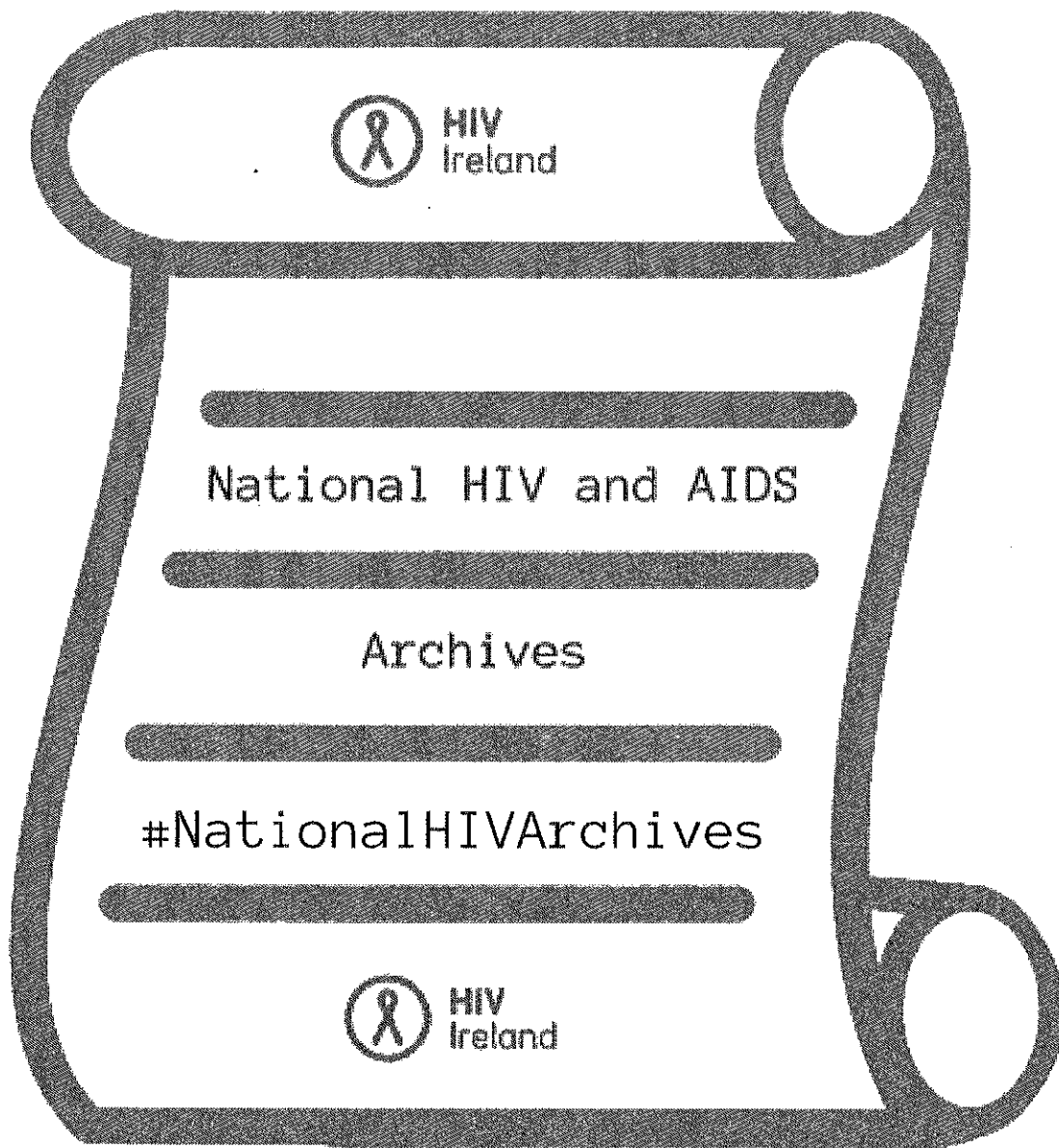


# Print Media



23rd to 31st January 1987

# Board in bid to beat AIDS

The strategy on AIDS adopted by the Eastern Health Board is to include making more direct approaches to people in high risk categories.

This was revealed yesterday by Dr Angela Greer, acting chief administrative medical officer of the board, at its monthly meeting.

She was responding to fears expressed by James Ford-Smyth who said that the board's strategy did not go far enough and that it should be more explicit.

Mr Ford-Smyth said that rather than having a "blanket approach" to advice and publicity, the campaign should aim its message at people in high risk categories and be "more specific."

Board vice-chairman Mrs Anne McCollum said she would "like to see a more positive approach to education people about the subject and to discourage promiscuity and encourage fidelity."

But Mr Ford-Smyth said he thought it was "immoral and wicked" to be talking in such moral terms.

The Government should give people specific information on the practices which were dangerous, he said.

Meanwhile plans to screen people anonymously for AIDS have collapsed, prompting fears that the fight against the disease will be hampered by a lack of vital information.

Over the past six months the Medical Research Council's working party on AIDS has sought to obtain doctors' support for surveys to find out how widespread the infection is.

But Prof Sir Richard Doll, chairman of one of the working party's committees, said yesterday: "So far I have failed to obtain it."

"This causes my colleagues on the sub-committee and I serious concern as the public health authorities and the general public need to have reliable information about the prevalence of infection and the rate at which that prevalence is changing."

The Department of Health last night denied that people worried by the AIDS disease have fewer advice facilities in Northern Ireland than those in Great Britain.

A voluntary group runs a phone-in service for 2½ hours twice a week — compared with a 24-hour service on the mainland.

A department spokesman said: "They can phone the special number — 0345-58115 — which, although it is outside the Province, is only charged at local rates.

"And there is the special Freephone number — 1800 555-777 — which they can use."

The Government's advice leaflet, now arriving in homes across the Province, says the advice number is available from 7-30 to 10 p.m. on Mondays and Fridays.

Meanwhile, a Free Presbyterian Church minister last night called on Christians in the Province to send the Government's AIDS leaflet back to the Department of Health.

The Rev. Ivan Foster said: "In essence the Government's advice is 'you should not murder anyone but if you must, make sure you don't leave any clues behind to connect you with the crime'."

He said the source of the disease was among the gay community and drug addicts and both seemed to have been sheltered from public reproach and blame.

"Such a wrong attitude to this 20th Century evil will cost this society very

## AIDS advice claim denied

dearly and all because the Government is willing to permit the perverted lifestyle of a few," the DUP man said.

"Christians should put this offensive literature in an unstamped envelope and send it back to the DHSS — that is what I have done."

A Presbyterian minister, however, has poured scorn on the claim that AIDS is God's wrath on homosexuals. The Rev. Bob Cobain, who is Press officer of the Church, said: "If it is, why is it that the group in society least likely to catch it is the female homosexual group, lesbians?"

Writing in the latest issue of the Presbyterian Herald, he said: "Has God only got it in for men? Why is He taking so long to conjure up something for rapists and child-abusers?"

Mr. Cobain said he believed AIDS was the natural consequence of sin, because society had disobeyed the ground rules for living. "We are not made for promiscuity," his article said.

A Bill aimed at checking the spread of AIDS and identifying the number of carriers of the disease in Britain received the backing of MPs in the Commons yesterday.

The AIDS (Control) Bill, introduced by Edinburgh Labour MP Gavin Strang, received an unopposed second reading.

It was broadly welcomed by Health Minister Tony Newton, who said it would help fight the spread of the disease in Britain.

The Minister pledged that the Government would continue with its explicit advertising campaign on the dangers of AIDS. Future campaigns would be even more detailed and explicit.

The measure places a statutory responsibility on district health authorities in England and Wales and health boards in Scotland to produce detailed annual reports on the prevalence of AIDS in their areas.

# PROMISCUOUS PADDYS

Name supplied,  
London, NW1

AS an Irish-born landlady who has rented accommodation to young Irish people, I am appalled at the promiscuous behaviour of some of them once they leave Holy Ireland behind.

What is happening over there? Have all moral standards been thrown to the wind? Some Irish girls seem to think nothing of one-night stands -- with all

the risks involved, from pregnancy to AIDS.

Are Irish youth really as

promiscuous and immoral as some of the ones I see coming over here?

## Treat contempt with contempt!

# **Quarantine for all AIDS victims**

**Peter C. Jackson,**  
**St. Columba's Lodge,**  
**Killiney,**  
**Co. Dublin.**

CONCERNING the recent statement of the Catholic bishops regarding AIDS, I find it naive of them to expect everybody to be sexually moral, considering that about three per cent, at least, are always going to go astray.

However, when they say free condoms for homosexuals would increase the

risk of spreading AIDS they are quite right, since the failure rate of some condoms can be as high as 10 per cent.

We must, if we are to contain the AIDS problem, have a policy of long term quarantine for all AIDS sufferers and those with AIDS antibodies (excluding those innocent victims, e.g. haemophiliacs, who have contacted the disease through a blood transfusion).

Sc

The Sunday Press, January 25, 1987

# Boxers risk AIDS — Eastwood



EASTWOOD . . . "horrified" at what happens to boxers in the ring when they are cut.

**BOXING MANAGER** Barney Eastwood is worried that his top stable of boxers could contact the killer disease AIDS. The Belfast bookmaker admitted last night that he was "horrified" at what happens to boxers in the ring when they are cut.

He said he had watched corner men sticking antiseptic cotton wool swabs in their mouths. "It's disgusting and dangerous," he said.

The shrewd fight manager who took Barry McGuigan to a world title and is now guiding middle-

weight Herol Graham to the top revealed: "I'm truly horrified because sports doctors have openly admitted that AIDS virus can be transmitted by saliva."

"Yet these swab sticks are coming out of seconds mouth and applied straight onto boxers cuts." He said many young boxers climbing into the ring did not even see their corner man until seconds before the fight.

He is so concerned that he has now written to the British Boxing Board of Control's medical repre-

sentative in the North, Dr. Pat MacHugh. In his letter he tells Dr. MacHugh: "I wish you to raise this appalling practice with the Boxing Board in London right away. This is a matter of extreme urgency."

"It is absolutely essential that a directive is sent out covering all promotions in the U.K., and Ireland — banning this practice now."

Already Eastwood has banned his own fighters' handlers from the swab stick habit but he rea-

lises the risk from cross-infection to his stable if opponents inadvertently catch the virus.

The former Irish champion boxer, Fred Teidt, claimed yesterday that he had never, in all his years of boxing and coaching, seen the corner men put the swabs into their own mouths.

"Boxing people are very clean, particularly the 'cuts man'. I've seen a lot of 'cuts men' over the years, and I've never seen one put the swabs into his mouth."

## **Cork doctor criticises Government AIDS leaflet**

By Anne Ryan

THE Health Education Bureau leaflet on AIDS was last night criticised as being unspecific, at a time when education and information are the only known cure for the killer disease.

Dr. Jack Cantillon, of the Victoria Hospital Sexually Transmitted Diseases Clinic, claimed the leaflet is difficult to acquire and that it does not "confront the issues squarely."

Speaking at a Cork Speakers Club debate on 'AIDS, Drugs and Moral Decay', Dr. Cantillon alleged that the leaflet warns against unsafe sexual practices without stating what these are.

He said that in Ireland a person has to write specifically for the leaflet which he claimed is a deterrent. "The leaflet is no good if it can only be got by applying for it," he said. In England a detailed and factual leaflet was posted through the door of every household.

Abstinence and faithful monogamy is the only way of avoiding AIDS, Dr. Cantillon said. However for people who cannot comply with this

ideal, the use of condoms is strongly recommended.

He stressed the reason the use of a condom is recommended is to reduce the spread of the killer virus and not to encourage promiscuity, as some bishops suggested.

Dr. Cantillon praised the work of the Gay Health Action group. He said they should be given the funds they urgently need for their information campaign to combat the spread of the disease. And he said the campaign has proved remarkably successful.

Dr. Cantillon said he agreed with the viewpoint that "we cannot afford the luxury of a moral debate" about a disease that has the potential to kill so many people. Indulging in moral condemnation only alienates those we most seek to change and help, he said.

Meanwhile, the chief of the Cork Drug Squad, Detective Sergeant Paul Mangan, stated that Cork has a growing drug problem which could become an "alarming" problem if it is allowed to escalate.

## SPORTS DIARY:

EVENING PRESS, MONDAY, JANUARY 26, 1987

Karl Johnston

# A WORD ON AIDS . . .

● William Webb Ellis must be spinning in his grave in Paris. At the end of the national squad training session at Lansdowne Road a fortnight ago yesterday, the players were brought in behind closed doors to hear some words of advice from Dr. Mick Molloy, one of the RFU's medical team.

Mick's address was not concerned with sports injuries, their treatment or their prevention, or related matters. No sirree!

Beating the Football Association's much-publicised

initiative by a good ten days or so, Mick told the lads all about AIDS. Which is no laughing matter, most definitely; nevertheless, I hear that his audience found it hard to keep serious.

And let's be clear about this: Mick was discussing the prevention of AIDS — purely in precautionary terms — on the field of play, and not in any other context.

Rugby players, of course, do not indulge in the sort of consenting-adults-in-public behavior so beloved of soccer stars, but still, it seems, there are minor risks which should be avoided.

Front row forwards run the most risk, apparently, if what my informant says is correct. Apparently, Mick Molloy warned the squad members to pay proper attention to cuts when locked in the scrum against the opposition.

And there are not many activities which bring you into closer physical contact than a scrum, or a ruck or a maul.

Well, there are, but I can't discuss them in a family newspaper. But I hope that the lads were told all about AIDS, off the field, as well.



Today  
26<sup>th</sup> January 1987

# WRITE HERE

## Anderton has a moral duty

WRITE TO  
● The Editor  
TODAY LETTERS  
70 Vauxhall  
Bridge Road  
London SW1V 2RP

WHY, according to your editorial (TODAY, January 19), should Chief Constable Anderton be silent about his faith as long as he remains a police chief?

You point out that he holds an "important and sensitive job". Surely this is the place where the highest moral standards should be seen?

You would have him separate his faith from his lifestyle; you call his views inflexible. But who are we to edit and amend the Lord's standards?

Paul & Cynthia Stokes,  
Birmingham

### Direct line

COUNCILLOR Eddie Gallagher said: "I doubt if even the Pope would claim to have a direct line to God... we have a Chief Constable who appears to think he has to

phone Heaven before every decision."

May I tell him kindly that that is exactly what every Christian has and does?

Mrs Jill F Rowe,  
Godalming, Surrey

### Whose law?

WHEN will we hear the last of this self-righteous policeman?

It's so easy to hide under the cloak of "Christianity" and spout bigoted views that he claims come from God. But the real God is a caring being, not a cruel beast.

To borrow his phrase, the man could be accused of swirling in a cesspit of blinkered religion. Thank God all Christians aren't the same.

Mr Anderton should stick to the law of the land.

Annie Humphries,  
Barnes, London

### Charge them

WHY stop at confiscating only proven ill-gotten gains? All criminals should have to pay as much as possible from their assets towards the cost of their wrongdoing to the community.

No one should be beggared, but all luxuries down to pens and calculators should be seized and sold. And, for petty nuisance offences, the penalty should be a bill including the cost of police and court time, the fine and compensation — to be repaid in cash, work or prison.

As it is, it probably costs the taxpayer £100 to collect a £10 fine.

I recall a case where bookmakers were cheated and everyone laughed: "They can afford it." But not many observed that months later the cheats were caught and jailed at



JAMES ANDERTON: 'why should he be silent?'

a cost to the public of more than £30,000.

Brian Wallis,  
Margate, Kent

### Don't slip up

MR SPEAKMAN (Letters, January 19) complained about shopkeepers not clearing snow and ice from their frontages.

However, a newspaper recently reported that an accident on a footpath could lead to a court case against a person who had cleared it. Council advice, the report said, was to leave footways alone.

Also, when clearing the front of our shop during the bad weather I was told by several passers-by that I was only making it worse and to leave it alone. However, we did put salt down, which was

worthwhile. So, I cannot imagine any shopkeepers clearing their frontages when they have to worry all day long until the weather clears that someone might slip up, then sue.

Colin Wellard,  
Caister-on-Sea, Norfolk

### Death wish

ONLY the physically and mentally incurable can have a death wish — not counting the odd martyr or the blue-eyed politician. Nuclear weapons are lunacy.

So, perhaps we should rely on votes, not 41 minutes (TODAY, January 19), to keep us from the nuclear brink.

J E Brookshaw,  
South Dale,  
Hereford

5✓

**Today**  
**26<sup>th</sup> January 1987**

## **Aids warning to the blind**

BLIND PEOPLE are to receive a braille warning about the dangers of Aids.

The Royal National Institute for the Blind is sending out 3,000 special copies of the government leaflet and also making special cassette tapes.

There is no evidence that the blind are at particular risk, said an RNIB spokes-

SL

**Today**  
**26<sup>th</sup> January 1987**

## **New hope over Aids**

HEALTH Secretary Norman Fowler returned from his Aids fact-finding tour of America last night confident that Britain can escape a major outbreak of the virus.

He was backed by American specialist Dr Andrew Moss, who is on attachment at Middlesex Hospital's Aids unit in London.

Dr Moss said: "The British government is far more aggressive than in the US in the use of its advertising material and TV commercials. I think people can be grateful."

SV ✓

B. News  
27<sup>th</sup> January 1987

# Di is spared Aids blush

The Princess of Wales watched shots from a frank video yesterday in which young people tackled the problem of their own sexuality and Aids.

The Princess, who has been kept aware of the fight against Aids by visiting patients in hospitals and day centres, spent 40 minutes at the headquarters of the British Red Cross in London.

She was hearing about plans to develop the charity's youth work to meet the challenges of the 1990s.

She was given a preview of a video education package aimed at 13-to 16-year-olds which highlights the HIV-Aids issue, from the

point of young people.

Christine Reeves, director of the Red Cross's Services Division, said: "We were able to tell the Princess that one of the major comments of young people we have talked to was 'Thank God someone is doing something because our schools and parents are not.'"

The shot the Princess was not shown featured a teenager using a four letter word and asking if "..... meant making love, why was it said to be such an awful word?"

The video will be launched later this year and will be made available to young Red Cross members, schools and other youth organisations.

# AIDS: media saturation no yardstick

Sir — There is presently maximum saturation by the media on the subject of AIDS. I presume most people are totally confused at this stage. They should also be completely bored with the subject since total saturation implies continual repetition of a confused mass of contradictory information and misinformation.

There are some facts about AIDS which are definitely known. Most other information is either speculation or of doubtful origin. Large sums of money have been allotted to research and some new knowledge about this dread disease is coming to hand.

What do we definitely know about AIDS? Firstly it is caused by a particular virus which has been identified. The most recent research indicates that the lymphocytes found within the rectum and colon of those afflicted contain larger numbers of the

virus than any other cells including the blood lymphocytes.

Second known fact is that those afflicted can be identified by a blood test, and there may be a lengthy incubation period. Third known fact is that medical science has no effective vaccine or treatment. Fourth known fact is that the disease is overwhelmingly a disease of those who practise sodomy.

Unfortunately the disease has spilled over. A considerable number of haemophiliacs and a few people who received contaminated blood before screening of blood was introduced, did contract the disease. Drug addicts who may use dirty and contaminated needles for intravenous injections may contract the disease. Only a few females have so far been infected either from contaminated blood or semen.

It seems evident therefore that those at risk

can be identified. Those who practise sodomy, drug addicts who may use contaminated needles and the few females who may have sexual intercourse with a victim or carrier of the virus.

Now to the grey area of knowledge. How is the disease spread?

Certainly it can be spread by direct blood contamination. It is definitely spread by the practise of sodomy.

It was thought to be due to entry of the virus via abrasions etc. It may not be so, since recent research cited above shows presence of the virus in large numbers in the intra-rectal and colonic lymphocytes.

Females can be infected via direct blood and by infected semen. It is of interest to note, however, that vaginal lymphocytes have not been found to contain the virus in female carriers.

Now that we have AIDS, I would incline to

the view that its elimination is remote. Like the other venereal diseases it will remain endemic. Syphilis is still with us despite penicillins etc.

Since AIDS is such a fatal disease, one would certainly expect health authorities to make genuine attempts to contain the disease. The efforts made so far are almost a joke.

Those who have advised the use of condoms for the whole population are wishful thinkers or worse. What have condoms done for the other V.D.s (620,000 cases in Britain last year). Explicit media information bulletins beamed at children and non-promiscuous family groups are frankly irresponsible and quite useless as are all "panic" measures.

Any campaign should be aimed at those at risk. The whole population is not at risk. Drug addicts and promiscuous people may be at risk. Sodomists are certainly at risk.

Church leaders are therefore correct in saying that if people are serious in attempting to fight the plague of AIDS, a more responsible attitude to sexual morals should be a priority.

It is surely time that society ceased to give free rein to those trendy promoters of permissiveness and promiscuity.

Having said that it would be regrettable if any 'witch hunt' mentality was organised against homosexuals. Only a small number of those with a homosexual orientation practise sodomy, just as only a percentage of heterosexuals indulge in adultery. But it is time we again called sodomy a perversion, just as we should not fail to refer to adultery as an immoral practice.

**DR. A. M. E. KENNEDY,**

Beausite,  
Rushbrooke,  
Co. Cork.

## Church 'no help to AIDS battle'

A DOCTOR at the centre of the fight against AIDS last night criticised the Catholic Church in Ireland for "indulging in moral condemnation over the controversial issue."

And asked why the bishops claimed the use of condoms would only encourage promiscuity, Dr. Jack Cantillon of the Society for Sexually Transmitted Diseases said bluntly:

"Indulging in moral condemnation only alienates those we most seek to change and help. At least the Catholic bishops in Wales waited until their Government had started a campaign before they issued a statement.

"I, too, am not in the business of promoting promiscuity but people have to be educated and there's no use in delaying the message. Condoms don't promote promiscuity; they stop the spread of AIDS.

"Up until now the Catholic Church seem to look upon the AIDS problem in a very simplistic way by indulging in moral ethics," said the doctor. "But what I am trying to do is to stop the spread of a deadly infection."

SV

**Irish Times**  
**27<sup>th</sup> January 1987**

## **AIDS TRANSMISSION**

Sir, — First, I would like to congratulate Dr David Nowlan and *The Irish Times* for the excellent and informative series on AIDS. However there is one point I would like cleared up. When he was describing the methods of transmission of this disease Dr Nowlan did not mention mosquito bites. Recently when I was in the USA I heard a certain amount of talk about this question. Is it a possibility? And if not, why not? I know that elephantiasis can be spread in this way. There seems to a lay person only a difference in degree between a prick from a needle and a prick from an insect.

I know Central Africa fairly well, where AIDS is widespread, though there are many tribes who are not at all promiscuous. Has any research been done to see if these remote and isolated people have the same number of sufferers as others of a different culture?

I feel that this is an interesting and important point, as if there is this possibility, however remote, travellers should be warned to take every precaution against being stung. There are now excellent preparations one can rub on oneself to ward off mosquitos — I know, because I used them in the Occavango Delta in Botswana last

## Nursing conference

# £60m 'cash injection to fight Aids'

By Jill Sherman

The Royal College of Nursing wants the Government to provide £60 million a year, and thousands of extra nurses, for community-based services for people suffering from Aids.

"Thousands more community nurses need to be employed in order to provide proper 24-hour nursing care in peoples homes," RCN primary health care adviser Anna Fawcett-Henesy said. Mr Fowler could not expect to come back with a magic solution from San Francisco without providing more funds.

The Government's chief nursing officer, Mrs Anne Poole, told a conference on caring for Aids in the community, held by the RCN in London yesterday, that the Communicable Disease Surveillance Centre now estimated that 5,300 cases of infection by the Aids virus would be reported by the end of 1988.

Experts are still unclear how many people would go on to develop the disease. Mrs Poole said, as the incubation period could last for several years. "It is thought that

## Move to stop Bishop's abortion Bill in Lords

A move will be made tomorrow to block the Bishop of Birmingham's abortion Bill because of concern for pregnant women whose unborn babies may have contracted the Aids virus (Sheila Gunn writes).

Lord Houghton of Sowerby believes that the private peer's Bill, which shortens the time limit for abortions from 28 to 24 weeks, will lead to women whose babies run the risk of being born with Aids being denied abortions later.

The Labour peer had taken

the rare step of tabling an amendment to the second reading of the Bill in the Lords, which will effectively kill off the measure by shelving it for six months.

Dr Hugh Montefiore, who will stand down as Bishop of Birmingham in April, has been supported by many medical experts for his Infant Life (Preservation) Bill, because of the greater chance of live foetuses being born after 24 weeks of pregnancy through the advances in medical science.

forget that it is to the nurses and their support in the caring for patients that we shall be looking at in future plans."

The RCN emphasized that extra money was needed for drugs and specialised equipment so that hospital care could be delivered in the community.

In many cases people were choosing to go into hospital to

die when they could be more suitably cared for in their own homes, Mr Richard Wells, the RCN oncology adviser, said.

"We will need at least £60 million a year to inject into community services and to improve education programmes for nurses," he said.

Some health authorities still refuse to accept that the virus would ever cross their boundaries, he said. These health authorities had no contingency plans and no in-service training.

"They are just refusing to recognize that it is a problem. But we know that if the client population increases we will have a tremendous problem in supporting them. We have to continue educating ourselves and continue educating the general public."

● Primary school teachers in Devon are being given rubber gloves as part of a campaign costing up to £20,000 to fight aids.

The surgical gloves will be issued to teachers at 550 schools to wear while treating youngsters who cut themselves. Staff will also be given a series of seminars about Aids.



Today  
27<sup>th</sup> January 1987

# WRITE HERE

## Sisterly caring on Aids front

AIDS nurse Sister Mary Anthony might have one of the saddest jobs in Britain, but she certainly makes a lot of people happy on their death beds.

And it made me happy just reading her story (TODAY, January 22). For too long we have heard about this terrible, "dirty" plague that is amongst us, with no cure in sight.

Blame it on the pervers, the drug addicts, the Africans, they said. It's God taking his vengeance.

But no one ever seems to talk about the victims. They *are* innocent, no matter what the self-righteous moralists claim. These poor people are, as your headline so aptly put it, on the front line, and all the rest of us seem to be able to talk

about is: 'How far will it spread?' We're not worried about *them*; just that they will not become *us*. Meanwhile, people are dying horrible deaths.

So it's reassuring to know that, in our inefficient and often inhumane health service, there are those who care. Thank you, Mary Anthony.

Alan Sharp,  
London SE9

### Sorry tale

IT'S a tragic indictment of the NHS that, as Sister Mary Anthony said, everyone involved with Aids patients knew four years ago how serious the situation was. Yet the authorities sat back and waited.

Let's hope that now they really do understand the severity of the problem.

P Morgan,  
Brixton, London

WRITE TO  
● The Editor  
TODAY LETTERS  
70 Vauxhall  
Bridge Road  
London SW1V 2RP

### Others suffer

AREN'T we all getting a little tired of hearing about the old folk's plight in the recent cold weather?

Yes, it can't be easy surviving on a pension. I take my hat off to them for their true grit.

But let's not forget the young. Unemployment isn't easy either. And redundancy for men with families to support isn't easy. They are also cold and miserable and have to face heating bills when they arrive.

Mrs Julia Fairman,  
Cowlit, Spalding

### Phone fury

I WANT to congratulate County Durham ambulance man Bob Hewitt for his DIY repair to a 999 line when Telecom engineers were on strike (TODAY, January 19).



SISTER MARY ANTHONY: thank you for caring

The men who refused to mend the fault should be ashamed of themselves.

Who on earth do they think they are, putting other people's lives at risk, trying to get a few extra pounds in their pockets?

How would they feel if a 999 call didn't get through and it involved a member of one of their families?

J Buchan,  
Southampton

### Not so Great

AFTER just a few days of bad weather, we again saw British industry grind to a halt. Including the two-week Christmas break enjoyed by most people, I wonder what the

cost to the country in lost output was.

While 3½ million people languish on the dole, those lucky enough to be employed — the complacent majority — should prepare more thoroughly for winter in future.

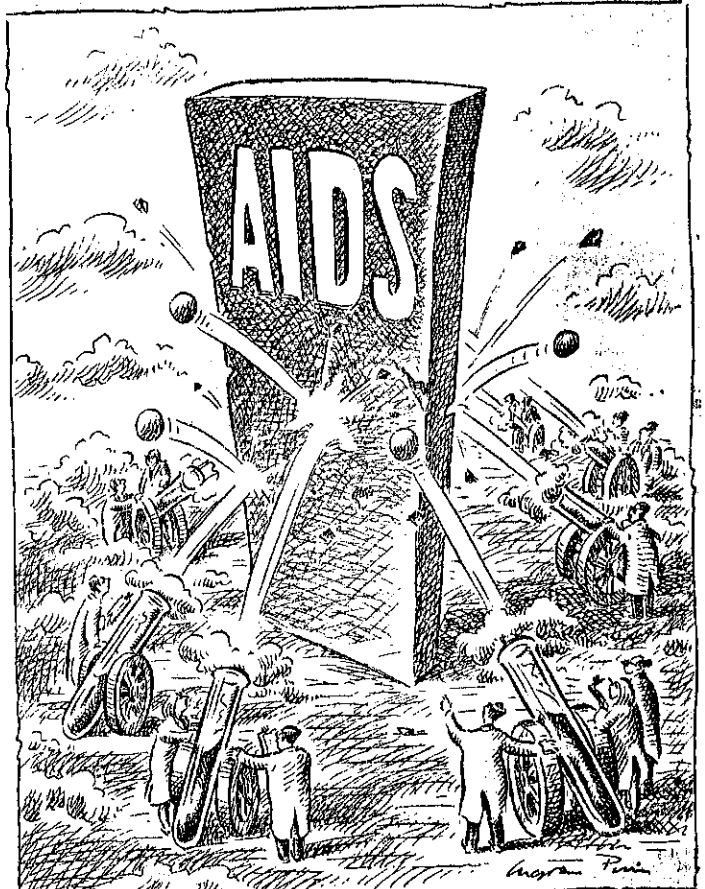
What other country would allow its industry to be interrupted for four weeks?

If Britain is to succeed against fierce foreign competition, people should stop looking for any excuse to be absent from work — Christmas, bad weather, sore backs, etc. — and get down to business. Let's stop stumbling from week to week and put the Great back into Britain.

Cliff T Nolan,  
Manchester

Faced with public impatience for a cure, scientists have already made awesome breakthroughs in understanding Aids. Tony Jackson explores the difficulties involved in converting this knowledge into a practical cure for a disease which has caused panic worldwide

# Into war with an enemy they know



THIS WEEK, the last of 23rd Government leaflets are dropping through the boxes of Britain. They contain a blunt message about one of the most appalling aspects of Aids: "there is no cure."

Mr Norman Fowler, Secretary of State for Health, has put the point even more bluntly. Four thousand people in Britain, he said, are going to die of Aids in the next three years. Nothing can be done about it.

To the lay public, there is something wrong here. Other killer diseases like syphilis and smallpox are now under control or eradicated. If the scientific community cannot come up with something against Aids, it must be dragging its feet.

The scientists hotly dispute this. "Those who are studying it stand in awe of what's been achieved," says one. "There is no comparison in the history of medicine for what's been done to attack this disease." So what is the problem?

Aids is caused not by bacteria but by a virus. Bacterial infections — tuberculosis, syphilis, bubonic plague — can be cured by using antibiotics. Viral diseases, from rabies down to the common cold, cannot.

The normal way of tackling a virus is to use a vaccine to ensure it does not take hold in the first place. This can have regular results, as in the case of smallpox, the first disease-causing organism to have been wiped from the face of the earth. But some other viruses — the Aids virus so far included — are clever enough to evade vaccines altogether.

If a virus does take hold, there has until very recently been no alternative to letting it run its course. Unlike bacteria, which are independent organisms, viruses — much smaller, and also simpler — invade the cells of the body and in effect become part of them. This creates a fundamental problem: any drug which attacks the virus attacks the cell, and killing the virus risks harming the patient.

Despite the problems, the scientific community is pressing ahead on both fronts, vaccines and anti-viral drugs. Which will get there first?

Dr Aric Zuckerman, professor of microbiology at the London School of Hygiene and Tropical Medicine, says: "As to vaccines, you can divide the scientific community into two — the very pessimistic, and the very optimistic."

The optimists are thinner on the ground. Vaccines work by introducing part of the virus, known as an antigen, which stimulates the body to produce antibodies. But, says Dr Richard Sykes, research head of the drug company Glaxo, "it has to be a stable antigen. If the virus dresses up in a different coat, the body won't recognise it."

When it comes to dressing up differently, the Aids virus is a virtuoso. "With influenza," says Dr Sykes, "you can take say half-a-dozen versions of the virus and combine them in hopes of covering say 90 per cent of cases. But with Aids the question is whether the virus changes so fast as to make vaccination useless."

If a vaccine were successfully

formulated, it is unclear whether it could actually get at the virus. It depends how far the virus circulates freely in the body, rather than hiding in the cells.

"It's interesting to postulate a connection with the fact that whereas you can catch some viruses within 20 feet of people, Aids is actually difficult to catch," says Dr Sykes. "Maybe the virus is not good on its own, and is unprotected if it isn't in a cell. If it stays within the cell, the antibodies can't get at it."

All the same, says Prof Zuckerman, "we can be reasonably confident that we have sufficient ingenuity to come up with a vaccine eventually. But who are we to try it on? To study efficacy you have to go to high-risk groups. How many people will come forward and volunteer as high risk in the case of Aids?"

Virologists are confident that genetic engineering techniques make it possible to produce a vaccine with no risk whatever of the disease itself. Drug companies, acutely conscious of the perils of litigation, are not so sure.

"With any vaccine there's an element of risk," says Dr Keith Mansford, research head of Becham. "That may not be a factor in Africa, where there is a raging epidemic, but no one in their right minds would suggest inoculating the population of the British Isles with the infection at only this level."

It seems agreed that even if a satisfactory vaccine were discovered tomorrow, it would take five years to bring it into general use. "I don't think it's a good idea," says Prof Zuckerman, "to raise hopes too highly." But, he adds, "antiviral drugs are much more hopeful. At long last we seem to be getting somewhere there, the best example being acyclovir against herpes."

The parallel with herpes is instructive. Half-a-dozen years ago there was a mini-panic on both sides of the Atlantic about herpes, which although much less vicious than Aids is also sexually transmitted and was

then untreatable. The company which came up with the herpes treatment acyclovir — also known as Zovirax — was Burroughs Wellcome, the UK subsidiary of the US Wellcome Foundation.

The same company has found the most promising treatment so far for Aids — AZT (now to be known as Retrovir). The two drugs have much in common; both work on a similar principle, and both are treatments rather than cures, suppressing the virus rather than killing it.

The trick is to identify the stages in the virus's life cycle, and try to interfere with them. As an essential stage in reproducing itself, the Aids virus forms an enzyme with the exotic name of reverse transcriptase. The enzyme is specific to the virus, and not to the host cell. A drug which inhibits the production of the enzyme should stop the virus from replicating.

This is exactly what AZT does. It may not be the answer to Aids, if only because its side-effects are so severe that it is used only in very sick Aids sufferers. At least one reverse transcriptase inhibitor — zalcitabine, from Bayer of West Germany — has already proved too toxic to be used at all.

But that is not the main point. Attacking the virus through reverse transcriptase was previously only a theory. Since it has been shown to be practicable, a host of research bodies, Wellcome among them, have been working on refining the principle.

And if — as some suspect — reverse transcriptase is not the ideal point of attack, enough is already known about the composition of the virus to suggest other targets. Nor is this the only approach: ribavirin, a drug produced by ICN Pharmaceuticals of the US, appears to hamper the Aids virus in ways not yet understood.

There is a third approach besides vaccines and anti-virals — immunomodulators, or drugs which seek to repair the damage which the virus has done to the immune system. These consist

mostly of naturally occurring substances such as interferons, which can be mass-produced through biotechnology. If a drug like AZT can prolong the patient's life, it may prove possible to use immunomodulators to restore the immune system while holding the virus at bay.

In addition, there is scope for drugs which cope more effectively with the secondary infections which afflict Aids victims and actually cause their deaths. As Prof Zuckerman remarks, there is a worrying aspect to this. "We're going to see things we thought we'd eradicated, such as open tuberculosis, re-emerging among Aids patients and reaching the general population. It wouldn't be surprising if we get a whole battery of ordinary Victorian bacterial infections coming back — and though we can treat diseases like TB, it isn't easy."

In the more distant future, though, what are the chances of an outright cure for Aids? This brings in perhaps the most sinister aspect of the virus — its ability not only to expose the body to other diseases, but also to attack the brain on its own account.

Prof Zuckerman believes "it's reasonable to say the virus is neurotropic — that is, it's

attracted to the brain and central nervous system. In some studies, up to 40 per cent of patients who have other symptoms also have significant neurological symptoms, including dementia. Some patients turn up with neurological symptoms and nothing else."

Dr Sykes warns: "If the virus is neurotropic and gets into the nerve tracts as does herpes. I just don't see how you can get rid of it. It's not a question of killing it — it might go away and hide until it's safe to come back."

Looking on the gloomy side, it could be that in 20 years you'll get a lot of people going crazy because they have the virus tucked away in their brains."

Other scientists privately remark that there could be severe strains on the nation's mental hospitals.

So is the virus to be added to the major cancers as an intractable area for drug research? The scientists turn out to be surprisingly optimistic about this. The chief reason is the astonishing rate at which the virus is yielding information about itself: for an organism which was first identified little over three years ago, it is already understood in

remarkable detail.

Money, it seems, is not a problem. In the US, the Government is allocating huge sums to Aids research — though, as the Nixon Administration found in the early 1970s in making a cure for cancer a political objective, throwing money at a disease is not necessarily a solution.

As for the commercial drug companies, Glaxo — which is researching the disease across a fairly broad front — is probably typical. "Just now," said Dr Sykes, "it's only the odd million, while we establish the basis of there's no point in doing more while you're in the dark. But as soon as we see light at the end of the tunnel, we'll put power into it."

Companies like Wellcome who have made their discoveries have turned the power on already. Dr Sykes again: "It's like getting to the moon. In the old days, you could look up and see the moon, and know that with enough money and effort we'd get there eventually. That doesn't work with cancer — you can't see the moon in the first place."

"But Aids you can see, if not very clearly, and everyone's moving forward. Whatever it takes, we'll put into it."

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# Anti-AIDS drive delayed

HEALTH Minister John Boland, has ordered the anti-AIDS advertising campaign to be 're-designed'.

The £250,000 drive to highlight the dangers of the killer disease was to begin yesterday.

But after the Cabinet discussed the proposed campaign last week, Mr. Boland ordered it to be re-designed.

A Department of Health spokesman denied that the campaign had been postponed because of the General Election campaign.

"We cannot elaborate," he added.

But it is understood that advertising agency bosses warned of a clash between the AIDS campaign publicity and the political advertising.

The delay in getting the campaign off the ground has angered the anti-AIDS group, the Society for Sexually Transmitted Diseases which described the government's move as 'deplorable'.

"Unless there has been new medical evidence, the campaign should have gone ahead as planned," said Society spokesman, Dr. Jack Cantillon.

There had been no dramatic

changes to alter the starting date of the campaign he said.

The Health Education Bureau which is involved in organising the campaign, said they had no word on when the introduction is now due.

"We are awaiting the government go-ahead. We have heard nothing so far," said a spokesperson.

Meanwhile, former Health Minister, Labour deputy Barry Desmond, denied the campaign had been postponed. "It's an on-going thing," he said.

## Bishop backs AIDS campaign

THE Church of Ireland Bishop of Derry and Raphoe, Dr James Mehaffey has backed the British Government's advertising campaign against the disease AIDS.

Writing in the current issue of the *Diocesan News Sheet*, Dr Mehaffey said the decision to launch the campaign was a wise one and the message must be got across in the most effective way.

But he said that there was great concern regarding certain aspects of the campaign, particularly the moral issues which were inevitably raised.

The impression could be given that promiscuity and homosexual relationships were only wrong in that they made people especially vulnerable to AIDS and contributed to the spread of the disease. A further impression could arise that to act in a responsible way was to take all possible precautions and use a contraceptive, Dr Mehaffey said.

The bishop said Christian moral teaching stated quite explicitly that the way to health and happiness was by practising chastity outside marriage and fidelity within marriage.

"For too long, Christian moral standards have been eroded and the Churches have either remained silent or when they did speak it was to offer self righteous condemnation," the bishop went on.

"The only valid Christian response is one of concern and compassion for AIDS sufferers, and for their families, and unceasing prayer for those who look after them, and for those, who through research, are seeking a remedy for this terrible disease."

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# AIDS: morals matter, says Thatcher

THE British Prime Minister yesterday repeated her support for Manchester's Chief Constable, Mr. James Anderton, over his controversial speech on AIDS.

During Commons Question Time, Mrs. Thatcher said: "I was pleased that some people, whether from the church or elsewhere, had spoken out to the effect that morals do matter in AIDS."

"Governments cannot prevent people from getting AIDS but people themselves, by their own conduct, can do so."

Labour MP, Mrs. Renee Short (Wolverhampton NE), had asked her to "reconsider" her support for Mr. Anderton's "highly emotional and not very helpful" speech.

Later, Mrs. Thatcher said she was considering whether to give free disposable syringes to diabetics.

Mr. Anderton had described AIDS sufferers as "swirling about in a cesspit of their own making."

Christians have a duty to take the fear out of AIDS, a leading Methodist minister declared.

The Rev. Dr. Donald English, Moderator of the Free Church Federal Council, said: "To frighten people may momentarily cause more restraint, but it is no basis for a sustained change of lifestyle. To inform people of the consequences of certain actions in a way

which causes them to give up such actions as one thing; to exploit them by causing terror will in the end be counter-productive."

● A teacher who feared she contracted AIDS when she picked up a dirty syringe at her school jumped out a fourth-floor Rome apartment window, the third suicide this month in Italy blamed on the dread of the fatal disease.

## AIDS AND THE BISHOPS

Sir,—I would like to clarify some of the confusions appearing in a letter (January 22nd) entitled "AIDS and the bishops". (A strange title, by the way, since there is not one word in it about either AIDS or Catholic bishops). Confusion I: The writer claims that "a literal interpretation of the passage, 'Each and every marriage act must remain open to the transmission of life' in the encyclical *'Humanae Vitae'* implies that 'sexual intercourse cannot, without being sinful, take place (1) between infertile couples (2) once the woman is post-menopausal and, most interestingly (3) during the safe period of each cycle'".

Clarification I: This "literal interpretation" is explicitly considered and rejected in the document in question: "Neither the Church nor her doctrine is inconsistent when she considers it lawful for married people to take advantage of the infertile period but condemns as always unlawful the use of means which directly exclude conception . . . In reality these two cases are completely different. In the former married couples rightly use a facility provided them by nature. In the latter they obstruct the natural development of the generative process . . . (sexual activity) does not cease to be legitimate even when, for reasons, independent of their will, it is foreseen to be infertile." (*'Humanae Vitae'*, pars. 16 & 11).

Confusion II: The writer claims that a change has taken place in Church teaching so that "procreation is no longer considered to

be the only purpose of sexual intercourse, nor is it even held to be the primary purpose." Clarification II: This claim embodies a confusion of the purposes of marriage and sexual intercourse. Whatever Church teaching may be in regard to the status of procreation in marriage, in relation to sexual intercourse, procreation remains, by biological necessity, its primary purpose.

Confusion III: The writer claims that the words "intrinsically evil and seriously sinful" are used "to accuse the infant and the young child of being evil and sinful."

Clarification III: It is a basic point of Church doctrine that infants and young children cannot commit sin since they lack the knowledge requisite for an act's being sinful.

In other parts of her letter, the writer insinuates that translations of Church documents may be "slanted" for sinister reasons. Allowing for the obvious fact that every translation involves a judicious selection from among the various alternative equivalents in each language, the insinuation does not hold in the case we are immediately concerned with. A glance at the relevant documents will show this clearly. (*'Humanae Vitae'*, *'Acta Apostolicae Sedis'* 0 (1968), 481-503; *'Personae Humanae'*, *'Osservatore Romano'*, January 16th, 1976). — Yours, etc.,

GERARD CASEY, PhD,  
142 Ballinclea Heights,  
Killiney,  
Co Dublin.

**London Times**  
**30<sup>th</sup> January 1987**

## **Suicide blamed on Aids fear**

Rome (AP) — A kindergarten teacher who feared she contracted Aids when she picked up a syringe at her school jumped out a fourth-floor apartment window, the third suicide this month in Italy blamed on dread of the fatal disease.

The Rome daily newspaper *Il Messaggero* said that Signora Antonietta Mattei, aged 39, a mother of two children, killed herself hours before a scheduled appointment on Tuesday for medical tests to determine if she had Aids.

Signora Mattei had complained during the last seven months of feeling weak and nauseous and having diarrhoea, which could be signs of Aids as well as other ailments.

SV

War against Aids

# Fowler to bolster community care

By Philip Webster, Chief Political Correspondent

The Government is sponsoring the creation of a new voluntary organization to assist with the care in the community and their homes of dying Aids sufferers.

At the same time Mr Norman Fowler, the Secretary for Social Services, is planning an explicit new publicity campaign directed at drug-users after receiving alarming evidence of the spread of the disease among addicts.

The moves follow Mr Fowler's week-long visit to the US to study how the far more serious Aids epidemic there is being tackled.

The measures were disclosed to *The Times* as the Prime Minister, implicitly backing Mr James Anderton, chief constable of Manchester, told the Commons that she was pleased that people had spoken out to the effect that "morals do matter in Aids".

Mr Fowler's American trip and his visit to see Aids patients in a London hospital this week have convinced him of the need to improve community care facilities.

Partly financed by the Government, the new organization will relieve some financial and physical pressures on hospitals.

As disclosed in *The Times* last week, Ministers are already considering plans for a network of Aids hospices.

The new organization, which Mr Fowler hopes will be headed by some well-known public figures, would bring together the work already being done by various bodies and help terminally-ill patients to be cared for and visited in their own homes.

The new campaign aimed at drug-users will be conducted mainly through radio and television. The sharing of infected needles is one of the main causes for the spread of the disease.

The proportion of people attending drug dependency

Aids fear

12

clinics who have Aids has soared from 5 to 20 per cent in two years.

Mrs Thatcher was urged by Mrs Renee Short, Labour MP for Wolverhampton North East, to reconsider her support for Mr Anderton's controversial speech on Aids.

Mr Anderton had described Aids sufferers as "swirling about in a cesspit of their own making".

While the Prime Minister appeared to distance herself from that remark, she made plain that she was in sympathy with Mr Anderton's moral line. "I was pleased that some people, whether from the church or elsewhere, had spoken out to the effect that morals do matter in Aids," she said.

"Governments cannot prevent people from getting Aids but people themselves, by their own conduct, can do so."

Later Mrs Thatcher indicated that she was considering whether to give free needles to diabetics. Mr Alan Beith, Liberal MP for Berwick-upon-Tweed, had said: "It would be morally wrong to deny disposable syringes free to those who have no choice but to inject themselves ... when you ... make them available for drug addicts."



The Universe, Friday, January 30, 1987

## **Bishops to open Aids hospice**

SCOTLAND's bishops are to open a hospice for Aids sufferers.

The bishops will also distribute more than 800,000 leaflets to

Catholic homes in opposition to the Government's own "defeatist anti-Aids campaign".

Both decisions were announced

by Archbishop Winning of Glasgow before the recording of a special Church debate on Aids, shown on Scottish television.

The Church decided to open the hospice because "the instinctive Christian reaction was not to condemn but to care", said the archbishop.

Archbishop Winning criticised the Government for concentrating on contraceptive advice in the Aids campaign.

It seems to view Aids as merely a hygiene problem, he said.

"No attempt has been made to bring about a change in moral attitudes and behaviour," he added.

The leaflet will be distributed to every Catholic home.

Fr Tom Connelly, Catholic Press Officer, said the bishops decided to launch their own leaflet campaign because the Government campaign was "morally defeatist".

"We wish to stress in our leaflet the Christian view of sex. All the evidence indicates that chastity outside marriage and fidelity within is the most effective way of combating Aids."

# Hoffmann AIDS Drug May Get U.S. License

By MARILYN CHASE  
Staff Reporter of The Wall Street Journal

SAN FRANCISCO — The U.S. government said it plans to grant a manufacturing license for the second of a promising lineage of anti-AIDS drugs to Hoffmann-La Roche Inc., a unit of Swiss pharmaceutical concern F. Hoffmann-La Roche & Co.

The move ensures intense commercial competition among big pharmaceutical companies vying for the market.

The drug, dideoxycytidine, or DDC, is a compound related to azidothymidine, or AZT, which was developed by a unit of London's Wellcome PLC and was recently recommended by a U.S. Food and Drug Administration panel for marketing approval. While AZT is not a cure for acquired immune deficiency, it was found to prolong the lives of AIDS patients in a six-month clinical trial. DDC is currently in a Phase One safety test in AIDS patients at the U.S.'s National Institutes of Health.

## Exclusive Rights

The proposed license would grant Hoffmann-La Roche exclusive rights to produce DDC in the U.S. and certain other countries, initially for testing purposes. According to the U.S. Department of Commerce, the license will become effective in 60 days, barring the filing of any objections.

DDC, like its sister compound AZT, was synthesized by Jerome Horwitz of the Michigan Cancer Foundation in the 1960s as

a possible anti-cancer drug. But it failed to work as a chemotherapy, and was shelved for almost two decades. But unlike AZT, which was picked up by Wellcome's U.S. unit Burroughs-Wellcome Co., DDC lacked a commercial claimant until now.

DDC's activity as a potent inhibitor of the AIDS virus — like that of AZT — was discovered at the National Cancer Institute by Samuel Broder and Hiroaki Mitsuya. Drs. Broder, Mitsuya and a colleague, Robert Yarchoan, are listed as co-inventors in the U.S. government's patent application covering DDC as a possible anti-AIDS agent.

## High Hopes

High hopes are riding on the compound. Anthony S. Fauci, director of the National Institute of Allergy and Infectious Diseases, said in a recent interview that he believes DDC is potentially "more therapeutic (but) with less toxicity" than AZT. As previously reported, nearly half the AIDS patients on AZT have suffered bone marrow suppression and anemias requiring blood transfusions.

Both DDC and AZT belong to a class of compounds called "nucleoside analogues," false building blocks of DNA that halt its synthesis. The AIDS virus is fooled into accepting these look-alikes into its DNA, halting viral reproduction. Like AZT, DDC appears to be useable in oral form. In animal tests, it has crossed the critical

blood-brain barrier, indicating it may reach the virus's hiding places in patients' brains.

Hoffmann-La Roche prevailed over a large number of competitors in a long bidding process for the license, by stressing, the company said, its \$500 million annual research and development outlays.

## 'A Good Day'

"It's a good day for Roche," said a spokesman at the pharmaceutical company's headquarters in Nutley, N.J. "But we still have to pass the 60-day period and negotiate terms of the license," including the amount of royalties to be paid to the government. But he added, "We're ready to begin the painstaking assessment of a new drug."

Roche's selection sparked surprise in some quarters, because Burroughs-Wellcome's experience in anti-viral drugs seemed to give it the inside track. Burroughs-Wellcome couldn't be reached for comment.

The Roche spokesman denied earlier reports that Roche had been uninterested in developing AIDS drugs because they didn't match the major market for asthma and arthritis medications. He noted Roche had brought out six of 40 orphan drugs receiving FDA approval in the 1970's — a feat that won the company a government award in 1985.

THE WALL STREET JOURNAL, FRIDAY, JANUARY 30, 1987

## AIDS: Spreading The Word About the Dangers

By J.D. ROBINSON

WASHINGTON—In the U.S., acquired immune deficiency syndrome is spreading—slowly, imperceptibly and inexorably. The calming of fears by public-health and government officials, as well as journalistic restraint, have been admirable in preventing panic, particularly regarding the risks of casual contact. However, it is extremely difficult to modulate public concern while simultaneously making it clear that many people—heterosexuals as well as homosexuals, physical-fitness fanatics as well as intravenous drug users—will have to voluntarily change their sexual habits.

While there is energetic and ingenious research in progress with promising results, it cannot be assumed that a cure or vaccine will emerge in several years. For practical purposes, at this time the disease must be considered uniformly fatal.

While avoiding alarmism, one must realize the profound consequences of erroneous judgment in this matter. Most carriers of the virus bear no distinguishing marks. While those who have overt signs of illness are not easily mistaken, it is the behavior of the apparently well that is responsible for most of the current transmission. New relationships are constantly being formed and consummated; but the semi-carefree days of easy intimacy are gone. Caution in sexual matters is now a matter of necessity.

\* \* \*

Though the spread of AIDS must be checked, mandatory testing, strict laws and quarantines are likely to be, at best, impractical and ineffective. Could we physically isolate those who test positive? Threaten them with arrest if they are sexually active?

Mandatory testing is a diversionary issue that would embroil the society in a series of civil-rights issues, be unlikely to have any major immediate impact on behavior, and be so cumbersome to execute as to be largely useless. Quarantine would be for casual transmission, and would be divisive and impractical with close to 1.5 million people testing positive for the antibody already in the U.S. The means of control lie only at the individual level, for legislation of morality, sexual behavior and self-inflicted suffering have an undeniable history of failure. Risk of acquiring this disease depends largely on what you do and with whom.

To break this chain of transmission, there must be a moratorium on new casual sexual relations as well as non-monogamous ones. Unfortunately, sex with a new person joins one's fate to that of an unknown number of prior partners, extending back over an indefinite period. Once sexual relations are much beyond the bounds of traditional cultural norms, it is difficult for either partner to make a reliable judgment as to the complex matrix of prior sexual experience; taking a personal sexual history of a potential partner is an exercise in self-delusion.

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There remains considerable uncertainty as to what constitutes intimate contact. The virus is found in virtually all body fluids, albeit in smaller concentrations in some than in others; sexual contact inevitably involves the exchange of body fluid. Though condoms are a major preventive measure, it is impossible to avoid the risk

of only at the individual level, for legislation of morality, sexual behavior and self-inflicted suffering have an undeniable history of failure. Risk of acquiring this disease depends largely on what you do and with whom.

To break this chain of transmission, there must be a moratorium on new casual sexual relations as well as non-monogamous ones. Unfortunately, sex with a new person joins one's fate to that of an unknown number of prior partners, extending back over an indefinite period. Once sexual relations are much beyond the bounds of traditional cultural norms, it is difficult for either partner to make a reliable judgment as to the complex matrix of prior sexual experience; taking a personal sexual history of a potential partner is an exercise in self-delusion.

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There remains considerable uncertainty as to what constitutes intimate contact. The virus is found in virtually all body fluids, albeit in smaller concentrations in some than in others; sexual contact inevitably involves the exchange of body fluids. Though condoms are a major preventive measure, it is impossible to evaluate the contagion from amorous and prolonged kissing.

The majority of sexually active people are youthful and vigorous. As such, they normally have little sense of their own vulnerability. Taking seriously an invisible and imperceptible threat is particularly difficult; but as with life in general, the underlying reality continues to determine the course of events.

A major variable in predicting the magnitude of the problem is the percentage of those testing positive for the virus who will eventually go on to develop the disease. Current estimates range from 25% to 75% and, unfortunately, could be conservative. Studies of those who test positive for viral exposure but have no symptoms are showing a wide variety of sub-clinical immune deficiencies, demonstrable in the laboratory, increasingly severe as the time from exposure lengthens.

\* \* \*

Well-conducted studies in Africa are now demonstrating extraordinary levels of exposure in groups who could be characterized as at high risk only because they are sexually active and non-monogamous. In Lusaka, Zambia, the peak prevalence rate for the AIDS antibody in men, 32.9%, was found in those 30 to 35 years old. For women, the peak rate, of 24.4%, was in those aged 20 to 25. The background rate in people at no particular risk in the population studied was 9%. The African experience, where sexual orientation seems to be essentially irrelevant, has been consistently running numerically ahead of the U.S. However, were merely the 9% figure to be attained in America, with 50% of those positive going on to develop the disease, Americans would be facing about nine million advanced cases of AIDS. The emotional, social and economic consequences are staggering to contemplate.

Public and private health education is an overwhelming priority, and needs to be bold and aggressive in an unprecedented manner. Early efforts in this regard are under way; they must begin with pre-adolescents and continue through all adult age groups. Candor may be tempered with tact, but it cannot be diluted without grave consequences. Time is of the essence. With an indefinite incubation period, we need three to five years just to assess the damage to date—and to care for those already positive and at risk. Historically, plagues have shaken human relations, religions, governments and economic institutions to their very foundations. The 20th century has yet to indemnify those who ignore grave threats to their own well-being.

Dr. Robinson is a physician with a background in immunology.

## WEEKEND 9: The Arts

### Advertising against AIDS

Douglas Kennedy

THE billboard outside the Ladbroke Grove tube station had been redecorated since I'd last seen it in December. Whereas, before it advertised some new-fangled species of ghetto blaster now it carried a government health warning. No, it wasn't a statement on the dangers of tobacco or drunken driving. Rather, it contained a four-letter word — AIDS — and beneath it was the caveat: "Don't Die of Ignorance."

I caught sight of this billboard en route to the flat I usually stay in while in London. Here too, a leaflet from the government containing that four-letter word — AIDS — had been shipped through the postbox. Its message was explicit. AIDS knows no prejudice. AIDS can be passed on by blood, vaginal fluids and semen. Refrain from oral or anal intercourse. Use a condom.

Later that night, I went to the cinema. And in the advertisements prior to the main feature, that four-letter word made an appearance again, in the form of a commercial showing a desolate arctic landscape in which the word AIDS was engraved in ice. The image was appropriate and backed up the cautionary narration that accompanied this sight of bleak terrain: unless you take precautions in your sexual life, you too can end up in this wasteland without a hope of survival. Because AIDS has no cure. If you get it, you die.

Strong stuff . . . and utterly essential given the fact that, as a German research scientist said on the BBC the other night, AIDS is the greatest health crisis facing the world today. And though the British government's campaign against this modern-day plague is laudable (especially since an estimated 40,000 of its citizens will be infected with AIDS antibodies by the end of this decade), its response is far too long overdue. After all, the first cases of AIDS were diagnosed in the early '80s. Then, of course, the disease was primarily confined to homosexuals and intravenous drug users — and, especially because homosexuals were being struck down, governments didn't want to know, while the odd Bible thumper in the US saw the disease as some sort of divine retribution — an Old Testament God smiting down the sodomites.

But now is not the time to begin pointing fingers and saying what should have been done several years ago. The fact is that the AIDS epidemic continues to grow at a ferocious rate. And why the subject of the disease is being broached in a column devoted to the arts and the mass media is, quite simply, due to the fact that — as the current British government campaign shows — the medium of advertisement is, like it or not, just about the most effective communications weapon available today.

We tend not to think of advertisement as an educational tool. All right, the occasional public service message appears on our

cinema. And in the advertisements prior to the main feature, that four-letter word made an appearance again, in the form of a commercial showing a desolate arctic landscape in which the word AIDS was engraved in ice. The image was appropriate and backed up the cautionary narration that accompanied this sight of bleak terrain: unless you take precautions in your sexual life, you too can end up in this wasteland without a hope of survival. Because AIDS has no cure. If you get it, you die.

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We tend not to think of advertisement as an educational tool. All right, the occasional public service message appears on our screens, warning us not to put away eight shorts and then attempt to drive down a dual carriageway (or, of course, telling those of us who smoke that we are committing suicide on the instant plan). And though such health and safety warnings are moderately effective, they tend to prick our sense of guilt more than anything else.

But advertisement is not about making the citizen feel guilty for his bad habits — it is about *salesmanship*. And so, when it comes to educating the public about the risks of a virulent, incurable disease caught through sexual contact (or the use, let's not shared hypodermic needles), you don't want to come the moralist and predict hellfire and damnation for those who don't practice monogamy or can't find a friendly chemist who will give them a clean syringe every time they need a fix; rather, you want to sell the idea that sticking to one sexual partner is wise, and that the use of a condom during intercourse negates the risk of contracting AIDS.

In short, the idea behind the British government's campaign is hard-sell. Just as one London advertising agency will use all its persuasive powers to get you to wash your hair with an avocado-flavoured shampoo, so another is currently also using all its persuasive powers to get you to become responsible for your sexual conduct. It's the principles of the commercial marketplace brought to bear on a major public health crisis. And if hard-sell saves lives, who cares how blunt its message is?

## **Legal AIDS**

SOME Dublin solicitors are going to great lengths to gain immunity from AIDS sufferers with whom they come in contact in the courts.

About a fortnight ago, solicitors and barristers working in the District Court began referring to victims of the dreaded disease not as AIDS victims or carriers of AIDS, but as persons "suffering from a serious disease".

Questioned by reporters, the solicitors said that they had received instructions from the Law Society not to use the phrase "AIDS sufferer or AIDS victim" when defending or prosecuting.

A spokesman for the Incorporated Law Society said this week that no such instruction had gone out to its members, but he could see difficulty in a solicitor describing a client as an AIDS sufferer. "It probably has more to do with avoiding slander and having an immunity from being sued than anything else," said the spokesman.