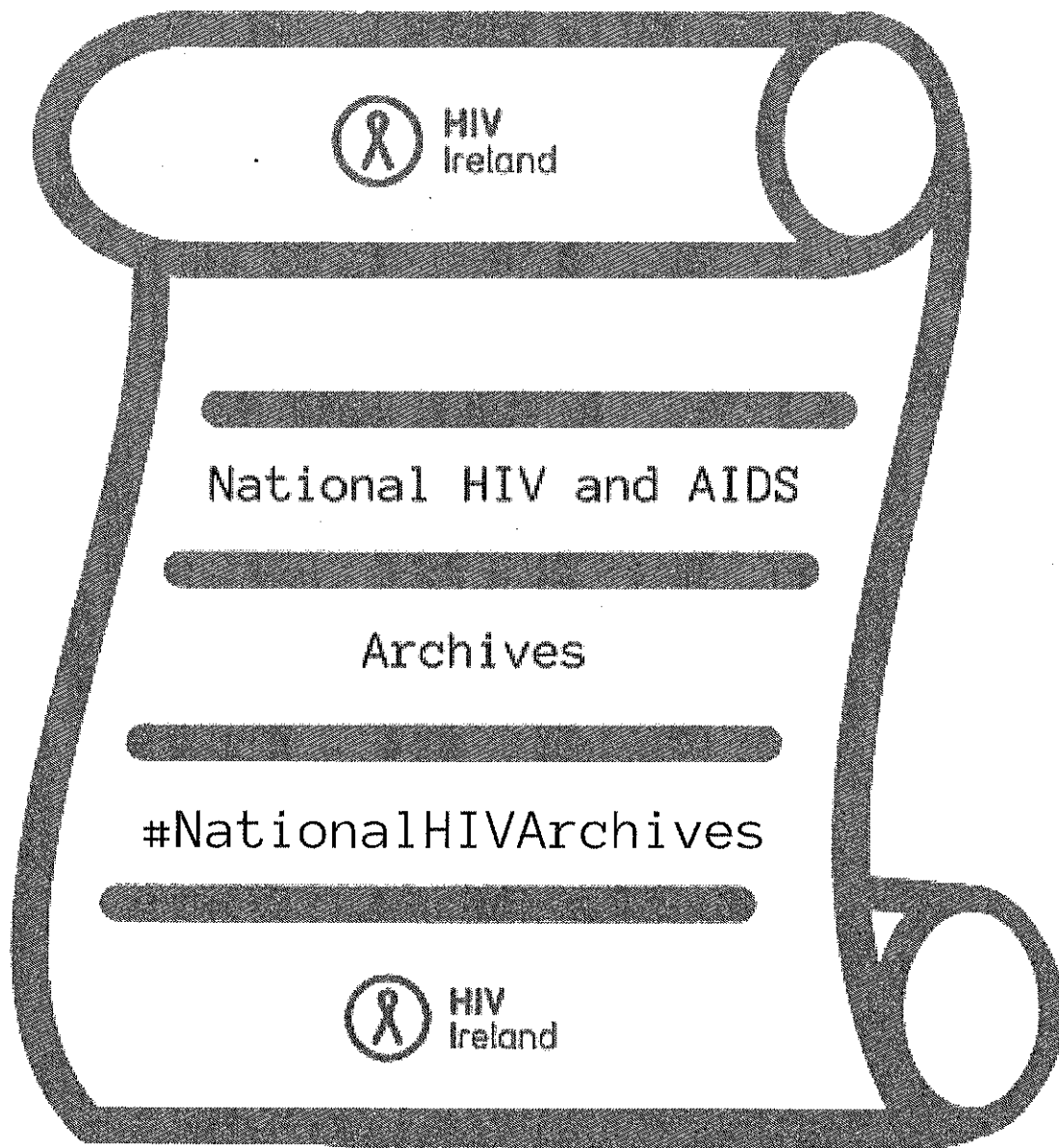


# Print Media



21st to 28th February 1987



## Medical matters

By The Doctor

**AIDS stands for Acquired Immune Deficiency Syndrome. World wide publicity is now given to this killer disease which was first noted about five years ago. Its lethal effects has understandably caused anxiety and concern in countries where it has been diagnosed.**

The World Health Organisation in mid 1986 gave an estimated figure of 100,000 cases of full blown AIDS, the number carrying the virus being considerably higher. At first the spread of the virus was linked to the homosexual community but now it is established that AIDS affects a wide range of people including the unborn child. We know from a reply given recently in the Dail that 13 cases of AIDS have been diagnosed. We know that the disease had been transmitted to some infants and we know that several deaths have been recorded.

### What is AIDS ?

WHAT is this disease which causes so much tragedy and loss of life? It is caused by a virus which destroys our immune system that is our defence mechanism against infection. In normal circumstances when we get an infection which affects, for example, the throat, chest, kidney or skin, our body's defences come into action and swiftly fight off the germs with extraordinary success.

A patient with AIDS ceases to have this kind of resistance and the whole fighting system breaks down. Not only that but the virus can be reactivated and reproduced with a comparatively mild infection.

It is the body's inability in the circumstances to control such infections that eventually causes death. The fact that there is no cure, no treatment, and no vaccine available at present, spells doom for those who develop AIDS. Granted much research has been done and perhaps sooner than we realise a vaccine or cure will be found but with our present resources there can be little hope for the AIDS victim.

### Those most at risk

AIDS is contracted in a variety of ways. Those most at risk are intravenous drug users. Shared contaminated needles and syringes used for injections of heroin or other drugs is the most usual way of transmitting the disease through the blood. It can also be transmitted through blood transfusions where the blood donor has the virus. The very accurate screening which is now carried out on blood for transfusion purposes in this country has virtually eliminated this source of the disease.

A pregnant mother can transmit the virus through her blood to her unborn baby. The chances of the baby developing and dying from full blown AIDS is considerable. Male homosexuals are a high risk group. Sexual partners of AIDS patients are very vulnerable. Vaginal intercourse in which the virus is transmitted to the female through seminal fluid accounts for many of the cases in women.

The virus can be transmitted from the female to the male but this would appear to be the exception. When an individual is exposed to the AIDS virus, through blood or semen, antibodies are formed. These can be identified by a special blood test in a matter of a few weeks. Patients with positive tests are considered as carriers of the virus and can transmit the virus of other individuals.

It is also known that there can be a lengthy incubation period (five months to five years) that is the interval between contracting the virus and the onset of symptoms. An individual can have AIDS without symptoms and yet be able to pass on the virus to someone else through blood or sex.

### The latent period

In the latent period the patient feels perfectly well. In a matter of

days or weeks some glandular swelling may occur. This is often limited to the glands in the groin or armpits but such swelling may subside. In some patients the glandular enlargement may be more generalised. The clinical condition at this stage may resemble glandular fever, characterised by a rise in the temperature and a rash, but in the majority of cases the infection is unaccompanied by signs or symptoms.

### Doctor

A patient with AIDS may come to a doctor with vague symptoms including tiredness, weight loss, joint pains, diarrhoea and some general debility. A form of pneumonia characterised by a persistent non-productive cough, shortness of breath and fever is almost certain to prove fatal in the AIDS patient whose defences are weakened because the immune system is rendered incapable of responding.

Other manifestations of the disease prevention is of prime importance. Limiting sexual activity to a partner you can completely trust is the sure way of avoiding the infection. For those who find this to be difficult the correct use of a condom is advised.

One does not have to be promiscuous to contract the disease a single sexual encounter is enough. Education especially of our young population regarding the dangers associated with casual sex is a must if the spread of AIDS must be instilled into every individual who engages in casual sex.

### Help

There is help available for anyone who is worried and wishes to have his or her blood checked. A positive result showing that one has antibodies to the AIDS virus, does not mean that one has or will develop full blown AIDS. However it does mean that one is infectious.

Getting advice and help at this stage may be vital to the patient. The family doctor or a doctor will be able to help but very often this is the last person the patient

wishes to see. A volunteer group called CAIRDE P.O. Box 1884 Dublin 1 phone 710895 11 a.m. to 4 p.m. can be of great assistance to the worried patient. Strict confidentiality is assured.

As far as one is aware at present, the AIDS virus cannot be transmitted through social contacts such as kissing, or by glass, crockery or cutlery.

There is no cure. Knowing how to avoid AIDS through educational means is the best method available, it is up to every individual to equip him or herself with such information. Failure to do so could lead to tragedy.



# 'Aids oranges' harmless

By AILEEN O'MEARA

HEALTH inspectors in Dublin were yesterday investigating an anonymous call to RTE that oranges in certain stores in Dublin had been injected with blood from an Aids victim.

But the Department of Health emphasised that even if the call was true, there was no danger to the public arising from the ingestion of blood contaminated by the Aids virus.

The Department said there was no evidence that Aids had been spread by ingestion of blood in any of the 10,000 cases documented by the World Health Organisation.

Meanwhile, the redesigned Aids information campaign, drafted by the Health Education Bureau, will be presented to the Department early next week.

According to a spokeswoman for the Bureau, the Department of

Health's Aids information campaign was returned to the HEB earlier this month to put a greater emphasis on the element of "drugs use" in the spread of the deadly disease. The redesigned information campaign will be considered by the Government later this month.

The HEB's plans are for an advertising campaign using the press, television, radio and outdoor posterage to communicate the message to the public about the spread and prevention of the disease that has resulted in thousands of deaths worldwide to date.

A spokesman for the Department of Health had no comment to make on the call made earlier this month by the Dublin Diocesan task force on Aids, for the Government to set up an Aids "hotline," linked to an information centre staffed by professionals.

While the contents of the proposed Government information campaign are unknown, the Gay Health Action group said yesterday that all the political parties had stated their support for the Department of Health's Aids campaign and committed their parties to ensuring funds be made available for an effective prevention campaign.

Mr. Mick Quinlan, of the Gay Health Action group, said they had received a reply in writing from all the parties except Fianna Fail, and that Fianna Fail said over the telephone that they would support the use of condoms as a preventative measure, if their medical advisors agreed it would be useful. Mr. Haughey reiterated that view during a youth policy press conference during the election campaign.

## Experts dismiss AIDS threat after call

By Dr David Nowlan,  
Medical Correspondent

HEALTH INSPECTORS in Dublin are investigating what is thought to have been a hoax call to RTE claiming blood from an AIDS victim had been injected into oranges in three supermarket branches.

Experts at the Department of Health and elsewhere dismissed the possibility of AIDS or other infections being transmitted by eating contaminated oranges, even if the caller's claim was reliable. The call was made to RTE by a man with an Irish accent but believed to have been calling from Britain.

He said blood from a person with AIDS had been injected into oranges in three named branches of the supermarket chain. There is no branch at one of the locations named — a fact which adds credence to the notion that the call was a hoax.

A statement from the Department of Health last night said that there was no danger to health arising from the ingestion of blood contaminated with the AIDS virus. "There is no evidence that AIDS has been spread by the ingestion of blood in any of the 40,000 cases documented by the World Health Organisation. The eating of oranges injected with AIDS-infected blood would therefore not pose a risk to health."

Professor Irene Hillery of the Department of Medical Microbiology at UCD was equally dismissive. In the first place, she said, no one would eat an orange in which they found blood. And even if there were viral contamination, the virus would be largely inactivated by the acidity of the fruit. So even if the call was not a hoax, there is still no danger. But the Department said last night that "from a general public protection point of view — apart from AIDS — the health inspectors in Dublin have been informed of the call and are investigating the matter."

## AIDS not a judgment, says C of I

The Church of Ireland Gazette has rejected descriptions of AIDS as a "condemnatory judgment of God" but says that it has come as a "salutary shock" to a society used to sexual "abuse".

The Gazette says the Church has not rushed into making pronouncements on the disease because of the danger of being branded in the media as being as "authoritarian and repressive" for appearing compassionate.

The disease, the editorial says, has terrifying ramifications and has erupted so suddenly and challenges "so many of society's sometimes facile presuppositions that even yet we hardly begin to know how convoluted its effects will be."

The editorial says:

"For ourselves, we have to say that

we do not accept any theory about AIDS which seeks to interpret the disease as the condemnatory judgment of God upon a generation which has incurred his wrath by its moral delinquencies. That is altogether too easy, and it is altogether theologically mistaken, implicit first in the Old Testament, and explicit in the New, is the teaching that God does not punish the guiltless with the guilty. Individual responsibility is inseparable from individual salvation. The fact that there are those, albeit a minority, who have developed AIDS through no fault of their own, infants of infected parents, or recipients of infected blood transfusions, forbids us to accept any idea of AIDS being some sort of general punishment by God of a wicked world.

"But if AIDS is not a punishment, it is most certainly a warning and a reminder

about Christian aspirations of sexual behaviour, and about sowing and reaping.

"If we exercise our sexual capacities unnaturally or promiscuously, what has always been morally damaging can now become physically disastrous, indeed fatal. To that extent AIDS is only a further, and more dire, development of the Biblical truth that individually we reap what we sow.

"If we left morals out of it altogether, there would still be overwhelming reasons for chastity and fidelity on medical grounds alone, even before AIDS, and certainly since the onset of AIDS. The same applies where AIDS is a new peril for those already endangering themselves by misusing chemical substances which in themselves are morally neutral.

"If therefore, AIDS is not an infliction of divine punishment, we would yet be very foolish, maybe even ungrateful, not to view it as a most salutary shock, of which society may well have been in need, it creates an opportunity to look again at our standards of behaviour and our way of thinking. It calls us to re-examine what sort of society we want for ourselves, and even more imperatively, for our children. Perhaps we have allowed in our generation things to have become acceptable which we should not have accepted. Perhaps an apparently laudable compassion for minorities has silenced more robust reaffirmations of majority opinion. One thing, any is certain, and that is that AIDS is not going to go away. If we are not going to die of its consequences then we are going to have to live in awareness of all its implications."

SL

THE IRISH TIMES, Saturday, February 21, 1987

# Firm seeks permission to put AIDS drug on market

By David Nowlan,  
Medical Correspondent

THE National Drugs Advisory Board has undertaken to process as quickly as possible an application for limited distribution in Ireland of a new medicine designed to combat the Acquired Immune Deficiency Syndrome (AIDS).

The application has been made by Wellcome, the multinational pharmaceutical company, which has also applied for limited approval of the drug by regulatory authorities in Britain, the US and many other countries. In the US an expert committee of the Food and Drugs Administration has already recommended that approval be given and this is now expected formally from the FDA sometime this summer.

The drug in question was originally known as azidothymidine, or AZT, but has since been given the genetic name of zidovudine; and Wellcome's trade name for it is Retrovir. Its primary action is to impede the capacity of the Human Immunodeficiency Virus (HIV — the cause of AIDS) to replicate itself. It does this by blocking the action of an essential enzyme called reverse transcriptase.

Early trials of AZT (as it was then called) indicated that it could reduce the death rate among patients with AIDS. In one eight-month trial in the

US, only one of 145 patients receiving AZT died, compared with 16 of 137 patients receiving placebo. The patients receiving the drug also showed clinical signs of improvement, such as a gain in weight.

But, by its nature, zidovudine is likely to cause some serious side-effects and could be damaging to the central nervous system or to the white blood cells. The frequency and severity of side-effects, however, would have to be set against the fact that full-blown AIDS, for which there is currently no cure, is generally fatal.

Dr Allene Scott, director of the NDAB, confirmed yesterday that an application for the approval of Retrovir had been received from Wellcome. While she had not read the portfolio yet, she believed that if the drug was approved, the approval should be given quickly. She said it was likely that such approval would be limited to the use of the drug only in certain specified conditions and then under expert supervision.

It would be essential to ensure that the drug's effects and side-effects were closely monitored because such clinical trials as had been conducted to date had run only over short periods.

A spokesman for Wellcome in London said that zidovudine was difficult to manufacture but that his company hoped to have sufficient supplies for all known AIDS patients by the middle of May.

Sc

## 22 FINANCIAL GUARDIAN

# Investing in the Aids industry does not nec



### SATURDAY NOTEBOOK

PSST... want the hottest investment advice? Sell your super-inflated semi in Hampstead, buy a cheap villa in sunny Greece, and put the bulk of your winnings into a spread of pharmaceutical

stocks—especially those companies working on Aids cures. It is the perfect, final solution.

We are all terrified of Aids, we all suffer a shortage of sun in Britain and some of us, at least, would like to be rich.

The rest is obvious. The North West Thames Area Health Authority has the highest incidence of Aids in the UK. The epicentre of this district is Hampstead, where ludicrous house prices and unconventional lifestyles are legendary.

It stands to reason that when the Aids epidemic really gets going no-one is going to want to live remotely near the plague. Wine bars will be deserted, trendy co-educational private schools will empty and house prices in Hampstead must surely collapse.

Greece has got to be a good bet. In spite of the eternal sun, beautiful beaches and

cheap tavernas you can still buy five Crete villas for the price of a Hampstead semi. More to the point, Greece is virtually Aids free—so far at least.

We owe this piece of intelligence to Walton, Smith and Adkins—analysts at stockbroker L. Messel & Co. Stockbrokers generally have been having a field day with Aids.

Hardly a day goes by without one of them drawing a new chart, making a new projection or discovering a new facet of the Aids investment conundrum. Where other people wear shame, these people carry pocket calculators—in the breast pocket of their hand tailored shirts. Fancy an "Aids play"—as Messel describes it? If you do then they and half a dozen other stockbrokers will gladly send you reams of advice comparing the price/earnings ratios of all the companies from

Wellcome and Hoffman-La Roche to obscure outfits like ICN, Praxis and Exovir which are said to be testing Aids drugs.

In its latest report, vessel even included a country-by-country league table of Aids cases reported to the World Health Organisation. Greece, it turns out, had only 22 cases reported up to last June. Per head of population this was a very safe rating—three times safer than the UK and forty times safer than the United States.

Unfortunately, Hampstead was not listed separately. Come to think of it, the league table missed out a lot of other places to—like the entire continent of Africa where the disease threatens to end food shortages by wiping out a substantial portion of the population. Presumably there is no point in passing a calculator over people who could not afford to pay for an Aids "cure," if

## cessarily mean escape from Hampstead

and when it comes.

A House of Commons select committee was told this week that it is likely to cost £10,000 a year to treat each Aids victim in Britain with AZT. This is the antiviral drug owned by Wellcome which is in advanced clinical trials and is expected within weeks to become the first Aids drug approved for sale by the US Food and Drug Administration.

How did Wellcome arrive at such a price? When still wholly owned by a charitable trust, Wellcome had an enviable reputation for putting medicine ahead of the market place. It developed vaccines for Third World diseases when no-one else cared. But Wellcome is a commercial animal now and its shares, since its flotation a year ago, have risen nearly four-fold largely on profit projections for AZT.

Perhaps, at £10,000 per pa-

tient Wellcome will make a killing, without facing the accusation of having profiteered out of misery, hysteria and death. But just as likely, it will be accused of profiteering while making scant return on the £20 million it has already committed to the drug's development.

Our friends in the stockbroking community have finally woken up to this and are now advising their clients to sell Wellcome shares. AZT is no cure for Aids. It can slow down the ability of the virus to replicate, but it is very toxic. Better, less toxic drugs are certain to follow even if none of them become a cure. In crude financial terms, therefore, Wellcome only had a brief moment in the market to make its windfall before a better alternative comes along.

The stockbrokers would love just such a protracted scenario of new, slightly better Aids drugs tumbling out

into the market place. Think of all the "Aids plays" they could make while victims go on dying. Think of all the money you could make (sitting on your sunny Greek veranda) if, taking their advice, you get in and out of the correct stocks at the right time.

Don't count your drachmas too quickly, however. Experience has shown that the drug companies make much more money dealing with diseases than by curing them. Today's big profits come from tablets taken for life which control ulcers and heart disease because no cures are available.

Despite the best effort of researchers a genuine cure for people already stricken with Aids still seems a remote prospect.

Anti-viral drugs are in their infancy and Aids is a particularly crafty virus. But a genuine cure, which killed off the Aids virus completely in a short course of treat-

ment, would yield far less profits than drugs given chronically to keep the virus at bay.

The stockbrokers now hyping-up every drug company in sight are also forgetting another real possibility—a vaccine, safe, cheap and plentiful, that would, with a single jab, protect everyone from ever contracting the disease. Tests with an Aids vaccine have begun in Zaire.

These days the drug companies have to be bullied into making vaccines for polio, measles and whooping cough. They can't make much money and they fear liability suits from adverse reactions. An announcement of an Aids vaccine discovery would immediately end the killings being made in drug shares on the stock market. No victims, no paper profits. Hopefully, it will end the real killings soon too.

James Erlichman

Sc

Today  
21<sup>st</sup> February 1987

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Star's mercy gift to dying tour chief

# AIDS KILLS



ELTON: paid for flight

# ELTON'S FRIEND

## EXCLUSIVE

by STEVE MCKENLAY  
and JONATHAN ASHBY

POP star Elton John was devastated last night after a close friend died of Aids.

The multi-millionaire singer paid for 31-year-old Neil Carter to be flown across the Atlantic to top specialists in New York in the hope of saving his life.

At first treatment with an experimental drug seemed to be working.

But Neil, who organised a hugely successful world tour for Elton, died after suffering a relapse.

Elton, who is recovering from major throat surgery in Australia, was last night said to be stunned by the news.

A spokesman for his Rocket record company said: "Obviously Elton gets close to all the people involved in a world tour. He is very sad that Neil has died."

### Message

Elton and his manager John Reid sent a message of sympathy to the Carter family, who paid for the treatment.

Neil, who worked for Rocket for several years until 1982, discovered last year that he had the killer disease. When Elton was told, he immediately offered to fly him from London to experts at St Vincent's Hospital in Manhattan. He spent several months being treated with the AZT drug, which can help arrest the development of the disease.

A close friend of the Carter family said: "Neil's death came as a shock. Earlier this week he complained of having difficulty breathing, and a few hours later he was dead."

Elton will not be at Neil's funeral in Sussex next Thursday. He is not due back in Britain until next month.

■ Children get Aids: Page 2

5✓



**Today**  
**21<sup>st</sup> February 1987**

## 3 children get Aids in blood blunder

THREE young children have contracted the Aids virus from imported blood plasma.

The youngsters — all haemophiliacs — were infected by the US blood product Factor 8, which experts had thought was safe.

But last night the Department of Health announced that Armour Pharmaceutical, an American-based firm, had withdrawn the product from the market.

The children, who have not been named, are now being treated as outpatients at the Birmingham childrens' hospital.

Dr Fereydoun Ala, director of West Midlands Regional Blood Transfusion Service said: "They have not developed full Aids yet, but have acquired the infection."

"Armour used an inadequate sterilisation technique. Everyone has now switched to other products treated more stringently."

A Department of Health spokesman said there is no evidence that Factor 8 produced by other manufacturers is unsafe.

SL

# New strain of Aids cannot be detected by blood bank tests

by GERRY BYRNE

A NEW strain of Aids cannot be detected by the test used by the Blood Transfusion Service Board to screen Irish blood donations. The new strain has been detected in France and as yet, has not been seen in Ireland.

The test used by the Blood Transfusion Service Board to detect Aids in blood donations cannot be relied upon to detect a new strain of the killer virus, French scientists have concluded.

The Wellcome Laboratories Aids diagnostic kit favoured by the National Blood Transfusion Service Board failed to detect the new strain of Aids — code-named HTLV-4—in 15 out of 26 tests during recent trials in France. This represents a success rate of only 42%. Other drug company tests succeeded in between 75% and 96% of cases.

The Wellcome test also failed in almost 10% of cases to detect West African strains of the more common HTLV-3 Aids virus, double the failure rate of kits manufactured by Abbot, Organon and the Pasteur Institute itself. West African

Aids is reported to be spreading rapidly in France which has a high immigrant population from the region. Epidemiologists say it is only a matter of time before it begins to surface in other European countries.

However all tests, including Wellcome's, had a 100% success rate in detecting 'traditional' strains of the HTLV-3 virus in the French trials conducted by the same Institute which first isolated the Aids virus in 1983.

Commenting on the failure rate in testing the new Aids virus, the director of the National Blood Transfusions Service Board Dr Terry Walsh said: "We usually find the Wellcome test more effective at testing HTLV-3 than the other tests. There could be problems with different batches which might be less effective."

An altered Wellcome test to broaden the spectrum of viruses detected to include the HTLV-4 strain might be the answer, Dr Walsh added. But the Aids expert at the London School of Hygiene, Dr Ariel Zuckerman says that blood centres will need a separate test specifically for HTLV-4.

The Blood Transfusion Service Board is also reviewing the possibility of introducing two other tests, one to pick up early cases of Aids not detectable by other means and the other to detect a virus that can cause a fatal form of leukaemia.

According to Professor Ariel Zuckerman, 25% of donors in Japan have been infected with the HTLV-1 virus which causes a leukaemia of the blood cells known as T-Cell carcinoma. This virus was once thought to be responsible for Aids, but attention shifted away from it when the real Aids culprit, HTLV-3, was discovered. It is now turning up in increasing quantities in the USA while an Italian study has found a significant cluster of infections among intravenous drug abusers in Rome.

Little is known about the development of the disease caused by the HTLV-1 virus. The condition can be fatal unless treated by chemotherapy and radiation with often distressing side-effects.

"HTLV-1 is a problem possibility," said Dr Walsh. "T-cell leukaemia is one of the few tumours to be positively linked to a virus infection."

And in London Professor Zuckerman said British medical virologists will shortly reach a decision on whether or not to recommend that all blood centres start testing for HTLV-1.

**Sunday World**  
**22nd February 1987**

### **AIDS deaths**

Twenty-two people died from AIDS in the United Kingdom in February according to the Dept. of Health figures released today.

**P. Brian D'Arcy**



# **AIDS is not a punishment from God**

SOME things are not pleasant to talk about. So we shove them off to the back of our minds. It has always been the same.

Years ago it was said there was no drugs problem in Ireland. But then a record company once turned down the Beatles' record. How wrong can you be?

These days it's AIDS nobody wants to mention.

Unfortunately AIDS is a problem and a growing one.

This is not an apology for those who suffer from AIDS. Nor is it a condemnation of those who are fearful of working with those who suffer. It's the same the world over.

Recently in New York both the Mayor and the Catholic Archbishop wanted to set up hospitals for AIDS sufferers but both were frustrated from doing so because of objections from nearby residents.

Eventually Mother Teresa of Calcutta set up a hospice which will care for the last days of those who die from AIDS.

Society's look at it sensibly. Terminally ill people should be looked after. But

AIDS sufferers find themselves with an illness shrouded in secrecy, fear, ignorance and prejudice.

They often die alone with few caring. There are few welcoming places for an AIDS sufferer.

The "civilised" world is afraid to care for them. And because of their anger, the dying themselves cannot be open to those who try to help.

AIDS sufferers today are like lepers of the ancient world. In Biblical times, lepers were outcasts. Their disease was one which couldn't be cured. They were despised because close contact with them meant you could get the disease too. And worst of all the pious people of the time said that their suffering was a punishment from God, for their sins.

## **Cared**

Jesus cured and cared for the lepers; even though they didn't think it worth their while to say thanks. They were not great believers in Jesus. But Jesus helped them anyway.

AIDS is the modern day leprosy.

Across the world they have been evicted from their flats, sacked from their

jobs, denied service in restaurants, hospitals and prisons. They are shunned by their neighbours and former friends.

## **Harsh**

Because a great majority of AIDS sufferers are homosexual men, they get a harsh judgement. And some people who have a false concept of God say it is a punishment for their sins.

When will we ever stop making God as small, as bitter and narrowminded as ourselves?

Because there is so little known about AIDS, it is understandable if people are afraid to help.

It was the same with cancer at the beginning of the century. Cancer sufferers were turned from their homes, isolated and abandoned.

People were afraid to touch or care for them. Ignorance made it a terrible disease to have. Nowadays we are learning more about cancer. And even though

there is no known cure for a great many cancers, sufferers are treated with love, tenderness and superb medical attention.

Knowledge has cleared the way.

We owe the same to AIDS sufferers. We must educate ourselves for the sake of being good Christians.

So what do we know about AIDS?

Very little for certain. But we do know some things with reasonable certainty.

We know that AIDS is a disease which weakens the body's natural ability to fight illness. It can lead to death in many cases.

We know that most people are not at risk from AIDS. It occurs most frequently among homo-

sexual and bisexual men. And among both men and women drug users — mainly of infection from needles.

Sometimes people who get blood are infected by the blood and sometimes children whose parents have AIDS have had it passed on to them.

## **Research**

And we know from research at present that AIDS cannot be passed on through casual contact like handshakes, eating utensils, toilet seats, coughing or sneezing.

It is transmitted by sexual contact, shared needles and blood inoculations.

What is known about the illness changes daily. But

that's the information at present.

As far as I know there has not been a case of someone giving medical aid only who contracted the disease from the patient.

And yet our fear of the disease has become hysterical. And in some cases dying people don't get the care they should.

In America they have done a study of foster families who took in AIDS suffering children for over a year. And despite the close contact of living in the same family home, there was no passing on of the disease.

Those are the facts at present.

Let me say again that I understand totally those who are afraid of getting the disease. No risks should be

taken. But neither should there be any neglect of AIDS sufferers.

No extra pain or rejection should make a painful death even more painful.

Nor should we judge AIDS sufferers harshly. Of course illicit sex and drug abuse are wrong. But there is a solid principle which says that we may hate the sin but never hate the sinner.

Jesus didn't hate sinners. He got into a lot of trouble because of that attitude of compassion.

It's a good basic test of our Christianity too.

Get rid of the hysteria, take away the fear, show compassion to suffering everywhere.

That's the bottom line.

# AIDS RIFE AMONG DUBLIN

An unofficial garda estimate puts the figure of carriers at between 28 and 30 per cent.

A senior garda officer confirmed to SUNDAY WORLD yesterday: "They're the highest risk group in the country."

On Friday, I interviewed a well-known Dublin prostitute.

She said she believed that the result of the garda survey — carried out by a plainclothes team — were accurate.

The escalation of the killer virus among the city's hookers is being brought about by the increasing numbers of young girls being lured onto the streets at night.

This is happening because of their dependency on the deadly drug, heroin — the use of which often spreads AIDS through the use of "dirty" or infected syringes.

In this country, AIDS is spreading mainly through the use of drugs, although in most countries it's a sexually-transmitted disease.

According to senior garda sources, the young hookers present a particularly high risk to their clients.

"The accepted method of preventing the spread of AIDS through sexually active people is through the use of condoms," said one source.

"But these young girls are so naive and hungry for money to feed their habit that many of them are not taking any precautions at all."

## Danger

"That's okay for them because many of them have the AIDS antibodies or full-blown AIDS already. "But can you imagine the danger their clients are being subjected to?"

Most of the girls operate from Dublin's canal zones and, of course, from the well-established stomping ground of Fitzwilliam Square.

Because of where they ply their trade and the rates they charge, their clients are mainly from the middle and professional classes.

Said one source: "Doctors, lawyers, politicians and priests who generally use these girls are literally flirting with death."

"Their wives or girlfriends may think that AIDS is going to be a working-class scourge — well-removed from their cushy lifestyles."

"But they're wrong: it won't be long before AIDS is going to be a feature of middle and upper class life in Ireland — thanks to the man working late at the office."

The prostitute with whom I spoke was reluctant to confirm the findings of the garda survey.

"Do you want us all to be put out of business," she asked.

But the blonde, 29-year-old, later admitted that

nothing else for us."

This particular lady has AIDS antibodies and is a heroin addict.

Her arms are pock-marked with years of 'mainlining' the lethal drug. She is also very beautiful, even if she looks about eight years older than she is.

## FROM PAGE 1

AIDS was rampant among Dublin's 'ladies of the night'.

"It's all over the f---ing place but we still have to make a living, there's

# VICE GIRLS!

"I've been through it: I'm hooked," she told me. On her addiction and

state of mind, she said: "I'm here and I'm here to stay; you may not like that, but

that's the way it is... there really is no way out."

# SUNDAY WORLD

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## NOBODY DOES IT BETTER

# AIDS

# RIFE AMONG DUBLIN VICE GIRLS!

By DAVE MULLINS

Up to a third carrying virus—garda survey

AIDS is spreading like wildfire among Dublin's prostitute community. TO PAGE TWO

SL

## ICN Drug Is Focus Of 2 Probes on Claims Of Possible Side Effects

*By a WALL STREET JOURNAL Staff Reporter*

NEW YORK — A U.S. congressional committee and the Food and Drug Administration are conducting separate investigations into allegations of a failure to report serious side effects in some infants from use of Virazole, a drug marketed by ICN Pharmaceuticals Inc.

In a Feb. 9 letter to the FDA, Rep. John Dingell said the House Energy and Commerce Committee, which he chairs, "has recently received allegations concerning the failure to report adverse reactions found" in the drug's use to the FDA. The letter asked the agency to provide documents concerning the drug to the committee's oversight and investigations subcommittee by last Friday.

An FDA spokesman said the agency is conducting its own inquiry into similar allegations and is providing House investigators with information the panel is requesting.

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Evening Herald  
24<sup>th</sup> February 1987

# Skin graft caused Aids

THE Aids virus has been passed through a skin graft, Britain's Department of Health confirmed today.

A spokesman said: "To our knowledge this is the only such case in the world".

Confirmation followed a report billed as an exclusive on the front page of the new London Daily News. The report said the victim came from the Isle of Sheppey, Kent, and underwent the operation at Queen Mary's Roehampton, after being seriously turned on the face and hands in an accident at his home.

According to the report, the skin had been tested for Aids, but doctors operated before receiving the results because the procedure took so long.

A spokesman at Roehampton said today the unit had stopped using donor grafts following the incident. He said that the process of screening blood for Aids from potential donors had also been speeded up.

"The donor was not a drug addict and not in a high risk group", the spokesman said. "As a result of this case we have had to re think our procedures. Other burns units in Britain have been notified".

Evening Press  
24<sup>th</sup> February 1987

# AIDS test for US visa applicants?

By Christine Newman

**TESTING for AIDS could become a requirement for Irish people wanting a visa to the United States in future, it was revealed today.**

The head of the Consular Services at the U.S. Embassy in Dublin, Ms. Joan Smith, said that although they were not testing for AIDS at the present time, eventually it could become a requirement for obtaining a visa to the United States.

She confirmed that sexual deviation, which includes homosexuality, was always an excluding factor to obtaining a visa, as was drug addiction, a criminal record, mental deficiency or alcoholism.

Ms. Smith said the new 3,112 non-preference visas were only giving the person a right to apply and did not necessarily mean that they would automatically gain entry to the U.S.

It only gave them the right to start going through the application process.

She appealed to those who had written to Washington not to phone the Embassy. They would be informed before September 1987 and stressed that they had to apply for their visa immediately they heard from the Embassy.

The Embassy here has a facility to issue 20,000 immigrant visas annually. However, last year only 860 were grant-

ed. This was because people did not have the qualifications required for each category.

Ms. Smith had called the press conference to ask people to write to the Embassy for their holiday visas to avoid queueing outside the Embassy building in Ballsbridge.

There were also two new telephone numbers for general visa enquiries 688549 for immigration visas and 608922 for holiday visas.

People writing in for holiday visas would have their applications processed within 48 hours but should apply as soon as possible before their holidays. Last year, the Embassy processed 60,000 holiday visas and there was no quota for this category.

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Mother Teresa  
her order runs refuge  
for Aids victims

# Church-owned hospital leading Aids battle

One of the major units in America dealing with Aids victims, the Spellman Centre, is part of a hospital owned by the Catholic Archdiocese of New York. LINDIE NAUGHTON REPORTS.

Countries like Ireland have an ideal opportunity now to set up an AIDS centre before the epidemic starts. The director of nursing in the world's most advanced centre for the treatment of the disease said last week.

Kathleen McGuirk, of St. Clare's Hospital in New York, stressed the urgency of dealing with the problem by a massive education programme and the distribution of condoms to people at risk. "This is not a social or moral problem and we have to put moral issues to one side until we contain the spread of the disease. We started too late here," she says. St. Clare's is far from the stainless steel gloss of the

modern, high-tech American hospital. It is 50 years old with all the attendant problems. However, sections of the hospital are being closed off and refurbished, and seven floors of the hospital now house the Spellman Centre for the Treatment of Persons with AIDS. Spellman's medical director supervises a team of specialists including a pulmonologist, oncologist, a disease specialist. As well as a 40-bed acute care unit, the centre includes a further five-bed intensive care unit, an outpatient infusion clinic and a full psychosocial support for the victims, counselling with all who come in touch with the disease is also provided, as those in charge of the cen-

after she was given a rectory in Christopher Street. The sisters have special training given in that they can help them in lectures — they are now split evenly between homosexuals and drug abusers. "And it's tipping towards the drug abusers," says Kathleen. Few Central Park, a fishing trip. believe me, some of those guys have never been so loved in their lives."

Kathleen McGuirk visits the Gift of Love once a week to check things out. "I act in an ambassadorial role as far as appointments are needed, or supply of sterile gloves. St. Clare's has recently been visited by the British Minister for Health, Norman Fowler, and by a team of Swedish experts and there is widespread international co-operation in the fight against the disease."

far he has."

McGuirk. The unit is already the largest single support unit in the USA and takes in the bulk of the cases in the New York area. Among these is the Gift of Love, a special refuge in the heartland of "Gay" New York, for victims when they leave hospital. This is run by Mother Theresa's Missionaries of Charity who are based in all the poorest of the poor.

"Mother Theresa came to us not the sinner," says Kathleen. "The unit is already the largest single support unit in the USA and takes in the bulk of the cases in the New York area. Among these is the Gift of Love, a special refuge in the heartland of 'Gay' New York, for victims when they leave hospital. This is run by Mother Theresa's Missionaries of Charity who are based in all the poorest of the poor."



Norman Fowler  
visited unit recently  
during his fact-finding  
mission.

Today  
24<sup>th</sup> February 1987

## Aids will not wait

IT IS now clear that finding a safe and effective drug or vaccine to combat Aids will be a uniquely difficult task.

The international scientific community already works more harmoniously and more frequently across international and political frontiers than almost any other group. With Aids, an even greater degree of cooperation than usual will be necessary.

Each country will need to make its best virologists, epidemiologists and other medical experts available, together with the necessary funds.

The Medical Research Council has already submitted a proposal for a modest £10 million annual expenditure to Lord Whitelaw's cabinet committee on Aids. Compared with the hundreds of millions being set aside in countries such as the US, this is chicken feed.

Even so, the cabinet committee seems to be dithering about making the cash available, though the Medical Research Council is confident that it will eventually say Yes.

The government should dither no longer. Aids will not be slowed down by the dilatory processes of civil service bureaucracy. Don't let us die of inaction: give the Medical Research Council the funds it wants, and do it now.

### Text for Today

Ah! The clock is always slow; it is later than you think.  
Robert W Service

Today  
24th February 1987

TODAY, TUESDAY, FEBRUARY 24, 1987

As the scourge spreads, the

**TODAY  
FILE**

**BIG**

THE scourge of Aids threatens the lives of tens of thousands in the next few years. But it poses another threat.

This disease for which there is no known cure is causing panic.

A growing number of voices can be heard calling for drastic measures to identify and isolate not only those who have Aids, but those who are most at risk from it.

Some ideas are genuinely designed to help. Given enormous resources, they could prove immensely valuable.

But other schemes are terrifying in their

consequences. Every adult in Britain could be forced to undergo an Aids test. Every year.

Thousands could be shut away in isolation camps: imprisoned behind barbed wire, and guarded day and night for the crime of being ill.

Others would be hunted by special police forces — sometimes just because they could not prove they were free of the virus.

Big Brother would finally have arrived, bringing to Britain a new-style Final Solution.

Could this be our grim and chilling future?

## The life-or-death hunt for a hidden killer

**M**ANY of the demands for action centre on testing for the Aids virus. But what does this involve? You cannot test someone for the Aids virus. But you can test for the presence of the antibodies — the body's disease fighters — to the virus.

How do you do this? By taking a small blood sample and analysing it.

If you have the antibodies, does that mean you have Aids? No, it means you have a chance, currently estimated at one in three, of developing the disease.

What does it cost? Dr John Green, of St Mary's Hospital, London, estimates that a person walking in off the street for a test, which turns out to be negative, will cost the NHS around £20. But if the test shows up positive, a second test is carried out, and if that is positive a third, more complicated, check is used before the result is given.

However, the cost of counselling, both before and after the test, is hard to estimate. If you are told you have the Aids virus, the effect is like waiting for a death sentence to be pronounced. The psychological damage can be enormous. Professional in-depth support for patients and their lovers is a vital part of the testing process.

One proposal for checking the spread of Aids is Blind Testing. This involves blood samples taken for some other reason and tested for Aids antibodies at the same time.

Doctors would not know whose blood it was and patients would not know the results. Panic would therefore be kept to a minimum.

It would also give the government figures on which to base expenditure on hospital beds, community care and other action to alleviate suffering.

### NEEDLES

In Edinburgh and Dundee, where many drug-users are at risk from sharing needles, health authorities are considering blood-testing all expectant mothers.

Though some hospitals run long-term studies on control groups of voluntary gay men, the notion of high risk groups is being overtaken by events. Everyone who has sex is at risk.

But these facts do not deter an increasingly loud minority from demanding compulsory testing of all those they feel are at risk, with enforced isolation as a last resort.

### The money needed so desperately

EVERYONE agrees that the fight against Aids needs huge amounts of money. So far the government has earmarked around £50 million.

But the biggest need is for cash to find a cure and inoculation against the virus. And the British government has only spent £2 million on research.

● In the United States, the research budget is \$200 million a year.

● Last week the British Medical Association told MPs that £56 million a year would be needed for treatment alone by 1989. And the Royal College of Nursing has warned that hundreds of extra nurses will be needed.

● Do we have the money? Yes, when the government wants to find it. It spent more than £164 million selling off British Gas, British Telecom and British Airways.

## The awful price we may all pay

**W**HAT would a programme of compulsory testing involve? The cost to an already overburdened NHS would be unbelievably huge.

In terms of hard cash alone, it is difficult even to begin to do the sums.

But, in terms of individual rights, the cost would be even higher.

Both here and in the United States, medical experts feel that compulsory testing is medically unethical and a violation of human rights.

But, if adopted, it could mean:

● Setting up a huge Civil Service department to organise the test schedules, inform people when and where they had to appear for tests and chart its progress.

● Recruiting thousands of additional NHS staff to run and analyse the tests.

● Forming special police squads whose task would be to track down people who refused to be tested.

● Issuing unforgeable "Aids free" cards to some peo-

ple; "infected" cards to others.

● Opening special courts to try those who refused a test.

● Reserving jobs for those who failed a test which would keep them out of sight and away from "normal people".

● And, because the virus has a long incubation period, the tests would have to be repeated at least once a year.

Even if such a course were economically and morally possible, no one is sure it would actually help stop Aids spreading.

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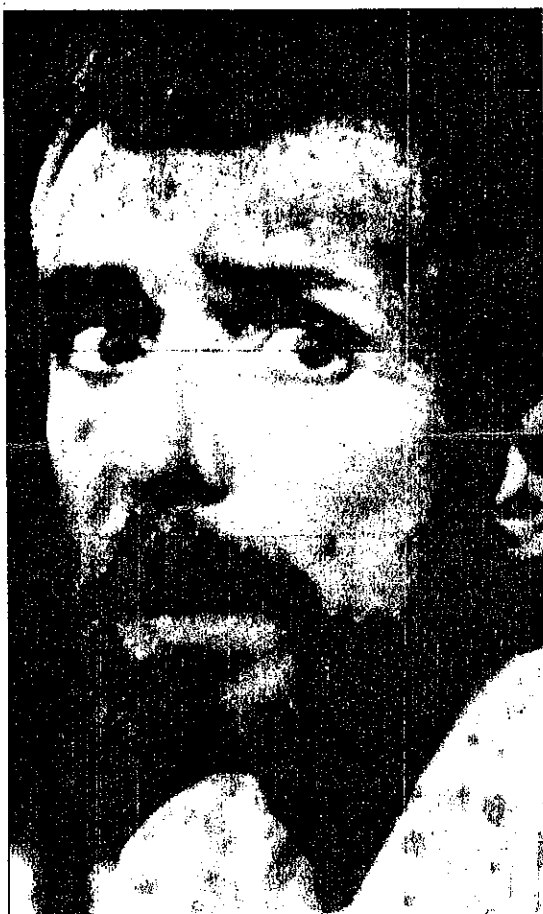
Today  
24<sup>th</sup> February 1987

TODAY, TUESDAY, FEBRUARY 24, 1987

PAGE 15

fears grow. Soon our very liberty could be at stake

# BROTHER AIDS



VICTIM: the haunted, tragic face of a man dying from Aids

## The Final Solution — life behind barbed wire

**O**NE way to stop Aids spreading would be to isolate all those with the virus — and every member of a social or ethnic group deemed to be a "high risk". It would mean:

- Opening up the old isolation hospitals.
- Requisitioning disused factories and other large buildings.
- Erecting purpose-built camps in isolated areas such as Dartmoor.

A brand new industry would be generated to service this new social policing, recruiting thousands of people to guard, feed and generally look after the inmates.

The strain on the social and industrial structure of the country would be colossal — huge numbers of people from every level of society would simply vanish from their jobs. Those who refused to be isolated would be criminals, hunted by specially formed Aids squads, and a fugitive underground would develop.

The material cost to the nation of implementing this plan is incalculable, but the social cost is clear. It would mean, quite simply, that Britain would become a police state.

This may seem far-fetched, even paranoid. But these proposals were at the heart of the Laitouche Proposition laid before Californian voters in November 1986, during the American mid-term elections.

And although it was defeated by a margin of two to one, it revealed that hundreds of thousands of adult, intelligent people were prepared for just such a future.

How long will it be before they become the majority? And where America goes tomorrow, will Britain follow the day after?



ISOLATION: could this be how Aids sufferers will live?

'THE risks to the individual patient of indiscriminate screening are considerable.

If a potent vaccine or an effective treatment were to become available, the balance would abruptly change in favour of the individual.

The Aids antibody test is not 'just another test' — testing should be anything other than routine in view of the potential consequences for those found positive.

Too many patients have already suffered from a failure to appreciate this single fact.'

Doctors Miller, Jeffries, Green, Harris and Pinching, writing in *The British Medical Journal*, April, 1986.

## The other way out — just plain talking

**T**HE most realistic proposals to combat Aids centre on research into a cure and frank advice on how the virus is spread.

But this is a slow process that needs a great deal of patience and compassion.

The government's belated education campaign has been criticised for being too little too late — and for using embarrassingly coy language.

Work being carried out by voluntary organisations, notably The Terrence Higgins Trust — named after the first Briton to die of Aids — is more direct.

They use the language of the groups they want to reach, whether they are gay men, drug users — or

anyone who has a sex life. Plans are being discussed to set up "barefoot counsellors" — men and women who are highly informed about Aids and who understand the lifestyles of the people they need to educate.

They would visit clubs, bars and other venues, organise social events, discuss safer sex and, above all, speak the language of everyday people.

Many see a need for widespread distribution of condoms and free, clean hypodermics to end the

deadly practice of needle-sharing. But in the current, highly moralistic political climate, frankness about safer sex techniques is almost impossible.

Condoms still cannot be advertised on television or radio. If manufacturers were allowed to promote their products, the savings to the taxpayer, as well as the educational benefits, would be enormous.

The political will to provide huge sums of money, and the moral will to accept social realities, are crucial.

THESE organisations offer information on Aids: National Advisory Service on Aids free phone line, 10am to 10pm, 0800 567 123; College of Health Healthline, 01 980 4848 (3pm to 10pm daily); The Terrence Higgins Trust, 01 833 2971; London Lesbian and Gay Switchboard 24-hour helpline, 01 837 7324; Scottish Aids Monitor, 031 558 1167 (Tuesdays 7pm to 10pm, but messages can be left on an answering service).

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Evening Herald  
25<sup>th</sup> February 1987

## Pirates first in radio AIDS fight

IRELAND'S first ever radio advertising campaign aimed at combatting the AIDS disease was launched today.

But, RTE will not be involved and still have no plans to carry any advertisements about the disease — for the moment at least.

Instead, one of Dublin's leading pirate radio stations, will spearhead the drive to stop AIDS from spreading in a week-long campaign called "AIDS Awareness Week".

The campaign will run on Energy 103 for one week beginning today according to station manager, Colm Hayes.

And he says advice on how to fight the deadly AIDS virus may include the promotion of "safe sex" using condoms. The Catholic Church has already denounced their use claiming they are per-

petuating promiscuous life styles.

The week-long Energy Campaign will include hourly AIDS information bulletins after each news broadcast. And the station will also broadcast interviews with medical experts as well as members of the public.

Mr. Hayes says his station expects to run into opposition to the awareness week. However, he claims that not all the criticism will be directed solely at the AIDS campaign.

"There is a border over which illegal radio is not allowed to step, and we don't know if we will be stepping over that barrier with our awareness week," he says, stressing that the station's decision to run such an information campaign, was not taken because RTE hasn't so far launched any similar scheme.

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**Evening Herald**  
**25<sup>th</sup> February 1987**

### **AIDS ban**

JAPAN decided yesterday to introduce legislation to stop AIDS carriers from entering the country under a wide-ranging plan to stem the spread of the disease.

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**Financial Times**  
**25<sup>th</sup> February 1987**

### **Skin graft carried AIDS**

A person from Kent has been infected by the AIDS virus after a skin graft operation.

Dr James Curran, director of the AIDS programme at the US government's Centres for Disease Control, said as many as 1.5 Americans may be infected with the virus.

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February 25 1987

## PARLIAMENT

# Programme launched against Aids and cancer

### HEALTH

A big initiative to reduce deaths from breast and cervical cancer by screening women at greatest risk was outlined to MPs, with a multi-million pound research programme to find a vaccine against and a cure for Aids.

The announcement came from Mr Norman Fowler, Secretary of State for Social Services. He said that Britain had an important role to play in combating Aids and its research, under the auspices of the Medical Research Council, would be part of an international research effort.

Mr Fowler said: The Government attaches particular importance to reducing deaths from breast cancer and cervical cancer. In both cases early detection can lead to successful treatment.

Breast cancer is the commonest form of cancer among women in this country. Each year there are something like 24,000 new cases and 15,000 deaths from the disease. In July 1985, the Government appointed a working group under the chairmanship of Sir Patrick Forrester to consider the position. I am today publishing their final report and I would like to express the Government's thanks to the group for their work.

The report has concluded that screening by mammography — X-ray of the breasts — will enable us to reduce deaths from breast cancer. The Government accepts the proposals made in the report and accordingly has decided to implement a national breast cancer screening service.

This will provide for screening every three years for all women between 50 and 64 throughout the United Kingdom. My colleagues, the Secretaries of State for Scotland, Wales and Northern Ireland, will be putting into effect proposals broadly similar to those I am announcing. We are determined that breast cancer screening should be implemented as efficiently, as effectively and as quickly as possible.

This will need careful planning, to ensure that all the necessary back-up facilities, as well as the screening centres, are available. It will mean assessment and diagnostic facilities, treatment facilities, counselling and after-care and training for key groups of staff.

We have therefore decided to provide additional funds for each regional health authority to

have at least one centre in operation within the next 12 months.

The funds will also enable four of these centres to provide a training facility for the whole country.

We shall expect the locations of the first centres to be announced by May of this year. An extra £6 million will be provided in 1987-88 for the first centres.

In addition, I shall shortly be sending to the professions and to health authorities a draft circular containing my detailed proposals for implementing breast cancer screening in England. I shall be calling for plans before the end of this year from each region to extend the service over the next three years to cover all women in the age group concerned.

The report envisages that up to 100 centres are likely to be needed in England. I shall also be setting up an advisory committee to advise on the development of screening and to monitor its effectiveness and efficiency.

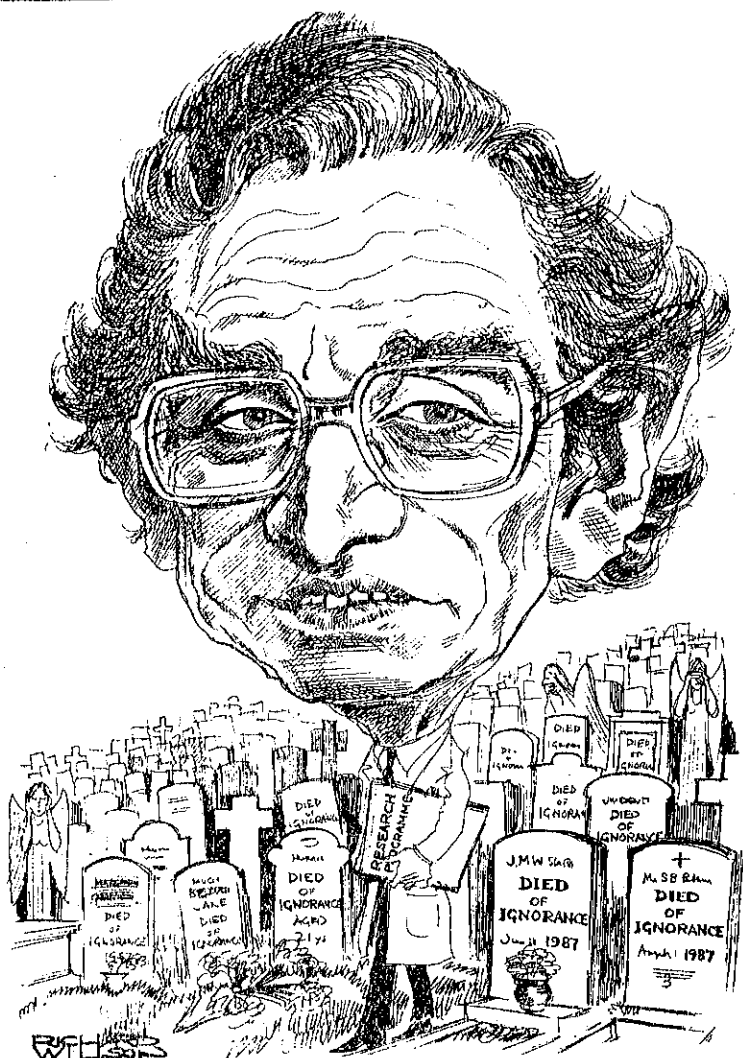
Cervical cancer kills 2,000 women each year and we are no less committed to reducing that figure. The great majority of these 2,000 deaths are among women who have never had a cervical smear under the existing screening programme.

We have already taken urgent steps to increase the effectiveness of that programme and, in particular, to increase the proportion of the population at risk who are being screened. Computerized call and recall systems should be operating in 109 health authorities in England by next month and in the remaining 52 over the next 12 months. These will enable women to be sent personal screening invitations, usually from their own general practitioners.

Our first priority is to persuade more women to come forward for screening. We shall closely monitor the success of the system and we shall keep under review ways of making further improvements. In addition, I shall be asking health authorities to make two specific changes.

First, since the number of cases among younger women has been increasing, health authorities should rationalize existing arrangements for screening women under 35 by ensuring that the call and recall system begins at the age of 20.

Second, I shall be asking each health authority to make a specific named individual responsible and accountable for



Mr Norman Fowler: It is important that we should contribute to finding a cure.

the organization and effectiveness of screening.

Turning to Aids research, there is at present no vaccine against the virus or cure for Aids itself. It is for that reason that the Government has mounted its major public education campaign. It is also important that we in this country should make an effective contribution to the international effort to develop a vaccine and a cure.

In recognition of this need, the Medical Research Council have recommended a new directed research programme aimed both at developing a vaccine which will prevent infection and also at new antiviral drugs to treat people who are already infected.

The research will be directed from the centre by two scientific steering committees which will consist of some of the country's leading scientists. There will be two specially appointed full-time directors and the programme will be built up by letting specific contracts to the most appropriate laboratory —

public or private. This proposal then goes beyond the usual approach of research initiated by the investigator.

The Government is extremely grateful to the MRC for taking a lead in formulating these proposals which are based on wide consultations among outstanding British scientists by Sir James Gowans, the secretary of the MRC, with Sir David Phillips, chairman of the advisory board of research councils.

Accordingly then, the Government welcomes the proposal and accepts it in full.

We will, therefore, launch in 1987-88, through the MRC, a new directed research programme on the lines the council have proposed. For this purpose, the Secretary of State for Education and Science will increase the grant-in-aid to the MRC by £14,500,000 over the next three years. The grant in aid will go up by £2,500,000 in 1987-88, by £5 million in 1988-89 and by £7 million in 1989-90.

The programme will be closely monitored by the coun-

cil, with my department and the Department of Education and Science. This will enable us to review progress against results. I should make it clear that the directed research programme will not affect or hinder any research initiatives by pharmaceutical companies.

This new programme should not be seen as an isolated venture. It is not. It will be part of an international research effort. We will build on work already done, especially in the United States.

In the United States all the medical scientists I met on my recent visit were unanimous in their view that the United Kingdom could indeed make a distinctive contribution to Aids research.

The House will appreciate that it is impossible to predict the progress of this research. I have made it clear in earlier statements that we cannot expect a vaccine or cure to be generally available within five years. But this programme will help us to make progress.



## Brides to face AIDS test

France yesterday unveiled plans to fight AIDS, including pre-wedding tests for the virus and an easing of rules on the sale of syringes.

Health and Family Minister Michele Barzach said some 600,000 people in Europe now carried the virus.

She said an information campaign, with television advertisements, posters and leaflets, would run during April and May and be followed by a campaign to raise funds for research.

The government would also soon lift

restrictions on the sale of syringes by chemists, allowing drug addicts to buy needles without prescription and without identification. Some 50 to 80 per cent of drug addicts in France were infected with the AIDS virus.

She said she also aimed to make an AIDS test part of the obligatory medical examination for couples planning marriage.

Meanwhile, the British Department of Health confirmed yesterday that

the AIDS virus has been passed through a skin graft.

The victim, from the Isle of Sheppey, Kent, underwent the operation at Queen Mary's Hospital, Roehampton, after being seriously burned on the face and hands in an accident at his home.

According to the report, the skin had been tested for AIDS, but doctors operated before receiving the results because the procedure took so long.

**Evening Press**  
**26<sup>th</sup> February 1987**

## **DENTISTS' AIDS FEARS**

Dentists in England are investing so heavily on new equipment to deal with the risk of AIDS infection that manufacturers have been unable to cope with the demand, the British Dental Association says.

The Association was launching a report on controlling cross-infection in the surgery, which is being sent to all 24,000 dentists in Britain.

**Financial Times**  
**26<sup>th</sup> February 1987**

**£14.5m AIDS research**

The Government has earmarked £14.5m for research into a vaccine and a treatment for AIDS. A national programme of screening for breast cancer in women between 50 and 64 is being launched. Page 6

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# AIDS research to receive £14.5m government boost

BY DAVID FISHLOCK, SCIENCE EDITOR

THE GOVERNMENT has earmarked £14.5m over the next three years for research into a vaccine and a treatment for AIDS.

It has also announced a national programme of screening for breast cancer among women aged between 50 and 64, based on X-ray mammography. The cost is expected to rise from £6m this year to £22m by 1989-1990.

Mr Norman Fowler, Social Services Secretary, told MPs yesterday that in the case of AIDS research, the Government was supporting an initiative from the Medical Research Council.

AIDS research will be funded from extra money allocated to the science budget of the Department of Education and Science, in addition to the £130m programme of the Medical Research Council this year.

Sir James Gowans, the council's secretary, will manage the programme until its two research directors are appointed.

The plan is to have a co-ordinated research programme which draws upon the new funds and places contracts



Sir James Gowans: to manage programme

with established research teams in universities, national laboratories and industrial research centres.

Sir James said he had been promised the support of some of Britain's most distinguished

medical scientists and expected laboratories in London, Oxford and Scotland to be involved from the outset.

Sir James stressed that the search for a vaccine to protect against AIDS would be a long and difficult one, and new ideas were urgently needed.

Medical science had still not unravelled a virus of "unparalleled complexity" into its component parts—the essential first step in designing any vaccine.

Even when this had been done, it would still take five years to develop and test a vaccine.

The breast cancer screening programme was recommended by a working group headed by Prof Sir Patrick Forrest, whose latest report was published by the Health Department yesterday.

Sir Patrick said it had found "incontrovertible evidence" that screening — especially mammography—could reduce the risk from breast cancer, but the operation needed substantial support. The Government was now providing that support, he said.

Breast cancer screening.  
HMSO. £6.70.

SL

# Chaste Russia wakes up to the awkward issue of Aids

THE SOVIET UNION, in an abrupt change of heart, is unveiling a crash campaign against Aids which, according to officials, has now claimed 13 victims in the country, with a further 15 cases suspected.

The programme, in effect already under way, will see the compulsory screening of "several million" blood donors, a switch to disposable syringes and substantial investment in specialist equipment to treat the disease.

Simultaneously, the authorities plan drastic moves to make the public aware of the Aids risk. They want to launch "special publications" on the topic — a Soviet equivalent of the advertising campaigns now under way in Britain and other Western coun-

tries. They also advocate the introduction of a telephone hotline, enabling people who have worrying symptoms to discuss them in confidence with experts.

These and many other details of how Moscow is reacting to Aids were given in a remarkable interview in the latest issue of the cultural weekly *Literaturnaya Gazeta* by Georgy Khlyabich, the deputy Health Minister. He breaks new ground in the Soviet handling of the Aids threat.

Hitherto, the authorities have adopted an ambivalent approach. Behind the scenes, officials from the Central Committee downward have been worrying about how to prevent an epidemic, which has now claimed more than 30,000 victims in the US alone,

## From Rupert Cornwell in Moscow

from spreading to the Soviet Union.

In public, however, the suggestion has long been that the disease was a deserved retribution visited on the sinful West, which a chastised Russia would escape. Indeed, homosexual sex, one of the main vectors of Aids, is a criminal offence here and carries a sentence of up to five years in prison.

Only a fortnight ago, Gennady Gerasimov, the Foreign Ministry spokesman, asserted to Western journalists, apropos of Aids, that "the sexual revolution has bypassed us". Articles in the press have even insisted that the disease was developed by the Penta-

clinic, so that it could produce a drug important in the battle against Aids.

So far, Mr Khlyabich said, the main risk lay with foreigners, "primarily of African origin", who brought the virus with them to the Soviet Union. Of the 13 ascertained cases, only one involved a Soviet citizen.

But Viktor Zhdanov, director of the Ivanovsky Institute of Virology of the Academy of Sciences, has indicated that one person in 100,000 here might become infected. This implies that the disease could threaten 2,800 of the total Soviet population of 280 million.

Mr Khlyabich disclosed that Soviet hopes of keeping Aids — known here by its Russian initials

Spid — in check, rest largely on a drug called ffa-Spid. This has been rapidly developed and is apparently now being used successfully to diagnose the disease.

Some 40 institutes are now working on Aids research and their budget will soon be increased. Sufferers are being treated at three hospitals, but the Health Ministry plans to centralise matters at a new, specialised clinic.

Even so, Mr Khlyabich warned that it might take five years to develop an effective Aids vaccine. He bitterly attacked foreign firms which, he said, had refused to make available their own diagnostic drugs to the Soviet Union. "In the world of business, there is talk of profit, but none of humanity."

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## The Church and AIDS

"For every person tackling a problem at its roots, there are a thousand hacking at the branches."

To eradicate a problem, we must, as the word suggests, get to the roots and remove them. Otherwise we are only behaving superficially. We are "papering over" the difficulty. This seems to be what is happening in a number of countries where the Aids disease has struck.

For example, Government information leaflets put through each door in the North, as well as in Britain, recommend the use of condoms as a precaution against the contracting of Aids during intercourse.

## Religious Viewpoint



Fr. Gerry  
McGinnity

Similar advice has recently come from a government leaflet distributed in West Germany and been condemned by the bishops of that country where, apparently, eight hundred people have been struck by the killer disease. In all the government information there is a failure to get to the roots of the problem.

What comes across, sadly, is a choice between condoms and infection. It seems, anyhow, that the use of condoms is not an entirely dependable preventative of Aids. Apart from the fact that a wrong impression is being conveyed — namely, that the use of condoms is justifiable or morally neutral — these information leaflets fail to question the very practice of promiscuity which is an acknowledged factor in the spread of the Aids disease.

The problem for that reason,

is not being dealt with at source. There is a side-stepping of the obvious remedy to promiscuity itself — that is, advocating faithfulness to one's own partner as a value of true married love. And for the unmarried, abstaining from sexual involvement.

To begin to appreciate these Christian values, of course, and to make them one's guiding principles means restoring sexual expression to the very precious and special place it holds in Christ's teaching and God's design.

It means correcting the distortion of sexual attraction current in the pagan outlook permeating the world.

It means an attempt to counteract the dehumanising of sexuality that inevitably takes place when it is separated from the deep personal encounter of two married people permanently committed to one another in every aspect of their shared life.

It means restoring the values of mutual respect and self-control to courtship.

It means pondering on how these values do not undermine but uphold personal integrity.

Of course, it means for those whose task it is to guide and advise young people, that we appreciate how individuals who pursue sexual contacts in a relentless way are often emotionally wounded and needy and sometimes have great difficulty maintaining a stable loving relationship.

Sometimes, as psychologists assert, they are vulnerable and not infrequently because of disturbance in childhood. It follows, naturally, that with great care, sympathy and personal support for people suffering emotionally and physically from Aids, we try to promote the true meaning of sexuality and marriage.

We cannot manage this without tackling the previous question of the meaning of every person's life, recognising their dignity and destiny in God's design. Then the pain and restlessness of human experience is lifted by hope to be part of God's plan.

Loneliness is no longer the bitter feeling of rejection but the trace in our being of the hand of God who has made us for Himself and his eternal company. Then the effort, discipline and restraint demanded by pure love become possible.

Control of appetite develops dignity, self-esteem and personal pride. Higher instincts hold sway within the personality. And reflecting more fully the image of the God who made us, we arrive at a higher happiness which does not rely on a sexual dependence.

**Irish Times**  
**26<sup>th</sup> February 1987**

## **£14.5m AIDS plan launched**

The British government yesterday announced a major new research campaign against AIDS plus breast and cervical cancer.

Health Secretary Norman Fowler announced a £14.5m. cash injection for research into both a cure and a vaccine to stem the spread in Britain of AIDS. And he disclosed plans to screen all women in Britain aged between 50 and 64 for breast cancer.

Sc

# The pessimism of the Polish master

CINEMA

David Robinson, at the Berlin Film Festival, reports on Wajda's latest, and Japanese views of wartime atrocities

**A** Tale of Amorous Accidents is the first film that Poland's greatest director, Andrzej Wajda, has made in his native country since *Man of Iron*, his epic of Solidarity, in 1981. Though this is the first showing, *Accidents* has a copyright date of 1985 — a time when the political situation both of Wajda and of the writer Tadeusz Konwicki, on whose novel the film is based, was still dubious.

Ostensibly a highly romantic tale of young love, it is a deeply pessimistic film. The year is 1939; and, while the teenage hero and heroine agonize through the pain and dramas of first love, the war comes closer and closer. The date the couple choose for a ritual marriage and suicide pact is September 1, the day of the German assault.

There is verbose dialogue, which is particularly disconcerting when it has to be understood through simultaneous translation, and the film is technically disappointing. Much is enigmatic: there are dreams and visions and a ghostly stranger who is Konwicki himself, revisiting the years of his own youth. The ultimate message of the film seems to be that everything that mattered came to an end in 1939. It is significant that, while a prologue says that for a Pole the place of his birth remains ever sacred, the area where the action takes place actually ceased to be Poland with the war, through annexation by the USSR.

Concern over AIDS has produced a crop of films, not to speak of hundreds of television programmes; but none of them so far matches the power of a 25-minute, 16mm



The extraterrestrials take over on the ski-slopes: Vera Chytilová's Czech social metaphor in *The Wolves Den*

documentary. Living with AIDS, made as her master project by a young San Francisco graduate, Tina Di Felicianantonio and her all-woman crew reveal the emotions of dying, rather than the pathology of the disease.

Directly but decently they record the last six weeks of a 22-year-old San Franciscan and the care given to him by five men and women from volunteer groups. More important than medical attention is their capacity for uninhibited, selfless love. They are not embarrassed by their emotions (maybe that is an American trait) or afraid to touch his wasted body and hold him in their arms. At the very end the boy can say "I don't want other people of 22 to die, but if they do I hope they are as lucky as I have been."

What this film, like Mark Huestis's *Coming of Age*, shows is

that AIDS has produced quite new attitudes to death. Never before has death been so visible, so far ahead, to communities of the very young. The mitigation has been discovered in community: love and friendship are the principal need.

**I**n *Coming of Age* the many friends of a Jewish theatre director, Chuck Solomons, give him a splendid fortieth birthday party knowing that it is also a farewell (he died nine weeks later, last December). There is a gallantry and courage in both of these films which transcends the specifics of the sickness.

The festival's view of death in war is distinctly anti-heroic. The major showpiece, towards the end of the festival, will be Oliver Stone's *Platoon*, a personal recollection of Vietnam which unequivocally

is about to kill with professional precision: the Japanese soldiers, having gleefully photographed the operation, demand the victim's liver for a ceremonial cook-up. It is a highly accomplished film, depicting realistically and without bigotry the distortion of moral attitudes under pressure.

Cannibalism also features in the feature-length documentary *Forward the Army of God!* directed by Kazuo Hara. Since the 1950s a familiar sight in the centre of Tokyo has been a loudspeaker van, decorated with flags and slogans, from which issues a torrent of angry denunciation of all those who have betrayed Japan.

**T**his is the voice of Kenzo Okuzaki, a veteran of the New Guinea campaign and a fanatic. He permitted Hara's film crew to accompany him on a mission to seek out old wartime comrades. At first he seems just a wild and crazy man, violently assaulting the old soldiers if they do not give him the information he demands. Gradually some method appears in his madness.

He wants to avenge an atrocity: an officer had two men shot and their bodies were subsequently eaten by their starving comrades. Hara ends this bizarre document with the cool report that Mr Okuzaki never found his man but satisfied his sense of justice by shooting (not fatally) the guilty party's son. He is now in gaol, and the Tokyo city centre is spared his diatribes.

A darker reflection on human folly of a different kind is Vera Chytilová's *The Wolf's Den*. This is a political allegory disguised (as the climate in Czechoslovakia demands) as science-fiction horror. A group of young people on a skiing course discover too late that their instructors are extraterrestrials. These leaders maintain control by constant shifts of tactics, from paternalism to sadism and murder, from bribery and cajolery to inciting dissent within the group. The film's narrative and technical shortcomings — including hideous camerawork — betray its bold social metaphor.



London Times  
26th February 1987

*h Times 26/2/87*  
**£14.5m quest launched  
to find Aids vaccine**

By Thomson Prentice, Science Correspondent

British scientists will move to the forefront in the quest for an Aids vaccine with a £14.5-million project announced by the Government yesterday.

Leading scientists and specialists are to pool their experience in a research programme directed by the Medical Research Council.

The aim is to develop a vaccine against Aids and drugs to treat people already affected.

Details were announced by Mr Norman Fowler, Secretary of State for Social Services. Plans are still being drawn up but they involve researchers in Glasgow, Edinburgh, Oxford and London.

"The project will be part of an international research effort," Mr Fowler said. "This project will mean that we are better placed to collaborate with and to benefit from what is being done in other countries."

Sir James Gowans, the council's secretary, said, "Some of the most distinguished scientists in the country have helped to shape this programme ... We have a feeling of optimism that we can make a significant contribution to the international effort to find a vaccine against AIDS."

Parliament, Page 4  
German campaign, Page 6

SV

# Lovers' Aids gamble

A YOUNG mother-to-be admitted she deliberately became pregnant despite knowing her lover had Aids.

Tears will reveal today whether she and her unborn baby have contracted the disease.

Whatever those results, 21-year-old Heather Knight said she is prepared to die with her child and common-law husband John Morgan.

Heather, who is two months pregnant, told of her decision at the squat in St Paul's Bristol, where she lives.

"I knew my husband was an Aids carrier but I think the world of him and I want children," she said.

"I was delighted when the pregnancy test was positive. I want children and it was my decision to get pregnant — not an accident.

"I'd rather die with my husband and child than not have children."

Mr Morgan, 24, from Liverpool, caught Aids from a dirty needle.

He is currently on remand in custody for a theft offence.

Heather visits him every day and this week broke the news to him that she was pregnant.

"He's really pleased that he's going to be a father, but he's sick that he can't look after me," she said.

"When we first found out he was a carrier we started using a condom for a while but I think the world of him and I'd rather die with him."

Heather, a former art student from Cornwall, said: "My mum doesn't like me living in a squat really and I'm trying to get somewhere else to live now that I've got the baby to think about."

Officials involved in Mr Morgan's case say he first knew of the pregnancy at his court appearance on Monday. They said he "cried tears of joy" and was clearly delighted at the news.

A DHSS spokesman said last night: "Our advice to women with Aids-infected partners would be not to become pregnant because there is an increased risk to both mother and baby."

"A woman who becomes infected has a fifty-fifty chance of passing it on to her child."

Meanwhile a top scientist yesterday warned that an Aids virus had been found in a cat.

Prof William Jarrett of Glasgow University said the virus was closely related to the form found in humans.

"What is alarming is that we don't know how often different versions of the virus will appear in man," he said.

He said that there were two types of Aids virus in man, another



Heather: wants her baby.

in a monkey and now a fourth type in a cat.

The cat was living in an animal refuge in California when it went down with the illness.

Prof Jarrett, speaking at the Medical Research Council in London, said: "Is there some source from which these viruses are coming? It is extremely important to find that source."

He has been testing prototype Aids vaccines in animals. A French scientist is testing a vaccine on humans in Zaire, he said.

Tests of his own vaccine on animals showed that they developed antibodies, but results of tests on humans were still some way off, he said.

The Government's new research campaigns against Aids, as well as breast and cervical cancer, have been welcomed by the Workers Party.

Spokeswoman Mary McMahon called on the Department of Health in Northern Ireland to indicate how long it would take and what funds would be available to provide the breast screening programme in the Province.

●The Home Office yesterday rejected an MP's plea to legalise and license brothels in the battle against Aids. Mr David Mellor, minister of state, said there was no guarantee that licensed prostitutes would be free from Aids.

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B.P. 27/2/87

# Blacks are 'guinea pigs' in sex scheme

By BRENDAN MALIN

BS

IN THE growing U.S. controversy over sex education for teenagers, a black community leader has charged that members of his race are being used as "guinea pigs" and is planning court action to bar the distribution of contraceptives in high schools.

Mr. John E. Robinson, president of the Boston based National Association of Black Americans, told a press conference that the proposed health clinics that would provide contraceptives for students are illogically targetted for areas where student enrolments are predominantly

black. The plan which he attacked would, on a trial basis, dispense the contraceptives at four schools located in overwhelmingly black population areas.

"Blacks are being used as guinea pigs", declared Mr. Robinson, "and the plan certainly ought not be allowed to fly". If the proposal were to be implemented, he said, his association would seek an injunction in federal court.

Some 25 black clergymen attended the meeting convened by Mr. Robinson who told them that a survey showed a higher incidence of teen-age births in other parts of Boston and in twelve communities outside the city that in the proposed "contraceptive test" areas. He also charged that the \$600,000 grant earmarked for the experiment would operate to benefit a pharmaceutical company specialising in the manufacture of condoms and other contraceptives.

The contraceptive issue, he asserted, had divided every segment of American life.

Speaking for the clergy who attended, Rev. Kevin Thurman, head of the Ebenezer Baptist Church, said that while he favoured the clinics in schools, he would now rethink his support in the light of the statistics provided by the black leader.

In a related development, a Boston television station decided to stop airing a 30-second commercial promoting a forthcoming series on sex education. It did so after a group of about twenty demonstrators held a prayer vigil outside the WCVB-TV studios to protest against the TV spot which showed a teen-ager saying: "Today, I learned how to have safe sex".

The TV station's manager, Mr. S. J. Coppersmith, conceded that while the teen-age girl was 16 or 17, she looked much younger.

**THE Pope has added another city to his American visit later this year so as not to finish in San Francisco, as originally intended.**

Church officials have noted preparations for demonstrations by the city's tens of thousands of homosexuals protesting at the Vatican's recent tougher line on their sexuality. Now the Pope will end the nine-day nine-city visit in Detroit on September 19.

The new stop does not fit in with his "sun belt" itinerary of strong Hispanic populations. He will start in Miami and go on to Colombia (South Carolina), New Orleans, San Antonio, Phoenix, Los Angeles, Monterey and San Francisco. A spokesman for the San Francisco archdiocese emphasised that the Archbishop of Detroit was Polish and a "good friend" of the Pope.

But Vatican sources and senior members of the church hierarchy have made it plain that the anticipated demonstrations in San Francisco would leave an unfortunate departing impression. Among the loyal American-Polish Catholics of Detroit he would receive a joyful reception which would make up for the now depressed and crime-riddled car-building city, say tour planners.

Homosexuals in San Francisco have already formed a coalition of nine groups to plan what they hope will be a massive demonstration, perhaps as many as 100,000 against the visit. They are particularly incensed by an October pastoral letter denouncing homosexuality as "an intrinsic moral evil" and stating that "the inclination itself must be seen as an objectionable disorder."

This, they say, condemns them out of hand, and blurs the historic distinction between the "sin" and the "sinner."

The homosexual issue is causing a deep and troubling division in the Catholic church in America, and may replace abortion as the most contentious argument, some believe.

The alienation of gay Catholics and their church has been further aggravated by official condemnation of homosexuality on the one hand and increasing reports of priests and monks either ill or already dead from AIDS.

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**Evening Press**  
**27th February 1987**

EP 27/2/87

## **Pope AIDS visit is vetoed**

A proposal for Pope John Paul II to visit an AIDS hospice in the heart of San Francisco's main homosexual district has been rejected because it will not fit into his schedule, a Catholic church spokesman said yesterday.

However, plans for his September 17-18 visit have been altered to include a blessing of the 50-year-old Golden Gate Bridge.

The 15-bed hospice is operated by a group of gay men and lesbians in a building leased from a local Catholic parish.

Local officials had asked national church officials in Washington to add the hospice to the itinerary but were turned down.

Gay rights groups are threatening demonstrations against the Pope because of his strong stand against homosexuality.

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Financial Times Friday February 27 1987

## AIDS research programme to be linked to international effort

BY DAVID FISHLOCK, SCIENCE EDITOR

BRITAIN HAS designed its new AIDS research programme as part of the international research effort to combat AIDS, the Medical Research Council said yesterday.

The council said the Government had agreed to find all the requested £14.5m over the next three years to mount a directed research programme.

Directed research is unusual in Britain, where medical research is normally funded by backing the proposals of individual scientists. Directed research has proved very successful in the US, however.

The council has designed a programme with two distant targets: a vaccine to prevent AIDS and a treatment for the disease.

Although Britain is mounting a much smaller programme than is the US, it has an international reputation in some areas of science germane to those targets, including immunology, genetic engineering and vaccine development.

It is new scientific ideas—"leads"—that are lacking in-

ternationally for tackling AIDS, and the British effort is designed to produce more and better ideas.

Under the programme, the two targets will have separate directors for the vaccine and the therapeutic drug. They will report to small scientific steering committees, which will use the AIDS fund to commission specific research from private as well as public laboratories.

The council said development of a vaccine would need a very large investment of human and national resources, and no single nation could expect rapid success.

The technical requirements for a vaccine were still unknown and many different candidate virus preparations would need to be prepared and tested.

Sir James Gowans, secretary of the council, who will manage the programme until its two research directors are appointed, said even when the human immuno-deficiency virus that causes AIDS was understood, it would still take five years to

develop and test a vaccine.

● Jimmy Burns adds: Local authorities should consider including safeguards against AIDS-based discrimination in local collective agreements, according to a report by the Greater London Employers' Secretariat.

In the report being made available to more than 450 borough, district, and city councils in England and Wales, it says "misinformation and inaccurate accounts of the ways in which the disease can be contracted, together with the association of the disease with homosexuals" has increased the potential for employment discrimination based on fears that homosexual men might spread AIDS.

The report underpins the Government's recent guidelines to employers by emphasising that in almost all occupations there is no risk of an infected person passing the AIDS virus to others. There should therefore be no cause for an employer to discharge an employee because he is infected, it says.

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

## **AIDS virus found in cat**

A top scientist yesterday warned that an AIDS virus has been found in a cat.

Prof. William Jarrett of Glasgow University said the virus was closely related to the form found in humans. He said that there two types of AIDS virus in man, another in a monkey and now a fourth type in a cat.

Irish Times  
27<sup>th</sup> February 1987

## African students reject AIDS tests

AFRICAN students in New Delhi have decided to boycott compulsory Acquired Immune Deficiency Syndrome (AIDS) tests and to demonstrate in the capital today.

About 1,000 African students, including women, branded the tests as discriminatory and announced a march through the capital demanding the withdrawal of a Government order in January making the tests compulsory.

The order has also led to unrest in Bombay University, where more than 300 foreign students have formed an action committee to oppose the tests. AIDS tests were made compulsory after the authorities deported in the past six months 10 foreign students, including two Kenyans, who were found to have the virus.

Health authorities have desig-

17 02/01/87  
nated African students as a high risk group and have decided to go ahead with the tests, ignoring protests.

The tests are compulsory for all of India's 25,000 foreign students irrespective of sex or colour, but Indian students are exempted. About 20,000 of the foreign students are from Africa. — (AFP)

● Bavaria has announced radical anti-AIDS measures including compulsory testing for prostitutes, drug addicts, some foreigners and applicants for jobs in the public sector. If they refuse, they will be picked up by police and forced to comply. Under the new measures due to come into immediate effect, non-EEC nationals will be barred from settling in Bavaria unless they prove they are free of the virus. — (Reuter.)

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TODAY, FRIDAY, FEBRUARY 27, 1987

# Backlash over a 'Nazi style' Aids crackdown

Today  
27th February 1987

TOUGH new laws aimed at preventing the spread of Aids in Bavaria sparked off a storm of protest throughout the rest of West Germany yesterday.

Some newspapers said that the crackdown smacked of the old Nazi discrimination against homosexuals and other "impure undesirables."

The central government in Bonn also refused to support the moves by the Bavarian authorities, accusing them of police state tactics.

The measures make tests compulsory for certain groups. These include

from JAMES CROSS in Bonn

applicants for civil service jobs, prisoners and non-EEC foreigners who apply to live in Bavaria — they will be tested at the state's international borders.

Even a man who is seen to speak to a prostitute on the street can now be hauled off to a test centre.

## Punished

But the leader of the rightwing Bavarian state government, Franz Josef Strauss, was unrepentant. He is pushing for a nationwide compulsory register for Aids sufferers.

Under his new laws male and female prostitutes will be "invited" to take voluntary Aids tests, or they will be taken to a test centre.

There will be strict new controls on brothels and homosexual clubs, including a ban on "dark back rooms." Customers found in sex clubs will also have to take a test.

Aids sufferers who infect other people, even unwittingly, will be punished by heavy fines.

And anyone who deliberately passes on the virus will have their names published in a state register.

## Survivor accuses Ivan trial witness

THE Treblinka death camp survivor who identified John Demjanjuk as Ivan the Terrible accused Nazi hunter Tuvia Friedman yesterday of being bribed to discredit his evidence.

Friedman, who is to appear as a defence witness in Demjanjuk's

trial in Jerusalem, said he had a 20-year-old statement by the survivor, Eliahu Rosenberg, saying that Demjanjuk was hacked to death by prisoners in 1943.

But Rosenberg said he told Friedman he had only heard rumours of his killing.

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## Pope won't visit AIDS victim centre

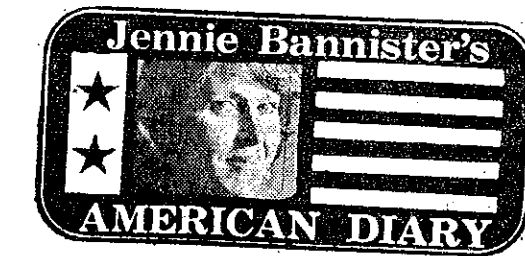
A PROPOSAL that Pope John Paul II visit an AIDS hospice in the heart of San Francisco's main homosexual district has been rejected because it will not fit into his schedule, a Catholic Church spokesman said.

However, plans for his September 17-18 visit there have been altered to include a blessing of the 50-year-old Golden Gate Bridge.

The 15-bed hospice is operated by a group of gay men and lesbians in a building leased from a local Catholic parish.

Local officials had asked national Church officials in Washington to add the hospice to the itinerary but were turned down.

Gay rights groups are threatening demonstrations against the Pope



because of his strong stand against homosexuality.

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AN INDIANA judge, saying the town of Schererville, Lake County, cannot control the morals of its citizens, has allowed a lingerie shop featuring live models changing in front of customers to re-open.

Judge Cordell Pinkerton rejected the town's request for a preliminary restraining order to keep Fantasy Fashions closed.

He also dissolved a temporary order that has shuttered the shop since January 26.

At the store, customers pick out a number of items they want to have modelled and then go to a private room to have a woman try on the garments. Customers pay for the modelling even if they do not purchase any items.

In his order, Pinkerton noted that the model occurs in private rooms and that the models and

the customers do not touch each other.

"The town of Schererville cannot, through its zoning ordinances, attempt to control the morals of the citizens of Schererville," he wrote.

"The town cannot specifically prohibit a person, in a non-public place, from appearing in a state of nudity and cannot prohibit the displaying and viewing of nudity from two consenting adults as is done in the context of the business."

William Enslen, the attorney for the store, said its business is not confined to just showing nude women.

"The evidence established that every person was a potential customer of lingerie", he said. "It wasn't that they just wanted to see nude people. They were there to buy lingerie."

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**London Times**  
**28<sup>th</sup> February 1987**

## **Women in condom campaign**

**From John England ·  
Bonn**

Several prominent West German women are to appear in anti-Aids advertisements in support of condoms under the slogan, "I make love with".

They include actress Christine Kaufmann, a former wife of Tony Curtis, authors and a film director, and will be featured in magazines and possibly later on posters sponsored by Frau Rita Süßmuth, the federal Health Minister, and a women's journal.

Frau Süßmuth, a Christian Democrat who is a mother of two and a practising Catholic, has come under fire from Catholic bishops for advocating the use of condoms to guard against Aids.

She has been criticized by the Bavarian Christian Social Union (CSU) for refusing to make registration compulsory for Aids sufferers but refuses to give way on either point. The CSU state Cabinet in Munich yesterday agreed to make Aids tests compulsory for certain groups.

● **MOSCOW:** The Soviet Union is to launch an wide-ranging information campaign on Aids. Mr Georgy Khlyabich, Vice-Minister of Health, announced yesterday (AFP reports).

● **PARIS:** The French Government will lift restrictions on the sale of hypodermic syringes for an experimental period of one year in an bid to stop Aids spreading among drug addicts (Diana Geddes writes).

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## Chicago

### Not as mean as it seemed

CHICAGO

Chicago's black voters, plus nearly a fifth of its white voters, combined on February 24th to give Mayor Harold Washington the Democratic nomination for a second term. He defeated Mrs Jane Byrne, an ex-mayor, with 53% of the vote. That, in the old days, was as good as winning the election. No more: Chicago's Democratic machine, which used to be famous for its reliability, is now notorious for its fractures.

On April 7th Mr Washington faces a Republican, Mr Donald Haider, who is a rugby-playing professor and former Democrat, and, more important, two Democratic elected officials who have split away from the party to create third- and fourth-party candidacies. One challenger is Alderman Edward Vrdolyak, the Fast Eddie who leads the opposition to the mayor on the city council. Mr Vrdolyak



No comeback for Byrne

hopes to remain chairman of the Cook County Democratic party, but he is running under the banner of the Illinois Solidarity party. The other Democratic maverick is the county assessor, Mr Thomas Hynes, a shy professional politician whose television commercials are so perfect a pacifier that they are said to bore his teenage son to sleep. Boring or not, Mr Hynes, who formed the Chicago First party, may be Mr Washington's most serious threat: he has been courting those middle-class professionals who live

on the shore of Lake Michigan and may be weary of the combative personalities of Mr Washington, Mrs Byrne and Mr Vrdolyak.

The mayor's second electoral round started with mixed signals. The Rev Jesse Jackson, who has been stumping for him, gave a ferocious civil-rights speech. Malcolm X and Martin Luther King died, claimed Mr Jackson, to make the mayor's renomination possible. His re-election could be a "send-off" for the 1988 presidential election.

Mr Washington himself made a soft appeal for racial unity (the registered black vote in Chicago is now put at about 43%, up a bit from 1983). He conceded that he may have been too controversial and pledged to "bring more people within the orbit of our dreams". He is hoping to increase his support among non-blacks and, to some extent, has already succeeded. He won white lakefront votes when, within a day, city workers were able to reopen Lake Shore Drive after a storm had flooded it. And he was able to hold his own among Hispanics, partly because he sponsored a Puerto Rican woman for city clerk, even though she lost.

Racial patterns predominated. But the campaign, on the whole, lacked the nastiness of the general election in 1983. Some bad things happened, on both sides; but a watchdog committee reported that it had made dozens of visits to neighbourhood meetings each week and turned up little scurrilous homemade literature. Aggressive television reporters exaggerated every squabble, creating two campaigns: a relatively mild one in the streets and high racial drama on the evening news.

## Death penalty

### An attack on its life

Amnesty International has launched a drive to persuade Americans to do away with capital punishment. In the ten years since the Supreme Court reopened the door to the death penalty, 37 of the 50 states have passed laws allowing the execution of men—and a few women—convicted of brutal crimes. During these years 66 of them have been put to death. But some 1,788 prisoners await execution: 247 in Florida, 219 in Texas, 190 in California, 105 in Georgia and 98 in Illinois. Pakistan is said to be the only other country with comparable numbers under sentence of death.

Of all the barbaric aspects of the American system, none is more horrifying than the execution of young people who were minors when they committed their crimes. In the past two years three young men have gone to their deaths for mur-

ders they committed when they were 17. According to Amnesty, at least 32 other juvenile offenders were under sentence of death in 15 states in October 1986. When they committed their crimes their ages ranged from 15 to 17. Only 14 of the 37 states that allow capital punishment exclude minors. And in some states even younger offenders can be held responsible. In theory, a 10-year-old could receive the death penalty in Indiana and a 12-year-old in Montana.

The Supreme Court has just agreed to consider whether capital punishment for minors is a contravention of the constitutional ban on "cruel and unusual punishment". The issue is becoming less academic as more and more youngsters, soaked with dope, commit horrendous crimes against both young and old.

Amnesty draws attention to better known scandals, such as the conviction and execution of the mentally ill, who frequently lack proper psychiatric assessment; the difficulty that poor people have in obtaining competent legal aid; arbitrary rules that sometimes let the perpetrator escape while sending to his death someone who was only marginally concerned; the fact that the murderers of white people are sentenced to death far more frequently than the murderers of blacks, which is a matter now being considered in a case before the Supreme Court. The use of the death penalty varies widely by region, showing a great lack of consistency in the courts.

It seems all too likely that Americans, fearful as they are of violent crime, will turn deaf ears to most of this litany. In 1985 a Gallup poll showed that 72% of those questioned favoured the death penalty for those convicted of murder; in 1966 the figure was only 42%. As for the administration, it is asking the federal Sentencing Commission to extend the death penalty to federal crimes such as espionage, treason and assassination of the president.

## AIDS

### Ignorance isn't bliss

ATLANTA

About 200,000 Americans know they carry the AIDS virus. At least 1m more carry it in ignorance. Should they be told? They cannot be cured, but they can be persuaded not to indulge in activities that would pass the virus on. The federal Centres for Disease Control (CDC) in Atlanta called a meeting this week to try to decide whether to recommend the wider use of blood tests to fight the epidemic. Civil libertar-

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A part of military life

ians and AIDS sufferers are suspicious that the blood test is a Trojan horse for discrimination, and some homosexuals are especially hostile: the meeting broke up in disorder when a group calling itself the Lavender Hill Mob stormed in.

One argument against tests, that they are unreliable, has largely evaporated. It is true that tests can show someone to be AIDS-free when he is not: the antibodies picked up in the test take time to appear. And it is true that tests of blood banks, designed to be as strict as possible to keep out infected blood, throw up many "false positive" results. But all false positives can be weeded out in second tests, called Western Blots, leaving only truly infected, and infectious, cases.

So should tests be mandatory for, say, all those applying for marriage licences or entering hospital? Speaker after speaker opposed mandatory tests. Looking for a sexually transmitted disease in those about to get married and hence, presumably, about to embark on one of the least promiscuous parts of their lives, smacks of closing the stable door after the horse has bolted; testing people admitted to hospital, half of whom are elderly, means devoting most effort to those least at risk. Compulsory testing could frighten away those most at risk. But voluntary testing encourages them to come forward; in Colorado, for example, 12% of volunteers for tests are infected, a much higher proportion than in the state as a whole.

Thus it looks as though compulsory testing for AIDS will remain confined for the time being to blood donors, army recruits (and, once a year, all soldiers) and those joining the foreign service. Still, the CDC would like more testing, and it has a worthwhile motive: it needs a

random survey of a big chunk of the population to confirm its predictions for the epidemic and reveal exactly how the disease is spreading. At present, epidemiologists rely on the army's data (0.15% of recruits carry the virus) and blood donors (0.04%), and assumes both are underestimates for the general population. Yet screening must stand or fall on its value, not to epidemiologists, but to the infected and those at risk.

The trouble is that those groups want different tests from those wanted by public-health authorities. Infected people tend to want anonymous tests, in which only they and nobody else, not even their doctors, know the answer, so that they can be sure that insurance companies, employers and landlords will not discriminate against them. But public-health officials need names, for their best hope of preventing spread is to trace the infected person's sexual partners and inform them. In Virginia, 25% of such partners have proved to be carrying the virus and most have been grateful to be told.

A compromise solution to the anonymity problem was presented by Dr Tom Vernon from the Colorado Department of Public Health. Colorado was the first state to pass a law demanding that a positive test should be reported to the state authorities, making it and him unpopular with liberals. This does not seem to have deterred people from volunteering for the test in ever increasing numbers, about a quarter of them under false names.

Officials do not discourage false names. They even suggest their use to those who are worried. Most such people do at least give a correct telephone number, so that partners can be traced. San

Francisco has experimented with numbers, dispensing with names altogether.

Voluntary screening is not going to catch enough carriers on its own. In recognition of this, the meeting called for "routine" screening at venereal-disease and family-planning clinics (the most alarming statistic of the conference was that 2.5% of the pregnant women in a Brooklyn hospital had the virus, putting Brooklyn between Kenya and Zaire in the AIDS league). Under "routine" testing, all would be tested unless they objected.

The test is not an end in itself. Only if it is followed by some changes in behaviour will screening help to stem the virus's spread. Among many homosexuals, behaviour changes have not waited for the test. Yet in one study infected homosexual men merely cut the number of partners from 11.8 in six months to five on being diagnosed. New York's intravenous drug takers have apparently begun to wear condoms and be less promiscuous on learning that they were infectious. But even the knowledge that they are carriers does not stop people having sexual relations. Worst of all are thought to be those acquitted of infection by the test, some of whom take their apparently clean bill of health as a licence to fornicate, even though they may be carriers.

The test itself is not expensive. It costs the army about 82 cents. But the time that has to be spent explaining the implications to people bumps the cost up to \$18,000-130,000 per infected case, according to calculations from North Carolina. All the same, given the cost of treating AIDS patients, screening would probably be cost-effective (let alone life-saving), if one case were prevented for every one detected.

## Extra-territoriality

### Basket, California

WASHINGTON, DC

Lord Ellenborough, 180 years ago, questioned whether "the Isle of Tobago [can] pass a law to bind the rights of the whole world." The answer, he implied, was no; but Ellenborough did not anticipate the Supreme Court of California. California is at the forefront of efforts to expand the jurisdiction of American courts, an effort that continually irritates relations between America and its trading partners.

The federal Supreme Court has now reminded California that, like Tobago, its reach has limits. The case involves Asahi Metal Industry in Japan, which makes tyre valves, some of which it sells to Cheng Shin Rubber, which makes tyres in Taiwan. Cheng Shin, in turn, sells some