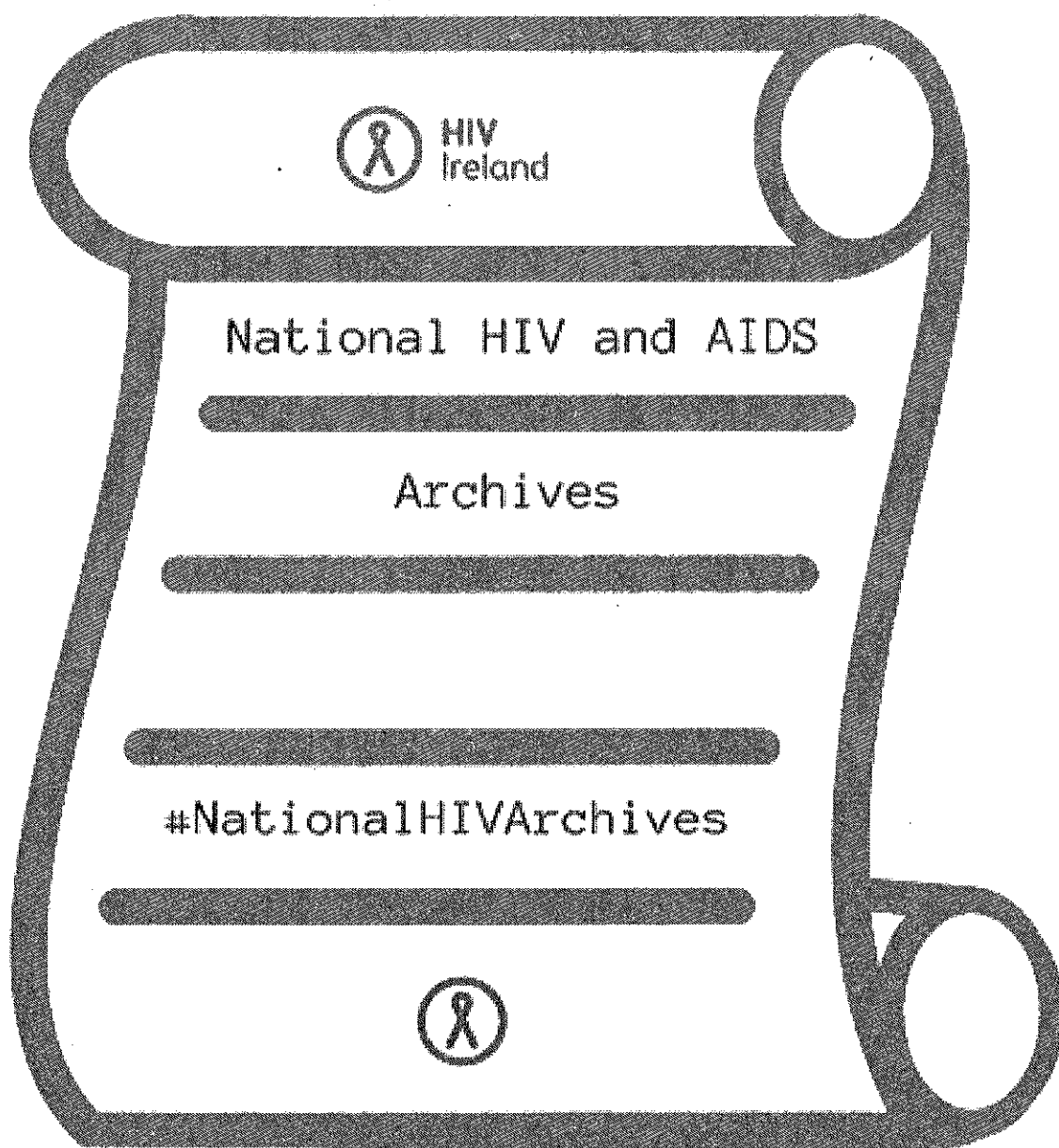


Print Media



20th to 24th March 1987

WOMEN DIE FASTER FROM AIDS

American women with AIDS are sicker and are dying more quickly than men who have the same disease—a finding that is shocking and puzzling AIDS researchers.

Although there are no good national data on the comparative experiences 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.

There is no obvious explanation, say several researchers who believe the difference may be a genuine one, not simply a consequence of, say, women being 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 develop full-scale 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.

"We see a dramatic difference in the survival of women with AIDS," said Dr. Margaret Fischl, of the University of Miami, one of the researchers who found the effect. She added that she was "disturbed by the imbalance".

While scientists have no sure evidence on what accounts for the difference, many are speculating that a biological difference might be involved. "The reason may be hormonal", Fischl said. "AIDS in women may be a different 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 a poor access to medical care,

must be ruled out. "We must be careful at this point," Fischl said.

Nonetheless, investigators said, the figures are at least an intriguing hint at new directions for research. "It's a potential avenue for investigation and a potential avenue for therapy," said Dr. Richard Rothenberg of the Federal Centres for Disease Control in Atlanta, who also is among those coming up with the evidence. "It's something that may have significance".

Fischl has seen 119 women with AIDS, 111 of whom were diagnosed in the past three years. They survived an average of 6.6 months after diagnosis, while men with AIDS survived an average of 12 to 14 months, Fischl found.

The most dramatic data is from California. Looking at data on 7,074 people who were diagnosed as having AIDS before last December 31, Paul Harder, of Harder Kibbe Research and

Consultants, in San Francisco, found that the 128 women in the study lived an average of 40 days after being diagnosed as having AIDS, while the 6,946 men lived an average of more than a year. Harder was directing a consulting project for the State of California and thus had access to the DATA.

The figures are "rather sensational," Harder said, adding, "We were reluctant to publicise them until we know what they mean".

In New York the difference was much less dramatic, but still appeared to be significant. Rothenberg, who until recently was with New York State Health Department, and Dr. Rand Stoneburner of the New York City Health Department, found that the approximately 1,000 New York women, diagnosed as having AIDS, survived less than two years after diagnosis, while the 10,000 men in the group survived for about two and a half years.

Fischl said that in Miami, the women not only died sooner but also were much sicker than men after a diagnosis of AIDS. Nearly one-third had several infections associated with AIDS when they were diagnosed, Fischl said, whereas men "usually have just one infection".

Experts said there were several possible non-biological reasons that women with AIDS might have shorter survival times: and that these reasons might be ruled out before too much is made of the finding. So far, however, the groups in New York, Miami and California have excluded at least some of these potential explanations.

It could be, for example, that the data really reflects a comparison of a group of predominantly gay men with a group of predominantly intravenous drug-using women, experts said. Gay men are known to have much better survival times than intravenous drug users—researchers speculate that this is because the drug users are sicker to begin with and may be less likely to seek medical care.

But in California, according to Harder, the women "in general are partners of intravenous drug users." Most of the women did not use drugs themselves—they were infected through sexual intercourse.

In New York, according to Stoneburner, women with AIDS fared worse than men even when drug use was taken into account. Sixty per cent of the New York women in the study used intravenous drugs, 23 per cent were infected through sexual intercourse and most of the rest were infected through blood transfusions or were from Haiti, a country where heterosexual transmissions of the AIDS virus is common.

SL



● David Bowie . . . has taken AIDS test.

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."

Sc

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." — (F.A.)

Sc

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 naive.

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 combatting 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

ROCK star David Bowie disclosed yesterday that he has taken an Aids test.

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."

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 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, whose 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.



David Bowie: announces plans for tour.

56

Irish Press
22nd March 1987

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.F.Hom.

115 Morehampton Road,
Dublin 4.

Sunday Press
22nd March 1987

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. Allene 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.

5

Sunday Press
22nd March 1987

'Safer sex' campaign on AIDS

THERE is the current predictable clamour from the "libbers", 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 condon 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**

Sc

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.

SL

Sunday Tribune
22nd March 1987

Aids control programme takes off in stricken zone

UGANDA

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 trying to do something about it. It is the first 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 pre-natal 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 following, with a delay of about two years, 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

shore of Lake Victoria that the prevalence of "slim", as Ugandans call the disease, was first noticed four 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, 13% of the people have the virus. In the rural West Nile and Mukono districts, fewer than 4% are



• AT RISK: No-one knows how many Ugandans are infected

reacting positively to blood tests. Yet Aids is being spread to relatively untouched areas by two means.

One is the army. Its soldiers are now mopping up rebel forces in the rural north-east, but most of the soldiers come from the heavily infected southern regions. An ominous epidemic of venereal disease in the northern garrison over the past two years has been reported by doctors working at nearby mission hospitals.

The virus has also been hitching a lift 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 line 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 \$6.8m, 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 pinning 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.

(Economist Service)

56

LIVING WITH AN AIDS BABY

by DEIRDRE McQUILLAN

JOE and Anne are a young couple in their mid twenties who live in a housing estate in north Dublin. They met four years ago in a pub and have been together ever since. Neither knew very much about the other's previous sexual history at the time, nor indeed was it 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 gradually they began to accept the idea and started to plan enthusiastically for the new arrival. It was a normal pregnancy in most respects, though unknown to Anne, because of her previous history of hepatitis, she was routinely tested at the hospital for Aids.

The first indication that something was wrong occurred during labour when she was transferred to a special unit and a nurse remarked that the reason for this was because she had antibodies. Anne assumed that it was something to do with hepatitis, but as events overtook her, she forgot about it.

Joe remembers that the nurses were all dressed in blue, wore masks with white shields over their faces, plastic bags over their shoes and at one stage put on rubber gloves. He remembers his hands trembling when he went to phone his family to announce the arrival of a healthy little baby girl, weighing just under 7 lbs.

● Agonising wait

The next day when he arrived back at the hospital to see Anne he found her in floods of tears. To his initial confusion and disbelief, she told him that there was bad news; that the hospital tests had revealed that she was carrying Aids antibodies. As a result, both Joe and the baby had now to be tested. Three weeks later, after an agonising wait, they too were found to be positive.

Looking back on it now four months later, Joe says that the mental pressure during those weeks was tremendous. "All we could think of was, she's only born and we're going to die. We kept holding each other and hugging the baby and crying. It went on like that for days," he recalls.

To this date neither knows how they got the virus, how long they had it or who passed it on to the other. Joe had to tell her of his temporary fling with heroin several years previously which only lasted six months and that, he'd slept with other women before he'd met Anne. In turn, Anne told him of her three year affair with a drug addict though she had never taken drugs herself. It doesn't really matter to them now anyway, they say, who was to blame.

Their baby, Joanna, who will be routinely tested every three months, may prove negative as she develops her own immune system in a couple of months time. Nobody, however, can say for definite, what will happen to any of them. There are no certainties, only possibilities.



AIDS, ANTIBODIES AND IRISH CHILDREN

- IN Ireland, there are now 21 babies who have been born with the Aids virus or who are carrying the antibodies. Two of them have the full-blown disease, but some of them are now going negative in tests. They will, however, have to be monitored fully to see whether they are in fact clear, or whether it is only a temporary turn. One baby who lost the antibodies is now very well. The first recorded case in Dublin was two years ago.
- After Edinburgh, which has recorded 30 cases of Aids babies, Dublin has a higher number of infants with the disease than any other European capital. This is due to the high proportion of pregnant drug

abusers, some of whom have more than one child. Ireland is now taking part in a major European study of paediatric Aids and a research programme is being undertaken under the auspices of the Department of Health which will be carried out by Professor Irene Hilary at the Department of Medical Microbiology in UCD.

- Hospital procedure for the care of women with Aids antibodies is now being standardised in the city's maternity hospitals. Patients with a history of hepatitis or drug abuse are routinely screened for Aids antibodies and delivered using special barrier nursing methods.

Having to face up to the idea of death at the same time as coping with the birth has been an unreal experience for them. Yet certain practical steps have had to be taken, one of the first being the question of whom to tell. "We had to tell my family," says Joe, "because they'll be looking after the baby while we're at work. I had to ask them if they would look after little Joanna if we died. They said they'd take care of her, not to worry. They've been great about it."

Other friends or relatives have not been told for fear of adverse reaction, rejection or simply because they don't really need to know. In addition, they do not want to affect the friendship that exists between their two families.

Those they have told have proved very supportive. Joe recalls going into the pub one day. "I was looking into space and thinking about everything, about her and the child and feeling depressed. My friend asked me what was the matter and I decided to tell him. He started crying and I put my arms around him. 'I don't want you to die,' he said."

Already they are making plans for the future. "If we develop full-blown Aids," says Joe, "we have only about two years to live after that and we don't want to leave the baby on her own. If I start to die first, I'm going to make a will and so is Anne which will state that everything we have is to be sold and the money will go to Joanna." They've already opened a post office account for her.

● Healthy baby

Joanna, they say, is a happy and otherwise healthy baby who sleeps through the night and rarely cries. With her long, tapering fingers, pale skin and her shock of thick black hair, she is clearly exceedingly precious to them and the centre of their life. "Each day is kind of special to us now with her," they say.

As well as deciding whom to tell, they must also take certain precautions with her. Nappies, for instance, must be burned, but since they have no fire, they sterilise them first before disposal. Joe's family have had to be warned that if Joanna ever bleeds, they must not touch her blood without gloves.

Given how fraught the business of a newborn baby is for any mother and father, the couple face the additional trauma of worrying about whether a routine symptom of illness is maybe a "sign of change". "She had gastroenteritis there a while back and we thought, God, it's changing. Every time she coughs, you get worried," says Anne.

As time goes on, however, they are becoming more philosophical about it. "We reckon that if God is going to take us, then that's it." In the meantime, they both say that they try not to think about it. Joe insists that keeping healthy and fit is important and that he will "fight to the last".

The experience has drawn them closer together. "We never have rows now. We sit and talk about things. We've a good relationship."

4.13A

E3

MS

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

“They are so naive about this that they’ll fire me on the spot. They believe you can catch AIDS through the air or from handling the same sheet of paper”

—Kyle
AIDS patient

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-

GERALD DAVIS

5

lanta estimates, nearly 100,000 people will be living with the disease. In addition, as many as 10 million people by then may be carrying the virus even though they show no symptoms. Current research indicates that at least half of them will eventually develop the disease, which destroys the body's immune system, leaving it prey to a host of lethal infections.

Some companies are already acutely aware of AIDS. San Francisco-based Pacific Telesis Group has been averaging 40 to 50 employees absent with AIDS in its 75,000 statewide work force; last year 20 PacTel employees died of AIDS-related illnesses. But to most, the disease still seems remote. So far, 39% of AIDS cases in the U.S. have been in New York and San Francisco. And the disease continues to be concentrated among homosexual and bisexual males (66%) and intravenous drug users (17%). As a result, many companies do not believe it will become a problem for them. Ford Motor Co. is not atypical when it says it has no reason to believe any of its 382,000 employees worldwide has AIDS.

Yet the steady spread of AIDS has already carried it into all 50 states and most countries of the world. It now has a foothold in the heterosexual population, especially among minority groups, and is spreading. No drug has been found that can cure the disease, but treatments are improving. That means that AIDS patients will be living—and working—longer, making it more difficult for companies to ignore the epidemic. "The consequences of AIDS for the corporation have not been realized yet," says Gary M. Rankila, a Minneapolis attorney and gay-rights activist.

NO-POLICY POLICY. According to current projections, productivity lost because of illness and premature deaths caused by AIDS could cost U.S. industry more than \$55 billion in 1991. So far, a handful of companies, including Syntex, BankAmerica, AT&T, Eaton, Transamerica, and Pacific Telesis, have adopted specialized personnel policies to handle the problem AIDS poses in the workplace. Others have decided to treat AIDS just like any other fatal disease. Control Data Corp. is typical of these companies. It conducted a study that predicts that, at most, 104 of its 34,000 employees will die of AIDS in the next five years—fewer than will die of other major killers. And it believes the best way to handle the situation is to treat it the usual way. "We wouldn't have a policy on AIDS any more than we'd have a policy on heart attacks," says Bob Jones, director of the company's health services department.

Other executives, such as Albert Bowers, president of Syntex Corp., believe they should play a broader role. "Some executives feel we shouldn't get involved

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 ostriches." 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 resource ser-



"I 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"

—Robert D. Haas
CEO, Levi Strauss & Co.

vices 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 Wroblewski, who is the AIDS coordinator in 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 unrealistic, 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

5

Cover Story

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—so easily. 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 workplace 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. muddled the issue last June with a memorandum stating that acting 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 "pro-

tected 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 vs. Arline* effectively negates the Justice Dept. opinion.

In that case, Gene H. Arline, a Florida schoolteacher, 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.

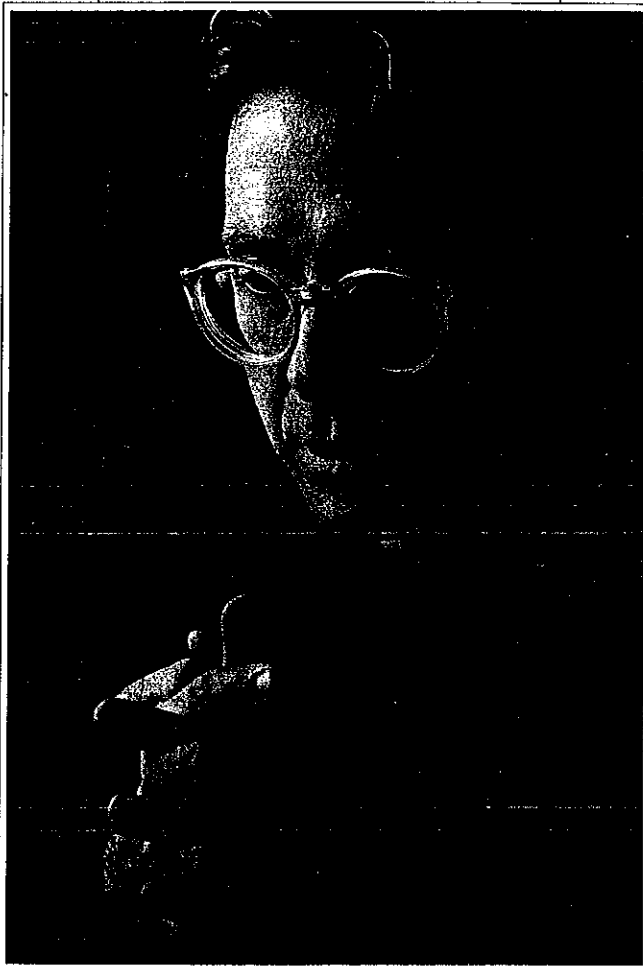
Testing prospective employees to determine if they have antibodies against the AIDS virus—which means they have been exposed to AIDS but are not necessarily actively infected—is also extremely controversial. Proposals to require such antibody tests as a public health

measure were quashed at a meeting held by the Centers for Disease Control in early March. There was a strong consensus that such testing violated the public's right to confidentiality, especially because a positive test does not necessarily mean the person will develop AIDS. And to many companies, such testing looks like a sure way to attract discrimination lawsuits. "That witch-hunt mentality is wrong," says San Francisco attorney Victor Schachter, who counsels corporations on employment issues. "We advise against testing."

DROPOUTS. Nonetheless, some companies are using the tests. Dallas-based Enserch Corp., for one, screens food-service employees even though a spokesman admits there is no medical evidence that AIDS can be transmitted through food or casual contact. Some experts charge that companies are surreptitiously testing employees' blood samples that were taken for other reasons. Others believe some employers are illegally using such common employment application questions as "Are you married?" in an attempt to screen out potential AIDS patients.

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 Metropolitan, 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 charges of discrimination from gay activists. And some cities and states, including California, Wisconsin, and the District of Columbia, have banned testing. The insurance compa-



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

—Gary M. Rankila
Attorney

VOLUNTEERS, HOME CARE, AND MONEY: HOW SAN FRANCISCO HAS MOBILIZED

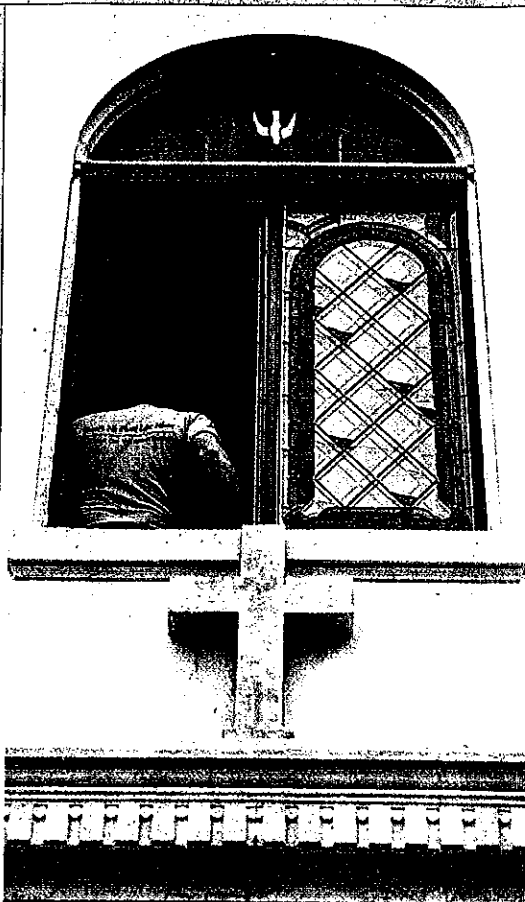
The hammers are still pounding at the 15-bed Coming Home hospice in San Francisco. There, volunteers are converting a former Catholic convent into the nation's first residential care facility for AIDS patients in the terminal stage of illness. For \$140 per day, Coming Home will look after patients who 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 girding to combat the AIDS epidemic in other communities.

IMPRESSIVE 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 30% or more of all AIDS cases, in San Francisco more than 95% 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 \$11 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



THE COMING HOME HOSPICE: THE CITY WILL SPEND \$11 MILLION ON AIDS-RELATED SERVICES THIS YEAR

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 650 "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 of the hospital. Patients are released into a network of 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 homelike 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."

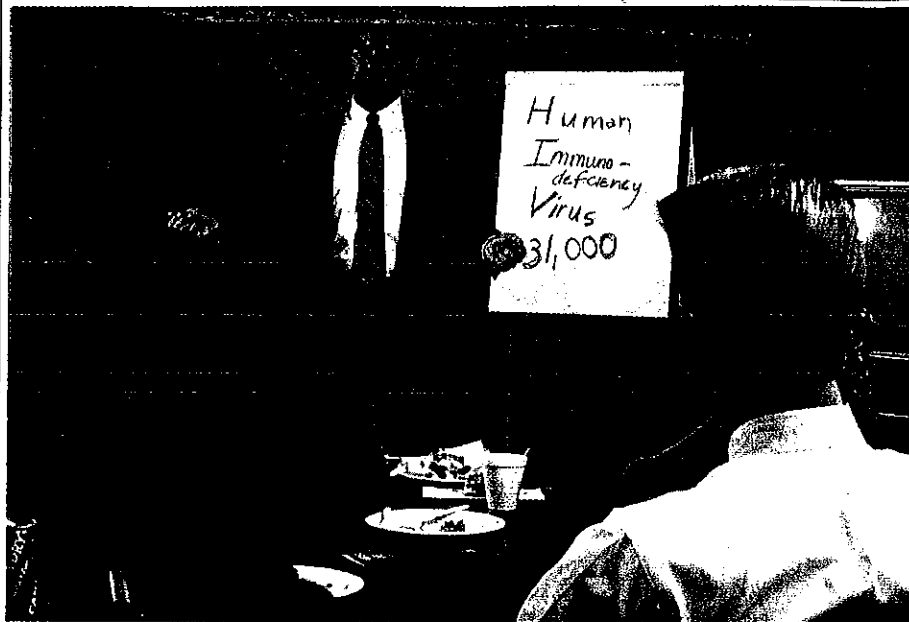
OVERWHELMED. Can the system that works so well in San Francisco be transplanted? The Robert Wood Johnson Foundation is betting that it can with \$17.2 million in grants for similar programs in 10 cities including New York, Seattle, Atlanta, and Miami.

But even San Francisco's system can be overwhelmed by the swelling number of patients. More than 2,800 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, a 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 regional hospitals that specialize 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

JEFF REINING



AN EDUCATION SESSION AT A WASHINGTON LAW FIRM: MISCONCEPTIONS DIE HARD

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 pinpoints 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 1985 survey of 325 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

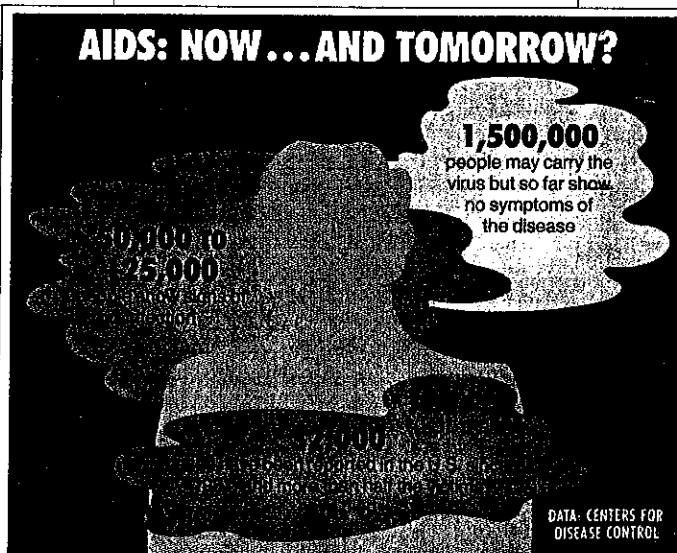
in San Francisco's Castro district, Harvard-trained Schatz says he gets 30 inquiries each week from people around the nation who feel they've been victimized. One of his current suits is against Great Republic Insurance Co., of Santa Barbara, Calif., on behalf of a healthy gay client. Great Republic 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. So 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 employees 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 Flynn in Los Angeles, Patrick Houston in Minneapolis, Reginald Rhein Jr. in Washington, and bureau reports



By Nancy L. Merritt

BANK OF AMERICA'S BLUEPRINT FOR A POLICY ON AIDS

In 1983, Bank of America made what Nancy L. Merritt now calls a "compassionate mistake." An employee diagnosed with AIDS had recovered from his initial sickness and wanted to return to work. His manager, fearing the reaction of co-workers, called a meeting to explain his illness. "She didn't realize she was violating his privacy," says Merritt, vice-president and director of equal opportunity programs. Two pregnant women refused to work with him. After talking to public health and medical experts, the company invited the AIDS patient to return—and the women resigned. "We took our stand," says Merritt. "It is not a contagion issue. And the employee can come back and work as long as he or she is able."

That 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, the corporate health department, 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 contagious 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, co-workers, or customers. In all cases, Bank of America reserves the right to require an examination by a medical doctor ap-

pointed 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.

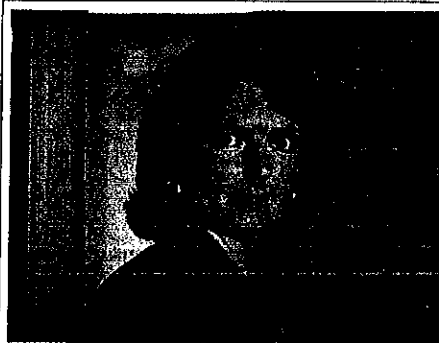
An employee who becomes sick with AIDS should be encouraged to seek assistance from established community support groups for medical treatment and counseling. Bank of America has a worldwide directory of AIDS resources and services that we make available to our employees. Sometimes we assist employees 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?"



Bofa's MERRITT: "WE TOOK OUR STAND"

Cover Story



AN AIDS PATIENT AND THE MANY DRUGS HE TAKES IN HOPES OF HALTING OR SLOWING THE PROGRESS OF THE DISEASE

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 polio. 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 help-

less 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., are racing to beat AIDS with the same weapon that defeated polio: a protective vaccine. AIDS, however, is proving to be a far more difficult problem. Its genetic struc-

ture, 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 avail-

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 tests. "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 those drugs in combination with new gene-spliced ones that boost the body's immune defenses, such as interleukin-2. Scientists in San Francisco recently began testing AZT together with acyclovir, 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, indiscriminating 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 5% of AIDS cases will be heterosexuals who do not use intravenous drugs and who have

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

DRUG/Developer

AZT

Burroughs Wellcome

The first drug shown to prolong the lives of AIDS patients, especially those in the early stages of the disease. The drug blocks the virus' ability to reproduce but causes anemia so severe that frequent blood transfusions are necessary. Already approved in Britain and France; full-scale U.S. approval is imminent.

DDC

Hoffmann-La Roche

A sister drug to AZT that appears extremely promising in laboratory experiments. Has been tested on only nine patients so far, but some researchers believe it may prove to be more potent and less toxic than AZT.

AL721

Praxis Pharmaceuticals

Developed to treat the symptoms of drug withdrawal, it is in very early stages of testing against AIDS. Trials with eight patients with AIDS-related swelling of the lymph nodes have been encouraging.

GRANULOCYTE-MONOCYTE COLONY-STIMULATING FACTOR

Genetics Institute

Animal tests with the substance have been encouraging, but results from the first human tests probably won't be available until late spring.

ALPHA INTERFERON

Biogen/Schering-Plough
Hoffmann-La Roche/Genentech

Has proven to be an effective treatment of Kaposi's sarcoma, an AIDS-linked skin cancer. It is now being tested against AIDS in combination with AZT.

INTERLEUKIN-2

Hoffmann-La Roche/Immunex
Cetus

Tests with IL-2 alone have been disappointing but limited. Researchers, however, speculate that it may be more effective in combination with other drugs. Tests with AZT are planned.

CYCLOSPORINE

Sandoz

A highly toxic drug used to prevent rejection of organ transplants. Last year, French researchers reported that it can control AIDS in early stages. Larger tests are under way in the U.S. and Europe. No results have been reported.

DATA: BW

not received a blood transfusion. About 3.7% 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, the percentage of AIDS cases who are 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

are also the mothers of about 70% of the children who have contracted the disease. By 1991 some 3,000 children may have it—an eightfold increase from 1986.

Those statistics bear a striking resemblance to the incidence of AIDS in central Africa, where the annual rate of infection is one adult in 1,000. Although it also appears to be spread through the frequent use of prostitutes, as well as dirty medical needles, cultural factors may also contribute to the wider incidence of heterosexual AIDS in Africa. Ceremonial mutilation of women's genitals is widely practiced. And those women bleed more readily during vaginal intercourse—providing the virus

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%
	Doesn't have in place..... 89%
	Not sure..... 1%
Q How long has this policy been in place?	A 3 years or more..... 6%
	2 years or less..... 92%
	Not sure..... 2%
Q You say your company doesn't have such a policy in place. Do you think it should, or are your existing general policies adequate?	A Think it should..... 16%
	Existing policies adequate..... 74%
	Not sure..... 10%
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 not be changed?	A Move the employee with AIDS..... 8%
	Move the co-worker..... 14%
	Insist that the existing situation not change..... 29%
	Not sure..... 46%
	None of the above..... 3%
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..... 87%
	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..... 62%
	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 firm 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 36% within seven years. "We thought AIDS would be like cancer—if you lasted 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 like 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 co-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.

By Sana Siwolop in New York, with Scott Ticer in Atlanta, Reginald Rhein Jr. in Washington, Lois Therrien in Boston, Christopher S. Eklund in Philadelphia, David Hunter in Paris, Mark Maremont in London, and bureau reports

6 HOME NEWS

**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 Arie 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 1970s.

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."

He told 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 19-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 serious implications for other major vaccination programmes. Vaccinia is also being developed as a delivery system for hepatitis B, malaria, rabies, herpes, and flu.

Other experts insist that 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.

5-

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 forestal passing the virus on to their offspring.

Dr. James Curran, AID's 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.

SV

W S J
JL, MONDAY, MARCH 23, 1987

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 Rafuse just 20 months ago. This makes AZT the fastest drug development story since anti-malarial agents were sped to soldiers during World II.

Price Tag of \$10,000

The drug's price tag—\$8,300 a year wholesale and \$10,000 retail—indicates a hefty \$250 million in annual revenues for the company. The market applauded the regulatory approval, sending Wellcome shares to 497 pence (\$7.96) Friday, up 39 pence, on London's Stock Exchange. But these economists alarm physicians and consumer advocates around 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 survive on government subsidy," 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 six 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 episodes 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 difficult for patients with ARC. Some aren't eligible for MediCal (California's Medicaid) at this stage."

But U.S. health officials anxiously are studying the drug's impact on U.S. government health programs. Health Care Financing administrator William L. Roper estimated that Medicaid may spend \$50 million on AZT in 1987 and \$150 million in 1988.

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 queried 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 efficacy and speed of introduction of competitive products are unknown, our financial returns are uncertain."

Indeed, some physicians and patient advocates hope competition will come soon 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 Hoffmann-La Roche Inc., a unit of F. Hoffmann-La Roche & Co. of Switzerland, recently designated the U.S. government's licensee for the development, testing and possible marketing of DDC (dideoxycytidine), 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.

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 Neva 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, like 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 Palumbo, an associate professor of pediatrics at Georgetown University in Washington. "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 WNEV-TV in Boston, along with Action for Children's Television, finishes a new series of AIDS-education spots and programs.

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, 460 U.S. children under age 13 have been diagnosed as having AIDS (including 291 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.

Misconceptions 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 Gussner, 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. WNEV in Boston hasn't 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 Xenakis, 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 KPIX nor WXEX has received any complaints. But five callers complained to WFXT-TV in Boston after the station — by accident, it says — twice ran AIDS commercials during children's programs, including

says Linda Waring, WFXT'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 10-year-old daughter how a condom offers protection. "I'm still not sure it's something she really understands," he says.

W52
23/3/87
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 shoved 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.

Tomorrow, 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 500,000 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 dDr John Sketchley 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.

56

Financial Times
24th March 1987

Pregnancy AIDS plan

The Government is considering asking all pregnant women to volunteer for AIDS tests, said Social Services Secretary Norman Fowler.

54

24 Irish Independent, Tuesday, March 24, 1987 C

Pregnant women may be asked to take tests for AIDS



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 attempt screening of pregnant women was likely to be a more fruitful proposal.

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

Mr. Fowler was commenting after international medical experts meeting in

London had concluded that Britain's AIDS epidemic is 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.

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.

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. 44,652 cases of AIDS had been reported to the WHO, and to date five to 10 million

people were believed to carry the virus.

An AIDS carrier who knows he has the disease and does not warn his sexual partner could be prosecuted, according to two barristers.

The case could be brought under the 1861 Offences Against the Person Act, probably under Section 23.

The suggestion is made by barristers Piers Wainwright and G. E. Forlin in an article to be published in the Law Society Gazette tomorrow.

The Act makes it an offence to

"maliciously administer any poison or other destructive and noxious thing."

The murder trial of a 20-year-old man ended abruptly yesterday when he pleaded guilty to manslaughter for killing a man who told him he had AIDS after they had sex.

Lorenzo Owens told Nassau county court that he slit the throat of Kenneth Cole on April 21, 1986, shortly after the two had sex.

Owens faces a maximum prison term of 25 years.

54

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.

Irish Press
24th March 1987

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.

Sc

Pregnant women may be asked for AIDS test

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 is 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.

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.

Mr Fowler told the meeting there were strong arguments against screening people anonymously without their consent and



Mr Norman Fowler

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. — (PA).

SL