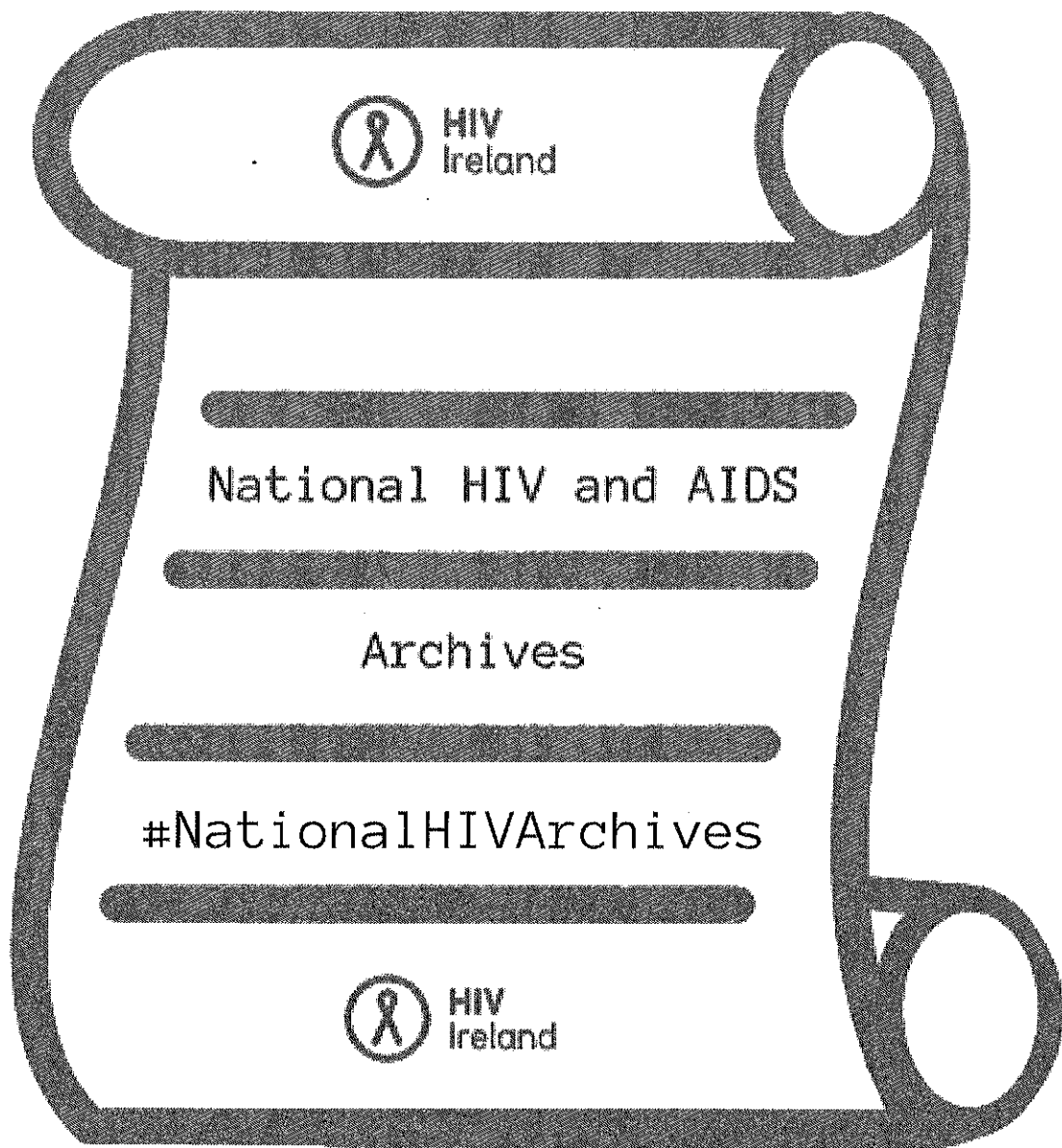


# Print Media



6th to 10th February 1987



*Liberace (left) shown with Elvis Presley in Las Vegas in November 1956.*

## Stars to honour Liberace

SHOWMAN Liberace, who died on Wednesday at the age of 67, planned two memorial services where his family and friends, including his fellow stars, could say goodbye.

The first will be held this week in the millionaire's desert resort of Palm Springs, where friends like Frank Sinatra and Bob Hope have homes.

The second will be held next week in Las Vegas, where Liberace scored his greatest triumphs. Fellow performers in Las Vegas include Tom Jones, who sent the dying entertainer flowers; Sammy Davis Junior and Diana Ross.

The piano player, whose taste for fabulous furs and glamorous costumes made him a show business legend, had asked to be buried close to his beloved mother Frances and brother George in Forest Lawn Cemetery in Los Angeles.

The emaciated body of the man who called himself "Mr. Showmanship", covered by a blue plastic sheet, was taken from his luxurious Spanish-style home to a funeral home.

Liberace's manager for 36 years, Seymour Heller, bitterly denied a Las Vegas newspaper report that Liberace, who never married, had AIDS.

He was pronounced dead by his personal physician at his home, dominated by a 10-foot wrought iron candleabra — Liberace's trademark — on the front lawn.

Family members, including his sister, Angelina Farrell, were at his bedside when Liberace died amid beloved relics of his trade — a piano-shaped bar and bed and, in his breakfast room, an antique car which Liberace once used to drive on stage.

The entertainer slipped into a coma on Tuesday after he had been given the Last Rites by a priest.

## AIDS fund doubled

THE British government is to double the amount spent on combating the growing danger of AIDS.

But health authorities immediately responded to yesterday's announcement by saying the money — £7 million in the coming financial year — was still nowhere near enough.

The new figure for cash being sent to health authorities trying to cope with the spreading outbreak of the deadly virus was announced by

Social Services Secretary Mr. Norman Fowler.

It compares with the £3 million given to the authorities to fight the disease in the current financial year.

Most of the money — £4.4 million — will go to London, where most AIDS patients are treated.

But a spokesman for North West Thames Regional Health Authority said: "It is not nearly as much money as we were hoping for.

"We are concerned about how we will be able to cope with the shortfall."

Mr. Fowler himself later admitted that health authorities would be spending between £22 million and £33 million in combating AIDS — about 4½ times the amount the government was handing out.

He pledged that public health laboratories and voluntary bodies dealing with AIDS would also soon get more money.

## Spanish arrests

SIX Britons arrested by Spanish police in Marbella after the seizure of 500 kilos of hashish — with a street value of £3m — will appear in court there today.

The Foreign Office in London said the five men and a woman had been charged in connection with the drugs haul.

"We understand they will appear in court to face charges related to the seizure," said an FO spokesman.

c B 6/2/87 Christian answer to the AIDS crisis

SIR — The AIDS epidemic has been recently described as a plague sent by God to punish a sinful world, on the lines of that ancient divine visitation on Sodom and Gomorrah. This view can lead to a fatalism, a passive wait until the wrath of God has passed.

To my mind the epidemic is better seen as clear evidence that human behaviour has consequences and that disordered behaviour will bring evil consequences sooner or later. This is a law of nature.

God has given us the power to choose but our choices inevitably carry implications for good or

evil. But that power of choice also means that we can do something to change the situation.

There is no denying that sexual depravity and promiscuity were the original source of the AIDS epidemic. This has brought serious consequences on those concerned and on others, drug addicts and, in particular, innocent married partners and haemophiliacs.

The situation calls for a radical moral response. This will require a reappraisal of contemporary sexual attitudes and sexual behaviour. We have the answer in a return to a Christian way of life

marked by chastity and by fidelity to one's married partner.

The sinful nature of permissiveness may at last become clear when it is also seen to be suicidal. It is irresponsible of leaders of public opinion to fight shy of providing the only safe advice, advice in keeping with our traditional way of life, advice supported by the powerful motivation of our Christian faith. Surely, they are not so committed to a secularist ideology that they are prepared to sacrifice human lives for it?

The condom policy line of "Take Care — Play Safe" will not practically

meet the case, even if it were ethical in terms of the extra-marital sex which it tacitly accepts and of the perversion of the sex act which it implies.

In the *Lifeline* radio programme on January 23, Dr. James Walsh, deputy chief medical officer of the Department of Health, made an honest statement that the faith of some countries in the condom as a means of controlling AIDS was rather touching but that he himself would be very slow to give advice along the lines that the use of a condom provided protection against AIDS.

AIDS bids fair to be the

medico-moral crisis of our generation. It will be a challenge for Christians to present the gospel messages of personal growth and health through self-discipline and of loving care for those who suffer the results of wrong living on the part of themselves or of others.

The self-righteous reprimands of "I told you so" and "you made your bed, now lie in it" will never be the way of those who follow Christ the Saviour.

Fr. Denis O'Callaghan  
P.P.,  
Mallow, Co. Cork.

SV

Independent  
6<sup>th</sup> February 1987



## AIDS campaign delay is wrong

THE anti-AIDS publicity drive which was to have started towards the end of last month has been deferred for another couple of weeks, and we have been assured that it has nothing to do with the fact polling for the general election will take place on Tuesday week. Fine Gael has described as "rubbish" any suggestion that the campaign has been delayed for fear that the Catholic Church might be upset and show its displeasure before voting takes place.

Why the Catholic Church has been dragged into the matter should be a mystery, but isn't once one remembers that a confrontational situation between politicians and the Catholic Church, real or fictional, is something media interests are normally determined to create.

The Health Education Bureau has stated the campaign has been delayed because proposals put forward by the chosen advertising agency were published "at this delicate stage" in the Irish Independent, and further amendments were, as a result, necessary. One can make what one likes out of that: personally I can make nothing out of it other than, perhaps, that the HEB has become afraid that it might be seen to be too modishly with-it, glib and unbalanced in its approach, because of revelations in this paper.

The deferral of the urgently necessary campaign is, in any event, another indication of bungling ineptitude on the part of the government and its agents.

\* \* \*

APROPOS, an anti-AIDS campaign, the views of Dr. Donal Caird, Protestant Archbishop of Dublin, are relevant. He wrote recently: "We must encourage the health authorities to pursue every means of limiting the spread of this disease, but particularly to appeal to those who are exposed to a misuse of sex or drugs to consider..."

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"At present, self-control, fidelity within marriage, and chastity outside marriage would seem to be the only sure way of limiting the spread of the disease, and avoiding what could be a catastrophe."

Similarly, Dr. James Mehafeey, Protestant Bishop of Derry, has written that "Christian moral teaching has stated quite explicitly that the way to health and happiness is by practising chastity outside marriage and fidelity within marriage."

And the Moderator of the Presbyterian Church, Dr. John Thomson, has said that his church cannot condone homosexuality, and must pronounce AIDS as a form of sin if it results from any activity which transgresses the moral code. He went on to refer to the Church's teaching "that there should be chastity before marriage and fidelity within it."

These eminent C. of I. and Presbyterian churchmen place much stress on marriage in the context of fighting AIDS. Will the Health Education Bureau—a body of diminishing credibility—balance its anti-AIDS publicity by at least acknowledging that there might be a grain of truth in what Drs. Caird, Mehafeey and Thompson have said?

\* \* \*

AFTER two years of stalemate, the £37m. Beaumont Hospital is to open within the next two weeks...

A number of centres are to get elaborate sports complexes, and others are to get new factories...

The Government has agreed to the establishment of a duty-free shop at Connacht Regional Airport...

Why don't we have a general election every six months?

SV

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

## **AIDS**

Sir,—R. M. Conroy's solution to the AIDS problem (letters February 2nd) is absolutely brilliant, but why only a referendum on AIDS?

Let's have a number of referenda to solve the problems of unmarried mothers, homosexuals, unemployment, living in sin, working mothers, Communists, Protestants, the North and a final one to decide if the Pope should be the future head of state. —

Yours, etc.,

JIM McDONALD,  
147 Greenhills Court,  
South Douglas Road,  
Cork.

SL

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

## TODAY COMMENT

### Aids: the deadly indecison

THE GOVERNMENT and the medical profession are in danger of being too coy in their approach to AIDS. Spending £20 million on propaganda will be useful. But it is no substitute for real action.

Every proposal that comes up seems to tread on somebody's sensitive corns. The British Medical Association has suggested an extremely modest scheme for finding out how widespread the disease is. Yet the government is shilly-shallying even over that.

All the BMA wants is that a sample of people who have blood tests in hospital for reasons that have nothing to do with AIDS should have their blood tested a second time for the AIDS virus.

That would provide only a minimum of information about the spread of the disease by age, sex and geographical location. But it would tell us nothing more — for instance, about the sexual habits of those infected. And people with AIDS would not even be able to find out from the tests that they had it because it would all be done anonymously.

Most people will find it ridiculous that proof that a person has AIDS should be kept secret. But anonymity has been included in the scheme to soothe some doctors' niggling ethical doubts. Even so, there are still doctors who are not satisfied and as a result the government seems unable to make up its mind.

By pussyfooting around like this all the government is doing is to put off the evil day when reality must be faced. For if AIDS really has taken a hold on the population, as many experts believe, then the tragic consequences will surely show up in dead and dying people in the years ahead. By failing to trace carriers as energetically as possible now the government is making it certain there will be even more victims than there need be.

Underlying the hesitation seems to be the fear that if large numbers of people are suddenly discovered to have AIDS the health services will simply be unable to cope. So rather than expose this inadequacy, the government and the medical authorities prefer to lie low, hoping their highly visible propaganda campaign will convince people they are doing all they can.

That attitude is not good enough. The government must gear itself up for a mass campaign that combines propaganda and action, like those earlier campaigns that so successfully wiped out polio and TB.

The £7 million Norman Fowler announced yesterday for extra medical care is totally inadequate. The fight against AIDS is, in medical terms, close to total war. Such a war cannot be conducted like a gentlemanly duel between fencing partners. It needs massive resources and action far more robust than any yet taken.

SV

## False Negative

### Medical Labs, Trusted As Largely Error-Free, Are Far From Infallible

#### Haste, Misuse of Equipment, Specimen Mix-Ups Afflict Even Best Labs in U.S.

#### Regulation: Weak and Spotty

By WALT BOGDANICH

Staff Reporter of THE WALL STREET JOURNAL

NEW YORK—It was 4:30 a.m. when cancer finally choked the last breath of life from Janice Johnson. She was 34 and a mother of two, and she died never knowing why her disease had been so unforgiving. An autopsy report called her abrupt decline "quite unusual."

Later, an important clue would be discovered: A hospital laboratory in Arlington, Va., had erroneously reported two successive Pap tests as noncancerous. Undetected, the cancer spread rapidly through Mrs. Johnson's body.

"The lab was never shut down or criticized," fumes Daniel Schultz, a John-

*First of two articles.*

son-family lawyer who in 1984 settled a wrongful-death claim against the hospital and several doctors for \$600,000. He asks: "How many other Janice Johnsons are there?"

No one knows. In many U.S. states, including Virginia, the clinical laboratories that test body fluids and tissues aren't licensed—and thus enjoy a freedom from regulatory scrutiny not accorded even to hairdressers. Some 20 years after Congress declared war on incompetent clinical labs, many U.S. researchers say that inaccurate and unreliable testing remains a serious health hazard, as well as a waste of millions of dollars. Researchers in various European countries have also expressed concern over laboratory testing errors.

#### Hard Data

In recent years, dazzling advances in computerized diagnostic testing have lent a comforting air of precision to the healing arts. Whether concerned about blood cholesterol, cancer, genetic flaws or diabetes, Americans spend an estimated \$20 billion a year on clinical laboratory tests, often receiving impressively detailed printouts on the state of their health.

For the most part, such testing is a great boon to diagnosis and treatment. But along the way, patients have come to regard lab work as infallible—a dangerous assumption, critics say. "Every lab is producing some errors," warns Paul Fischer, an Augusta, Ga., physician and authority in the field. "Human error is inherent in this process. . . . I don't think the public realizes that."

In the U.S., the problem affects not only fringe laboratories but also prestigious hospitals, publicly traded laboratory companies and labs in doctors' offices, according to an analysis of thousands of pages of government reports, court records and previously unreleased test data. The recent surge of testing in doctors' offices is particularly troubling, critics say, because these small facilities are often entirely free of regulatory oversight.

#### False Starts

While sloppy lab work isn't as obviously dangerous as incompetent surgery—errors are often caught by a patient's physician—it can do great harm. An Ohio baby developed mental retardation after a lab failed to detect a genetic condition that required a special diet. An Arizona man died after a biopsy slide of his malignant thyroid tumor was misread by two different labs. A California couple's marriage broke up after one spouse was mistakenly diagnosed as having syphilis.

Nor is health the only issue: A urinalysis that falsely tags someone as a drug abuser can sabotage the person's career.

Studies repeatedly have turned up substantial rates of laboratory error, as well as overworked or ill-trained technicians. But abuses are hard to prove, and accountability is scant. By the time an illness has progressed far enough to suggest earlier test error, the slide or specimen often has been discarded.

#### Little Regulation

Government in the U.S. hasn't come to grips with the problem. Regulation is so weak and uneven that labs barred from one state can simply do business in another. In some cases, a federal agency has no choice but to reimburse certain labs for tests that it has found them incompetent to perform.

Concern over such problems prompted Congress to pass the Clinical Laboratories Improvement Act in 1967. Although the law covers only a fraction of the nation's labs—those conducting interstate business—legislators hoped it would be a model for state regulation.

However, only about half of the states have enacted laboratory regulation, and most of it is feeble. In 1979 the Senate Labor and Human Resources Committee concluded that the public "cannot have confidence in clinical laboratory testing, despite its critical relationship to good health."

Faulty tests can occur for many reasons: A machine loses its calibration; testing chemicals lose potency or get used improperly; human specimens are inadvertently switched. Even if a test is performed properly, it may be misinterpreted.

Over the years, the medical profession has developed standards to minimize such mishaps. Conscientious laboratories test chemicals and machine calibrations daily. They frequently test "master" specimens of

*Please Turn to Page 8, Column 1*



# False Negative: Medical Labs, Trusted as Largely Error-Free, Are Far From Infallible

Continued From First Page

known value to detect any glitches in equipment or procedures. But without regulatory monitoring, adherence to these standards is left to the whim of the individual lab.

If, for example, Mrs. Johnson's Pap smears had been analyzed at a hospital in New York, where government standards are among the toughest, they would have been screened by workers who had faced proficiency tests and had to have 10% of their work checked by supervisors.

Such safeguards didn't exist at Northern Virginia Doctors Hospital, whose lab supervisor conceded. In a deposition filed in Virginia state court, that Mrs. Johnson's two Pap tests were reported incorrectly one year apart by the same lab worker. The supervisor also said quality-control reviews weren't routine. The hospital declines to comment on Mrs. Johnson's death or her family's suit.

Some researchers worry that Pap-test "sweet shops" impair accuracy by overworking technicians. "I can't deny they are out there," says Thomas Bonfiglio, the president of the American Society of Cytology. "I think you'd have to be crazy not to be concerned."

The society recommends that in the case of Pap tests, a full-time screener review no more than 10,000 to 12,000 slides a year. But about one-third of labs responding to a survey some years ago exceeded that workload, and records show that screeners at a lab just outside New York City currently have workloads three times greater. The Johnson family lawyer asserted that the worker who called Mrs. Johnson's Pap tests benign had an excessive workload.

Technicians must scan dozens of cells on each slide for abnormalities. "It's a very meticulous job," Dr. Bonfiglio says. "The error rate goes up as people get fatigued."

**Sink Testing**  
Boston researchers studied 10 women with cervical cancer who had had negative Pap tests in the preceding two years. A reexamination of their slides found that five had been misinterpreted and two slides

were poorly done to read; only three were clearly negative. Researchers at Harvard Medical School and the Boston Hospital for Women did the study.

An even worse situation occurred in the late 1970s at a lab that had won a contract to screen Pap smears for the U.S. Air Force. An Air Force pathologist charged that screeners at the lab, Automated Medical Services of Ohio Inc., were overworked. When government doctors reexamined slides it had processed, they found 5,999 "discrepancies" or "mistakes," says Patricia Turner, a spokeswoman for the Air Force surgeon general. A search for women who had gotten false reports found most of them, though not all. The lab has closed, and its former officials couldn't be reached for comment.

Now and then labs have even reported on specimens without checking them at all—“sink testing.” It is called. A Hemstead, N.Y., lab is alleged to have reported phony results for more than a year on blood tests for rheumatism, tuberculosis and various chronic infections. In September, a state grand jury indicted the company, Reiss Health Laboratories Inc., on fraud-related charges. The lab, which has pleaded innocent, declines to comment.

Fraud, however, is much less pervasive than error. Nearly one in six labs tested recently by the U.S. Centers for Disease Control didn't properly identify several common strains of bacteria. One in seven failed to identify various fungal growths properly. "So many things can go wrong, even in the best labs," says Josephine Barotta, the director of Pennsylvania's laboratory improvement division.

## Doctor's-Office Labs

Nearly half of outpatient lab tests now are done in physicians' offices, because of cheaper test equipment and changes in hospital economics. There are estimates to be between 40,000 and 100,000 such small labs, compared with 13,000 hospital and independent labs. The trend alarms many experts, because only 13 states even attempt to regulate labs in doctors' offices.

As a result, in at least a handful of states, lab personnel needn't meet any training standards. Dr. Fischer, the authority on

office laboratories, says that in as many as two-thirds of small doctor's-office labs, work is done by employees lacking formal lab training, including medical secretaries and receptionists.

When Idaho officials tested unregulated doctor's-office labs in the 1970s, fully half of them submitted erroneous or unacceptable results on a simple pregnancy test. "You'd get the same results throwing a coin in the air," Dr. Fischer remarks. (Their performance improved after they were instructed in the need for quality control and proficiency testing.)

Physicians with labs in their offices generally contend the new equipment is accurate and makes for faster diagnosis and better treatment. But David Yates, a pathologist in the Nashville, Tenn., area, says that "doctors don't realize how difficult it is to consistently generate accurate test data. People think it's a computerized situation where you always get a 100% accurate result; that's simply not true."

## Two Studies

Michael Keeney, a health-policy analyst, studied California clinical labs for the CDC in 1985 and found "a systematic pattern" of poorer accuracy by unregulated labs than by government-regulated ones. Another study, by Robert Grayson in 1984, reached a similar conclusion.

Even where office labs are regulated, the monitoring is usually superficial. California requires doctor's-office labs to submit proficiency-test scores—but doesn't review them. "We aren't advertising that," confides Ronald Harkey, of the state lab division. He says his office lacks the computers needed for the task.

Pennsylvania, which does review proficiency tests, recently found that nearly half of the doctors sampled had erred in analyzing a test for bacteria. The state has some of the U.S.'s toughest rules for doctor's-office labs, but its officials say they have never disciplined a doctor for faulty testing.

Ms. Barotta, the director of the state's laboratory improvement division, says her office will order a lab to stop offering a procedure if it fails four consecutive proficiency tests. She says this has never

occurred, so no stop orders have ever been issued. However, state records show multiple instances of doctor's-office labs failing four or more straight tests. For example, the lab of a doctor in Johnston, Pa., Dimish Matney, failed 24 of 40 individual proficiency tests in 1984-85, including six in a row for blood glucose, yet the state didn't restrict his testing.

Asked about these records, Ms. Barotta says some failures may have escaped her attention because of a staff shortage. Besides, she adds, "We don't police them; we work with them until they come up to snuff." Ms. Barotta also says that many doctor's-office labs aren't licensed, as required by state law, and that she hasn't the staff to do much about it.

Dr. Mathur, who recently did pass a glucose proficiency test, says that his is a small lab doing few tests and that the state government has never told him to stop. He also says he uses the best available equipment.

## New York's Program

The U.S. government is even more lenient. To get Medicare reimbursements, commercial or hospital labs must submit to proficiency testing and inspections. Yet so doctors, if they continue their testing to their own patients.

New York state, employing about 170 medical doctors and PhDs, runs probably the nation's most stringent program of laboratory proficiency testing. Yet it doesn't oversee those in doctors' offices. As for the labs New York does oversee—independent ones and those in hospitals—when the state last February tested their ability to measure 15 parts of a standard blood-chemistry analysis, 11% of the results were either unacceptable or only marginally acceptable.

New York has issued more than 150 orders since July 1984 barring labs from testing in areas where they have failed to show proficiency. Many prominent labs, some with international reputations, have felt its regulatory sting, including the cytopathology laboratory at Thomas Jefferson University Hospital in Philadelphia. That major referral center twice failed to pass New York's cytopathology proficiency test in 1985, committing "major errors" according to Ann Willey, a scientist who heads New York's Laboratory of Human Genetics. Although barred from testing New York residents, it can continue to process specimens from other states.

Laird Jackson, the director of Thomas Jefferson's lab, says New York's proficiency tests were flawed. Besides, he adds, "judging me stalkers." Dr. Jackson says his lab has passed a proficiency test conducted by a major testing service outside New York.

Another lab that has sometimes failed New York tests is the U.S. largest publicly traded company ex-

isting human specimens, International Clinical Laboratories Inc. The Nashville-based company's scientists include 40 hospitals with 8,700 beds. In a recent two-year period, ICL's major referral lab failed New York state's proficiency tests for toxicology, which detects drugs subject to abuse, and mycology, which identifies molds sometimes associated with severe infections.

Paul Ottaviano, an executive of ICL, says it passed proficiency tests administered by others, as well as government inspections, and has since passed New York's tests. Laboratory mistakes needn't be severe to be devastating. Caroline Keklik, of Columbus, Ohio, says she suffered through two unnecessary operations because she was erroneously reported to be pregnant. According to a suit she filed in Ohio state court, the following occurred: Ohio State University Hospitals in Columbus admitted Mrs. Keklik with abdominal pain in January 1985 and a blood test determined that she was pregnant. When an ultrasound exam detected a pelvic mass, doctors, thinking she had a tubal pregnancy, performed emergency abdominal surgery. But instead of an embryonic surgeon found a cyst, and they removed her right ovary.

Mrs. Keklik's suit says that as a result of the surgery, she later developed an abscess on a Fallopian tube and required a second operation to remove it. Except for the erroneous pregnancy test, the suit asserts, the cyst would have been treated with medicine and "no surgery would ever have been performed."

The suit attributes the faulty pregnancy test to a mix-up of specimens. A spokesman for the hospital declines to comment.

**Medicare Loophole**  
The U.S. government tries to reduce errors by inspecting labs. But it is hampered by a tangle of contradictory regulations.

Sharon Harris, of the U.S. Health Care Financing Administration, says that if "people's lives are in danger," her agency can revoke a lab's Medicare certification. But the effect is merely to halt reimbursements for tests or Medicare patients; the lab can continue testing other patients.

St. Clair Medical Laboratory in Belleville, Ill., for instance, remains open seven months after federal regulators called it a health hazard and revoked its Medicare certification. (An attorney for the lab says it has never been a health hazard and notes that it has remained licensed by the state.)

Another inconsistency: In 1985, after St. August Hospital Laboratory in Mooned, Minn., failed proficiency tests, the HCFA barred it from doing a kidney-function test on specimens sent across state lines. Mrs. Harris says such a stop-test order indicates patient safety is at stake. But because failing to demonstrate competence on a single procedure isn't deemed serious enough under Medicare rules to warrant

regulatory action, the HCFA can't stop St. August from performing that test on Medicare patients, nor can it stop reimbursing for the test.

Mr. August says the lab has passed Minnesota proficiency tests. It won't comment specifically on the federal agency's action.

Since January 1985, the HCFA has issued more than 90 orders prohibiting labs from doing certain tests on interstate specimens, according to records obtained under the U.S. Freedom of Information Act. Most of these labs participate in the Medicare programs, so many of them continue to get federal reimbursement for the prohibited tests.

"It does seem very inconsistent," says the federal agency's Ms. Harris. "I'll admit it's a problem."

The government has also drawn fire for ceding regulatory monitoring to private medical groups that, critics say, are lax in policing laboratories. For example, it essentially exempts from Medicare regulation labs in more than 5,000 hospitals accredited by the Joint Commission on Accreditation of Hospitals, a trade group. California's chief of laboratory field services, Rodrick Hamlin, says the commission "doesn't always adequately identify deficiencies in performance or... get them corrected." A Joint Commission official calls that notion "ridiculous."

## Office Machines

Many doctors argue that technological advances make regulation less important. They note, for example, that new glucose-monitoring machines are so simple to operate that diabetics use them at home. But the machines don't inspire universal confidence. In the past two years, the U.S. Food and Drug Administration has received about 1,200 reports of problems associated with glucose monitors. In one such report, a hospital complained that its machine wasn't working right; when the manufacturer checked, it found employees had been using the device even though it was broken, dirty and tied together with a rubber band. In dozens of other cases, technicians were found to be using the machines improperly.

An FDA task force is investigating. Growing evidence of testing abuses, along with fear of malpractice litigation, has begun to stir concern in some quarters of the medical establishment. Since late 1985, the Journal of the American Medical Association has been running a series of articles on office testing. Physicians with authors have written "are unfamiliar with the subtleties of testing," the idiosyncratic personalities of "foolproof electronic equipment," or even the basic concepts of quality control.

Observes Walter Johnson, the director of the cytopathology lab at Case Western Reserve University in Cleveland: "Most of us would prefer that regulation be on a voluntary basis. But frankly, voluntary systems don't work a damn in the long run."

Irish Independent  
7<sup>th</sup> February 1987

# AIDS probe halts burial of Liberace

187  
OFFICIALS dramatically halted the funeral of Liberace yesterday in a row over AIDS.

A death certificate for the 67-year-old showman was withdrawn to allow an autopsy.

The move shocked Liberace's family and fans gathered outside his home in Palm Springs, California.

They said it was the kind of controversy that had given Liberace nightmares in his agonised last hours.

He told them he never wanted the world to know his dread secret because of the pain and shame he witnessed after the death from AIDS of Rock Hudson.

But yesterday Riverside County officials rejected the death certificate signed by Dr. Ronald Daniels.

Dr. Daniels insisted Liberace had not died from AIDS.

He certified the star's death on Wednesday as being caused by cardiac arrest brought on by an inflammation of the brain.

Officials said state law required coroners to investigate deaths suspected of being caused by contagious disease.

Liberace is to be entombed at Forest Lawn Memorial Park near Hollywood, alongside his mother and brother.

Last night writer Boze Hadleigh claimed that Rock Hudson had a brief affair with Liberace in 1977.

SL

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

## **AIDS fear is no defence**

A LONG distance lorry driver who told Dublin District Court that he refused to give a blood sample in a garda station because he was afraid of contracting AIDS was convicted and disqualified from driving for 12 months yesterday.

George Wade (36), Peamount Road, Newcastle, Co. Dublin, was also fined £100 by Justice Daniel Shiels on the charge of refusing to give a blood sample in Harcourt Terrace garda station on February 5 last. In a previous court appearance a drunk driving charge against the accused was dismissed.

Mr. Michael Murphy, B.L. defending, told the court that the accused had a morbid fear of AIDS which constituted special and substantial reasons for his refusal under the Act.

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

PERHAPS the Irish people are not yet ready for the great condoms v AIDS debate which is raging between the moralists and the medicine men.

Earlier this week, Alan Shatter, author of "Family Planning Irish Style," who is known for his liberal views, was canvassing in the Clonskeagh area. He introduced himself to a potential voter and was greeted by: "Shatter! Shatter! Shatter! You are the fella that's going around pushing condoms down everyone's throats."

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

TODAY, SATURDAY, FEBRUARY 7, 1987

# Aids test order on Liberace

HEALTH chiefs are refusing to allow Liberace's burial until his body has been tested for Aids.

Under Californian law, deaths involving a contagious disease must be investigated by the coroner's office. And officials have refused to accept a doctor's certificate that says the star died of heart failure.

The flamboyant performer, who died aged 67 on Wednesday, always refused to confirm or deny he was homosexual.

Friends and colleagues have denied claims that he had Aids.

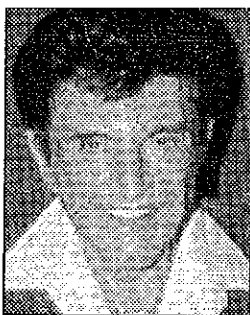
But Riverside County coroner Raymond Carrillo said yesterday: "This is a case that should have been reported to my department."

Health officials will now examine blood samples or skin tissue to check for the Aids virus.

## Carrier

"But even if tests prove positive it doesn't mean he had the Aids disease," said Carrillo. "He could have been a carrier."

Liberace will eventually



## CHECKS: Liberace

be buried alongside his mother and brother in Hollywood's exclusive Forest Lawn Memorial Park.

A memorial service was held for the pianist yesterday in Florida.

Although the star's family had planned a private service, pleas from fans persuaded them to let the public attend.

Another service is due to be held in Las Vegas next week.

SL

The Sunday Press, February 8, 1987

# Clergy die of AIDS in America

By BRENDAN MALIN

THE incurable plague called AIDS has invaded the Catholic clergy of the United States, according to experts studying the incidence of the malady.

Four Catholic clergymen have died of the disease in the Boston area over the last five years and at least two others now have the disease, reports Mr. Lawrence Kessler, director of the AIDS Action Committee of Massachusetts. "It would not surprise me if there were more cases," he adds. "Some priests may be afraid to tell the Chancery. I think AIDS challenges the myth of celibacy like nothing in this century."

Mr. Kessler's assessment was made as part of a nation-wide survey of "AIDS among the Clergy" published by the "New York Times" which asserts that church officials are now beginning to acknowledge the grim verdict. The newspaper says that some people within the church report that AIDS has caused the death of at least a dozen priests "and suggest the number may be substantially higher."

The survey reports:

"In Chicago three brothers and a parish priest died in 1986 as a result of AIDS, according to William F. McCullough, director of the city's AIDS Assistance Foundation. In Houston, a physician said he was currently treating almost a dozen priests who have the disease. In New York, counsellors who work with AIDS patients say that at least three priests have died as a result of the virus in recent years."

Pointing out that AIDS has affected Jewish rabbis, Episcopal priests, Baptist ministers and other clergymen, the "New York Times" observes:

"But the increasing awareness that its victims include Catholic clergymen has posed a problem for the church because of the implication that some priests and brothers have also engaged in homosexual acts in violation of church laws." Medical experts in the U.S. have declared that the disease is most commonly transmitted in sexual relations between homosexual men.

Also reported in the survey is the view of a doctor in Houston, Texas, who said that he had treated three Catholic priests who died of AIDS and that they were "ostracised when their superiors learned of the illness." The doctor said that four other patients, still living, had decided to leave the church and return to their families "to prevent a scandal in their parishes."

The newspaper quotes Rev. Michael Lopes, a Dominican priest who counsels AIDS patients for the Catholic Social Service in San Francisco, as stating that some priests had simply disappeared after discovering that they had AIDS, "dropping out of their religious community in an effort to keep their illness secret." Others, he said, admitted they had AIDS and denounced the church for its attitude towards homosexuality.

# IRISH NURSE IN U.K. AIDS FRONTLINE

By John McEntee  
in London

IF the campaign against AIDS is a battle then Irish nurse Mary B. Anthony is a front line medic with the touch of an angel. For the past four years the attractive auburn-haired sister from Dingle, Co. Kerry, has looked after at least one quarter of Britain's AIDS victims.

And last night as doctors at her hospital, St. Marys, Paddington, warned that they were at breaking point Sister Mary B. spoke of her attempts to make life as comfortable as possible for her tragic patients.

In an interview with THE SUNDAY PRESS she said that people dying from the killer sexual disease often needed someone who was a good listener. "Sometimes all they want to do is talk, not only about their illness but about themselves," said the nurse, who originally trained as a nursing sister and now has charge of the busiest AIDS ward in these islands.

In charge of 14 nurses in the Almoth Wright Ward, Sister Mary has watched the number of AIDS sufferers escalate to the level where they double every eight months. Last night doctors at the busy hospital appealed to the Minister for Health to

dies all of a sudden they're alone."

"Up to now most patients have been gay," she said. "But we are starting to see heterosexual sufferers, which shows how the disease has spread. If we are not careful it will be all we can keep it under control."

The first question that newly diagnosed AIDS patients ask the staff at St. Marys Hospital is "How long have I got?" Sister Mary B. admitted it was not an easy question to answer. "First of all someone will be an absolute pain of a patient, complaining about absolutely everything and not talking about their diagnosis at all. You just have to wait and talk."

"The majority of patients are not worried about dying as such but how they die. Like everyone they want to die without pain."

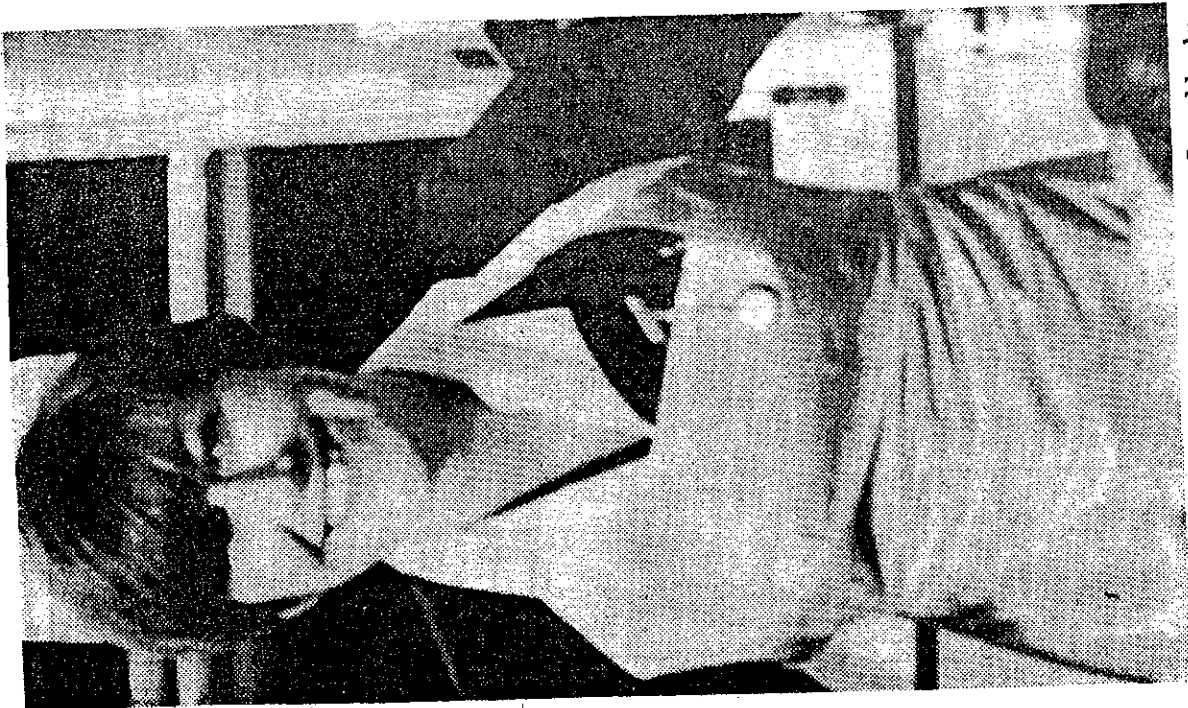
The people suffering from terminal AIDS follow an emotional pattern of denial, anger and finally acceptance. But Mary B. has no doubts about her attitude to death. "It is a blessing. Our attitude is to think positively and be cheerful, and if I have learned nothing else here I will have learned about courage."

increase staff and spend £1m. on 28 extra beds.

Sister Mary B. needs an extra ten nurses but in the meantime she has managed to brighten the last months of many doomed sufferers with her expertise and care. "You get to know all of them so well, not only the patients but their friends and lovers, too," she said. "I suddenly found myself talking to a man of 25 about dying — a young gay lad who had run in the fast lane for so long he just didn't know how to cope or what to say."

In Mary's haven of tranquility patients have private rooms with a fridge where they are allowed to keep their own food and heat it in Mary B's microwave oven. She and her staff have to wear aprons and gloves all the time but on her recommendation the staff no longer wear masks. The ward is often lively and friends are allowed to stay.

"Occasionally when a patient has died I'll get a phone call from a lover simply saying 'I'll miss you,'" she said. "They get used to having us round to talk to and help them along. When the patient



● SISTER MARY B. ANTHONY ... I suddenly found myself talking to a man of 25 ... a young gay who had run in the fast lane so long he just didn't know how to cope.

**Sunday Tribune**  
**8<sup>th</sup> February 1987**

## **Liberace carried Aids virus**

THE 67-year-old entertainer, Liberace, was exposed to the Aids virus, but did not necessarily have the disease, according to a report in the *Los Angeles Times*. Sabas Rosas, a corner's supervisor, told the newspaper that a blood test for Aids, done before Liberace died, came back 'positive'.

Following the controversy over the entertainer's death, the burial has been postponed because the coroner has refused to accept the death certificate until a post mortem is carried out on the body.

SV



# SUNDAY WORLD

14 No. 47 February 8th, 1987 55p (incl. VAT) C

**NOBODY DOES IT BETTER**

# AIDS

## THE FIRST

## IRISH SURVEY

**TODAY we publish Ireland's first comprehensive survey on the dreaded killer disease AIDS.**

It reveals just what **YOU** think of the disease — your fears and worries, your beliefs and misconceptions, your ideas for halting the spread of this 20th-Century plague.

The AIDS Report is based on a nationwide survey commissioned by **SUNDAY WORLD** and carried out on a scientific basis by fully-trained interviewers from Lansdowne Market Research.

*Some of their findings may shock you.*

- **MORE** than half of you think condoms should be publicly promoted to reduce the risk of AIDS.
- **THREE-QUARTERS** of you think children should be educated at school about sexual responsibility.
- **OVER** two-thirds of you think the media should be *explicit* and *direct* about sex in order to warn the public of the dangers of AIDS.

*Some of their findings may disturb you.*

- **SIX** out of every 10 people interviewed said they knew "not much" or "almost nothing at all" about AIDS.
- **ONLY** a third of Dubliners said they would know where to go for treatment should they catch the disease.
- **NEARLY** a quarter of the respondents thought you could catch AIDS by *giving* blood, and 15 per cent thought you could catch it by sitting on a toilet seat.

*Some of their findings may alarm you.*

- **MORE** than eight out

of every 10 people questioned believed the Government should be doing more to warn people about the dangers of AIDS.

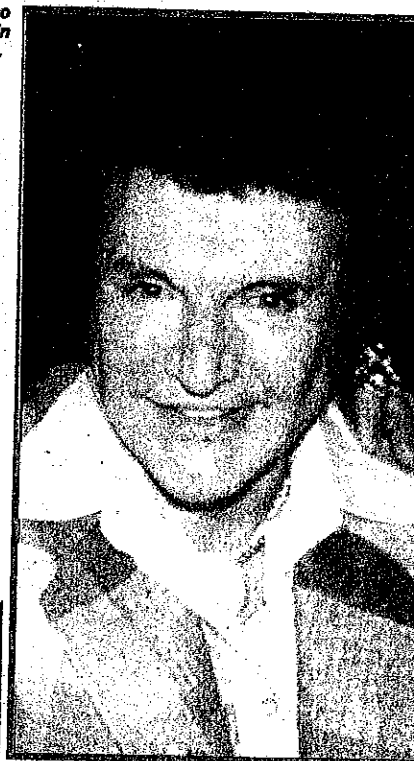
- **ONLY** 13 per cent think that Ireland has adequate treatment facilities for victims of the disease.

The report reveals an urgent need for public education on the causes of AIDS, the way in which it spreads, and the means by which it can be prevented.

We believe it calls for decisive action.

## **SHOCK REPORT SHOWS: '15% think it can be caught from toilet seats'**

• The latest victim ... Liberace who died this week is the latest big name in showbiz to succumb to the disease.



**SUNDAY WORLD**

**OPINION POLL**

**LANSDOWNE MARKET RESEARCH**

## **FOUR-PAGE SPECIAL SUPPLEMENT**

# THE FIRST IRISH

WHEN it comes to AIDS prevention, condoms are cool.

That's the verdict from Ireland's young people, according to the Lansdowne Market Research poll commissioned by SUNDAY WORLD.

Nearly two out of every three people under 25 told researchers they believed

condoms should be publicly promoted to reduce the risk of contracting the killer disease.

Exactly the same proportion

— 64 per cent — of 25 to 35 year-olds believed the same thing.

Even across the age divide, more than half of

those interviewed believed in the public promotion of sheaths for this purpose —

51 per cent, as opposed to a mere 24 per cent who dis-

agreed with the idea.

The pollsters found it striking that a decisive majority (80 per cent) of those in the under-50 age

groups were in favour, demonstrating that the idea appeals to the middle-aged as well as the young.

One interesting fact to

emerge from the survey was that the belief in public promotion of condoms spread right across class divide — with significant exception of farming community.

Respondents in all of social classes came out in favour by over 50 per cent as compared with only per cent of farmers' farm employees.

## GOVERNMENT NOT WARNING US ENOUGH

THE Government should be doing more to warn people about the dangers of AIDS.

That's the view of more than eight out of 10 of the people interviewed in our special poll.

Eighty-four per cent agreed that our leaders should be doing more, while only seven per cent disagreed.

A mere 13 per cent of respondents thought the public health facilities for AIDS treatment in Ireland were adequate.

Fifty-eight per cent disagreed — they thought the facilities were inadequate — and 24 per cent didn't know.

But by a huge majority, our interviewees thought there should be more TV programmes on the dangers of AIDS (85 per cent in favour, five per cent against); and more TV programmes about the dangers of drug abuse (84 per cent for, three per cent against).

Slightly fewer people — 76 per cent — agreed that there should be TV programmes to educate people about their personal responsibilities in sexuality. Twelve per cent disagreed.

When this last question was posed, 81 per cent of young people under 25 agreed, but the figure dropped to 60 per cent among over 65s.

## RTE viewers know

THE SUNDAY WORLD survey has revealed some interesting differences in attitudes between people in RTE-only areas, and people living in multi-channel land.

On the question of whether condoms should be publicly promoted to reduce the risk of AIDS, 60 per cent of respondents in multi-channel areas said they should.

But in RTE-only areas, the figure was a mere 39 per cent.

This doesn't appear to be a straightforward split between town and country folk, because when analysed on that basis, if the figures were much closer — 64 per cent of respondents in urban areas believed in the public promotion of sheaths, and 47 per cent of people in rural areas.

The pollsters say they found evidence that people who'd been exposed to the British Government's "Don't Die Of Ignorance" campaign were more concerned than others about the AIDS problem.

Questioned about their knowledge of AIDS, 21 per cent of respondents in RTE-only areas said they knew "almost

nothing in the urban cent; Six channels deal with (Five

## HOW CAN YOU BE INFECTED

THOUSANDS of Irish people have false notions of how they can catch AIDS.

A surprisingly high proportion of respondents to our special survey believed you can catch the disease by giving blood, sharing a cup or glass, sitting on a toilet seat, or using a public bath.

Four per cent of those questioned even believed you could catch AIDS by shaking hands with someone.

But 91 per cent replied correctly that you could contract AIDS through homosexual intercourse, 88 per cent replied correctly that you could catch it through sharing syringes, and 81 per cent answered correctly that you could catch it through "straight" intercourse.

So, while the survey showed people in Ireland have a

clear understanding of the main ways AIDS is transmitted, it also highlighted the need for public education to dispel the myths.

Pollsters from Lansdowne Market Research read respondents a list and asked them to answer "true" or "false" as to whether each was a means to catch the infection from an AIDS carrier.

The survey reveals quite a difference in attitudes from region to region:

For example, only six per cent of respondents in Dublin thought you could catch AIDS in a swimming pool; but the figure was three times that high (19 per cent) in the rest of Leinster, and in Connaught/Ulster it was 17 per cent.

Eleven per cent of respondents in Dublin thought you could catch the virus from a toilet seat, but in the rest of

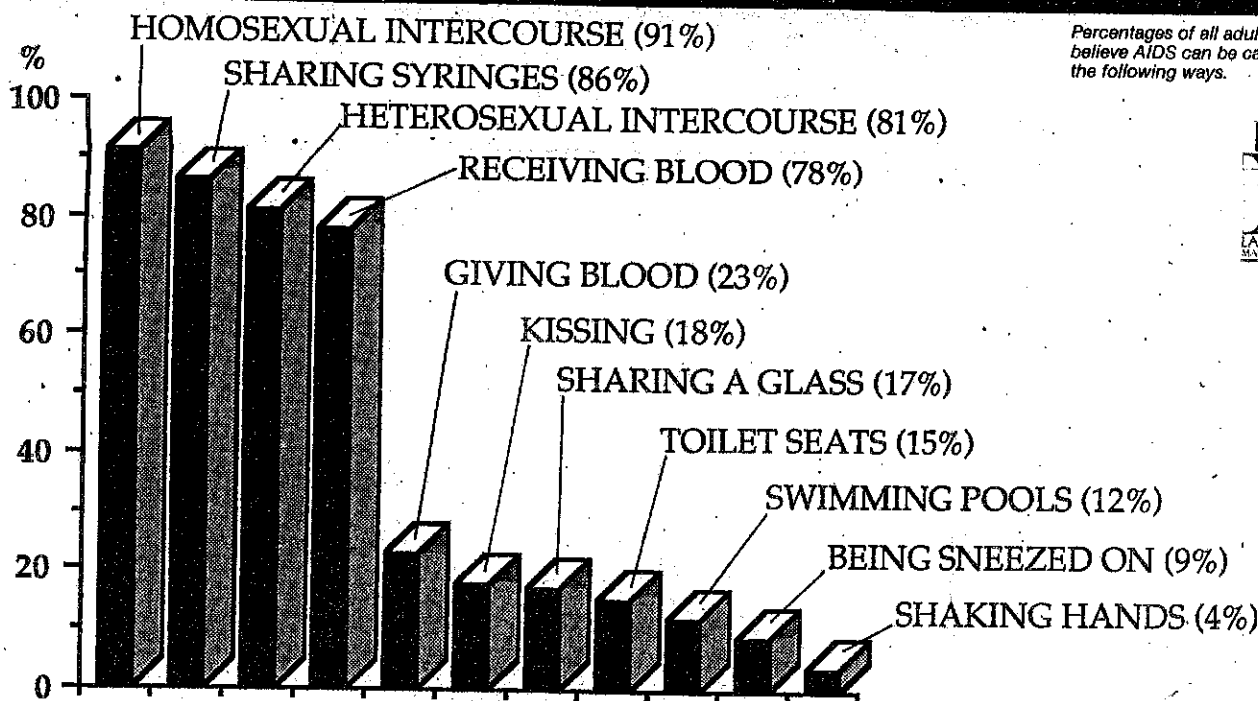
Leinster the figure was at an earlier stage in — without being read

The most popular response (43 per cent) straight sex (36 per cent "sleeping around" (28 and by a mother infected

Other replies were:

Kissing (one per cent being in the same room); physical contact (cent); giving blood (16 two per cent).

## HOW DO YOU THINK YOU CAN CATCH AIDS?



Percentages of all adults who believe AIDS can be caught in the following ways.

SUNDAY WORLD  
OPINION POLL  
LANSDOWNE MARKET RESEARCH

# AIDS SURVEY!

Continued on Page 56

# TEACH THE KIDS!

**CHILDREN** should be educated at school about sexual responsibility, according to the overwhelming majority of the people who took part in a survey.

**A full 76 per cent of them supported the idea that schoolkids should be taught the importance of their sexual responsibilities.**

The pollsters say: "There is an implicit view in this that parents are talking down on their children's responsibilities in sexual behaviour, and tend to handle it badly."

## Where to get help

**MORE** than half the people questioned in our survey had no idea where they would go for treatment should they become infected with AIDS.

Only 43 per cent said

Dubs were particularly ignorant on this score — only a third of them said they'd know where to turn for assistance.

Among the under-25s, nearly six out of ten (59 per cent) didn't know where to go for treatment or help. Pollsters found the more educated people were more likely to know where to seek assistance.

**PSS**

of respondents in multistage they know "a great deal" about the disease, as compared with 19 per cent in RTE-only areas. (In the rural areas, only 12 per cent knew nothing. (On an average, the figures were 19 per cent urban).)

# D?

ce as high (20 per cent), respondents were asked why people got AIDS.

male homosexual inter-  
syringes (40 per cent);  
ing blood (29 per cent);  
via semen (14 per cent);  
is (5 per cent).

1 cups (three per cent);  
fect person (one per  
fect person (four per  
it); or using toilet seats

## FEAR OF MEETING VICTIM

RE than four out of  
10 people questioned  
in survey said they'd  
be if they met someone  
with AIDS.

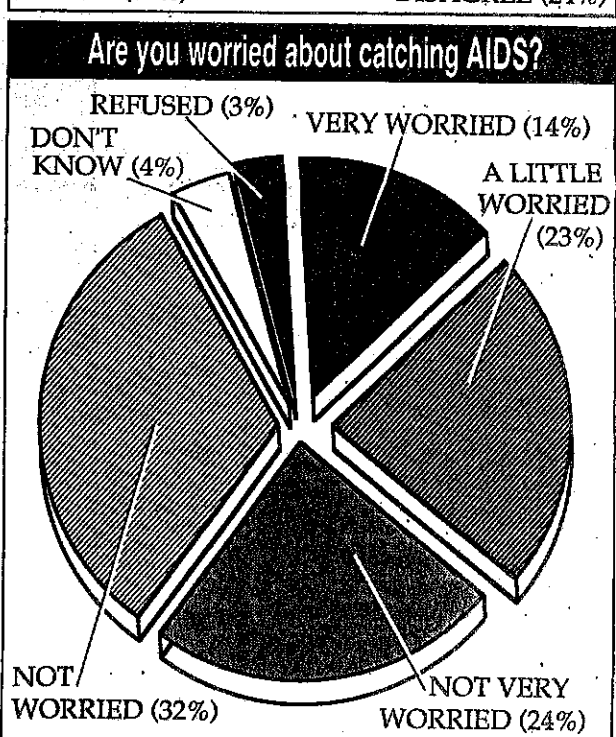
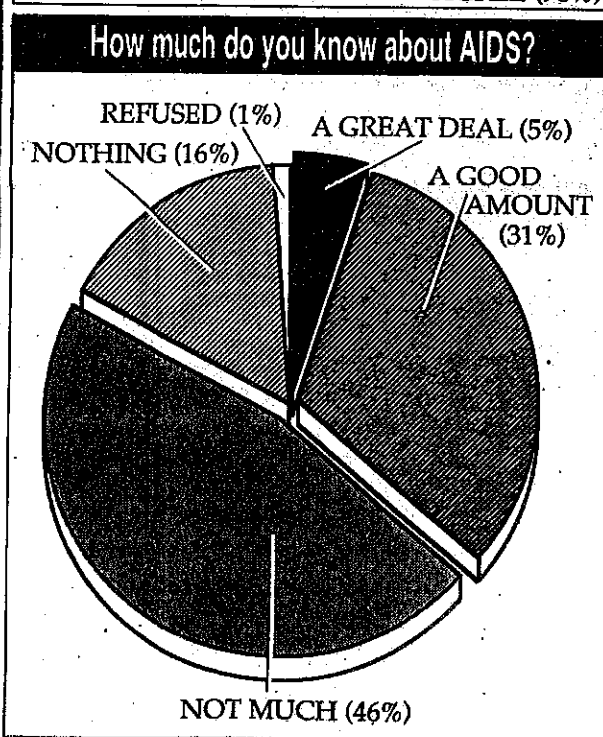
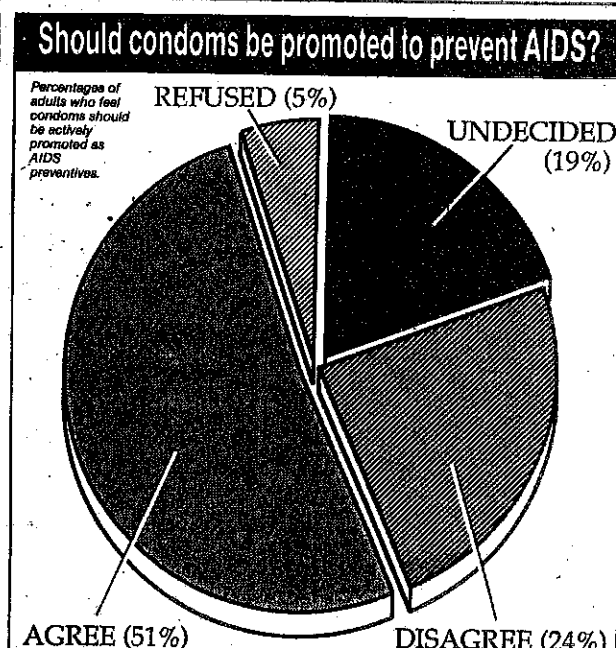
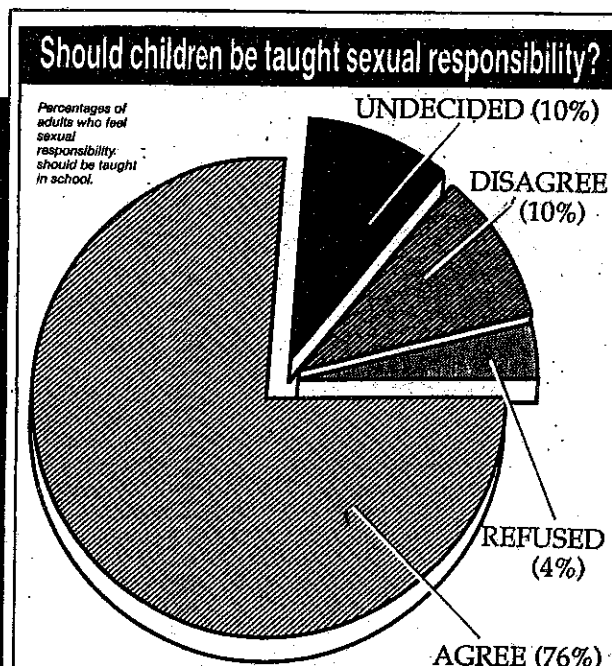
all said they'd show  
sympathy, but only one  
said they'd show dis-  
like and physical repul-  
sion. Asked what they thought  
it'd be their reaction  
if they met someone  
with AIDS, 42 per cent  
said they'd show fear. But  
this varied from region  
to region — from 33 per  
cent in Dubliners up to  
51 per cent in Connaught/  
Ulster.

Twenty-three per cent  
said they'd show surprise,  
10 per cent said they'd  
show none of these reac-  
tions, and ten per cent  
said they'd not know.

## High risk

**INTERVIEWEES** were given a list of categories asked which groups of people were known to have high risk of catching S.H.

His replies were (percentages in brackets): homosexuals (87); prostitutes (75); intravenous drug addicts (70); blood donors from transfusion (67); haemophiliacs (38); cars (36); Americans (36); Asians (11); Europeans (10); Blood donors none/don't know (81).



## IRELAND'S FIRST AIDS SURVEY

Continued from page 55

# WE'RE NOT THAT WORRIED ABOUT CATCHING IT

DESPITE forecasts that, within the next decade or so, most of us will know someone affected by AIDS, Irish people don't appear to be all that worried.

Pollsters from Lansdowne Market Research asked respondents: "How worried are you that you — or someone you know — will get AIDS?"

The majority — a total of 58 per cent — were either not very worried or not at all worried.

Only 14 per cent said they were very worried. And just one in four were "a little worried."

The pollsters say they find this complacency about AIDS "disturbing."

They say they were disappointed to find that the most vulnerable — the young, single and sexually active — regarded AIDS infection as only a remote possibility.

Asked how likely it was that AIDS

would eventually become an epidemic for the public at large, 30 per cent said it was very likely and 34 per cent said it was somewhat likely.

Fifteen per cent believed it was not too likely, and seven per cent of optimists thought it was not at all likely.

The respondents were asked how many people with AIDS were likely to die from it. The replies (percentages in brackets):

All of them (40); most of them (37); some of them (12); none (10).

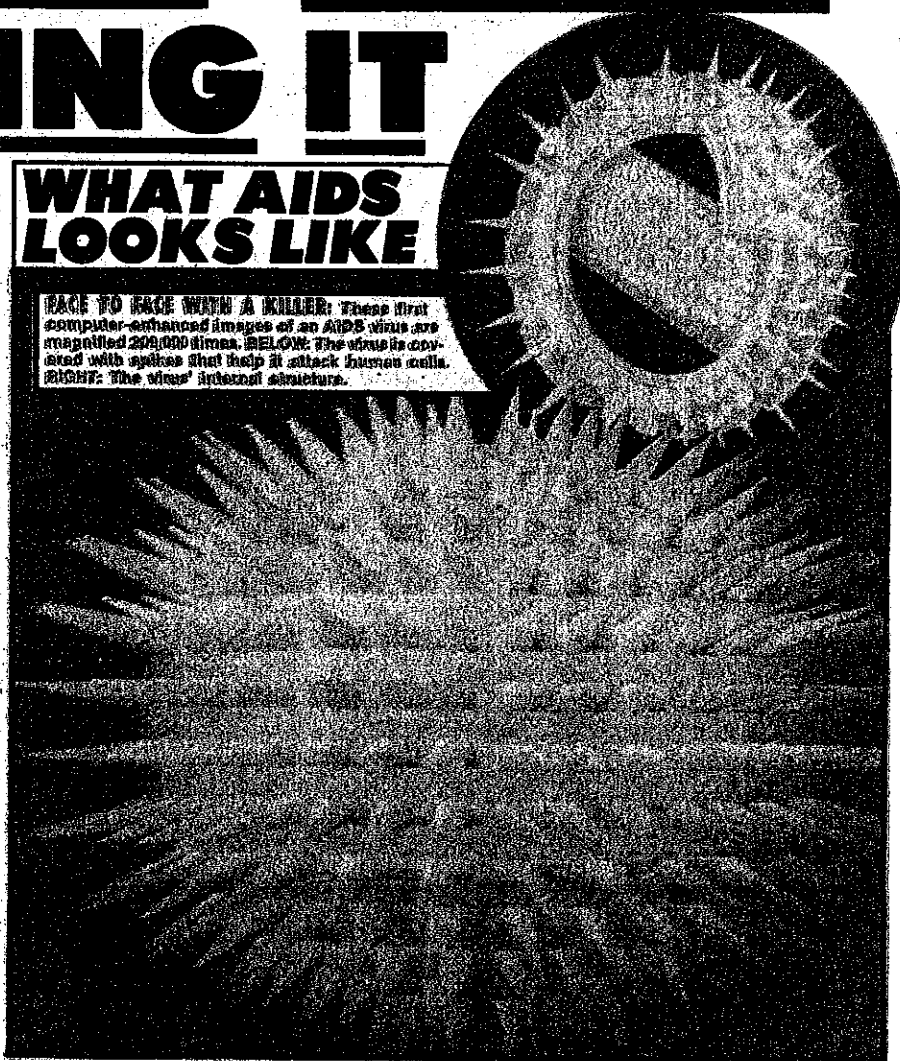
They were also asked: "If someone is being checked for infection and the antibody test for AIDS proves positive, which of these statements is true?"

Nineteen per cent answered incorrectly that the person definitely has AIDS.

Fifty-seven per cent replied, correctly, that the person has been infected with the virus and is capable of transmitting the infection, but does not necessarily have AIDS.

## WHAT AIDS LOOKS LIKE

FACE TO FACE WITH A KILLER: These first computer-enhanced images of an AIDS virus are magnified 200,000 times. BELOW: The virus is compared with spines that help it attack human cells. RIGHT: The virus' internal structure.



## EXPLICIT ADS 'YES'

HOW far should television advertising go in pointing out the dangers of AIDS?

Should it be explicit and direct about sexuality?

YES, according to seven out of 10 people questioned in our poll.

Seventy per cent said it should; only 11 per cent said it shouldn't; 16 per cent didn't know; and the remaining three per cent said they didn't think there should be any TV advertising on the subject at all.

That decisively positive reply was roughly the same for both town and country — 72 per cent in urban areas, 68 per cent in rural districts.

Probing deeper, the researchers asked: Should TV advertising about AIDS be explicit and direct about homosexuality?

YES, said 68 per cent of those questioned. Only 14 per cent said no; 16 per cent didn't know and four per cent thought there should be no TV ads at all on the subject.



Lansdowne interviewed a representative quota sample of 1394 adults, aged 16 and over, at 50 sampling points throughout the Republic of Ireland. All interviews were conducted face-to-face on January 6-21, 1987.

© Lansdowne Market Research Ltd/Sunday Newspapers Ltd 1987.

## WE'RE STILL IGNORANT

VIRTUALLY everyone in Ireland has heard of AIDS — but most people admit they know very little about it.

When asked how much they knew about the disease, two out of every three said "not too much" or "nothing at all."

Only a third of them felt they knew "a good amount" about the disease.

The survey showed that, the higher the level of education, the better informed people felt they were about AIDS.

Most of those leaving school at an early age conceded they knew very little about it. The figures show an obvious need for greater public education.

And the politicians feel the urgency of the problem is highlighted by the attitudes of young people.

"Young singles, the most vulnerable, were equally lacking in knowledge — little more than a third of them felt they knew 'a good amount' or more about AIDS," they say.

## DON'T SEGREGATE CARRIERS

ONLY seven per cent of the people interviewed in our survey thought known AIDS carriers should be segregated or isolated.

But in some areas of the country, the figure was higher — and in Leinster (apart from Dublin) it stood at a surprisingly high 12 per cent.

Asked for suggestions as to ways to reduce the risk of

getting AIDS, more than four out of ten (45 per cent) of respondents thought people should limit themselves to only one sexual partner.

Twenty five per cent said drug addicts should use only clean needles; 20 per cent thought people should use condoms or other barrier methods of contraception; 16 per cent thought people should reduce or limit the number of their sex-

ual partners; and three per cent thought people should reduce their frequency of sexual intercourse.

Thirteen per cent thought people should avoid any contact with homosexual men, and 11 per cent thought people should avoid sexual intercourse with members of the same sex.

Eight per cent thought AIDS should be made a notifiable disease.

Another eight per cent thought there should be more education, more information and more public awareness.

There were some drastic proposals.

Six per cent thought people should become celibate and stop having sex altogether.

Six per cent thought everyone in the country should be blood-tested, and three per cent thought

it would help to blood-test visitors from abroad.

Three per cent thought it would help if people avoided public amenities such as swimming pools and toilets.

There were other suggestions, such as screening blood donors and avoiding blood transfusions (four per cent), but only one per cent mentioned research by doctors for a cure for AIDS.

NEXT WEEK

PART TWO OF THE SURVEY . . . AND HOW OTHER COUNTRIES DEAL WITH THE PLAGUE

# Explicit campaign on AIDS is demanded

By STEVE BRENNAN  
Medical Correspondent

AN EXPERT today demanded the launch of an explicit Government information campaign about AIDS. Survey 2 Brandon

Dr. Derek Freedman, one of Ireland's leading experts on the killer disease, said the public had now made it clear that a plain talking information campaign was needed.

He said a survey, carried out by Lansdowne Market Research and published by the Sunday World, should convince civil servants and politicians of the need for frank publicity.

The survey found that more than half of those questioned felt that condoms should be publicly promoted to reduce the risk of AIDS.

"It shows without any doubt that people want to know about this condition and how to protect themselves," Dr. Freedman said.

He found it encouraging that 91 per cent of people knew AIDS could be spread by homosexual intercourse, 86 per cent knew it could be caught by sharing syringes and 81 per cent knew it could be caught through heterosexual intercourse.

But another expert on the disease, Professor Irene Hillery of UCD, said the survey showed a level of "sheer ignorance" that should have passed long ago.

The fact that 23 per cent of those surveyed thought they could catch AIDS by GIVING blood was surprising. The survey also showed that 62 per cent of those interviewed felt they knew little or nothing about the disease.

Of those surveyed, 18 per cent felt that kissing would put them in danger. 17 per cent thought it could be caught by sharing a glass and 15 per cent felt it could be caught from a toilet seat.

Dr. Harry Crawley of the Health Education Bureau revealed today that the Bureau was currently carrying out its own survey into the level of knowledge in Ireland about AIDS.

But he said he welcomed the new survey and found it extremely valuable.

It is generally accepted now that no AIDS information campaign will get under way until after a general election.

Nobody was available today at the Department of Health to comment.



FIRST, GET A BRUSH—Artist Robert Ballagh explains about materials to some of the students who took part in his Masterblend Masterclass in the National College of Art and Design yesterday.

SL



EVENING PRESS, MONDAY, FEBRUARY 9, 1987

# AIDS POSES MORAL CRUX IN CHURCH

A week ago, during the Saturday night Mass sponsored by Dignity, a Catholic homosexual organisation, worshippers at St. Francis Xavier, in New York, prayed aloud for friends and relatives who had died of AIDS.

One of the names they recited was Dechland Daily.

He was a Catholic priest, assigned at the time of his death to the Staten Island parish of St. Patrick.

Two of the other names recited for remembrance were the Rev. Mills Omaly, a popular Episcopalian priest in New York, and the Rev. Michael Koonsman, the founder of the New York chapter of Integrity, a national organisation for gay Episcopalians.

Other priests and pastors are dying of acquired immune deficiency syndrome (AIDS), and more and more their obituaries list it as the cause of death. And more and more, as clerics go public with their homosexuality, they raise special moral problems for their churches.

The problem goes to the heart of the age-old argument about homosexuality, sin and what to do when men and women of the cloth openly proclaim their own gayness or admit that they are suffering from AIDS.

Adding to the human, theological and spiritual dimensions of the issue is a perception that religious men and women should lead model lives and that when they do not, they somehow tarnish religion itself.

Instead, it endorses Courage, founded in 1980 at the suggestion of the late Terence Cardinal Cooke. Its membership, considerably smaller than Dignity's, holds weekly services, and Cardinal O'Connor, a fierce opponent of gay activists, celebrated one Mass.

The Catholic Church operates four of five centres around the country for psychiatric and spiritual counselling of gay priests — "like rehab centres for alcoholic priests," says the Rev. John Harvey, president of Courage.

Officially, Catholic Church teaching condemns homosexual activity but not homosexuality itself. "The impression you get," says Tim Coughlin, the president of the New York chapter of Dignity, "is that the church says one thing and does another".

"It's like we've committed sin of bad public relations," a gay New York priest says.

No one knows how many ordained men and women are homosexual. Kevin Gordon, a one-time Christian Brother now living in New York, estimated a few years ago that two of every five priests were actively or passively homosexual. Other experts dispute this.

Many of the few openly gay priests are involved in ministering to AIDS victims and gay religious groups like Dignity, which has several chapters in the New York metropolitan area, and Integrity. (Nearly every major denomination, from Lutheran to the Greek Orthodox has an unofficial and often unrecognised gay auxiliary, but most of them count their membership in the dozens).

There are several New York churches that welcome gays, including a gay synagogue (Congregation Beth Simchat Torah, in Greenwich Village). There also is the Metropolitan Community Church, which endorses a homosexual lifestyle.

The Archdiocese of New York does not recognise Dignity because, it says, members do not promise to lead celibate lives.

Sam

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

## **New peak in AIDS figures**

The number of AIDS victims in Britain has risen dramatically to 686 — and 355 have already died, according to British Department of Health figures.

The latest official monthly statistics to the end of January show by far the biggest increase. There were 76 new cases, including 62 deaths, compared with the figures up to the end of last year.

The government is repeating its warning that the disease will claim 4,000 lives by the end of 1989.

Social Services Secretary Mr. Norman Fowler said: "This is the biggest monthly increase in AIDS cases that we have so far experienced."

"Those who have now developed the disease contracted the infection some years ago. We shall have to brace ourselves for many more cases to be reported in the months and years to come."

The figures again show that AIDS cases are concentrated in London and involve mainly male homosexuals.

Of the 686 cases, 606 are gay men, compared with 26 haemophiliacs and nine drug abusers. Three baby boys and three baby girls also have AIDS

S ✓

# Liberace's last words: 'Don't feel sorry for me'

THE AGONY of Liberace continued yesterday, four days after his death. Friends revealed the anguished last words of the 67-year-old star as blood tests revealed the AIDS virus was in his body.

The last words of the world's glitziest showman were revealed yesterday following his entombment in Hollywood's Forest Lawn Memorial Park.

Liberace had demanded to be transferred from hospital to his home in Palm Springs, California, so he could die with dignity, surrounded by the people and dogs I love.

He had more than 20 dogs. Liberace had fallen into a black despair last month

after learning the full extent of his illness.

He told friends: "I have nightmares about the headlines that will appear when I'm gone. I saw them in my dreams. One said, Gay Piano Player dies of AIDS."

An avalanche of flowers and calls from friends cheered his final days. With tears running down his sunken cheeks Liberace told a friend: "I didn't know so many people loved me."

"Don't weep for me. I want to go to my grave smiling. That's how I want you to remember me."

"Over the years we've had such fun. We've travelled the world, met kings,

Queens and Presidents and some of the most influential people of our times."

"I beg you remember the laughter and the good times. Please don't feel sorry for me. I'm the luckiest man on earth to have had the life I have lived."

Liberace's body was driven back to Forest Lawn for a private memorial service

attended by his sister, Angelina Furrell, nephews and nieces and close friends.

His body was taken by hearse for a simple ceremony at the nearby Liberace family tomb, where it was buried next to the bodies of his brother George and his mother.

Yesterday his closest friends expressed

anger and bitterness over the way Liberace's death certificate was rejected.

Tests to determine cause of death were still going on last night.

Coroner Raymond Carrillo revealed Liberace was exposed to the AIDS virus, but he still could not say he had died of the disease.

Tests on tissues will be completed today and the coroner said he would announce the night it was revealed that criminal charges may be brought against doctors and a funeral business over any cover-up in Liberace's death.

A coroner's office spokesman said: "Both had an obligation to report that he died from a contagious disease."



● Liberace... AIDS antibodies in blood samples



56



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

## AIDS

Sir, — R. M. Conroy is quite wrong to suggest (letters, February 2nd) that AIDS is not a problem of public health, since deaths from the disease prove the contrary. The same writer fails to grasp the fundamental point that a morality has meaning only to the extent that that morality is *agreed*. A morality cannot (successfully) be imposed.

Mr/Ms Conroy goes on most arrogantly to usurp the term "Irish nation" to describe those of his/her own mind. The final claim that the "problems" of abortion and divorce have been "solved" in the Republic of Ireland by banning both would be laughable if it weren't so sad. —

Yours, etc.,

JOE MAGEE,

107 Agincourt Avenue,  
Belfast BT7 1OD.

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## Liberace had AIDS antibodies —coroner

A CALIFORNIA coroner said AIDS antibodies had been found in blood samples taken a month ago from Liberace (67), whose embalmed body was buried on Saturday in his family tomb in Forest Lawn memorial park, Los Angeles.

The coroner, Mr Ray Carrillo, said the presence of the antibodies "does not necessarily mean Liberace died of the disease," he said.

He said the official cause of death of the flamboyant entertainer last week would be announced today after further tests following Friday's post mortem, which did not reveal any signs of the virus.

Presence of the antibodies indicates that Liberace had been exposed to the virus but does not necessarily mean that he had the disease.

Liberace, who died after a career which turned piano playing into a million-dollar extravaganza, was said by his publicity agent to have suffered heart failure and brain damage. — (Renter).

"My mother told me not to come home from England without a haircut, and I was only making 55s a week, and I was only one," said Jamie (27) as he recounted how he may have contracted AIDS (Acquired Immune Deficiency Syndrome) while living in London in 1980.

A sensitive young Brooklyn Irishman, Jamie was equally at home in the rough London, or New York, streets and computer colleges, and has worked in a variety of low-paying jobs ever since. He remembers best running the switchboards of various hotels and hospitals. He even learned to speak rudimentary Arabic while "turning" the board of a private hospital for Saudi patients in London.

Like a number of this country's diaspora, Jamie is part of the itinerant urban Irish phenomenon, sharing a common culture, but little else, with those who live in Ireland. Shortly after cropping his hair, he found himself on the top deck of a double-decker bus in London when eight black men, on board, they had on the street and when they saw Jamie with his crewcut they mistook him for one of that gang and jumped on him. He was stabbed in the leg, the knife severing an artery and causing him to lose a lot of blood.

With a four-figure rooming fee, Jamie was nursed to the city's general hospital. That hospital, as it was then, there was no effective screening for AIDS contamination and he thinks that he may have picked up the killer disease even as the doctors were struggling to save his life. The other possibility, equally likely, he feels, is that his contact with the black men that has left his body speckled and emaciated — vulnerable to the all-pervasive opportunistic infection.

The AIDS virus is often transmitted through sexual contact. Other means of transmission include transfusions of tainted blood or blood products and the sharing of contaminated hypodermic needles. AIDS can also be spread by one parent to child at or before birth.

Jamie is ambivalent about his sexual past and if he has brought the infection to others through sexual liaisons, it only happened because nobody knew at the time how the disease was being transmitted. He simply as caught it, he says, and it came to him as an acquaintance.

"And it's ridiculous to try to pin blame at this stage," he says. "In the light of what is now known about AIDS, he thinks people should be celibate. But when it comes to

**LEONARD DOYLE talks to a young Brooklyn Irishman in a New York hospital about how he copes with having Acquired Immune Deficiency Syndrome.**

# The Lonely World of the AIDS sufferer



Jamie Martean — "I'm not really afraid of dying."

stopping this disease, the only way is through research. Stopping it through celibacy isn't going to work, because some people just aren't going to be celibate.

Referring to his own sexuality, he says that "people are sexual, and whether I sleep with a man or a woman, don't matter to me, since it's all in the mind. I'm a light Dubliner, who speaks with a light Dublin accent, living in London."

He hasn't been to Ireland in the past five years, however. His mother, a Duelliner, met his father, who is American-Irish, in Ireland and they soon moved to New York. His grandfather had already returned to live in the US though he later returned to live in Sligo.

Today, his father works as a handyman and lift operator in a luxury apartment building in the gentrified Park Avenue district of Brooklyn and Jamie describes his family as lower middle class.

He first noticed the tell-tale AIDS symptoms last November when he suffered a chronic weight loss from an already tight weight 8½ stone to seven stone. Then he was diagnosed as having the cancerous Kaposi's sarcoma. Soon after, pneumonia appeared on his lungs, all characteristic lesions of the disease. Just three weeks later, he was in hospital with a fever, very heavy cold and a raging fever. With his immune system in such a weakened state,

this quickly turned into pneumonia and he was hospitalized with his temperature hovering around 105 degrees.

Unwilling or unable to afford an ambulance, his parents bundled him into a car borrowed from a neighbour and rushed him to St. Clare's Hospital, which, though privately run, is owned by the New York AIDS Foundation. That hospital sees the poorest AIDS patients of the city, and affords private health insurance dependent on the meagre Medicaid offered by the Federal Government. Nonetheless, it is considered to be one of the most advanced care and treatment centres for AIDS in the world. So much so that it metted a special visit by Britain's Health Minister, Mr. Norman

Fowler, recently, as he toured the AIDS facilities of the US. Known cure for AIDS. Since there is no known cure for AIDS, the most comfortable as possible while boosting their immune systems and staying off further infections. That is accomplished with a combination of good food, psychological support and constant monitoring of the patient's condition. Not all AIDS patients must have their own room and private bathroom and so an entire wing at St. Clare's has been converted for the exclusive use of AIDS victims. Another unit is being built in the hospital to house AIDS-affected prisoners. Prisoners who acquired AIDS through drug abuse are being housed in New York City, as elsewhere. Today, nearly 50 per cent of the AIDS victims in St. Clare's picked up the disease by using intravenous drugs.

Soon after being admitted to hospital, Jamie's condition began to improve as his fever receded. "The doctor's jaw dropped when he saw me sitting up in bed eating my dinner and talking on the phone," says Jamie, who had been hospitalized for 25 days and for hospital beds his doctor hopes to be able to send him home as quickly as possible.

Jamie, unlike many other AIDS patients can at least depend on the support of his family. One of the greatest problems facing hospitals is where to house AIDS victims when their condition has improved, so that they can have hospital care. And as he gains in his wheelchair through the wards and corridors of the 60-bed unit in St. Clare's, which is located in the old Irish "Hell's Kitchen" neighbourhood, Jamie presents an image of cheerful resilience on the world around him. Stopping in the ward with a doctor or discussing an interesting blood transfusion he needs to help replenish his steadily deteriorating blood supply. Jamie's eyes, like large, pale-blue opals, cannot hide the terrifying reality of his tragic predicament.

"I'm not really afraid of dying," he says bluntly. "We've got to go on living, coming out of the hospital, and I've got 30 Mass cards on the shelf. I think they're storming heaven at this stage."

—My grandfather used to say, "Live as well as you can, and then die, so I'm resigned to it, but I'm a long way off. I'm As he depressively discusses the AIDS infection now coursing through his veins and weakened who is the victim of some grave injustice.

He talks of minimal amounts of money being devoted to AIDS research in the

USA, while thousands of people waste away, many of them in lonely isolation. He is also angered at the public perception of AIDS as a plague sent down by God for their sinful behaviour, or sharing their bodies with strangers. From copies of the *Irish Independent* sent by his cousins in Ireland Jamie has read how prisoners with AIDS are being treated in Ireland, led by people wearing isolation suits, the prisoners' faces and trays intercepted after each use. "These men are treated as if they are like Hitler," he says, "and you may as well let them die along with the Nazis."

New York has more experience than most places with treating AIDS victims. When dealing with patients, neither doctors nor nurses wear masks, except conducting an operation. Because of this, people who are in higher risk of picking up generally harmless infections which could become lethal for them. At St. Clare's there is a policy of wearing out overalls or medical staff who insist on wearing masks, and gowns around patients.

Jamie, a leprosy Catholic, up to the time of his illness, said that he was able to find a priest who is himself homosexual, though somewhat celibate. "He's a very good priest and after he's given me Communion, I feel very peaceful," says Jamie. "As well as that, just having my mother around has meant that the whole injustice has become very religious. No more people praying for me than all the souls in Purgatory."

## Drug hope in war on plague

A leading expert on AIDS predicted yesterday that a treatment for the disease would be available "within a couple of years".

Dr Andrew Moss, a visiting Research Fellow at Middlesex Hospital, who has worked on all aspects of AIDS since 1983, said: "I say this because there are clinical trials of at least one drug with some effect.

"These will be the very first trials for treating people, which will come up this year, and I think over the next two or three years we will see treatment that gives people a better prognosis."

Dr Moss advised people to keep calm about the problem.

"There's no need to go through the roof at this point in the United Kingdom," he said.

He paid tribute to Social Services Secretary

Norman Fowler, saying the public education campaign which he had launched was the most aggressive of any Western country.

Asked about scares over the way the disease is transmitted — such as the controversy over whether Princess Diana should wear gloves when she opens a new AIDS clinic at Middlesex Hospital in April — Dr Moss replied: "We have no casual transmission cases of AIDS, no handshake transmission of AIDS, no health worker transmission of AIDS."

The top researcher, from the University of California in San Francisco, said: "If there was any risk of shaking hands with AIDS patients we would know about it in San Francisco."

Ten per cent of the adult male population there was infected, he said.

# Liberace AIDS shock



THE ENTERTAINER: flamboyant Liberace before he succumbed to disease.

A coroner said AIDS antibodies had been found in blood samples from Liberace, whose embalmed body was buried on Saturday in his family tomb.

California coroner Ray Carrillo told reporters the antibodies had been found in blood samples taken a month ago. "But that does not necessarily mean Liberace died of the disease," he said.

The official cause of death of the flamboyant entertainer will be announced today after further tests. The District Attorney will determine if any laws had been broken. Under California law, deaths of people with contagious diseases have to be reported.

"Some people may think we are a bunch of hicks, but this case is far from over," said Mr Carrillo, who was told of the death two days after Liberace died last Wednesday.

Liberace, 67, who died after a career which turned piano playing into a million-dollar extravaganza, was said by his publicity agent to have suffered heart failure and brain damage.

Less than 24 hours before he was to be buried at Forest Lawn memorial park, in the Hollywood Hills of Los Angeles, coroner's assistants collected the body at the park and drove it 100 miles back to Palm Springs for a post mortem.

The coroner's office has subpoenaed Liberace's medical records, including those from the Eisenhower Memorial Hospital in Palm Springs where he had tests on January 23.

His body was driven back to Forest Lawn for a private memorial service attended by his sister, Angelina Farrell, nephews and nieces and close friends.

It was buried next to the bodies of his brother George and mother, Frances. A small group of fans stood at a distance, respecting the family's wishes for privacy. Nearby were the tombs of several actors, including Charles Laughton and George Raft.

SV

**News Letter**  
**9<sup>th</sup> February 1987**

## **Prostitutes fear**

An MP is backing a campaign by prostitutes in his constituency for all vice girls to undergo compulsory screening for the AIDS virus.

The girls have set up a special protest group to urge that all prostitutes found to have AIDS be prosecuted if they continue working.

"I am in favour of their demands for compulsory testing," said Mr Richard Ottoway, Tory MP for Nottingham North, yesterday.

"I support the principle behind what they are try-

ing to do. I think we must do everything we can to stop the spread of AIDS, and unsafe sex most certainly does spread AIDS.

"While I am absolutely behind what these women are endeavouring to achieve, I also realise there will be difficulties in making it compulsory. But, in the meantime, starting on a purely voluntary basis, I would like to see all prostitutes screened for AIDS."

The campaign follows the discovery that four Nottingham prostitutes have contracted the AIDS virus.

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EVENING PRESS, TUESDAY, FEBRUARY 10, 1987

# 'Put AIDS in EastEnders'

An EastEnders character should contract AIDS to counteract the amount of casual sex portrayed in soap operas, says a health charity.

British Government advertisers warning about the risks of casual sex are often followed by episodes of Dallas, Dynasty and EastEnders in which characters completely ignore those risks, said the Health

Information Trust.

"It is highly desirable that one of the serialised characters in EastEnders should contract AIDS to make it all more realistic," said a Trust report "AIDS — Beyond the Adverts" published yesterday.

A BBC spokesman said AIDS had already been mentioned on EastEnders and would continue to be — but

there were no plans at present to feature an AIDS sufferer, carrier or scare.

A leading expert on AIDS has predicted that a treatment for the disease will be available "within a couple of years".

Doctor Andrew Moss, a visiting research fellow at Middlesex Hospital who has worked on all aspects of AIDS since

1983, added: "I say this because there are clinical trials of at least one drug with some effect. These will be the very first trials for treating people, which will come up this year, and I think over the next two or three years we will see treatment that gives people a better prognosis."

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# AIDS POSES MORAL CRUX IN CHURCH

A week ago, during the Saturday night Mass sponsored by Dignity, a Catholic homosexual organisation, worshippers at St. Francis Xavier, in New York, prayed aloud for friends and relatives who had died of AIDS.

One of the names they recited was Dechland Daily.

He was a Catholic priest, assigned at the time of his death to the Staten Island parish of St. Patrick.

Two of the other names recited for remembrance were the Rev. Mills Omaly, a popular Episcopalian priest in New York, and the Rev. Michael Koonsman, the founder of the New York chapter of Integrity, a national organisation for gay Episcopalians.

Other priests and pastors are dying of acquired immune deficiency syndrome (AIDS), and more and more their obituaries list it as the cause of death. And more and more, as clerics go public with their homosexuality, they raise special moral problems for their churches.

The problem goes to the heart of the age-old argument about homosexuality, sin and what to do when men and women of the cloth openly proclaim their own gayness or admit that they are suffering from AIDS.

Adding to the human, theological and spiritual dimensions of the issue is a perception that religious men and women should lead model lives and that when they do not, they somehow tarnish religion itself.

"It's like we've committed sin of bad public relations," a gay New York priest says.

No one knows how many ordained men and women are homosexual. Kevin Gordon, a one-time Christian Brother now living in New York, estimated a few years ago that two of every five priests were actively or passively homosexual. Other experts dispute this.

Many of the few openly gay priests are involved in ministering to AIDS victims and gay religious groups like Dignity, which has several chapters in the New York metropolitan area, and Integrity. (Nearly every major denomination, from Lutheran to the Greek Orthodox has an unofficial and often unrecognised gay auxiliary, but most of them count their membership in the dozens).

There are several New York churches that welcome gays, including a gay synagogue (Congregation Beth Simchat Torah, in Greenwich Village). There also is the Metropolitan Community Church, which endorses a homosexual lifestyle.

The Archdiocese of New York does not recognise Dignity because, it says, members do not promise to lead celibate lives.

Instead, it endorses Courage, founded in 1980 at the suggestion of the late Terence Cardinal Cooke. Its membership, considerably smaller than Dignity's, holds weekly services, and Cardinal O'Connor, a fierce opponent of gay activists, celebrated one Mass.

The Catholic Church operates four of five centres around the country for psychiatric and spiritual counselling of gay priests — "like rehab centres for alcoholic priests," says the Rev. John Harvey, president of Courage.

Officially, Catholic Church teaching condemns homosexual activity but not homosexuality itself. "The impression you get," says Tim Coughlin, the president of the New York chapter of Dignity, "is that the church says one thing and does another".

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## **AIDS 'not as deadly as cigarettes'**

THE total number of people who had died from AIDS in Ireland in 5 years was less than half the deaths EACH DAY from smoking related diseases, an expert said yesterday.

Now health organisations are to use this country's first-ever 'No Smoking Week' to stress the deadly dangers of smoking — a threat which, according to the Director of the Health Education Bureau Dr. Harry Crawley, was not being highlighted strongly enough in the media.

Dr. Crawley was speaking at the announcement of the nationwide anti-smoking week organised jointly by the HEB, the Irish Heart Foundation and the Irish Cancer Society.

It will begin on March 4, Ash Wednesday and end on International No Smoking Day on March 11.

The no-smoking week, dubbed National Knotout, is being organised in conjunction with the country's eight Health Boards.

The focus of the week will be on young people who will be urged not to start smoking — or at least to quit — "before it is too late."

Dr. Crawley said that he would not wish to detract from the grave urgency of dealing with the threatened AIDS epidemic but twice as many people died from smoking diseases each day than had died here from AIDS.

The no-smoking week was being utilised by all involved to re-launch the message: "Smoking Kills."

Chairman of the Medical Committee of the Irish Cancer Society, Dr. J. F. Murphy, emphasised the dangers of passive smoking — inhaling other people's cigarette smoke.

The right of smokers to smoke ended where their behaviour affects the health and well-being of others, he said.

The Society will be arranging a 'phone-in' advice service, offering tips on how people can stay off cigarettes. The advice will be available by dialing 10 and asking for Cancer Freefone.

Dr. Crawley emphasised that some 5,000 people died in Ireland each year from smoking related diseases.

# Fresh AIDS cases denied

Reports that two new cases of AIDS have been diagnosed in Northern Ireland were dismissed last night by microbiology expert Prof David Simpson.

Prof Simpson, who heads the fight against AIDS in the Province, said: "We have had no increase in the number of cases here. The reports are not true."

Earlier as the Government confirmed that the number of cases of AIDS victims in Britain had risen dramatically to 686 the Northern Health Board declined to confirm or deny that two new cases had been diagnosed in the Ballyclare area.

"We have had only four cases of AIDS in Northern Ireland," said Prof Simpson. "Two have died and there have been no new contracted cases. The four we have seen have all been contracted outside the Province."



Fowler: call for action

However, it is understood that as many as 30 people living in Ulster could be carrying the AIDS virus.

The Department of Health in London yesterday said that while 686 cases are known a further 355 people have died.

Nationally there were 76 new cases, including 62 deaths, recorded in January.

The Government has

repeated its warning that the disease will claim 4,000 lives by the end of 1989.

Social Services Secretary Norman Fowler said: "This is the biggest monthly increase in AIDS cases that we have so far experienced."

"Although we must not read too much into one month's figures, they underline how seriously we must take the AIDS threat."

Worse was to come, he said, because the cases reported so far arose from events in the past.

"Those who have now developed the disease contracted the infection some years ago. We shall have to brace ourselves for many more cases to be reported in the months and years to come."

"Our best estimate is that by the end of 1989 the cumulative number of deaths will be 4,000."

"The lesson of these figures is that we must act now. We are faced by a virus for which there is

neither vaccine nor cure.

"Success in our battle against AIDS depends on changes in individual behaviour. No one should ignore the warning of these figures."

The figures again show that most AIDS cases are concentrated in London and involve mainly male homosexuals.

Of the 686 cases, 606 are gay men, compared with 26 haemophiliacs and nine drug abusers.

Three baby boys and three baby girls also have AIDS, however.

Four people have now died of AIDS after being given blood in the United Kingdom before screening was introduced. Another seven received blood abroad.

Among heterosexuals, 11 men and six women have AIDS, possibly after becoming infected abroad. Another one man and two women have died in cases where there was no evidence of infections abroad.

# Blood bank accused of cashing in on AIDS fears

## FINANCIAL TIMES REPORTER

TWO BUSINESSMEN who have set up a private blood bank in Gloucester were accused yesterday by Mr Michael Meacher, shadow Social Services Secretary, of trying to "exploit and cash in on the present bandwagon of AIDS fears."

In an unsuccessful call for an emergency Commons debate, Mr Meacher said: "This could even exacerbate our problems with AIDS rather than solve them."

He said the businessmen, who were beginning to trade yesterday, had "no experience or expertise in the health field."

and were "setting up a private blood bank on the third floor of a warehouse in the Gloucester Docks."

He told MPs: "However amateurish the outfit, they are certainly specific about their charges which are an initial fee of £400 for setting up the six pints of frozen blood per client and a subsequent charge of £160 a year."

The company would "offer a second class service" Calling for an urgent debate on "this crucial matter of public health," Mr Meacher told the Speaker, Mr Bernard Weatherill, that the blood bank venture was "totally unregulated so that contaminated blood could well slip through."

Mr Weatherill said that he did not underestimate the importance of the matter but he could not allow an emergency debate.

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

# AIDS KILLS TWO A DAY

by CHRIS MIHILL  
Medical Correspondent

**TWO people died from Aids every 24 hours last month.**

The figures for January show the biggest monthly rise in victims since records on the disease began in 1982. Sixty-two people died and 76 new cases were reported.

Last night Social Services Secretary Norman Fowler said: "No-one can ignore the warnings of these figures."

The government now estimates that 4,000 people will have died from the plague of the eighties by the end of 1989.

Mr Fowler said: "Those who have now developed the disease contracted the infection some years ago."

"We shall have to brace ourselves for many more cases being reported in the months and years to come."

"The lesson of these figures is that we must act

## The statistic no-one can afford to ignore

now. Success depends on changes in individual behaviour."

*There was strong reaction to the Department of Health report last night.*

John Fitzpatrick, chief executive of the Terrence Higgins Trust, a charity which cares for Aids victims, said: "This is exactly in line with predictions. The government is just not spending enough. Clinics need huge resources but they are not getting them."

He called on Mr Fowler to link up with his charity to toughen up the advertising campaign.

A spokesman for the Royal College of Nursing said: "We have been predicting these numbers. Government funding is still insufficient."

The new cases bring the total number reported since 1982 to 686, with 355 deaths. Victims are still

predominantly homosexual, with 606 cases and 302 deaths in this category.

Drug users account for just seven cases, with four deaths. Haemophiliacs, who received contaminated blood before screening was introduced, account for 26 cases with 19 deaths.

There was a small increase in the number of heterosexuals affected — two more men and one woman, taking the total to 17, 10 of whom have died. Most of these are believed to have been infected abroad.

LONDON remains the worst affected area, but every single health region in Britain is now reporting cases.

In NORTHERN IRELAND, where homosexuality is still illegal, just two cases have been

Turn to Page 2

Wall Street Journal  
10<sup>th</sup> February 1987

## Anti-Viral Drug Test Against AIDS Is Set For Infected Group

\* \* \*  
Wellcome Drugs to Be Used  
In Effort to Quell Virus  
In Symptom-Free Men

By MARILYN CHASE

Staff Reporter of THE WALL STREET JOURNAL

SAN FRANCISCO—The San Francisco Public Health Department soon will begin a test of anti-viral drugs in so-called healthy carriers of the acquired immune deficiency syndrome virus.

The test will team the anti-AIDS drug azidothymidine, or AZT, with the anti-herpes drug acyclovir against the AIDS virus in men who are infected but thus far free of symptoms. The effort is designed to find an agent that can prevent the development of AIDS. It is thought that 20% to 30% of patients who test positive for AIDS antibodies fall ill within five to six years of being infected.

The maker of both drugs, Burroughs-Wellcome & Co. of Research Triangle Park, N.C., a unit of Britain's Wellcome PLC, is sponsoring the test in conjunction with the U.S. Centers for Disease Control, the University of California and the San Francisco Health Department.

### First Practical Step

The test represents the first practical step toward a chemical preventive against AIDS for the estimated 1.5 million to two million Americans now infected with the virus, said Paul O'Malley, project director for the San Francisco City Clinic's AIDS research study. Mr. O'Malley's group has been studying 6,700 gay San Franciscans since 1968. Of those 6,700, 70% are thought to carry the virus.

The study initially will involve 20 men in a phase-one, or safety, study that is expected to start in April, Mr. O'Malley said. Phase-two trials, testing effectiveness of the drug combination, will be expanded to involve 400 to 600 men. AZT was shown last fall to prolong the lives and reduce the symptoms of patients with AIDS and AIDS-related complex. As reported, AZT—which has a planned brand name of Retrovir—was recommended last month for market approval by a panel of the U.S. Food and Drug Administration. Acyclovir, known commercially as Zovirax, is a treatment for herpes.

The idea for the AZT-acyclovir combination was "serendipity," Mr. O'Malley said. In last year's large AZT study, he explained, patients who were being treated simultaneously with acyclovir for recurrent herpes appeared to do "much better than the group as a whole. The theory is that there may be some synergy between the two drugs."

### Breaking Genetic Chain

Mr. O'Malley added that by combining the two drugs, the test will seek to reduce the customary doses of AZT, thus avoiding the debilitating anemias that can be a side effect of the drug and that have weakened some AIDS patients, necessitating transfusions and interrupting or halting treatment.

AZT and acyclovir both work by tricking viruses to accept chemical impostors into their DNA, thus breaking the genetic chain of the virus and blocking its reproduction.

Mr. O'Malley said the test is the first to offer hope of preventing AIDS in people who have tested positive for the AIDS antibody. "We have had some men who previously declined (to hear) their test results, who now think it's in their interest to know because they finally can take action," he said.

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