 38 percent mortality rate makes the disease as menacing as smallpox once was and considerably more deadly than such recent baffling epidemics as Legionnaire’s disease and toxic shock syndrome. Dr. Henry Masur of the National Institutes of Health notes that none of the victims he has studied has lived more than 18 months. “Once they develop a severe case of the disease, I suspect they all die,” he says.

Blitz: AIDS has struck terror throughout the homosexual population. Larry Kramer, who is cofounder of the Gay Men’s Health Crisis in New York, has lost 17 friends to the disease since 1980 and another dozen are now in the hospital. “No one knows what it’s like to be a gay man in New York today,” he says. “It’s like living in London during the blitz, when you didn’t know when the next bomb would strike.”

The disease seems to develop stealthily over a period of months or even years. It begins with malaise, a low-grade fever, night sweats, weight loss and swollen lymph glands. In about 40 percent of cases, it leads to a deadly form of Kaposi’s sarcoma, a cancer prevalent in equatorial Africa but previously almost unknown in this country.

AIDS victims also face the risk of lethal infections that rarely occur in healthy people. Among the worst: pneumocystis carinii pneumonia (PCP), caused by a parasite; a form of herpes that attacks the central nervous system, and a mycobacterial infection that usually causes TB in chickens and pigs. Victims who get over one infection often contract another, and that is why their prospects for recovery are so poor.

Imbalance: The underlying defect in AIDS involves white blood cells. Among other defects, victims have too few T lymphocytes, the white cells specially equipped to combat parasites, certain viruses, fungi and TB-type organisms. They also have an imbalance of T “helper” cells that activate the immune system, and T “suppressor” cells that keep the system from overreacting. The ratio of helpers to suppressors should be two to one, says Dr. Jeffrey Laurence of New York Hospital and Rockefeller University. In AIDS victims, it’s the reverse.

What makes the immune system go awry? An early theory linked the problem to amyl nitate, a substance widely used by homosexuals to enhance sexual pleasure. But the occurrence of AIDS in other groups has convinced most experts that the disorder is caused by an infectious organism. The pattern of AIDS closely resembles the occurrence of hepatitis B, a liver disease that commonly strikes homosexuals, drug addicts using contaminated needles and sometimes patients getting blood transfusions. Like hepatitis, AIDS could be transmitted by intimate sexual contact or blood. The seven hemophilia patients who developed the disease may have gotten it from the clotting factor they must take regularly. The factor is derived from donor blood.

The apparent emergence of AIDS among children also suggests an infectious organism. The most dramatic case involves a 20-month-old boy recently found to have a mycobacterial infection typical of AIDS. At birth, the child had received repeated blood transfusions to overcome Rh disease, and CDC traced one unit of blood to a man who subsequently died of AIDS. Since the man appeared healthy at the time of his donation, experts can’t say for sure that he passed AIDS on to the infant. “But given the unusual aspects of this case, I think the child got some sort of infectious agent from the transfusion,” says Dr. Arthur Ammann of the University of California Medical Center in San Francisco.

In a report issued last week, CDC listed 22 cases of what could be AIDS among children. Some experts question whether the children actually have the disease. Dr. Polly Thomas, a CDC officer investigating the disease in New York, thinks that many of the children thought to have AIDS might have Nezelo’s syndrome, a rare congenital disorder with signs similar to AIDS. “It’s going to be very tricky to diagnose AIDS in children until we isolate the agent,” she says. But pediatrician Dr. James Oleske of St. Michael’s Medical Center in Newark, N.J., is convinced the eight youngsters he has treated have AIDS. Each of the children, he notes, comes from families considered at high risk for the disorder, because of homosexual activity, drug abuse or origins in Haiti. Oleske and Laurence suggest that the disease may be transmitted during fetal life via the placenta, or during passage through the birth canal, or subsequently through intimate contact with the mother. Most of the children seem normal at birth, but after a few months they come down with fever, loss of appetite, coughs and sometimes diarrhea and skin rashes. They may then develop severe, life-threatening infections.

Ritual Scarring: No one can explain the Haitian connection. One theory holds that AIDS is endemic in the island and was picked up by New York gays who favor Haiti as a vacation spot. Investigators are checking male prostitutes in Port-au-Prince and also looking into voodoo practices, including ritual scarring and the mixing of human and animal blood, to see if they contribute to spreading the disease.

All attempts to isolate an infectious agent have failed. Researchers have been unable to transmit AIDS to animals by inoculating them with blood from patients, a logical first step. Among the suspected agents is...
Battling a Plague That's Killing Gays

From Page 1

ed 74 cases, and already 10 are dead.

Nationally the figures are even more appalling: more than 550 cases by mid-November this year, with a death rate of 40 percent. A total of 284 patients are dead out of 752 cases reported since the federal Centers for Disease Control in Atlanta first began tracking the epidemic in June 1981.

The numbers keep growing, according to the CDC's Dr. Richard Selik. Cases diagnosed and reported have been doubling every six months, he said.

The toll is heaviest in New York City, San Francisco and Los Angeles, but half the states have already recorded victims, while 54 cases have been reported from abroad. Only last week public health officials in Seattle recorded their first confirmed AIDS case — a gay patient with cancer who has since moved to San Francisco. Already four other homosexual men in Seattle are suspected of having been infected by contact with him.

The two specific diseases most typical of AIDS are a cancer called Kaposi's sarcoma, and a type of pneumonia transmitted by an ill-defined organism called Pneumocystis carinii. Many patients contract these illnesses simultaneously, and more than 75 percent of all the AIDS victims are young homosexual males.

But the diseases are also showing up in heterosexual men and women with a history of drug abuse by injection. Kaposi's sarcomas has also struck in small numbers and for unknown reasons among Haitian refugees who say they are heterosexual. And it has also affected a few hemophilia patients, whose tendency to bleed excessively can be curbed only by transfusions of a clotting substance made from the pooled blood of thousands of donors — among whom may be donors carrying some unknown organism that triggers the disease.

At the University of California in San Francisco recently, nearly 250 physicians and laboratory researchers attended an intensive symposium on AIDS. The scientists came from all over the country, while the practicing physicians were primarily Bay Area doctors whose patients include large numbers of gay men.

The researchers exchanged the bewildering and at times conflicting theories on the basic causes of the diseases they are analyzing, and the doctors gleaned the few shreds of information available from specialists on how to treat the epidemic's victims.

Only one thing was certain: The constellation of diseases called AIDS is marked by a single common sign. All its patients suffer from an extraordinary lowering of their immune mechanisms — their bodies have lost the ability to mobilize their specialized disease-fighting cells that ordinarily fight off invasions from viruses, bacteria or other alien organisms and tissues.

Thus, in addition to the so-called "gay cancer" and pneumocystis pneumonia, AIDS shows up as a host of "opportunistic" infections — so called because whatever the infecting organisms may be, they gain their lethal foothold by seizing the opportunity to attack and defeat the drastically weakened immune systems of their victims.

The list of these other infections is long and the invading organisms are many: bacteria and viruses in many varieties, protozoans and fungi of almost every kind. The AIDS disease list can also include rare cancers of the tongue and rectum, chronically enlarged lymph nodes, Kaposi's sarcoma, and other dangerous diseases of the lymph glands, meningitis and encephalitis — all the result of severely compromised immunity.

Kaposi's sarcoma, the principal villain in the epidemic, is by no means a new form of cancer. It was named after Dr. Moritz Kaposi, the Hungarian dermatologist who first described it, and has long been seen from time to time among Mediterranean people and older adults of Eastern European Jewish descent.

As Dr. John Ziegler, professor of medicine at UCSF, told the recent symposium here, it may have originated in Africa, for it is well known there today among the Bantu people near the western shores of Lake Victoria where the borders of Zaire and Uganda meet.

And, intriguingly, in the highlands of the African areas where Kaposi's sarcoma is found, another cancer called Burkitt's lymphoma is also widespread at lower elevation. The Burkitt's lymphoma is associated strongly with an organism called the Epstein-Barr virus, while an other agent called cytomegalovirus has been isolated from the Africa Kaposi's patients.

But the symptoms of the African form of Kaposi's cancer are different from the variety that strikes gay men in America. In Africa the skin lesions — mostly on the feet and legs — spread extremely slowly, and patients often live with them for decades. Many, in fact, can look forward to suffering with radiation therapy.

The doctors at the symposium held at UCSF, the medical school now called the University of California, San Francisco, insist that their research on AIDS continues to be only a fragment of a larger study. They hope that one day they will have a complete picture of the diseases, and perhaps a cure.
Study on Gay Disease

Washington

The National Cancer Institute will set aside $2.2 million for research on a rare disease of the immune system that has afflicted homosexual men, Haitian refugees and drug abusers, the government said yesterday.

Dr. Edward Brandt, assistant secretary for health, said the institute would soon review and finance research on the mysterious ailment known as Acquired Immune Deficiency Syndrome, or AIDS.

The syndrome weakens the body's immune system, allowing rare and sometimes fatal diseases to take hold. The most common infection to strike has been Kaposi's sarcoma, an unusual skin cancer.

Associated Press
Mysterious Killer

A War Against 'Gay Plague'

By David Perlman
Science Editor

In a shabby office on the fourth floor of the San Francisco Health Department, a deeply concerned epidemiologist named Selma Dritz is tracking the lethal statistics that pile up day after day from the mysterious and spreading epidemic known as AIDS.

Cautiously and tactfully, Dr. Dritz threads her way through sensitive interviews with patients as she tries to trace the intricate web of the sexual contacts they disclose — contacts that have led to the varied array of symptoms known collectively as Acquired Immune Deficiency Syndrome, or AIDS.

"I wake up at 2 in the morning," Dritz says, "and I ask myself: 'What are we going to do? We can't let these young men die.' But they do die, and I want to weep.

"If you think only scientifically, AIDS is the medical whodunit of the decade — but who can think that way when it's going on all around you? When right here in this office I interview two young patients only a week ago, and today I know that both of them are dead?"

The toll from this new plague is rising inexorably among young homosexual men around the country, and physicians and research scientists are baffled in their efforts to discover the causes of the epidemic.

In San Francisco, nine AIDS cases were diagnosed in 1980, four victims died. Last year, the case number rose to 40, and 20 men died. So far this year the city has recorded...
Last spring a thirty-three-year-old man we’ll call John Frederick was admitted to a New York City hospital with an enlarged spleen, swollen lymph glands, recent weight loss and a persistent fever. It looked like a textbook case of Hodgkin’s disease, a form of cancer that invades the lymphatic system.

The doctors opened him up, removed his spleen and performed a biopsy on his lymph nodes. The results were baffling. They could find no evidence of Hodgkin’s disease or of any other disease which would explain his symptoms. They didn’t know what was wrong with him.

While he was recovering from surgery in the hospital, Frederick questioned his doctor about some purple marks he had on his legs. The doctor looked at them and said they resembled the bruises he got on his own legs in the summer when he would accidentally kick himself playing tennis. Frederick was a tennis player, so the explanation seemed plausible. There were still no explanations, however, for his fever, bulging lymph glands and continued weight loss.

In the month after his discharge from the hospital, Frederick’s health deteriorated and the purple marks increased — now he had them on his chest and abdomen as well. He knew he didn’t bruise himself there when he played tennis and, anyway, he hadn’t been feeling well enough to play since he left the hospital. He went to see another doctor who was also puzzled but who called in Dr. Alvin Friedman-Kien, a New York dermatologist with a special interest in diagnostic dermatology.

Friedman-Kien examined him and said, “My God, it looks like Kaposi’s sarcoma.”

Kaposi’s sarcoma, named after Moritz Kaposi, a Viennese physician who discovered the disease in 1872, is a type of skin cancer which, until last year, was seen infrequently in this country. When seen, it was usually on the skin of old Jewish and Italian men in whom the disease had taken a slow and chronic course, rarely invading deeper tissues or spreading to internal organs. Outside the U.S., the disease is endemic to equatorial Africa, where it usually occurs in men in their 40s and 50s and may range from the slow, chronic type to a more severe invasive form. In Africa, it also strikes children and, when it does, generally causes death.

Still astounded by his tentative diagnosis, Friedman-Kien performed a biopsy on Frederick’s purple lesions and reviewed the tissue samples from his spleen and lymph nodes. Frederick did indeed have disseminated Kaposi’s sarcoma — the type most resembling the African variety.

The fact that the first pathologists examining Frederick’s tissues had missed the disease was easy to explain. It was just not a disease one would expect to see in his age group, in this form, in this country.

Two weeks later, another young man was referred to Friedman-Kien with Kaposi’s symptoms. The same day Friedman-Kien diagnosed the disease in this patient, he got a third case. He was astounded. “This is crazy,” he said to himself. “Three men between the ages of 26 and 33 with Kaposi’s sarcoma. I never heard of this in this age group. What’s going on?”

His investigation revealed that all three men had suffered a multiplicity of infections, all had been heavy users of a variety of recreational drugs, and all were homosexuals.

Aware that San Francisco has a large gay community, Friedman-Kien called Dr. Marcus Conant, chairman of the Department of Dermatology at the University of California Medical Center, and asked him if he was seeing this unusual phenomenon. Conant said he wasn’t, but the next day when he presented the issue at a meeting of dermatologists, Dr. Jim Groundwater...
Some researchers think the cause is a single, new, mutated virus. They predict that this same virus will be found in all Kaposi’s patients and will spread inevitably to the heterosexual community.

inhaled, produces a brief high and enhances sexual pleasure. "We know that nitrates in foods are converted to nitrosamines which are carcinogenic (cancer producing), so maybe something is happening to these chemicals to create carcinogens," says Conant, "but it is highly speculative." It is estimated that 90 percent of the gay population uses nitrate inhalants, while only 10 percent of the straight population does, but Conant says that’s not enough evidence: "If you asked about polishing silver, you might get the same numbers, but it would be an unlikely cause of cancer."

Other factors under consideration are the therapeutic drugs that patients have taken to treat previous illnesses, and the possibility that genetic predisposition may make some individuals more susceptible to getting Kaposi’s. And, of course, it is possible that the cancer is caused by a combination of some or all of the above factors.

Despite the complexities of isolating all the variables and despite the challenge of tracking sexual contacts between individuals engaging in anonymous sex, Dr. Dritz is optimistic about finding the culprit. "We’ll find the answer. We may find that it’s very complex and one that’s difficult to control, like gonorrhea and syphilis, and it may take a long time, but we’ll find the answer."

While the clues are deciphered and the theories researched, people continue to get the illness. Conant reports that last year 20 percent of the clinic’s Kaposi’s patients died. He attributes the large number of deaths to fact that the diagnosis was missed for months because of lack of awareness on the part of physicians and people in the gay community. He expects the number of fatalities to decrease significantly this year.

Doctors in the clinic have the difficult task of alerting the community to the danger in order to promote early detection while at the same time preventing panic. Those treating Kaposi’s patients also agonize over how they should advise patients with respect to their sexual conduct. "Since there is more and more evidence to suggest that the agent is transmissible, I tell patients that it is immoral to have sex with someone and not at least let them know that you hope something that might be transmissible," says Dr. Volberding. Since the virus which is most suspect, CMV, can be transmitted through semen, Volberding also advises patients to use a condom and to limit the number of sexual contacts. But given the lack of concrete evidence, Volberding says, "I feel a certain responsibility not to interfere with the lifestyle patients have adopted."

Many of the doctors treating Kaposi’s express concern about the overall social, political and psychological impact this disease will have on the gay community. Dr. Friedman-Kien says many fears are being expressed among gays right now. "People are asking, ‘Why are we being punished? Why are we being singled out? How is the moral majority going to use this?’ I’m sympathetic to these concerns and I want to make sure these people don’t get frightened and go into the closet. I want them to realize that the medical community is desperately excited about taking care of them."

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Doctors in the clinic have the difficult task of alerting the community to the danger in order to promote early detection while at the same time preventing panic. Those treating Kaposi’s patients also agonize over how they should advise patients with respect to their sexual conduct. "Since there is more and more evidence to suggest that the agent is transmissible, I tell patients that it is immoral to have sex with someone and not at least let them know that you hope something that might be transmissible," says Dr. Volberding. Since the virus which is most suspect, CMV, can be transmitted through semen, Volberding also advises patients to use a condom and to limit the number of sexual contacts. But given the lack of concrete evidence, Volberding says, "I feel a certain responsibility not to interfere with the lifestyle patients have adopted."

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Volberding: "If we can define what is wrong with the immune systems in these guys, we can devise a direct way to treat all immune deficiency."

Continued

has a gay nephew in New York whose lover died of Kaposi’s.

“While we can’t yet say how, it begins to look like a transmissible agent,” says Dritz.

A high incidence of sexually transmitted diseases is another characteristic shared by Kaposi’s patients and gay men in general. (Lesbians, on the other hand, have a lower incidence of sexually transmitted diseases than gay men, straight men and straight women, and they are not getting Kaposi’s.) “Traditional” sexually transmitted diseases such as gonorrhea, syphilis and a variety of herpes infections are steadily increasing in the gay community. In recent years, added to that list has been a collection of other viral, bacterial and parasitic diseases which can be sexually transmitted. The high incidence of these diseases is attributed to specific sexual techniques and to anonymous sexual contacts made in gay bath houses, etc. In the CDC study, people with Kaposi’s or pneumocystis had a median of 1,100 different sexual partners in their lives; the median for healthy gay men in the control group was 500 and for heterosexual men in the group, 25.

Many gay men are recurrently infected with these diseases. “Maybe just getting gonorrhea ten times wears out your immune system,” says Dr. Conant.

At this point, however, many investigators consider the Cytomegalovirus, or CMV, to be the disease agent most suspect. For one thing, evidence of the virus has been found in the tissues of Africans with Kaposi’s. CMV is a type of herpes virus which is quite common in the general population, ranging in seriousness from a silent infection to CMV hepatitis. By the age of 40 or 50, as much as 70 percent of the population has been infected with the virus, which is transmitted through intimate contact, sexual and otherwise. Dr. Larry Drew, microbiologist at Mt. Zion Hospital and one of the world’s authorities on CMV, explains that many homosexual men are repeatedly exposed to the CMV virus. “If a heterosexual is infected with the virus, and if he’s married and not having an extramarital affair, he really isn’t exposed to the virus very often. And he’s not seeing any new strains of CMV which might be important.” He says CMV may not be one virus, but rather different strains in the family of CMV.

Drew’s theory is that repeated exposures to many different strains and the constant stimulation of the immune system finally overpowers immune responses. When that occurs, individuals become susceptible to other infections and the virus, in this new “compromised” patient, is able, either alone or along with other factors, to induce the tumor. “Now that’s going way beyond the facts as they stand,” he cautions, “but that’s what I believe will be the ultimate understanding of this tumor.”

Drew is currently looking for evidence of CMV in the tumors of Kaposi’s patients. “If we can find that the virus or its nucleic acids are in the tumor, that certainly heightens the intimacy of the association and would be another link in the chain of evidence.”

The major drawback in Drew’s theory, according to CDC investigator Dr. Harold Jaffe, is that it doesn’t account for the sharp upswing in the number of Kaposi’s patients. “If the disease is caused by cumulative exposure to the CMV virus,” he says, “we would expect to see a gradual rise in the number of cases instead of this dramatic increase.”

There are those who postulate that this dramatic increase has been caused not by different strains of the virus but by a single, new, mutated virus. (In the same way, Legionnaire’s disease was caused by a bacterium never before identified.) Proponents of this theory predict that this same mutated virus will be found in all Kaposi’s patients and, through contact, inevitably spread to the heterosexual community.

Actually, there already are heterosexual Kaposi’s patients in the nationwide CDC study: thirteen men and one woman. Some of these have been heavy intravenous drug users, a characteristic not commonly shared by homosexual Kaposi’s patients. According to Jaffe, the heterosexuals who are not drug users may provide important clues.

The other area of suspicion lies in the recreational drugs used by the gay community. While drugs like cocaine and marijuana are popular among gays, they don’t seem to be used more by them than by straights. One drug that is used more by homosexuals is butyl nitrate, which is legally sold in gay bars and adult bookstores. The substance, which is
Investigating his first three Kapoli’s patients, Friedman-Kien found that all had suffered a multiplicity of infections, all had been heavy users of recreational drugs, and all were gay.

systems. For some reason, their disease-fighting mechanisms fail to respond in a normal way to infections. What is not known is whether the cancer is suppressing the immune system or whether the immune system is causing the cancer.

There is much evidence to support the latter. The one other group of people in this country who get the invasive form of Kapoli’s are people who have been taking drugs which suppress their immune systems, such as kidney transplant patients who are given the drugs so their bodies won’t reject their new kidneys. The thesis that the immune dysfunction comes first is also supported by a recent increase in other life-threatening infections among homosexual men — so-called “opportunistic infections” such as herpex simplex and thaus (a yeast infection), which are not usually dangerous in persons with a normal ability to fight infection, but are hitting many gays in a debilitating way. Pneumocystis pneumonia is another disease that usually infects only severely immunosuppressed individuals.

The issue of immunosuppression is paramount, not only in this investigation but also in relation to broader medical questions. Dr. Paul Volberding, an oncologist (cancer specialist) at San Francisco General Hospital and one of the organizers of the clinic, says that the discovery of the Kapoli’s tumor in this population represents a “substantial breakthrough in understanding cancer.” “It’s been a real exciting area of medicine in the past year,” he says.

A basic principle of oncology, according to Volberding, is that there is something specifically wrong with the cancer patient’s immune system that allows the cancer to develop and spread.

“Until now, until Kapoli’s, there haven’t been any cases where we could hope to get a handle on what it is that’s wrong with the immunity of cancer patients. Now we get these patients who are clearly immunosuppressed and get this rare tumor. A major part of what we’re doing is to define what specifically is wrong with the immune systems in these guys. If we can do that, then it will be a simple matter to devise a direct way to treat immune deficiency generally.”

The fact that the disease first surfaced in California and New York and is now being seen in other cities may be an important clue to finding the causes. In her study, Dr. Dritz has established “a whole bunch of connections which we haven’t unscrambled yet.” For example, she has three sets of roommates on her list in which one of the roommates suffers from either Kapoli’s or pneumocystis. One of these roommates has contacts with other people in the Bay Area who have developed Kapoli’s, and one roommate...


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[Medicine]

Continued

from San Francisco General raised his hand and said, "I've got one." He explained that he was currently treating a young homosexual with Kaposi's sarcoma. Within the next week three more cases were diagnosed in the Bay Area; and within the next two months, after what he calls 'rustling the bushes,' Friedman-Kien came up with 26 cases in New York.

At this point, Friedman-Kien called the Center for Disease Control in Atlanta to report that they were seeing an epidemic. (The CDC defines epidemic as the occurrence of a disease in numbers greater than ordinarily expected; one case of the plague in San Francisco would be an epidemic, several hundred cases of influenza would not.) The CDC was also receiving reports of another disease which was striking gay men: pneumocystis pneumonia, a rare but virulent lung infection.

Because of the sudden and unexplained onset of these diseases, the CDC launched its most intensive investigation since toxic shock syndrome in order to find out why these diseases are attacking relatively young gay men. Dr. Harry Haverkos, a CDC investigator, says that 153 cases of Kaposi's had been recorded as of early May; currently, an average of one case a day is being reported. While most of the patients are from San Francisco, Los Angeles and New York, the disease has now shown up in urban areas in twenty states and seven foreign countries.

Despite the growing number of cities involved, San Francisco has the only Kaposi's sarcoma clinic in the country. Dr. Conant and several of his colleagues anticipated a rapid increase in the number of cases that would appear here, so early in the "outbreak" they assembled a team of specialists to treat the disease and investigate its causes.

The clinic team meets every two weeks to discuss treatment methods, but also to ponder every possible clue in what remains a mysterious illness. One of the chief detectives is Dr. Selma Dritz, an epidemiologist with the city's Office of Disease Control. Dr. Dritz's sleuthing was instrumental in tracking down the causes of two of San Francisco's epidemics: the Q fever, which infected employees two years ago at UC Medical Center; and Legionnaire's disease, which struck workers at a South of Market office building last year.

Sitting in her tiny office in the Public Health Department, Dr. Dritz displays charts of numbers — the results of a 17-page questionnaire she administers to all Kaposi's patients being treated in the Bay Area (as well as pneumocystis patients who are being studied simultaneously). The questionnaire, which was developed in conjunction with the CDC and is being used in other cities, is also given to control groups — including one of healthy gay men and one of healthy straight men — who are matched by age and race. The lengthy document covers almost every imaginable question about lifestyle: family history, relationships with friends, occupation, hobbies, exposure to chemicals, travel, drugs, housing, diet, illnesses and so on. Its goal is to establish clear differences between men with Kaposi's and healthy men, and to ferret out the common characteristics of those afflicted with the disease.

So far, lab test results demonstrate that the one condition all Kaposi's patients share is a breakdown in their immune
streak, they overcame the home team 9-5. Fortunately, it's a double-elimination format.

Saturday morning the action moved to the Arena, and San Diego tasted defeat, bowing 9-6 to Don Carrier's Los Angeles team, sponsored by the Lodge. LA then faced SF and were bested 9-6. The Rainbow players gave their competition an overdose of strategy, playing soft breaks, safeties and intentional fouls at a record-setting pace. But Arguello, in spite of a masterfully played game in his first matchup with Carrier, lost the game as Don got out from behind a safety with a three-rail kick shot.

Victories by Abramo and Abusain put SF in the lead, and they stayed there for the win. It created a situation unique in WCC history: all three teams went into Sunday tied 1-1; LA and SD had won the same number of games (15), necessitating a sudden-death playoff game for the 4th round bye. Fikes beat Carrier, bringing SF and LA up again in round 4.

Rolle #1: 10am, Kokpit vs Stallion; 11:45am, Tara/Devils vs Pilsner Inn; 1:30pm, Tara/Devils vs Pendulum.

Rolle #2: 10am, On The Mark/Stables vs Moby Dick; 11:45am, Phone Booth vs Vagabond; Cafe San Marcos travels to Sacramento to play The Parking Lot and Wreck Room.

STANDINGS
Golden Gare Division
On The Mark/Stables 6-3
Pilsner Inn 6-3
Vagabond 5-4
Cafe San Marcos 3-5
Kokpit 3-6
Tara/Devils 0-9

Barbary Coast Division
Pendulum 9-0
Stallion 7-2
Wreck Room 6-2
Parking Lot 4-4
Moby Dick 3-5
Fickle Fox 3-6
Phone Booth 2-7

It is with profound sadness that we mark the death, at age 41, of James W. Burge. Jim had been suffering a prolonged bout of Pneumocystis pneumonia and died quietly at 5 P.M. on Tuesday, July 6 at Kaiser Permanente Hospital.

Jim Burge was a friend to us all and greatly admired for his long term commitment to human rights. He was an early member of S.I.R. and was Chairman of the Legal Committee. He was also active in conservation groups and particularly the Sierra Club. Jim supported the Gay Task Force, and at the time his illness began, was a full time volunteer for the Gay Olympic Games.

Jim was a kind and quiet man who, in his time, played many parts in an attempt to make a better life for all people. Before his death he requested there be no ceremony. Our grief over his loss is only supplanted by our love and gratitude for him.