Print Media

National HIV and AIDS Archives

#NationalHIVArchives

11th to 20th April 1987
AIDS action

A voluntary organisation, the AIDS Action Alliance, is set up a hotline available to those who may be suffering from the disease and those who seek information on how to avoid contracting it.

This is a laudable service being offered by the various groups who have gathered under the umbrella of this Alliance to help others in distress.

An AIDS information service and advertising campaign has been promised by the Department of Health for more than a year now.

It is long past the time that such a service should have been made available by the State. The AIDS menace must be confronted. The time is NOW.
Doctors resist pressure to identify Aids victims

By James Ettlichman,
Consumer Affairs Correspondent

Attempts by insurance companies to use doctors to inform patients with Aids were condemned yesterday by the British Medical Association.

It has warned doctors not to speculate about patients' lifestyles when insurance companies ask for health reports before issuing policies.

"Insurance companies will do just about anything to get their hands on information about Aids," said Dr John Dawson, under-secretary of the BMA.

"One insurance company's medical officer, in a handwritten note on the bottom of the form, even asked a doctor: 'We know this person is homosexual, but can you discreetly find out if he is promiscuous'?" Dr Dawson added: "That sort of behaviour is disgraceful."

The BMA says that some GPs are now turning away patients who come for Aids tests because they fear they will have to disclose the results to insurance companies, banks and building societies. The patients are told to go to hospitals where the tests can be done in confidence.

The problem arises because insurance companies usually demand that potential customers allow them to obtain a medical report from their doctors before they will issue policies.

The controversy has been inflamed by working party report for the Institute of Actuaries which advises insurance companies to demand Aids blood tests from all applicants who want more than £50,000 worth of insurance.

It also advises the companies to ask probing "lifestyle" questions.

Dr Dawson said: "It is unhelpful to ask sloppy questions about lifestyle. The only relevant question is how many exposures of anal or vaginal intercourse a person has had, and with how many people that determines the risk of getting Aids."

It was also worrying that the actuaries' report failed even to consider the heterosexual transmission of Aids.

The BMA is now insisting that all people applying for insurance be given the right to see their doctors' reports before they are passed on to insurance companies. "A patient's consent to let an insurance company have information is only valid if he knows what is being disclosed," said Dr Dawson.

"But most people do not know what is in their medical records."

But a spokesman for the Association of British Insurers said last night: "There might be problems if medical records were made available to proposers. It might not always be easy for doctors to tell their patients things which might otherwise be disclosed to insurance companies."

The companies had an obligation to protect the funds of all investors. People with the Aids virus or people "at risk" needed to be assessed to decide whether insurance cover should be deferred or a policy denied.

Mr Roy Brimblecombe, an actuary with Eagle Star Insurance, said that his company only required blood tests from people who were seeking more than £250,000 of term-life insurance.

More knowledge that an applicant had been tested for Aids would not, in itself, be grounds for increasing premiums or denying cover.

But Dr Dawson said: "If people are being deterred from seeking Aids tests from their doctors because of the insurance companies' activities then that will be a disaster."
AIDS delay attacked

THE Government's delay in responding to the AIDS crisis will result in more deaths, a women's conference was told in Dublin yesterday.

An emergency motion calling for immediate Government action was passed at the annual conference of the Council for the Status of Women. The council's executive committee said the delay was "irresponsible in the extreme."

AIDS: The nightmare and the challenge — Page 15.
AIDS: the nightmare and the challenge

UPWARDS of 200 people in Ireland will die of Acquired Immune Deficiency Syndrome (AIDS) this year, according to a special report in the Irish Independent. That is a stark, simple fact...of life.

In modern society, the modern-day victim is indeed a victim. Nowhere is this more evident than in the treatment of AIDS patients. Ireland's Health Care System is committed to providing the best care possible, but it is not enough. The need for better understanding and knowledge of AIDS is urgent.

AIDS is a disease that affects men and women of all ages. It is a disease that can affect anyone. It is a disease that is preventable. We must educate ourselves and our communities about AIDS to prevent its spread.

The move to a laboratory

Six to eight experimental AIDS vaccines are ready for preliminary testing. These vaccines are the result of a joint effort by scientists around the world. They are the hope for a cure.

Humans may start vaccine testing

The AIDS virus can be grown in bacteria. This allows researchers to test the efficacy of vaccines in a laboratory setting. The goal is to create a vaccine that can protect people from HIV.

A long wait for test—but worth it

Dr. Barry McAloney

"We ask them how they would escape a positive result."

It's not easy to actually get an AIDS test done on yourself. Getting the test done on someone else is even harder. But the test is necessary in order to know if you have the virus.

The virus that causes AIDS, HIV, is spread through blood and body fluids. The test is performed on a blood sample in the laboratory. It takes several days to get the results.

The virus can only be detected if it is present in the body. This means that a negative test result does not guarantee that you are AIDS-free. It only means that you do not have the virus at the time of testing.

The test is important, but it is not a cure. There is no cure for AIDS. The test will only tell you if you have the virus or not. It will not tell you what you are going to do with it.

In an effort to maintain the highest standards of care, the test is performed in a sterile environment. The test is performed by trained professionals who are licensed to perform the test.

The test is not without risk. There is a small chance that you could contract a disease from the laboratory. But the risk is minimal compared to the risk of having the virus.

The test is not without controversy. The public is concerned about the morality of the test. Some people feel that the test is a violation of their privacy.

The test is necessary to prevent the spread of the virus. It is the only way to know if you have the virus. It is the only way to know if you are at risk of spreading the virus to others.

The test is a necessary evil. It is a tool to help us understand and control the spread of the virus. But it is not a cure. The virus is still with us, and we must continue to fight against it.

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AIDS STOCKS WORTH THE GAMBLE

Avoid long-shot bets on companies seeking a cure, analysts say, and go for those booking profits.

BY MICHAEL MCFADDEN

AIDS may pass before scientists discover drugs that will prevent infected immune system deterioration (AIDS), but some who care those otherwise doomed to a slow death from the disease. That's why investors are looking for stocks of companies that might benefit from the disease. Since Wellcome's went public in January 1988, investors have driven its shares up 396%. Other stocks have soared too. Flexibility Select Biotechnology Fund of Boston, which holds a number of so-called AIDS stocks, has risen 41% since the beginning of the year, for outpacing the 21% increase in Standard & Poor's 500 stock index.

The shares sold at record low earnings multiples, however, and many are extremely risky. Viaweek, which was the top performer on the U.S. exchanges last year following clinical trials in which the sodium drug otherwise, sold as Vincristine, showed promise in treating the spread of AIDS in infected people. But the stock has dropped sharply 40% from its 1988 high. Roche, a drug industry analyst at Oppenheimer & Co., currently refuses to recommend any company solely because it is working on a treatment for AIDS. "There is too much hype among these stocks," he says.

Fighting a Scurvy

These companies seek to combat AIDS through research on experimental drugs, blood tests and vaccines. Talks for exposure to the virus, researchers say patients' blood with various antibodies and plan it in "microcap" plaits like the one shown.

Macy Wall Street experts, though, insist that prudent investors can make money in this unusual market niche. The stock approach, they say, is to avoid the outright speculators-companies whose research on drugs may take five years to pay off, if ever. Instead, investors should look for companies with a product either already on sale or about to go on the market, and preferably companies whose future looks bright for either reason as well.

One blue-chip stock many health care analysts are recommending is Abbott Laboratories. The company's belief in controlling oral cancer, which also makes the popular over-the-counter cold and allergy remedies, Teridion and Acetaminophen. The company's market share is growing in its field ending in August. The stock, which trades on the London exchange, can be bought through U.S. brokers.

Another solid company in Genentech is the leading company in the field. Its drug, a stem-line manufacturer, offers a drug called "hairy" shares—can be purchased in the U.S. through the ECX exchange, which also makes the popular over-the-counter cold and allergy remedies, Teridion and Acetaminophen. The company's market share is growing in its field ending in August. The stock, which trades on the London exchange, can be bought through U.S. brokers.

ICN Pharmaceuticals (stocks that can be bought through U.S. brokers) are also a good performer, based on costs in the first quarter. ICN's stock has increased 43% to $13.44 from last year. However, the FDA has said that ICN's sales are not expected to last year. However, the FDA has said that ICN's sales are not expected to last year. However, the FDA has said that ICN's sales are not expected to last year. However, the FDA has said that ICN's sales are not expected to last year. However, the FDA has said that ICN's sales are not expected to last year. However, the FDA has said that ICN's sales are not expected to last year. However, the FDA has said that ICN's sales are not expected to last year. However, the FDA has said that ICN's sales are not expected to last year. However, the FDA has said that ICN's sales are not expected to last year.
Implications of Budget discussed

The Budget is likely to lead to particular hardship for women as services are cut back, the chairwoman of the 'Council for the Status of Women', Mrs Caroline McCamley, warned at its annual conference at the weekend. "The implications for women as mothers and workers will become clear over the next few months in the health, education and employment areas," Mrs McCamley said at the conference in Dublin.

The conference adopted an emergency resolution calling on the Government to launch an information and advice campaign on AIDS without any further delay. It also decided as a matter of urgency to arrange a seminar to clarify the implications of the Hamilton judgment on pregnancy counselling clinics.
Irish Times
15th April 1987

INFORMATION ON AIDS

Sir, — As a patriotic Irishman, I would like to take issue with the Irish Council on the Status of Women, and several of your recent correspondents, who have criticised our Government for not having yet established a policy on the AIDS epidemic.

These critics do not appear to understand that, when it comes to dealing with AIDS, both Government and Opposition are inspired by three principles which have sustained Ireland through "seven heroic centuries", and led to the country's present outstanding success on all fronts.

For people who have strayed from the patriotic path, allow me to reiterate those three inspiring principles: (1) When God made time, He made plenty of it. (2) What you don't know can't hurt you. (3) Tiocfaidh ár lá! (Our day will come!) — Yours, etc.

CONOR JOHNSTON,
14 Upper Clanbrassil St.,
Dublin 8.
AIDS advice to exclude condoms

From Michael Finlan, in Galway

NO ADVICE on the use of condoms for preventing AIDS will be given through a freephone counselling service on the disease to be set up by the Western Health Board. A board source told The Irish Times that callers will be circumspectly warned that AIDS (Acquired Immune Deficiency Syndrome) can be picked up through indiscriminate sexual activity and from unhygienic hypodermic needles previously used by carriers of the virus.

The board, which covers Galway, Mayo and Roscommon, is setting up the freephone AIDS service in Galway city as part of a low-key campaign to prepare for the inevitable spread of the disease in the west. So far, there has been only one reported case of full-blown AIDS in Galway — a fatal one — but it is known that there are several carriers of the virus in the region.

The western board has set up a special committee to co-ordinate a campaign of prevention and treatment of AIDS and is organising specialist courses on the disease for doctors in the region. The board's shyness about condoms may have been partly prompted by a call from the Galway Local Health Advisory Committee to ensure that AIDS publicity accords with "accepted Christian moral standards."
Teach your children about AIDS, parents told

THE subject of AIDS should be included in sex education programmes, say the authors of a new book aimed at parents, writes John Walsh.

The Family Handbook of Sex Education is written by two teachers to assist parents in teaching young children about sex.

Co-author Dominic McGinley said last night parents could not avoid the question of AIDS in sex education.

Pupils were so familiar with the word that they played a new AIDS game in school in which they ran away from other pupils whom, they pretended, had AIDS; he explained.

The section on the lethal virus outlines the ways it can be contracted. It warns that the more partners a person has sexual intercourse with, the greater the risk. Using a condom may reduce the risk, but this is by no means certain, it points out.

Mr. McGinley and fellow author Aidan Herron urge parents to use the correct terms for all parts of the body and not to use slang words or phrases. They also recommend that parents give the proper information from the start and don't evade or give vague answers.

Sex education should begin in early childhood so that by the age of puberty children have a good basic knowledge, they say. Teachers can help and, by continuing what has begun by the parents, they can promote the Christian values and ideas which parents wish their children to receive.

The book stresses that children must see morality in action at home. They want to know if forbidden things really are dangerous or shocking and may even experiment. Sexuality and morality cannot be separated.

A separate, illustrated child's book is included, which deals with sex differences, changes in puberty, conception, birth, the family, care of the elderly, health, hygiene, etc.

• The proceeds from this year's Trinity Week will go to the Trinity AIDS Concern Trust, a registered educational charity, to provide funding for AIDS information, education and counselling.
Irish Independent
17th April 1987

Aids: the need for reassurance

THERE is, according to Sir Donald Acheson, the Government's Chief Medical Officer, merely "a small theoretical risk" of a doctor infected with the Aids virus passing the condition on to patients. That risk is, he says, limited to a very few areas, including "penetrative surgery". As a result of advice given to ministers by Sir Donald and his colleagues, the Government has decided that doctors infected by Aids should be allowed to continue to practise as long as their work does not involve so-called "blood-to-blood" contact. Moreover, The Department of Health has decided that patients have no right to be told that their doctor is suffering from the syndrome.

Both Ms Harriet Harman, Labour's health spokesman, and Sir Gerard Vaughan, the former health minister, are disturbed by what Ms Harman describes as the "patrician assurance" with which the medical profession and the Department of Health have closed ranks. Ms Harman wants confidential notification to the Department to be compulsory if a doctor is found to be HIV positive. Sir Gerard takes a harder line. He argues that patients have a right to know whether their doctor is an Aids carrier. If they are then prepared to accept expert medical opinion about the lack of danger involved, they should be free to continue under their doctor's charge. Others suggest that such doctors should automatically be forbidden to practise.

The issue arises because of the news that a consultant kidney specialist at the London Hospital, Whitechapel, died six weeks ago from Aids. He had sought advice and had been moved from the renal unit to other work. The case follows a recent High Court ruling forbidding publication of details concerning two other doctors with Aids who are continuing to treat patients. The judge ruled that public interest and freedom of the press were "substantially outweighed" by concern with the confidentiality of medical records which had been leaked to the News of the World by a hospital employee.

Aids is a frightening condition which provokes the instinctive revulsion felt a century ago for syphilis and for leprosy. It kills its victims painfully and by degrees. There is, as yet, no cure in sight. Moreover, there is a fearful social stigma attached to infection because of the connotations of sexual promiscuity and perversity, or of drug addiction. It is, however, hard to transmit the virus, and then only under very specific conditions. According to the experts, it is almost impossible to conceive of HIV positive general practitioners infecting patients — if they have been properly advised by specialists.

It is, therefore, important to do nothing which would dissuade doctors who fear they have the condition from seeking guidance. (They will know, all too well, that they cannot hope for a cure.) Naming names, as Sir Gerard wants, or blacklisting doctors suffering from Aids are the surest ways of driving the disease underground. But Ms Harman's call for compulsory notification is the least that patients could reasonably expect. Patients have rights and need reassurance, just as doctors do.
Legal moves to hasten drug tests…

The lawsuit claims: "NIH concentrated its research into NIH-sponsored drugs, or into drugs developed by companies with which NIH or its researchers had developed special relationships, such as Burroughs Wellcome or Hoffman-LaRoche. Specifically, NIH tested AZT, CDC and alpha interferon. At the same time, NIH ignored or seriously delayed consideration and testing of other promising drugs."

These drugs, the NGRA says, include AL-721, ambipen, DANC-B, Foscarnet, Imureg-1, Irineth, iproprinosine and ribavirin. The lawsuit continues: "NIH's actions were affected by essential conflicts of interest, namely, royalty payments from manufacturers licensed to develop NIH-sponsored drugs…"

The FDA, the group alleges, is applying more stringent procedures and requirements to privately developed drugs than it did to zidovudine (formerly AZT).

One anomaly that the lawsuit draws attention to is the FDA's position on the drug ribavirin, which is manufactured by the California company ICN. The FDA has licensed ribavirin for use against a respiratory infection in children, caused by respiratory syncytial virus.

It is not clear whether ribavirin is effective in the treatment of AIDS. The FDA has recently turned down a second application from ICN to extend trials of this drug. Yet ribavirin is freely available in Mexico and there is an organized traffic across the border to obtain supplies.

The NGRA says: "FDA's actions respecting ribavirin are particularly arbitrary and capricious, because the agency, through the United States Customs Service, permits those infected with HIV to bring in a one-month's supply of the drug into the country from Mexico. In such circumstances, a person who uses the drug is totally unsupervised, without any benefit to research in this country."

The group says that public loss of confidence in the NIH and the FDA has become so great that at least one state, California, has begun to take matters into its own hands (see below).

The lawsuit asks for several declarations, including one that the Department of Health and Human Services, the Public Health Service, the FDA and the NIH, together with associated heads of department, have "acted arbitrarily and capriciously in failing to treat all AIDS-related drugs under a uniform framework established for AZT." The NGRA also asks for an injunction requiring the defendants to account publicly for expenditure of the funds appropriated by Congress for AIDS research and testing.

The State of California wants to test and license drugs for the treatment of AIDS without waiting for the federal Food and Drugs Administration (FDA) to approve new therapies. California says that the FDA is being too slow in responding to the medical emergency. The proposal is yet to become law, but the fact that California politicians are seriously considering it indicates their dissatisfaction with the actions of the FDA and the Reagan administration.

The state attorney general, John Van de Kamp, is the chief sponsor of the proposal, which is in the form of an emergency bill. Van de Kamp said, "There are two places where this will echo like a thunderbolt. One is the corridors of the federal medical bureaucracy, and the other is in the hearts of AIDS victims everywhere."

The proposal has surprisingly wide political backing. Politicians in California are constantly aware that they need to respond to AIDS because the disease is so prevalent in the state. Members of both political parties, the Republicans and the Democrats, and from both liberal and conservative backgrounds, jointly outlined the plan.

If the bill becomes law, California will become a magnet for both people with AIDS and pharmaceutical companies. But the idea could backfire. Quick cures and fly-by-night drug manufacturers could proliferate. Even established drug companies may be wary of becoming involved. Although the market for drugs in California is potentially large, firms may still find that it is not worth the expense of testing new drugs for sale in just one state.

Van de Kamp said he hoped that testing of experimental drugs on volunteers with AIDS would begin by the end of the year. The Department of Health Services in California would approve applications for testing and ultimately license any drugs. "This bill is the state of California's announcement that, in the face of an extraordinary medical emergency, business as usual just isn't good enough," Van de Kamp said.

The FDA would not comment on the proposal until more details were available. An FDA spokesman in Washington denied that the agency was too slow. "In many cases, we have been ready to approve things for testing before the companies have been ready," an FDA spokesman said, San Francisco warned that rushing into the licensing of drugs was not always wise. Nevada's legalization of laetrile—a toxic compound which people have used to treat cancer despite lack of evidence for its effectiveness—was one example.

There is nothing illegal in what California wants to do, provided that the drugs are tested, manufactured and distributed within the state. Any ingredients or materials used in the drugs must come from within the state. It would be illegal for companies to sell AIDS drugs outside California. Yet critics say that it is easy to envisage a black market for such drugs developing elsewhere.
Hanley had contact with AIDS

Disc jockey mourned by his colleagues

By KEVIN D. O’CONNOR

From Page One

Mr. Hanley had been a popular figure on the radio, and his passing was mourned by many.

By KEVIN D. O’CONNOR

DJ Hanley is mourned

As a teenager, Hanley was a popular figure on the radio, and his passing was mourned by many.

By KEVIN D. O’CONNOR

Hanley: a victim of the times he lived in

The idol who lived a secret, forbidden life

Vincent Hanley was a popular figure on the radio, and his passing was mourned by many.

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Moscow AIDS clinic announced

From Conor O'Clery, in Moscow

MORE than 150 people have gone along in recent weeks to house number 15, block 10 of a street in the Sokolnikiaya Gora district of Moscow. House number 15 is the Soviet Union's first AIDS clinic where patients can attend anonymously for tests.

The existence of the clinic was revealed in yesterday's edition of the Soviet Medical Gazette, which in the course of a detailed article about the disease also recommended the use of the militia to identify high-risk groups, including homosexual men, for compulsory screening.

The Soviet Union first acknowledged that it had an AIDS problem last June. Thirty cases have now been officially diagnosed, 28 of them foreigners, mostly students. Of the two Soviet victims, one was a 10-year-old girl who got the disease from a blood transfusion.

The Medical Gazette also announced that in its drive to control the spread of AIDS in the Soviet Union, all Soviet citizens who return from long business trips abroad are to be tested for AIDS anti-bodies. Resident foreigners are also recommended to undergo tests.

All blood donors and people from high-risk groups such as drug addicts, prostitutes and homosexuals are also to be tested, according to the article written by the Deputy Minister of Health, G. Khryabich, and the Director of the USSR Institute of Virus Diseases, V. Zhdanov.

The authors admit that finding and identifying such people will not be a simple task, and "militia bodies which secure the order and safety of Soviet citizens, as well as active information and assistance to health establishments... can be of great help."

They give the metro station and bus number for the Moscow clinic and how it works: "You will not have to register in advance, they will not ask your name or home address either."

"You have a conversation with a doctor. You tell him what worries you. Then you answer a questionnaire without identifying yourself and you will have to remember its number... then, using a disposable syringe, they take blood from your veins. That is all. Tomorrow, over the telephone, after having given your number, you will get an answer."

Health authorities will set up similar laboratories in 105 cities in the Soviet Union this year and have been told the testing of high-risk groups is their "top priority task."

The article also claims that Soviet scientists have developed a technique for speedy analysis of blood samples. Of the 150 or so who went along to house 15, none were AIDS positive.
AIDS: tell the whole story, says priest

By ANNE HARRIS

WHEN a public figure dies from AIDS, society has a duty not to cover up from some sense of misguided compassion, said Father Bernard Lynch, the Irish SMA priest who runs an AIDS mission in New York City.

"In many ways it is more difficult when a well-known person dies," he said. "Because of the whole myth that surrounds a public persona, there is the feeling that real men are macho, not gay, in other words real men don't get AIDS."

The most important aspect in confronting AIDS is handling AIDS deaths, said Father Lynch, who has attended the death beds of 60 AIDS victims in America.

The public has a right to know when a person dies from AIDS. The doctors have a duty to register the deaths as such. "The point is we have to get out of this terrible box that it is a disgraceful death when it is an AIDS death.

"While I think well-known people must identify when they have AIDS, I don't deny the price they have to pay. There is the legitimate responsibility to their loved ones, who have been through enough."

"But if people share the knowledge with us, if they tell us how they contracted it, then we can communicate it to the children and help to prevent it."

"The way famous people deal with AIDS can be crucial for the sufferer, for society in general and for posterity in particular," said Father Lynch.

He contrasted Liberace's way of dying with Rock Hudson's.

"There was enormous difficulty in getting anyone to acknowledge that Liberace had AIDS. In the end, the doctors had to be prosecuted."

Rock Hudson's death was brave beyond measure, he said. "What Rock Hudson did for people with AIDS, what he gave them as a parting gift, was the greatest thing possible. He came out and said: 'I am one of them, I'm gay and I'm dying of AIDS.' His courage, his bravery in showing his face to the world, did more than anything else to give acceptability to death from AIDS."

Father Lynch was very important, said Father Lynch, because everybody felt they knew him. "If we know this person whom we love and respect it gives a human face to the disease. We have to bring life to this disease. Rock Hudson did that. He let everyone know what was going on."

"His friends today are carrying on his magnificent gesture," said Father Lynch, President of the AIDS Society in America.

"The reason it is so difficult to be open and to acknowledge a death from AIDS is because of the association of the disease with sexuality. Society finds this overwhelmingly threatening."

Father Lynch told the Late Late Show three weeks ago of the 12 priests who died of AIDS in the US.

"AIDS is not just a disease, it is people. AIDS has to have a human face," he said.

He pointed out that only last week the Cardinal Archbishop of Washington, Dr. James Hickey, called a news conference to announce that one of his priests was dying of AIDS.

Father Lynch, who expressed strong criticism of Gay Byrne's questioning him about his own sexuality on the Late Late Show, said Irish society had extra problems in dealing with AIDS because it had extra problems in dealing with gay people. "There is no category in Irish society in which gay people are comfortable."

"I've been on many television programmes in the United States, and you know how you can almost appear in your underwear on these programmes -- they say anything."

"But nowhere was I asked a question like that. It was most inappropriate."
Fake virus could help beat Aids

THE SUNDAY TIMES 19th April 1987

by Neville Hodgkinson
Medical Correspondent

BRITISH scientists have taken a big step towards the task of producing a safe and effective treatment for Aids. Using genetic engineering techniques they have manufactured a virus "vaccine" which has many of the properties of the real thing, but which is not infectious. It is the first genetically designed, "artificial" virus ever produced as well as providing the "blueprint" for a new kind of vaccine, they believe it is capable of teaching the body to acquire a more powerful defence than it does in response to the genuine virus. This raises the hope for the first time that the long-term possibilities of a "cure".

The breakthrough involves research by a team at Edinburgh University's department of biochemistry, led by Dr. Alan Kingon and his wife Dr. Susan Kingon. Only the government-funded Medical Research Council has been willing to support the project.

But when the researchers started to see the potential, they approached the UK's newest high-technology health science company, British Biotechnology, and asked for help. The company is based in Scotland and is developing the Anti-viral Research Institute in Cowden, near Dundee, where Dr Keith MacKinnon, the chief executive, said last week: "As soon as we looked at the technology in detail, we recognised this was a world-beater."

Animal tests have shown that, unlike most vaccines, the new drug is safe and effective. The project has already been backed by the European Community and it is expected to have a significant impact on the search for a cure. The vaccine is expected to be available within two years and, if successful, is expected to have a world-beating impact on the search for a cure for Aids.

Further implications have been filed in Britain and the US, and patents covering the details of the discovery are to be published soon in scientific journals. Under existing international agreements, new "vaccine" techniques may be adopted by others, so the "blueprint" for a safe and effective treatment for Aids may be available to all.
Everything you need to know about the AIDS test—whether to have it and what a positive test result means to your job, your rights and your insurance

A CONSUMER GUIDE TO TESTING

MEDICAL MATTERS

Q: I'm not homosexual, and I don't inject drugs. Should I be tested for AIDS?

Yes, if you fall into one of the following categories: You have had more than three or four sexual partners in any one of the last five years; you are planning a pregnancy; you have had sexual contact with someone you've since learned has AIDS, uses drugs or is bisexual, or you are sick and your doctor recommends it.

Q: If I've had a blood transfusion, do I need to be tested?

If you got the transfusion between the fall of 1978 and May of 1985, there is a very slim risk that you may have been exposed to the virus. A test is advisable if: (1) More than one transfusion was performed, (2) the procedure was carried out in New York, San Francisco or another city with a high incidence of AIDS or (3) the transfusion occurred toward the end of the 1978-85 period, when the risk of contaminated blood was greatest because of the buildup of AIDS carriers.

Q: Should I be tested at a public clinic, or by my private doctor?

In terms of accuracy, both are equally good. But they vary tremendously in the amount of pre-test and post-test counseling they offer. To find out whether doctors offer such services, contact your county medical society. To learn what public clinics offer, call your county or state health department. There are also differences in confidentiality. Some doctors keep a record of the test in a patient's file, where staff members can see it. No public clinics keep records by name. On the other hand, you may feel uncomfortable going to a public clinic, which is open to public view.

Q: How is an "anonymous" test different from a "confidential" test?

Sometimes, to the public's confusion, the terms are used interchangeably. Public-health officials define them as follows: In an anonymous test, your name is never requested or recorded. Your blood is coded with a number that you must have when you come, in person, to get your results. If you forget or lose your code number, you will have to have the test repeated. In a confidential test, your name is recorded, but all aspects of the test—including your name and the result—are kept private. Unlike anonymous testing, your physician can locate you if a medical reason arises.

Q: I've seen ads for testing by nonprofit or private groups that claim to be faster or more circumspect. Some charge a lot. Others don't. Is there a reason to use these services instead of a public clinic or my doctor—or to avoid them?

They may be faster, but no more circumspect than public clinics. Since most of these groups contract the tests out to well-regulated biotech laboratories, the results should be reliable. It's not worth the extra cost unless speed is particularly important to you or you want to be screened for additional venereal diseases. Many of these groups test for such diseases.

Q: Is there any danger to me from the test itself?

No. A new needle is used to draw blood for each patient, so there is no possibility of contamination.

Q: What does the test actually test for?

It detects antibodies produced by the immune system to fight off the virus. It does not directly test for the virus, which hides inside the body's cells.

Q: Can I have AIDS antibodies without the AIDS virus?

It's theoretically possible. If you received a vaccine for a deadly form of hepatitis called hepatitis-B, it was made from the blood of homosexuals, the people likeliest to have the disease. Any AIDS virus in the blood was killed, but the antibodies to it might still exist and be passed on to you. This is extremely unlikely—for all practical purposes, impossible.

Q: How reliable are the laboratories that do AIDS testing?

Very reliable, since the test itself is well-known and easy to do.

Q: What is the accuracy of the test?

Almost 100 percent.

Q: If it's so accurate, why does it have to be repeated when the result is positive? And why doesn't it have to be if the result is negative?

The test rarely produces a false negative—in blood donors, perhaps once or twice in 100,000 tests. Such a sensitive test pulls in more than the AIDS antibody alone, triggering occasional false positives. So someone who tests positive should be screened by a more specific method, known as the Western-blot test, to confirm the result and be considered definitely positive.

Q: If I test negative, does this absolutely prove that I don't have AIDS or carry the virus?

It is strong evidence, but not proof. It usually takes six weeks for the body to produce antibodies against the virus. This means someone could be tested immediately after exposure and not come up positive. After 12 weeks, however, a negative result virtually guarantees that you haven't come in contact with the virus.

Q: Does a positive test mean I will contract AIDS and die?

Not necessarily. After five to 10 years, 25 percent to 50
percent of infected people will develop AIDS. Most—if not all—of those people will die.

Q If I test positive, can I do anything to save off AIDS?

No existing drugs can prevent or cure AIDS, although the new drug AZT relieves severe symptoms in some patients. A good diet and plenty of sleep and exercise seem prudent, since a healthy body can best fight off disease.

BEHAVIOR

Q Should I insist that my partner be tested when I start a new sexual relationship?

If you have any doubts, it’s an obvious precaution.

Q Does a positive test mean I should confront my sex life differently, even if I have no outward signs of AIDS?

Yes. You should try to abstain from sex, because you can infect others even if you don’t have any symptoms. If you find this impossible, you should inform all partners that you tested positive and use a condom if you have intercourse. Properly used, it will provide a barrier that’s almost 100 percent effective.

Q Should I tell previous sexual partners? How far back? Should they be tested as well?

There’s no legal obligation, but as an ethical matter, you should tell them. You should go as far back as 1978, when the virus first appeared. And yes, they should be tested.

Q Even if I test negative, is it a good idea to be tested every few months?

No. It would be better to change your sexual behavior to minimize risk. A test can only reveal the past, while changing your behavior can influence your future health for the better.

CONFIDENTIALITY AND LEGAL RIGHTS

Q If I test positive, can or will the testing facility or doctor release the results? Will they ask for the names of my sexual partners so they can be tested?

In most states, a physician or testing center will release the information to no one but the patient. In Arizona, Colorado, Florida, Idaho, Montana, South Carolina and Wisconsin, however, positive results must be reported to the state health department. California forbids putting positive test information into hospital records.

No law requires doctors to contact the sexual partners of a person who tests positive, or to ask the person to do so. That is left up to health departments, and only in the seven states listed above do health departments get such AIDS information. There is a common-law obligation on doctors, if they are counseling a recalcitrant person, to inform a spouse who is constantly being exposed. There is no such obligation to tell a “significant other,” though California and Colorado are considering such legislation. If a doctor knows that someone who tested positive is continuing to have sex with many different people, and the doctor informs one of those people of the risk, he or she could be sued by the original AIDS carrier on the grounds that the common-law right to privacy was violated.

Q Can test results be subpoenaed?

Yes—without the permission of the patient, even in states with confidentiality requirements. To prevent a subpoena, special laws must be on the books. No state has such legislation; Colorado is considering it.

Q Can I be denied a job or fired if an employer learns I’ve tested positive?

A few places, such as New York City, Los Angeles and San Francisco, have passed laws to protect AIDS victims from discrimination in housing, jobs and access to public places such as restaurants and hotels. All states except Delaware forbid discrimination against the handicapped, and gay-rights groups argue that these laws protect people who test positive. No court has yet decided this issue.

HEALTH INSURANCE

Q Will my group-health policy cover the cost of an AIDS test?

Yes. But this is often not an issue because the test is expensive and is usually offered free at public-health clinics.

Q Do I have to tell my health insurer if I’ve tested positive?

It depends. Thirteen states bar insurers from asking the results of prior AIDS-antibody testing. California, Wisconsin and the District of Columbia prevent insurers from testing applicants. On June 1, Wisconsin will allow tests.

Q If my group-health policy pays for the test, can my employer demand to know the results?

No.

Q Can my life or health insurer cancel my coverage or raise my premium if I test positive? Can it be canceled in the future if I develop AIDS?

An insurer can’t cancel a policy unless there’s evidence of fraud—saying, for instance, that you hadn’t taken the test or didn’t test positive when the reverse is true—or failure to pay premiums. An insurer also can’t raise the premium because of a positive AIDS test. In some cases, insurers have refused to pay claims on people believed to have been infected before they took out the policy. Some companies have claimed that a positive test result is evidence of a pre-existing condition. This issue is far from settled.