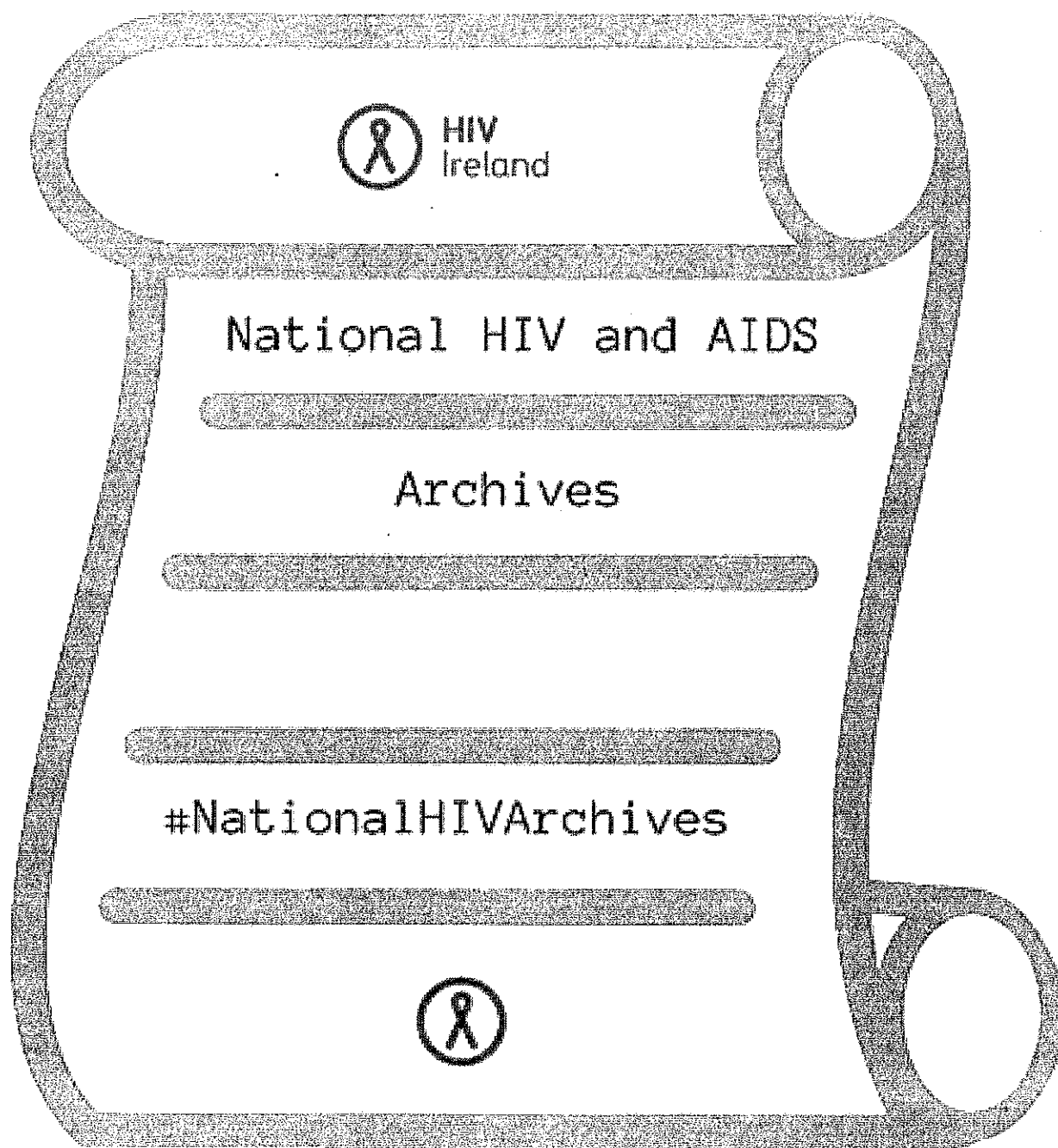


Print Media



1st to 5th May 1987

Cork Examiner
1st May 1987

Lottery to help battle on AIDS

FUNDS from the National Lottery are to be used for the government's AIDS information programme being launched today by Health Minister Rory O'Hanlon.

No provision for the Health Education Bureau, which will spearhead the AIDS campaign, was made in the revised estimates for 1987, published yesterday. A footnote said funding, which amounted to £2 million last year, would come from the National Lottery.

When the last government proposed the National Lottery it was intended to be used to fund such activities as arts and culture and sport.

SV

Campaign on AIDS underway

THE first step in an intensive government campaign to educate the public about the AIDS disease is to be launched by Health Minister, Dr. Rory O'Hanlon today.

But the Minister refused to tell the Dáil last night how explicit or otherwise the information campaign is to be.

During Question Time he described the threat from AIDS as similar to that from tuberculosis 40 years ago.

Dr. O'Hanlon said the Government's information programme had been designed to meet "the identified information needs" of the population.

At one level the programme will reinforce public knowledge about AIDS through a mass media programme and on an individual level. The Minister said the personal worries of individuals would be addressed through a detailed booklet and a confidential freefone service.

He said that fundamental to the success of the campaign was the development, on continuing basis, of local AIDS information and education programmes.

A Central Strategy Committee has been established by the Minister to develop and implement further strategies for dealing with AIDS. This committee will monitor the needs of the health services, including the hospital services in relation to AIDS and

make recommendations.

There had been 19 cases of AIDS in Ireland to-date, 11 of which had occurred since January, 1986. Three of the 11 had died from AIDS as a result of drug abuse; five were homosexuals or bisexuals and three were haemophiliacs.

SV

AIDS profits still under Wellcome mat

INTERNATIONAL pharmaceutical group Wellcome pleased the City yesterday with a bumper set of figures that put 36p on its shares which finished at 449p. It did better than expected in the United States, particularly with its antiviral drug Zovirax which is used against herpes, and sales of products just out of patent held up well.

Profits rose 26 pc to £81.2m in the half year ending February 28 with some help from better margins on sales 12 pc higher at £557.1m, all but 10 pc of them overseas. Barclays de Zoete Wedd, who got its numbers badly wrong with a

forecast of only £74m, are now expecting pre-tax profits of £160m for the year and £195m for next.

Wellcome shares have a very high rating because of the publicity and hopes for Retrovir, its recently launched drug which is being used to suppress the symptoms of AIDS victims. But AIDS played no part in yesterday's figures. By the end of the year Wellcome will be able to supply Retrovir to all the 46,000 the World Health Organisation has indentified with the disease.

Although the potential for Retrovir is enormous, Wellcome shares are too

highly rated to attract the small investor. There is also a substantial down side in the share price, says BZW analyst Peter Woods.

There are fears about the toxic and side effects of the drug — it can cause anaemia, may attack the neurological system and cannot be used on AIDS victims where the symptoms are severe. Also Retrovir is only 18 months or so ahead of a similar drug, Dideoxycytidine, being developed by Hoffmann La Roche which may prove more effective and have less side effects.

DOUGLAS BENGE

5

AIDS - OUR FIGHT IS ON

THE Government today finally spelled out how Aids can be avoided.

But the long-awaited campaign, launched today by Health Minister Dr. Rory O'Hanlon, avoided the thorny Church and social dilemma of the use of condoms in fighting the spread of the disease.



SHOCK TACTICS—one of the posters from the new campaign.

Instead, it lays the main emphasis on single-partner sex, and drug avoidance as the most effective way of avoiding Aids.

In the £500,000 campaign, the Government spells out what is Aids, how it is caught and who is at risk. Aids, it states, can be avoided if:

- People stay with one partner.
- They remain faithful to that partner.
- Drug users avoid sharing needles and equipment.

The life-saving "kit" issued today tells people that if they are in further doubt they should ask their doctor or STD clinic about protection through the use of condoms. And it warns that casual sex spreads the disease.

But the Health Education Bureau, which prepared an information booklet for the Government, points out explicitly that for sexually-active people who are not in "one faithful partner" relationship,

AIDS Don't bring it Home

CASUAL SEX SPREADS
AIDS

HARSH MESSAGE—one of the campaign posters.

a strong condom correctly used is the single most effective defence against Aids.

But it warns that condoms cannot offer 100 per cent protection.

The campaign, in a major blitz on the disease, will use television, radio, newspapers and billboards from this weekend to inform the public about the full facts.

But it will be less explicit than the British campaign which caused some controversy in that country.

Drug abusers are targeted as a high-risk group but they will not, like in some European countries, be given free needles or equipment.

Homosexuals, bisexuals, promiscuous heterosexuals, both male and female, and new-born babies are

also in the high-risk categories

Major billboards at the country's air and seaports will carry a blunt message to holiday makers and travellers, 'Don't Bring It Home'.

Other billboards, asking people not to "shoot" themselves with Aids, are aimed at drug abusers who use intravenous injections.

The campaign also spells out that the Aids virus cannot be caught by casual, non-sexual contact with infected people such as shaking hands, hugging, using cutlery, toilets, baths or swimming facilities or from sneezes, coughs or even spit.

A confidential telephone advice service will be available from next Monday between certain hours. People may simply dial 10 and ask for Freephone Aids or they can dial direct to Dublin (01) 795577.

Evening Press
1st May 1987

AIDS AND CONDOMS —IT'S UP TO YOU

CONDOMS will reduce the risk of contacting AIDS, the Government said today, but it does not urge their use.

As the long-awaited AIDS campaign was launched, the Minister for Health, Dr. Rory O'Hanlon, said that individuals must decide for themselves if they wished to use condoms.

Adding that the Department had not consulted the churches, involving the Catholic Church, which is opposed to the use of condoms, Dr. O'Hanlon said that the campaign would be "a two-pronged" attack on the deadly disease.

There would be advertising in the press, radio, and television, he said. Information booklets would also be available to anybody who wanted them through doctors, pharmacists, and the country's eight health boards.

Advertising posters would go on view throughout the country aimed particularly at high risk groups such as drug addicts, homosexuals and people returning from abroad, the Minister said.

"Far and away the safest way to avoid AIDS is to have one partner, and to be faithful to that partner," Dr. O'Hanlon continued. "The most important point to get across to the public is the fact that there is no cure. However there are treatment facilities in hospitals throughout the country and these will continue irrespective of health cuts."

He said that there were certain misconceptions about the disease which the Government wanted to redress. Many people falsely believed that the disease could be picked up from using the eating utensils of sufferers or by swimming in the same pool as infected people. It was myths like this that the Department wished to eliminate.

With 19 AIDS deaths to date, 11 of them since January, 1986, Dr. Derek Freedman, chairman of the Society for Sexually Transmitted Diseases, said drug abusers posed the major threat to the spread of the disease to the rest of the community.

He agreed that while for some people condoms might be a protection, safe sex, and

5

582 found to have AIDS antibodies, meeting told

By John Armstrong

THE total number of persons tested for AIDS in Ireland up to March 31st last was 8,705, of whom 582 were antibody-positive, the annual general meeting of the Irish Society of Medical Officers of Health was told yesterday in Dublin.

An antibody-positive test result indicates that the person involved has been exposed to the virus, is infectious, and has a 20 per cent to 30 per cent likelihood of progressing to full-blown AIDS.

Professor Irene Hillery of the Department of Microbiology at University College, Dublin, which acts as the national centre for AIDS testing, told the meeting that the 582 antibody-positive cases were made up of 364 intravenous drug users, 107 haemophiliacs, 58 homosexual or bisexual men and women, 23 babies — all born to antibody-positive mothers — and 30 "others".

A total of 1,080 homosexual or bisexual men and women had been tested and the 5 per cent shown to be antibody-positive was a very low proportion compared with findings in the UK and elsewhere, she said. The "others" category included five blood donors and a small number of visitors to Ireland who had since left the country, she added.

Professor Hillery said figures for the month of April would be available early next week and would show that about another 1,000 people had come forward for testing. Another two babies had been identified as antibody-positive.

Research to date had isolated the AIDS virus not only in blood and semen but also in saliva, tears, breast milk, female genital secretions, brain tissue and bone marrow, Professor Hillery said.

But in some of these cases the indications were that relatively large quantities would have to be ingested for infection to take place. "It has been estimated for example that you have to swallow

two litres of saliva to be at risk," she said.

Professor Hillery said that one of the major difficulties in developing an effective strategy to contain the spread of the disease was the three-month time lag between infection and the body's development of antibodies which could be detected in tests. During this period a person was infectious and could pass the virus on but this would not show up in the tests. Persons in the high risk categories, including intravenous drug abusers, active homosexuals and bisexuals and haemophiliacs, should be tested at regular three-monthly intervals, she said.

There should be no testing without the permission of the person involved or without informing them of the implications of a positive result, including the life insurance and mortgage implications.

She said there had been three threatened strikes at Sherriff Street Post Office in Dublin since testing began when blood samples posted to her laboratory had broken in the sorting office, spilling their contents. "I have had to go down there to clean up. It is illegal to send blood samples in breakable containers through the post," she said.

She added that she would strongly advise anybody involved in an accident in Africa not to accept a blood transfusion, as the blood would not have been screened for AIDS.

Dr J. H. Walsh of the Department of Health said that as the number of AIDS cases increased, consideration would have to be given to making Directors of Community Care responsible for treatment in their own areas.

"It will grow. We know that but we don't know how fast. They can't all be sent to St James's. The general policy is that AIDS cases be treated in general hospitals and that after treatment patients be sent back to the community. Eventually if the situation becomes bad enough we will have to think of hospices," he said.

Government to launch AIDS campaign today

THE Minister for Health, Dr O'Hanlon, told Mr Bernard Allen (FG, Cork North-Central) that he was looking at the future of the health boards and the structures necessary for them. However, he said that he did not see any good reason to propose a reduction in their number. He also said there were no plans to move some hospitals away from health board responsibility.

Mr Proinsias de Rossa (WP, Dublin North-West) asked if the Minister believed there would be better management in the voluntary hospitals if they were under the health boards. The Minister said he did not.

Dr O'Hanlon said the exact opening date for the new Beaumont Hospital depended on the supply and installation of essential equipment. The board of the hospital had been asked to proceed speedily in commissioning the hospital. It was intended to have the hospital open by the end of the year. It was intended that the range of services currently provided at St. Laurence's and Jervis Street Hospitals would be available from Beaumont from the opening day.

It was not possible in the difficult financial position of the moment to consider the extension of the long-term illness scheme to cover children suffering from asthma, Dr O'Hanlon said. However, he was reviewing the scheme with reference to the heavy outlay incurred in respect of some conditions, including asthma, to see how the hardship could be alleviated within the context of the drug refund scheme.

The Minister told Mr Brendan Howlin (Lab, Wexford) that in the interests of continuity and his statutory obligations he did intend to make appointments to the health boards, even though a reorganisation was planned.

QUESTION TIME

AIDS — The Minister told a number of deputies with questions tabled about AIDS that the Government's information programme would be launched today. It would be a two-tiered public information programme. At one level the programme would reinforce public knowledge through the media and on an individual level through detailed booklets.

He told Mr Gay Mitchell (FG, Dublin South-Central) that there had been 19 AIDS deaths to date, 11 of which had occurred since January 1st, 1986. Estimates as to future numbers would be speculative.

He said three deaths were related to drug use, five were sexually transmitted and the victims were either homosexual or bisexual and three were haemophiliacs.

He told Mr Barry Desmond (Lab, Dun Laoghaire) that the programme would be broadly the same as the one he had shown to Cabinet when he was Minister. He denied it would be funded from the National Lottery.

AIDS leaflets for young launched

CONCERN for the welfare of young people "growing up in our Church family" has led to the production by Presbyterians of a leaflet on AIDS which has been described as simple, factual and, it is believed, helpful. An on-going study of the problem is being made by an appropriate committee of the Church. This leaflet is described as a "first effort". It is implied that there are others to follow.

The leaflet will be distributed to all our people over 15 years. Clerks in the 22 Presbyteries have been asked to give guidance on the best means of distribution within each Presbytery. But, so far as young people are concerned, it is said to be desirable that the leaflet be placed in their hands (it should not be a case of "those interested, please take one") by someone who has formed a relationship of trust with them. The help of parents, senior Bible class, Boys' Brigade and youth club leaders is therefore enlisted.

Those responsible for this

production hope that it will generally be agreed in the Church that they have acted quickly and responsibly in meeting the educational needs of young people especially.

PRESBYTERIAN NOTES

It is noted that the late Very Rev Dr R. K. Hanna, a former minister of Adelaide Road, Dublin, and Moderator of the General Assembly, was the moving spirit in the inauguration of the annual Portrush Ministers' Conference, during his year as Moderator in 1927.

The conference celebrates its diamond jubilee this year, meeting as usual in Castle Erin, Portrush, from May 11th to 13th.

The guest speaker will be the Rev David Searle, a Scot, formerly of Aberdeen and Falkirk and now the minister of the Hamilton Road Church in Bangor.

Mr Searle, already well known as a conference and convention speaker, will

5.11.2
speak on the practical matters of the ministry, with subjects to be announced nearer the time of the conference. Those interested should immediately contact the Rev H. D. McMorran, 43 Ballyholme Road, Bangor, Northern Ireland (Telephone 472142).

The Clerk of the General Assembly, the Very Rev Dr T. J. Simpson, reminds all ministers that Commissions for Ruling Elders to the 1987 General Assembly should reach him not later than May 4th.

The convenor of the Television, Broadcasting and Audio-Visual Aids Committee, the Rev Willis Cordner, together with Mr Alec Johnston, has been filming with a video unit during the month of April in Kenya and Malawi. Sufficient film for one major programme on each of these countries, and for several shorter commentaries on particular aspects of Christian work will be taken.

The Home Mission takes a caravan to be used by ministers prepared to supply the

pulpit of the Arklow church during the months of June and September. A week's free use of the caravan is given in return for Sunday support. There are vacancies. Those interested should contact the Rev Alistair Bill (Tel. Dublin 874479).

A mobile home is also available in a quiet family setting in return for help with Sunday services in Ardara, Gorey, Co. Wexford. The mobile home is free June and September and its use is negotiated through the Rev S. Williamson, The Marse, Mill Park Road, Enniscorthy, Co. Wexford.

The Rev Tony Davison, minister of Christ Church Limerick, will give the talk on the RTE 2 programme "Nightlight" during May 4th to 7th at approximately 11.15 p.m. each evening.

A service of morning worship will be televised by RTÉ 1 at 11 a.m. on May 10th with the minister, the Rev David C. Caskie, and a congregation from Dun Laoghaire Church, York Road, Dun Laoghaire.

AIDS OVERSEAS

Sue Shaw finds out what the overseas development organisations have been doing about AIDS.

Many UK overseas development organisations have been slow to respond to AIDS compared to agencies in Nordic countries like the Norwegian Red Cross, says Renee Sabatier of the international information organisation, The Panos Institute.

"There is some anxiety amongst NGOs (non-governmental organisations) that AIDS could jeopardise existing programmes by diverting scarce resources away from them, although in some cases it may be less difficult than we think to integrate an AIDS component into existing primary health care programmes," she says. In addition, agencies may find it difficult to justify the allocation of resources to the AIDS problem solely on the basis of the reported number of AIDS cases, even though these may disguise the much greater size of the underlying problem.

Another factor in the delayed response is insensitive reporting, which has so offended a large number of overseas governments, that it has set back investigations into the scale of the AIDS problem by months, says Bob Grose, external consultant on AIDS to War on Want and author of their new report, *Towards an Agency Response*. Some organisations are now loath to impose schemes for fear of creating further resentment, whilst others feel they do not have enough information to act on. More reactive agencies like Oxfam and Christian Aid are waiting for initiatives to come from the countries concerned.

Nevertheless attendance more than doubled at the recent NGO response meeting in April, reflecting the increased level of concern amongst NGOs about AIDS, according to Dr Tim Lusty from Oxfam who chaired the meeting. A widespread desire was expressed by many agencies for some kind of coordinated response to keep each other informed, although they will work independently while this is being discussed. The idea of separate AIDS fundraising was rejected.

As well as being in line with the work that the World Health Organisation (WHO) is doing, a coordinated approach might save one agency making a mistake,

which in the current climate could have repercussions for others, says Bob Grose. Two new working parties were set up to discuss ways in which NGOs could work together and the information needs of people overseas.

Meanwhile agencies are working in a variety of different areas. Some are concentrating on disseminating comprehensive information about the scale and likely future trends of AIDS (War on Want, International Planned Parenthood Federation, The Panos Institute—which is currently fundraising to set up an AIDS information unit—and the Appropriate Health Resources and Technologies Action Group, which is planning to produce a free AIDS newsletter aimed at people working at district level overseas).

Others are providing safe medical equipment like disposable syringes, blood testing facilities and protective clothing (ECHO, Save

the Children Fund, UNICEF, Catholic Fund for Overseas Development). CAFOD are also considering the pastoral needs of AIDS victims, whilst the Red Cross are involved in health education. Most agencies are informing employees who are being sent abroad on how to avoid risks.

With their flexibility and well developed trust relationships at grass root levels, NGOs have a unique role to play in the fight against AIDS. They can be especially useful in mounting pilot programmes as well as assisting in the prevention of AIDS through education, the distribution of information, supplying basic equipment, and caring for victims and their families. "Most countries affected by AIDS are already working with WHO in national five year plans to control the disease, so if NGOs also work within this they can perform an extremely valuable role," says Renee Sabatier. □



AIDS advice for truck drivers in Uganda

REVIEW

Don't scape-goat Africa

Nick Fielding reviews

AIDS—An African Perspective, Black Health Workers and Patients Group (£2.20 inc post from 259a High Road, Tottenham, London N15 Tel 01-809 0774).

Theories on the origin of AIDS have changed over the last few years. Until 1984 scientists argued that it came from Haiti. Now it is believed by many to have originated in central Africa. The authors of this pamphlet argue convincingly that AIDS does not come from Africa and show how medical research has been misrepresented to strengthen the racist views pushed by the media and sections of the medical professions.

Research which contradicts the AIDS-from-Africa thesis has been ignored by the popular press, while evidence of AIDS amongst the general population in Africa has been exaggerated. Claims of tens of millions of Africans infected with the disease appear to be based on studies involving a few hundred people. Other figures have come from South African sources.

The pamphlet argues that AIDS in Africa is mainly prevalent amongst the better-off city dwellers—those who are likely to have been in contact with medical facilities—and that the main source of infection is likely to have been contaminated needles or blood products. The high incidence of heterosexual victims of the disease in Africa would tend to bear this out.

Locating the source of AIDS in Africa is but the latest of a long line of myths propagated by white racists against Africans. Other diseases such as TB and syphilis were once treated in the same way. In fact, diseases introduced by whites into Africa and elsewhere have been responsible for epidemics which have killed millions of people.

The pamphlet notes that experimental vaccines for AIDS (as well as malaria, bilharzia, hepatitis B and leprosy) are now being tried out on Africans. "These tests are not done out of love for Africans. Europe sat on its huge food mountains while Africa starved. There are many easily curable diseases afflicting Africa that still rage uncontrolled across the continent." So why Africa, the authors ask.

Irish Independent

IRELAND'S NATIONAL NEWSPAPER

AIDS

THE GOVERNMENT has at long last launched its official campaign against the AIDS epidemic — against the background of 11 deaths, 19 confirmed cases of the disease and 581 others known to have been infected with the virus.

Belated though it is — this newspaper has been urging this campaign for months — it is well-balanced, thoughtful and hopefully will be effective.

Central to the Health Minister Rory O'Hanlon's strategy to attack this deadly epidemic is the proposition that the ultimate responsibility for curbing the disease rests on responsible sexual behaviour.

For it is clear that the condition — Acquired Immune Deficiency Syndrome — is sexually transmitted in the great majority of cases.

In addition, a booklet circulated by the Health Education Bureau points out that for sexually active people who are not in "one faithful partner" relationship, a strong condom, correctly used, is the single most effective defence against AIDS.

This needed to be said. And it is said as a statement of fact without any recommendation that condoms ought to be used for this purpose.

As such, it was welcomed by the Catholic Hierarchy's Task Force on AIDS — and rightly so.

Another way in which this disease is transmittable is through equipment used by drug abusers.

The booklet draws attention to this, but it is made clear that, unlike in other countries, drug abusers will not be furnished with needles, or other sanitised equipment for their safety.

Already this decision has come in for some criticism, but we feel that to have decided otherwise, on the balance of possibilities, might well result in the encouragement, rather than the discouragement, of drug abuse itself — another major social problem.

On the positive side, the campaign is designed to assure worried people how AIDS cannot be contracted — through non-sexual contact with infected persons, toilets, baths, swimming facilities, coughs, spit and so on.

One critic of the campaign, Progressive Democrat Mary Harney, has urged that the disease should be compulsorily notifiable to the health authorities.

This is a criticism that should be taken seriously in the interests of more efficient monitoring of the incidence of the disease. Still, a balance must be struck between personal confidentiality and public awareness, and so is a point that should be addressed again in the near future.

Dr. O'Hanlon's campaign against AIDS has been broadly welcomed with only some minor reservations. It should be given the support of the whole community.

The AIDS campaign - shocking but is it simply too little too late?

By Fintan Cronin

News Analysis extra

TELEVISION VIEWERS will see one of the strangest advertisements ever transmitted on RTE within the next few days. It opens with a shot of horses having their boxes at the start of a race, and then goes to a table where a man and a woman are playing cards, and leaning suggestively at each other. There are two thimble sex and two thimble cards. The card game, the couple have sex.

The voiceover script on the ad goes on to say: "Today if you play around, the stakes are too high, because you're gambling with AIDS. Meet someone who's probably unknowingly an AIDS carrier, and although condoms give some protection, just one act of intercourse may give you AIDS".

The advertisement is part of the campaign against AIDS launched yesterday on Mayday by the Minister for Health, Roy O'Donoghue. The message is simple and stark. Casual sex spreads AIDS. It is targeted at the entire population, because of the dread that AIDS will increasingly spread among the general heterosexual population, through promiscuity.

Chances of the AIDS campaign may well feel that it is yet another case of too little, too late from the authorities. The AIDS campaign has been late to start in Ireland, compared to other countries. Even relatively underdeveloped nations, such as Uganda, have been running an intensive public health campaign on the disease for the past year.

The campaign has started late here for a number of reasons, not least the political uncertainty, which has seen three different Ministers in the Department of Health in as many months. It is vitally important that the campaign succeeds in its aims, and informs the public of the dangers of AIDS. Next to the threat of nuclear war, AIDS poses the most dangerous threat to the survival of the human species on this planet.

Its spread has been relentless throughout the world, with some experts gloomily predicting that entire populations in Africa, Asia, and Latin America will be wiped out by the year 2000. The Minister for Health, Dr. Roy O'Donoghue, has said that the most serious public health problem of modern times, one which presents a major challenge to us all, is now with us. He said that 381 people are known to be infected and there have been 19 cases of full blown AIDS.

Safe sex urged in battle on AIDS

By MARTIN Mac CORMAIC and LIAM RYAN

THE GOVERNMENT campaign against AIDS, announced yesterday, strongly emphasises single-partner sex and the avoidance of drug abuse.

It thus steers clear of a potential church/state clash on the use of condoms.

However, the Health Education Bureau, which compiled an information booklet for the £4 million programme, advises that for people who engage in sex with more than one partner, "a strong condom, correctly used is the single most effective defence against AIDS."

It adds that "condoms cannot offer 100 per cent protection."

The anti-AIDS drive begins at the weekend.

It will be carried out on two levels — through an advertising programme on TV, radio and newspapers

and through the circulation of the HEB booklet and the use of a freephone service.

In a section on Safer Sex, the booklet says it cannot be too strongly stressed that to avoid AIDS, the most effective way of all is to stay with one faithful partner and remain faithful to that partner.

"Alternatively, abstaining from sex altogether is

quite obviously a certain way of avoiding sexually transmitted AIDS."

It spells out what AIDS is, how it is caught and who is at risk.

The programme targets drug abusers as a high-risk group but they will not, as in some other European countries, be given free needles or equipment.

Homosexuals, bisexuals, promiscuous heterosexuals, both male and female, and new-born babies are listed as "high-risk."

Billboards at air and seaports will carry a blunt message to holiday makers and travellers — AIDS. Don't Bring It Home.

Other billboards, asking people not to "shoot" themselves with AIDS, will be aimed at drug abusers.

The campaign will stress that the AIDS virus cannot be caught by casual, non-sexual contact with infected people.

The campaign was criticised last night by Progressive Democrats spokesperson on Social Policy, Deputy Mary Harney, for its failure to stress the need for the use of condoms.

And she also complained that Health Minister Dr. Rory O'Hanlon had decided that AIDS cases were to continue to be notified to his Department on a purely voluntary basis.

"We must have the fullest possible information on the incidence of AIDS, and that should require compulsory notification not only of all AIDS cases, but also compulsory notification of all suspected AIDS related deaths," she said.

Deputy Harney said that another major omission was the failure to highlight the fact that the use of condoms did reduce the risk of AIDS.

However the measures were greeted as "a welcome and responsible campaign" by Father Paul Lavelle of the Catholic Hierarchy's task force on AIDS.

He welcomed the fact that they stressed the need for people to be personally responsible for their own behaviour.

He thought, however, that they did not put enough emphasis on the risk through drug abuse.

Former Health Minister, Mr. Barry Desmond, while welcoming the campaign, commented: "We would also urge the Minister to make special funding available to those hospitals who are dealing with drug abusers and to rural hospitals to provide isolation units to deal with AIDS cases."

NEWS ANALYSIS

● The AIDS campaign . . . is it too little too late? Page Seven.

IRISH INDEPENDENT
SATURDAY 20 MARCH 1987

Irish Times
2nd May 1987

THE IRISH TIMES

13 D'OLIER STREET, DUBLIN 2
SATURDAY, MAY 2, 1987

COP-OUT

Four months late, the Government's campaign to inform people about the Acquired Immune Deficiency Syndrome will not strike the casual observer as something which ought to have taken that length of time to prepare. Concerned observers will find much to criticise in it.

The basic flaw is that it appears to be aimed at the majority of the population in this country, the people in secure family units living traditional and largely sexually orthodox lives. The people, in short, who are least at risk of contracting this lethal disease. By looking over their shoulders at the upholders of the sexual norms in Irish society, the Government and the agencies who have helped formulate the campaign, appear to be about to fail in getting the life-saving message to those most at risk from the disease.

At its most basic level, the campaign cops out on the question of condom usage. Its primary injunctions are: "stay with one faithful partner" and "remain faithful to that partner." Those who deviate from the sexual norm in Irish society are not likely to pay much attention to this advice, effective as it may be for avoiding exposure to the virus which causes AIDS.

Third on the list is "if in doubt, ask your doctor or clinic about protection through the use of condoms." Why ask your doctor? Why not just use condoms? They may not afford 100 per cent protection to those who run a risk of exposure, but there is ample evidence to show that they can be very effective in lessening the spread of infection through groups at risk.

The fourth piece of advice offered is "if you inject drugs, don't share needles or equipment." Those who inject drugs are the single largest group at risk of AIDS infection in this country. They come last in the campaign's list of priorities, apparently, and the advice offered is incomplete and, for many of them, utterly unrealistic. For those who feel they need heroin, the risk of contracting AIDS is not likely to deter them from using someone else's needle if that is the readiest source of the drug to hand.

Will the heroin addict, desperate for a dose, pause if offered money for prostitution to think about casual sex or condoms? Are the campaign's designers relying on the prostitute's customer to ensure safety — someone who has already ignored the first two injunctions in the campaign?

There might also be more room in the campaign given to reassurance for the general public about how AIDS cannot be contracted. There is nearly as much need to quell hysteria as to prevent the spread of the virus. And the provision of a telephone information service at limited hours over a period of only two weeks seems very inadequate to meet the anxieties of those who may be further alarmed by the campaign itself.

There is an air of cloud cuckoo-land about this belated exercise. It is nothing like a solution for what is, increasingly and clearly, an Irish problem.

Today
2nd May 1987

TODAY, SATURDAY, MAY 2, 1987

TEL

Gay crusader with the comic touch

by TERRY BADDOO

TABOO or not taboo? That is the question. Gays may be out of the closet, but homosexuality is still a tricky subject for screen comedy. One wrong word and you've upset either Mary Whitehouse or the gay community itself.

LastEnders and Brookside have gay characters, but when it comes to laughter, homosexuality on screen is a minefield.

A few American shows, notably Soap, have succeeded in raising laughs rather than hackles. But only now is British television brave enough to tackle a comedy series with a gay man as the lead character.

The Corner House (C4, 9.30pm Monday) doesn't stop there — racism, unemployment, royalty and a myriad contentious issues are raised as a variety of characters pass through an old-

fashioned coffee house. It's Cheers, English style — comedy with a message.

"I'm gay myself, so everything I write will inevitably have a gay content," says Chris Eymard, who co-wrote the series and stars in it with Robert Llewellyn.

"Having 'come out' as a homosexual I intend to stay out, despite the fact that people won't leave us alone.

"I suppose in a way you could describe the series as a private crusade. Being gay is great as far as I'm concerned. It's other people who feel the need to push us back into the closet."

Eymard plays Gilbert, the cafe owner, who, despite his gentle nature, is still very much the boss to his immature employee, Dave, played by Llewellyn.

Gilbert is a marked change from the mincing, gay waiter image that's so much a part of the traditional sit-com.

"Comedy is a good vehicle for breaking down stereotypes and getting across political points," says Eymard. "People are relaxed and more receptive.

"As Gilbert, I can get away with saying lots of things that might be difficult otherwise.

"I'm not trying to preach. But, for once, gays aren't the target. They're funny, but not at their own expense."

BACKLASH

Inevitably, there will be some public reaction to a series with a sympathetic view of homosexuality. In the showbusiness world there has already been a gay backlash in response to the Aids scare, so is the time right for this series?

"It's more important than ever for gays to be visible," says Eymard. "It's people who don't understand homosexuality who are responsible for the so-called backlash.

"What I've tried to say is that my sexuality isn't invalid or inferior just because it's different. Gays are here and we're human, and it's time people recognised the fact and left us alone."



CRUSADER: Chris Eymard as the cafe owner

SW

Aids drive is 'unbalanced'

By PAM COLMER

HEALTH MINISTER Dr. Rory O'Hanlon was censured by various groups yesterday for bringing "morality" into his anti-Aids campaign.

There was particular criticism of the emphasis in his advice on avoiding the disease by remaining faithful to one partner.

Dr. O'Hanlon was accused of side-stepping vital issues, such as not stressing the importance of the use of condoms and virtually ignoring high-risk groups like homosexuals and intravenous drug abusers.

The Minister's £500,000 public information programme, announced on Friday, includes a television advertisement which clearly outlines the dangers of casual sex, but

Risks to addicts, gays under-played

makes no mention of the perils of unsafe sex or the risks I.V. drug users take when using dirty needles.

The campaign strongly urges one-partner sex or "abstaining from sex altogether" as ways of avoiding sexually-transmitted Aids (acquired immune deficiency syndrome).

The new Aids information booklet, available from pharmacists, doctors, clinics and health boards, states that "a strong condom, correctly used, is the single most effective defence against Aids for sexually active people not

in 'one faithful partner' relationships.

But Dr. O'Hanlon said that it was up to the individual to make the decision to use condoms and he stressed that they were not 100 per cent safe.

Rev. Paul Lavelle, coordinator of the Hierarchy's task force on Aids, welcomed the information programme. He said it was a responsible campaign and he was in favour of the emphasis on the individual's need to be personally responsible for their own sexual behaviour.

However, he did agree

with other groups that not enough emphasis had been put on the risk of Aids through drug abuse.

The Gay Health Action Group's Mr. Mick Quinlan said the campaign was "simplistic, ineffective and moralising, and watered down".

Senators David Norris, Mary Robinson and Brendan Ryan have proposed a motion in the Senate that the Government implement a full factual and explicit programme of education with regard to Aids.

The motion proposes that the use of condoms as a preventative measure against the disease should be an important feature of the programme and that it should be treated as an issue of public health rather than of sexual morality.

Sunday Independent
3rd May 1987

Hooded police with AIDS man

A young Australian charged with house-breaking was escorted into court in Sydney by police officers dressed from head to toe in white protective clothing because he was suffering from AIDS.

Steven Attwood (20), described by police as a homosexual prostitute and heroin addict suffering from hepatitis as well as AIDS, appeared before the magistrates court bleeding from cuts to his face.

Attwood hurt himself when he fell out of a window during his arrest, and police will not touch him. His escorts wore hoods, plastic gloves and masks.

Magistrate Brian Cook told Attwood that no lawyer was likely to come near him, adding, "I know I wouldn't."

No plea was taken and Attwood was remanded in custody.

SV04

Aids failure

TOO LITTLE and too late. Delay in publicly confronting the AIDS problems may have been understandable — with the change of Government — but that does little to excuse this Government's failure to make up for lost time with its quite inadequate response to this killer disease.

In Irish terms, AIDS now represents the greatest threat to public health since T.B., but the Government's campaign scarcely suggests that it sees it in those terms.

It proposes to treat the least important aspect of the AIDS problem as if it were the major one.

AIDS, by and large, is not a heterosexual problem, and that is what the Government's campaign, in the main, seems to be addressing.

For homosexuals, it can be a problem, and for drug users who inject drugs, it clearly is. They are the group now most at risk in this country. They should be the subject of special attention, and they are not.

The Government, one feels, in launching this campaign, is doing so more out of a sense of inherited obligation than from any serious conviction about the scale of the AIDS problem, and the need for a crisis response.

The Minister for Health should think again. Surely, as a recently practising doctor, he must accept that greater use of condoms is vital in ensuring that the AIDS virus is not transmitted.

Yet, in this campaign, greater use of condoms is not directly advocated as a basic precaution for those likely to be at risk, but as something requiring discussion with a doctor.

The use of condoms is not a medical matter. It is plain common sense and Dr. O'Hanion should know better.

Quotes of the week

"I don't give a damn about your view." — British Labour Party leader Neil Kinnock to the party's black rebels.

"F... off." British Health Minister Edwina Currie to surgeon Ian Hutchinson who criticised her over health cuts.

"We have a burning love for churches." Graffiti on a Cologne Catholic Church during the Pope's visit. A Church was burned two miles away. "The orchestra is the pits." — Wayne Sleep, star dancer in the West End musical Cabaret, whose remark halted the show for three nights.

"It reflects the egomaniacal self image of a profoundly insecure troubled personality desperately needing public reassurance." — Dr. Noel Browne, reviewing "The Spirit of the Nation," collected speeches of Mr. Charles J. Haughey.

"He ruined my career, you know." Photographer Linda McCartney, wife of ex-Beatle Paul.

"The basic flaw is that it appears to be aimed at... people in secure family units living traditional and largely sexual orthodox lives who are least at risk of contracting this lethal disease." — The Irish Times on the Government's AIDS campaign.

"Townsend Thoresen takes responsibility for this casualty." — Counsel at the London inquiry into the Zeebrugge disaster.

Aids drive is 'unbalanced'

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AIDS PHONE-IN SERVICE

An absolutely confidential telephone advice service will be available from Monday, 4th May till Friday 15th May as follows

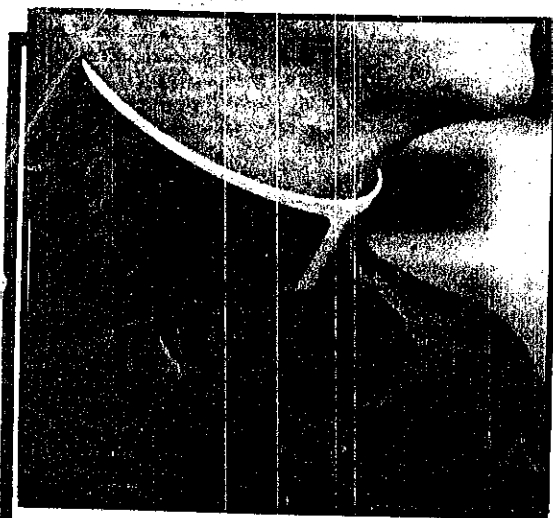
MONDAY	11th	7 p.m. to 10 p.m.
TUESDAY	12th	2 p.m. to 5 p.m.
WEDNESDAY	6th & 13th	2 p.m. to 5 p.m.
THURSDAY	7th & 14th	7 p.m. to 10 p.m.
FRIDAY	8th & 15th	2 p.m. to 5 p.m.

SIMPLY DIAL 10 AND ASK FOR FREEFONE AIDS

or Dial (01)795577 Direct

Department of Health





U.S. GAY CLERGY CRISIS ROCKS THE CHURCH!



**SAM SMYTH
REPORT**

**From New
York...**

THE Catholic Church in the United States is in a deepening crisis over the increasingly complicated area of human and sexual relations.

It is writhing in convulsions over its apparently contradictory attitudes which totally forbids all methods of artificial birth control yet proscribes any form of assisted conception.

The rigid traditional teachings it lays down on heterosexual loving for the faithful has been rocked by its relentless attacks on homosexuals — and the revelation that a dozen monks and priests in the United States are dying from AIDS.

The numbers of Catholic clergy suffering from AIDS suggests that they are now in a "high risk" category — well below intravenous drug users and San Francisco gays but approaching the incidence among Haitians and prostitutes.

Gay support groups now accuse the Church of a deafening silence about the numbers of its clergy who have been actively involved in homosexual encounters.

Although only 12 monks and priests in the United States are definitely known to have AIDS, it is thought that many more are hiding their illness and the total could easily be 50, which means one priest in every 1,000.

Statistics have shown that for each AIDS victim there are as many as 50 to 100 already infected with the virus and that takes the ratio of infected priests up to a staggering five to ten per cent of America's Catholic clergy, which confirms their status as a "high risk" group.

Just one member of the clergy has gone public — and he was disowned by the Church.

Mario Riveccio, formerly of St. Anselm's Abbey in New Hampshire, appeared on the main CBS Evening News bulletin and then told the Washington Post, "you can't say from the time a person goes into a monastery until they die or leave that they're not going to have another sexual experience."

A lawyer for St. Anselm's, Mr. Joseph O. Keefe, said, "Riveccio was never a fully fledged monk, and therefore should not be using the name Brother Mario, nor should he be wearing a monastic habit. Anyone who quits is not automatically allowed back in."

Diagnosis

Riveccio left the order in 1984 but returned as a lay brother nine months later following his diagnosis. He is now barred from the Abbey.

Other cases have since become public. An Irish American priest Fr. Declan Daly of St. Patrick's Staten Island, New York, died shortly after diagnosis three years ago.

Paul Farnio of Worcester, Massachusetts, died last October and, according to the National Catholic Reporter, "He received the best medical, spiritual and psychological care. The Bishop was with him during the most critical times."

Priests and monks falling to AIDS...



NEW YORK, which has the world's highest number of AIDS cases.

Joseph Avella, a New York priest who died recently, "was able to use his illness to help others with AIDS. He said God chose him to help others understand and accept." According to Father Michael Lopez who conducts an AIDS ministry for the archdiocese of San Francisco.

Others have been less fortunate. The treatment of one New York priest has led to a law suit from Dr. Kevin Carey who was flown to Rome to treat Pope John Paul II after his attempted assassination in 1981.

The priest said that after an AIDS test proved positive, Dr. Cahill and his superiors told him to double-bag his rubbish and keep his own dishes separate. A second test proved negative but instead of treating the result as good news, the priest says his superiors tried to scare him back to celibacy.

A religious brother who

counsels AIDS victims says that the Church's usual reaction is to ignore the problem.

In New York, which as the world's highest number of reported AIDS cases in the general population, the Church is silent — even though reports of priests with AIDS became known in 1983.

Celibacy

At least four archdiocesan priests — those not attached to a particular order — have died from the disease in New York City, according to two local priests who counsel AIDS patients.

Auxiliary Bishop Emerson Moore says that a Franciscan priest was diagnosed while living in his home.

However a spokesman for Cardinal John O'Connor said, "We know of no Archdiocesan priests with AIDS. We have no information about others in the diocese."

The spokesman added

that priests who were diagnosed as suffering from AIDS would be treated as though they had any other comparable serious illness and that those who went public in announcing that they had the disease, "We would deal with each case as it came."

As the only major religion demanding celibacy from its clergy, the Catholic Church is by far the most powerful opponent of Gay Rights in America. And priests with AIDS are a growing embarrassment because it is still widely regarded as a "gay disease."

In Washington Fr. Robert Curran, a lecturer in moral theology, lost his job after dissenting on abortion, masturbation, divorce and homosexuality.

Last year Archbishop Raymond Hunthausen of Seattle, who came to national prominence after refusing to pay taxes in protest against nuclear weapons, was disciplined after holding a gay Mass in his Cathedral.

The American bishops who have said they favour "optional celibacy" for priests, through their organization, have not chosen to use their influence to win greater license for their clergy or congregation.

The weekly newspaper, National Catholic Reporter, has been pitching in on behalf of homosexuals. Disputing Cardinal Ratzinger's Biblical evidence that homosexuality is a sin, one article pointed out that the city of Sodom was punished for its inhospitality, the gang-raping of visitors (Genesis XIX, 1-11), and not for sexual preference.

They said that sodomites lusted after angels not men (Jude VI, 7) which is a different matter. They pointed out that the gnostic gospels were even less certain about Christ's celibacy. Where, for instance, the Gospel according to Mary Magdalen, or Christ's twin brother Thomas, offer evidence that he was not celibate.

Richard Wagner, a San Francisco priest was stripped of his authority after publishing a study of gay priests, says: "The hierarchy wants to flex its muscle, and right now gays are an easy target. The Church will eat its young before it gives up power."

His study in 1981 included Kinsey-style surveys, including the attitudes of 60 self-evidently gay priests.

Said Wagner: "All but two were involved in partner sex and only six said they wanted monogamous relationships. There was a strong tendency for them to have sex with someone only once. If my survey is representative, considering the long incubation period for AIDS, the Church is sitting on a situation that is going to explode."

Wagner said that "behaviour modification" techniques used by the Church includes a treatment programme in Arlington, Virginia where, at one Mass priests were instructed to rip up membership cards of gay bath-houses during the breaking of the bread.

However John Harvey, who directs the programme and runs a discussion group called Courage, for gay clergy in the archdiocese of New York, has no recollection of such a Mass. He said: "Overall we don't go in for that kind of drama."

Since 1978 more than 200 priests have gone through the programme, which Harvey describes as "an ascetical programme modelled on AA. It can be called behaviour modification only in that we try to give these priests some sense of how to control their inclinations."

Damage

In New York the Church runs a city-funded hospice for AIDS victims in Greenwich Village and a number of parishes around the country have independently set up education panels and groups to reach out to help AIDS sufferers.

In a widely publicised case AIDS Project LA, a group trying to help Hispanics in Los Angeles, was told to leave church facilities.

A spokesman for the archdiocese, Fr. Joseph Battaglia, said "The Herald Examiner (newspaper) ran a headline saying, 'Church sanctions use of condoms.' It was clear in the article that this was not a matter of Church sanction, but the damage had been done."

Fr. Bill McNichols, a priest with an AIDS ministry in Manhattan said, "The Church never responds to its demands. You can't splash reality in the face. It is moved by holiness. I've encountered so many AIDS patients who have found fight in their illness and made others see it. The Church will come around when it discovers that there are gay people who have led full Christian lives and faced death with courage."

SV 01

SV 02

SUNDAY WORLD, MAY 3rd 1987 3

BLOOD-BY-POST AIDS FEAR

Sorters are given protective gloves

SORTERS at Dublin's Sheriff Street Post Office have been issued with protective gloves to prevent them contracting AIDS.

This follows a number of cases where blood samples for testing have been sent in bottles which have broken in the post.

The difficulty has arisen because some doctors maintain that they are unable to obtain unbreakable containers in which to send the samples.

Yesterday Professor Irene Hillery, who is in charge of the country's main virus and infection testing laboratory at University College Dublin, said: "Ideally all samples should

be posted in purpose-made plastic tubing.

"But as far as I am aware the only company in the country manufacturing these will not handle any orders smaller than five hundred."

She said she hoped to solve the problem by placing orders for the containers herself and in turn distributing them to general practitioners.

Minimal

Professor Hillery said that postal authorities had anxiously contacted her on three or four occasions recently after samples had broken in the post.

"Although the danger of contracting AIDS in this way are minimal, I can understand their worry."

she said.

"I advise them not to panic and tell them to use rubber gloves when cleaning up. We then collect the samples in black plastic bags."

The Government's £½ million anti-AIDS drive got under way this weekend.

The campaign stresses the danger of drug abuse and promiscuous sex.

For those who engage in sex with more than one partner, the publicity urges the use of a strong condom, but warns that condoms can't offer 100 per cent protection.

There will be extensive advertising on radio, newspapers and TV and a booklet prepared by the Health Education Bureau will also be issued.

SUNDAY WORLD, MAY, 3rd, 1987

NEW AIDS GUIDE FOR STUDENTS

A NEW explicit and easy-to-read leaflet on AIDS has been produced for the country's student population.

And unlike many other publications the new leaflet tells people how they "can't" get AIDS as well as how they can avoid it.

Julian Daly of Trinity College in Dublin who published the leaflet said:

"The leaflet is aimed at dispelling the myths about the disease; shattering the complacency that it 'can't happen to me' and giving guidelines to minimise the risk of infection."

The idea for the publication was first floated by the Trinity students union three weeks ago because of the Government's slow reaction to the crisis.

"We wondered how long the people have to wait or

how many are to die before the Government launch an anti-AIDS campaign," added the second year English student from Cork.

The 25 universities and colleges both North and South of the border took part in the project and on Monday week 30,000 copies were distributed nationwide by Fast Track.

Aimed

The leaflet is also aimed at the country's thousands of fun-loving students who travel each year to the US for summer work and are more open than most to the dreaded disease.

It was originally intended to direct-mail the AIDS information to Trinity students but that got the thumbs down from the college authorities. "They felt it

would be offending the sensibility of some students and their parents," Julian Daly added.

The fold-out leaflet is divided into 10 sections which cover every aspect of the disease including a section on how you CAN'T contract AIDS:

- Normal casual everyday contact with an infected person.
- Eating with, or sharing plates, cups, glasses, cutlery, communion cup with an infected person.
- Using bathrooms, lavatories or swimming pools.
- Receiving blood or blood products — all blood is heat treated and screened for AIDS.
- By donating blood — they always use new needles (anyone who feels they may be infected should NOT donate blood or carry an organ donor card).

SV

Independent
4th May 1987

Killer virus 'like AIDS for dogs'

THOUSANDS of Irish dogs will suffer needless and agonising deaths this autumn—all because their owners will not inoculate their pets against a killer disease which has been likened to AIDS.

Speaking during a veterinary seminar on animal healthcare held in Dun Laoghaire yesterday, Mr. John Bainbridge of the Irish Veterinary Union said the killer disease "parvo virus" is set to kill off thousands of pet dogs this year unless they are vaccinated.

Discovered only nine years ago,

By NIALL MARTIN

parvo virus kills almost all untreated dogs within days after painful and severe symptoms have weakened the victims.

According to Mr. Bainbridge such needless suffering can be prevented with one simple injection costing less than £20 which also protects dogs from other diseases that can have similar affects.

Parvo virus reached epidemic proportions in Ireland last year with vets in towns and cities throughout the country reporting thousands of cases.

The disease is particularly rampant in urban housing estates according to the Tallaght-based vet because dogs in such estates have more freedom and are allowed to roam the streets passing on the virus.

Mr. Bainbridge also warned dog owners, especially those who have recently purchased puppies, to have them wormed immediately and at regular intervals.

"Pups and bitches that have just given birth tend to have worms, which are passed to a child when playing with an infected animal and can cause permanent blindness" he said.

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THE WALL STREET JOURNAL, MONDAY, MAY 4, 1987

Rite Aid Sets Pact to Buy Unit of Sherwin-Williams

By a WALL STREET JOURNAL Staff Reporter

PHILADELPHIA — Rite Aid Corp. said it reached a definitive agreement to acquire Sherwin-Williams Co.'s Gray Drug Fair Inc. unit for between \$115 million and \$120 million.

Rite Aid, an operator of discount drugstores, auto-parts stores and book stores, said the purchase price is slightly more than the unit's book value. It said the final price is subject to accounting adjustments.

Shiremanstown, Pa.-based Rite Aid said it expects the acquisition to add about \$500 million to its annual revenue. For the fiscal year ended Feb. 28, Rite Aid posted revenue of \$1.76 billion.

Rite Aid recently expanded with the acquisition of stores from Kroger Co.'s SuperRx division and from Gray Drug Fair for about \$110 million.

Cleveland-based Sherwin-Williams, one of the U.S.'s best-known makers of paint, said the sale will complete its exit from the drugstore business.

Sherwin-Williams acquired the Gray Drug Fair unit for \$55 million in 1981 in the hope that it would even out the company's cyclical paint and coatings business and boost profit margins. Nonetheless, the chain has contributed only marginally to profit in recent years.

Analysts think Sherwin-Williams will use proceeds of the sale to finance acquisitions related to its core business or to step up openings of its chain of paint stores.

Rite Aid shares closed Friday at \$35, unchanged, and Sherwin-Williams's at \$34.125, off \$1.125, both in New York Stock Exchange composite trading.

SV 01

Protein Licensed to U.S. Unit of Sandoz Can Help AIDS Patients, Scientists Say

By MARILYN CHASE

Staff Reporter of THE WALL STREET JOURNAL

SAN DIEGO—Scientists said early tests show that a new human protein successfully can treat the problem of anemia in acquired immune deficiency syndrome.

The protein, naturally produced by the body in small amounts, was synthesized by gene-splicing techniques at Genetics Institute Inc. of Cambridge, Mass., and is licensed to Sandoz Inc. of Hanover, N.J. The pharmaceutical unit of Sandoz AG of Switzerland financed the clinical trial.

Jerome Groopman, a researcher at New England Deaconess Hospital in Boston, told scientists at a meeting here that he treated 16 AIDS patients with the protein, a blood-cell growth factor called GM-CSF. He said all patients' white blood-cell counts resumed normal levels. Side effects included mild aches, chills and fever. Phlebitis, an inflammation of the veins, occurred in four patients.

Inviting Infections

Dr. Groopman's findings, if borne out in further tests, would be important because low white blood count invites infections that can be fatal to people whose immune system is weakened by AIDS, cancer chemotherapy or other disorders. As reported, tests of GM-CSF against cancer began at M.D. Anderson Hospital in Houston, using a version of the protein made by Immunex Corp. of Seattle.

Anemia is a double-barreled problem in AIDS. AIDS patients often suffer a lowered white count from the syndrome itself. In addition, lowered white count is a complication of therapy with Burroughs-Wellcome Co.'s azidothymidine, or AZT, the only drug so far cleared for treatment of the fatal disorder. Burroughs-Wellcome is a U.S. unit of Wellcome PLC of the U.K.

Dr. Groopman said the synthesized

protein also may block reproduction of HIV, the virus that causes AIDS. He said that five out of nine patients in the test experienced a drop in viral proteins in their blood after threatment with GM-CSF. Three patients had no change, and one showed an increase. But GM-CSF needs more study before it can be considered an anti-viral drug.

Further Study

Dr. Groopman emphasized that his early results warrant further study in an expanded group of patients with both AIDS and a variety of malignancies, including lung cancer, breast cancer and lymphoma.

"The question is whether GM-CSF will improve host defenses," Dr. Groopman said. Yet to be proven is whether the protein will live up to its performance in the test tube, where it has shown that it may prevent infection-fighting cells from migrating from an infection site and boost tumor-fighting capability of killer cells.

Despite Dr. Groopman's refusal to preview his results to non-scientists until Saturday's meeting of the American Society of Clinical Investigation, apparent leaks to Wall Street from other sources sparked a near-doubling of Genetics Institute's stock price, from the low 20's in January to the low 40's in recent weeks. In over-the-counter trading Friday, Genetics Institute closed at \$41.25, down 12.5 cents.

Drug Developments

Scientists from the National Institutes of Health also presented AIDS drug developments. H. Cliff Lane of the National Institute for Allergy and Infectious Diseases said tests of alpha interferon-induced tumor shrinkage in some patients with Kaposi's Sarcoma, an AIDS-linked malignancy. But he noted that the drug had no effect when patients' T4 cells, a type of immune sentry ravaged by the disease, had fallen below 100 a cubic millimeter, though manufactured

by a number of companies, alpha interferon for the test was supplied by Schering-Plough Corp.

In addition, two new members of the AZT family of drugs are advancing through development at the National Cancer Institute. Dideoxyadenosine, or DDA, and cyanothymidine, or CNT, like AZT are false building blocks of DNA that insert themselves into the virus and interrupt its replication.

Samuel Broder, NCI's chief of clinical oncology, said he hopes to begin human trials of DDA this summer because test-tube studies suggest that it is less toxic to the bone marrow than AZT. Saturday's meeting marked the first public mention of CNT, which appears as active as AZT in tissue culture and thus "should be another candidate for pre-clinical development," Dr. Broder said.

Scientific Skepticism

A presentation about ICN Pharmaceutical Inc.'s drug ribavirin, however, prompted a renewal of scientific skepticism about the drug. Several scientists suggested that the patients receiving a placebo, or sugar pill, as a control, who should have been carefully selected to match patients in the drug group, were perhaps sicker at the outset. Thus they developed AIDS much faster, making the drug recipients look good.

"I wonder how carefully patients were evaluated," Dr. Groopman said. "How many placebo patients may have had brewing cases" of pneumonia?

Peter N.R. Heseltine, a researcher at the University of Southern California, denied that there was any statistical "manipulation," but he conceded that differences in patients' T4 cells did affect the disease's progression. He maintained that the drug "has promise" but needs further study.

SV 02

HEALTH

Doctors divided over the patient's right to know

Nicholas Timmins on access to medical records

HELEN MANN, a 26-year-old chef, laughed when her new GP accused her of being a heroin addict. When she saw he was serious, the laughing stopped.

It took her months to discover that an addict had been impersonating her at her former family doctor's practice. Her notes contained four references to drug addiction and details of an attack of hepatitis treated in hospital.

She was able to use her passport to prove she had been abroad at the time the entries were made. The two GPs involved agreed to amend the notes. But what, she asked, would have been her chances if she had been trying to emigrate or take out life insurance?

and her doctor had been asked for a medical report?

Helen's story is an extreme example of one of the reasons for the growing pressure for patients to have access to their medical records. It was told, ironically, in the British Medical Association's *News Review*, at a time when the BMA was prepared to back the right of patients to have access to their records held about them on computer.

Since then the association has thought again and is hopelessly divided on the issue. GPs are

broadly in favour, hospital consultants against.

Whatever decisions are finally taken, everyone broadly accepts that the rules which eventually apply to computerised records will in time have to apply to written ones as well.

The issue raises strong emotions on both sides. The Royal College of Nursing, community health, councils, MIND, and patients' organisations all support access — usually with some safeguards — to protect the seriously ill, distressed, children, and information that patients themselves

would not want to know if a relative were by chance to see the record. They do so not least because they see the information primarily as the patient's. "It's my body, my medical condition, my medical record."

Opponents maintain patients could be harmed and the doctor/patient relationship damaged. Valuable information such as instances of child abuse might be omitted. Time would be wasted translating medical terminology and explaining negative results. Anxiety would result from patients not understanding or misunderstanding what they read, opponents say.

Doctors who back patients having access to their records argue most of the fears are ill-founded. At St Thomas's Hospital, London, for example, pregnant women receiving ante-natal care in the community have earned their full records with them for eight years now.

Far from women being them, as the sceptics feared, a lost or missing record is a real rarity while the hospital itself is regularly unable to find patients' notes when they attend clinic or the labour ward. Studies showed women's involvement improved and no extra time was consumed.

In general practice, a study published last year showed that 12 per cent of patients in a London practice found errors when shown their notes. These ranged from wrong addresses to information about one child recorded on the notes of a brother or sister, to one woman described as having had an abortion she in fact refused.

Another London practice found that half the complications of pregnancy such as miscarriages, terminations and still births were missing from the notes and in none of the 10 instances where patients knew of errors were they recorded.

In Birmingham one practice has for a decade been providing all patients with their notes if they want them. The doctors claim that patients like it and that their involvement in their health care rises. There is bad news, patients said it first before it goes on the record. And information is withheld for the patient's own good in only about 12 cases out of

Turning record card hieroglyphics into plain English

GIVING PATIENTS the right to see their notes is likely to involve doctors in considerable translation of the hieroglyphics and medical shorthand that litter the average medical record — aside from the traditional difficulty of reading a doctor's writing.

The record alongside, of Jack Vlasto, a fictional postman married with a son and two daughters, translates as follows: C/O — complaining of 10/52 is over the last 10 weeks. The little zero alongside fits, blackouts, incoherence and chest pain means no such symptoms present, not that the patient is about to die from all four causes. SOB means no shortness of breath.

PMH RTA 1973 minor skull #, is a past medical history of a road traffic accident with a minor skull fracture. A/c 12 weeks is 12 units of alcohol, or the equivalent of six pints, a week.

Seems hypochondriac? Looking for a sick note? Is shorthand for possible explanations of Jack's complaint if nothing else is found.

O/E is "on examination". The figures that follow are blood pressure — appreciably above the normal range of around 120/80. The pulse of 82 is normal. HS with a tick is heart sounds normal, and "no carotid bruits" is no abnormal murmurs in the carotid arteries which supply the

St-Swiftin's Hospital

Patient's name: Jack Vlasto Admitted: 21/4/84

Re: RTA 1973, minor skull #.

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Helen Mann: It took her, she says, 10 months and 17 letters to get her medical record set straight after a heroin addict impersonated her. Studies have shown that less spectacular errors are not uncommon and there is growing pressure for patients to have access to their medical records 4,000 a year. All this and more still leaves consultants' leaders unconvinced.

Paddy Ross, chairman of the BMA's consultants' committee says: "We are all in favour of more access to medical information, with doctors explaining what is happening and patients not being afraid to ask."

But a legal right of access could damage families where, for example, a wife has told the doctor confidentially that her husband has a drink problem. "If he can have the notes, it would be obvious where the information came from and he then goes home and thumps his wife."

Summarising and explaining files of hospital notes incites doctors to becoming a rich young fool, "a stupid and affected woman", and "thinks more of his cat than his wife" are some of the comments which campaigners for access hope would disappear.

However, some doctors defend similar remarks as roundly out the picture of a patient after a consultant's request for an examination or a test do not stand for No Abnormality Detected, but for Not Actually Done.

Open files would spell the end of surgical witicisms

LETTING patients see their medical notes would stop doctors entering comments and opinions on them which patients would find gratuitous and offensive.

Such comments may say as much about the doctor's values as the patient's condition, but they nevertheless have a crucial influence on another doctor's attitude to a patient.

"Droll-like woman", "on the way to becoming a rich young fool", "a stupid and affected woman", and "thinks more of his cat than his wife" are some of the comments which campaigners for access hope would disappear.

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Testing for Aids in secret

Dear Sir,

I would like to support the case made by Nicholas Timmins for "Secret Aids screening" (27 April) but take issue with the title of the article, which, I believe, confuses the understanding of two different types of procedure that need to be considered separately.

In the public mind, "screening" is understood to mean the performance of a test or tests aimed at identifying a treatable condition such as an incipient cancer of the cervix. The ethical justification for screening is the unwritten contract that the screener is proposing to benefit the health of the population to which the test is offered. For this, individual consent is clearly needed.

The separate type of procedure, to which Mr Timmins is referring, is more accurately classed as an epidemiological, or population, survey. Under this head, individual benefit is not proposed (although where effective treatment is available, ethically this must be offered); the object is the furtherance of medical knowledge or the monitoring of some disease condition.

In an epidemiological survey, it

is not ethically required that individual consent be obtained. For such community-based research, the World Health Organisation guidelines state:

Where research is under-taken on a community basis — for example, by experimental treatment of water supplies, by health services research or by large-scale trials of new insecticides ... individual consent on a person-to-person basis may not be feasible, and the ultimate decision to undertake the research will rest with the responsible public health authority. Nevertheless, all possible means should be used to inform the community concerned of the aims of the research ... If feasible, dissenting individuals should have the option of withholding their participation.

It would seem, therefore, that it should be ethical to carry out epidemiological surveillance for Aids without individual consent, providing that a method of sampling can be used that will give scientifically valid results.

Yours faithfully,

Dr J. M. G. WILSON

Muskelburgh, Midlothian
29 April

AS THE spread of AIDS inevitably means an increased demand for condoms, there is growing competition to supply that demand in Ireland. **John Gibbons** reports.

Condom competition

WELFARE HYGIENE, a Dublin company, holds the sole Durex franchise and claims to supply over 90 per cent of the Irish market. However, a new competitor is Veronica O'Leary, whose company, Frederick Trading, claims sales of 115,000 condoms since start-up last December.

O'Leary's brother, Pat Moylett, is reputed to have made his fortune in the last two years by having the sole agency in Britain for the "Red Stripe" condom. She is now supplying the Irish market.

Prior to the arrival of her company, the market was entirely dominated by the London Rubber Company, manufacturers of the Durex brand.

Durex suppliers, Welfare Hygiene sell some 60,000 condoms a week, giving an annual sales total in excess of three million units in the Republic. Other estimates suggest the market to be twice this.

O'Leary is confident that she can corner around 30 per cent of what can only be an expanding market. She imports condoms from France and Germany in bulk boxes, and then repackages most of the stock in six or 12 packs for

distribution to chemists and other outlets. She operates from a basement in Dublin's Monkstown.

The reason for her repackaging, according to O'Leary, is that "it's creating employment here in Ireland for people in printing and packaging, as well as the people I hire on an occasional basis to pack the condoms into individual boxes." She argues that it would be far cheaper for her to simply import small boxes direct from the manufacturer.

Looking at her competitors, she claims: "Durex are definitely undercutting themselves on the Irish market". She maintains that when her brother, Pat Moylett, began selling condoms on the Irish market, they were substantially cheaper than Durex. Now the products are around the same price. "Durex are manufacturing condoms for a penny each in London, and selling them for £3 per box of 12 on the Irish market," she claims.

O'Leary spends most of her time on the road, visiting pharmacies and trying to get them to stock her product. As a woman selling what is markedly a man's item, she says that the job "has its moments."

But she says that her field research has shown that the majority of condom buyers are in fact women. Men, Veronica adds, are a bit shy about this kind of thing.

Prior to entering the condom business, O'Leary worked at a number of jobs, usually as a receptionist. Among the firms she has worked for are the Blood Bank and Irish Dunlop.

She remains nonplussed about the "Condom Queen" tag the locals in Monkstown have hung on her. "I could be selling toothpaste. I don't think the sort of business you are in should have any relevance to your religious views."

Since October 1985 the sale of condoms has been liberalised, following the introduction of the amendment to the 1979 Health (Family Planning) Act. But holders of Department of Health licences are still precluded from advertising their wares. Therefore it is within this context that the current Government campaign on AIDS will operate.

Veronica O'Leary's company is currently supplying the Gay Health Action Group with condoms, and in addition, she supplies them in the medical field.



● VERONICA O'LEARY: Looking for 30 per cent of the market. — (Photograph: Matt Kavanagh)

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Doctors get go-ahead for new vaccine trials

(2)

HIV Vaccine approval has just been given for doctors, at St Stephens Hospital Chelsea in West London, to test a revolutionary new vaccine against HIV on volunteers later this year.

The vaccine is made up from antibodies against HGP-30, which is an artificially created protein very similar to one of the more stable proteins in HIV itself. Because the vaccine contains no HIV derived proteins, researchers are confident that there will be no risk whatever of acciden-

tal infection.

Twenty-four volunteers will receive the vaccine in the first phase of the study due to last six months. The main purpose of this phase is to look for any possible side effects.

Dr Brian Gazzard, Consultant Physician at St Stephens, will be conducting the trial and is considering including antibody positive volunteers as well, at some stage.

This vaccine is different to more conventional vaccines against diseases like 'flu' or measles, because it is aimed at recognising a protein under the surface of the

virus as opposed to one of those on the surface which constantly change. Even if this vaccine is successful it will take about five years of further large scale testing before it gets onto the market. The chances of success are hard to gauge and some leading scientists like Prof Arie Zuckerman, of the London School of Hygiene and Tropical Medicine, want to play down the potential of this vaccine lest it raise peoples' hopes unnecessarily. Dr Gazzard is cautiously optimistic about the prospects for vaccines in general.

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