

National HIV & AIDS Archive

Print Media

21st to 30th November 1987

HIV Ireland
1987—2017



Donating blood — to yourself

THE SAFEST way to get a blood transfusion is to give it to yourself. In medical parlance its called "autologous transfusions".

AIDS and hepatitis, both of which occasionally have been transmitted in transfused blood, are causing surgeons and blood banks to encourage patients to stockpile some of their own blood ahead of surgery. Much depends upon the patient's health before surgery, and advance stockpiling is obviously impossible in emergencies. However, even that problem may sometimes be overcome by retransfusion of blood during the actual operation.

In the past, blood suctioned from a surgical wound was usually destroyed because it was contaminated with fats, minute bone fragments and other surgical debris. Injury also causes blood to change form, stepping in its clotting mechanism, among other things. All of that made it unsuitable for reuse.

In recent years, however, machines have been developed to filter and launder the blood, washing out the debris, the unwanted clotting factors and any cells damaged by the suctioning process. The blood, suctioned continuously from the wound, is passed through a filter to get out the heaviest particles, even through a centrifuge, which in minutes separates out the damaged cells, plasma, coagulants and other unwanted factors.

That leaves a concentration of clean, usable blood cells that are suspended in saline and made available to be returned to the patient during surgery or later. If the patient does not need the blood, it is destroyed because it isn't suitable to be given to anyone else.

Heart surgeons pioneered the use of this process, although orthopaedic surgeons also find it useful for major operations.

Autologous blood transfusion offers reassurance that the patient is not being exposed to possible infection from another person's blood. It might also appeal to people, notably Jehovah's Witnesses, who usually refuse blood transfusions for religious reasons. Whether such people accept the self-transfusion during an operation will depend on their own interpretation of religious rules.

Now the Red Cross has begun a programme to study the usefulness of intra-operative blood salvage involving six blood banks.

Irish Press
21st November 1987

Team 'has 'found Aids cure'

A Franco-Zaire research team has developed an Aids vaccine, an official source said yesterday.

The official said details of the vaccine would be announced at a news conference to be given by Zaire's Information Minister in Kinshasa tomorrow.

The official called the development of the vaccine "an important victory against the mysterious disease Aids."

A French researcher, Daniel Zagury of the Pierre and Marie Curie University, inoculated himself and several Zairean volunteers with a vaccine more than one year ago.

Branson deal hurts LIG

London International Group (LIG) found itself involved in an unusual dispute over market share and saw its shares fall 4 to 213½p. Turnover was thin, although dealers reported a wave of activity after news that Mr Richard Branson had sold the condom brand 'Mates' to Pacific Dunlop, the diversified Australian manufacturing group which grew out of the old Dunlop company.

The Mates deal gives Pacific Dunlop an entry into the UK branded condom market to add to its dominant position in the non-branded market. There was a buzz of interest among analysts when the sale statement claimed for Mates a 25 per cent UK market share. As one commented: "Given that LIG claims to have around 90 per cent of the market, there is considerable scope for debate here. Clearly both claims cannot be true, but the lack of independent market research makes it almost impossible for objective observers to judge the issue."

Yesterday's news followed a recent set of disappointing results from LIG, but dealers were quick to alleviate any gloom. There was strong US buying interest last week in the shares which are perceived to be cheap, and several brokers have the stock on their list of likely takeover stocks.

Haemophiliacs to ask for Aids fund

by **LORNA DONLON**

THE Irish Haemophiliac Society is to ask the government to provide a special fund for haemophiliacs infected by the Aids virus.

This follows the announcement by the British government last week that it was setting up a £10 million fund to help 1,200 haemophiliacs infected through contaminated blood products.

"While the British government has said this is a fund rather than compensation for haemophiliacs, it does not get round the fact that these people have suffered a moral wrong," said Brian O'Mahony, the new chairman of the Irish Haemophiliac Society. "And the government here can't ignore the fact that it also has a moral responsibility to do something."

There are approximately 108 haemophiliacs with the Aids antibodies in this country. A further eight people have developed full-blown Aids. Four of these have died.

"The problem here is the very same as in England," according to Brian O'Mahony. "These people with the Aids antibodies are haemophiliacs infected by

medical treatment which was meant to keep them well. And while the majority of those people contracted the Aids antibodies before 1986, there is no way of knowing that other haemophiliacs will not develop the disease over the next few years."

While haemophiliacs are not top of the list of Aids victims in this country, they are proportionally the worst-affected group. At least one in three haemophiliacs has now got Aids antibodies as a result of receiving infected blood products from abroad, mainly from the United States.

The disease was transmitted between 1981 and 1984 before any test was developed to screen blood donors for the Aids virus. The clotting preparation which transmitted the antibodies, Factor VIII, is now supplied entirely by Irish sources, and all blood donors have been tested for Aids antibodies since 1985.

One or two haemophiliacs have already considered taking legal action over the issue, says Brian O'Mahony, but for the moment the society is not considering this as a serious option.

Evening Herald
23rd November 1987

Liz still leads war against AIDs

ELIZABETH TAYLOR, one of Hollywood's first anti-AIDS crusaders, is still its foremost. As national chairwoman of the American Foundation for AIDS Research, she says her anger over apathy to the health threat led her to an absolute commitment to finding a cure.

Active even before her close friend, Rock Hudson, died of the killer, she recently raised 2.5 million dollars for AIDS research in just one week, with appearances in New Jersey, Washington D.C. and at an Art Against AIDS auction at Sotheby's in New York.

Addressing the National Press Club in Washington, she said: "I won't tell you the names of some of the people (in Hollywood) who refused to have their names identified (with AIDS fund-raising) because it would blow your mind."

Independent
23rd November 1987

Aids tests for doctors

Dear Sir,

Most sane doctors will have sympathy with the anxieties of patients, and the concern expressed regarding doctors with Aids (leading article, 17 November). It is, however, monstrous to suggest a witchhunt of the type mentioned in some papers with compulsory annual blood tests for all doctors at the "sharp end".

This attitude is sharply at variance with the similar campaigns in the same press for absolute confidentiality and against routine testing of patients.

The confidentiality afforded to patients is daily putting at risk the carers, who have no right of access to information about patients who may have diseases such as hepatitis B or Aids.

If I and many others are to be subjected to annual tests, so that the public may have spurious protection from the hypothetical risk of acquiring disease from carers, surely we in the professions have an equal right to information about, and protection from, the much larger population outside who may put us, our families, and our other patients at risk.

This morning my staff were confronted by three patients from one accident, all bleeding, and all needing immediate care. Surely my staff are more at risk than most of our patients from such contact?

Yours faithfully,
Dr COLIN FLOWERS
Accident Centre
Cheltenham Spa
Gloucestershire
16 November

Irish Times
23rd November 1987

Condom campaign

Sir — The opinion of many people that "Pop" has a debasing influence on young people would seem to be confirmed by the recent line-out of pop stars advocating the use of condoms as an alleged protection against AIDS.

Can these "stars" really be as ignorant of the subject as they appear, or are they involved in a sordid commercial arrangement. Condoms have a failure rate of at least five per cent and this ad-

mitted even by those who promote their use as a contraceptive.

By encouraging the young to think they can indulge in sex without exposing themselves to the risk of AIDS, Bob Geldof, who is admired by many because of his aid to the famine victims of Ethiopia, can hardly be seen as doing a service to young people by assisting this campaign.

MARY KENNEDY

Hon. Sec.

The Irish Family
League,
148 Bothar Cluain Tarbh,
Baile Atha Cliath 3.

Wanted: a new insurance policy on Aids

by Wesley Gryk

The increase in Aids-related deaths is posing difficult questions for the British insurance industry in the way it handles life assurance applications. The responses so far have been panicky and discriminatory. While male homosexuals have been the main focus of insurers' attention, this seems likely to change as the disease spreads into the general population. The experience here contrasts with that in America, where similar initiatives by insurance companies have been closely monitored and controlled by government regulatory authorities.

A primary aim of British insurers in the past year has been to develop life assurance application procedures calculated to identify homosexuals. Any single male of marriageable age applying for life cover is liable to be required to answer a supplementary questionnaire intended to establish his sexual orientation. False or misleading answers can lead to invalidation of the policy.

As in the past, an applicant may be required to authorize the insurer to seek information from his GP. Now, however, the doctor is likely to be asked about the patient's sexual orientation as well as his medical history. (To its credit, the British Medical Association has urged the insurance companies to drop such questions.)

If an insurance company — applying whatever criteria it chooses — decides that the applicant may be homosexual, it can on the basis of this finding alone refuse cover or offer it at a significantly higher premium.

The majority of those contracting Aids in Britain up to now have been male homosexuals. But this cannot logically justify a decision that any given individual should have his access to insurance cover denied or impeded solely on the basis of his purported sexual orientation, irrespective of whether his particular medical history contains concrete indication of an increased risk.

A greater mortality risk arises

not from membership of a particular social group but rather from exposure to the Aids virus through sexual or other circumstances which may apply to a far broader band of the population. This blanket discrimination exhibited by the insurance industry against single males suspected of homosexuality is disturbing.

Indeed, homosexual males today are more likely than any other group to recognize the risk of such exposure and to take steps to avoid it, precisely because their community has been so seriously affected. Fortunately, however, a very large majority of homosexual males in Britain have not been exposed to the Aids virus.

The use of blood tests by insurers to assess the Aids risk is likely to affect a much broader group of people seeking life assurance cover. Recent reports indicate that some insurers plan to make blood tests mandatory for those applying for a high level of life cover. Already applicants are routinely asked whether they have had the blood test which detects the presence of antibodies to the Aids virus. If the answer is affirmative and the test results are positive, an application predictably has little chance of success. More surprisingly, having a test and obtaining a *negative* result is also likely to be counted against the applicant — presumably as indicative of a dubious lifestyle.

For those applicants who have

not previously been tested but who otherwise arouse the insurer's suspicions, submitting to a blood test has become a precondition of proceeding with the application. Thus an individual signing on to his employer's life assurance scheme or attempting to obtain an endowment mortgage may be compelled to take a test which he does not desire, which will not afford him information on which he can base remedial action and which, at worst, may profoundly traumatise and stigmatise him. Whether insurers ought to have discretion to impose such a condition is a complex question which should not be left to the insurers alone.

So long as such tests are required, clear criteria need to be established for deciding when the test may be administered, the standards of testing, the provision of adequate counselling, both before and after the test, and strict confidentiality.

Useful guidance can be gained from the United States, where the initial response of insurers was very similar to those here. Aggressive efforts were made to identify and exclude male homosexuals. In some instances particularly invidious approaches were taken, such as excluding all males living in particular urban postal "zipcode" areas and those working in what insurers supposed to be "gay professions". As the fact began to sink in that the risk of Aids spread

much further, broader strategies were developed. At least one insurance company is alleged to have refused automatically all applications from residents of San Francisco.

But in the United States, as indeed in many other countries, insurers are subject to close supervision by independent regulatory bodies who have responded forcefully to such approaches.

By the end of last year, a survey covering 40 states showed that just over half, including many of the most populous states where Aids is most prevalent, had already forbidden any discrimination whatsoever on the basis of sexual orientation. Since then, the National Association of Insurance Commissioners (NAIC), the umbrella organization bringing together all state insurance regulators, has produced guidelines calling for the complete elimination of such discrimination.

One third of the states surveyed prohibited questions about prior Aids blood tests, so that individuals with particularly strong reasons to be tested — such as a woman considering having a child — would not be deterred for fear of becoming uninsurable. Seven states reported prohibiting the use of blood tests by insurers altogether.

The emergence in the last decades of the 20th century of a serious, previously unknown disease requires a re-assessment of assumptions with which we have learned to live comfortably. The British insurance industry faces a major challenge in undertaking its responsibilities in this area. When suggestions have been made in the past that this industry should be subjected to greater outside regulation, it has always responded that it can be counted on to regulate itself responsibly and for the common good. The Aids crisis has provided a difficult test of that assertion.

© Times Newspapers, 1987.

The author is an international lawyer specializing in human rights law.

Irish Press
25th November 1987

Crack-down on Aids

The West German city of Frankfurt is considering forcibly interning prostitutes who are Aids carriers but refuse to stop working.

AIDS therapy prolongs life

SECRET medical trials show a new treatment could significantly prolong the lives of AIDS sufferers, a British research group said yesterday.

"This is not a cure. However, it has prolonged life and if it manages to do that for any reasonable length of time then it deserves serious study", said Ian Ward-Baskin, technical director of the International Society of Biophysical Medicine where the treatment was developed.

He said the therapy, derived from a treatment for drug addicts, had been tested secretly under the auspices of the National Health Service.

Details were being kept secret to avoid authorities in the area where the trials took place from being swamped with inquiries, he said.

The treatment, which boosts the body's immune system, involves using electrodes to transmit tiny impulses to the skin.

Volunteers suffering from Acquired Immune Deficiency Syndrome were tested and experienced a significant improvement, Mr. Ward-Baskin said.

One victim, only given 24 hours to live, gained 42 lbs after the treatment and six months later is living an apparently near-normal life, he said.

Top U.S. Expert on AIDS May Establish A Privately Funded Research Institute

26/11/87 p 10
By MARILYN CHASE

Staff Reporter of THE WALL STREET JOURNAL

SAN FRANCISCO—Robert C. Gallo, the cancer virologist with the National Institutes of Health who has emerged as the U.S.'s foremost researcher on acquired immune deficiency syndrome, is considering founding a privately funded, university-based AIDS research institution.

One of his possible backers is thought to be British publisher Robert Maxwell.

Dr. Gallo, 50 years old, is chief of the Laboratory of Tumor Cell Biology at the National Cancer Institute, a unit of the Bethesda, Md.-based NIH. After 22 years at NIH, he is contemplating quitting the U.S. agency to create a nonprofit institute for the study of human viruses and their role in cancer, immune deficiency and neurological disorders such as multiple sclerosis.



Robert C. Gallo

But no decision has been reached.

Dr. Gallo did not immediately return telephone calls.

"Looking at these viruses and clarifying their role in disease is a dream we all have," said Dani Bolognesi, a Duke University cancer and AIDS specialist. The collaborator and friend of Dr. Gallo confirmed such an enterprise has been under discussion for two years.

Although the brilliant and volatile Dr. Gallo has been involved in important AIDS research for most of this decade, a research institute could provide a single, well-funded research setting for scientists from many different laboratories.

Dr. Gallo and his group are credited with making positive identification of a virus as the cause of AIDS, following the first isolation of that virus by Luc Montagnier of the Pasteur Institute in Paris. The French-American rivalry spawned a lawsuit, settled in March when the two researchers agreed to an equal sharing of credit and royalties from the sale of AIDS blood-test kits. After years of wrangling over nomenclature, the virus has been named HIV, for human immunodeficiency virus.

Discussions so far have focused on three possible sites for the research institute. The Washington Post earlier this week reported that Johns Hopkins University had emerged as the front-runner. But later, a spokesman for the university said it was no longer talking with Dr. Gallo after financial

sponsors withdrew their proposal.

Duke and Yale universities are also candidates, and are said to still be negotiating, Dr. Bolognesi said.

James Wyngaarden, NIH director, said a departure by Dr. Gallo would be "a major loss" and "a very serious setback" not just for the U.S. government's fight against AIDS, but for the anti-AIDS effort in general because it would likely take Dr. Gallo a year to regroup and gear up his research team.

Dr. Wyngaarden pointed out that Dr. Gallo makes between \$70,000 and \$80,000 a year plus a share of patent royalties, and has recently had his lab space increased. He also noted it would be difficult to duplicate the agency's concentration of scientific talent and resources elsewhere. Nevertheless, most venture capitalists can secure income increases of 50% to 100% for scientists who join the private sector.

Venture capitalists have been courting many of the U.S.'s most esteemed AIDS researchers to join private ventures. In addition, many of the country's major venture-capital firms now are engaged in funding AIDS-related research enterprises. Two principal groups have emerged in discussions regarding Dr. Gallo: American financiers David and Issac Blech, and Mr. Maxwell, chairman of Oxford-based Maxwell Communication Corp.

Messrs. Blech—two Wall Street financiers with a flair for biotechnology ventures—had been said by competitors to be amassing a \$100 million war chest to invest in such a venture, involving capital infusions from the insurance industry, now exposed to heavy AIDS-related claims.

Market Plunge Cited

But sources close to the negotiations said the Blech brothers withdrew their funding proposal on Tuesday, citing investors' impatience and fallout from the Oct. 19 stock market plunge, which has made funding more precarious.

It isn't clear how any venture capitalist would make money from a research institute that is expected to be nonprofit. But some speculate that any practical products emerging from a research institute could later be licensed to companies.

The Blech brothers have a long track record in backing biotech companies, including Nova Pharmaceuticals Inc. of Baltimore, Cambridge Biosciences Inc. of Cambridge, Mass., and the Genetics Systems unit of New York-based Bristol-Myers Co.

Mr. Maxwell, who has declined to discuss his investment plans, was said to have wooed Dr. Gallo last summer. It isn't known whether Mr. Maxwell is still courting the U.S. scientist, but he was said to be pursuing

other officials of the Department of Health and Human Services—of which the NIH is a part—for such a research institute.

Suitors are pursuing not only Drs. Gallo and Bolognesi, but other prominent National Institutes of Health researchers as well, including Samuel Broder, director of clinical oncology at the National Cancer Institute. Dr. Broder's tiny lab first discovered the anti-AIDS activity of the drug AZT and tested it in patients. AZT subsequently was developed and sold by the Burroughs-Wellcome Co., under the brand name Retrovir, as the first U.S. Food and Drug Administration-approved drug for the fatal condition. Burroughs-Wellcome is a unit of Wellcome PLC of London.

Dr. Broder, however, has said he has no plans to leave government service.

December Meeting

Separately, officials of the Pasteur Institute in Paris said that Drs. Montagnier and Gallo have scheduled a meeting in early December to discuss a foundation growing out of their legal settlement in March. The two are expected to pool the proceeds of test-kit royalties and apply them to AIDS research.

But the French-American foundation while it would give the two erstwhile rivals a greater chance to cooperate, is believed separate from the university-based institute now under discussion by Dr. Gallo and his U.S. associates.

In Paris, a Pasteur spokeswoman denied that Dr. Montagnier has plans to emigrate to the U.S. "Oh no," said Caroline Chalme in a telephone interview. "They will collaborate, but I spoke to Prof. Montagnier this afternoon and he didn't say anything about relocating."

How Aids will change relationships

AIDS is seen as a men's disease. Of the 27 people who are reported to have AIDS in this country, 26 are men. Of the 657 known to have contracted the virus which causes AIDS, less than 100 are women.

But AIDS has special implications for women as

wives, girl friends, mothers and care-givers.

In a country like Ireland where the main prevention offered is chastity, where condoms are not widely accepted, where abortion and sterilization is not an option, there are particular problems.

It will be interesting to

hear how Diane Richardson deals with them at the Women's Political Association 'Focus on Women' day at Jury's Hotel on Saturday.

A social psychologist at Sheffield University, she is the author of "Women and the AIDS Crisis", published earlier this year.

It gives comprehensive facts about AIDS, including how women can avoid contracting it, and how they can cope with caring for a sufferer.

Diane Richardson believes that for the heterosexual community in general, AIDS gives an opportunity to improve relationships: "What

might come out of all this is a change in relationships. Since the turn of the century, man have not had to think about the consequences of their sexual behaviour in any serious way.

"It has always been women who were more at risk from sex." From pregnancy, from acquiring a bad reputation. Now AIDS: "We now might learn that sex is not a bargain, and that women have a right to say what they want or don't want to do".

Bristol-Myers Is Cleared To Test Anti-AIDS Vaccine

AP-DOW JONES NEWS SERVICE

WASHINGTON — Bristol-Myers Co. received U.S. Food and Drug Administration approval to begin tests in human beings of an experimental vaccine to prevent infections with the HIV virus that causes acquired immune deficiency syndrome.

This is the second experimental AIDS vaccine approved for human testing. The first, an insect cell culture-derived vaccine made by Microgenesys Inc., was approved for human trials Aug. 18.

Bristol-Myers said the vaccine is made from vaccinia virus. Vaccinia is the virus from which smallpox vaccine has been made, into which the genes for the surface, or envelope, proteins from HIV have been inserted by recombinant DNA techniques.

The New York-based pharmaceutical and toiletries company said researchers believe the proteins, though not in themselves infectious, will stimulate the body to produce antibodies that may be protective against HIV infection.

Studies of the new vaccine will be carried out at the Pacific Medical Center under the direction of Dr. Lawrence Corey, director of virology at the University of Washington School of Medicine.

Bristol-Myers said the vaccine will be tested in 30 to 60 healthy homosexual volunteers who aren't infected with the AIDS virus. A control group of volunteers will receive smallpox vaccine.

FDA Commissioner Dr. Frank E. Young called the vaccine a "major step in recombinant vaccine development," but he emphasized that many questions remain to be resolved.

Doctors given Aids warning

DOCTORS were warned yesterday that they could be struck off the medical register if they contract the Aids virus but ignore expert advice to stop practising.

Sir John Walton, president of the doctors' governing body, the General Medical Council, announced tough guidelines for the profession.

In a statement he said it was unethical for doctors who knew or suspected they had Aids or were HIV positive to continue working without seeking

specialist advice.

If they were told to stop or limit their work, but failed to do so, they were putting their patients at risk.

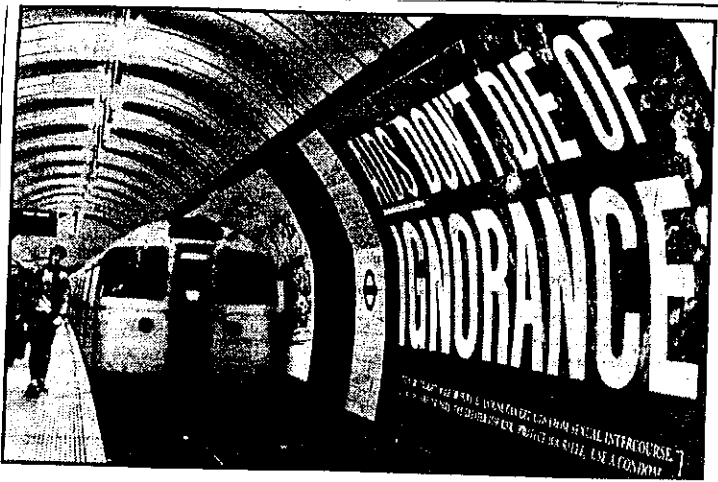
Other doctors were told they should inform health authorities if they suspected a colleague had the virus but was not following the specialist advice.

He said: "There are well tried arrangements for dealing with such cases. They are designed to protect patients as well as to assist the sick doctor."

Sir John issued his statement after a special meeting of the GMC's Standards Committee, held in the wake of the Aids death of a doctor working in the kidney unit at the London Hospital, Whitechapel.

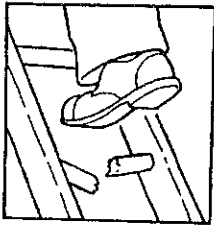
The Department of Health welcomed "the speed with which the GMC has acted to address this vital issue.

"The Government will be studying the statement carefully as a matter of urgency," a spokesman said.



Aids and insurers: you ain't seen nothing yet

David Worsfold reports on some new hard-to-digest facts on the killer disease to be published by the Institute of Actuaries



INSURANCE

LIFE insurance companies are on the brink of recognising that

Aids is not a problem exclusive to homosexuals and drug abusers and that by concentrating their attention on these groups they have been failing to protect themselves — and their millions of policyholders — from the financial blizzard that will strike in the next decade.

The Institute of Actuaries is about to publish its latest findings on the impact of Aids on life insurers.

This will spell out for the first time that Aids is now a disease afflicting the heterosexual community and that the action that insurance companies take to limit their exposure to claims arising from

people dying of Aids-related diseases must be redirected accordingly.

Insurance companies have already run into severe criticism for asking all single male applicants for life assurance whether they are homosexual or bisexual and asking doctors to speculate about their patients' sexuality.

This approach might end up looking mild in comparison to what is now contemplated. To coin a phrase popular in the last US presidential election: "You ain't seen nothing yet."

Among the recommendations about to be produced by the Institute of Actuaries is that everyone — male and female — applying for life assurance of more than £50,000 should be sent for a blood test for the Aids virus. If they are found to be carrying the HIV virus, they will be refused life assurance.

The institute also wants to see the questioning about "lifestyle," as it euphemistically calls sex, extended to include questions about promiscuity.

There are already signs that these proposals — which are some way from being enacted — could provoke a severe backlash against insurance companies.

Insurance companies have got a problem. The level of claims from Aids-related deaths will be enormous in the next few years if a cure is not found. It is possible that, if the worst predictions of the spread of the disease come to pass, some

sent for a blood test for the Aids virus. If they are found to be carrying the HIV virus, they will be refused life assurance.

The institute also wants to see the questioning about "lifestyle," as it euphemistically calls sex, extended to include questions about promiscuity.

There are already signs that these proposals — which are some way from being enacted — could provoke a severe backlash against insurance companies.

Insurance companies have got a problem. The level of claims from Aids-related deaths will be enormous in the next few years if a cure is not found. It is possible that, if the worst predictions of the spread of the disease come to pass, some insurance companies could go bust. No one wants that to happen.

Clearly, no one should expect insurance companies to cover people who are HIV positive. The latest American evidence suggests that 85 per cent of carriers will develop Aids and die within eight years. It is a terminal disease and life assurance has never been designed to cover people who already have a terminal disease.

The new proposals from the Institute of Actuaries fall into two distinct categories. The blood test proposal suggests tackling the problem on a medical level, while the lifestyle questions are much more subjective.

It is such a big step — especially at such a low level of cover — that the insurance companies will be cautious about going down this path. If they do contemplate it, they will face demands to provide counselling for people found to be HIV positive as a result of an insurance company test.

The proposals for extending the lifestyle questions have less merit. There is already considerable concern about the intrusion into people's private lives by insurance companies, with many people inside and outside the industry asking whether questioning people about their sex lives can really be justified simply because they have applied for an insurance policy.

Asking questions about promiscuity would probably not make a lot of sense anyway; after all, one person's promiscuity might be another person's near celibacy, so getting a meaningful answer will not be easy.

Even if all these proposals were accepted by the insurance companies, the Institute of Actuaries still says that premiums will have to rise. There are suggestions that premiums for younger age groups — who will bear the brunt of the Aids epidemic — could double in the next few years.

Sunday Tribune
29th November 1987

Aids robbery

SPANISH police have detained a man alleged to have robbed four women in Madrid after threatening them with a needle he said was infected with Aids.

Abortion call for pregnant AIDS carriers

by AILEEN O'MEARA

WOMEN with AIDS anti bodies who become pregnant should have abortion facilities available to allow them to terminate their pregnancies, a British social psychologist and AIDS expert told a women's conference in Dublin yesterday.

Ms Diane Richardson, author of the book, *Women and the AIDS Crisis* told the Women's Political Association's annual seminar in Jury's Hotel that women infected with the AIDS virus stand a much greater risk of developing full-blown AIDS as a result of pregnancy because pregnancy lowers the immune system.

"Abortion facilities need to be made available so that women with the HIV position virus can terminate the pregnancy if they choose. I realise this leads to

complications in countries where abortion is illegal, but without it, there will be a large increase in infected babies," said Ms Richardson.

"Hospitals in New York are full of children with AIDS, and they spend years in hospitals because no-one wants to foster or adopt them, and their mothers are either too ill to care for them, or are already dead."

That situation is something this country is now going to have to face, Ms Richardson told the seminar.

A speaker from the floor who said she was from the 'Women and AIDS Group' in Dublin said 15% of all people with the AIDS virus in the country were women. "There are about 100 women with AIDS, and 30 babies have been born with the virus."

According to Ms Richardson, Ireland's proportion of AIDS babies is twice that of Britain.

"About half of babies

born with AIDS are likely to die, most of them before they are two years of age. AIDS also puts a mother's life at risk. Is it not Christian to offer people a means of preventing AIDS babies being born?", Ms Richardson told the *Sunday Tribune*.

During the morning session, a resolution calling for the reversal of the decision to close the National Social Services Board was unanimously passed.

The seminar was opened by Education Minister Mrs Mary O'Rourke TD, and speakers included American Democrat congresswoman Mrs Pat Schroeder, and the Russian editor of the influential *Soviet Woman* magazine, Nelya Ramazanova. Mrs Ina Broughall, national President of the Irish Countrywomen's Association, and opera singer Bernadette Greevy also addressed the busy seminar.

Irish Press
30th November 1987

Aids book for APSO volunteers

The growing problem of Aids in developing countries has prompted APSO, the State-funded Agency for Personal Service Overseas, to produce a booklet on the killer disease for volunteers planning to work overseas.

The booklet, *Aids and the Development Worker*, gives information on the illness, but stresses that volunteers should not be worried about working in third world countries.

It warns intending volunteers not to accept blood transfusions except in extreme emergency, to check whether the local hospital screens blood for the Aids virus, to avoid sex with high-risk contacts, and to bring their own syringes and needles.

Vital curiosity that fuels Aids research

THE world is struggling to come to terms with a new and terrible disease. It is spread by sexual contact and contaminated blood. It knocks out the body's ability to fend off infection. The symptoms may take several years to develop and in that time an infected person may unknowingly infect many others. In Britain alone, more than 1,000 people have gone down with the disease and many tens of thousands are believed to be carrying it. Most of them, it seems, will die. There is no vaccine and no cure.

If that were all we knew about Aids the outlook would be bleak indeed. But we know more.

We know that Aids is caused by a virus called HIV: the Human Immunodeficiency Virus. Virus is the lowest form of life; so low that many scientists do not regard it as being alive at all. In essence they are simple boxes of genes whose sole function is to attack proper, living cells and hijack their internal machinery to manufacture more viruses. They are cellular parasites.

HIV looks like a football with knobs. Ten million HIVs would barely cover the full-stop at the

end of this sentence. At the heart of the virus are two molecules of RNA, the genes that carry the recipe for making more viruses. The RNA is shrouded in several layers of protein, wrapped in a fatty outer-envelope studded with knobs of protein. The knobs are designed to bind to a type of white blood cell known as a T-cell.

T-cells are a crucial link in the chain of command that mobilises our body's defences against invading germs. With the T-cells out of action, the body loses its natural resistance to infection.

Once attached to the T-cell, the virus penetrates the cell membrane and releases its RNA into the interior. The recipe carried by the RNA is copied into a molecule of DNA, which is then carried into the nucleus of the cell where it inserts itself among the cell's own genes. Genetically, it is part of the cell. The virus has gone, its imprint — known as the provirus — lingers on, like the grin of a sinister Cheshire cat.

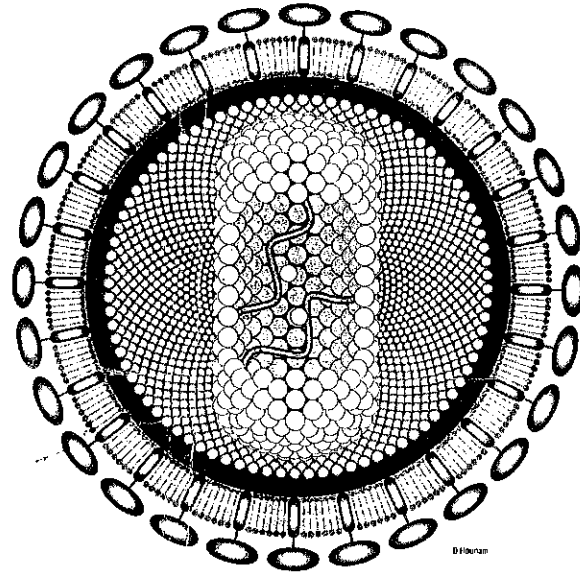
The provirus can lie unsuspected for years, until awakened by the T-cell's sudden response to another infection. The cell's protein factories now turn out com-

ponents for new HIVs. A mass of new viruses push their way out of the cells, taking parts of the membrane to form their own envelopes. The infected T-cells die, and the immune system collapses.

We can now ask naive but intelligent questions. Can the virus be neutralised before it finds a T-cell? Can it be kept from binding to the cell? Can it be prevented from releasing its RNA into the cell? Can the copying of RNA to DNA be blocked? Can the DNA be kept out of the nucleus? Can the wakening of the provirus be stopped? Can any of these things be done without damaging other, healthy cells? And so on. Questions such as these point the way to controlling Aids.

How do we know all this? We know because of the work of a multitude of scientists around the world. Aids was recognised in 1981. Two years later the virus had been identified and isolated. By 1985 the HIV genes had been decoded and published for all to see. HIV is now one of the most intensely studied viruses of all time.

Who are these people? Where do they come from? None of them was an "expert" on Aids be-



cause there was no Aids when they were trained. They would call themselves immunologists, virologists, epidemiologists, biophysicists, molecular biologists and others. Many strands of science are being drawn together to understand Aids. New problems require new solutions and it is often those working at the edge of what is known, those most in command of basic principles, who are

best equipped to find them. For example, our ability to understand HIV depends on the science of molecular biology which began 30 years ago when two young men, Watson and Crick, worked out the structure of the DNA molecule because they found it more interesting than the work they were being paid for. No one told them to do it. — quite the opposite. They were moti-

vated simply by curiosity. The belief is gaining ground, especially in government, that science for its own sake is no longer acceptable, that curiosity is a self-indulgence we cannot afford. Scientific research, we are told, should be rationalised, planned and be addressed to the needs of the economy and funded by those who stand to profit from it.

Professor Robin Weiss, of the

The structure of the Aids virus, left, reveals it to be as beautiful as it is deadly. Although a cure or a vaccine is still some way off, we already know a lot about this dreaded new disease. Tony Jones asks how we learned so much so quickly and warns that the scientific expertise that pieced the puzzle together is under threat

Institute of Cancer Research in London, is now one of the country's leading Aids researchers. Together with colleagues at the Middlesex Hospital, his group devised the blood test that shows whether a person has been exposed to HIV. Because of this test, now produced by a major pharmaceutical company, blood transfusions in Britain are safe. Yet of the 23 years that Weiss had spent studying viruses, only the last 12 months won commercial interest.

Another leading Aids scientist is Professor William Jarrett, of the University of Glasgow. He is a veterinary pathologist whose field of study has been viral infections in cats. It so happens that some of the viruses that infect cats are similar to HIV. He and his colleagues found that they had the expertise needed to develop potential anti-HIV vaccines. No one planned it, like that, but advances in science do not always come planned. Both Weiss and Jarrett are taking part in the Medical Research Council's £14m crash programme for Aids research along with more than 20 other groups in the country.

It is a source of bewilderment

and pain to many that the Government's mature and enlightened attitude to the Aids problem does not extend to the universities that made the likes of Weiss and Jarrett. Excellence in science cannot be bought overnight. It has to be nurtured and cultivated and brought to fruition over many years. No amount of crash money can make research; there are not the people who know how to do it.

Paced with this new and dangerous virus, we have a number of choices open to us. We can ignore it and hope it stays away. We can seek scapegoats. We can pray to God. We can panic. All over the world people are doing these things and they don't work. Or we can think. We can use our hands and brains to seek to understand what it is that has come so cruelly into our midst. This is the way of science and it is our best hope.

Where did The Aids researchers come from? They were here all along — just being scientists, just being curious. Nature can still spring nasty surprises on us. Our best defence is curiosity. We can be thankful that there are those among us who know how to use it.