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National HIV and AIDS Archives

#NationalHIVArchives

20th to 24th March 1987
WOMEN DIE FASTER FROM AIDS

American women with AIDS are catching up and are dying more quickly than men who have the same disease. The finding is startling and puzzling to AIDS researchers.

Although there are no good national data on the comparative survival of women and men with AIDS, studies in New York, Miami and California have found that women are dying significantly faster than men after being diagnosed as having AIDS.

Recent figures show that women with AIDS are dying at a more rapid rate than men, say several researchers who believe the difference may be a genuine one, not simply a consequence of how women were diagnosed later in the course of the disease.

The data is attracting interest because it may provide researchers with a clue about how and why a person infected with the AIDS virus develops the full-blown Acquired Immune Deficiency Syndrome. When people develop AIDS, their immune systems become crippled, opening the way to a variety of infections and cancers that cause illness and death.

"There is a dramatic difference in the survival of women with AIDS," said Dr. Margaret Fischl, of the University of Miami, one of the investigators who found the effect. She added that the sex difference was "drastically reduced" by the introduction of a new drug called AZT.

"While scientists have no sure evidence of exactly what causes the differences, many are speculating that a biological explanation might be involved," she said. "The reason may be hormonal." Fischl said that women may be at a different stage of the disease.

But the experts who were interviewed are also cautious, warning that before any conclusions are drawn about biological reasons for the differences in survival times, social reasons, such as access to medical care, must be ruled out. "We must be careful at this point," Fischl said. "Scientists are working on solutions to the problem of AIDS, but we have to be careful not to make premature conclusions." Fischl said that in Miami, the data show that women not only died sooner than men, but also were much sicker when they died. Women with AIDS in Miami had an average of 40 days before being diagnosed as having AIDS, while the men had an average of 60 days, he said. This difference, he said, is significant.

In New York, the difference was even more dramatic, and the gap appeared to be greater in the first year of the epidemic. At the time of the study, Fischl said, the difference was 60 days for women, compared with 120 days for men. In Miami, the difference was 10 days for women, compared with 20 days for men.

Fischl said that in Miami, the women not only died sooner, but also were much sicker when they died. A study of 100 women with AIDS in Miami found that women with AIDS were much more likely to develop pneumonia, including HIV-related pneumonia, than men with AIDS. The study also found that women with AIDS were more likely to develop tuberculosis and other infections.

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Singer Bowie in AIDS test

ROCK STAR David Bowie disclosed yesterday that he has taken an AIDS test.

And he urged everyone who changes sexual partners to follow his example.

Speaking at a rare press conference in London to promote his forthcoming world tour, Bowie described AIDS as "one of the most frightening diseases that this planet has ever faced."

And he spoke up in favour of the use of condoms.

The 40-year-old singer-composer, who now lives near Lake Geneva, Switzerland, flew to Britain to announce plans for his 100 city tour, which starts in May.

Covering six continents in six months, the tour — Bowie's first for four years — will include a concert at London's Wembley Stadium on June 20.

Asked for his view on AIDS, Bowie said: "I have taken an AIDS test. I would take an AIDS test every time I change a partner and I suggest everybody takes an AIDS test if they change partners."
Bowie takes AIDS test

The rock star, David Bowie (pictured above in London yesterday), has said that he has taken an AIDS test and he urged everyone who changed sexual partners to do likewise. Speaking at the London press conference to promote his forthcoming world tour, Bowie described AIDS as “one of the most frightening diseases that this planet has ever faced.” He also advised the use of condoms.

The 40-year-old singer and composer, who lives in Switzerland, flew to Britain to announce plans for his 100-city tour, which starts in May. (He is expected to play in a concert in Slane).

The 300-strong audience of journalists and fans at London’s Players Theatre, where the conference was held, greeted his remarks with cheers and applause.

Bowie said that because he was scheduled to be in America on April 1st he would be unable to attend Wembley Arena’s International AIDS Day concert, but he said: “I think it is a marvellous, worthwhile and important thing to do.”

Asked if he was planning to retire from rock, he said: “A painter will keep painting because he’s got something to say that is always inside him. Us clowns who dance around are the same.”
Gay victims ‘should be isolated until they die’

Gay Aids victims should be isolated until they die, a right-wing Conservative Christian pressure group has urged the Government.

The Conservative Family Campaign blamed the spread of Aids on homosexuals and drug users and condemned Government moves to halt the disease as naïve.

At the launch of the group’s campaign, during the Conservative Central Council meeting in Torquay yesterday, Dr Tony Dale, a West Country GP, said: “This is a potential war; the enemy is the virus we cannot control. But this is not a gay-bashing campaign.”

“However, people are personally responsible for controlling the spread of Aids through their behaviour.”

The group wants public funding to be withdrawn from the Terrence Higgins Trust because, it says, it actively supports homosexuals.

It also wants tough enforcement of the Sexual Offences Act to ensure that gay behaviour is always private and never involves those under 21.

Gay contact magazines and publicity should also be outlawed, says the group.

Dr Adrian Rogers complained that some gay Aids carriers practise revenge sex and should be deprived of their liberty. “They should be isolated in a caring hospice,” he said.

Other Aids carriers should also be put in special hospices, says the group.

Delegates tabled a motion calling for Aids to be made a notifiable disease and also urging a national screening system.

Social Services Secretary Norman Fowler called for new public moral attitudes.

“The Government will devote all its efforts to combating the spread of Aids but ultimately it is not the Government which will determine the outcome,” he said.

This depended on changes in behaviour with individuals behaving responsibly in the knowledge of what causes Aids. “There is now no reason for ignorance. “The best action of all is the security of a faithful loving partnership,” Mr Fowler said.

The first drug shown to prolong the lives of Aids sufferers won federal approval yesterday for prescription use in the United States.

Azidothymidine, better known as AZT, is not represented as a cure for the deadly disease but clinical trials last autumn convinced officials it does prolong life and reduce symptoms among Aids patients.

I’ve had Aids test — Bowie

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Covering six continents in six months, the tour — Bowie’s first for four years — will include a concert at London’s Wembley Stadium on June 29.

Asked for his views on Aids, Bowie said: “I have taken an Aids test. I would take an Aids test every time I change a partner and I suggest everybody takes an Aids test if they change partners. “I also suggest they wear a condom — Okay, Aids is one of the most frightening diseases that this planet has ever faced.”

The 300-strong audience of Pressmen and fans at London’s Players Theatre, where the conference was held, greeted his remarks with cheers and applause.

Bowie said that because he was scheduled to be in America on April 1, he would be unable to attend Wembley Arena’s International Aids Day concert at which Boy George, Rod Stewart and George Michael are expected to sing to raise money for Aids research.

However, he said: “I think it is a marvellous, worthwhile and important thing to do.”

Bowie’s new six-piece band includes Peter Frampton on lead guitar, also sang his new single, Day In, Day Out, a track from his forthcoming album, Never Let Me Down.
Acupuncture and AIDS

I am writing to you about recent reports on the possible risk of AIDS with acupuncture treatment. This has been mentioned recently by several patients, and I feel that it is important to clarify the issue.

The usual conventional sterilisation techniques involve either autoclaving or chemical methods. All current knowledge suggests that these methods are perfectly adequate in the case of the AIDS virus. Despite this, all procedures involving needles are seen as potential risk by some people. This is understandable in view of the continuing flux of our knowledge about the illness.

This problem is completely avoided by using disposable needles, i.e., the set of needles are used on only one patient and then destroyed. This is obviously 100% safe, as there is no contact with needles used by any other patient. This practice is becoming more widespread in Britain, USA and Australia to meet patients' perceived fears about AIDS.

Acupuncture is of considerable value in selected conditions. It would be unfortunate if this useful skill was neglected because of misinformation and misunderstanding.

( DR.) BRENDAN FITZPATRICK
M.R.C.P.I., M.P.Hom.
115 Morehampton Road,
Dublin 4.
Decision soon on Aids drug

By COLM KEENA

THE IRISH National Drugs Advisory Board is studying literature on the Aids-combating drug, Retrovir, and a decision on whether the drug is to be made available to Aids sufferers in Ireland will be taken "in the next few weeks".

Retrovir slows down the reproduction of the Aids virus in sufferers from the disease, but the drug causes severe side effects.

In the beginning of this month, Britain and France became the first countries in the world to authorise the use of the drug. The Wellcome group, who developed the drug, have now applied to Ireland for permission to distribute it here.

Initial studies indicate that the drug can prolong the life of Aids sufferers for up to one year, but that the effectiveness of the drug decreases after that time.

Retrovir was originally developed for the treatment of cancer, in the early sixties, but was dropped because unsuccessful. In 1984, the drug was again looked at, this time in the context of treating Aids.

Unfortunately, the drug depresses the reproduction of red blood corpuscles by the bone marrow, and patients soon develop severe anaemia, needing regular blood transfusions.

"The drug has not yet been used very extensively, so we do not know what the full extent of the side effects will be", Dr. Aileen Scott, Medical Director of the NDAB, said.

"We expect that the drug will be recommended for use, but that its use will be very limited, and most likely only in hospitals. We will decide on the conditions determining its use".

Clinical trials with Retrovir are still continuing, but the drug is being brought on the market because of the complete absence of treatments for Aids sufferers.

Wellcome is hoping that Retrovir might be used in combination with other drugs, so as to reduce the dosage of Retrovir, and thereby lessen the damage to bone marrow.

The British National Health Service estimate that it will cost approximately £5,000 per annum per patient to treat Aids sufferers with Retrovir, a Wellcome spokesman said.
‘Safer sex’ campaign on AIDS

There is the current predictable clamour from the “hippers”, and their sympathisers, that there should be reference to condoms in any intended campaign by the Department of Health against AIDS. Anyone who stops to reflect must recognise that an encouragement to condom sex is no answer to AIDS. Would you trust your life to a thin sheath of rubber?

We don’t have to ape the British in everything they do — their campaign took cognisance of the fact that they have, in the main, a pagan society — we recently witnessed the outrageous Court decision that an unfortunate mentally handicapped woman should be sterilised — just like an animal.

The only answer to AIDS is fidelity within marriage, and self-control outside it. Any encouragement to permissiveness is only fooling ourselves.

Kay Hickey

Ferns,
Co. Wexford
GAY PROTEST

A EUROPEAN Parliament hearing into discrimination against homosexuals has recently prompted a letter of protest from MEPs to Ireland's permanent representative to the EEC and to the leaders of all political parties here. The letter — from the Green Alternative European Link — said the group wanted to express "its anger at the continuing criminalisation and discrimination of gay people in Ireland".

Representatives of the gay community here told the hearing in Brussels on 5 and 6 March that homosexual men and women in Ireland live a "hidden marginalised existence because of the social, judicial and personal stigmas Irish society still puts on homosexuality." Irish lesbians don't even exist as far as the law here is concerned and homosexual acts between consenting men are still criminal.

The letter of protest says that Ireland is the last country in the European Community that does not support non-discriminatory policies concerning homosexuals, but uses its criminal law to oppress certain of its citizens. The new Fianna Fail government is asked to change the situation but prompt action is unlikely.
Aids control programme takes off in stricken zone

UGANDA, like several other central African countries, has an epidemic of AIDS far worse than America's or Europe's. Unlike some of its neighbours, however, Uganda openly recognises the fact and is striving to do something about it. It is the only African country to begin a systematic control programme. The programme, due to last five years, was drawn up last month by Uganda's health ministry and the World Health Organisation.

Nobody knows how many Ugandans have caught the AIDS virus. The best estimate is that 16,000 people, out of some 500,000, are infected in Kampala alone. Up to 12% of donated blood and 13% of mothers attending prenatal clinics in the capital are infected. Tragically, about 5,000 of the babies born each year in Kampala have caught the virus in the womb. At this rate, and without any changes in sexual habits, almost every adult in the capital will have the virus within ten years.

The capital is not Uganda's worst-hit area. Its infection rates are as follows: about 1% a year, those in the south-west of the country, the part of Uganda closest to the world's worst-affected areas: Burundi, Rwanda, eastern Zaire and the West Lake district of Tanzania. It was in the small Ugandan fishing villages along the shores of Lake Victoria that the prevalence of “silent” AIDS cases was first noticed three years ago. The few studies carried out suggest that a third of the people in this part of the country are already infected. The rest of Uganda is better off. In the northern town of Gulu, 1% of the population have the virus. In the rural West Nile and Mubende districts, fewer than 4% are infected.

AT RISK: No-one knows how many Ugandans are infected. The virus has also been hitching a ride on the trucks that move along Uganda's main highway, which runs from the stricken areas of Zaire, Rwanda, Burundi and western Uganda eastwards to Kenya and the port of Mombasa. Tests by one large freight company in Kampala found that 30% of its truck drivers were infected. Prostitution is common along the route. In one town in the Rakai district on the main trucking route from the south-west, thin girls can no longer get jobs as barmaids, because it is believed they may have AIDS. Too late: 80% of the barmaids in one town were found to be carriers.

The 5-year programme, which will cost $6.6m, is intended to put blood-testing kits into all 46 government hospitals and to upgrade the once-excellent East African Centre for Virus Research. This would allow an end to the present laborious procedure of sending all blood samples to Britain for testing. For prevention, the government is plunting its hopes on an education campaign. The health education unit of the National Committee for the Prevention of AIDS, set up a year ago by the health ministry, is convinced that a low-key approach is best. It advises people to “love carefully” and practice “zero-grazing” (an agricultural metaphor for monogamy, meaning do not seek pastures new). It needs to do more. Condoms, for instance, are still viewed with suspicion by both sexes.
LIVING WITH AN AIDS BABY

by DEIRDRE MCGUILLAN

Joe and Anne are a young couple in their mid-twenties living in a housing estate in north Dublin. They met four years ago in a pub and have been together ever since. Neither knew how much the other's personal history at the time, and it was if of any great interest to them. As far as they were concerned, they got on well together. Enjoyed life, had good jobs and didn't think too much about the past or the future.

Then Anne became pregnant. At first both were shocked by the news, but generally they began to accept the idea and started to plan enthusiastically for the new arrival. It was a normal pregnancy, in all respects, until October of last year, when Anne noticed that something was wrong with her baby girl. She was referred to a hospital outside the city. The hospital told her that it was nothing to do with her baby, but as events took over, she had no choice but to accept the facts.

Joe remembers the first day that he held his baby girl. She was a healthy little baby girl, weighing just under 7 lbs.

• Agonising wait

The next day when he arrived back at the hospital, he was told by a nurse that his baby girl had died. She died in her sleep.

On his initial confusion and disbelief, the doctor said that there was good news. That the hospital was going to have a baby girl of their own. Anne and Joe were overjoyed. They were given a healthy baby girl to cherish. The following week, they were told that their baby girl had died from complications. They had lost their baby girl.

Looking back, Joe now realizes that he has a baby girl.

• Healthy baby

Joe and Anne are going to have a healthy baby girl. They are overjoyed and are looking forward to meeting their baby girl. They are taking care of their baby girl and are doing everything they can to make sure that she is healthy. Joe and Anne are looking forward to meeting their baby girl.

AIDS, ANTIBODIES AND IRISH CHILDREN

In Ireland, there are four children who have been born with the AIDS virus or who are carrying the antibodies. Two of them have the full-blown disease, and some of them are now going negative in tests. They will, however, have to be monitored closely to see whether they are in fact cured, or whether it is only a temporary cure. One baby who tested the antibodies twice was found to be HIVnegative. The second test came back positive.

After Edinburgh, which has recorded 30 cases of AIDS babies, Dublin has a higher number of infants with the disease than any other European city. This is due to the high proportion of pregnant drug abusers, some of whom have more than one child.

Hearing to face up to the fact of having a child with AIDS is probably one of the most difficult decisions for parents. Joe and Anne are trying to come to terms with their feelings. They are trying to be strong for each other, but it is not easy. They are trying to stay positive and not let their worries get the better of them.

Other friends or relatives have not been told for fear of adding to their own worries or simply because they don't want to know. In addition, they also do not want to affect the friendship that Anne and Joe have between the two of them.

There have been times when Joe and Anne have had very happy moments, realizing that they have been given a healthy baby girl. A happy moment.

Already they are making plans for the future. "If we could have another baby girl," says Joe, "we will have two boys to look after after this and we will have a healthy baby girl of our own."

If Joe starts to die first, he is going to make sure that his baby girl will be happy. Joe is going to make sure that Joe and Anne will be happy. Joe and Anne are going to have a healthy baby girl. Joe and Anne are going to have a healthy baby girl.

As Joe and Anne have told, they will have to face up to the fact that they are going to have a healthy baby girl. Joe and Anne are going to have a healthy baby girl. Joe and Anne are going to have a healthy baby girl. Joe and Anne are going to have a healthy baby girl.

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The AIDS Epidemic
And Business
A Frightening Disease Poses Delicate Questions for Employers

Kyle always makes sure he laughs when his colleagues make crude jokes about AIDS. That way, he hopes, they won't realize he has the disease. Since he was diagnosed as having acquired immune deficiency syndrome in December, the once ambitious 24-year-old employee of a Florida financial services firm has led an uncertain—and secret—life. To Kyle, there is one thing almost as bad as having the deadly illness: losing his job. And he has little doubt that would be the outcome. "They're so naive about this that they'll fire me on the spot," says Kyle, who asks that his real name not be printed. "They believe you can catch AIDS through the air or from handling the same sheet of paper."

So far, Kyle has toughed it out. He fabricates excuses to explain his many medical appointments and puts in overtime to cover his absences. Even if he doesn't get fired when his employer learns of his disease, he probably would not find work a pleasant place to be once his secret got out. Although a Mar. 3 ruling by the U.S. Supreme Court now makes dismissal less likely, workers who have fought and reversed dismissal through the courts often have found reinstatement to be a hollow victory. One AIDS sufferer recently returned to work to find anonymous notes on his desk carrying such messages as "Don't use our water fountains." Rather than face fearful co-workers, many employees with AIDS simply disappear from their jobs and eventually join the growing ranks of unemployed AIDS patients who are already straining social services in some cities.

No one knows for sure how many Kyles there are. But statistics make it plain that almost every major employer in the U.S. will soon have to grapple with AIDS among its workers. By 1991, the Centers for Disease Control in At-
in such a "messy business" as this," says Bowers, who unstintingly lobbies other chief executives to educate their employees and support community efforts to halt the spread of the disease. "But people who don't realize the magnitude of this disease are being ostracized.," William J. Schneider, corporate medical director for Morgan Guaranty Trust Co. in New York, agrees: "We need to take a much more aggressive stand to help curb the spread of the disease."

One executive who has declared war on AIDS is Robert D. Haas, chief executive of San Francisco's Levi Strauss & Co. "AIDS is not somebody else's problem," insists Haas, who first became aware of the crisis in 1983 when a group of gay employees wanted to run an information program at Levi Strauss but feared the reaction of other workers. Haas and members of senior management helped staff a booth and distribute materials, and he now urges other executives to do the same. "It's a social disease, not a homosexual disease," he says. "With good education you can promote a work environment free of disruption and fear."

LOTS TO LEARN. Companies trying to alleviate the fear are finding that misconceptions about the disease die hard. "In spite of all the information pouring out, there are a lot of people who are completely ignorant," declares Brian V. Beaudin, director of human resources for the Connecticut Business & Industry Assn. For example, despite efforts by blood banks to refute the idea that giving blood can be dangerous, one woman at a recent seminar on AIDS at a law firm in Los Angeles asked: "Can you get the virus by donating blood?"

Stephen Wrobieski, who is the AIDS coordinator at the Massachusetts Public Health Dept., says employers and employees alike have a lot to learn about AIDS. At sessions with employees, he says, "we talk to people who won't share pens, who are afraid of going into restrooms used by employees with AIDS, or who are afraid of sharing water fountains." As for employers, many are still weeks behind, he says. They "still think people with AIDS will come and tell them they have it."

Yet many AIDS patients resign rather than face the often unpleasant outcome of telling their managers they have the disease. Take Walter, a former computer

'T had to do an unpopular thing: Suggest AIDS is a community-wide problem we business leaders need to take seriously. It's part of our professional lives.

programmer in Atlanta. His managers have not forbidden his return, but "they don't really want me to come back," he says. "They said it'd be real ugly." But not all AIDS sufferers can give up their financial security—and risk their medical benefits—casually. Companies that handle the situation carelessly often find themselves in court for trampling on their employees' civil rights.

**PHONE THREATS.** Paul Cronan, an employee of New England Telephone & Telegraph Co., told his supervisor he was infected with the virus. The supervisor allegedly told some of his co-workers and some of them left threatening telephone messages for him. Cronan sued in 1985, charging that the phone company violated his privacy.

Frequently, a case like that is enough to make an employer change its policy. After the case was settled out of court last October, Cronan was reassigned to the company's Needham (Mass.) facility. Because "fear was rampant among our employees," says New England Telephone spokeswoman Ellen Boyd, the company held educational sessions for employees and is now "looking at an AIDS education policy."

Employers who solved the problem of AIDS in their work place by firing those with the disease—and sometimes even those who they believed might get the disease—are finding that this option no longer works. The Justice Dept. muddied the issue last June with a memorandum stating that action on an irrational fear of contagion was not prohibited by federal law and thus not discriminatory. That led to a surge of dismissals, particularly in small companies. "Employers thought, 'Now we can fire anyone with AIDS,'" notes Mauro A. Montoya, legal services coordinator for the Washington (D.C.)-based Whitman-Walker Clinic.

But more AIDS patients are fighting for their rights. Last year, the New York City Human Rights Commission received 314 complaints of AIDS-related discrimination. San Francisco's Human Rights Commission handled 65. Los Angeles deputy city attorney David I. Schulman had 140 such complaints cross his desk.

AIDS activists are finding that the law is increasingly on their side. Already, 21 states and several cities have legislation or court rulings that make AIDS a "protected handicap," a distinction that prohibits employers from firing people simply for having the disease. And many attorneys believe that the Mar. 3 Supreme Court ruling in School Board of Nassau County v. Arline effectively negates the Justice Dept. opinion.

In that case, Gene H. Arline, a Florida school teacher, suffered from recurring bouts of tuberculosis but claimed she was not contagious. She argued that her firing by the school district violated Section 504 of the Rehabilitation Act of 1973, which prohibits discrimination based on a handicap. The high court agreed, extending the act's protection to those with transmissible diseases. The opinion bars employers from deciding what constitutes a contagious disease. Companies that handle the situation carelessly often find themselves in court for trampling on their employees' civil rights.

**The consensus is, AIDS discrimination is contrary to law. I've had about 75 cases. All settled out of court.**

—Gary M. Rankil, Attorney

The most controversial use of AIDS testing is by insurance companies. So far, insurers have been prohibited from excluding coverage of AIDS in their policies. But as payouts in medical benefits and life insurance for AIDS sufferers mount, insurers are trying to protect themselves from risk. And many, including Aetna, John Hancock, and Metropolitian, require the AIDS antibody test as a prerequisite for some types of individual health and life insurance policies.

The insurers' use of the test draws angry protests from gay activists. And some states, including California, Wisconsin, and the District of Columbia, have banned testing. The insurance compa-
VOLUNTEERS, HOME CARE, AND MONEY: HOW SAN FRANCISCO HAS MOBILIZED

The hammers are still pounding at the 16-bed Coming Home hospice in San Francisco. There, volunteers are converting a former Catholic convent into the nation’s first residential care facility for AIDS patients in the terminal stage of illness. For $140 per day, Coming Home will look after patients who would otherwise live out their remaining weeks in hospitals charging up to 10 times as much.

Projects like Coming Home, a nonprofit facility financed through community fund-raising, have earned San Francisco what U.S. Surgeon General C. Everett Koop called a “pioneering role” in caring for AIDS sufferers. And they have made this city a model for public health experts now gearing to combat the AIDS epidemic in other communities.

IMPRESSION RESULTS. At the core of San Francisco’s AIDS effort is a close-knit fraternity of health care professionals, volunteers, researchers, and service organizations. They marshal support for people with the disease and get them out of the hospital as quickly as possible after bouts of illness. The network has yielded impressive results: In San Francisco a typical AIDS patient runs up about $40,000 in medical expenses between diagnosis and death, compared with a bill as high as $140,000 in other parts of the nation.

The gay community is behind the city’s rapid mobilization against the disease. In contrast to such urban centers as New York, where intravenous drug users account for 50% or more of all AIDS cases, in San Francisco more than 90% of AIDS patients have been homosexual men. They are predominantly young, well-educated, and employed. And they wield political clout. Ever since the disease took hold in the city, they have been a force for action by the municipal government. “It was clear in 1981 that we had something unusual and explosive on our hands and had to act,” says San Francisco Mayor Dianne Feinstein.

As a result, the city of San Francisco will spend $1 million in AIDS-related education, research, care, and other services this year—more than $15 per resident. Those dollars help support such activities as the San Francisco AIDS Foundation, a clearinghouse of information that has become a national resource.

Business has not only supported the AIDS Foundation financially, it has also led the nation in forging progressive corporate policies. Last year, Levi Strauss, BankAmerica, Pacific Telesis, Wells Fargo, Chevron, Mervyn’s Department Stores, and AT&T pitched in to make a videotape, An Epidemic of Fear. The AIDS Foundation has since sold some 600 “AIDS in the Workplace” kits, which include that videotape.

City funds also finance the AIDS program at San Francisco General Hospital, which treats more than one-third of the city’s AIDS sufferers. Led by University of California at San Francisco hematologist Paul Volberding, clinicians provide both care and research aimed at treating AIDS sufferers outside the hospital. Patients are released into an organized home health care that provides complete daily assistance for as little as $90 per day. Coming Home will fill any gaps between such home care and hospitalization by providing closer medical supervision in a home-like environment.

A pool of volunteers is indispensable to the city’s success in coping with the epidemic. Last year approximately 450 volunteers organized by the Shanti Project, a volunteer organization, provided 110,000 hours of emotional and practical support for 80% of San Francisco’s AIDS patients. They offer everything from housecleaning to transportation and visits for the homebound. “In San Francisco if you have a fire you call the Fire Dept., but if you have AIDS you call Shanti,” says one patient. “Its resources are invaluable.”

OVERWHELMED. Can the system that works so well in San Francisco be transplanted? The Robert Wood Johnson Foundation is betting that it can with $17.2 million in grants for similar programs in 10 cities including New York, Seattle, Atlanta, and Miami.

But even San Francisco’s system can be overwhelmed by the swelling number of patients. More than 2,500 people have been diagnosed with AIDS in the city so far, and more than 1,700 have died. At least 50% of the estimated 80,000 to 150,000 gay and bisexual men are believed to be infected. By 1991, experts predict, the city will have 18,000 people with AIDS. “I have real concerns as to where we are going to care for these people,” says Volberding. Already, absenteeism and turnover, and warning of burnout, are on the rise among his staff. Moreover, it is getting harder to find volunteers, and the hospitals are overflowing. In SF General’s AIDS ward, patients wait to be treated in the hallways. The hospital has just 20 beds reserved for AIDS.

Volberding is convinced that soon the city—and the nation—must forge a new system to meet the crisis. During a packed gathering at the annual meeting of the American Association for the Advancement of Science in February, he called for federal planning and advocated the establishment of national guidelines to help specialists in treating AIDS. He warned, “The San Francisco model works for now but not in the future.”

By Joan O’C. Hamilton in San Francisco

THE COMING HOME HOSPICE:  THIS CITY WILL SPEND $1 MILLION ON AIDS-RELATED SERVICES THIS YEAR

COVER STORY

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nies retaliated by dropping out of those markets. In the nation's capital, which has the strictest law, an estimated 80% of the 600 insurance companies in business there no longer write policies. Others have replaced the antibody test with a more accurate test that pinpoint those with active AIDS infections by analyzing the disease-fighting white blood cells that are affected by AIDS. "The category of people who have a poor T-cell count are rejected as a class," says David E. Gooding, executive vice-president for individual insurance at Transamerica Occidental Life Insurance Co.

'LOADED DICE.' Gays charge that discrimination by the insurance companies goes much further than the use of the sometimes imprecise antibody test. They accuse the insurance companies of what might be called "lavender lining"—denying policies to men who live in postal Zip Code districts known to have a high percentage of gays. In addition, Mark S. Senak, a lawyer at the Gay Men's Health Crisis in New York, charges that insurers are refusing to pay health care claims of AIDS patients by invalidating policies on technicalities. He cites one client who was denied compensation because he failed to mention on his application that he had once been treated by an acupuncturist. "Insurers by far have been the worst corporate citizens" in the AIDS crisis, says Senak.

The insurers deny any discrimination. However, they claim they face an impossible burden of claims unless they screen out high-risk applicants. The American Council of Life Insurance contends that those who test positive for AIDS antibodies have a 20 times greater chance of dying within five years than those who do not. Moreover, a 1986 survey in 25 life insurance companies found that health benefits claims were heavily concentrated in the first and second year after the policies were issued. "If you know something insurers don't, it's a problem," says James C. Hickman, an actuary and the dean of the University of Wisconsin Business School. "The system doesn't work with loaded dice."

But attorney Benjamin Schatz of the National Gay Rights Advocates' AIDS Civil Rights Project says he spends a lot of time on insurance discrimination cases. Working out of a small office decorated with posters advertising condoms in San Francisco's Castro district, Harvard-trained Schatz says he gets 80 inquiries each week from people around the nation who feel they've been victimized. One of his current suits is against Great Republic Insurance Co., of Santa Barbara, Calif., on behalf of a healthy gay client. Great Republic sent a letter to agents in 1985 telling them to ask additional questions of single men "in occupations that do not require physical exertion," specifically citing occupations including antique dealers, interior decorators, consultants, and florists. James Pritchett, president of Great Republic, denies discrimination but says the company has discontinued the policy.

Whether or not insurers are discriminating, the fact remains that it is nearly impossible for someone to get medical or life insurance coverage after being diagnosed with the disease. Some companies are helping employees with AIDS retain their benefits for as long as possible. "I don't want an employee quitting out of panic," says Nancy L. Merritt, vice-president and director of equal opportunity programs at Bank of America. "He's going to need our benefits."

HOPEFUL. For workers with AIDS who don't work for companies that have adopted special policies to cover the disease, some relief is on the way. A provision of the 1986 Budget Reconciliation Act requires companies with more than 20 workers to offer employees group insurance rates for 18 months after they leave the company, whether they leave voluntarily or not. Although rates can still be expensive, the bill is a boon for AIDS patients who might otherwise be unable to get coverage.

Nick Latham, 43, a management consultant in San Francisco for New York consulting firm Towers, Perrin, Forster & Crosby Inc., continues to work. He was diagnosed with AIDS last October and is now taking the experimental drug AZT, the first shown to prolong the lives of patients with AIDS. He is hopeful about the future: "So much of society's attention is now based on death and how many people are dying of AIDS," Latham observes. "I think we should be focusing on how many people will be living with AIDS. That is the much more powerful issue." And one that corporations can no longer avoid.

By Joan O'C. Hamilton in San Francisco, with Julie Pfeiffer in Los Angeles, Patrick Houston in Minneapolis, Reginald Rhein Jr. in Washington, and bureau reports.

AIDS: NOW...AND TOMORROW?
The incident became the basis of one of the first, and most sweeping, corporate policies for dealing with AIDS. Developed with the input of benefits specialists, human resources experts, corporate health departments, and company attorneys, it has since become a blueprint for other companies grappling with the issue of AIDS in the workplace. Here Merritt discusses that policy.

AIDS raises a myriad of questions in the workplace: How do you manage an employee with AIDS? How should managers separate the attitudes of employees from the realities of the disease? How do you balance the needs of business and ethical issues? And such questions will become more and more pressing as the tragic AIDS epidemic continues.

A goal of any employer is to provide a safe work environment for all workers. With AIDS that should be simple: It is not a casually transmissible disease, and there is little risk of transmission in the workplace. But given the irrational fear that AIDS often inspires, the best way to avoid a difficult and disruptive situation is to prepare and educate both management and employees before the first employee gets AIDS.

The first thing to keep in mind is that an employee's health condition is personal and confidential. A company must take reasonable precautions to protect such information. At Bank of America, employees are not required to tell their managers that they have AIDS or other life-threatening illnesses. But they are assured they can work with the human resources department to facilitate benefits and discuss other illness-related concerns.

TALKING AND READING. We have taken pains to make sure that our human resources department is well-informed about AIDS. Managers are encouraged to contact that department if they or members of their staff need information about any life-threatening illness, not just AIDS. That department is ready to answer any questions managers may have about an AIDS-related situation or about the contagious nature of an illness.

We also ask that managers contact human resources personnel before they make any demands of an employee—such as asking a worker to obtain a physician's statement regarding ability to continue work or assessing whether that person's continued presence poses a threat to the employee, coworkers, or customers. In all cases, Bank of America reserves the right to require an examination by a medical doctor appointed by the company. Providing a supportive work environment for people with life-threatening illnesses not only helps them financially, it can even prolong their lives.

As long as employees with AIDS are able to meet acceptable performance standards—and their condition is not a threat to themselves or others—they should be treated like other employees. If warranted, we make reasonable accommodations for the employee—flexible work hours, for example—so long as these do not hamper the business needs of the work unit.

The fact remains, however, that some employees will be uncomfortable with a co-worker's life-threatening illness. Although managers must be sensitive to these concerns, special consideration is not usually given beyond normal transfer requests. Apprehension is usually based on a lack of information. Since we published our policy, we have not had any requests for a transfer based on fear of a co-worker's illness.

An employee who becomes sick with AIDS should be encouraged to seek assistance from established community support groups for medical treatment and counseling. Bank of America has a worldwide directory of AIDS resources and services that we make available to our employees. Sometimes we assist employees in getting help such as grief counseling or advice on how to talk to or treat a co-worker with AIDS. Nobody is comfortable with issues of death and dying—not managers, not co-workers, and not people with a life-threatening illness.

Bank of America believes that companies can also play an important role in the benefits arena for people with AIDS. It is clear that the best and most cost-effective way to treat a person with AIDS is through "case management" programs that provide for home or hospice care. However, such flexible benefits coverage is a fairly recent development, and many insurance companies still do not reimburse these expenses. We have been pleased with the outcome of working with third-party insurers to provide this flexibility.

Education is critical. If you look at the numbers coming out of public health departments, we seem to be at the edge of the forest looking in. Prevention is currently the only way to stop the spread of this disease. And large companies are well-positioned to provide this education.

It is important to make educational materials available to all employees in a systematic way through newsletters, informal sessions at lunchtime, and other vehicles. The key is to make sure that all educational efforts are appropriate to the company's culture. You don't want to send out frantic alerts to employees. In some companies, holding mandatory sessions might cause alarm. Our strategy is to make information available and handle more specific needs as they arise.

We also believe the bank's role in education extends into the community. We see an exponential benefit of having well-informed employees. Many of our branch managers, for example, sit on school boards or are active in the local chambers of commerce. They can carry the message even further. It goes without saying that it's critical to have management support for these programs. Fortunately, our board and top management committee's main concern was "Are we doing enough?"
AIDS RESEARCH: WHERE THE BATTLE STANDS

Some drugs are promising, and there has been progress toward a vaccine.

No four-letter word inspires more fear or carries a greater social stigma than AIDS. Despite five years of intense research, the disease is shrouded in rumor and misinformation. But the fear isn’t unfounded. AIDS kills, and there is still neither a drug to cure it nor a vaccine to prevent it, "AIDS has been a moving target," admits June E. Osborn, dean of the University of Michigan School of Public Health.

Yet an intense research effort is making headway. During the past two years scientists have collected more data on the nature of AIDS than they have during 40 years of research on polo. Moreover, the tools of molecular biology that they’re using, such as the ability to decode DNA and produce treatments based on the body’s own defenses, barely existed a decade ago. It is frighteningly true that had AIDS struck in the early 1970s, medical science would have been as helpless as it was 400 years ago when a syphilis epidemic left 10 million dead in Europe.

Just three years after the first cases were identified in 1981, two teams of American and French researchers independently discovered the AIDS virus, sparking hope that it could eventually be beaten. "Within a year, we could see the different strains of the virus, as well as how it had evolved," says L. Patrick Gage, vice-president for exploratory research at Hoffmann-La Roche Inc. in Nutley, N.J. "That gave us a clear target for developing therapeutics."

SISTER DRUGS. Numerous laboratories and more than two dozen biotechnology and drug companies, including Genentech Inc. and Chiron Corp., were racing to beat AIDS with the same weapon that defeated polo: a protective vaccine. AIDS, however, is proving to be a far more difficult problem. Its genetic structure, for example, varies considerably from one strain to another, and an effective vaccine would have to protect against all the strains. Even so, French researchers in Zaire are already testing the first vaccine. Whether it is effective will not be known until April.

There is also no definitive word on drugs that either permanently shut down the reproductive machinery of the virus or that rally the body’s defenses into squelching it (table, page 67). At the top of the list are the very few drugs that might either kill the virus or stop it from spreading from one cell to the next. Two sister compounds, AZT and DDC, seem to hold special promise.

Burroughs Wellcome Co.’s drug AZT was the first to win widespread approval as a treatment for AIDS. It was cleared in England and France in early March, and the Food & Drug Administration is soon expected to make it widely avai...
able to patients with AIDS and the early form of the disease called AIDS-related complex (ARC). Although the drug does not cure the disease and has serious side effects, it does prolong the lives of many who take it, especially if they suffer from ARC. It also stops the virus from reproducing in the brain, possibly preventing some of the brain damage now commonly associated with AIDS.

AZT's close relative, DDC, has just been put into early clinical trials. "We're at the same point with it as we were with AZT a year and a half ago," says Samuel Broder, the National Cancer Institute researcher who has tested it on nine patients so far. But Broder and others are optimistic: Laboratory studies suggest that DDC may be more effective and less toxic than AZT.

SYNERGISM. Researchers also hope to find more effective ways to use these drugs in combination with new gene-modified ones that boost the body's immune defenses, such as interleukin-2. Scientists in San Francisco recently began testing AZT together with tacyclovir, used to treat herpes. In laboratory experiments the two seem to work synergistically to kill the virus.

Against the backdrop of a frantic search for cures, other researchers are getting a firm handle on exactly who stands the greatest chance of contracting the disease. The consensus: AIDS remains unusually hard to get. Although the virus is found in a variety of body fluids, including saliva, tears, urine, and vaginal secretions, it is in the greatest concentrations in blood and semen. To date, only those two body fluids have been conclusively shown to transmit it.

Outside the body the virus is fragile, easily killed by sunlight, common household cleaners, and even hand soap. Unlike the flu or hepatitis A viruses, it can't be spread through contaminated food or water because it prefers to infect immune-system cells not usually found in the mouth or throat.

Some studies indicate that a woman who has frequent sex with a carrier of the virus has a 33%-to-50% chance of becoming infected—roughly the same as for catching syphilis or gonorrhea. But epidemiologists in Tennessee found that even after four years of steady sexual contact, infected spouses pass the virus to their partners only about 20% of the time. The chances are smaller for one act of intercourse.

Indeed, the idea that AIDS is rapidly becoming a major, undiscriminating threat to Americans is the subject of considerable speculation. The estimate by the Centers for Disease Control in Atlanta that up to 1.5 million Americans already carry the virus cannot be verified without much wider testing.

And that estimate is as high as the number obtained from studies on applicants to the military—the largest single group for which reliable blood test results exist. "The prevalence of AIDS is unknown," admits James W. Curran, head of the AIDS program at CDC. "And there is a lot of variability by age, sex, geography, and sexual orientation."

Nor does AIDS seem to be sweeping wholesale into the heterosexual population, even though the number of heterosexual cases is increasing. Experts estimate that by 1991 about 6% of AIDS cases will be heterosexuals who do not use intravenous drugs and who have not received a blood transfusion. About 2.7% of the cases reported to date have been such individuals. But roughly half of those have been people from central Africa or countries such as Haiti who may have contracted the disease before moving to the U.S. in New York City, where the rate of infection among heterosexuals outside those risk groups has stayed constant at 2% since 1982.

Intravenous drug use is the main way AIDS is spread to heterosexuals and, through infected mothers, to children. For a non-IV drug user who is straight, monogamous with a similar partner, and hasn't received a blood transfusion, the chances of developing the disease are still only about one in a million. "Heterosexual transmission is still slow and likely to stay slow," says Paul Volberding, director of the AIDS program at San Francisco General Hospital.

NEW UNDERCLASS. Even so, the disease is creating a new group of AIDS victims within the nation's ghettos. Often destitute, homeless, and more likely to use intravenous drugs or work as prostitutes, these victims now make up about two-thirds of the heterosexual cases reported to date. Black and Hispanic women are up to 15 times more likely to become infected than white women. And women within the AIDS underclass

THE MOST PROMISING DRUGS IN THE WAR ON AIDS

<table>
<thead>
<tr>
<th>DRUG/Developer</th>
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<tr>
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<tr>
<td>DDC</td>
<td>Hoffmann-La Roche</td>
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<td>Hoffmann-La Roche/Immunex</td>
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Cover Story

**BW/HARRIS EXECUTIVE POLL:**
THE CORPORATE RESPONSE TO AIDS IS SLOW

Corporate America is beginning to respond to the AIDS crisis, though most companies have not adopted a special policy for dealing with its victims. Nearly a third of all executives polled said their companies have had employees who contracted the disease. Most of those surveyed, all of whom are involved in personnel and benefits, don't believe that their companies' top management would favor mandatory testing for AIDS of all job applicants.

Q Does your company have in place a specially tailored policy for dealing with employees who have AIDS?

A Has in place...10%
Not sure...1%

Q How long has this policy been in place?

A 3 years or more...6%
2 years or less...12%
Not sure...2%

Q You say your company doesn't have such a policy in place. Do you think it should, or do you think general policies are adequate?

A Think it should...16%
Existing policies adequate...74%

Q How would you rate the level of concern shown by your company's top management over the problem of AIDS in the workplace?

A Great concern...14%
Some concern...50%
Not much concern at all...31%
Not sure...5%

Q To the best of your knowledge, have any employees of your company died from or contracted AIDS?

A Have died from or contracted AIDS...29%
Have not...63%
Not sure...8%

Q How would you rate the concern among your employees about working with people who have AIDS?

A Very high...9%
High...21%
Not very high...35%
Not high at all...21%
Not sure...14%

Q If a co-worker objected to working with an employee who has AIDS, would you move the employee who has AIDS, move the co-worker, or insist that the existing work situation be changed?

A Move the employee with AIDS...8%
Move the co-worker...14%
Persist that the existing situation not be changed...29%
Not sure...46%
None of the above...8%

Q Has your company launched a formal educational campaign about AIDS?

A Has launched...15%
Has not launched...85%

Q You say your company hasn't launched an educational campaign. Are you considering doing so?

A Are considering...22%
Aren't considering...72%
Not sure...6%

Q Do you think that companies should limit any AIDS educational campaign to the facts about getting AIDS in the workplace, or should companies tell employees specifically how to avoid getting the disease?

A Limit it to workplace risk...35%
Tell workers how to avoid getting AIDS...45%
Not sure...17%
None of the above...3%

Q Many insurance companies have argued that they should be permitted to require people applying for insurance to take blood tests for the presence of AIDS antibodies. Has your company considered instituting such a test for prospective new employees?

A Has considered...9%
Has not considered...72%
Not sure...4%

Q If you had to say, do you think the management of your company would favor or oppose a policy of requiring a test for AIDS for all job applicants?

A Would favor...23%
Would oppose...40%
Not sure...15%

Edited by Stuart Jackson

Poll of 600 senior human resources, benefits, and personnel executives at companies drawn from the BUSINESS WEEK 1000. Survey was conducted Mar. 4-10 by Louis Harris & Associates Inc. for BUSINESS WEEK.

with the blood it prefers for infection.

Around the world, however, anal intercourse is the practice that puts most people at risk. It often produces tiny tears within the wall of the rectum, giving the AIDS virus an easy portal into the body. Anal sex may be risky for another reason. Last January researchers at the National Institutes of Health discovered that the AIDS virus may prefer to infect and multiply in cells in the rectum and colon rather than certain other types of body cells.

Just as sobering is the first evidence that the risk of developing AIDS may actually increase, rather than decrease, with the passage of time after exposure. An ongoing CDC study of 6,700 homosexual and bisexual men in San Francisco found that 4% of those infected developed the disease within three years. That figure, however, jumped to 35% within seven years. "If you last five years your chances of beating it would be much better," says biologist Jay A. Levy at the University of California at San Francisco. "Now it's beginning to look five years is the median.

PREVENTION IS KEY. But some researchers suspect that factors other than exposure to the virus play a role in determining who develops the disease. These risk factors include infections with other viruses such as hepatitis B, anemia, poor diet, lack of sleep, the use of certain recreational drugs, stress, or even a genetic flaw in the body's immune system.

Although dramatic new therapies and vaccines are being readied to help fight AIDS, public health experts continue to emphasize that prevention, not treatment, is the key to curbing the disease's pernicious spread. They recommend that all people, whether they consider themselves at risk or not, limit their number of sexual partners. Condoms are also a highly effective, if not foolproof, tool for preventing AIDS transmission.

That these measures work is more than just speculative. Last year, largely because of educational efforts in San Francisco, the annual rate of new infections among the gay men being tracked in the CDC study dropped to 7%, from a high of 20% in 1984. The message from that effort underscores a British AIDS educational slogan: No one needs to die from ignorance.

Pox virus used in research can cause brain damage, says expert

Search for Aids vaccine ‘leading to a dead end’

From Andrew Veitch in Geneva

Research teams leading the search for an Aids vaccine could be heading down a dead end, according to Professor Zuckerman, the Department of Health’s senior adviser on vaccines.

The live pox virus the scientists are using as a delivery system for their genetically engineered products can cause brain damage, he says.

Millions of pounds are being poured into developing an Aids vaccine using, as a vector, the cowpox virus vaccinia, the bug that wiped out smallpox. Supplies were stockpiled when the massive smallpox vaccination campaigns stopped in the 1960s.

Ten teams worldwide, most of them in the US, are developing vaccinia-based Aids vaccines. They take genes from the Aids virus which stimulate the immune system’s defences and insert them into vaccinia.

The first scientist to develop a working system, Dr Daniel Zagury, is testing his version on himself and a small group of volunteers in Zaire. Initial results, published last week, are described by World Health Organisation experts as impressive. Human trials of similar US systems will start in a few months.

Vaccinia is a live virus capable of causing disease, and Professor Zuckerman, of the London School of Hygiene and Tropical Medicine, warns: “Side effects associated with vaccinia include encephalitis and a variety of neurological complications.”

In last week’s vaccine conference at WHO’s Geneva headquarters: “I would not wish to see vaccinia introduced again. It is not a good vector.”

When vaccinia was used against smallpox in the UK, more people suffered severe brain damage than would have contracted smallpox.

“Worse still, it may be particularly dangerous to those who unknowingly have already been infected by the Aids virus, HIV.

The first case was reported by US army doctors at the Walter Reed Medical Centre in Washington DC in the New England Journal of Medicine this month.

A 32-year-old soldier given vaccinia to protect him against smallpox developed a cowpox-like disease and died. He did not know, nor did the doctors, that he had previously been infected by HIV and his damaged immune system could not cope with vaccinia.

Finally, Professor Zuckerman warns, vaccinia can only be given once because the body develops antibodies which kill the virus.

“This could have severe implications for other immunisation programs.”

Vaccinia is also being developed as a delivery system for hepatitis B, malaria, yellow fever, herpes, and flu.

Other experts insist the side effects of vaccinia are rare and the risks are outweighed by the advantages of protecting the world’s children from far more dangerous diseases.

Leading experts meet in London today to discuss the future course of Aids. They will try to find the best methods for predicting the rate of spread.
AIDS test advised before pregnancy

THE U.S. Government’s top AIDS authority recommended yesterday that women contemplating pregnancy be tested for the disease to forestall passing the virus on to their offspring.

Dr. James Curran, AIDS project director at the Centre for Disease Control in Atlanta, said: “We’ve recommended now for the past year that all women with any increased risk of infection with the AIDS virus be tested before contemplating pregnancy. This is an entirely preventable condition — the perinatal transmission of the AIDS virus,” he said.

Appearing on U.S. television, Curran predicted that AIDS “will increase primarily through heterosexual transmission — sexual intercourse between heterosexual men and women — and through intravenous drug abuse.”

He would not predict if, or when, an AIDS vaccine would be developed, saying: “There’s a full scale effort throughout the research community to develop a vaccine and to develop effective therapies right now.”

But, he added: “For our own personal health safety, we have to assume that a vaccine isn’t available and do what we can through education, through counselling and testing to prevent transmission now.”

On Tuesday, U.S. Surgeon General Everett Koop and a national blood bank official both urged women to have themselves tested for AIDS before becoming pregnant.

Meanwhile, in Britain an alarming study published yesterday claims that 100,000 people have been infected by the AIDS virus in Britain — and that the average incubation period is as long as 15 years. The figures are far higher than the British government’s estimate of 30,000 to 40,000 people infected and an incubation time of eight years.

If confirmed, the figures given by London health economist Malcolm Rees would mean much more money will be needed for treating patients and for continued public health education campaigns to prevent further spread of the virus.
U.S. Approval of Wellcome's AIDS Drug Raises Questions About Treatment's Cost

By MARILYN CHASE
Staff Reporter of THE WALL STREET JOURNAL

SAN FRANCISCO - Now that the U.S. Food and Drug Administration has approved the first prescription drug for AIDS, concern is mounting over just how many patients can afford the treatment, and who will pay for it.

The agency gave marketing clearance Friday to Burroughs-Wellcome Co., the U.S. unit of London-based Wellcome PLC, to market Retrovir, or AZT, in the U.S. for treatment of acquired immune deficiency syndrome and its related pneumonia, as well as for severe AIDS-related complex, or ARC. More than 32,000 Americans have been diagnosed with the disease, and ten times that number are thought to have ARC.

The company estimates that 15,000 patients in each category will qualify for the drug.

Developed with an urgency that matched the swift and fatal course of the epidemic, AZT prolonged survival for patients in a six-month controlled trial last year. Its major side effects include severe anemia and bone marrow suppression, necessitating transfusions or a halt in treatment for one-third to one-half of those on the drug.

Still, "AZT is a first step that shows how rapidly progress can be made when the government and private sector work together," said Samuel Broder of the National Cancer Institute, who administered the first test dose to AIDS patient Joseph Rufose just 20 months ago. This makes AZT the fastest drug development story since anti-malarial agents were sped to soldiers during World War II.

Price Tag of $10,000

The drug's price tag - $8,300 a year wholesale and $10,000 retail - indicates a hefty $500 million in annual revenues for the company. The market applauded the regulatory approval, sending Wellcome shares to 697 1/2 pence ($7.90) Friday, up 39 pence, on London's Stock Exchange. But these economics alarm physicians and consumer advocates across the U.S.

"It's expensive. For patients, it's a potential hardship," said Lawrence Kaplan, medical director of the AIDS clinic at San Francisco General Hospital. Unanswered questions about insurance and Medicaid coverage further cloud the picture, because "many patients aren't working, and are surviving on government subsidies," explained a spokeswoman for the San Francisco AIDS Foundation.

"I think the extraordinarily high price of the drug needs to be justified by the company in very clear terms, because it will clearly limit access to patients who could benefit," said Jerome Groopman of New England Deaconess Hospital in Boston.

"I think it's a fair price. It's a price we had to charge to stay in business," responded David Barry, vice president, research, for Burroughs-Wellcome. The company has committed a total of $80 million to research and development of the drug, including some $10 million in free supplies to nearly 5,000 patients who participated in the clinical trial.

He reiterated that AZT is expensive to make, requiring 17 chemical reactions and seven months of work from the raw material - synthesized thymidine, once obtained from herring sperm but now purchased from Pfizer Corp. - to the finished product.

Dr. Barry also argued that because AZT prolongs life and reduces symptoms of infection, AIDS patients will require less hospitalization and return to work. Thus, company economists figure a potential 25% reduction in the cost of care for patients on AZT, he said, "I have no compunction about charging this price," he said. "No one flinches at hundreds of dollars a day in hospital costs, but everyone expects a drug that prevents hospitalization to be much less.

But AZT's price places it clearly beyond the reach of the many patients who are indigent or uninsured. About 40% of AIDS patients are or will be on Medicaid, according to the U.S. Health Care Financing Administration. But not all states pay for prescription drugs under Medicaid; it is an optional benefit. Two states, Alaska and Wyoming, offer no coverage for prescription drugs under Medicaid, and Florida, which has the fourth-highest incidence of AIDS, limits prescription drug benefits to $22 a month, according to congressional staffers.

Moreover, ARC patients may face even tougher problems. In California, for example, patients with an AIDS diagnosis receive Medicaid. But San Francisco General's Dr. Kaplan said, "It's more the HIC [Health Insurance Corporation] for patients with ARC. Some aren't eligible for MediCal (California's Medicaid) at this stage.


Critical Questioning

Burroughs-Wellcome executives faced sharp, sometimes hostile, questioning on Capitol Hill recently when the House subcommittee on health and the environment conducted hearings on the cost of AZT and who would pay for it. "How did you arrive at a price of $10,000? Why didn't you set it at $100,000?" one congressman quizzed the company.

T.E. Haigler Jr., Burroughs-Wellcome president, testified that the company's involvement in AZT "involved a significant amount of risk," adding, "Because the full usefulness of AZT, and the efficiency and speed of introduction of competitive products are unknown, our financial returns are uncertain."

Indeed, some physicians and patient advocates hope competition will soon come to force a moderation of AZT's steep price. Other drugs are being tested, including interferon, ribavirin, AL-721, isoprinosine, Imreg-1 and GM-CSF.

Some think competition may come from Hoffman-La Roche Inc., a unit of F. Hoffman-La Roche & Co, of Switzerland, recently designated the U.S. government's contractor for the development, testing and possible marketing of DDC (didoxoethylidine), a sister drug of AZT that National Institutes of Health scientists have found more potent in the test tube at lower doses, thus prompting hopes that the drug might work with fewer side effects.
Wall Street Journal
23rd March 1987

AIDS Messages During Kids’ TV Shows Spark Debate on Effects and Necessity

By Linda M. Watkins
Staff Reporter of the Wall Street Journal
BOSTON - After the cartoon show "Pound Puppies" on a recent Saturday morning, WXEX-TV in Richmond, Va., aired a commercial quite different from the usual pitches for Cocoa Puffs breakfast cereal or Barbie dolls. As moppets watched, teen-age actor Scott Grimes explained that the deadly disease AIDS can’t be caught by sharing pencils or schoolbooks.

Then it was on to Bugs Bunny. Although many early-morning cartoon viewers range from two to eight years old, WXEX says they aren’t too young for basic education about acquired immune-deficiency syndrome. "Kids are hearing the word ‘AIDS’ daily," says Dave Snell, the station’s assistant promotions manager. "Why not let them know it isn’t something they have to be afraid of?"

Value Questioned

But, unlike the airing of condom commercials to help combat the spread of the disease, the AIDS-education commercials for young children are sparking controversy. Some parents and child-care experts wonder what, if anything, cartoon-watchers make of the commercials, no matter how innocuous and well-meaning.

"To introduce the concept of AIDS to children without a foundation would probably be frightening, inappropriate and not very successful," says Dr. Francis Pambino, an associate professor of pediatrics at Georgetown University in Washington, D.C. "They have got to know what it is before you can tell them how not to get it." AIDS public-service spots should be aired during programs directed at older children, he says.

Although no count is available, it appears that only a few stations now show AIDS-education spots during children’s programs. But the number could increase greatly this summer — after WXEX-TV in Boston, along with Action for Children’s Television, launches a new series of AIDS-education spots on its morning shows.

Proponents insist that it is important for television to help educate children of all ages about AIDS — to end fear of how it spreads and prejudice against victims. Although most victims are adults, 466 U.S. children under age 13 have been diagnosed as having AIDS (including 321 who already have died), says the federal Centers for Disease Control. Medical authorities say some children with AIDS contracted it through transfusions of tainted blood, most caught AIDS at or near birth from mothers infected with the virus.

Misperceptions and Ostracizing

Some children with AIDS have been ostracized by classmates, in part because of misconceptions that it can be spread by casual contact.

The AIDS commercials now aired during children’s programs aren’t sexually explicit; in fact, they don’t mention how AIDS is transmitted. The commercials’ proponents say it is enough to dispel myths — by explaining how AIDS isn’t transmitted.

William Gustner, superintendent of schools in Wilmette, Ill., says he favors spots that provide basic information to children, even preschoolers.

Says Holly Smith, the media-relations coordinator of the San Francisco AIDS Foundation. "For young people to be talking to other young people, saying you don’t need to be afraid of a kid who has AIDS . . . is good. That isn’t talking about anal and vaginal intercourse, I don’t think that’s appropriate."

‘Kids Aren’t Dumb’

AIDS spots for children may become more explicit. WNET in Boston has not yet written scripts for the AIDS spots it is producing, but they may involve cartoon characters and references to sex. "Kids aren’t dumb," says Dr. Alan Wexler, the station’s health expert. "People who underestimate the curiosity and intelligence of children are making a sad mistake."

Viewers’ responses to the less explicit AIDS spots now being run have been mixed. Neither WPIX nor WXEX has received any complaints. But five callers complained to WFXU-TV in Boston after the station — by accident — aired a twice-reaired AIDS commercial during children’s programs, including

— says Linda Waring, WFXU’s public-service director.

Some child-care experts agree that children under eight to 10 years probably won’t understand AIDS commercials. For those children, says Dr. James Strain, the executive director of the American Academy of Pediatrics, a 30-second spot may raise more questions than it answers.

Even some people who favor more AIDS education wonder whether TV commercials are effective. "The kind of abstract thinking required to understand how AIDS works, spreads and can kill you is very sophisticated," says Dr. William Dietz, a pediatrician at New England Medical Center in Boston. He has tried to explain to his 16-year-old daughter how a condom offers protection. "I’m not sure if it’s something she really understands," he says.
Today AZT, Tomorrow TPA

On Friday, the American Food and Drug Administration gave formal approval to the AIDS drug called AZT. This effectively means that any doctor can prescribe AZT, subject to availability, for any patient suffering from AIDS or its various related diseases. The FDA's approval culminates one of the most dramatic episodes in the history of U.S. regulation of medical science.

In the new language of drug approval, AZT was "fast-tracked." It was shoveled through a regulatory-approval system that couldn't find a way to serve both the needs of the dying and the needs of bureaucracy. When AIDS became the biggest medical story of our time, the bureaucracy ran out of excuses and the federal government made sure that any drug showing real medical benefit would be sped through the regulatory apparatus. The result is Friday's approval of AZT.

Tomorow, the Food and Drug Administration should announce its approval of tissue plasminogen activator, or TPA. TPA is a bioengineered substance that is fed intravenously into a heart-attack victim. It seeks out the victim's blood clot and dissolves it, thereby renewing the critical flow of blood to the victim's heart and reducing destruction of the heart's tissue. In tests it has worked for many heart-attack victims. It should be approved.

In saying the FDA should approve this drug "tomorrow" we don't mean pretty soon. We mean tomorrow, March 24, 8:30 a.m.

Two years ago this week, the New England Journal of Medicine reported that a multicenter test of heart-attack victims and TPA had been abruptly halted that February by officials at the National Heart, Lung and Blood Institute. They stopped the test because TPA was proving nearly two times as effective at opening clotted arteries (recanalization) as streptokinase, a drug that is already approved by the FDA. In its New England Journal article, the study's doctors wrote: "Tissue-type plasminogen activator can lead to recanalization... without the risk, cost or delay associated" with streptokinase.

That was two years ago. According to the American Heart Association's most recent annual figures, some 1.5 million Americans will have a heart attack; more than 600,000 will die of their heart attack.

Why has AZT been approved while TPA hasn't been approved? AZT can have significant toxic side effects, but AIDS patients are willing to take that risk. TPA in recent studies has been associated with stroke caused by bleeding into the brain among 1% to 2% of the trial's patients. Surely many heart-attack patients would willingly assume that risk, just as seriously ill people accept low percentages of risk with serious surgical procedures.

Ten days ago, the FDA announced that it would within three months codify rules to speed the availability of promising experimental drugs. This important breakthrough in regulatory common sense may bring enormous benefit to this country's most seriously ill people. But Friday's approval of AZT shows that large needs don't have to wait for new rules. With well over a thousand Americans dying daily of heart attacks, the need for TPA is large and immediate.
Call for action on AIDS

YOUNG FINE Gael last night called on the government to immediately introduce an informative public education campaign on AIDS. The issue of a public information campaign had been discussed at great length by all concerned, a statement from the organisation said — "Now is the time for action." Those concerned in preparing and co-ordinating the campaign should not be afraid of providing explicit information. However such a campaign should not be used to promote intolerance or as an excuse to further discriminate against minorities. "Everyone is at risk", said Young Fine Gael.

The gay community should not be used as a scapegoat, said the statement. The incidence of the disease in Ireland was highest among drug users. "The problem will continue as long as politicians are prepared to delay action."
Pregnant women may face AIDS test

By JOHN ILLMAN
Medical Correspondent

All pregnant women may be screened for AIDS under a plan being considered by the Government.

They would be asked to submit to the tests in antenatal clinics, said Social Services Secretary Norman Fowler.

The test, which has the backing of many leading gynaecologists, would also help monitor the spread of the virus among heterosexuals.

Mr Fowler, speaking after an international conference of AIDS experts in London, said about 4,000 people in the UK were expected to have died from the disease by 1989.

Source

The Government estimates between 30,000 and 40,000 people have been infected so far but other experts believe it could be as many as 100,000.

An AIDS teaching kit was re-worded after black schoolchildren objected to being told Central Africa was the source of the virus, its author Dr John Skeehley disclosed yesterday.

The kit was being tried out in the North London borough of Brent before being launched throughout Britain to help educate secondary children about the disease.

The final version says ideas about its origin have ranged from invasion from outer space, to the transformation of an animal virus, and to a virus man-made in a laboratory.
Pregnancy AIDS plan
The Government is considering asking all pregnant women to volunteer for AIDS tests, said Social Services Secretary Norman Fowler.
Pregnant women may be asked to take tests for AIDS
Aids test on mothers proposed

THE British Government is considering asking all pregnant women to volunteer for Aids tests, the Social Services Secretary Mr. Norman Fowler said last night.

He said there were no plans to introduce compulsory tests for the whole population but ante-natal screening of pregnant women was "likely to be a more fruitful proposition."

Another possibility would be to encourage everybody to come forward voluntarily for tests.

Mr. Fowler was commenting after international medical experts meeting in London had concluded that Britain's Aids epidemic was as bad as the government fears. About 4,000 deaths and up to 7,000 cases are expected by the end of 1989.

The experts also believe that between 30,000 and 40,000 people now carry the deadly virus, but admit this figure is far more uncertain.

Mr. Fowler told the meeting there were strong arguments against screening people anonymously without their consent and without informing them of the result. But he said there were other ways of finding out, including the possibility of encouraging people to have the test voluntarily.

"If people are concerned they should either go to a sexually transmitted disease clinic or their GP," Mr. Fowler said.

The number of people being tested has already shot up to several thousand a month since the launch of the government's public education campaign. The results so far show that about 5,200 people are infected — the vast majority of whom are either homosexuals or drug addicts.

Dr. Jonathan Mann, of the World Health Organisation, said the Aids epidemic was only just beginning.
US AIDS testing of immigrants

THE US Attorney General, Mr Edwin Meese, announced yesterday that AIDS testing of immigrants and illegal aliens seeking amnesty will begin in the next few months.

"Those who test positive under this programme will be denied entry to the United States or amnesty, as the case may be," Mr Meese said.
Pregnant women may be asked for AIDS test

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A committee under Dr Joe Smith, head of the Public Health Laboratory Service, will now be set up to see if there are better ways of finding out the true level of infection.

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