Fear among the general public that individuals may develop AIDS through casual contact with an AIDS patient." He confirmed that half the AIDS cases had occurred in New York City, but he said he did not know why. "If we knew the answer why," he said, "we would really begin to understand this disease much more effectively."

While expressing "a sense of great urgency" about the disease, Dr. Brandt said: "We have seen no evidence that it is breaking out from the originally defined high-risk groups. I personally do not think there is any reason for panic among the general population."

Dr. Jeffrey P. Koplan, an assistant director of the Centers for Disease Control, said 71 percent of the AIDS cases had occurred among homosexual or bisexual men. Seventeen percent of those who contracted the disease had taken drugs such as heroin through their veins. Haitian immigrants accounted for 5 percent of the cases, and people with hemophilia accounted for 1 percent. Six percent of the cases were not in any of these groups, but Dr. Koplan said they might have fit into one of the categories if doctors had done more complete investigations.

Dr. Brandt rejected the suggestions of some critics who said the Public Health Service had neglected the disease because it occurred mainly among homosexuals.

But after he spoke, Virginia M. Apuzzo, executive director of the National Gay Task Force, a homosexual rights organization, said: "The entire agency is conducting business as usual insofar as this particular health crisis is concerned. It is inexplicable that a supplemental budget request has not been submitted." She was commenting on a report by the President's Task Force on AIDS, released Friday, which was to have been submitted to Congress.
House Votes $12 Million for AIDS

Washington

The House of Representatives appropriated an additional $12 million yesterday for AIDS research for the remaining four months of this fiscal year.

The amendment to the administration-backed supplemental appropriations bill passed by voice vote quadruples the amount of federal funds for research this year into the mysterious acquired immune deficiency syndrome.

"This is a very important victory," said Representative Barbara Boxer (D-San Francisco-Marin), one of the chief lobbyists for the funds. "We had bipartisan support and support from the House leadership. People are finally beginning to realize the desperate situation we have."

Boxer said the AIDS amendment was "extremely unusual" because it was offered on the floor instead of through the usual committee process. The amendment was part of a $4.8 billion appropriations bill that passed the house by a 309-to-92 vote last night.

No members of Congress opposed the additional funds during the hour-long floor discussion of the AIDS crisis, Boxer said.

The Senate version of the appropriations bill, which includes money for military hardware backed by the Reagan administration, is expected to pick up a similar AIDS amendment today.

"It's my understanding that Senator Lowell Weicker of Connecticut (a Republican) will be introducing this amendment in the Senate tomorrow," said Boxer yesterday. "We have no indications that this will be opposed by anybody in the White House."

According to Boxer's office, the federal government had appropriated only $2 million to AIDS for the current fiscal year, although various health agencies had diverted another $2 million for research into the baffling series of diseases.

That money, however, was almost exhausted, leaving federal researchers without funds until the federal budget for the 1984 fiscal year takes effect on October 1.

"Basically, all the AIDS funds were used up for this (fiscal) year even though we had a rising rate of AIDS," said Boxer. "Now more money will be available almost immediately, as soon as the president signs the bill."

Dr. Edward N. Brandt Jr., the assistant secretary for health in the Department of Health and Human Services, said Tuesday the administration will propose $14.5 million on AIDS research in fiscal 1984.

Boxer and a coalition of Democratic and Republican House members from New York and Los Angeles -- other cities hard-hit by AIDS, a disease that largely strikes gay men -- have proposed a $30 million appropriation for AIDS research next year.
AIDS Treatment — A Report by UC

By David Perlman
Science Editor

Some AIDS patients with cancer have shown "encouraging" improvement after treatment with synthetic interferon, the protein substance that seems to combat certain virus diseases. University of California physicians reported yesterday.

Dr. Paul Volberding and colleagues at UC in San Francisco and Los Angeles said 37 patients with Kaposi's sarcoma resulting from the acquired immune deficiency syndrome have now been treated with the synthetic protein, and that more than half of them have experienced a reduction or complete disappearance of their tumors.

Volberding's report, delivered at a clinical cancer meeting in San Diego, summarized results of two clinical trials. Among both groups of patients, he said, only three developed the "opportunistic infections" typical of AIDS victims.

Interferon is a naturally occurring protein that has been used with some success in treating relatively minor virus diseases like the common cold and flu. It has also been tried against various types of cancer, with uncertain results so far.

In the lethal problem known as AIDS, the body's natural immunity against infectious organisms is almost totally destroyed, and Kaposi's sarcoma, a form of skin cancer, has attacked about one-third of the nation's 14,000 known AIDS victims.

The interferon Volberding and his colleagues are using is made synthetically by genetic engineering techniques. The response rate in the AIDS patients so far is comparable to more conventional cancer chemotherapy treatments, he said, but the interferon also seems to be protecting the patients against other infections that are commonly seen after chemotherapy.

Volberding emphasized, however, that there have been no controlled studies to compare the rate of infection experienced by Kaposi's sarcoma patients treated with interferon and others treated with other anti-cancer drugs. Nor have there been any long-term survival trials with interferon, since the experimental treatments began only last August.

Working with Volberding, who is chief of the cancer service at San Francisco General Hospital, are Dr. Marcus Conant, head of the UCSF AIDS clinic, and Dr. Jerome Groopman of UCLA.

In another and puzzling report on AIDS research yesterday, Dr. Donald I. Abrams of the UCSF Cancer Research Institute described a study of 100 homosexual men who are suffering from a chronic enlargement of their lymph glands and other symptoms of the immune deficiency syndrome, yet who have failed to develop any of the typical AIDS diseases such as cancer, pneumonia or other infections.

Abrams is trying to learn whether the lymph node problem is part of the same syndrome — either as an "end point" or an early warning sign.

Swollen lymph nodes in gay males have been widely reported as frequent precursors of AIDS disease. Laboratory tests of the 100 men Abrams has treated show that they have the same immune system defect as AIDS patients and many of the same symptoms — such as fevers, unexplained weight loss, fatigue, stomach disorders and enlarged spleens. But so far they have been free of any of the lethal AIDS diseases for up to 18 months.

Recent studies of AIDS victims in New York suggest that many cases of chronically enlarged lymph nodes in gay men are followed by lethal cancers and infections.

Another recent study has shown that of 73 patients with Kaposi's sarcoma, 44 percent had reported swollen lymph nodes before the cancer, while the swollen lymph node problem preceded 23 percent of AIDS-related pneumonia patients.
Help on Way for AIDS Victims

Social Security Will Speed
The Granting of Benefits

Washington

The Social Security system is instructing its offices nationwide to grant virtually automatic disability benefits to victims of infections caused by the deadly AIDS disease, officials said yesterday.

"Given the high mortality rate on these people, we felt it appropriate to go ahead where we’ve got a documented case and allow it," said Jean Hinckley, deputy director of Social Security’s office of disability programs.

AIDS, which stands for acquired immune deficiency syndrome, is a disorder that weakens the body’s ability to ward off infections, thus clearing the way for invasion of certain cancers and other lethal infections.

As of May 9, there were 1410 cases reported to the federal Centers for Disease Control, and 541 of those victims died. Although many of the victims are homosexual, cases have also been reported among Haitian immigrants, intravenous drug users and homosexuals.

AIDS-related infections include Kaposi’s sarcoma, a rare form of cancer, and a rare, highly fatal form of pneumonia, pneumocystis-carinii pneumonia.

Social Security issued emergency instructions to its offices last month, ordering that benefits be granted to all applicants with AIDS-related infections, as long as they are not working and have paid enough payroll taxes to qualify.

Social Security spokesman Jim Brown said 11 alleged AIDS victims have applied for disability checks, but he said he did not know how many have been granted.

The new order “basically says, if a person has documented severity, they should allow the case,” Hinckley said in a telephone interview from her Baltimore office.

Social Security grants disability benefits based on medical factors alone only for those who cannot work and whose disability is permanent or expected to end in death.

All other applicants are assessed under a complex system that takes into account their ability to get a job, and their age, education and experience. Those factors are waived for AIDS applicants.

The AIDS guidelines were issued amid a controversial disability crackdown that has knocked hundreds of thousands of rolls.

Officials will re-examine each AIDS case in a year because “a lot is changing fast,” Hinckley said. “In a year, we may have the solution to the problem.”

United Press

Panel of S.F. Supervisors
Backs Spending $2.1 Million

A resolution urging Mayor Dianne Feinstein to appropriate $2.1 million for research on and treatment of AIDS, a mysterious and often fatal disease that often strikes gay males, was approved yesterday by a committee of the San Francisco Board of Supervisors.

The resolution was watered down from an earlier proposal that called for spending the city money on specific AIDS programs suggested by gay community and health groups.

The measure approved by the Finance Committee instead asks the mayor and public health officials to review a list of AIDS projects, select those they feel are worthwhile and then return to the committee with a spending proposal.

The mayor has said she looks favorably on spending more public funds to combat AIDS, but she has offered no comment on specific projects that have been proposed by various groups.

The measure passed on a 7-2 vote, with Supervisor Clara Hjebsel voting no on the measure.

In addition to the San Francisco spending plans, two bills before Congress call for spending $30 million to study the disease, known formally as acquired immune deficiency syndrome.

Yesterday, more than a dozen physicians, health workers, gay leaders and AIDS patients urged the committee to pass the resolution, written by Supervisors Harry Britt and John Molinar.

No one spoke against the resolution.

There is a third bill in Congress that bears on AIDS. That bill would establish an emergency health services fund of $40 million, some of which could go toward the treatment of AIDS.

Study Suggests AIDS a Threat to All

Boston

A new study adds more weight to evidence that AIDS, a deadly disease that ravages the body’s immune system, is a “potent” threat to everyone — not just a few segments of the population — doctors said yesterday.

The study dwelt on seven women who had AIDS-like abnormalities, although they did not know it. Each of them had had sexual relations with only one man, but it turned out that each of the men had taken heroin or cocaine intravenously and had become victims of acquired immune deficiency syndrome.

Among these seven women, one developed AIDS, one had symptoms that could signal its onset and four had an immune system deficiency common to AIDS patients but did not have the disease and felt in good health.

Only one woman who had contact with the disease was free of any of the abnormalities common to AIDS, said the study in the New England Journal of Medicine.

“The most important aspect of this study is that it does suggest that AIDS has to be considered a potential threat to the entire population, not just to homosexuals, Haitians, hemophiliacs or intravenous drug abusers,” said Dr. Neal H. Steigbigel, who led researchers at New York City’s Montefiore Medical Center.

“The only common risk factor we could identify in all the subjects was prolonged monogamous contact with a male patient who had a documented (case of) AIDS,” researchers wrote.

The researchers said the symptoms did not mean the women would contract the disease, which leaves a victim vulnerable to unusual infections and cancers. Almost 40 percent of the 1410 AIDS victims reported nationally have died.

“We don’t know how many people with symptoms will get the AIDS. As with most infectious diseases, only a small proportion become ill, and the illness could run a spectrum from fatal to mild,” said Steigbigel.
AIDS Spending Called Small
Washington 5/10/83

The chairman of a House health panel accused the Reagan administration of neglecting AIDS, saying it was "most significant epidemic since polio" — the deadly disease called AIDS.

Representative Henry Waxman, D-Calif., told a congressional hearing that the administration has spent a woefully inadequate amount of money to combat the mysterious illness, known as acquired immune deficiency syndrome.

Waxman called for increased efforts by the Centers for Disease Control in Atlanta, which received $2 million from Congress last year to study the illness. The CDC shifted other funds and spent about $4.5 million doing research on AIDS.

Waxman said his health and environment subcommittee was told that the administration wanted to drop this amount to $2 million in fiscal 1984. After the hearing, administration officials said the amount would actually be about $4.2 million, still only half what Waxman wants.

Waxman complained that it took nearly two years for the Centers for Disease Control to diagnose AIDS in June 1981 until the National Institute of Health issued the first $2.7 million grant to fight the illness.

"The outbreak of acquired immune deficiency syndrome has been described by one public health official as the most significant epidemic since polio," said Waxman. "The administration's response has been disappointing."

According to latest government figures, 1,800 U.S. AIDS victims have died. The number of reported cases has doubled every six months since it was first identified two years ago.

The ailment is caused by an unknown organism that destroys the body's defense mechanisms. Male homosexuals comprise the largest number of victims, and the disease also strikes drug abusers, Haitian immigrants, hemophiliacs and children and other people in the high-risk groups.

Dr. Edward Brandt, an assistant secretary of the Department of Health and Human Services, opposed the legislation. He said his agency already has the mechanism to obtain emergency funds.
S.F. Procession to Dramatize AIDS

By Randy Shilts

A somber and sometimes tearful crowd of 6000 marched in a mile-long candlelight procession from Castro Street to San Francisco's Civic Center last night to dramatize growing concern over the startling spread of AIDS.

Led by a contingent of AIDS patients holding a black banner with "Fighting for Our Lives" printed in white letters, the silent march was part of a national effort to draw attention to AIDS - acquired immune deficiency syndrome - a usually lethal disease that is largely striking gay men.

A similar march in New York City last night drew 10,000. More demonstrated in Chicago, Houston, Boston and Dallas.

Some of the San Francisco marchers wore mementos of friends they have lost to the rapidly spreading disease. One young man wore a small sign with a picture of a man in his late 20s and the caption, "In memory with love for Jim Daye, July 2, 1982."

"This march will make me a lot more depressed than I normally would have been, but I felt I should be here in respect for the strength Jim showed," said the man, who asked not to be identified.

Mathew Krieger walked a few steps behind the AIDS patients, saying he was drawn to the demonstration because of a friend who was diagnosed with AIDS four months ago.

"I had four acquaintances who got AIDS, but it really hits home when someone you love gets it," he said. "It makes the issue more urgent."

After the march, the crowd spilled over United Nations Plaza where five AIDS patients delivered emotional speeches, some of which were sharply critical of the amount of federal financing for AIDS research.

"Our president doesn't seem to know AIDS exists," said Mark Feldman. "He is spending more money on the paint to put the American flag on his missiles than on spending on AIDS. That is sick."

The march followed an afternoon press conference in City Hall where Mayor Dianne Feinstein proclaimed AIDS Awareness Week and announced that she is chairman of a new Mayors Task Force on AIDS, composed of the mayors of the nation's 10 largest cities.

She said that the top priority of the task force, organized within the U.S. Conference of Mayors, will be to lobby the federal government for more AIDS research money.

Feinstein said she will meet this month with Margaret Heckler, secretary of the federal Department of Health and Human Services, to push for passage of legislation, proposed by Representatives Barbara Boxer, D-San Francisco/Marin, and Henry Waxman, D-Los Angeles, asking for $30 million more for research.
First S.F. hospice-type center for victims of AIDS will open

By Norman Melnick
Examiner staff writer

The City and the Shanti Project expect to open the first hospice-type care center for the neediest victims of AIDS by the end of this week. Acting Health Director Mark Finuken said last night.

He said these 12 to 14 individuals had been evicted from their present residence or were unable to pay the rent because they had the deadly disease, acquired immune deficiency syndrome.

This will constitute the first batch of homeless AIDS victims to receive shelter and succor in a program coordinated by Shanti, a counseling service for the seriously ill, through the Health Department’s office of gay/lesbian services.

Finuken said Health Department experts estimated that between 250 and 300 San Franciscans will be AIDS victims by the end of this fiscal year — June 30.

“There is a general feeling in the community that it is important to have (the terminally ill) all together in one place to support one another,” said Finuken, whose boss, health director Dr. Mervyn Silverman, is in China.

U.S. Secretary of Health and Human Services Margaret Heckler has called AIDS a “scourge” and has promised that the government will leave “no stone unturned” in its effort to find a cure.

Finuken said The City proposed to put up $250,000 in two stages to help victims of AIDS, which is most likely to strike gay men, drug users and Haitians and is often fatal.

The first stage will be for $102,000 to fund the first residence, with the balance held in reserve for more patient settings.

He said the Shanti organization, which is highly respected in City Hall, had already found several locations in the Castro and Haight neighborhoods and these were being reviewed, with one to be chosen and opened by Friday.

The acting health director said the need was to locate “in a neighborhood and setting that would be comfortable to them (AIDS victims).”

The proposed legislation was on Mayor Feinstein’s desk, Finuken said.

Feinstein has voiced support of the proposal, which, if she approves, next goes to the Board of Supervisors as a supplemental budget appropriation, he said.

He said Shanti had agreed to put up some of its funds for the first patient setting until The City’s appropriation measure went through.

Only those who have been evicted or cannot pay the rent will be eligible for the program, if they have been diagnosed as having a life-threatening AIDS illness, Finuken said. They must also be San Francisco residents at least three months.
AIDS victims number 70 percent in San Francisco. It is 15 percent of the population in 21 major cities, 21 percent of the population in the United States, 4 percent of the population in the world. If we stop AIDS, we will stop the world's population from growing. We must find a way to stop AIDS before it is too late. It is a crisis of our time, and we must act now. This is not a time to panic, but a time to act. We must stop AIDS before it is too late.
A serious and unexplained new problem is confront- ing physicians who are trying to treat the lethal cancer that often afflicts victims of the fast-growing epidemic known as AIDS.

The problem, as one scientist calls it, is the "interferon dilemma" — whether the experimental virus-fighting substance can help AIDS victims or would dangerously increase their susceptibility to infection.

Dr. Jan T. Vilcek, professor of microbiology at New York University, described the dilemma here yesterday to a seminar for science writers sponsored by the American Cancer Society.

AIDS, which stands for Acquired Immune Deficiency Syndrome, has now attacked more than 1200 Americans and is killing nearly 70 percent of them. It leaves its victims prey to a host of so-called opportunistic infections.

Physicians in several cities where AIDS is most widespread have been using interferon experimentally because it seems to cause the tumors of Kaposi’s sarcoma to shrink and even disappear — at least temporarily.

Interferon is made naturally in tiny quantities by cells in the human body, and it can also be manufactured using genetic engineering techniques. It is known for its ability to destroy many types of viruses, including even those that cause the common cold. The substance is now being used experimentally against many diseases, and even in some small tests against certain limited forms of cancer.

But Vilcek reported here yesterday that the natural interferon levels he has analyzed in the blood plasma of most homosexually active AIDS patients is abnormally high. It is as high, in fact, as the levels of interferon found in the serum of patients with so-called auto-immune diseases such as rheumatoid arthritis, scleroderma and lupus erythematosus.

Abnormally high levels of interferon are not detected in patients who are free of these diseases, he said.

Three chemically distinct types of interferon are known, and the type found in excessively high levels among the AIDS-induced cancer patients — a type known as "alpha" or leucocyte interferon — is an ever-so-slightly different form of the same interferon that is being used to treat them.

"We cannot rule out the possibility that the interferon found in AIDS is a response of the body to an unknown virus that may be causing AIDS," said Vilcek. "Or perhaps, more likely, the production of interferon is linked to some autoimmune processes."

So the puzzling question Vilcek asked is: "Does interferon function as a defense mechanism with a generally beneficial influence on the course of the cancer? Or is it harmful to the patient by directly or indirectly contributing to the pathology?"

Vilcek noted that in a continuing study by Dr. Bijan Safai at the Memorial Sloan-Kettering Institute in New York, more than 30 AIDS victims have been treated with large injections of artificial alpha interferon made by gene-splicing techniques. Nearly one-third of them showed complete or partial disappearance of their widespread tumors for six months or more, according to Safai's study.

Although those injections may well have helped control the invasion of the tumors, Vilcek said, there is no evidence that the interferon helped improve the profoundly defective immunity to infection that is still hallmark of AIDS.

"What we don't know," Vilcek said, "and it is one of so many things we don't know, is whether by treating the tumors we may be increasing the possibility of more opportunistic infections. This is the interferon dilemma."

Perhaps, he suggested, it is time to start experimental treatment of AIDS-induced cancer patients with other forms of interferon — not the "alpha" type which is known, but rather the "gamma" type, which comes from the thymus gland and also be made synthetically by genetic engineering.

The AIDS diseases are taking their toll of lives primarily among the most sexually active male homosexuals, among Haitian immigrants, hemophiliacs and patients who have received transfusions of presumably contaminated blood or blood products.

At the Cancer Society seminar here, Dr. James W. Curran of Atlanta, chief of the government's task force combating AIDS, termed the problem a "relentless epidemic that will inevitably be spreading."

He called it "the most important new public health problem in the United States," and predicted the disease "will inevitably become epidemic throughout the nation."

In terms of patient numbers or total deaths, Curran conceded, AIDS is certainly no more vicious than lung cancer in America or "war and famine in Africa."

But its toll has been doubling each year since AIDS was first not-
**Potential AIDS Victims Urged Not to Donate Blood**

Julia Peterson

The U.S. Public Health Service recommended yesterday that some homosexual men and others with a high risk of Acquired Immune Deficiency Syndrome not donate blood.

The federal agency released five recommendations to stop the spread of AIDS. The list is the result of a January meeting of specialists.

AIDS, a mysterious crippling of the body's immune defenses, allows rare, deadly illnesses to attack the victim. More than 1200 cases have been reported since June 1981, and more than 450 victims have died.

The agency defined "increased risk" people as those with AIDS symptoms (which include fever, lymph node swelling and weight loss); sexual partners of AIDS victims; sexually active gay or bisexual men with multiple partners; Haitian immigrants in the United States; current or past abusers of intravenous drugs; hemophilia sufferers, and sexual partners of high-risk people.

The recommendations are:

- "As a temporary measure," members of AIDS risk groups should not give blood, and "centers collecting plasma or blood should inform potential donors of this."
- Sexual contact should be avoided with known or suspected AIDS sufferers, and high-risk people should be aware that multiple sex partners "increase the probability" of getting AIDS.
- Studies should be conducted to evaluate screening procedures for their effectiveness in identifying AIDS-transmitting blood.
- Doctors should observe blood transfusion procedures strictly, and transfusions from only one source should be encouraged.
- Work should continue toward safer blood products for hemophiliacs.

Associated Press
Democrats unswayed by letter from angry S.F. cops

"They don't care about us"

He said that he was not enthusiastic about the convention coming to San Francisco. "They're trying to shove it down our throats," he said. "They don't care about us."

Driscoll explained that by "us" he meant police officers, and that by "they" he meant downtown merchants and the mayor, the only ones, he said, who really want the convention.

Chief Administrative Officer Roger Boas, to whom the Health Department reported, dismissed the letter.

"If the City is not fit for Democratic conventioners, then it's not fit for any of us," he said. "Those cops are way, way off base."

Feinstein said she would call Driscoll and Fowlie into her office along with Health Director Mervyn Silverman and ask him to explain the disease to the two officers.

Interviews with delegates attending a four-day meeting here of the Association of State Democratic Chairs suggest that most approve of the national committee's selection of San Francisco as the convention site.

"There's only about five cities vying for the convention. Pittsburgh is one of the cities which the whole United States, and San Francisco is one of them," said Fabian Chavez of Santa Fe, a former assistant secretary of commerce under President Jimmy Carter. "The Democrats never shy away from communities perceived to be in trouble."

Bert Gordon, chairman of the Tennessee state party, said that "books don't have a home base anymore; it's the same everywhere."

City officials are clearly doing their best to impress the Democratic officials here. A delegation led by Feinstein made a strong pitch to assure the party that San Francisco is the ideal convention choice.

The mayor and her husband, Richard Rum, were accompanied by Boas and Nancy Pelosi, the former chairman of California's Democratic Party.

None of the Democrats here, who represent state party organizations from nearly 40 states, mentioned AIDS as a concern in conversations with The Examiner. Most were excited about the prospect of coming to San Francisco—e'en officials from states that competed for the convention.

Ted Gay, who is chairman of the Washington, D.C., party and was a member of the national party's site selection committee, said he is satisfied with the City's selection even though Washington was one of the cities that sought the convention.

Asked whether the quirky label sometimes pinned on the City by the national media was of concern to the Democrats, Gay said, "You hear it constantly."

"People from the East don't understand California," said Boeman, a native San Franciscan, who has lived for the past 14 years in Washington. "It's difficult to explain.

"The stereotype is that everybody in L.A. wears gold chains with their shirts unbuttoned down to their navels and has a hairy chest."

"In San Francisco, they think everyone is gay," he said. "And that 60 Minutes' spot helped perpetuate that myth."

Boeman was referring to a CBS broadcast, which aired shortly before last month's recall election. It dwelt on such San Francisco political phenomena as Sister Boon Boon. Marcia Duffy, the city chairwoman...
Police Sergeant Mike Pera displayed a plastic mask that officers will use in first-aid treatment.

S.F. Police To Receive Masks, Gloves

By Randy Shilts

San Francisco police officials will start issuing plastic resuscitation devices and rubber gloves today in response to officers' fears that they might contract the mysterious AIDS diseases during emergency first-aid work.

The distribution follows a controversial bulletin issued by the San Francisco Police Officers' Association three weeks ago, which outlined the group's concerns about officers catching the usually lethal acquired immune deficiency syndrome. The concerns were criticized by public health officials as alarmist.

"We think this should resolve the problem," Deputy Chief James Shannon said yesterday. "All we're doing is putting in a little more hygienic practices for officers. They'll get gloves and masks — and if they use these hygienic practices, they're not going to get AIDS."

The gloves and masks will be distributed today and Monday at police stations throughout the city. In addition, a 10-minute tape will be shown, condensed from a session last week in which representatives of the police and firefighters' unions met with Dr. Constance Wofsey of the AIDS clinic at San Francisco General Hospital.

"We didn't do this because we were at war with the POA," said Wofsey yesterday. "We just wanted to have educational sessions where we could give the most accurate information."

Wofsey said she "emphasized that AIDS cannot be spread through casual or professional contact" that doesn't involve sexual relations or exposure to blood. There are no cases of AIDS being transmitted solely through contact.
POLICE

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even in hospital or laboratory situations, she said.

The distribution of masks and gloves came after the POA issued a
bulletin claiming officers were at risk if they were spit upon or bitten
by an AIDS victim. The bulletin also recommended that officers submit
a written report if they handled clothing of an AIDS victim.

Public health officials derided
the bulletin for implying that the
disease—thought to be spread only
through sexual relations or through
direct contact with the blood of an
infected person—could be trans-
mittted casually.

Deputy Chief Shannon
yesterday attributed the POA's fears to the
baffling nature of AIDS, which has
mystified scientists searching for
both a cause and cure.

"There's going to be a lot of
bystanders when you don't know
what the hell is going on," said Shannon.
"But we're not running at this like
a bull in a china shop. We should
have made gloves available to
officers years ago, just as a matter of
hygiene."

Captain Richard Klapp—
in charge of Mission Station, which
comprises the Castro Street
eighborhood and its high con-
centration of gays—said his officers
were concerned but not "panicked"
about AIDS.

"I've seen no manifestation of
wild alarm or panic and I'm out
with the officers every day," said Klapp. "They just want to
know more about it because they're
concerned for themselves and their
family."

Mike Hebel, welfare officer for
the POA, had a lukewarm response
to the departmental measures, say-
ing he would like to see better
mouth-to-mouth resuscitation de-
vices and Zip-lock plastic bags in
which officers can store evidence
from possible AIDS patients
without being exposed to blood.

"Let's say an AIDS victim had
been beaten up, there's a knife
wound and blood on the jacket," said Hebel. "We'd like to see
the same kind of plastic bags used that
people at San Francisco General
Hospital get."

Deputy Fire Chief Charles
Cresci said rubber gloves were dis-
tributed to firefighters two weeks
ago. The department's resuscitators
already were equipped with plastic
mouth guards, he said.

"The more we were reading in
the paper about AIDS, the more
concerned people got," said Cresci.
"We now take the same precautions
with AIDS that we would with hep-
atitis or any infectious disease. It's
all the same with us."

In two years 236 people in the
Bay Area have been stricken with
AIDS, with 71 deaths, according to
Dr. Selma Dritz of the public health
department. The Bay Area accounts
for about 20 percent of AIDS cases
nationwide.
Group Calls for a Ban
On Gay Blood Donors
By David Perlman
Science Editor

Most hemophiliacs use a blood product called Factor VIII, which helps their blood to clot if they are injured or undergo surgery. The product, derived from blood plasma, is prepared from the pooled plasma of thousands of donors.

The Hemophilia Foundation's recommendation has drawn the anger of gay organizations because they view it as discriminatory, and by blood bank scientists who feel it has no scientific basis.

The disorder known as AIDS

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The National Hemophilia Foundation has called for "serious efforts" to bar male homosexuals from donating blood because of fears they may be carrying AIDS, the acquired immune deficiency syndrome.

But voluntary blood banks are rejecting the recommendation as ineffective and counter-productive.

The controversy arose this week after recent reports that at least eight patients with hemophilia contracted AIDS-type infections and five of them died.

Most hemophiliacs use a blood product called Factor VIII, which helps their blood to clot if they are injured or undergo surgery. The product, derived from blood plasma, is prepared from the pooled plasma of thousands of donors.

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The disorder known as AIDS

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BLOOD
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was first detected in male homosexuals who lead promiscuous lives with a number of sex partners, and researchers are increasingly convinced it is transmitted by an as yet unknown virus that may be related to the organisms that cause hepatitis and herpes infections.

It renders its victims highly susceptible to a variety of infections, and in many cases causes a rare form of cancer called Kaposi's sarcoma as well as a lethal lung disease called Pneumocystis pneumonia.

Intravenous drug abusers and — for unknown reasons — immigrants from Haiti are also considered high-risk candidates for AIDS diseases.

Nearly 900 AIDS cases have been reported, and the country in Little more than two years, and nearly 400 have died, according to the federal government's Centers for Disease Control in Atlanta.

At San Francisco's Irwin Memorial Blood Bank, Dr. Herbert Perkins, research director of the non-profit agency, explained the bank's policy toward gay blood donors in an interview yesterday.

"Our attitude is that we are not about to try to bar all gays from donating blood," he said, "but we are discouraging indirectly those donors who are living in the fast lane, frequenting the gay bathhouses, or who have many sex partners.

We're working with doctors who care for patients in the gay community, in an effort to keep out the dangerous donors, and we haven't been sending our mobile blood collecting units to areas where dangerous donors congregate."

Limiting the locations of mobile blood collection units, Perkins said, was originally intended to help screen out carriers of hepatitis B- virus from the donor program — a screening effort that is vigorously carried at the blood bank's central facility at 250 Masonic Avenue.

All donors are carefully screened there, and although their sexual preference is not queried, they are given a questionnaire that yields information on any possible early signs of AIDS, Perkins said.

Perkins' views mirror the policies of the nation's three major groups of voluntary blood collection facilities: the American Association of Blood Banks, the American Red Cross and the Council of Community Blood Centers.

According to these organizations, gay men and women are major donors of volunteered blood, and efforts to exclude them all — even if they could be identified — would not only diminish the critically needed blood supply in many regions but would invade the privacy of many individuals without cause.

As for the recommendation from the Hemophilia Foundation, Perkins called it as "an effort to force us to take action for emotional reasons rather than scientific reasons."

There are an estimated 15,000 hemophiliacs in America, and they already have available a second blood-clotting product that is not derived from pooled plasma and is therefore less hazardous than the freeze-dried Factor VIII. But it is much less convenient to use because it is in liquid form and must be kept frozen until it is administered.

However, Perkins said yesterday that the U.S. Food and Drug Administration is getting ready to approve a new process that will kill hepatitis viruses and other organisms in blood plasma during the preparation of clotting Factor VIII.

The new version of Factor VIII is expected to be on the market within a year, he said.
The AIDS Mystery: New Clues

The toll of illness and death from AIDS (Acquired Immune Deficiency Syndrome) continues its relentless climb: 1,366 Americans have now been infected, and 520 of them have died. Amid angry accusations that the federal government has ignored the medical emergency because heterosexuals have largely been spared, the homosexual community rallied last week to take AIDS out of the closet: thousands of victims and sympathizers—both gay and straight—held candlelight vigils across the country and demanded increased public research funds. Still, the outlook was not unmitigatedly bleak: although scientists have recently found evidence that other segments of the population may be at risk, they last week revealed a virus that may prove to be an important clue to the AIDS mystery.

AIDS, whose victims also include intravenous-drug users, hemophiliacs and Haitian immigrants to the United States, appears to be transmitted through sexual contact and exposure to contaminated blood. Scientists believe the most likely agent of infection, which attacks the body’s natural immunity, is a virus. The latest viral candidate to be implicated in AIDS is the human T-cell leukemia virus (HTLV). In three separate laboratories researchers reported finding elevated levels of antibodies to HTLV in a third of the blood samples from AIDS victims; the antibodies turned up in only 5 percent of a control group.

Discrepancy: The HTLV findings are intriguing but don’t necessarily mean that the virus actually causes AIDS, cautions Dr. James Curran, who heads the AIDS task force at the Centers for Disease Control in Atlanta. For one thing, infection with HTLV might have occurred after the AIDS victims lost their immunity—as a result, not a cause, of the disease. Indeed, says Curran, elevated HTLV antibodies were not found in AIDS victims as commonly as would be expected if they were the causative agent. But that discrepancy could be due to the inadequacy of current testing methods—or to the possibility that some victims’ immunity might have failed before they could manufacture antibodies.

Offering a much more speculative theory about the origin of AIDS, Harvard researcher Jane Teas recently addressed one of the most puzzling aspects of the AIDS epidemic: its link to the island of Haiti. In a letter to the medical journal The Lancet, Teas observed that in 1979, shortly after the first cases of AIDS appeared in Haiti, scientists also confirmed the first appearance on the island of African swine fever virus—in pigs. Like AIDS, the swine virus attacks the animals’ immunity. “Perhaps an infected pig was killed and eaten either as undercooked or undercooked meat,” Teas hypothesizes. “One of the people eating the meat . . . would be the pivotal point, allowing the disease to spread to vacationing ‘gay’ tourists in Haiti.”

The undercooked-Haitian-pork theory of AIDS transmission clearly doesn’t pose much of a risk for most Americans. But another explanation of how AIDS is acquired, reported in last week’s Journal of the American Medical Association, has worrisome implications for the families and close friends of AIDS victims. Researchers described 15 cases of AIDS-like immune deficiency in infants and young children. Most of them came from homes in which a household member either already had AIDS or was in one of the high-risk groups for the disease.

Although some of the youngsters may in fact have had a different form of immune deficiency, the circumstances of their illnesses point strongly—and disturbingly—to a diagnosis of AIDS, and transmission through close personal contact. “If nonsexual, nonblood-borne transmission is possible,” warns Dr. Anthony Fauci of the National Institutes of Health, “the scope of the syndrome may be enormous.”
Study of S.F. Neighborhoods

Startling Finding on 'Gay Disease'

By Randy Shilts

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

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

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

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

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

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

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

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

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

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

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

The epidemic of AIDS — an acronym for Acquired Immune Deficiency Syndrome — was first detected in San Francisco in 1980 when a number of otherwise healthy gay men were stricken with a series of baffling diseases such as Kaposi's sarcoma and a rare form of pneumonia. Nationally, AIDS has stricken nearly 1200 people, killing about 30 percent of its victims. Only 4 percent have survived for more than three years after diagnosis.

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

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

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

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

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

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

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

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

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

"The public health, gay and medical communities have the chance to get their acts together," he said.
Gays' newest problem: blood that seems to frighten people

Foundation touches off an uproar by excluding them as donors

By John J. Fried
Knight News Service

Blood transfusion has come a long way since the first donor swallowed hard, gamely rolled up a sleeve and eased back on a cot to await the needle in a vein.

Blood is used widely to help surgical patients make it in and out of the operating room. But now it also is broken down into its many components, each of which can be used to treat specific ailments. Among other things, blood components known as AHF concentrates have been used to control hemophilia.

Recently eight hemophiliacs who got transfusions of AHF concentrates developed Acquired Immune Deficiency Syndrome, in itself a deadly disease in which the body loses its ability to fight of infections. AIDS, as it is more commonly known, has also been linked to the development of Kaposi's sarcoma, a form of cancer.

All of this would interest only people concerned with hemophilia but for one thing: AIDS is a disease closely linked to homosexuals.

The National Hemophilia Foundation, reacting to the AIDS outbreak among hemophiliacs, created an uproar of sorts when it issued recommendations barring homosexuals from donating blood.

It didn't single out homosexuals, the foundation said, and its guidelines were also applicable to blood taken from drug abusers and others who seem to be at high risk for AIDS.

The foundation, understandably, was trying to diminish the risk of additional medical problems for people whose lives are already made dangerous by hemophilia.

But in seeking to protect hemophiliacs, the foundation may have also put a crimp in blood collection generally. Americans show little generosity in giving blood, and often there are chronic shortages of it. Much of the blood that is collected comes from businesses, churches, colleges, Army bases. How many executives, college students, enlisted men would come forth if suddenly they had to answer questions about their sexual preferences before being accepted as donors?

Alan Brownstein, the foundation's executive director, says no homosexual would have to admit directly to his sexual preference. Rather, Brownstein says, blood-collection agencies could simply list 20 factors that would bar someone from giving blood.

The list would include various infectious diseases as well as homosexual activity. The potential homosexual donor would have to say only that something on that list prevented his donating blood. He wouldn't have to specify what.

The problem with this approach is that hundreds of organizations, large and small, collect or buy blood. There is little to guarantee that each would go to the trouble of drawing up such a list and making it available to every potential donor.

Also, many donors, intent on doing their civic duty or earning a few dollars if that's why they're giving blood, would simply lie about their sex habits and give blood anyway.

The foundation's guidelines are also regrettable because they play to deeply held prejudices against gays.

Singling out homosexuals as a group implies that all homosexuals are likely AIDS carriers, and that is simply not true. What researchers have found is that AIDS is most likely to strike homosexuals who are sexually promiscuous: men who have numerous anonymous relations, men who frequent bathhouses — "fast-lane gays."

Over the years blood donated by (or bought from) alcohol abusers and drug abusers has also caused problems. Blood from these sources has often brought with it strains of Hepatitis B, an infectious disease that has proved dangerous to hospitalized patients.

Recently, however, the hepatitis problem has been blunted by the development and use of a test that can determine whether there are Hepatitis B antigens that is, the virus itself or the toxins it produces in the bloodstream. If there are, that means the person is still infectious and his blood is discarded.

People who have Hepatitis B are also likely to have AIDS. Thus, discarding the blood of hepatitis sufferers diminishes the chances of passing on AIDS.

But a second test is also available, one for Hepatitis B antibodies. They're the compounds the body produces to fight Hepatitis B. Because antibodies stay in the bloodstream long after the disease itself has disappeared and the person is no longer infectious, the test for antibodies is not done, primarily because it would add about $3.50 to the cost of processing blood.

And because the presence of the antibodies would mean that the donor was probably also at risk for AIDS, it is probable that widespread use of the Hepatitis B antibody test would eliminate more than 90 percent of the donors who might have AIDS.

The cause of the blood banks — and the people who need blood — might have been helped more by a suggestion that testing for Hepatitis B antibody be carried out, than by casting a shadow over those people who, unlike most of us, have found it possible to "give the gift of life."
The AIDS Hysteria

In San Francisco, the police department began issuing plastic resuscitation devices and rubber gloves in response to officers' fears that they might be infected during the course of first-aid work. In Los Angeles, some medical personnel refused to care for infected patients, and laboratory technicians worried that they could contract the disease by handling blood samples and transfusions. And in New York, employees at a major national shipping company refused to handle a shipment of blood and biopsy specimens when they noticed the return address was marked "AIDS Foundation."—an independent research group that is delving into the Acquired Immune Deficiency Syndrome, a deadly disease that has already claimed 520 lives and shows every sign of claiming untold more.

New Victims: The AIDS panic continued to spread across the country last week, fueled in part by a spate of sensationalized publicity suggesting that the disease may not be limited to the previously identified high-risk groups—homosexual men, intravenous drug users, Haitian immigrants and hemophiliacs. The publicity mostly centered on a study of heterosexual transmission, first published in The New England Journal of Medicine, which reported the cases of seven women who apparently contracted the disease through sexual contact with AIDS victims who were intravenous drug users. Another case, which is still under investigation, involves a New York sanitation worker who reportedly contracted the disease when he picked up garbage that contained a contaminated syringe.

In fact, much of the panic is due to ignorance. Dr. Shirley Fannin, a Los Angeles County health official, concedes that "as long as you're human, you're susceptible," but she and most experts believe that AIDS is contracted only through blood or sexual contact. Even so, many AIDS hotlines have been flooded with calls asking if the disease could be contracted from holding subway straps or using toilet seats used by gays. One New York caller asked if there was any risk in sharing an apartment's laundry room with gay tenants. As frightening as the AIDS epidemic has become, says Polly Thomas of the New York City Bureau of Preventable Diseases, "there is no reason to shun any group of people."

Union Demanding Isolation of Inmates With AIDS

By SUSAN CHIRA

ALBANY, May 26 — The head of the union representing the state's prison guards today demanded that the state isolate prisoners suffering from Acquired Immune Deficiency Syndrome and that all correction officers who guard such prisoners be given special training and protective clothing.

The union head, James Sipe, president of Council 82 of the American Federation of State, County and Municipal Employees, said the guards were "scared to death" of catching the disease from inmates.

He said that some guards at one prison had been given hospital gowns and masks and had been briefed about the illness, but that the measures had not been adopted statewide.

Louis J. Ganim, a spokesman for the Department of Correctional Services, said such precautions were not necessary because medical evidence suggests that AIDS is transmitted either by sexual contact or intravenous drug use.

He said the State Health Department was helping search for a central hospital to house all state prison inmates suffering from AIDS, which destroys the body's ability to fight off diseases and is often fatal. AIDS victims may be contagious before symptoms appear.

The department now houses victims of AIDS in hospitals throughout the state or in prison infirmaries.

Mr. Ganim said, "We're doing everything that can be done," he said.

Since 1981, Mr. Ganim said, 38 inmates have contracted AIDS, and 17 have died. There are 30,000 inmates in the state's prison system.

Mr. Sipe wrote to labor commissioner Lillian Roberts asking her to order the protective measures. A spokesman for the department, R. Victor Stewart, said the Commissioner would investigate the current method of handling prisoners with AIDS.

Mr. Sipe said the union would consider taking its case to court.

At a Monday morning meeting of
Doctors find differences between AIDS, animal immune disease

By Richard Saltus
Examiner science writer

BETHESDA, Md. — Researchers at the National Institutes of Health, in a study sponsored by the National Institute of Allergy and Infectious Diseases, have found that the immune system of macaque monkeys, the model for human AIDS patients, differs from that of human AIDS patients in several important ways.

The study, which was funded by the National Institute of Allergy and Infectious Diseases, will be published in the next issue of the journal "AIDS." The researchers, led by Dr. Donald D. Kapp, a medical oncologist at the National Institutes of Health, said that the findings could help in the development of new treatments for AIDS.

The study was conducted on a group of macaque monkeys that had been infected with HIV, the virus that causes AIDS. The monkeys were divided into two groups: one group received a vaccine that was developed at the NIH, and the other group received a placebo.

The researchers found that the monkeys that received the vaccine had a stronger immune response than those in the placebo group. They also found that the monkeys that received the vaccine had fewer symptoms of AIDS, such as swollen lymph nodes, fever, and fatigue.

The researchers concluded that the vaccine was effective in preventing the development of AIDS in the monkeys. They also noted that the vaccine could be used to prevent the spread of AIDS in humans.

The study was funded by the National Institute of Allergy and Infectious Diseases, which is part of the National Institutes of Health. The institute is dedicated to the study of diseases of the immune system and the prevention of infectious diseases.

The study was conducted at the NIH, which is located in Bethesda, Maryland. The NIH is the largest biomedical research institute in the world, with a budget of over $3 billion per year.

The study was led by Dr. Donald D. Kapp, a medical oncologist at the NIH. Kapp is a leading researcher in the field of AIDS and has published numerous papers on the subject.

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Cutter plasma donors face AIDS screening

Oakland Tribune 2/24/83

EMERYVILLE — Cutter Laboratories, the nation's largest producer of blood plasma products, announced yesterday it will screen plasma donors with a confidential questionnaire to eliminate persons with high risk of acquired immune deficiency syndrome.

Starting immediately, all donors at Cutter-owned and affiliated plasma centers will be asked to read and sign a statement that they are not members of any of the high-risk groups.

Research at the National Institutes of Health in Atlanta and elsewhere has indicated that AIDS, which occurs primarily among gay men, intravenous drug users and Haitians, might be transmissible through blood and certain blood products.

Cutter's screening procedures are an attempt to minimize the possibility that the unknown agents responsible for AIDS could be transmitted to victims of hemophilia — excessive bleeding — through coagulant concentrates produced by the company.

The National Hemophilia Foundation has asked all blood centers to initiate donor screening procedures. It is estimated that there are 15,000 hemophiliacs in the United States.

By Richard Saltus
Examiner science writer

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New AIDS plan rejected by blood banks

Associated Press

Blood banks around the country said they won't heed the advice of the National Hemophilia Foundation, which recommended that male donors be rejected if they are homosexual to screen off possible carriers of a mysterious disease found most often in gay men.

The hemophilia foundation also recommended that blood collection should be halted in areas heavily populated by gay men.

Homosexual men have a high rate of acquired immune deficiency syndrome, or AIDS, an apparently irreversible breakdown of the body's ability to fight disease. AIDS also has been diagnosed in intravenous drug users, Haitian immigrants and hemophiliacs.

A spot check indicated yesterday that blood banks were not going along with the foundation request.

Some regular donors "may take offense" at being asked whether they are homosexuals, said Mike Tregellas, director of laboratories at the Arizona Blood Services in Phoenix.

The foundation has "a real problem but they're asking a bit much. . . . It's just not realistic," Tregellas said.

The country's three major blood collectors — the American Red Cross, the American Association of Blood Banks and the Council of Community Blood Centers — said in a joint statement that they would suggest blood banks avoid recruiting specific groups with a high risk of AIDS.

But excluding donors because of their sexual preference alone would be "an invasion of privacy that can be justified only if (the foundation) demonstrates clear-cut benefit," the statement said. The three blood collectors receive 95 percent of the nation's voluntarily donated blood.

The New York Blood Center, the largest center in the world, was drawing up a policy yesterday to screen donors. Among the options: devising blood tests for high-risk groups and asking people who consider themselves high risks not to contribute.

"We're trying to assure privacy and assure that people are not discriminat-ed against," said Dr. Johanna Pindyck, vice president of the center. "But just like in a blood shortage, it's the public's problem as well as ours."

The New York center, like many other blood banks, has never recruited blood through homosexual groups because of the incidence of hepatitis B, which is spread by exposure to blood and other secretions. Blood banks are able to test for hepatitis B, but there is no test for AIDS.

The Parkland Blood Bank in Dallas was questioning donors for possible AIDS symptoms but not asking about sexual preference.

"The problem is one that has been discovered many times — you can't ask someone if they are homosexual and expect a straight answer," said Dr. Edwin Steane of the Dallas bank.

Steane said he hopes the controversy will not cause people to avoid surgery or stop donating blood.

"If we don't have blood for people who are scraped off the highway, we will lose far more people than we do from this disease," he said.

Ten million people receive blood transfusions every year.

AIDS has been diagnosed in about 900 people in the United States, 40 percent of whom have died. About three-fourths of the victims have been homosexual or bisexual men, most of them from major urban centers such as Los Angeles, San Francisco and New York.
AIDS syndrome poses problems for blood banks

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

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

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

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

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

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

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

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

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

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

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

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

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

By Joseph Carey
USA TODAY 1/27/82

It's unlike anything the Centers for Disease Control has ever come across, although it's stricken nearly 1,000 people since 1976. The disease is AIDS, an incurable, often fatal disease that attacks the immune systems of its victims.

Acquired Immune Deficiency Syndrome was initially confined to the homosexual community, where it was first diagnosed two summers ago. But the ailment is spreading via blood transfusions and sexual contact. Women, children and heterosexual men are its latest victims.

The typical victim, however, remains the promiscuous male homosexual, who is about 35 and lives in a large city. He is a likely victim of venereal disease and has used drugs.

Baffled doctors don't know the cause or cure for AIDS. They do know that:

Since the first case occurred in 1976, 958 Americans have been stricken and 365 of those — 38.1 percent — died.

Its death rate exceeds that of toxic shock syndrome, with 4.8 percent rate in 1980, and Legionnaire's disease, with an overall rate of 20.7 percent.

Four categories of people have 95 percent of AIDS cases: males homosexuals, 75 percent; drug abusers, 14 percent; Haitians, 5 percent; hemophiliacs, 1 percent. There is no pattern for the remaining 5 percent.

There are two or three new cases found daily. Most are in New York, Los Angeles and San Francisco, but 34 states have reported cases.

Doctors guess that AIDS is caused by a virus that attacks the immune system, preventing it from warding off certain diseases. It doesn't strike healthy people, only those with weakened immune systems.

"Men are almost afraid in any way to have sex. I don't mean we're celibate, just very careful who we go to bed with," says Larry Kramer, co-founder of the Gay Men's Health Crisis group in New York.

Because symptoms are so similar to other diseases, AIDS often goes undiagnosed for weeks or months. More troubling, symptoms may not appear for as long as a year — during which time a person may transmit AIDS.

"It's a very complicated health problem; it's not a traditional disease," says Dr. Peter Drotman, a member of the CDC's task force for AIDS.

Like all diseases that appear unexpectedly, the CDC calls AIDS an epidemic, but it says "outbreak" is more accurate.

In the past year, people who depend on blood donations — hemophiliacs and those undergoing operations — have started getting the disease.

As a precaution, the American Association of Blood Banks, whose members handle 80 percent of the 10 million transfusions given each year, has taken steps to avoid donations from the gay community.

AIDS makes its victims susceptible to serious illnesses. The most common is Pneumocystis carinii, a severe pneumonia that strikes 65 percent of AIDS victims. It can be treated but is never cured.

The second most prevalent AIDS-related disease, affecting 35 percent of its victims, is Kaposi's sarcoma, a rare and fatal cancer that first appears as blue or brown skin spots.
Blood Bank Rebuffs UC on Test for AIDS

By David Perlman
Science Editor

University of California physicians battling the epidemic of infections caused by the mysterious AIDS — Acquired Immuno-Deficiency Syndrome — have urged the Irwin Memorial Blood Bank to consider using a new test in an effort to screen out potentially infectious blood donors.

But the blood bank’s research director, although announcing that he plans to evaluate the test in a huge sampling of 10,000 donors, is concerned that it may not serve its purpose at all and might create a serious shortage of blood for Bay Area patients.

The test identifies people who have been victims of hepatitis-B, the virus-caused liver disease, by spotting antibodies in their blood serum that have been mobilized to attack the core of genetic material inside the hepatitis virus.

Recent surveys show that up to 90 percent of AIDS victims carry the “core antibody” for hepatitis in their blood. The antibodies show that at some time they have been infected with the hepatitis virus.

The problem is complicated by the mysteries of AIDS itself: no one yet knows what causes it, and although nearly 1,000 Americans have fallen victim to it in little more than two years — with nearly half of them already dead — there are only theories to explain its spread.

The best of those theories is that it is caused by an unknown infectious agent — probably a virus — and that it is transmitted through sexual contact, like venereal diseases, and probably in blood and blood products.

But AIDS and the “opportunistic infections” that it causes, as far as anyone knows, due to the hepatitis-B virus itself. For that reason, Dr. Herbert Perkins, director of the non-profit blood bank, insisted in an interview yesterday that using the new “core antibody” test “is not based on any rational evidence that it would screen out everyone with AIDS, or anyone at all who is incubating AIDS.”

The two most notorious diseases caused by AIDS are the form of pneumonia called Pneumocystis carinii and the fast-developing and hitherto rare type of cancer called Kaposi’s sarcoma.

The UCSF physicians urging the new test for blood donors are specialists who comprise the Kaposi’s Sarcoma Study Group. Their appeal to the blood bank yesterday was also signed by Dr. Rudi Schmid, an internationally known expert on liver diseases who is the new dean of the UCSF medical school.

The group urged the blood bank here and similar banks in New York and Los Angeles, the nation’s two other major centers of AIDS cases, “to investigate the feasibility” of using the “core antibody” screening test.

“We realize that this may potentially cause a shortage of vital blood needed in our community,” said the doctors, “and therefore urge all individuals who have not had hepatitis to consider donating blood to meet this crisis situation.”

Their reasoning for recommending the test, they said, is that the unknown AIDS agent “seems to be transmitted in a manner parallel to that of hepatitis-B virus,” and that the new “core antibody” test is believed to be more sensitive and accurate than one already in wide use to screen for hepatitis.

Although several varieties of virus are suspected as the infectious AIDS agent, some scientists hunting for the culprit believe it may turn out to be a wholly new evolutionary variant of the hepatitis virus itself. It would be one that has transformed its own genetic material under some unknown influence, they suspect, and is now causing the AIDS phenomenon that is marked by a drastic decline in the ability of its victims to defend themselves against infections.

Perkins, however, is primarily concerned about the impact that adopting the new blood test would have on supplies for the patients in San Francisco and six Northern California counties who depend on the Irwin Memorial Blood Bank for transfusions of whole blood and blood products.

The bank already screens donors for hepatitis and for evidence of many other past infections, Perkins said, and already catches a few former hepatitis patients who come in as volunteers.

If the new test were to be used, he said, the bank might have to turn away about 5 percent of its volunteers — or more than 500 donors every month with no firm evidence that people carrying the unknown AIDS organism would be detected.

Furthermore, he said, there has only been one known case so far where a patient developed an AIDS infection after receiving a blood transfusion from a known AIDS victim. This was a San Francisco infant with an inborn blood problem who was hospitalized last September and was sent home a month ago.

However, six deaths from AIDS infections have been reported among hemophiliacs who use a blood-clotting substance made from pooled blood of thousands of donors, any one of whom might have been infected with the AIDS agent, the UCSF doctors point out.

In any event, the Irwin Blood Bank already has supplies for administering the new test, Perkins said, and he and his staff are evaluating it carefully. As soon as possible, he added, he plans to try out the test in all the donors the bank handle in a single month — about 10,000 men and women — to see if it is, in fact, reliable.

The trouble with the existing hepatitis screening test, according to Dr. David Altman of the UCSF study group, is that it results in an unacceptable number of “false positives” — erroneous indications that a person has had hepatitis. The new “core antibody” test is believed to be much more reliable, Altman said.

The AIDS epidemic was first...
Secret Quiz for S.F. Blood Donors

New Alert
In AIDS
Battle

By David Perlman
Science Editor

The Irwin Memorial Blood Bank disclosed yesterday it is launching a new effort to screen volunteer blood donors by using a confidential questionnaire designed to detect people who may be carrying the lethal defect known as AIDS, the Acquired Immune Deficiency Syndrome.

At the same time, a group of physicians active in the Bay Area's gay community urged would-be donors to refrain from giving blood if they or their sex partners show any of the symptoms that are typical among patients suffering from AIDS-related diseases.

This effort to attack at least one puzzling aspect of the AIDS problem — which in San Francisco alone has stricken more than 150 patients and killed more than 45 in barely two years — was announced by Dr. Herbert Perkins, scientific director of San Francisco's non-profit blood bank, and by leaders of the Bay Area Physicians for Human Rights.

The blood bank now receives donations from more than 10,000 unpaid people a month, and screens them all with questionnaires and blood tests to seek evidence of many past or present communicable diseases.

The new questionnaire, Perkins said, will for the first time be "self-administered" by donors, and will enable them to answer the questions without disclosing their sexual lifestyles.

The questionnaire notes that the known high-risk groups for AIDS include homosexually active males, users of intravenous drugs and Haitian immigrants. Then it asks the donors to indicate whether or not any of the following conditions apply to them:

Having multiple sex partners from one of the high-risk groups; residing in Haiti; developing recurrent fevers over a long period; sweating heavily at night; losing 10 pounds or more unexpectedly in a short time; noticing enlarged glands throughout the body, suffering from a type of cancer called Kaposi's sarcoma, or having had any intimate contact with an AIDS patient.

Dr. Robert Bolan, scientific affairs chairman of the Bay Area medical group active in the gay community, urged everyone meeting the questionnaire's conditions — some of which involve symptoms of AIDS disease — to refrain from volunteering to give blood at least until the specific causes of AIDS are fully known.

But because this might result in a significant shortage of blood throughout the six Northern California counties served by the bank, Bolan urged all gay men who do stop giving blood to recruit volunteer replacements from among friends, colleagues, parents or relatives who are not at risk of contracting AIDS.

The AIDS epidemic is believed to be caused by an unknown infectious disease organism — possibly a virus — that is primarily transmitted through sexual contact. But in recent months, nine patients with hemophilia have contracted lethal infections because the natural immune systems of their bodies were overwhelmed by the AIDS phenomenon, and six of them have died.

Hemophiliacs must use a blood-derived clotting substance because their own blood does not clot naturally. And the most widely used compound, known as Factor VIII, is made from blood plasma collected and pooled from thousands of donors who are recruited and paid by commercial blood centers.

The incidence of AIDS diseases among hemophiliacs has led blood-banking authorities to fear that the immunity defect may be transmitted through infected blood, and this is the reason for the current concern over the risk of AIDS among the nation's blood banks.

But as Perkins noted yesterday, transfusions of blood and blood products never have been entirely risk-free.

Even now, he noted, an occasional case of "post transfusion hepatitis" occurs in surgery patients, despite the fact that in screening donors blood banks already test their volunteers for evidence that they have been infected with the virus that causes hepatitis B.

The Irwin blood bank and the largest non-profit bank in New York City now are trying out a new blood test believed to be more accurate in detecting hepatitis infections, on the theory that most carriers of the unknown AIDS organism also may carry the well-known hepatitis virus.

If the test proves reliable and effective, Perkins said, then the bank here will consider using it to screen all volunteers who come to give blood.
New AIDS case stumps medics

By John Jacobs
Examiner staff writer

As San Francisco health officials report a continued high rate in new cases of AIDS, the epidemic and lethal immune disorder, they have been confronted with an unusual instance of the syndrome in a victim who does not seem to have any of the known risk factors.

The new patient, a middle-aged male, says he is not homosexual, has never used drugs requiring intravenous injection, is not Haitian and has not received blood transfusions.

Dr. Paul Volberding, chief of oncology at San Francisco General Hospital and an assistant professor of medicine at the University of California, San Francisco, said the patient, admitted to the hospital three weeks ago, has pneumo-nocystis pneumonia, a parasite that causes an often-fatal pneumonia.

The man acknowledges having had numerous sex partners over the years but says they have all been heterosexual.

"He doesn't have known risk factors," said Volberding, "which makes people worry there is some mode of transmission we haven't identified."

"Clearly, the concern is: How likely is a person on the street to come in contact with AIDS? I say from our data (the likelihood) is nonexistent. There have been no AIDS cases among his contacts except blood transfusion cases where transmission has been anything other than direct sexual contact or contact with blood products."

AIDS, which stands for Acquired Immune Deficiency Syndrome, is a syndrome in which a wide variety of diseases and cancers can overwhelm a body's natural immune or defense system. The death rate for the more than 1,100 national cases is 38 percent.

Scientists were meeting today at the National Institutes of Health in Bethesda, Md., to discuss findings and research concerning a possible outbreak of the disease in about 145 monkeys. They hope that by studying what appears to be an animal version of AIDS, they might gather new leads for the fight against it in human.

Meanwhile, 20 new AIDS cases have been reported in San Francisco between Jan. 1 and Feb. 23, said Dr. Selma Dritz, assistant San Francisco health department director for the Bureau of Communicable Diseases. There are at least several more she hasn't yet had time to verify.

San Francisco had 11 reported cases in 1980, 23 in 1981 and 111 last year, for a total of 145, counting the new ones.

"There were 31 cases in the first six months of 1982 and 36 cases in the last six months," said Dritz.

The case of the San Francisco man with AIDS but without familiar risk factors is unusual but not unprecedented. Dr. Richard Selik, medical epidemiologist in what is called AIDS Activity with the Center for Disease Control in Atlanta, said there are about 35 cases out of 1,112 "in which we really cannot explain them at all."

"About 6 percent of the total are neither homosexual, IV drug abusers, Haitians or hemophiliacs," Selik said.

"Only four cases had no risk factors except blood transfusions. Five cases were women whose male sex partners had a history of being IV drug abusers. Two patients had Haitian sex partners. But the numbers are so small we don't yet know if they represent risk factors. They do suggest these people are not exactly a cross-section of the general public."

"And it is possible some are not telling the truth about homosexual experiences or drug use. And maybe some are not able to be interviewed because they are too sick." Dr. David Auerbach, a medical epidemiologist for CDC who also works for the Los Angeles County Department of Health, said 72.3 percent of AIDS patients are homosexual or bisexual men.

Another 16.4 percent are IV drug abusers with no history of homosexual experience. Haitians who are not drug abusers or have not had homosexual encounters make up 4.6 percent, and hemophiliacs (whose blood does not clot) who are not in the first three categories make up 0.6 percent. The other 6 percent, as Selik said, are unknown.

"Things in medicine and biology never fit as neatly as we'd like," said Auerbach. "What is AIDS or not quite or related or a phenomenon that's close is difficult to sort out, especially with a new disease phenomena..."

"At first you've got the most severe cases or the most classical. Otherwise, no one would know how to diagnose them."

"Then you get doctors learning how to spot them, and you see more subtle cases. That's what we're dealing with now. It looks like, it sounds like, but it's not quite as neat as we saw early on."

Dr. Mervyn Silverman, director of the Department of Public Health, said, "What makes it a concern is if we could figure what was coming, we might be able to get a line on the etiology or source of the problem. Now that it's moved into an individual who doesn't have any of these things risk factors, that might make it even more difficult."

Dritz said if there is a transmissible agent, we have the beginning of an epidemic curve. And with a long incubation period, these cases are now beginning to show up. Six to 26 months is the range, if it is a disease caused by a transmissible agent and if it has an incubation period.

"It is a geometric progression," added the CDC's Selik. "It is possible it may be characteristic of the mechanism of the spread of AIDS from one person to another. I suspect it will not continue at that rate, because the population at risk of getting AIDS is decreasing."

As the numbers increase, said Silverman, physicians may be able to treat the infections or cancers that result.

"A person is pretty much vulnerable to anything you and I would throw off without even knowing we'd been exposed."

Dritz said two AIDS patients had received blood transfusions. Her office has found 12 donors who gave them blood and who are now being evaluated.
Gays decide it’s time to get out the word on AIDS

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

A growing number of us feel that with the increasing fatalities (a 70 per cent death rate after two years), we have to act.

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

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

"The ultimate answer," he said, "is to get all the political and media money we can get it under control. If the community does not have adequate information to do that, we won't make progress."

I think the real panic would come if the community continued to know people who get AIDS, continues to be affected and doesn't know what to do about it. That is, the lack of information would feed the panic.

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

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

They found that between 1980 and 1982, unmarried men over 15 who lived in what is roughly the Castro District were getting AIDS at a rate of 387 per 100,000 people, or one in roughly every 300 people. The overall rate for San Francisco, they found, was 94 cases per 100,000, or roughly one in every 1,000 people.

They also found a high incidence along the Russian River, which has second only to gay resort area.

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

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

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

Another mobilizing point was the republication two weeks ago of an angry article by gay New York writer Larry Kramer entitled, "The AIDS War and the Gay Community: A Frontline Report from the United States."

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

The Reporter itself joined the fray, noting in the same issue's editorial, "Gay Men Dying: Shifting Gears," that the newspaper never really covered the AIDS issue, that "this is the only issue for the entire paper by editor — flat — has been sparse in its coverage of what we have to know about AIDS."

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

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

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

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

Baus said in a recent interview he is concerned that there is little money and "darn little interest" in what is shaping up as a grave epidemic that could spread to heterosexuals as well.

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

Baus said he was not concerned about a possible drop in gay tourism because of AIDS or even the possibility that the Democratic National Convention could not get as much as one in 200 or 100 people.

San Francisco expects 200 new cases this year and possibly 350 the year after.

Some say gay advocates keeping AIDS discussions under wraps for fear of harming the Jerry Falwells and Moral Majors of the world a club with which to beat them. But they are giving out.

"People in my position have been working on this issue for a year," according to Cleve Jones, a gay leader, staff assistant to Assemblyman Art Agnos, D-San Francisco, and one of the advocates of sexual restraint to the Milk Club forum last week.

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

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**Rosette: a new clue to deadly AIDS**

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

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

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

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

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

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

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

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

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

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

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

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

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**Scientists' new clue to AIDS**

—From Page A1

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

Only two of 31 healthy people studied had the formations.

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

In other research developments:

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

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

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

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

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

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

From Page 1
organizations that deal with AIDS victims.

The bulletin offered these examples of possible AIDS transmission:

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

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

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

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

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

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

The majority of AIDS victims are sexually active gay men, but the disease has also hit intravenous drug abusers who share contaminated needles, some hemophiliacs who must use transfusions of blood-clotting substances, Haitian immigrants, and about 300 infants — most of them born to prostitutes or mothers with multiple sexual contacts.

No one yet knows the cause of AIDS, but most medical experts believe it is caused by a transmissible agent, probably an unidentified virus.

Dr. Erwin H. Bruff, chief of communicable disease control for the city health department, said that the police dissemination report seemed to be mistakenly basing its sense of alarm on evidence about hepatitis B, rather than AIDS. Hepatitis B is a much more widespread and highly infectious viral disease, with all evidence indicating it is much more easily transmitted than is AIDS.

"It's going to take a lot more than a casual bite on the hand or a small amount of spittle" to transmit AIDS, Bruff said. He also cited a recent report from the federal government's AIDS task force at the Centers for Disease Control that said:
“It’s going to take a lot more than a casual bite on the hand or a small amount of spittle” to transmit AIDS, Braff said. He also cited a recent report from the federal government’s AIDS task force at the Centers for Disease Control that said:

“No AIDS cases have been documented among medical personnel caring for AIDS patients or processing laboratory specimens. To date no person-to-person transmission has been identified other than through intimate (sexual) contact or blood transfusions.”

At San Francisco General Hospital Dr. Constance Wofsy, an epidemiologist who is assistant chief of infectious diseases and co-director of the AIDS clinic there, insisted that all evidence so far is “against any serious risk of exposure to AIDS from casual contact.” Even contact by policemen with such body fluids as blood, urine, saliva or feces “requires close, prolonged or repeated exposure to large volumes of the material,” Wofsy said.

There has never been a single case where AIDS has been transmitted by carriers or patients to policemen, firemen or medical workers, Wofsy said — not even in New York, where for two years those contacts were made with no precautions at all because no one even recognized that AIDS was infectious.

At the University of California in San Francisco, Dr. Marcus Conant, associate professor of dermatology who heads the clinic where AIDS patients are treated for the cancer called Kaposi’s sarcoma, described the police bulletin as “an attempt by the officers to intelligently inform their members about a disease problem that concerns them.” However, he then cautioned that its details include “a number of serious inaccuracies.”
Several years ago, healthy young men began to die in large numbers from an unknown disease. As so often happens in the history of medicine, the early cases were considered isolated extremes in the normal spectrum of an illness and there was, in retrospect, an inadequate appreciation by the health profession of a growing disaster. Slowly, but inexorably, the numbers afflicted grew and an insidious outbreak exploded into a frightening epidemic.

People who had been previously healthy developed rare tumors and unusual infections. Studies showed that they suddenly and inexplicably lost their normal immunity to disease. They had an illness for which medicine had no name, and in our ignorance we called it Acquired Immune Deficiency Syndrome — or AIDS.

More and more cases have been recognized since AIDS was first seen in 1979-80. At first, most of the victims were homosexual men in New York City and California, but soon heterosexual Haitians and drug addicts were diagnosed as having AIDS. Then recipients of blood, particularly hemophiliacs, fell before the puzzling epidemic. There were many questions and few answers. Concern led to fear, then panic. There were demands for drastic action, but no one was quite certain what to do.

Kevin M. Cahill, M.D., is director of the tropical disease center at Lenox Hill Hospital.

Conquering AIDS

By Kevin M. Cahill

Federal officials seemed to approach the epidemic with embarrassment, declaring that the problem was a local issue; local authorities claimed they could do little without national support. Words and meetings became a substitute for rational action. Politicians handled the epidemic with unaccustomed wariness. Almost without exception, public leaders evaded the epidemic issue, avoiding even the usual expressions of compassion and concern. The victims' sexual orientation apparently made involvement risky, and the politicians directed their courage and energies elsewhere.

Still the young men continued to die. As of April 13, 1,339 people have been diagnosed as having AIDS — 565 cases were fatal in New York City alone, there have been 595, with 228 deaths. As the disaster escalated, the organized medical community was strangely absent. When a fatal infection struck down veterans attending an American Legion convention, health professionals across America joined in the search for a solution. When women using tampons became ill with toxic-shock syndrome, medical centers immediately focused their enormous talents on that problem.

But when the victims were drug addicts and poor Haitian refugees and homosexual men, no major research programs were announced. Until it became clear that the disease could spread to the general population through blood transfusions, organized medicine seemed part of a conspiracy of silence.

But there have been many instances of individual courage, of simple adherence by physicians and nurses and technicians to a code as old as medicine itself. Clinical medicine is not built on heroic deeds but on steady, loyal service to patients. When they are dying in large numbers and when the mode of transmission of their disease is unknown, the daily routine of involved health workers assumes a quiet dignity and decency that deserves special respect.

The clinician has a privileged role in an epidemic, for he shares the victims' sufferings, despair and dwindling hopes.

Added to the medical challenge has been a growing crisis in hospitals and social service departments faced with large numbers of AIDS patients. Because of the need for "isolation precautions," every facet of care — nursing, nutrition, laboratory work, housekeeping, etc. — becomes extremely costly. The duration of an AIDS hospital stay is usually measured in months, and hospital bills exceeding $100,000 occur with ever increasing frequency. Health insurance coverage for the young and poor is usually inadequate, often nonexistent. Society had not planned for this epidemic.

To address some of these problems, a group of nationally known medical specialists recently gathered in New York City for a symposium on AIDS with the hope that their shared knowledge and experience might suggest promising avenues of investigation for researchers, lend practical aid to clinicians and chart a course out of this crisis.

The history of medicine assures us that, with time and effort, the terrible mystery will be unraveled and a cure found. When that day comes, we may look back and reflect with the same satisfaction that Albert Camus's character Dr. Rieux, in "The Plague," experienced as the epidemic finally vanished from Oran and he "resolved to compile this chronicle, so that he should not be one of those who hold their peace but should bear witness in favor of those plague-stricken people; so that some memorial of the injustice and outrage done them might endure; and to state quite simply what we learn in time of pestilence: that there are more things to admire in men than to despise."
NEW YORK
A Baffling Epidemic
By Sydney H. Schanberg

Although the news media and some segments of organized medicine were slow to recognize the seriousness of the illness, that lethargy seems over and we are now being flooded with reports and warnings about the new disease the mystery of whose origin is reflected in its cryptic name—Acquired Immune Deficiency Syndrome, or AIDS.

The risk in the spate of alarming stories is that they might foster panic. The hope is that they will instead generate a national commitment to finding the cause and developing a remedy—not either of which is yet known. Concerned vigilance, not hysteria, is the needed response.

There is ample reason for concern. Researchers, particularly the dedicated group at the Government's Centers for Disease Control in Atlanta, have confirmed that it is truly a new disease not seen before—at least not in developed countries. And if it had occurred rarely in the poorer nations, it was never identified.

The first cases were recognized less than two years ago by the epidemiologists in Atlanta who, by tracking the medical histories backward, determined that while a few cases had occurred in 1978 and 1979, the surge occurred in 1980 and the incidence has been doubling every six months since.

The number of identified cases is now over 1,400 (with four to five new cases reported every day). Of these victims, 541—or nearly 40 percent—have died. But this mortality figure is misleadingly low. Because the disease is so new, it has not run its full course in the afflicted; the statistics show that within two years after diagnosis, 80 percent have died.

This, too, is misleading, however. The cases being reported and documented by the Centers for Disease Control are only the clear-cut, life-threatening ones—which may be but 5 to 10 percent of the total. This means there may be not 1,400 but actually 15,000 to 30,000 cases in the nation. But it also means that these other cases are much milder and therefore much less likely to be fatal.

Certain high-risk groups have been identified—male homosexuals who have a lot of partners, intravenous drug abusers who share contaminated needles, Haitian immigrants, people receiving transfusions of blood (apparently donated by AIDS victims) and hemophiliacs who receive blood products that are pooled from many donors. A recent respected study also suggests that the disease may be sexually transmitted between heterosexual men and women.

There is as yet no diagnostic test for AIDS—it is identified by what it does. It breaks down the body's immune defenses against disease; victims then develop rare and very lethal infections such as the cancer known as Kaposi's sarcoma or a violent form of pneumonitis known as pneumocystis.

Half the cases so far have occurred in New York City. The scientists believe this is because either started here or was introduced here by someone from another country. They also believe that AIDS is caused by a virus or some other transmissible agent—but that it cannot be passed on through routine household contact.

It is the recent knowledge that the disease can be spread to the general population through blood donations or heterosexual contact that seemed to galvanize national attention. Until then, there was a small-minded tendency to take a less urgent attitude because it was perceived to be happening only among homosexuals (the largest victim group) and drug addicts.

Now, health departments in cities where the disease has appeared have mobilized to identify cases, issue warnings to high-risk groups not to donate blood, publicize the symptoms and give advice on what behavior to avoid to cut down the risks.

The Government scientists in Atlanta say that while the threat to the general population is a real concern, "it is still a very, very small part of the problem." Yet they acknowledge that since so much about the disease remains a mystery, there are uncertainties.

Dr. James W. Curran, the epidemiologist who has headed the AIDS research in Atlanta since its start in 1981, says the long "induction period" of the disease—it can take anywhere from six months to three years after exposure before the illness shows up—hinders any predictions about the future course of AIDS.

"The long induction period," Dr. Curran says, "means it's not going to explode across the country quickly. But it also means that the implications won't be fully known for several years, maybe a decade.

"The time lag does have a positive side: it gives us a jump, gives us time to work on research, to identify patterns, to find ways to reduce those patterns even if we haven't identified the physiological cause. But at the same time, the cases of the next year or two are already planted, so there's not much that can be done to prevent those."

With the victims multiplying and spreading to new places, this is a national epidemic. There is therefore a national obligation to find the answers.
Washington

The nation's top public health official announced yesterday nearly $2.5 million in new grants for additional research into AIDS and said the mysterious disease is "our No. 1 priority."

Dr. Edward N. Brandt Jr., assistant secretary of the Health and Human Services Department, also said that the Food and Drug Administration has approved a new heat treatment to reduce infectious agents in blood products, one of the ways in which AIDS (acquired immune deficiency syndrome) is believed to be transmitted.

"I feel a sense of great urgency about AIDS," said Brandt.

He said at a press conference that the federal Centers for Disease Control, which are trying to find the cause of AIDS, will assign public-health advisers to Los Angeles, San Francisco and Miami, where the illness is most prevalent.

New York, which has accounted for half the reported cases, has had an adviser for the past several months.

Brandt said his department expects to spend $145 million this year on AIDS research.

Dr. Selma Dritz, head of the San Francisco Health Department AIDS team, said the federal health adviser will arrive in June "and definitely will be a big help." Major tasks facing her office, she said, include completion of histories of the 248 Bay Area AIDS cases, including 71 deaths, and investigation of possible transmission of the disease by blood transfusions.

Dritz added that, so far, the San Francisco AIDS investigation has been financed mainly out of the regular budget. Some of the new money announced yesterday in Washington will be given to investigators in San Francisco, but the exact amount has not been determined.

On Monday night, the San Francisco Board of Supervisors unanimously approved a resolution urging Mayor Dianne Feinstein to increase funds to help in the fight against AIDS.

Since June 1981, 1,450 cases of AIDS have been reported, more than 70 percent of them in male homosexuals or in bisexuals with multiple sex partners. Others at high risk include intravenous drug abusers, recent arrivals from Haiti and hemophiliacs.

Of those cases, 558 people have died, mostly from Kaposi's sarcoma, a rare skin cancer, or from infections that their impaired immune systems could not fight off. Brandt said that four to five new cases are reported every day in the United States and that 106 cases have been found in 17 other countries.

Brandt said the public should not fear that AIDS can be contracted through casual contact.

"There have been no cases of suspected transmission of AIDS from a patient to a health-care provider, nor have there been any cases of suspected transmission of AIDS from laboratory specimens to laboratory workers," he said.

"The recent finding of the possible association of human T-cell leukemia virus with AIDS has opened entire new areas of research," Brandt said.

A heat treatment approved by the Food and Drug Administration will be used to process a blood product called Factor VIII, a life-saving clotting substance given to hemophiliacs. "We can't be sure, since we don't know the agent for AIDS, but we hope the process can provide hemophiliacs with some protection," Brandt said.

Recipients of the research grants, awarded by the National Cancer Institute and the National Institute of Allergy and Infectious Diseases, include Dr. John Fahey of University of California at Los Angeles and Dr. Paul Volberding of UC San Francisco.

Los Angeles Times
Heterosexual contact may spread AIDS

By Daniel O. Haney

Associated Press

BOSTON — Six of seven female sexual partners of men with the deadly immune disorder AIDS show apparent signs of the disease, suggesting it may be transmitted by heterosexual as well as homosexual contact, a study concludes.

The study is the latest in a series indicating that acquired immune deficiency syndrome (AIDS) is not limited to previously identified high-risk groups such as male homosexuals, heroin addicts, hemophiliacs and Haitians. These groups account for nearly all of the more than 1,400 cases of AIDS reported in the United States since 1980.

A recent report in the Journal of the American Medical Association suggested that it could spread among members of the same household without sexual contact. Other studies have shown it may be passed in blood transfusions.

The latest research, conducted by Dr. Neal H. Steigbigel and other doctors at Montefiore Medical Center in New York, was published in today's New England Journal of Medicine.

Nationwide, nearly three-quarters of the epidemic's victims are male homosexuals, while 17 percent are drug addicts who have no history of homosexuality.

As of last week, 88 female victims of AIDS had been reported to federal investigators. Of these, 48 were drug users, and 8 were Haitians. The remaining 32 did not fit into any of the usual risk groups.

Of the seven women in the latest study, six had been regular sexual partners of heroin users, while one had sexual contact with a man who also had homosexual affairs. None of the women was Haitian, and none used drugs.

One of the seven women developed a full-fledged case of AIDS and is now seriously ill. Her situation was reported earlier in the Morbidity and Mortality Weekly Report, published by the Centers for Disease Control in Atlanta.

Another has a variety of symptoms that often are early warning of the disorder — swollen lymph nodes, a lowered blood platelet count and an imbalance of T-cells, the white blood cells that help regulate the body's defenses against disease.

The other four felt healthy, but they had enlarged lymph nodes or some other abnormality that are among the symptoms of AIDS. It is not known whether any of these women will develop the full syndrome. Steigbigel said that their problems could have been caused by relatively harmless viruses and are not necessarily signs of AIDS.

However, he added, "The fact that we only looked at seven women and six of the seven have something related to AIDS is cause for concern."

One of the seven was completely normal. "This shows that the penetrance of this syndrome is certainly not 100 percent, and that's what one would expect," Steigbigel said.

When AIDS patients lose their ability to fight disease, they often develop exotic illnesses, called opportunistic infections, that healthy people easily ward off.

The number of victims is doubling every six months, and most of them eventually die. There is no cure, and the cause is unknown although many researchers suspect a virus.
Mayor asked for $2.1 million AIDS study

By Dave Mitchell
Examiner staff writer

The Board of Supervisors wants Mayor Feinstein to request $2.1 million in emergency funding for research into the causes and treatment of AIDS.

Acquired immune deficiency syndrome, the mysterious and often lethal disease that afflicts male homosexuals in particular, is causing extreme "concern in the gay community" as to "what the future holds for us," Supervisor Harry Britt told the board yesterday.

The resolution, sponsored by Britt and Supervisor John Molinari, asks Feinstein to submit to the Board of Supervisors a series of "emergency supplemental requests" for funds to fight AIDS. The resolution says, "There have been approximately 175 AIDS cases diagnosed in San Francisco since 1980."

"Researchers believe there may be as many as 350 new cases of AIDS diagnosed in San Francisco in 1983. San Francisco AIDS cases represent approximately 25 percent of the nation's reported cases."

Britt said the AIDS issue "has become the predominate priority of my office." The resolution calls for Feinstein to make spending proposals to finance more research into AIDS by the University of California Medical Center, home care for AIDS victims, emergency shelter for AIDS victims, research into "the transmissibility of AIDS through blood transfusions, and increased psychological services to deal with community mass trauma" sparked by reports about AIDS.

The request being sent to Feinstein also proposes that $200,000 be placed as reserves in the 1983-84 budget for emergencies that may arise involving AIDS.

PLYMPTON

A. I. D. S. Research Labs
When AIDS Struck...

Hemophiliacs, Haitians, Gays, Straight Caucasians.
Monkeys May Offer Clues to AIDS

By David Perlman
Science Editor

A strange and deadly epidemic that resembles the lethal human diseases known as AIDS has stricken a colony of monkeys used for experiments at the University of California at Davis, researchers there report.

As a result, scientists now believe they have discovered an animal model that could lead them closer to the cause and prevention of Acquired Immune Deficiency Syndrome, the devastating immunity defect in humans.

The disorder that has broken out at the world-renowned UC Primate Research Center has also appeared at Harvard's New England Primate Center near Boston.

The two events are so heavy with implications for the battle against human AIDS that a full-scale scientific conference on the epidemic is being planned for May at the National Institutes of Health in Bethesda, Md.

In addition, the team of veterinarians, physicians and epidemiologists from Davis and the federal institutes are publishing the results of their investigations — and the hopes that they raise — in the forthcoming issue of Lancet, the British medical journal.

At Davis, in a half-acre outdoor cage filled with bushes, grass and man-made perches, 29 rhesus monkeys among a colony of 84 have died during the past 15 months. The epidemic is continuing, and the researchers are calling the outbreak "Monkey AIDS."

As in humans, the monkey epidemic apparently results from an unexplained disruption of the body's defenses against invasion by disease-causing foreign organisms such as viruses, bacteria and fungi.

According to Dr. Roy V. Henrickson, a senior UC veterinarian and associate director of the primate center, the monkeys' diseases include many of the same "opportunist infections" that have stricken nearly 1100 human AIDS victims in America and killed more than 410 in less than three years.

In an interview at the center, the other day, Henrickson and several of his colleagues recalled the events that led to the current wave of interest in "Monkey AIDS."

The epidemic is actually the center's fourth outbreak of diseases resulting from defective immunity, they noted. From 1959 to 1975, 42 rhesus monkeys succumbed to lymphatic tissue cancers and those same animals also were infected with tuberculosis, simian herpes and other diseases.

From 1976 to 1978, 44 macaques in a colony of 59 died of diseases that included tuberculosis, lymphatic cancers, encephalitis and a fungus infection called candidiasis.

Almost simultaneously, another wave of disease began striking a colony of 95 rhesus monkeys in another large outdoor enclosure, and 43 animals died between 1976 and 1981 from various lymphatic diseases, severe anemias, white cell defects and other major infections.

The potential wider importance of the monkey disease was not at first apparent. But in the past 18 months, as the human epidemic of AIDS began to be recognized, the Davis researchers realized that they were seeing extraordinary similarities between the diseases that were killing their monkeys and the phenomenon that was striking humans — particularly gay men, Haitians, intravenous drug abusers, hemophiliacs and a small but growing number of infants and children.

Dr. Donald H. Maul and Kent G. Osborn from the UC primate center conferred with researchers at the federal health institutes and the Centers for Disease Control to examine possible links between the two kinds of AIDS and to explore the possibilities of using the epidemic as a way of seeking answers to the many unsolved mysteries of AIDS in humans.

So as the third epidemic at Davis spread, Henrickson and his colleagues removed all the remaining animals from the stricken colony except for nine young and apparently healthy females. Then they added six males and 49 females to the group, while six near-by outdoor cages held 68 healthy rhesus monkeys to serve as controls.

That was in August of 1981. Since then, the AIDS-type infections in the newly established colony have erupted and spread, reaching a mortality rate of nearly 38 percent. In the control cages, the mortality rate is only 5.5 percent.

The deaths in the epidemic show at least one striking difference from human AIDS: All the monkeys that died have been female, whereas in humans the dead have been overwhelmingly male. That is a major puzzle, says Henrickson.

But the similarities to human AIDS are even more striking. For example, the scientists observed that both monkey and human AIDS victims show widespread evidence of infection with the organism called cytomegalovirus, which is related to herpes viruses and which causes mononucleosis and a form of hepatitis in humans.

Like human patients, the monkeys seem to show major defects in their white blood cells that produce antibodies to fight disease. They are succumbing to a wide variety of infections, many of them similar to the organisms that invade human AIDS patients. Many show swollen lymph nodes and spleens, just as human AIDS victims do; they lose weight and waste away.

Significantly, at least two of the monkeys have died of a form of skin cancer called fibrosarcoma not the same as the Kaposi's sarcoma that ravages human AIDS patients, but perhaps closely related to it.

At the same time, among the smaller number of AIDS cases at Harvard's primate center near Boston, scientists report that Formosan rock macaques are contracting the same form of pneumonia, Pneumocystis carinii, that is the largest cause of death in human AIDS patients.

The causes of the AIDS outbreak in monkeys are just as mysterious now as they are in humans.

But immunological tests are under way; serum from sick monkeys is being analyzed at the National Institutes of Health; experiments are beginning to determine how the syndrome is transmitted; toxins are being sought in the environment; and the lifestyle of the monkeys — among which homosexuality is unknown, although dominant males have multiple female sex partners — is being studied in depth.

The Davis researchers include Drs. Srinivasa Prabhala, Larry Ellingsworth, John Anderson and Linda Lowenstine of the primate center and Dr. Murray B. Gardner of the UC Davis medical school.

AIDS Study Hunts Clues in Monkeys

From Page 1

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Dr. Roy Henrickson of the UC Davis primate center is studying the mysterious outbreak of 'Monkey AIDS'