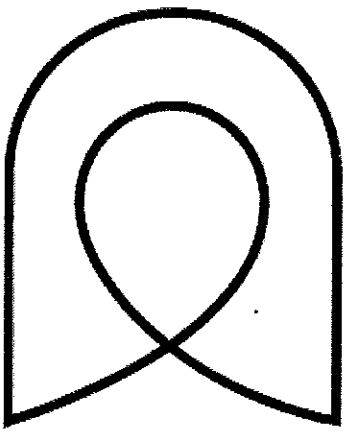

National HIV & AIDS Archive

Print Media

1st to 10th October 1987

HIV Ireland
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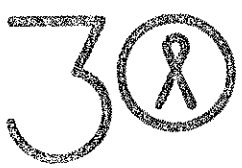


Irish Times
1st October 1987

Doctors' AIDS plans vetoed

DOCTORS' plans to carry out secret AIDS tests on suspect patients were blocked yesterday by senior British Medical Association policy-makers. They said the move — agreed at the BMA annual meeting three months ago — would be "undesirable in the interests of the association and of its members." Yesterday's decision — approved by 26 votes to five at the BMA council — was based on legal advice.

It follows the storm of protest after doctors backed the surprise measure at the annual meeting. Mr Michael Sherrard, QC, warned the council that doctors could face prosecution if they carried out secret testing. The BMA council chairman, Dr John Marks, denied there had been a sudden U-turn or that senior officials were snubbing ordinary members. "What we are saying is that this decision should not be implemented and we now have a duty to report to the next annual meeting to explain our reasons," he said.

The first AIDS video for schoolchildren was launched yesterday amid controversy about its explicit references to sexual acts. Leaders of the Labour-controlled Inner London Education Authority, which made the film, denied it broke the law requiring children to be taught about sex in a moral context. — (PA).

London Times
1st October 1987

L Times 1/10/87

Aids testing without consent banned

By Thomson Prentice, Science Correspondent

A decision by the British Medical Association allowing doctors to test patients for Aids infection without consent has been blocked by the association's leadership.

The BMA's council said yesterday that any doctor who deliberately concealed an intention to carry out such a test "would do so at his peril".

The council acted after being given legal advice that doctors risked criminal and civil proceedings if they carried out the tests without the explicit permission of their patients.

The council said it would be undesirable to implement the resolution passed at the association's annual representative meeting in Bristol.

The resolution said that testing for traces of Aids infection should be at the discretion of doctors and should not necessarily require patients' consent.

The decision was in conflict with government guidelines and provoked strong criticism. Specialists treating Aids patients said it could have a disastrous effect in driving underground those at risk of the disease.

Dr John Marks, chairman of the BMA council, said yesterday that doctors could proceed without the patient's consent only in a situation of great emergency.

● A government report says that there could be serious opposition to community care for Aids sufferers, and even close relatives may shun victims of the disease (Our Science Correspondent writes).

Although the report, commissioned by the Department of Health, shows that there have been significant positive changes in public attitudes about Aids, more people may now believe that sufferers "only have themselves to blame".

Aids - Monitoring Response to the Public Education Campaign (Stationery Office; £10.95).

S ✓

New Scientist
1st October 1987

A slow start to the epidemic in the East

HONG KONG has launched a wide-ranging campaign to educate people about AIDS despite Victorian attitudes to sex among the population and strict laws against homosexual acts.

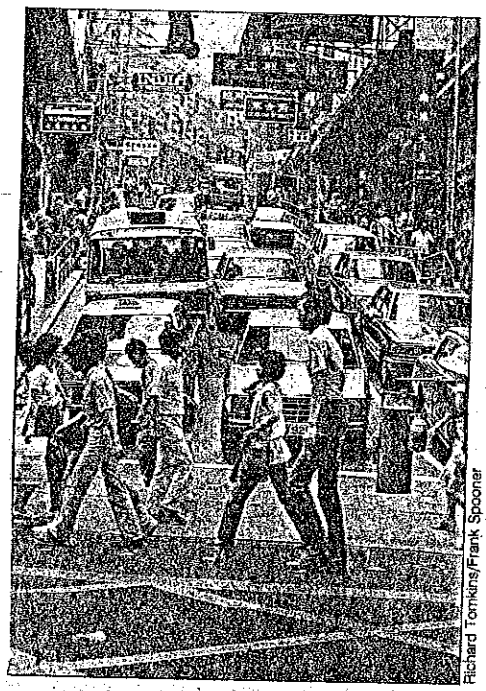
So far the prevalence of AIDS in Hong Kong has remained low but the huge flow of people through the territory every year makes Hong Kong vulnerable to the spread of HIV. Ninety people have had positive results to their tests for antibody to HIV since testing began in April 1985. Around half of this group are haemophiliacs who received contaminated factor VIII (to help their blood to clot) from the US. Most of the rest are homosexual or bisexual.

All six people who have developed AIDS have died of it. Five of these people were homosexual or bisexual; the sixth was a Filipino woman.

Hong Kong's laws against homosexual acts between men, punishable by up to life imprisonment, have forced the Medical and Health Department to be extremely careful in its campaign against the spread of the disease in homosexuals. Two years ago, the department set up a confidential counselling and testing service for anyone worried about AIDS. People attending do not give their names, but use a code.

The emphasis on confidentiality means that homosexuals should not be afraid to come forward for advice or a test, says Yeoh Eng-kiong, the chairman of the government's advisory committee on AIDS.

The absence of overtly homosexual groups, however, means that it is only possible to reach homosexuals by a general campaign directed at the whole community. In April this year the government intensified its education and publicity campaign with programmes on television, posters in public places and leaflets. The message of the campaign, which is costing the government around HK$1 million (£90 000), is to stick to one sexual partner and to use condoms for safer sex. It avoids being sexually explicit in deference to Chinese conservative attitudes to sex.



Richard Tomkins/Frank Spooner

AIDS moves into Hong Kong, but slowly

According to the government, the campaign is having some effect. A survey recently revealed that nearly everyone interviewed knew about AIDS. Calls to the counselling service rose dramatically with over 9000 calls in 15 weeks.

Hong Kong's laws and the people's attitudes on homosexuality are not the only problems facing the territory in its campaign against AIDS. It also has 20 000 intravenous drug users who would usually be at high risk of infection with HIV. But so far, all of 1352 intravenous drug users tested in Hong Kong since 1985 for antibodies to HIV have had negative results.

No one can predict if this situation will remain the same. Possibly the virus has not yet entered this group because drug users in Hong Kong are not sexually promiscuous or do not turn to prostitution for money to finance their addiction. Alternatively, drug users may not share needles to the same extent that they do in the West.

A further factor that makes Hong Kong potentially vulnerable to the spread of HIV is the high turnover of people passing through the territory. In addition to 3·7 million tourists annually, about 40 million people, many of them residents, pass in and out of Hong Kong. This figure is eight times the size of the local population. Yet the government has resisted demands to impose travel restrictions or to ask travellers for certificates declaring their freedom from infection.

Yeoh said he believed that Hong Kong would be able to cope with the increase in the number of people with AIDS over the next five years. "I don't believe that the number of AIDS cases in Hong Kong will be massive." However, he added that many of the carriers of the virus are expatriates and that it is difficult to estimate figures in such a mobile community. □

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RESEARCH

OCTOBER

NEW SCIENTIST 1/10/87

Future costs of AZT worry health authorities

THE cost of caring for patients with AIDS is continuing to take its toll on the British health service. North West Thames Regional Health Authority says that it is spending about £2·5 million more on AIDS than its budget allows for.

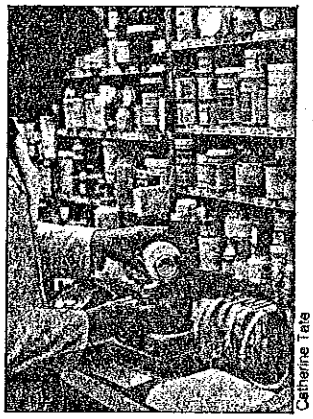
The chairman of the region, William Doughty, has told the Minister of Health, Tony Newton, that the region needs more money to pay for the general care of people with AIDS, including treatment with the drug zidovudine (formerly known as AZT). North West Thames region is responsible for the care of about 230 people with AIDS, more than any other health authority in Britain. Barry Elliott, deputy director of finance for the region, said that the health authority would either end up overspending, or would have to take action to reduce other services.

The government allocated an extra £1·6 million this year to help health authorities to pay for zidovudine. £1 million of these funds went to North West Thames region, which also received an additional £2·5 million for the general care of patients with AIDS. Yet overall, Elliott says, the region is spending about £6 million on AIDS. The shortfall will be even greater in the next financial year, as the number of people with AIDS continues to increase.

Riverside Health Authority, which is in North West Thames region and includes St Stephen's Hospital in Fulham, received £500 000 of the extra money for zidovudine. That money is now fully committed for the future treatment of patients already taking the drug. David Knowles, district general manager of Riverside, said that the authority is having to find another £200 000 in order the meet the ultimate cost of zidovudine in this financial year, which will be in the region of £700 000 to £800 000.

John Baker, district pharmacist at Riverside, said that currently about 100 patients are receiving zidovudine. The drug costs about £7000 per patient per year. Once patients began to take zidovudine, most of them continue the treatment for life.

The Bloomsbury Health Authority, which includes the Middlesex Hospital, received £400 000 of the £1·6 million from the government. Tim Matthews, divisional general manager in Bloomsbury, said that by the end of August, 25 patients had begun treatment with zidovudine. Each month, doctors are bringing another 10 or 12 new patients onto the treatment programme. Matthews said: "Doctors have agreed that they will try to keep to the £400 000 allocation this year. If they don't, it will mean cutting other services."



Catherine Tate

Budgets will buckle under the costs of AZT

Matthews added that the more that zidovudine is demonstrated to be effective as a means of treating AIDS or delaying its development, the more pressure there would be to use it. "We have made it clear to the region that there will be a continuing financial burden."

That burden has been bearable this year only because the Department of Health and Social Security provided extra funds to a handful of health authorities which have reported most of the cases of AIDS. The question that some of those health authorities are now asking themselves is for how long will AIDS continue to be a specialised problem eligible for one-off payments? A press officer for the D ment of Health and Security said that authorities are expec make provisions for vudine, as for other from their allocation

More and more authorities will beg have significant num cases of AIDS over th few years. The total for drugs in Riversid the region of £3·5 r but John Baker est that Riverside could £2 million in the financial year to p zidovudine alone. Th very rough figure, he which could easily cl

Michael Adler, professor of tourinary medicine at the Middlese that probably 600 to 700 people in B bury will develop AIDS over the nex to five years. Apart from the care o people, one interesting question i would happen if clinical trials zidovudine to be effective in prolong asymptomatic phase of the infectio

Currently, many people who belie they may be infected choose not to h test for antibodies to the virus. If trials showed zidovudine to be effec infected but asymptomatic peop numbers of people confirmed to be i could rise dramatically. With an est 50 000 to 70 000 people in Britain v infected but do not yet know it, the service would then have some unpalatable decisions to make abo should receive treatment.

There are already signs that, giv opportunity and the resources, s

doctors would like to use zidovudine more widely than they do at present. Doctors speaking at a recent press seminar organised by Wellcome, the manufacturers of zidovudine, said that the benefits of zidovudine outweighed the disadvantages of its side effects.

Seven Danner, who heads a large clinic for people with AIDS in Amsterdam, said that many of his patients gained weight and had fewer infections if treated with zidovudine. In addition, 70 per cent of 31 patients who had previously had detectable levels of HIV antigen in their blood—suggesting that the virus is actively replicating—became negative for this antigen after treatment with zidovudine.

Charles Farthing, of St Stephen's Hospital in London, said that "the early benefits of using [zidovudine] can be quite dramatic". He cited the case of one patient whose most debilitating symptom, severe memory loss, disappeared after using the drug for a month.

Farthing pointed out that the only significant adverse side effect of the drug in some patients is a severe anaemia, which requires blood transfusions. However, he stressed, "This is not an irreversible side effect and the patient should be the one to set the risks against the benefits involved in taking the drug."

A German doctor, Schlomo Staszewski, who is responsible for more than 2300 HIV-positive patients at a clinic in Frankfurt University, said that in his experience, "The benefits of using [zidovudine] far outweigh the side effects".

The doctors agreed that zidovuine should be available to patients who have not yet developed symptoms, since the drug seemed to stop the virus replicating and further destroying the immune system. Trials of the effectiveness of zidovudine in asymptomatic patients are planned in both Europe and the US. □

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RESEARCH | OCTOBER

NEW SCIENTIST 1/10/87

AIDS MONITOR

Irradiated viruses might delay disease

VIRUSES inactivated by irradiation will form the basis of a new potential therapy for people who are infected by HIV but have not yet developed any symptoms. If the first tests are successful, the preparation could act as a vaccine in uninfected people.

Researchers in California hope to begin testing the therapy on humans by the end of this year, subject to approval by the Food and Drugs Administration of the US. Doctors at the University Medical Center in Sacramento have asked for 40 volunteers for the trial, only half of whom would receive the therapy.

The preparation that these people will receive will contain HIV that has been irradiated so that it is inactive and unable to infect cells. Scientists at the University of California at Davis will check each batch of irradiated viruses to ensure that it is pure and noninfective.

The company which will produce the preparation is the Immune Response Corporation of La Jolla, in California. It is collaborating with Jonas Salk, head of the Salk Institute, also in La Jolla. Salk developed a vaccine consisting of inactivated whole virus against poliomyelitis in 1954.

Salk calls the new preparation not a vaccine but a "potential immunotherapeutic agent". Don Martensen, director of public affairs at the School of Medicine of the University of California at Davis, says that although doctors have traditionally given vaccines to uninfected people, the aim of the new agent is to prevent disease in infected people.

Martensen said that when the trial begins, doctors will be looking to see whether people in the group which receives the therapy take longer to develop AIDS. Testing the new preparation on infected people also avoids the ethical problems that would arise if researchers wanted to put inactivated whole viruses into people who are not infected with HIV.

Doctors will select those volunteer still have a high number of T-helper the type of white blood cell that attacks. Martensen said: "This is the first stage of a very long perio investigation. We do not anticipate th first participants in these studies will much benefit. What we are looking f people who are motivated by a se altruism."

Details of tests of the therapy on ar are not available. Martensen said th animals did produce some antibodie no one was prepared to draw any c sions on the results so far. Tests on panzees and rhesus monkeys wou completed before human trials bega

Martensen added that there are s historial precedents for the succe vaccines consisting of whole inact viruses. Polio vaccine is one. Anoth vaccine developed at the Univers California at Davis several years ago protects monkeys against a similar of AIDS.

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RESEARCH

OCTOBER

NEW SCIENTIST 1/10/87

Californian drugs bill awaits signature

BY THE END of this week, people suffering from AIDS in California should know whether the state's governor, George Deukmejian, has signed the controversial bill aimed at speeding up the testing and approval of new drugs to combat AIDS. If Deukmejian does sign the bill, it will become law, establishing California as a place where drugs for AIDS can be tested, manufactured and sold without requiring approval from the federal Food and Drugs Administration.

Politicians in California have been critical of the time it takes for AIDS drugs to be made available to patients (*New Scientist*, 17 September, p 35). The bill has gained extraordinarily wide political support. It passed the state Legislative Assembly by a vote of 79 to 0; in the Senate, the vote was 38 to 0.

If the bill is signed into law by the deadline of midnight on 30 September, it will take effect immediately. If Deukmejian vetoes it, then the Legislative Assembly and Senate can pass it with a two-thirds majority, but these bodies will not reconvene until January. Another option open to the governor is to express disapproval by refusing to sign the bill, but it would still become law. Supporters of the bill hope that the testing of drugs will begin by the end of this year.

Meanwhile, the governor of Illinois, James Thompson, last week signed 10 measures to combat AIDS in the state. He also vetoed four others and returned three more to the state legislature with amendments. Under the new laws, state health officials will be allowed to try to trace the sexual partners of infected people, using information volunteered by the infected person. The officials will also be able to get a court order to quarantine AIDS patients if there is "clear and convincing evidence the public welfare is significantly endangered".

Health authorities will test all donated blood, semen and tissue. Couples will have to have a test for antibodies to HIV before marriage. □

AIDS Monitor is edited by Sharon Kingman with contributions this week from Ian Anderson, Janet Mohun and Miriam Ryan.

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Capital Gay
2nd October 1987

Government moves to restrict sex education

THE recent directive from Kenneth Baker preventing schools from presenting positive images of gay men and lesbians is an unmistakable sign of the Government's contempt for gay people. It also highlights the absurd contradictions that result from populist kneejerk politics of the kind pioneered by Thatcher.

On the one hand we have circulars from the DHSS and the Department of Education urging schools to educate about Aids and on the other hand we have Kenneth Baker saying in effect that children should be 'protected' from homosexuality by keeping them in ignorance. Perhaps it is the government's intention that Aids education will consist only of the injunction that gay sex is wrong. How else can these contradictory policies be followed?

If that is their intention the cost will be reckoned in increasing numbers of young people with HIV and despair and anguish of gay teenagers.

When I was at school I went through agonies of guilt and confusion. As far as my sexuality was concerned I didn't know my arse from my elbow. I had hoped that the progress made by some education authorities would prevent future generations from going through the same agonies.

Not only would the positive portrayal of homosexuality reassure gay teenagers that there is a place for them in the world, it should also lead to a reduction in ignorance and hostility towards gay people. But it is not to be.

Thatcher's doctrine of individual freedom does not include gay men and lesbians. Why then do so many gay people still support the Tories? This must surely be one of the enigmas of the age.

No doubt some Tory voters will try to enlighten me. If the basis of their argument rests on the pursuit of wealth and class loyalties they can save their paper. Rich or poor you are still gay and therefore anathema to the doctrine of the Conservative party.

S ✓

Capital Gay
2nd October 1987

Body Matters

HIV vaccine trials

THE ANNOUNCEMENT that an HIV vaccine is about to go into human trials in the US has raised a lot of premature hopes. The press especially has treated the story as a major breakthrough but unfortunately the only real breakthrough will be if it works and that is far from certain.

MicroGeneSys of Connecticut has developed a method of producing a protein found in the outside envelope of the HIV virus. It is hoped that this protein will stimulate the body's immune response in the same way as the entire virus and therefore protect against any subsequent HIV infection.

by Tony Whitehead

Unfortunately, as many of us know to our cost the normal immune response to HIV does not provide protection against becoming ill. In a previous vaccine experiment chimpanzees were injected with a harmless virus that contained the gene for the same envelope protein that MicroGeneSys are using. The altered virus caused the body to produce the envelope protein and the chimp's immune system responded but did not protect them against HIV. The method may have been different from that employed by MicroGeneSys, but the key point – an immune response to the envelope protein – is not. We can only hope that the end result of the MicroGeneSys trials is more fruitful. However even if these trials confound all the sceptics it will be years before a commercial vaccine is available.

For the present safe sex remains the only solution we have.

Evening Press
3rd October 1987

New doubts over AIDS testing

A NEW study of homosexual men in Finland has found that some who became infected with the AIDS virus through sexual intercourse did not form antibodies for more than a year, far longer than most experts had expected.

The finding is significant because commonly used tests for AIDS infection in people or blood samples are based on finding antibodies rather than the virus itself.

The new finding means that some people may have been declared to be free of the virus prematurely, before antibodies appeared in their blood.

If that is confirmed in larger studies, experts said, some people who engaged in risky behaviour in the year before taking the test should consider being retested.

The finding also raises new questions about the potential effectiveness of proposed mass screening programmes for carriers of the virus that causes Acquired Immune Deficiency Syndrome.

Blood bank officials, however, say the supply of blood products for medical use remained extremely safe. They said that because of safety procedures already in effect, the new findings could mean a slight increase at most in their estimates of the small number of transfusions that are contaminated with the AIDS virus.

Until now, experts have said that antibodies were present in the blood of patients within a few months of infection, perhaps six months at the outside.

But this estimate was based on studies of a small number of people who had been infected by contaminated transfusions or accidental jabs with contaminated needles.

The findings from Finland suggested that when the AIDS virus is transmitted through sexual intercourse, the progress of the infection might be much slower than when virus-carrying blood is directly injected into the blood stream.

Scientists say thay do not know whether differences in the timing of antibody development had implications for the health of infected people.

London Times
4th October 1987

AUTHORITY ON AIDS

The Government's new public health campaign to combat the spread of Aids is aimed specifically at one of the groups known to be most at risk, intravenous drug users. The last major campaign was criticized widely for being aimed too indiscriminately at the whole population, and for being too oblique and euphemistic. The present one is more deliberately targeted and explicit, even deliberately vulgar.

To complain first about too broad and remote a campaign and then about excessive vulgarity may make the Department of Health feel it really cannot win, that it might as well ignore adverse criticism altogether. That would be a mistake. On anything to do with Aids, the experts and everyone else still have much to learn. Any attempt to alter sexual habits, or in this case unsafe drug use practices, by public advertising is a journey into the unknown.

In the case of drug abuse, the targets of the campaign may be presumed to be well aware that they are bent on self-destruction anyway, with or without the additional risk of Aids. If they have not been deterred by the knowledge they already have, it is unlikely – but not impossible – that they will be deterred by news of an additional hazard. But the prospect of a rampant Aids epidemic through the entire population of drug abusers, estimated at more than 50,000, with a high risk of infection in a much larger and completely innocent fringe group, is so appalling that the Government is right to take the gamble.

That does not mean all semblance of dignity and decency must be thrown to the wind in desperation. One of the campaign's slogans which has already drawn criticism would be better dropped. It will give offence to many while giving nothing by way of additional useful information to the few. These anti-Aids advertisements need the common touch, but they also need to convey that they are authoritative and that the warnings they contain are very serious indeed.

Aids is still far from being brought under control in the two groups statistically most at risk: homosexuals, and intravenous drug users. The first major advertising campaign was designed to warn of the dangers of sexual promiscuity; and although the medical evidence suggests Aids can be transmitted between heterosexuals as well as homosexuals, it was the latter which needed the message most urgently. But it was not thought advisable to transmit television advertisements aimed explicitly at that section of the population. This led to the absurd spectacle of the nation's old age pensioners and promiscuous homosexuals being all equally and earnestly urged to have "safe sex".

Now, there is some evidence, both here and in America, that an increased sense of responsibility among homosexuals is beginning to change sexual practices and habits which are among the most dangerous. Advertising campaigns are known to be a good way of implanting images, impressions and vague associations, but they are less good at conveying precise information.

Where both promiscuous sex and drug abuse are concerned, the associations likely to be perceived will be generally bad ones. The permissiveness of the pre-Aids era was fuelled by the idea that illicit sex and drugs were exciting, glamorous, and seemingly free of danger. Probably the most that can be hoped for from the Government's anti-Aids campaign is an end to that aura of glamour and a realization of new dangers. That may well turn out to be the most valuable of all the changes in attitude brought about by the fight against this deadly disease.

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Irish Times
5th October 1987

Leader's son dies of AIDS

President Kenneth Kaunda, in an admission dramatisting the severity of the AIDS problem in Zambia, said yesterday that his 30-year-old son's death last year was caused by the disease.

"It does not need my son's death to appeal to the international community to treat the question of AIDS as a world problem," Dr. Kaunda told a news conference. "How my son got AIDS I don't know," he added.

The Irish Press
5th October 1987

Kenneth Kaunda

Kaunda's son died of AIDS

PRESIDENT Kenneth Kaunda of Zambia, said yesterday that his son, who died last year, was a victim of AIDS. His admission underlined the seriousness of the AIDS problem in Zambia.

"It does not need my son's death to appeal to the international community to treat the question of AIDS as a world problem," Dr. Kaunda told a news conference.

"It is something that is so serious that once again I plead with the World Health Organisation and those in a position to help fund the campaign against AIDS.

The President's son, Masuzga Gwebe Kaunda (30), died last December 21 of liver and kidney failure after a long illness. "How my son got AIDS I don't know," said Dr. Kaunda, who had seven children.

There have been 395 AIDS cases in Zambia, 128 of them fatal, according to government statistics released in March, but doctors in Lusaka believe the true number of AIDS cases may be many thousands.

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London Times
6th October 1987

Wife killer feared he had virus

The publicity campaign about Aids convinced a man he had the virus so he killed his wife and attempted suicide, a court heard yesterday.

But Melvin Kidd's fears, because he had earlier associated with prostitutes, were groundless.

Kidd, a steelworker, of Winterton, South Humberside, was jailed for 15 months in the High Court in Lincoln after pleading guilty to the manslaughter of his wife Susan, aged 38, on the grounds of diminished responsibility.

Mr Richard Burns, for the prosecution, said that, according to a psychiatrist, Kidd, aged 39, suffered a "depressive and delusioned illness", convincing himself he had Aids.

His fears were further increased because he had diarrhoea, swelling of the glands and bouts of sweating. Finally he decided to kill his wife.

Mr Burns said Kidd first strangled his wife and then slit her throat four times with a knife before turning it upon himself. But his suicide attempt failed.

S ✓

London Times
6th October 1987

Drug-abusers add to Aids increase

By Thomson Prentice, Science Correspondent

The spread of Aids infection in Britain is showing a substantial increase, with more people acquiring the human immunodeficiency virus through heterosexual intercourse.

The latest Department of Health figures show that another 33 people died as a result of Aids last month and 44 others developed the disease, making a total of 1,067 reported cases, including 605 deaths, since 1982.

There has been a 19 per cent increase in those reported to be infected in the last three months. The official total is 7,557, but Government experts estimate the real figure is at least 40,000.

"The incubation period of Aids is so long that it is impossible accurately to predict the number of new Aids cases which will be diagnosed in any year", the department said.

Although almost half the 19 per cent rise in infections is due to retrospective reporting by doctors in one of the London health regions, the spread of HIV through heterosexual contact and among drug abusers appears to be gathering pace.

At least 322 men and women are believed to have acquired the virus heterosexually. The majority are thought by specialists to have been infected abroad, while many of the women are believed to have caught the virus from bisexual or drug-abusing men.

"The increasing number of reports of positive tests in those who inject drugs is a cause for concern because it suggests there will be increasing numbers of Aids cases in these people in the next few years," the department said.

Apart from homosexual men, the worst affected risk group is haemophiliacs, who became infected through contaminated Factor VIII, the imported clotting agent, before safety measures were introduced two years ago.

Sixty haemophiliacs have developed Aids and 45 have died, including four last month. At least 1,000 others are known to be infected.

News Letter
6th October 1987

Children get Aids warning

CHILDREN are to have the dangers of the deadly disease Aids explained to them.

A plan, developed by the Eastern Health and Social Services Board in conjunction with teachers, could be finalised by January.

Board chairman John Simpson said the Province was ahead of health and education authorities on the mainland in creating the Aids education programme.

"We have put together an agreed package that all sectors of education in the Province feel they can use," he said.

The board also intends to introduce a computerised call-up system for cervical smear testing to reduce the waiting-time, which can be up to two months.

Dr Gabriel Scally said urgent diagnostic tests were dealt with immediately but the overall problem was that the number of women who had had smear tests was unknown.

"Our biggest delay is in reading the slides but our hope is that this can be reduced to around two weeks," he said.

SV

Faster Action

Changes in U.S. Rules May Rush New Drugs To Very Sick Patients

Companies Can Sell Products Still in Experimentation To AIDS Victims, Others

Nagging Questions of Risk

By Marilyn Chase
Staff Reporter of The Wall Street Journal

SAN FRANCISCO—Marie Shelby, who died of AIDS last year, was also a victim of the way drugs are developed in the U.S.

The 66-year-old woman, who contracted AIDS from a blood transfusion, was too old to qualify for early clinical trials of the drug AZT, which later proved to be effective in prolonging the lives of certain AIDS victims. At the same time, her desperate family spent about $500 in the black market for ribavirin, a touted drug that has yet to be proved useful against AIDS.

Now, as a result of new Food and Drug Administration rules that became effective June 22, pharmaceutical companies will be allowed under certain circumstances to recover their costs by selling experimental drugs that merely show promise. The new procedures represent the sharpest change in 25 years in the way new drugs are approved, although much discretionary power is retained by the FDA commissioner. It remains unclear whether, in the long run, the new rules will help the sick or hurt them.

Supporters hope to get such drugs as AZT to very sick people more quickly. They consider the changes a long-overdue reform of the FDA's drug-development process, which has been bitterly attacked as too bureaucratic, exorbitantly expensive and unresponsive to the needs of the sick. Under the old rules, getting a new drug approved usually has taken about two years, while biotechnology has been churning out many potentially useful drugs.

Encouraging Investment

"Allowing cost recovery . . . and earlier release makes good sense," says Robert Levine, a Yale University professor of medical ethics. Adds Peter Barton Hutt, the FDA's former chief counsel, who helped refine the rules: "It shows the best of the regulatory process. If you're going to entice small venture companies into drug development, you need a new mechanism because the (old) regulations drove them out. Companies can't afford it."

Detractors of the new rules claim that they generate problems of their own. The sick and dying won't be adequately protected from unproven drugs, or worse yet, from drugs that turn out to have lethal side effects, the critics charge. The sale of unproven drugs, they say, could impede researchers' use of scientific method in controlled studies to establish the safety and efficacy of new drugs. Selling experimental drugs could well mean that only patients with money will qualify for the latest treatments.

Charles Moertel, a cancer consultant to the Mayo Clinic, condemns the new rules as "premature marketing (that) threatens to impair the conduct of research" and may threaten patients as well. "We have the possibility of repeating the thalidomide disaster, but on a much larger scale."

The Old Way

Under the old drug-approval system, companies could make experimental drugs available, free of charge, on a "compassionate" basis to gravely ill patients. But drugs couldn't be *sold* until they had been through an exhaustive series of FDA-supervised tests, including testing that contrasts the reaction of large groups of patients, half of whom are given only placebos, harmless preparations without medical effects. In the double-blind studies, neither researcher nor patient knows who is getting the drug and who is getting the placebo until the study is completed.

Under the new procedures, companies testing a product for serious conditions such as Alzheimer's disease or multiple sclerosis can release it for treatment to doctors, or sell it, if they have some preliminary evidence of safety and effectiveness and a go-ahead from the FDA. Companies testing a drug for life-threatening conditions, such as advanced cancer and AIDS, need only show that there is a "reasonable basis for concluding" the product "may be effective" and wouldn't expose patients to "significant additional risks."

A drug that meets these criteria—called an investigational new drug for treatment, or "treatment IND"—can be sold after companies give the FDA 30 days' notice. Companies still conducting clinical trials must get the FDA's permission to sell an IND. The agency will try to restrict the sales price of experimental drugs to recovery of costs, with no profit to the seller. It will also prohibit companies from advertising or promoting unapproved drugs. Patients who buy unapproved drugs will still be required to sign "informed consent" forms outlining risks and potential benefits.

Where Death Is Imminent

FDA Commissioner Frank E. Young describes the new procedures as a way "to get breakthrough drugs to the American people" before final safety and effectiveness are proved. "Where a person's going to die in months, and where patient and doctor are informed, we can take a bit more of a risk," Dr. Young says. He considers the new rules a way to codify the extraordinary "fast-track" approval AZT got last year. That drug was approved for sale to thou-

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Wall street Journal
6th October 1987

Faster Action: New U.S. Rules Stand to Get Drugs To the Very Ill More Quickly, but Risks Are Involved

Continued From First Page

sands of dying AIDS patients because of test results showing that 90% of the patients on AZT survived for at least a year, compared with a 60% nine-month survival rate for patients given a placebo.

Despite the new FDA rules, advocacy groups still are protesting what they see as cruelly slow drug development and approval. National Gay Rights Advocates, a California public interest law firm, has filed a class action suit on behalf of AIDS patients against the Department of Health and Human Services, FDA and National Institutes of Health. It charges that the withholding of drugs violates patients' constitutional rights. California Gov. George Deukmejian recently signed into law a controversial bill permitting drug companies to test experimental AIDS drugs in California without FDA approval.

In the next few months, many businesses, particularly small biotechnology companies, will seek under the new FDA rules to rush experimental drugs to patients. Ribi Immunochem Research Inc., of Hamilton, Mont., plans to seek IND status for an anti-cancer vaccine, while Imreg Inc., of New Orleans, will try to sell a drug it says may restore immune response in AIDS patients. Amgen, of Thousand Oaks, Calif., is thinking of marketing two drugs that might restore blood-cell growth in patients undergoing kidney dialysis or cancer chemotherapy. Xoma Inc. plans to ask FDA permission to sell an experimental drug for a condition called graft-vs.-host disease, which occurs in bone-marrow transplant recipients.

Lab Charges

These drug concerns expect heavy demand. Just how frenzied the demand might be is demonstrated by the pioneer in the indirect marketing of experimental drugs, Biotherapeutics Inc., of Franklin, Tenn. Since 1984, its founder, Robert K. Oldham, has been charging patients $4,000 to $35,000 for the laboratory work needed to provide a range of customized treatments designed to stimulate the body's resistance to cancers. Ostensibly, the patients are only charged for lab work, not for the drugs themselves. The FDA says it is "monitoring the operations" of the company.

The treatments involve interleukin-2, activated killer cells, cancer vaccines and monoclonal antibodies, which are proteins believed capable of carrying chemotherapy drugs to specific tumor targets. By far its most promising treatment is a program of constant dosage of interleukin-2, to enhance the body's resistance to malignant tumors. A well-regarded Biotherapeutics study, published in the New England Journal of Medicine in April, confirmed the findings of other researchers in showing that about one-third of 40 gravely ill cancer patients showed partial tumor remission under such treatment.

Since its founding, the publicly held company has received some 4,000 inquiries. It has accepted more than 300 patients for treatment, patients who had tried potentially effective traditional treatments elsewhere and who came to Biotherapeutics as a last resort.

Fees paid by patients tripled Biotherapeutics' revenue to $3.2 million for the year ended April 30. (Nevertheless, the company had a $3.3 million loss.) Dr. Oldham has ambitious national and international expansion plans. His firm has already opened satellite labs in Memphis, Tenn.; Plantation, Fla.; Los Angeles; San Diego, and Newport Beach, Calif. Biotherapeutics is also considering cities in Japan and Europe.

Bright Prospects

Hambrecht & Quist Inc., a securities firm that specializes in biotechnology stocks, predicts that Biotherapeutics' revenue will soar 120-fold in the next five years, to $385 million, with net income reaching about $25 million by 1992.

Results of Dr. Oldham's cancer research have been published in reputable medical journals, and his work has won some admirers among scientists. He is a former director of the National Cancer Institute's so-called "biological response modifier" program, which develops treatments like interleukin-2. In his private venture, he has demonstrated that the sale of experimental drugs can provide financing for needed research.

But Biotherapeutics raises most of the troublesome issues that alarm opponents of the expanded use and sale of experimental drugs. It doesn't have a single proven product. Even with the interleukin-2 program, the remissions are believed to be only temporary, the drug has many toxic side effects and didn't benefit the majority of patients. None of the vaccine and monoclonal treatments have yet shown much effect.

Continuing Demand

The continuing demand for Biotherapeutics' services despite its mixed track record suggests how willing desperately sick people are to spend their own money (health insurance hasn't picked up any of the charges) on drugs that may very well not work. And doctors now expect to see a flood of second-rate or inadequately tested drugs developed by companies that lack Biotherapeutics' scientific rigor.

Pressure groups continue to promote ribavirin and to demand that it be sold in the U.S. FDA Commissioner Young hasn't yielded; ICN's application to sell the experimental drug was turned down on the ground that submitted data were insufficient. ICN says it will reapply. Still, drug cults are likely to urge the agency to release drugs on the basis of tests that are initially promising but flawed, critics say.

Critics worry that companies with ineffective drugs will settle for simply recovering their costs, without ever seeking to pass the rigorous tests required for final FDA market approval. The FDA says companies must "actively and diligently" pursue final approval, but one prominent researcher at the National Institutes of Health fears that the rules "will create a secondary market for unproven agents."

The FDA promises to control profiteering and the promotion of experimental drugs, but that could prove difficult. Commissioner Young concedes that the agency "doesn't have the expertise to do detailed economic analysis" of a company's profit.

Some researchers are more worried about health implications than about profiteering. Thomas Merigan, the chief of infectious diseases at Stanford University Medical Center, says making patients pay for drugs still in clinical trials "is very dangerous." He adds, "It's a very small step to the kind of charlatanism that prevailed in pre-FDA days." FDA restrictions have in the past protected Americans from such drugs as thalidomide, the sedative that caused grave birth defects in Europe in the early 1960s, and Laetrile, the useless extract of apricot pits peddled in Mexican cancer clinics.

Patients' advocates raise another ethical question: To what degree should the affluent be able to obtain experimental drugs that the poor can't afford? So far, both governmental and private insurers generally decline to pay for experimental drugs. The wider use of such drugs, at a cost, suggests a two-tier system of experimental medicine: limited trials for the poor, and unrestricted purchases for the rich. Relatively wealthy and influential people, of course, may always have had advantages in the black market and in gaining entry to promising experimental treatment programs.

Patients—affluent and otherwise—will go to great lengths to avoid dying. James Masterson, a 71-year-old orthopedic surgeon in Falls Church, Va., tried to get treatment for his lymphoma from Biotherapeutics, but at the company's insistence, he is trying chemotherapy first. Still, Dr. Masterson believes that patient-financed research is "the only way to go. Somebody's got to pay the bill. It's either the taxpayer's dollar, or your money."

Tom Jefferson, a 55-year-old San Franciscan suffering AIDS-related complex, spends thousands of dollars each year on experimental drugs available at *farmacias* in Mexico. He is prepared to spend his money in the U.S. instead if the new FDA rules make the drugs available here.

"I already do" spend the money, Mr. Jefferson says. "Companies aren't in it for altruism."

Wall Street Journal
6th October 1987

Now, the Drug Revolt

Impatient with delays at the American Food and Drug Administration, the state of California will now begin to test drugs manufactured in California for the treatment of AIDS. The state also believes it has the authority to license these drugs for sale in California. At least two other states have talked to California officials about doing the same thing. And, according to individuals close to the new program, drug companies located outside California have been calling AIDS researchers in the state to see if means can be found to include their AIDS treatments in the new testing program.

This is the beginning of the drug revolt. It is happening in the same state that started the tax revolt with Proposition 13. Up to now, defenders of the status quo have dismissed critics of the FDA as wishing to return to the days of laetrile and thalidomide or of wanting to subvert the Hippocratic oath. These arguments are red herrings. The real issue is whether the research and approval system created and financed by the federal government has over time come to put bureaucratic interests ahead of the imminent needs of desperately sick Americans. The fastest way to get past the abstractions in the red-herring arguments is to ask a victim of AIDS, Alzheimer's or heart disease what he or she thinks of the status quo.

Until now, no politician or public official has had the courage to challenge the federal drug-approval system. It appears that the drug revolt has found its Howard Jarvis. He is California Attorney General John Van de Kamp. Mr. Van de Kamp, a Democrat, met with AIDS patients and advocates in May. One group had filed a lawsuit against the FDA and the National Institutes of Health to speed the testing and approval process. The attorney general asked his staff to investigate the possibility of testing and approving drugs independently in California.

The resulting bill passed the state Senate 38-0. Gov. Deukmejian signed it last week. A five-person committee will help the state's Department of Health Services select the drugs to be tested. Dr. Marcus Conant, an AIDS investigator and member of the committee, says, "We're going into the process in collaboration with California companies and investigators to get answers as quickly as possible and to eliminate the bureaucratic adversity that has arisen with an agency like FDA."

California's resources in this area are enormous. There are at least 150 biotechnology companies located in the state. Some, most prominently Genentech, are familiar with bureaucratic adversity and the FDA. But the state's program should also appeal to smaller companies for which the financial costs imposed by the FDA approval process are insurmountable. A speedier, more patient-oriented system may also liberate ideas that now die inside the minds of researchers who have no desire to enter Washington's labyrinth of rules.

An official with a drug company working on AIDS told us last spring that if we really wanted to hear anger and frustration we should talk to AIDS doctors who have to tell their patients why the experimental drug they were supposed to start receiving is still under discussion by officials at NIH. "These AIDS researchers have been conscripted to be part of steering committees," she said. "We have committees reporting to committees reporting to committees."

Such sentiments are now finding their recognition in California, just as that state was the first to rebel against overtaxation. Once again California has taken the lead, with an important step toward a more humane reordering of the country's priorities in drug development.

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Daily Mail
9th October 1987

Daily Mail, Friday, October 9, 1987

ONE VICTIM'S AGONY IS HALTED BY EVERYDAY ANTIBIOTIC

Cheap drug gives new hope on AIDS

By JENNY HOPE, Medical Reporter

A BREAKTHROUGH has been made in the treatment of AIDS with the discovery that a mass-produced cheap antibiotic can apperently halt the disease.

It was achieved by a team of British and Danish scientists and promises to give the most hope yet in the fight against the virus.

Dr Angus Dalgleish, who headed the British end of the operation at the clinical research centre, Northwick Park Hospital in Harrow, said: 'We are very excited about its possibilities.'

The drug involved is fusidic acid, widely marketed in Britain as Fucidin and used to treat septic wound infections.

Dr. Viggo Faber

It has already been used on one AIDS victim, a 58-year-old Danish man, with remarkable results.

He was found to have the disease three years ago and in the last year his health has deteriorated rapidly as it attacked his immune system.

A few weeks ago he was suffering from six infections — including TB — when he was put on fusidic acid in the hope that it would activate a drugs cocktail he was taking.

Within two weeks he had made a startling recovery. His fever had gone, he began to put on weight and was well enough to have an operation. Then he went back to work. Two months later he has put on a total of ten stone and remains well — the disease has apparently stopped.

Astonished

Dr Dalgleish helped to carry out tests in the laboratory for Danish colleague Dr Viggo Faber. 'I knew it was an anti-viral and it might have a mild effect but when I tested it I couldn't believe the results.' he said.

Dr Dalgleish was astonished to discover that in the laboratory, fusidic acid stopped the AIDS virus from reproducing.

Only one drug so far has been marketed to help AIDS sufferers. AZT — it's tradename is Retrovir — has been available on prescription since April.

It stops the virus from reproducing itself as long as the patient uses the drug. However, supplies are scarce and it costs around £5,000 a year to treat one patient. It can also have severe side-effects.

If fusidic acid is suitable for widespread use it has many advantages over AZT. It is much cheaper — £61 for 100 tablets — is already mass produced by Leo Laboratories in Princess Risborough, and has virtually no side effects.

But Dr Dalgleish stressed: 'We have to be cautious.'

He added that it was not possible to say whether the acid killed the virus in human beings of whether it just lies dormant.

Evening Herald
9th October 1987

Aids: Battle of the wards

THE AIDS virus — now present in more than 700 Irish people — poses the greatest single challenge to the health service, it was claimed today.

Thirteen people have died from the killer virus in this country and today a top Aids nurse called on Irish nurses to come forward with "moral strength and courage" to fight the disease.

Matron T. C. Taaffe of the Cherry Orchard Hospital — which houses the major Aids isolation unit — told the annual Irish Nurses' Organisation conference that complications, such as incontinence and diarrhoea, threaten the ability of health workers to isolate the infectious organism.

She appealed to nurses not to turn their backs on Aids patients.

"Nurses have been faced with life-threatening illness in the past and have not flinched. Nurses today must come forward with necessary skills, motivation, moral strength and courage to give care, comfort and peace to those who are sufering."

Nurses 'must not despair'

said Ms. Taaffe.

According to UCD — where Aids tests are carried out — over 12,00 people have submitted themselves for the biological test since the discovery of the disease in this country. Of those, 700 have been diagnosed as antibody positive and of that number 30 are known to be infant sufferers.

The number of people with fullblown Aids has increased in the last year from nine cases in March 1986 to 22 now.

Irish Independent
9th October 1987

AIDS: new drug hope

A DRUG used to treat wound infectitions may be a breakthrough in the treatment of AIDS.

A team of British and Danish scientists believe the drug fusidic acid can halt the disease.

It has already been used on one AIDS victim, a 58-year-old Danish man, with remarkable results. He was found to have the disease three years ago and in the last year his health deteriorated rapidly as it attacked his immune system.

A few weeks ago he was suffering from six infections — including TB — when he was put on fusidic acid in the hope that it would activate a drugs cocktail he was taking.

Within two weeks he had made a startling recovery. His fever had gone, he began to put on weight and was well enough to have an operation. Then he went back to work. Two months later he has put on a total of ten stone and remains well — the disease has apparently stopped.

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The Times
9th October 1987

Peter Jones

Hidden victims of Aids

When the £60m plant at Elstree, Hertfordshire, begins next year to produce the blood-clotting agent, factor VIII, it will be too late for the majority of Britain's severely affected haemophiliacs. For today, mainly through using material imported from the US rather than manufacturing our own, an estimated 1,200 (60 per cent) of those with severe haemophilia in Britain have Aids antibodies. By the end of last month 60 had developed the disease.

The extraction of factor VIII from human blood plasma and its use as a replacement material was one of the most dramatic post-war advances in medical treatment. By the early 1980s people with haemophilia could expect to lead a healthy and active life of normal length. Severely affected children competed with their peers in normal schools and adults were holding down jobs in competitive business and industry.

These improvements in the quality of life for haemophiliacs and their families were achieved at little economic cost to the government and were more than repaid by reduced reliance on state benefits and expensive in-patient services.

In October 1976 the then Health Secretary, Dr David Owen, announced that Britain would be self-sufficient in factor VIII by the following year. But 11 years later this much repeated promise has not been fulfilled. Only 20 per cent of Britain's factor VIII requirement is now being met by the National Health Service.

The decision taken in the 1970s to import factor VIII manufactured from the plasma of paid donors in North America, rather than rapidly expand the service in Britain, has cost us dearly both in human and economic terms. In 1982 it became clear that the human immunodeficiency virus (HIV) could be transmitted via blood. Tests in 1984 showed that many patients who had received factor VIII prepared from multiple plasma donations had been infected, most from commercially prepared, imported products. Of those, 45 are now dead.

The extent of human misery behind these figures is appalling. As we move further into the epidemic, more and more of those affected are showing signs of HIV-related disease. Infected young children are failing to grow. Adolescents are having to grapple with sexual development in the knowledge that sexual intercourse could infect their partners. Young adults know that they risk delivering infected babies. Those who marry cannot insure their lives or obtain mortgage endowment policies for the family home. Older men fear for the future of their widows and dependent children as their career prospects disappear, and they live with an uncertain prognosis of premature death.

The saddest thing of all for our society is that this is a disaster hidden from public view. Parents are fearful that infected children will be rejected in school or encounter difficulties in forming normal relationships with friends. Those in employment are not only hiding HIV but the fact that they have haemophilia, fearful that the association between the two conditions in the public mind will lead to their being shunned by workmates and customers, even to dismissal. Those who become ill try desperately to maintain the standard of life for the family.

The majority of these people were infected in the early 1980s, before the virus was identified, and before measures were taken to screen individual donations of plasma and to heat-treat the factor VIII concentrates made from them in order to eliminate the risk of further infection. Legal opinion in this country and in the US is, therefore, that there was no negligence by prescribing doctors, or by health authorities or by companies which manufacture blood products for the treatment of the haemophilias.

On Tuesday the Haemophilia Society's campaign for recognition and help is being launched in London. The main thrust of the campaign will be to secure assistance for those infected by their medical treatment. Finance is needed in order to protect the family home, perhaps through state help with insurance, and to provide allowances for widows and dependent children or elderly dependent parents. For the patients themselves, those who have to cope with HIV infection and its associated problems, the society is asking for realistic, non-means tested, and confidential health-related benefits.

Those of us who have spent most of our working lives helping families with haemophilia are conscious that our patients became infected as a direct result of our prescriptions through the NHS. As health care staff, we have to maintain our objectivity and try to stand back from the misery this treatment has inflicted. That objectivity is harder for those who taught many of the patients to give their own treatment, for the wives who injected their husbands and, most poignantly, for the parents who gave the contaminated injections to their children.

At no time in the history of medicine has the treatment of a life-threatening disease resulted in the infection and premature death of so many of the people it was meant to help. To us and to our patients factor VIII was the equivalent of a vaccination; its prescription enabled them to stay well. Its former contamination is now killing them. The members of the Haemophilia Society think that the government has a responsibility to provide them with urgent help. There can be few people in society who would not agree with them.

The author is director of the Newcastle Haemophilia Centre.

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The Times
9th October 1987

Aids ravages the élite of African cities

From Thomson Prentice
Naples

Hundreds of thousands of men, women and children in at least 20 African countries are believed to be developing Aids, an international conference of medical experts was told here yesterday.

Huge numbers have died and the pandemic threatens some of the poorest countries with economic ruin.

Emergency plans to combat the spread of Aids in Africa, where up to 10 million people may already be infected, were also discussed.

The disease is hitting hardest at the well-educated middle and upper classes in African cities, claiming the lives of young politicians, businessmen, teachers, doctors and military officers.

Dr Jonathan Mann, the coordinator of the World Health Organization programme on Aids, said: "This selective impact has the potential for economic and political destabilization of some of the countries involved. We are only just beginning to recognize the serious implications."

The problems are made worse because most, if not all, of these countries cannot cope with the immense cost of medical treatment, blood screening and public education campaigns which are essential to slow the spread of Aids.

Countries known to be infected include: Botswana, Burundi, Cameroon, the Central African Republic, Congo, Gabon, The Gambia, Ghana, Kenya, Malawi, Nigeria, Rwanda, Senegal, South Africa, Tanzania, Tunisia, Uganda, Zaire, Zambia and Zimbabwe.

The disclosure earlier this week by President Kaunda of Zambia that his son had died of Aids, highlights how the disease is striking at many of Africa's élite.

At least one government minister in Zaire has died of the disease, as have his wife and mistress. Those deaths spurred President Mobutu of Zaire to launch education and prevention campaigns, and most other African states are now taking similar steps.

Yesterday, specialists from some of the worst-affected countries were giving harrowing details of the spread of the disease. Doctors told of babies in Rwanda being born infected, or contracting the Aids virus from their mother's milk.

Other doctors said that in some cities, women aged between 19 and 30 have become a "high-risk" group, because Aids is essentially a sexually-transmitted disease. Throughout Africa, men and women are almost equally affected.

The spread of Aids has caused startlingly high infection rates among prostitutes in such cities as Nairobi, Kampala and Kinshasa. Clients of the women, including thousands of international travellers, risk spreading Aids across the continent and the rest of the world.

"If the harvest of Aids cases from the sowing around the world of the virus is realized, we are facing a more than tenfold increase in the number of cases in the next five years," Dr Mann said.

In Zaire, about 9 per cent of pregnant women at one hospital in the capital, Kinshasa were discovered to be contami nated. In Rwanda, ten times a many children are now in fected as there were in 1984.

Hospitals in most of th large cities throughout Afri are reporting increased num bers of babies born infected. I addition, many of the Africa states have seriously-contami nated blood transfusion stock which pose extra hazards i medical care.

A further problem is th discovery of a second strain o the Aids virus in West Afric Some experts believe that thi could mean that the continen will be much more seriousl ravaged than initially believe

Wall Street Journal
9th October 1987

'AIDS-Free' Groups Spark Health Officials' Skepticism

By Maria Brading
Staff Reporter of The Wall Street Journal

NEW YORK – "Just hearing about AIDS so much, you become neurotic," says Laurie Strumpf, a financial analyst in New York. "I just feel like it's everywhere."

That feeling – and the accompanying fears – appears to be fueling the growth of a fledgling industry: AIDS clinics, AIDS screening groups and so-called AIDS-free clubs. Recently limited to a handful of businesses, the organizations and their membership roles are now expanding. For example, the American Institute for Safe Sex Practices, a screening group in Santa Clara, Calif., plans to open seven affiliates in several states.

But many physicians and health officials say the increasing number of organizations may do more harm than good. At best, critics say, they encourage some discussion of acquired immune deficiency syndrome and wider testing; at worst, they encourage behavior that could spread the disease.

"If anyone asks me if they should join one of these groups, I say no," says C. Everett Koop, the surgeon general. "Their motivation is obviously to make money."

A 'False Sense of Security'

Adds Frances Tarlton, a spokeswoman for the New York State Department of Health: "People in those groups may be lulled into a false sense of security."

The three types of organizations serve different markets. The private clinics are more convenient for individuals who want to be tested – but who want to avoid the long waiting lists at increasingly crowded public testing sites. Singles clubs tout themselves as havens for people seeking sexual relationships without fear of AIDS, while screening groups offer counseling and newsletters on the disease.

Members of singles clubs and screening groups, who have tested negative for the AIDS virus, are issued identification cards and are expected to abstain from sex with non-members and from intravenous-drug use. (AIDS is transmitted primarily through sexual relations and through shared hypodermic needles.) Members of both types of organizations are usually tested two to three times a year at a cost of $45 to $75 a test. Membership fees can range from about $10 to $600.

For their money, members say they get a sense of having done something to protect themselves. Gil Kopecky, a 36-year-old Chicago restaurant consultant who joined the American AIDS-Free Association, says: "I've done what's available. I'm not letting things happen to me."

Owners and operators say their members stick to the rules. "We have a very conscientious group of people here who have volunteered to be tested, and they're not going to blow it," says Gail Sheffler, owner of Ampersand, a video dating service in New York. Says Jim Raim, founder of the American AIDS-Free Association in Chicago: "Our members are concerned enough that they've come to us. They'll be less likely to violate the principles of the organization."

But many health officials dismiss such arguments as wishful thinking. There is no guarantee, they say, that club members won't have sex with non-members. Many clinics don't provide adequate counseling, and some may compromise patients' confidentiality by mailing them their test results, for example.

Waning Commitment?

"To believe that people in these clubs won't engage in high-risk behavior is extremely Pollyanna-ish," says Dr. Roy Schwarz, a medical-education specialist at the American Medical Association. "It's like people who go on diets: They're able to sustain it for a while, but then their commitment wanes."

Even complete fidelity to the concept doesn't eliminate one glaring technical problem: AIDS antibodies don't show up in blood tests until at least six months after a patient has been infected. So, for as long as six months, an infected person could test negative and still be admitted to an "AIDS-free" club.

Some authorities brand the organizations as simple hucksterism – "playing on the fears of the uninformed," says Randolph Pope, chief of Michigan's special AIDS office. Indeed, the California attorney general's office has started an AIDS Fraud Task Force. The agency was designed to investigate costly and bogus AIDS drugs. But Michael Botwin, a deputy attorney general, says it may also study screening groups' advertising. Some ads, he says, may lead prospective clients to believe that membership could free them from the risk of contracting AIDS.

Despite such concerns, the AIDS-free business appears likely to continue its growth. Ms. Strumpf, the financial analyst, says she has joined Ampersand and looks forward to meeting other club members. That way, she says, "You don't have to ask questions or talk about AIDS."

Irish Times
10th October 1987

AIDS: US surgeon general urges no sex

THE best way to combat AIDS was to stop having sex, the United States Surgeon General, Dr Everett Kopp, said at an international conference in Tokyo yesterday.

"It that cannot be done, have sex with a faithful, uninfected partner," he said at a five-day conference to discuss ways to control the spread of AIDS in the Asia-Pacific region.

"And if that is not possible, always use a condom every time, from start to finish," he said, warning that condoms were not 100 per cent foolproof and that their failure rate was not known.

The World Health Organisation estimates as many as 10 million people are infected with the AIDS virus globally and that 500,000 to three million more will develop AIDS by the early 1990s.

The WHO recommends having fewer sexual partners.

Dr Kopp said mandatory testing of perceived potential AIDS carriers — such as foreigners — was not effective or realistic due to cost and false results. It could also create discrimination, he added.

In Madrid, doctors from 42 countries have agreed that when dealing with AIDS cases they should sometimes break their tradition of confidentiality and inform authorities of a patient's identity.

The World Medical Association approved a declaration saying all AIDS cases whould be reported and certain sufferers' identities revealed.

"The identity of AIDS patients and carriers should be protected from disclosure except where the health of the community requires otherwise," said the declaration, passed at the end of the WMA's four-day annual meeting. — (AFP, Reuter).

Irish Times
10th October 1987

Drunken driving: AIDS no excuse

A FEAR of contracting the AIDS virus was not a "reasonable excuse" for a motorist suspected of a drink-driving offence to avoid giving blood samples, the High Court ruled in London yesterday.

A belief, "either mistaken or genuine" that there was a health risk was not capable of constituting a reasonable excuse, said Mr. Justice Mann, Lord Justice Bingham agreed.

The judges allowed an appeal by the Director of Public Proseoutions against a decision of Dunstable magistrates' acquitting Anthony Fountain of Ashcroft, Dunstable, Bedfordshire, of failing without reasonable excuse to provide blood specimens for laboratory tests.

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