

# NEW HOMOSEXUAL DISORDER WORRIES HEALTH OFFICIALS

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**A** SERIOUS disorder of the immune system that has been known to doctors for less than a year — a disorder that appears to affect primarily male homosexuals — has now afflicted at least 335 people, of whom it has killed 136, officials of the Centers for Disease Control in Atlanta said yesterday. Federal health officials are concerned that tens of thousands more homosexual men may be silently affected and therefore vulnerable to potentially grave ailments.

Moreover, this immune-system breakdown, which has been implicated in a rare type of cancer, called Kaposi's sarcoma, and seems to in-

vite in its wake a wide variety of serious infections and other disorders, has developed among some heterosexual women and bisexual and heterosexual men.

At a recent Congressional hearing, Dr. Bruce A. Chabner of the National Cancer Institute said that the growing problem was now "of concern to all Americans."

The cause of the disorder is unknown. Researchers call it A.I.D., for acquired immunodeficiency disease, or GRID, for gay-related immunodeficiency. It has been reported in 20 states and seven countries. But the overwhelming majority of cases have been in New York City (158), elsewhere in New York State (10), New Jersey (14) and California (71).

Thirteen of those affected have been hetero-

sexual women. Some male victims are believed to have been heterosexual, and to have been chiefly users of heroin and other drugs by injection into their veins. But most cases have occurred among homosexual men, in particular those who have had numerous sexual partners, often anonymous partners whose identity remains unknown.

According to both the Centers for Disease Control and the National Cancer Institute in Bethesda, Md., GRID has reached epidemic proportions and the current totals probably represent "just the tip of the iceberg." Preliminary results of immunological tests have led some Federal health officials to fear that tens of thousands of homosexual men may have the acquired immune dysfunction and be at risk for

developing complications such as Kaposi's cancer, infections and other disorders at some future date.

GRID is "a matter of urgent public health and scientific importance," Dr. James W. Curran, a Federal epidemiologist who coordinates the Centers for Disease Control's task force on Kaposi's sarcoma and opportunistic infections, told the Congressional hearing. Opportunistic infections are those that rarely cause illness except in those whose immunological resistance has been lowered by drugs or disease.

More than human suffering is involved. Hospital costs have reached more than \$64,000 per patient, and Dr. Curran said that if such costs are typical, "the first 300 cases account for an

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estimated \$18 million in hospital expenses alone."

Experts currently think of GRID as a sort of immunological time bomb. Once it develops, it may stay silent for an unknown period, and then, at a later date, go on to produce Kaposi's sarcoma, an opportunistic infection, a so-called auto-immune disorder, or any combination of these.

Further, no one is certain that the immune disorder can be reversed. Many patients have survived a bout of pneumonia or other illness, only to succumb to another or to go on to develop Kaposi's sarcoma or some other fatal cancer.

## 'Natural' Immunity Suppressor

GRID resembles the failures of the immunological system that complicate the treatment of many chronic disorders with steroid and other drugs that suppress the immune system. The same problem occurs among recipients of transplanted kidneys and other organs who take the immunosuppressive drugs to help prevent rejection of the organ. With immunity suppressed, the body becomes vulnerable to a variety of problems, chiefly infections by organisms that otherwise rarely cause disease.

GRID, however, is the first naturally occurring outbreak of immune suppression to affect a community of free-living people, in contrast, for example, to an epidemic in a hospital. The degree of immunological suppres-

## Some of the infectious agents are entirely new to expert doctors

sion is extraordinary, far greater than usually observed in patients treated with immunosuppressive drugs, according to articles in medical journals and interviews with experts.

Those experts are now reporting finding a wider range of disorders than were associated with GRID when it first came to public attention last summer. These include eye damage, lupus, I.T.P. (idiopathic thrombocytopenic purpura), certain types of anemia, and other cancers, including Burkitt's lymphoma and cancers of the tongue and anus.

Doctors are also seeing many cases of a generalized lymph gland swelling throughout the body, together with weight loss, fever and thrush, a fungal infection often found in the mouth and throat.

So far, epidemiologists have found no evidence that the condition is spread from person to person like influenza or measles. Therefore, they say, the general public need not fear an epidemic.

## Many Causes Are Likely

Rather, Dr. Arthur S. Levine of the National Cancer Institute said, development of the syndrome seems to result from an accumulation of risk factors. Most experts say that if there is an infectious cause, it is not a single organism, but an organism acting together with another factor or factors, perhaps a drug.

Epidemiologists from the Centers for Disease Control have done studies among homosexual men with and without the immune disorder but matched in age, background and other characteristics. After testing for more than 130 potential risk factors, they found that the median number of lifetime male sexual partners for affected homosexual men was 1,160, compared to 524 for male homosexual men who did not have the syndrome. The study also found more use of sexual stimulants and illicit drugs among the GRID patients.

As further evidence against simple contagious spread, epidemiologists

note that the syndrome has not spread to other family members, hospital workers or researchers on the disease.

Kaposi's sarcoma was first described in 1872 in Rumania. Until recently, it was rare in the United States, occurring chiefly in older people, usually of Italian or Jewish ancestry, and among patients receiving immunosuppressive therapy. It affected men much more commonly than women by about 15 to one. It usually developed slowly.

In recent decades, however, Kaposi's sarcoma has been found common in Africa, mainly among young people. In equatorial Africa, it accounts for 9 percent of all cancers, and in some areas it is 100 times more prevalent than in the United States. The cancer has not been linked to homosexuals in Africa, and the reasons for its high frequency there are unknown.

In its new form in this country, the course of Kaposi's sarcoma generally has been rapid and fatal. Only about 15 percent of patients treated with a combination of anticancer drugs experience any remission, as compared to the 90 percent complete response in Africa, according to Dr. Levine.

However, it is not just the cancer that is killing GRID patients. Many such patients develop infections with an often fatal parasitic illness called *Pneumocystis carinii*. Hitherto, that disease has been seen mainly as a complication of treatment of patients with leukemia and other cancers because their immune systems were depressed by chemotherapy.

Others succumb to cytomegalovirus infection or to a fungal infection called toxoplasmosis. By using sophisticated molecular biology tests in which the genetic messages of the various strains can be compared, scientists have found no evidence that the epidemic is due to a deadly new mutant strain.

But the list of infections diagnosed among GRID patients is long, and some of the organisms are so unusual that even the most experienced infectious disease experts have not treated a case in the past. The newest is cryptosporidiosis, a parasitic infection much more familiar to veterinarians than to physicians because it infects deer and other mammals.

## Why Now and Not Before?

Given the fact that homosexuality is not new, the most puzzling question is why the outbreak is occurring now, and not sometime in the past.

Scientific investigations are wide ranging, although most are focused on viruses, other organisms, drugs, or a combination of such factors.

Because homosexuals affected by GRID have reported using nitrite drugs more frequently than homosexuals who have not, some studies have focused on this class of drugs, which have come into widespread street use since the 1960's.

But although epidemiological studies have not "totally exonerated nitrites, the scientific evidence to implicate them is quite shaky," according to Dr. Curran.

Some experts theorize that the immunological disorder may be triggered by the introduction of sperm or seminal fluid into the blood through sexual contact, though infection and drug reaction are still also candidates.

In studies on mice at the National Cancer Institute, Dr. Ursula Hurtenbach and Dr. Gene M. Shearer have reported that a single injection of mouse sperm into the veins of male mice produced a profound and long-lasting suppression of certain immune functions.

Dr. Lawrence D. Mass, a New York City physician, said that "gay people whose life style consists of anonymous sexual encounters are going to have to do some serious rethinking."

The urgent need to discover the cause of the immune system disorder and to prevent the problems it creates has been underscored by Dr. Linda Laubenstein of New York University Medical Center. Dr. Laubenstein, who said she has treated 62 such patients in the last year and who is a leading investigator of the syndrome, summarized it by saying: "This problem certainly is not going away."