

AIDS HYSTERIA

by Leigh Dolin

IT IS THE MODERN VERSION OF THE PLAGUE. IT IS GOD'S REVENGE ON HOMOSEXUALS. IT IS THE BEST NEW DISEASE THE MEDIA HAS HAD IN YEARS — BIGGER THAN LEGIONNAIRE'S DISEASE OR TOXIC SHOCK SYNDROME.

AIDS IS CERTAINLY MANY THINGS TO MANY PEOPLE, AND THE MORE WE LEARN ABOUT THE DISEASE THE MORE WE LEARN ABOUT OURSELVES AND HOW WE FUNCTION (OR MALFUNCTION) AS A SOCIETY.

It was only four years ago that the disease known as AIDS first came to attention. Five young homosexual men in Los Angeles succumbed to an unusual type of pneumonia caused by the organism *Pneumocystis*. Another report described the death of several previously healthy young men after contracting a rare type of cancer, Kaposi's sarcoma. The underlying problem in all these cases appeared to be a defect in the victim's immune system, specifically a deficiency of a certain type of white blood cell, the T4 or "helper" cell. Because this condition appeared to be acquired, the Center for Disease Control gave it the name "Acquired Immune Deficiency Syndrome."

After the initial case reports, many more diagnoses were made and the risk groups became more clearly defined. As of mid-1985, about twelve thousand cases of AIDS had been reported and of these seventy percent were homosexual or bisexual men, twenty percent were intravenous drug users and five percent were Haitians. Hemophiliacs, recipients of blood transfusions and spouses and children of AIDS victims also appeared at risk.

Except for Haitians, all these groups were likely candidates for spread of an infectious agent and a virus was therefore a prime candidate as the cause of AIDS. In 1983, French investigators isolated a virus that could fill the bill, the lymphadenopathy-associated virus (LAV). Early the next year researchers at the National Institute of Health in Maryland found another likely candidate, the Human T-cell Lymphotropic Virus type III (HTLV-III). It is now felt that both teams actually isolated the same virus.

Once the virus was discovered, accurate tests to determine the presence of virus infection were rapidly developed. It was soon found that antibody to the virus is present in one hundred percent of AIDS cases. The way HTLV-III infects a victim is quite tricky and efficient. Once it enters a host, the DNA of the virus infiltrates its way into the DNA of the host and actually becomes part of the AIDS victim's genetic makeup. From its protected position it then directs the synthesis of more viruses. When the target cell, the T-4 cell, is destroyed, virus particles are released and infect more cells.

Is HTLV-III the "cause" of AIDS? The overwhelming majority of those infected with the virus (over eighty percent of gay men and intravenous drug abusers) do not get AIDS. Moreover, for every case of AIDS there are several cases of a milder condition known as "AIDS-related complex" among those infected with the virus. The HTLV-III agent thus certainly appears to play a significant role in the production of AIDS but it is by no means clear that it is the sole cause of the disease.

The development of a screening test for HTLV-III has led to a dramatic upsurge in knowledge in how the disease is spread. It now appears that the AIDS virus initially appeared in Africa and was exported from there into the United States sometime in the 1970s. In Africa the virus is spread by heterosexual contact for the most part and is an endemic venereal disease in central Africa. It now seems clear that AIDS and its associated virus can be spread by sexual contact (homosexual or heterosexual), use of contaminated needles (as in intravenous drug users), contaminated blood products, and from infected mothers to newborn. There is no evidence that the virus or disease can be spread by casual contact.

Once the virus infects an individual, the result can vary from persistence of the virus with no symptoms to the full-blown AIDS. Those individuals who have no symptoms do remain carriers of the virus and can infect others. The AIDS-related complex is characterized by fever, weight loss, enlarged lymph nodes, diarrhea, weakness and detectable abnormalities of the immune system. Many of these individuals recover but a small portion (five to ten percent) go on to develop AIDS within a year.

AIDS itself is, so far, a uniformly fatal disease. The defect in the immune system leads to the occurrence of several types of serious infections and malignancies. *Pneumocystis pneumonia*, which was described in the initial group of AIDS victims, remains the most frequent

cause of death in AIDS. Involvement of the brain and nerves is often a prominent part of the AIDS picture with various infecting organisms including HTLV-III itself apparently being responsible for the damage.

While there has so far been little progress in finding a cure for AIDS, there have been significant breakthroughs in our ability to prevent spread of the disease. And with these advances have come extremely difficult ethical dilemmas. Once the test for detection of HTLV-III antibody was developed it was immediately obvious that this test should be used to screen donated blood. And in fact this is now occurring throughout the country. The test is accurate and sensitive and will most likely eliminate blood transfusion as a means of getting AIDS.

In addition to rejecting a unit of blood contaminated by the AIDS virus, what else should be done with the information? After extensive discussions, it has now been agreed that donors whose blood has come up positive will, after confirmatory testing of the blood, be notified of the results and counselled appropriately. The counselling will include advice regarding methods of avoiding spread of the virus and discussions of prognosis, emphasizing that presence of the virus antibody does not indicate a diagnosis of AIDS.

Should groups of individuals other than blood donors be screened and if so who should have access to the results? The military is considering screening all recruits and also has asked that it be notified of the names of all individuals testing positive when donating blood. So far, blood donor records are being kept confidential but public health consideration may eventually pry some of the information loose.

From the first reports it was clear that AIDS had a predilection for individuals exhibiting certain behavior patterns. And as further information about the mode of spread of the AIDS virus became available, it became clear that a major part of the solution to the problem would have to be urging certain people to change their lifestyles. But how hard could or should authorities push? Certainly it seems reasonable to encourage limiting the number of one's sexual partners. But should the places where homosexual activity frequently occurs, such as bathhouses, be closed? And how explicit should educational material be? Many frightened gay men have insisted on specific information on what sexual practices are safe and what practices are not safe but some authorities claim that such information encourages "deviant" behavior. And as AIDS spreads among certain risk groups, such as prostitutes, should there be increased legal sanctions against certain types of behavior?

How much money should be spent on AIDS research and care of AIDS patients? The most vehement arguments seem to revolve around this concern. Gay organizations claim that the Reagan administration and other governmental organizations are prejudiced against gays and are not really willing to commit themselves to finding solutions. But in times of limited funds for health care as a whole, how much of our total resources should be devoted to treating what is so far a uniformly fatal disease?

One of the most revolting aspects of the appearance of AIDS has been the role of the media. While there is good reason for interest in the disease, many media representatives have repeatedly shown that the desire to tell the truth

is often secondary to the desire to sell newspapers or magazines or increase one's ratings. AIDS is a baffling and complex disease but the media find that simplifications sell better than accurate explanations. And better yet are dramatizations, where facts and innuendos can be molded to obtain the desired effect.

Some examples of media excesses are worth citing. The July, 1985, cover of "Life" magazine proclaimed that "Now no one is safe from AIDS." This is a blatant falsehood — as already mentioned, AIDS is not spread by casual contact. One supermarket tabloid claimed that AIDS was a plague from King Tut's tomb that was released when the Tut exhibit toured the United States. In their desires to "scoop" the competition, reporters consistently overplay preliminary reports. When Rock Hudson went to France to be treated with an experimental drug, HPA-23, American authorities were grilled about their failure to study and use this drug. Yet Rock Hudson is dead and French researchers now find the drug has significant toxicity.

What then is our current knowledge about AIDS and what can be done to prevent it? AIDS is not spread by casual contact. George Lundberg, editor of the Journal of the American Medical Association, summarized one approach to prevention: "1. We should not inject blood or blood products that are infected by the AIDS virus into another person. 2. We should not share injection needles with someone who is infected. 3. Persons who are carrying the AIDS virus should not become pregnant. 4. We should not engage in sexual activity (oral, anal or vaginal) with someone who has had the AIDS virus. 5. We should consider instituting serological testing for HTLV-III before the issuing of marriage licenses."

Easy for him to say! The changes in sexual behavior are particularly difficult for many people to contemplate. Yet it is true that sexual activity is a prime mode of spread of AIDS and that the fewer partners one has the less chance of picking up the virus. Condoms probably do provide significant protection from AIDS and other venereal diseases and should be used when possible. Another approach is to increase emphasis on hand stimulation for mutual sexual pleasuring.

It must be reemphasized that there is no reason to feel that activities other than those mentioned need to be restricted. There is no reason to exclude children carrying the AIDS virus from schools, for example, and no reason for health care personnel to refuse to care for AIDS patients if they take routine precautions.

What about a cure for AIDS? It would seem that if the virus thought to be responsible for the disease has been isolated, development of a vaccine would be the next logical step. But the AIDS virus is not your average virus. Antibodies obviously do not provide much protection — their presence is used as a screening test for presence of the virus. And since the virus hides in the AIDS victim's own DNA, it obviously is going to be extremely difficult, if not impossible, to dislodge. Nevertheless, various approaches to development of vaccines and drugs which would interfere with virus multiplication are being studied.

AIDS certainly is one of the more interesting diseases that has come along in some time. Despite media hoopla it is not the modern version of the plague. For the overwhelming majority of individuals who want to avoid ever getting AIDS, appropriate behavior can allow them to get their wish. There is extensive research under way, and it is probably just as reasonable to be optimistic about the final outcome as to be pessimistic. Tuberculosis was once known as the "white plague" but now can be effectively treated. AIDS may suffer the same fate. Meanwhile, let's all keep our cool and not let a push for higher Nielsen ratings or more newspaper sales affect our mental health.

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