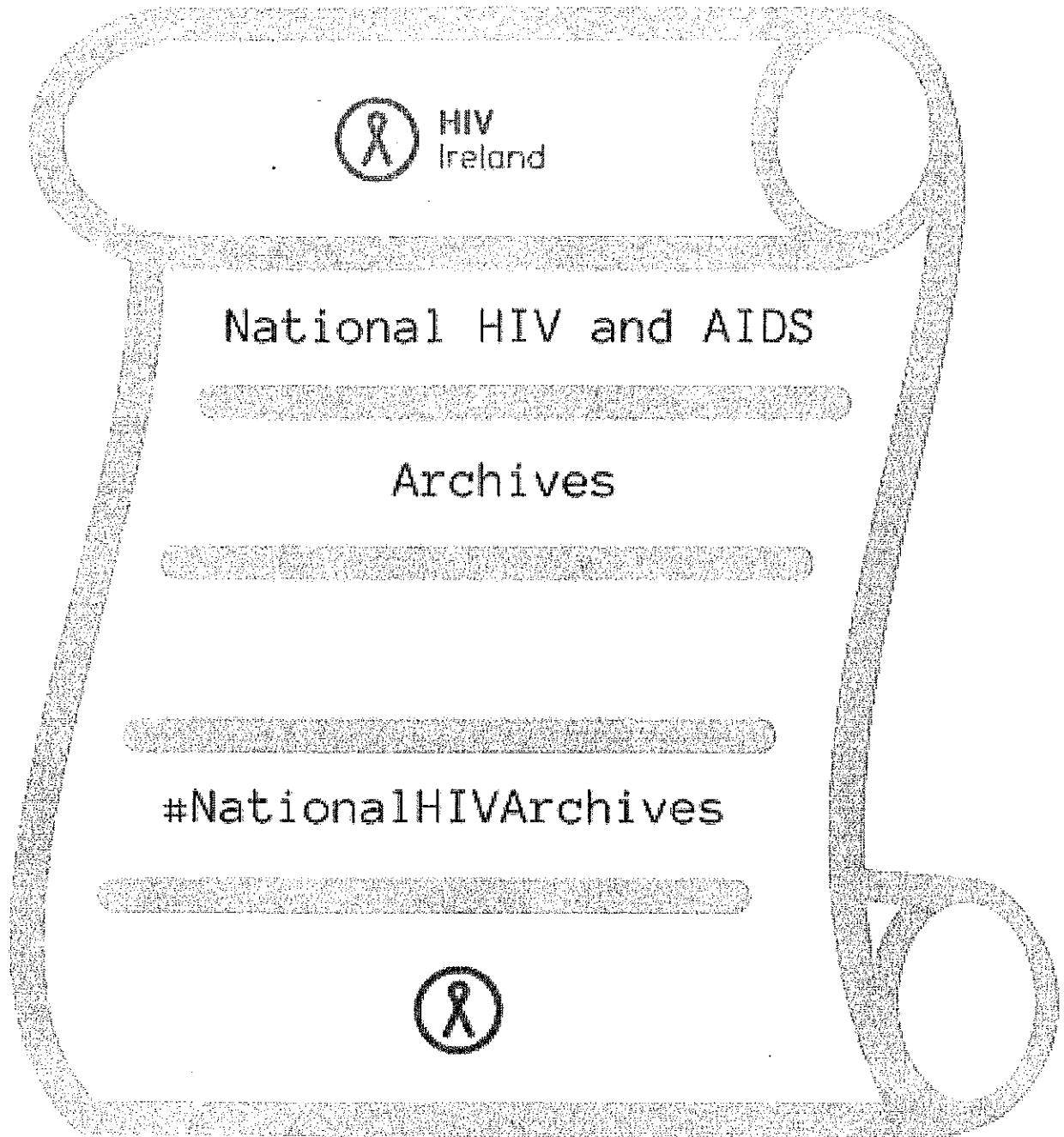


# Print Media



11th to 20th April 1987



● Patrick Doherty, Irish Association of Social Workers, left, with Don Donnelly, director of Tele-A-Friend, and Dr. Mary Short, Irish Family Planning Association, at the AIDS Action Alliance news conference in Dublin.

## AIDS hotline set up as disease toll rises

AS the number of Irish AIDS victims continues to rise, a "hotline" telephone advice service has been set up by volunteer teams.

Two more cases of AIDS have been diagnosed, bringing the total to 10. Already 10 victims have died.

The "hotline" is being provided by AIDS Action Alliance, an umbrella group for nine self-help organisations. Experienced volunteers will answer phones at 01-307883 and provide

general information on all aspects of AIDS on Mondays from 7-10.00 p.m. and Saturdays from 3.00 to 6.00 p.m.

The service will be expanded in July and new volunteers will be trained from next month. Social worker Patricia Doherty said the service will be directed at drug users, haemophiliacs, gay and bisexual couples.

"We are providing up-to-date information on AIDS to all high-risk groups because not sufficient help is being given if the disease is to be contained," she added.

The groups in the alliance include the Irish Women's Centre, and other family planning groups, and other AIDS Action Alliance groups.

The current issue of the "Irish Medical Times" reports that two of the haemophiliacs in this country with AIDS have died.

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## AIDS action

A VOLUNTARY organisation, the AIDS Action Alliance, is to set up a hotline available to those who may be suffering from the disease and those who seek information on how to avoid contracting it.

This is a laudable service being offered by the various groups who have gathered under the umbrella of this Alliance to help others in distress.

An AIDS information service and advertising campaign has been promised by the Department of Health for more than a year now.

It is long past the time that such a service should have been made available by the State. The AIDS menace must be confronted. The time is NOW.

SV

# Doctors resist pressure to identify Aids victims

G 12/2/87

By James Erlichman.  
Consumer Affairs  
Correspondent

Attempts by insurance companies to use doctors to inform on patients with Aids were condemned yesterday by the British Medical Association.

It has warned doctors not to speculate about patients' lifestyles when insurance companies ask for health reports before issuing policies.

"Insurance companies will do just about anything to get their hands on information about Aids," said Dr John Dawson, under-secretary of the BMA.

"One insurance company's medical officer, in a handwritten note on the bottom of the form, even asked a doctor: 'We know this person is homosexual, but can you discreetly find out if he is promiscuous?'" Dr Dawson added: "That sort of behaviour is disgraceful."

The BMA says that some GPs are now turning away patients who come for Aids tests because they fear they will have to disclose the results to insurance companies, banks and building societies. The patients are told to go to hospitals where the tests can be done in confidence.

The problem arises because insurance companies usually

demand that potential customers allow them to obtain a medical report from their doctors before they will issue policies.

The controversy has been inflamed by working party report for the Institute of Actuaries which advises insurance companies to demand Aids blood tests from all applicants who want more than £50,000 worth of insurance.

It also advises the companies to ask probing "lifestyle" questions.

Dr Dawson said: "It is unhelpful to ask sloppy questions about lifestyle. 'The only relevant question is how many exposures of anal or vaginal intercourse a person has had, and with how many people -- that determines the risk of getting Aids.'"

It was also worrying that the the actuaries' report failed even to consider the heterosexual transmission of Aids.

The BMA is now insisting that all people applying for insurance be given the right to see their doctors' reports before they are passed on to insurance companies. "A patient's consent to let an insurance company have information is only valid if he knows what is being disclosed," said Dr Dawson.

"But most people do not know what is in their medical records."

But a spokesman for the Association of British Insurers said last night: "There might be problems if medical records were made available to proposers. It might not always be easy for doctors to tell their patients things which might otherwise be disclosed to insurance companies."

"The companies had an obligation to protect the funds of all investors. People with the Aids virus or people 'at risk' needed to be assessed to decide whether insurance cover should be deferred or a policy denied."

Mr Roy Brimblecombe, an actuary with Eagle Star Insurance, said that his company only required blood tests from people who were seeking more than £250,000 of term-life insurance.

Mere knowledge that an applicant had been tested for Aids would not, in itself, be grounds for increasing premiums or denying cover.

But Dr Dawson said: "If people are being deterred from seeking Aids tests from their doctors because of the insurance companies' activities then that will be a disaster."

SV

**Sunday Independent**  
**12<sup>th</sup> April 1987**

## **AIDS delay attacked**

THE Government's delay in responding to the AIDS crisis will result in more deaths, a women's conference was told in Dublin yesterday.

An emergency motion calling for immediate Government action was passed at the annual conference of the Council for the Status of Women. The council's executive committee said the delay was "irresponsible in the extreme."

AIDS: The nightmare and the challenge — Page 15.

Sw

# AIDS: the nightmare and the challenge

## 100,000 are dead

UPWARDS of 200 people in Ireland will die of Acquired Immune Deficiency Syndrome (AIDS) before the end of the decade. That is a stark, simple fact . . . of life.

And the scourge of modern day society is suddenly driving countless more to seek help, medical counselling and most of all, peace of mind, about the killer disease which has now claimed a frightening 100,000 lives worldwide.

At a treatment centre in Dublin — 700 people attended one clinic during a four week period. Many of them had only one thing on their minds — am I negative?

In Ireland the death rate has now reached double figures. Hundreds more carry the anti-bodies. Others have developed the full blown virus and can only contemplate one thing. Eventual death, sooner rather than later.

Dr. Fiona Mulcahy has been recently appointed to head the Genito-Urinary Medical Clinic at St. James's Hospital in Dublin. And she has also been appointed a member of the new Task Force set up in an effort to provide much needed high profile public health education.

### A special report by GORDON PATTERSON

In the meantime, we still await the launch of the official Government campaign . . .

There is a definite need in this country for a "frank and explicit" campaign, she says. "Any testing carried out for AIDS here is done in the strictest of confidence," added Dr. Mulcahy. "One of the first things we do is shake the patient's hand. We are also non-judgmental."

"Most people want the test to be carried out and they go through with it because they expect it to be negative. But we leave the choice entirely up to the patient."

"We ask them how they would cope with a positive result and we ask them who else will support them, should the worst come to the worst. Education is, naturally, a very important part of the whole process."

"Six hundred and twenty people are positive at the moment in Ireland and a fair percentage of them will go on to

develop the full blown disease. The figure of 200 deaths here in the next five years could end up being underestimated."

"We have to get the message across to the groups of the future — not just intravenous drug abusers and homosexuals. There is a growing awareness and people will no doubt become more sexually responsible. After all, it is important not to put yourself at risk."

Dr. Mulcahy added: "It's not curable and probably won't be for at least another five years. But the disease is preventable and always will be."

Every day, however, more people are becoming infected. And there is a need for more education. Many people in Ireland want help and have nowhere to go. Asking about AIDS generates fear.

As yet it is not known why some people contract the disease while others remain uninfected. But those who are unlucky die in the majority of cases.

And current figures show that up to

50 per cent of those who become infected will go on to get full-blown AIDS.

Medical evidence illustrates that antibodies in the bloodstream fight infections. But the presence of AIDS antibodies in the blood indicate that an individual has, at some time in the past, been exposed to the AIDS virus.

If you have the AIDS antibodies you can only pass it through sexual intercourse or by blood-to-blood contact. Generally, no symptoms develop immediately. But others can show signs of swollen glands in the neck (lymph nodes), night sweats, diarrhoea, loss of appetite and weight, fever and tiredness.

People becoming infected with the HTLV-III virus can develop the symptoms as early as six months or as long as five years, according to one study. And in some cases, the virus might not even appear as AIDS.

But the message is simple: The more sexually active you are, the greater your chances of catching AIDS.

Research in Ireland shows that the most at risk are intravenous drug abusers. Yet recent figures from the gay community indicate a decline — from 13 per cent in October 1985, to seven per cent in September last year.

How difficult is it to get an Aids test? GORDON PATTERSON volunteered to find out . . .

## A long wait for test—but worth it

IT ISN'T easy to actually get an AIDS test done on yourself . . .

But a lot of people seem to want one. Over a two-day period, I waited FIVE hours before the good doctor said finally: "Okay, roll up your sleeve and let's see a nice vein."

But this is a serious business. After all . . . it could change my entire life. Or worse, announce the end of it.

Venerologist Dr. Derek Freedman, however, is an expert counsellor and his professional, forthright approach did a lot to put my mind at ease.

"How many cigarettes do you smoke each day?" he asked me. I replied: "Thirty." "Do you realise you've got more chance of dying from lung cancer than you have of dying from AIDS?"

Frightening as it may seem, taking the test for the Big A is not really as nerve-wracking as might be expected. But there is a lot of pre-counselling all the same.

Your sexual preferences are brought into question. Your sexual history and current activity is sought in an effort to establish your chances.

"Do you know if you have been with anyone who is either homosexual or an intravenous drug abuser? Have you been associated with any women from Africa or America during the past five years?"

"What if the test is positive? Will you be able to cope? And of course you realise that the test is



Dr. Fiona Mulcahy . . . "We ask them how they would cope with a positive result."

not instant . . . it will take a week to two weeks for the result to come through."

I dropped my trousers and a physical examination of the genitals ensued. "The glands seem to be okay there," he said. "Right, clench your fist, I'll be taking three samples."

The needles stayed in my vein as the red stuff dripped away. The test is for just about everything — short of the amount of alcohol you might have consumed the night before. But this was no breakfast breathalyzer.

Such is the efficiency of the test, that the patient

is screened for the works. Syphilis, gonorrhoea, herpes, balanitis, hepatitis B and just about any other STD one might care to mention. A white cell blood count, urine test, public lice, anal warts and all.

Films buttoned up, sleeves rolled down and take a seat. "There's no use in taking the test to get peace of mind and then continuing on with the same sexual habits," added the doctor. "We promote behavioural change without actually playing God."

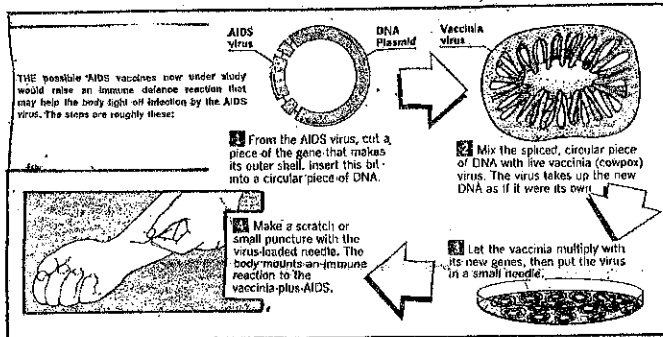
In an effort to maintain the strictest of confidence I was given only a reference number. Or rather the laboratory at UCD only gets a number preceded by the year '87.

The anti-body test in fact doesn't tell the medical people everything. And details of sexual contact during the preceding three months is unlikely to uncover any possible danger. To place entire reliance on it would be false.

Since the fear of AIDS has spread through society, doctors treating STD's (sexually transmitted diseases), have noticed a slight downturn in the number of "ordinary" infections. But not surprisingly there has been a four fold increase in the number of people presenting themselves for screening.

I have no regrets whatsoever about the decision I made to go ahead with it. And I would recommend it to everyone seeking change . . . Even if they take the easy way out by donating a pint of blood, a procedure which now involves a mandatory AIDS test on the blood.

### The hope in a laboratory



## Humans may start vaccine testing

Six to eight experimental AIDS vaccines are ready for preliminary testing in humans, but scientists predicted last week that finding a safe and effective AIDS vaccine would be the greatest challenge in the history of vaccine development.

International AIDS experts gathered last Wednesday in America at the National Institute of Health to discuss scientific and ethical issues surrounding the imminent largescale testing of AIDS vaccines in humans.

Despite excitement over the previous week's report that a French researcher, Daniel Zagoury, had begun testing a vaccine on himself and others many scientists at the opening of the three-day conference urged caution and strict controls on trials.

"There's no guarantee that we're going to have a safe and effective vaccine, but we're not moving in circles and we're not standing still," said Dr. Anthony Fauci, director of the US National Institute of Allergy and Infectious Diseases, who opened the conference.

Dr. Fauci said in an interview that six to eight research groups have applied to the US Food and Drug Administration for permission to test vaccines in humans. He said that some trials would begin this year.

"We're at that point in vaccine research that we need to start considering the logistics" of large-scale human trials, he said.

Those logistics include scientific and ethical considerations such as assessing the vaccine's effectiveness. The hope is that a vaccine will be found that protects against infection by the AIDS virus.

Scientists could detect a vaccine that provides complete protection relatively

quickly in a trial. It would be the fastest way a vaccine could become available.

But if a vaccine providing complete protection cannot be developed, one that prevents an infected person from passing the virus to others or prevents the virus from destroying the immune system and producing AIDS might be possible. It would be much more difficult to detect those successes because of the long time between infection and the onset of the disease.

The AIDS virus may lie dormant for an average of 15 years before causing disease, according to a study that suggests that millions of AIDS cases may yet appear in people already infected with the virus.

This study released by an economist, Malcolm Rees, estimates that 2.5 million Americans who were infected with the virus by around the end of 1984 will develop AIDS during the next 30 years or so, barring medical advances.

The calculations giving the 15-year average incubation period also suggest that two-thirds of AIDS cases will arise between 10 and 20 years after infection.

Mr. Rees, who is studying the cost of AIDS for the British government, reported his calculations in the British journal Nature.

The study is "a picture of the thing," Mr. Rees said. "It's not the last word on it. I'm not claiming it is."

He also said that if AIDS patients survived longer in the future with the disease, the 15-year average would refer more to time until death than time to the appearance of the disease.

Reproduced courtesy of Washington Post.

BY MICHAEL McFADDEN

## AIDS STOCKS WORTH THE GAMBLE

**Avoid long-shot bets on companies seeking a cure, analysts say, and go for those booking profits now.**

■ Years may pass before scientists discover drugs that will prevent acquired immune deficiency syndrome (AIDS), let alone cure those otherwise doomed to a slow death from the disease. That hasn't stopped investors from pouncing on stocks of companies that just might come up with the magic bullets. One favorite is **Wellcome**, the British drug company, whose AZT, already in use, is far from a cure: It merely slows the spread of AIDS in its victims' bodies. Since Wellcome went public in January 1986, investors have driven its shares up 360%. Other stocks have soared too. **Fidelity Select Biotechnology Fund** of Boston, which holds a number of so-called AIDS plays, has risen 41% since the beginning of the year, far outpacing the 21% increase in Standard & Poor's 500-stock index.

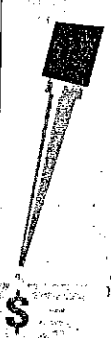
The shares sell at rarefied price-earnings multiples, however, and many are extremely risky. **Viratek** stock was the top performer on U.S. exchanges last year following clinical trials in which its antiviral drug ribavirin, sold as **Virazole**, showed promise in arresting the spread of AIDS in infected people. But the stock has plunged nearly 45% from its 1986 high. Robert Hodgson, a drug industry analyst at Oppenheimer & Co., currently refuses to recommend any company solely because it is working on a treatment for AIDS. "There is too much hype surrounding these stocks," he says.

### Fighting a Scourge

These companies seek to combat AIDS through measures that include experimental drugs, blood tests, and condoms. To test for exposure to the virus, researchers mix patients' blood with various solutions and place it in microliter plates like the one shown.

Many Wall Streeters, though, insist that prudent investors can make money in this unusual market niche. The wisest approach, they say, is to avoid the outright crash—companies whose research on vaccines may take five years to pay off, if it ever does. Instead, investors should look for companies with a product either already on sale or about to go on the market, and preferably companies whose future looks bright for other reasons as well.

One blue-chip stock many health care analysts are recommending is **Abbott Laboratories**. The company is believed to control over half the U.S. market for AIDS-related blood tests. Last year Abbott, headquartered in suburban Chicago, sold worldwide an estimated \$30 million to \$40 million worth of tests to detect exposure to the AIDS virus in people and in blood used for transfusions. That's small change to a company that rang up sales of \$3.8 billion and profits of \$541 million in 1986. But as AIDS cases multiply—and experts lamentably predict they will—the market for tests is likely to grow



COMPANY	REVENUES latest four quarters in millions	NET INCOME in millions	STOCK PRICE RANGE last 12 months	RECENT PRICE P/E multiple
Hoffmann-La Roche	\$4,350.5	\$238.8	\$5,650-\$9,290	\$8,977 29.1
Abbott Laboratories	\$3,807.6	\$540.5	\$38.125-\$63.375	\$61.75 26.6
Wellcome	\$1,437.7	\$91.4	\$2.66-\$8.10	\$7.80 70.9
Carter-Wallace	\$447.1	\$31.4	\$57.50-\$151.00	\$116.75 28.2
London International	\$362.9	\$22.8	\$17.00-\$31.75	\$25.00 25.5
ICN Pharmaceuticals	\$102.8	\$13.4	\$10.25-\$34.00	\$19.50 37.5

\*Based on earnings for the latest four quarters, exclusive of nonrecurring items. Estimate. "Baby" shares.

to hundreds of millions of dollars annually. Mary Yost of E.F. Hutton expects Abbott to maintain or increase its market share. So does David Lothson of Paine Webber, who strongly recommends the stock.

Lynne Pauls of E.F. Hutton likes Wellcome despite the run-up in its stock. The company is "unequivocally the worldwide leader in antiviral therapy," she says. Wellcome is also trying to develop advanced AIDS drugs. In late March the Food and Drug Administration okayed AZT's use by most patients with AIDS and by some who have a condition that frequently precedes it. AZT, sold under the brand name **Retrovir**, had already been approved as an AIDS treatment in Britain, France, and Norway, and over 4,000 U.S. victims were already using it while it was considered experimental. Pauls figures **Retrovir** will generate at least \$200 million in sales in the U.S. over the next two to three years. She estimates that the drug's sales will help Wellcome, which also makes the popular over-the-counter cold and allergy remedies **Sudafed** and **Actifed**, boost earnings per share 36% in its fiscal year ending in August. The stock, which trades on the London exchange, can be bought through U.S. brokers.

Another solid company is Swiss-based **Hoffmann-La Roche**. Its Matterhorn-size shares, which trade on the Basel, Zurich, and Geneva stock exchanges but not in the U.S., recently went for a daunting \$129,870 each. But one-tenth shares of the more widely traded nonvoting stock—known as "baby" shares—can be purchased in the U.S. through a typical full-service broker for a total commission of 11%. The company is about to get a license from the U.S. government to develop, manufacture, and market a drug called dideoxycytidine, or ddC for short. The drug is similar to AZT but may have fewer side effects. Constance Maneaty of the New York office of London's S.G. Warburg & Co. recommends Hoffmann's stock, even though she doubts that ddC will benefit the company's bottom line before 1989.

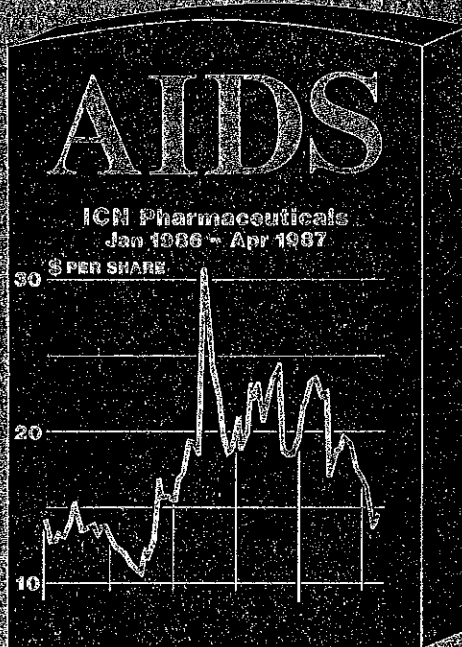
**ICN Pharmaceuticals** is a dicier investment. Based in Costa Mesa, California, the company owns 46% of **Viratek**, and thus is a hedged bet on **Virazole**. ICN's stock rocketed 230% to \$34 a share last year. However, the FDA has said that more data are needed before it can approve the drug for somewhat wider experimental use against AIDS. ICN's stock recently fetched \$19 a share. Despite

that setback, several analysts like the stock. Among them is Craig Dickson of Interstate Securities in Charlotte, North Carolina. He says: "There is still a good chance that **Virazole**, which is already used to fight other kinds of viruses, will be approved by the FDA to combat AIDS in its early stages." If it is, Dickson estimates, ICN's sales will triple to \$300 million during the next several years.

Lynne Pauls thinks the stock of condom manufacturer **Carter-Wallace**, which has drooped 26% from its 12-month high of \$154 a share, now looks like a buy for long-term investors. Condoms are still the only reasonably sure way to prevent sexual transmission of the AIDS virus. Headquartered in New York, Carter-Wallace derives 10% of its sales and an estimated 15% of its earnings from Trojans and other condom brands. Pauls expects revenues from the condom business to double by 1990.

Maneaty likes British-based **London International**, the world leader in brand-name condoms. The company's U.S. division, **Schmid Laboratories** (Ramses, Sheik), has captured 40% of the American market. London derives 20% of its sales and an estimated 25% to 30% of its profits from contraceptives. The company's American Depositary Receipts trade over the counter.





## Tasting a bitter pill

ICN Pharmaceuticals, the maker of the controversial AIDS drug zalcitabine, has seen its stock price tumble in the wake of a bitter pill.

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Unknown Source  
13<sup>th</sup> April 1987

### Implications of Budget discussed

The Budget is likely to lead to particular hardship for women as services are cut back, the chairwoman of the Council for the Status of Women, Ms Caroline McCamley, warned at its annual conference at the weekend. "The implications for women as mothers and workers will become clear over the next few months in the health, education and employment areas," Ms McCamley said at the conference in Dublin.

The conference adopted an emergency resolution calling on the Government to launch an information and advice campaign on AIDS without any further delay. It also decided as a matter of urgency to arrange a seminar to clarify the implications of the Hamilton judgment on pregnancy counselling clinics.

SV

**Irish Times**  
**15<sup>th</sup> April 1987**

~~~~~ / " "  
**INFORMATION ON  
AIDS**

Sir, — As a patriotic Irishman, I would like to take issue with the Irish Council on the Status of Women, and several of your recent correspondents, who have criticised our Government for not having yet established a policy on the AIDS epidemic.

These critics do not appear to understand that, when it comes to dealing with AIDS, both Government and Opposition are inspired by three principles which have sustained Ireland through "seven heroic centuries", and led to the country's present outstanding success on all fronts.

For people who have strayed from the patriotic path, allow me to reiterate those three inspiring principles: (1) When God made time, He made plenty of it. (2) What you don't know can't hurt you. (3) *Tiocfaidh ár lá!* (Our day will come!) — Yours, etc.,

CONOR JOHNSTON,  
14 Upper Clanbrassil St.,  
Dublin 8.

SL

Unknown Source  
15<sup>th</sup> April 1987

## AIDS advice to exclude condoms

From Michael Finlan,  
in Galway

NO ADVICE on the use of condoms for preventing AIDS will be given through a freephone counselling service on the disease to be set up by the Western Health Board. A board source told *The Irish Times* that callers will be circumspectly warned that AIDS (Acquired Immunity Deficiency Syndrome) can be picked up through indiscriminate sexual activity and from unhygienic hypodermic needles previously used by carriers of the virus.

The board, which covers Galway, Mayo and Roscommon, is setting up the freephone AIDS service in Galway city as part of a low-key campaign to prepare for the inevitable spread of the disease in the west. So far, there has been only one reported case of full-blown AIDS in Galway — a fatal one — but it is known that there are several carriers of the virus in the region.

The western board has set up a special committee to co-ordinate a campaign of prevention and treatment of AIDS and is organising specialist courses on the disease for doctors in the region. The board's shyness about condoms may have been partly prompted by a call from the Galway Local Health Advisory Committee to ensure that AIDS publicity accords with "accepted Christian moral standards."

SL

**Irish Independent, Thursday, April 16, 1987**

# Teach your children about AIDS, parents told

THE subject of AIDS should be included in sex education programmes, say the authors of a new book aimed at parents, writes **John Walshe**.

The Family Handbook of Sex Education is written by two teachers to assist parents in teaching young children about sex.

Co-author **Dominic McGinley** said last night parents could not avoid the question of AIDS in sex education.

Pupils were so familiar with the word that they played a new AIDS game in school in which they ran away from other pupils whom, they pretended, had AIDS; he explained.

The section on the lethal virus outlines the ways it can be contracted. It warns that the more partners a person has sexual intercourse with, the greater the risk. Using a condom may reduce the risk, but this is by no means certain, it points out.

Mr. McGinley and fellow author **Aidan Herron** urge parents to use the correct terms for all parts of the body and not to use slang

words or phrases. They also recommend that parents give the proper information from the start and don't evade or give vague answers.

Sex education should begin in early childhood so that by the age of puberty children have a good basic knowledge, they say. Teachers can help and, by continuing what has begun by the parents, they can promote the Christian values and ideals which parents wish their children to receive.

The book stresses that children must see morality in action at home. They want to know if forbidden things really are dangerous or shocking and may even experiment. Sexuality and morality cannot be separated.

A separate, illustrated child's book is included which deals with sex differences, changes in puberty, conception, birth, the family, care of the elderly, health, hygiene, etc.

● The proceeds from this year's Trinity Week will go to the Trinity AIDS Concern Trust, a registered educational charity, to provide funding for AIDS information, education and counselling.

SV

## Aids: the need for reassurance

THERE is, according to Sir Donald Acheson, the Government's Chief Medical Officer, merely "a small theoretical risk" of a doctor infected with the Aids virus passing the condition on to patients. That risk is, he says, limited to a very few areas, including "penetrative surgery". As a result of advice given to ministers by Sir Donald and his colleagues, the Government has decided that doctors infected by Aids should be allowed to continue to practise as long as their work does not involve so-called "blood-to-blood" contact. Moreover, The Department of Health has decided that patients have no right to be told that their doctor is suffering from the syndrome.

Both Ms Harriet Harman, Labour's health spokesman, and Sir Gerard Vaughan, the former health minister, are disturbed by what Ms Harman describes as the "patrician assurance" with which the medical profession and the Department of Health have closed ranks. Ms Harman wants confidential notification to the Department to be compulsory if a doctor is found to be HIV positive. Sir Gerard takes a harder line. He argues that patients have a right to know whether their doctor is an Aids carrier. If they are then prepared to accept expert medical opinion about the lack of danger involved, they should be free to continue under their doctor's charge. Others suggest that such doctors should automatically be forbidden to practise.

The issue arises because of the news that a consultant kidney specialist at the London Hospital, Whitechapel, died six weeks ago

from Aids. He had sought advice and had been moved from the renal unit to other work. The case follows a recent High Court ruling forbidding publication of details concerning two other doctors with Aids who are continuing to treat patients. The judge ruled that public interest and freedom of the press were "substantially outweighed" by concern with the confidentiality of medical records which had been leaked to the *News of the World* by a hospital employee.

Aids is a frightening condition which provokes the instinctive revulsion felt a century ago for syphilis and for leprosy. It kills its victims painfully and by degrees. There is, as yet, no cure in sight. Moreover, there is a fearful social stigma attached to infection because of the connotations of sexual promiscuity and perversity, or of drug addiction. It is, however, hard to transmit the virus, and then only under very specific conditions. According to the experts, it is almost impossible to conceive of HIV positive general practitioners infecting patients — if they have been properly advised by specialists.

It is, therefore, important to do nothing which would dissuade doctors who fear they have the condition from seeking guidance. (They will know, all too well, that they cannot hope for a cure.) Naming names, as Sir Gerard wants, or blacklisting doctors suffering from Aids are the surest ways of driving the disease underground. But Ms Harman's call for compulsory notification is the least that patients could reasonably expect. Patients have rights and need reassurance, just as doctors do.

Sw

## Legal moves to hasten drug tests ...

A CALIFORNIAN pressure group is suing the heads of several American government departments for failing to act swiftly enough in developing new treatments for AIDS. The National Gay Rights Advocates (NGRA) alleges that the Food and Drugs Administration (FDA) has accelerated testing and approval only for drugs developed or sponsored by the National Institutes of Health (NIH). The NGRA also says that the NIH has not spent some of its funds in the way that Congress intended. Congress allocated \$47 million in 1986 for people with AIDS to obtain treatment with experimental drugs.

The NGRA is bringing the suit on behalf of all people infected with human immunodeficiency virus (HIV). Leonard Graff of NGRA said: "The lawsuit is in part a result of the anger and frustration that people in the US are feeling with delays and ineptitude and the apparent lack of firm direction." Every day, 60 Americans are diagnosed as having AIDS; every day, 35 Americans die of AIDS.

The government has asked that the lawsuit be dismissed—a standard strategy to avoid the case coming to trial. The NGRA now has until 1 October to file papers explaining why the group has taken its action before exhausting all other remedies.

The lawsuit claims: "NIH concentrated its research into NIH-sponsored drugs, or into drugs developed by companies with which NIH or its researchers had developed special relationships, such as Burroughs Wellcome or Hoffman-La Roche. Specifically, NIH tested AZT, DDC and alpha interferon. At the same time, NIH ignored or seriously delayed consideration and testing of other promising drugs."

These drugs, the NGRA says, include AL-721, ampligen, DNCB, Fosarnet, Imreg-1, Imuthiol, isoprinosine and ribavirin. The lawsuit continues: "NIH's decisions were affected by essential conflicts of interest, namely, royalty payments from manufacturers licensed to develop NIH-sponsored drugs..."

The FDA, the group alleges, is applying more stringent procedures and requirements to privately developed drugs than it did to zidovudine (formerly AZT).

One anomaly that the lawsuit draws attention to is the FDA's position on the drug ribavirin, which is manufactured by the Californian company ICN. The FDA has licensed ribavirin for use against a respiratory infection in children, caused by respiratory syncytial virus.

It is not clear whether ribavirin is effective in the treatment of AIDS. The FDA has recently turned down a second applica-

tion from ICN to extend trials of this drug. Yet ribavirin is freely available in Mexico and there is an organised traffic across the border to obtain supplies.

The NGRA says: "FDA's actions respecting ribavirin are particularly arbitrary and capricious, because the agency, through the United States Customs Service, permits those infected with HIV to bring in a one-month's supply of the drug into the country from Mexico. In such circumstances, a person's use of the drug is totally unsupervised, without any benefit to research in this country."

The group says that public loss of confidence in the NIH and the FDA has become so great that at least one state, California, has begun to take matters into its own hands (see below).

The lawsuit asks for several declarations, including one that the Department of Health and Human Services, the Public Health Service, the FDA and the NIH, together with associated heads of department, have "acted arbitrarily and capriciously in failing to treat all AIDS-related drugs under the same standard established for AZT". The NGRA also asks for an injunction requiring the defendants to account publicly for expenditure of the funds appropriated by Congress for AIDS research and testing. □

## ... and California may decide to act alone

THE STATE of California wants to test and license drugs for the treatment of AIDS before waiting for the federal Food and Drugs Administration (FDA) to approve new therapies. California says that the FDA is being too slow in responding to the medical emergency. The proposal has yet to become law, but the fact that Californian politicians are seriously considering it indicates their dissatisfaction with the actions of the FDA and the Reagan administration.

The state attorney general, John Van de Kamp, is the chief sponsor of the proposal, which is in the form of an emergency bill. Van de Kamp said, "There are two places where this will echo like a thunderbolt. One is the corridors of

the federal medical bureaucracy, and the other is in the hearts of AIDS victims everywhere."

The proposal has surprisingly wide political backing. Politicians in California are constantly aware that they need to respond to AIDS because the disease is so prevalent in the state. Members of both political parties, the Republicans and the Democrats, and from both liberal and conservative backgrounds, jointly outlined the plan.

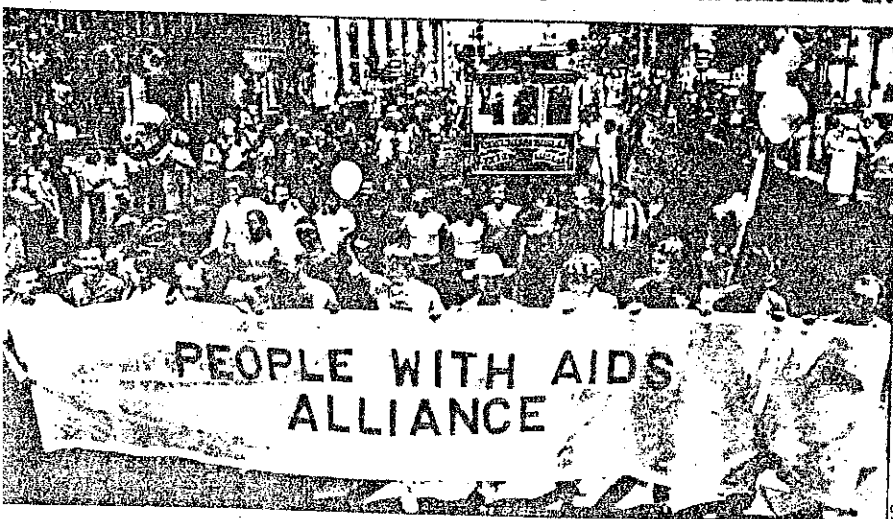
If the bill becomes law, California will become a magnet for both people with AIDS and pharmaceutical companies. But the idea could backfire. Quack cures and fly-by-night drug manufacturers could proliferate. Even established drug

companies may be wary of becoming involved. Although the market for drugs in California is potentially large, firms may still find that it is not worth the expense of testing new drugs for sale in just one state.

Van de Kamp said he hoped that testing of experimental drugs on volunteers with AIDS would begin by the end of the year. The Department of Health Services in California would approve applications for testing and ultimately license any drugs. "This bill is the state of California's announcement that, in the face of an extraordinary medical emergency, business as usual just isn't good enough," Van de Kamp said.

The FDA would not comment on the proposal until more details were available. An FDA spokesman in Washington denied that the agency was too slow. "In many cases, we have been ready to approve things for testing before the companies have been ready." An FDA spokesman in San Francisco warned that rushing into the licensing of drugs was not always wise. Nevada's legalisation of laetrile—a toxic compound which people have used to treat cancer despite lack of evidence for its effectiveness—was one example.

There is nothing illegal in what California wants to do, provided that the drugs are tested, manufactured and distributed within the state. Any ingredients or materials used in the drugs must come from within the state. It would be illegal for companies to sell the drugs outside California. Yet critics say that it is easy to envisage a black market for such drugs developing elsewhere. □



Gays in the US say they have waited too long for new drugs

Sw

# Hanley had contact with AIDS



Vincent Hanley... antibodies in blood.

TOP TV presenter Vincent Hanley, who died in a Dublin hospital yesterday, had been exposed to the AIDS virus, it was learned last night.

The 32-year-old frontman for the hit show "MT USA" had said he was suffering from a congenital eye disease known as retinoblastoma.

But blood tests carried out on the former Radio 2 DJ showed that his system had developed antibodies to the Human Immuno-Deficiency Virus (HIV). However, this does not necessarily mean that he was suffering from the full-blown AIDS syndrome.

Throughout yesterday, staff at St. James's Hospital, where he died at one a.m., refused to make any comment about the death. It was, a spokesman said, "a confidential matter."

## Disc jockey mourned by his colleagues

His brother Fergus also refused to make any comment.

Only last Christmas, Mr. Hanley had strongly denied that he had AIDS and, last night, one of his closest friends, fellow-DJ Marty Whelan, told the *Sunday Independent* he had once asked Vincent "Have you got AIDS?"

Mr. Hanley had replied "No." Mr. Whelan added: "There had been talk of leukaemia."

In an emotional radio interview on the Gay Byrne Show after his arrival from New York for Christmas holidays, the TV star denied suggestions that he might have contracted AIDS.

Asked directly by Gay Byrne

if he was suffering from the fatal disease, Hanley firmly quashed rumours that he had not long to live.

He explained the reason for his gaunt appearance, which was causing widespread concern to viewers, was a serious eye disease.

By February, he had lost most of the sight in one eye and after returning home from New York he was admitted to St. James's Hospital.

During his time in New York, where he lived for the last three years, he is understood to have attended St. Clare's Hospital for treatment. St. Clare's

Hospital has six AIDS wards, which can cater for 150 patients.

Gay Byrne, who had Mr. Hanley on his radio show last December, said last night: "He certainly looked ill to me that morning."

The Late Late Show presenter added that Mr. Hanley was "a very good and competent radio person" whom he always found "very pleasant, highly intelligent and courteous."

He was "saddened" by the death.

RTE said they regretted Mr. Hanley's untimely death. A station spokesman described him as "a professional broadcaster who made a significant contribution through the years both on radio and TV."

(To Page 12)

## The idol who lived a secret, forbidden life

# Hanley: a victim of the times he lived in

VINCENT HANLEY blossomed in the "new" liberal Republic of the 1970s. Against the discomfiting of heady hedonism, which remained undampened by the North or the first oil crisis, the Republic's young were letting it all hang out in clothes, magazines and lifestyle.

It was a new personal freedom for a generation whose parents had never had it so good in the affluence of the 1960s—and who bestowed upon their energetic young a taste for the stylish and forbidden things in life.

Vincent Hanley was totem of that culture. Always impeccably dressed, laughing, gay — and homosexual. Although well known in the gay community of Dublin and foreign capitals, that part of his nature had to be hidden from his Irish public.

As idol of Radio 2's nationwide launch in the late 1970s, his audience of frenzied females swooned and cheered and each felt he was speaking to them alone.

I recall him being mobbed in Limekillick and Galway in 1979 during Radio 2's "Comin' at ya". Hanley did come at them with an incisive enthusiasm for the music of the age and the beat of the heart.

Not unlike his personal hero Rock Hudson, he was caught in the dilemma of public image and private behaviour. Just as Hudson was manipulated by Hollywood studios to appear the essential romantic male, so Hanley's public image was

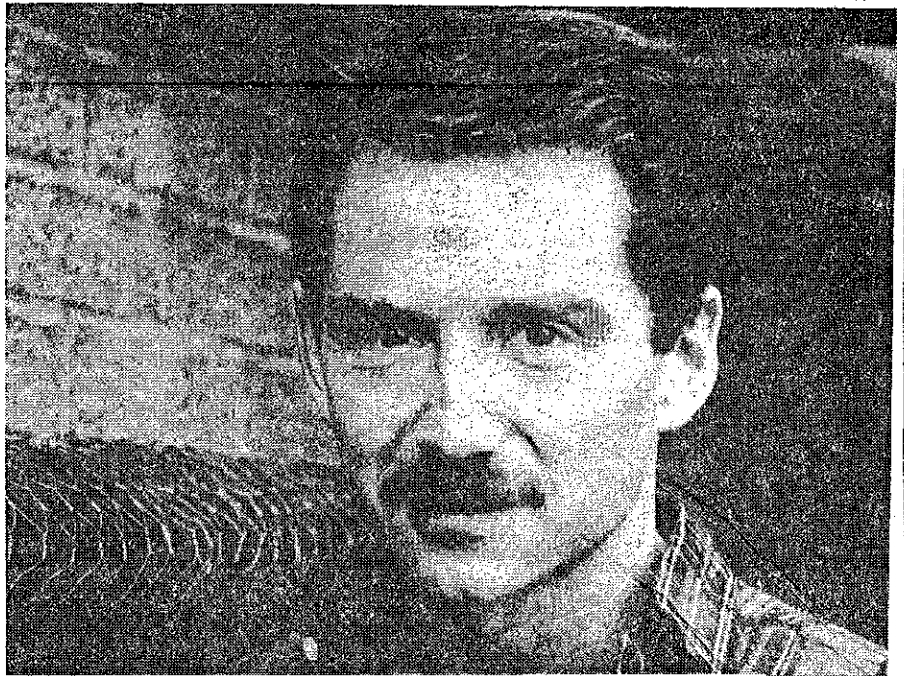
By KEVIN D. O'CONNOR

that of the free-wheeling bachelor who might at any instance run off with one of his more adoring fans. The private reality was different.

Away from his media image Vincent Hanley was an active part of a forbidden world. He led a life of heightened sensations, laughter, jealousy and tragedy.

Some years ago, Hanley had decided to live among the bright lights of Manhattan. From that glowing city he transmitted MT USA, one of the seminal TV shows that appealed to the age of which he was an idol. Among his hip viewers he had finally gone international and was up there in the Hollywood sky.

I think of him as an elemental creature of nature. His tragedy was that he became a victim of the times he lived in.



VINCENT HANLEY... private life remained hidden from his Irish fans.

## DJ Hanley is mourned

From Page One

Mr. Conor McAnally, boss of Green Apple Productions, makers of MT USA, said that as a result of his death, the highly successful video series would not be repeated.

The show, which had been Mr. Hanley's idea, was a top ten success in the TAM ratings. Mr. McAnally described the dead star as "the finest producer Ireland had ever seen."

He said Mr. Hanley had known for some time that his illness was terminal, but he did not know how long he had to live.

Vincent Hanley had been discharged from hospital, but was re-admitted within the last 10 days when his condition suddenly worsened.

Mr. McAnally said he did not know the exact cause of the star's death.

"I have made up my mind from the beginning to steer clear of the medical aspects," he declared.

Mr. Hanley's remains will leave St. James's Hospital at 3 p.m. today, travelling via Kilkenny to Clonmel arriving at 7 p.m. at SS. Peter and Paul's Church.

After Requiem Mass at 12 noon tomorrow, the funeral will take place to St. Patrick's Cemetery nearby.

Clonmel curate Fr. Michael Kennedy, a close friend of the Hanley family, said the mood in the Tipperary town was one of "gloom and depression" after the death of the home-grown star.

"We are very proud of him and it is a terrible loss

to the town. He was a gentle man and the idol of every teenager in Clonmel."

Fr. Kennedy said he had been "in and out" to the family during the long and trying period of Vincent's illness.

He understood that Vincent Hanley had a tumour behind his eye, "which destroyed part of his brain, making it impossible to operate."

"The treatment he received was very severe, but even in his teenage years, he was always frail and less than robust."

A close friend, Roddy Irwin, Radio 2's day producer, said he had visited Mr. Hanley last Friday week. He was full of enthusiasm after being offered a new programme in the station.

Mr. McAnally who, on behalf of Greenapple and himself, sent sincere regrets to Mr. Hanley's family, said the star was the finest producer Ireland had ever produced and the success of Greenapple was due largely to his drive, ambition and professionalism. Throughout his ambitious career he refused to get involved in "broadcasting mediocrity".

Vincent Hanley had been staying at the Woodward Hotel, a 35-dollar a night establishment at 210 West 55th Street.

A man who answered the door of Mr. Hanley's room on the third floor said that Vincent had returned to Ireland because medical treatment was becoming too expensive in New York.

Other residents were reluctant to comment.



Sunday Independent  
19<sup>th</sup> April 1987

# Moscow AIDS clinic announced

From Conor O'Clery,  
in Moscow

MORE than 150 people have gone along in recent weeks to house number 15, block 10 of a street in the Sokolinkaya Gora district of Moscow. House number 15 is the Soviet Union's first AIDS clinic where patients can attend anonymously for tests.

The existence of the clinic was revealed in yesterday's edition of the Soviet *Medical Gazette*, which in the course of a detailed article about the disease also recommended the use of the militia to identify high-risk groups, including homosexual men, for compulsory screening.

The Soviet Union first acknowledged that it had an AIDS prob-

lem last June. Thirty cases have now been officially diagnosed, 28 of them foreigners, mostly students. Of the two Soviet victims, one was a 10-year-old girl who got the disease from a blood transfusion.

The *Medical Gazette* also announced that in its drive to control the spread of AIDS in the Soviet Union, all Soviet citizens who return from long business trips abroad are to be tested for AIDS anti-bodies. Resident foreigners are also recommended to undergo tests.

All blood donors and people from high-risk groups such as drug addicts, prostitutes and homosexuals are also to be tested, according to the article

written by the Deputy Minister of Health, G. Khlyabich, and the Director of the USSR Institute of Virus Diseases, V. Zhdanov.

The authors admit that finding and identifying such people will not be a simple task, and "militia bodies which secure the order and safety of Soviet citizens, as well as active information and assistance to health establishments . . . can be of great help."

They give the metro station and bus number for the Moscow clinic and how it works: "You will not have to register in advance, they will not ask your name or home address either.

"You have a conversation with a doctor. You tell him what

worries you. Then you answer a questionnaire without identifying yourself and you will have to remember its number . . . then, using a disposable syringe, they take blood from your veins. That is all. Tomorrow, over the telephone, after having given your number, you will get an answer."

Health authorities will set up similar laboratories in 105 cities in the Soviet Union this year and have been told the testing of high-risk groups is their "top priority task."

The article also claims that Soviet scientists have developed a technique for speedy analysis of blood samples. Of the 150 or so who went along to house 15, none were AIDS positive.

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Sunday Independent  
19<sup>th</sup> April 1987

SUNDAY INDEPENDENT, APRIL 19, 1987

# AIDS: tell the whole story, says priest

By ANNE HARRIS

WHEN a public figure dies from AIDS, society has a duty not to cover up from some sense of misguided compassion, said Father Bernard Lynch, the Irish SMA priest who runs an AIDS mission in New York City.

"In many ways it is more difficult when a well-known person dies," he said. "Because of the whole myth that surrounds a public persona, there is the feeling that real men are macho, not gay, in other words real men don't get AIDS."

The most important aspect in confronting AIDS is handling AIDS deaths, said Father Lynch, who has attended the death beds of 60 AIDS victims in America.

The public has a right to know when a person dies from AIDS. The doctors have a duty to register the deaths as such. "The point is we have to get out of this terrible box that it is a disgraceful death when it is an AIDS death."

"While I think well-known people must identify when they have AIDS, I don't deny the price they have to pay. There is the legitimate responsibility to their loved ones, who have been through enough."

"But if people share the knowledge with us, if they tell us how they contracted it, then we can communicate it to the children and help to prevent it."

The way famous people deal with AIDS can be crucial for the sufferer, for society in general and for posterity in particular, said Father Lynch.



FR. LYNCH . . . public have a right to know the facts.

He contrasted Liberace's way of dying with Rock Hudson's.

"There was enormous difficulty in getting anyone to acknowledge that Liberace had AIDS. In the end, the doctors had to be prosecuted."

Rock Hudson's death was brave beyond measure, he said. "What Rock Hudson did for people with AIDS, what he gave them as a parting gift, was the greatest thing possible. He came out and said: 'I am one of them. I'm gay and I'm dying of AIDS.' His courage, his bravery in showing his face to the world, did more than anything else to give acceptability to a death from AIDS."

Rock Hudson was very important, said Father Lynch, because everybody felt they knew him. "If we know this person whom we love and respect it gives a human face to the disease. We have to bring life to this

disease. Rock Hudson did that. He let everyone know what was going on."

"His friends today are carrying on his magnificent gesture, Liz Taylor as president of the AIDS Society devotes endless time and energy to it."

"The reason it is so difficult to be open and to acknowledge a death from AIDS is because of the association of the disease with sexuality. Society finds this enormously threatening."

Father Lynch told the Late Late Show three weeks ago of the 12 priests who died of AIDS in the US.

"AIDS is not just a disease, it is people, AIDS, has to have a human face," he said.

He pointed out that only last week the Catholic Archbishop of Washington, Dr. James Hickey, called a news conference to announce that one of his priests was dying of AIDS.

Father Lynch, who expressed strong criticism of Gay Byrne's questioning him about his own sexuality on the Late Late Show, said Irish society had extra problems in dealing with AIDS because it had extra problems in dealing with gay people. "There is no category in Irish society in which gay people are comfortable."

"I've been on many television programmes in the United States, and you know how you can almost appear in your underwear on these programmes — they say anything."

"But nowhere was I asked a question like that. It was most inappropriate."

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THE SUNDAY TIMES 19 APRIL 1987

# Fake virus could help beat Aids

by Neville Hodgkinson  
Medical Correspondent

BRITISH scientists have taken a big step forward in the race to produce a safe and effective treatment for Aids.

Using genetic engineering techniques they have manufactured an Aids "pseudo-virus" which has many of the characteristics of the real thing, but which is not infectious. It is the first genetically engineered, truly artificial virus ever produced.

As well as providing the basis for a new kind of vaccine, they believe it is capable of tricking the body into mounting a more powerful defence than it does in response to the genuine virus. This raises for the first time the long-term possibility of a cure.

The breakthrough arose out of pure academic research by a team at Oxford University's department of biochemistry, headed by Dr Alan Kingsman and his wife, Dr Susan Kingsman. Only the government-funded Medical Research Council had been willing to support the project.

But when the researchers started to see the potential, they approached the UK's newest "high-technology health sciences" company, British Bio-technology, and asked for help. The company is based in laboratories adjoining the Austin Rover plant at Cowley, near Oxford, where Dr Keith McCullagh, the chief executive, said last week: "As soon as we looked at the technology in detail, we recognised this was a world-beater."

Animal tests have started and clinical trials of a vaccine will begin within two years, the company predicts. It believes the technology could revolutionise the manufacture of other vaccines as well as making them safer and more effective.

Patent applications have been filed in Britain and the US, and papers setting out the details of the discovery are to be published soon in scientific journals. Under legal arrangements finalised this month, a share of the potentially enormous royalties will go to the university, and also to the inventors, Dr Kingsman and their co-workers, Dr Sally Adams.

At the root of the breakthrough is the discovery of a protein, produced by a simple cellular organism, that has "sticky patches" on it, allowing the researchers to put together a virus-like ball

of about 100 of the same protein sections.

British Bio-technology has fused the gene that holds the codes for the production of these proteins with a modified version of the genetic instructions carried by the Aids virus.

Alan Kingsman told *The Sunday Times*: "We have built a pseudo-Aids virus which looks just like the Aids virus and which carries the same characteristics that allow it to be recognised as an Aids virus by the body's immune defences, but it is totally safe."

"It has none of the dangerous components of the Aids virus. It is not infectious and it cannot replicate. But it has all the properties you would ask of the perfect stimulator of the immune system."

The race to find a vaccine against Aids is being run by groups in many countries, but great difficulties have stood in the way of researchers. Any approach using live virus carries potential dangers. When purified components of the virus are used instead, the immune system tends not to receive enough of a challenge to produce a strong antibody response.

The synthetic virus is expected to overcome this drawback. While presenting the system with bundles of many antibody-stimulating proteins, just as the real Aids virus does, it is stripped of



"Kingsman breakthrough" the real virus's power to damage immune defences.

The pseudo-virus also presents the system with components of the real virus that normally remain hidden until active disease has set in. These components are thought to trigger the "defences" of the immune system, natural killer cells that seek out and destroy Aids-infected cells.

It is a response that comes too late to save most Aids victims. But if the pseudo-virus can be made to trigger this same action before the real virus has taken too firm a hold, the possibility of a cure arises.

Everything you need to know about the AIDS test—whether to have it and what a positive test result means to your job, your rights and your insurance

# A CONSUMER GUIDE TO TESTING

## MEDICAL MATTERS

**Q I'm not homosexual, and I don't inject drugs. Should I be tested for AIDS?**

Yes, if you fall into one of the following categories: You have had more than three or four sexual partners in any one of the last five years; you are planning a pregnancy; you have had sexual contact with someone you've since learned has AIDS, uses drugs or is bisexual, or you are sick and your doctor recommends it.

**Q If I've had a blood transfusion, do I need to be tested?**

If you got the transfusion between the fall of 1978 and May of 1985, there is a very slim risk that you may have been exposed to the virus. A test is advisable if: (1) More than one transfusion was performed, (2) the procedure was carried out in New York, San Francisco or another city with a high incidence of AIDS or (3) the transfusion occurred toward the end of the 1978-85 period, when the risk of contaminated blood was greatest because of the buildup of AIDS carriers.

**Q Should I be tested at a public clinic, or by my private doctor?**

In terms of accuracy, both are equally good. But they vary tremendously in the amount of pre-test and post-test counseling they offer. To find out whether doctors offer such services, contact your county medical society. To learn what public clinics offer, call your county or state health department. There are also differences in confidentiality. Some doctors keep a record of the test in a patient's file, where staff members can see it. No public clinics keep records by name. On the other hand, you may feel uncomfortable going to a public clinic, which is open to public view.

**Q How is an "anonymous" test different from a "confidential" test?**

Sometimes, to the public's confusion, the terms are used interchangeably. Public-health officials define them as follows: In an *anonymous* test, your name is never requested or recorded. Your blood is coded with a number that you must have when you come, in person, to get your results. If you forget or lose your code number, you will have to have the test repeated. In a *confidential* test, your name is recorded, but all aspects of the test—including your name and the result—are kept private. Unlike anonymous testing, your physician can locate you if a medical reason arises.

**Q I've seen ads for testing by nonprofit or private groups that claim to be faster or more circumspect. Some charge a lot. Others don't. Is there a reason to use these services instead of a public clinic or my doctor—or to avoid them?**

They may be faster, but no more circumspect than

public clinics. Since most of these groups contract the tests out to well-regulated biotech laboratories, the results should be reliable. It's not worth the extra cost unless speed is particularly important to you or you want to be screened for additional venereal diseases. Many of these groups test for such diseases.

**Q Is there any danger to me from the test itself?**

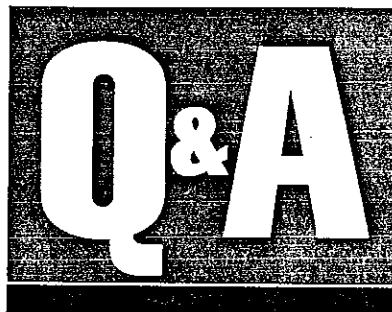
No. A new needle is used to draw blood for each patient, so there is no possibility of contamination.

**Q What does the test actually test for?**

It detects antibodies produced by the immune system to fight off the virus. It does not directly test for the virus, which hides inside the body's cells.

**Q Can I have AIDS antibodies without the AIDS virus?**

It's theoretically possible. If you received a vaccine for a deadly form of hepatitis called hepatitis-B, it was made from the blood of homosexuals, the people likeliest to have the disease. Any AIDS virus in the blood was killed, but the antibodies to it might still exist and be passed on to you. This is extremely unlikely—for all practical purposes, impossible.



**Q How reliable are the laboratories that do AIDS testing?**

Very reliable, since the test itself is well-known and easy to do.

**Q What is the accuracy of the test?**

Almost 100 percent.

**Q If it's so accurate, why does it have to be repeated when the result is positive? And why doesn't it have to be if the result is negative?**

The test rarely produces a false negative—in blood donors, perhaps once or twice in 100,000 tests. Such a sensitive test pulls in more than the AIDS antibody alone, triggering occasional false positives. So someone who tests positive should be screened by a more specific method, known as the Western-blot test, to confirm the result and be considered definitely positive.

**Q If I test negative, does this absolutely prove that I don't have AIDS or carry the virus?**

It is strong evidence, but not proof. It usually takes six weeks for the body to produce antibodies against the virus. This means someone could be tested immediately after exposure and not come up positive. After 12 weeks, however, a negative result virtually guarantees that you haven't come in contact with the virus.

**Q Does a positive test mean I will contract AIDS and die?**

Not necessarily. After five to 10 years, 25 percent to 50

percent of infected people will develop AIDS. Most—if not all—of those people will die.

**Q If I test positive, can I do anything to stave off AIDS?**

No existing drugs can prevent or cure AIDS, although the new drug AZT relieves severe symptoms in some patients. A good diet and plenty of sleep and exercise seem prudent, since a healthy body can best fight off disease.

## BEHAVIOR

**Q Should I insist that my partner be tested when I start a new sexual relationship?**

If you have any doubts, it's an obvious precaution.

**Q Does a positive test mean I should conduct my sex life differently, even if I have no outward signs of AIDS?**

Yes. You should try to abstain from sex, because you can infect others even if you don't have any symptoms. If you find this impossible, you should inform all partners that you tested positive and use a condom if you have intercourse. Properly used, it will provide a barrier that's almost 100 percent effective.

**Q Should I tell previous sexual partners? How far back? Should they be tested as well?**

There's no legal obligation, but as an ethical matter, you should tell them. You should go as far back as 1978, when the virus first appeared. And yes, they should be tested.

**Q Even if I test negative, is it a good idea to be tested every few months?**

No. It would be better to change your sexual behavior to minimize risk. A test can only reveal the past, while changing your behavior can influence your future health for the better.

## CONFIDENTIALITY AND LEGAL RIGHTS

**Q If I test positive, can or will the testing facility or doctor release the results? Will they ask for the names of my sexual partners so they can be tested?**

In most states, a physician or testing center will release the information to no one but the patient. In Arizona, Colorado, Florida, Idaho, Montana, South Carolina and Wisconsin, however, positive results must be reported to the state health department. California forbids putting positive test information into hospital records.

No law requires doctors to contact the sexual partners of a person who tests positive, or to ask the person to do so. That is left up to health departments, and only in the seven states listed above do health departments get such AIDS information. There is a common-law obligation on doctors, if they are counseling a recalcitrant person, to inform a spouse who is constantly being

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exposed. There is no such obligation to tell a "significant other," though California and Colorado are considering such legislation. If a doctor knows that someone who tested positive is continuing to have sex with many different people, and the doctor informs one of those people of the risk, he or she could be sued by the original AIDS carrier on the grounds that the common-law right to privacy was violated.

**Q Can test results be subpoenaed?**

Yes—without the permission of the patient, even in states with confidentiality requirements. To prevent a subpoena, special laws must be on the books. No state has such legislation; Colorado is considering it.

**Q Can I be denied a job or fired if an employer learns I've tested positive?**

A few places, such as New York City, Los Angeles and San Francisco, have passed laws to protect AIDS victims from discrimination in housing, jobs and access to public places such as restaurants and hotels. All states except Delaware forbid discrimination against the handicapped, and gay-rights groups argue that these laws protect people who test positive. No court has yet decided this issue.

## HEALTH INSURANCE

**Q Will my group-health policy cover the cost of an AIDS test?**

Yes. But this is often not an issue because the test is inexpensive and is usually offered free at public-health clinics.

**Q Do I have to tell my health insurer if I've tested positive?**

It depends. Thirteen states bar insurers from asking the results of prior AIDS-antibody testing. California, Wisconsin and the Dis-

trict of Columbia prevent insurers from testing applicants. On June 1, Wisconsin will allow tests.

**Q If my group-health policy pays for the test, can my employer demand to know the results?**

No.

**Q Can my life or health insurer cancel my coverage or raise my premium if I test positive? Can it be canceled in the future if I develop AIDS?**

An insurer can't cancel a policy unless there's evidence of fraud—saying, for instance, that you hadn't taken the test or didn't test positive when the reverse is true—or failure to pay premiums. An insurer also can't raise the premium because of a positive AIDS test. In some cases, insurers have refused to pay claims on people believed to have been infected before they took out the policy. Some companies have claimed that a positive test result is evidence of a pre-existing condition. This issue is far from settled.

