

Mysterious Fatal Malady Striking Hmong Men

EVAN MAXWELL

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Sudden, Unexplained Deaths Terrorize Laotian Tribesmen Resettled in U.S.

By EVAN MAXWELL, *Times Staff Writer*

The attacks were all unexpected, fatal and utterly mysterious. The 20 victims—all but one of them young, apparently healthy men—were stricken in the middle of the night, and they died in agony.

Autopsies by some of the best pathologists in the country have been unable to explain the cause of the seizures.

What is even more vexing is that all of the victims are members of the Hmong tribes—Southeast Asian refugees dispossessed of their Laotian mountain homeland because they backed the United States in an ill-fated war.

About 35,000 of the Hmongs have come to the United States in the last five years. Many of them were mercenaries for the CIA during the Vietnam War.

They have settled in Southern California, particularly Orange

County, and in the Minneapolis-St. Paul area, Seattle, Portland and in the highlands of western Montana, among other places.

In several of these places, the mysterious seizures are the leading killers of Hmong adults, according to medical detectives who are studying the problem.

That study, which involves local health officials and investigators from the Center for Disease Control in Atlanta, has not uncovered the cause of the attacks.

"We believe they are cardiac in nature, perhaps some kind of spasm or disturbance of the electrical mechanism of the heart," one doctor said.

The first documented case apparently occurred in Orange County in 1977 when a healthy young man named Ly Doua died in his sleep.

Joanne Gill, then a county social

worker, recalls the death because she knew Ly Doua so well.

"There was an autopsy which put down the cause of death as 'acute cardiac insufficiency.' That is a fancy way of saying they didn't know exactly what killed him," she said.

Other deaths followed during the next several years and throughout the country. Only in retrospect did authorities begin to pay attention.

"I first learned of the possibility last spring, when I received a call from a reporter in Minneapolis asking whether we had any unexplained deaths among Hmong men," said Dr. Tom Prendergast, Orange County epidemiologist.

"Before I even had a chance to check, I had another call from Portland asking the same question. That was when we began to suspect we had a problem."

What Prendergast and his col-

leagues found on further study was a total of 20 clearly establishable cases—19 men and one woman between 25 and 65 who went to bed seemingly well and died during the night.

"All were either found dead in the morning or were observed during the night to be making some gurgling noises and in a collapsed state from which they could not be revived."

The number is relatively limited, even for a community of 7,000, the number of Hmong refugees in Orange County.

"But it becomes more meaningful when you discover that there have only been 13 deaths among Hmong adults in the county in that time," he said. "In other words, it may be that half of all deaths of Hmongs have been caused by this."

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When Prendergast and federal public health officials began exploring the phenomenon in the rest of the country, they found similarly alarming figures.

The extent of the disease has spawned an intensive national study. One of the first concerns was whether the deaths might involve a disease that could be spread from Hmong to other groups. The investigators have been able to rule out that possibility, they say.

This lack of success in explaining the attacks has given rise to widespread speculation about causes. The most widely circulated speculation revolves around the enormous stress or culture shock which the Hmong people are presumed to be encountering in their efforts to adapt to life in the United States.

But the medical investigators say that it is all but impossible to chart the effect of stress since it is so hard

to measure.

A second possible explanation for the attacks—that they are delayed reactions to gas attacks by the North Vietnamese—is widely held by the Hmongs themselves.

Dr. Vu Dinh Minh, a U.S.-trained Vietnamese physician who has worked extensively with the Hmongs, said that the cause of death may still be in question, but "it seems relatively clear now that the mechanism is cardiac."

This diagnosis is supported by the discovery of at least one survivor of an attack who was saved by emergency medical aid and hospitalization.

The victim, a member of the Hmong community in Seattle, has become in effect a living laboratory for the study of the malady.

"When he arrived at the hospital, he was found to be in ventricular fibrillation," Prendergast said. "The

heart muscle was contracting without effecting normal beats, just sort of quivering.

"With appropriate treatment, the patient survived and went on over the next several weeks to develop the typical electrocardiogram pattern of a person who had suffered a heart attack."

But, Prendergast said when the man was examined surgically, he was found to have "no sign of cardiac artery disease of the type we traditionally would expect with a heart attack."

That suggests that the attacks may involve disturbances in heart rhythm, perhaps spasms which appear quickly and then quickly dissipate without inflicting the kind of long-term damage that might be discovered at autopsy.

It also suggests that victims of the attacks might be saved by emergency medical aid and cardiopulmonary resuscitation.