

Print Media



National HIV and AIDS

Archives

#NationalHIVArchives



1st to 10th April 1987

Evening Press
2nd April 1987

EVENING PRESS, THURSDAY, APRIL 2, 1987

AIDS ward shun Diana

AIDS victims have refused to shake hands with England's Princess Diana when she meets them during a hospital tour.

They say they do not want to be identified in photographs for fear of discrimination when they leave the ward.

They are due to meet her when she visits London's Middlesex Hospital next Thursday to open an AIDS ward.

The men, most of them homosexuals, have not even told friends and relatives — and they fear discrimination when they leave hospital if they are identified.

Doctors were delighted when the princess agreed to visit.

They felt a photograph of her shaking hands with a victim would bring home the message that AIDS cannot be caught by social contact.

"The patients' refusal is a great shame," said hospital manager Chris Ward. "It would have been a tremendous boost."

SL

AIDS vaccines poised for trials

SEVERAL potential vaccines against AIDS are beginning to show promise in American laboratories. At least three research teams are poised to begin tests on humans. However, scientists cannot agree on the best regime for testing a vaccine.

Gerald Quinnan, chief of vaccine development at the US's Food and Drug Administration (FDA), said last week that he was certain that trials to test a vaccine on people would begin this year. Allan Goldstein of George Washington University has asked the administration for permission to begin such trials, and has two dozen subjects lined up. Two other research groups have also asked to start tests on humans, said a spokesman for the FDA, but he declined to identify the groups.

Goldstein told a meeting of scientists last week in Bethesda, Maryland, that he had decided to move directly from mice and other non-primates to humans because there was a shortage of chimpanzees on which to test his vaccine. Several scientists at the meeting agreed that this shortage is the worst bottleneck in research on an AIDS vaccine. Patricia Fultz of the Centers for Disease Control in Atlanta said that there are about 250 chimpanzees available now for testing an AIDS vaccine in the US.

Last week's meeting at the National Institutes of Health focused on strategies for vaccine trials. Most scientists agree that it will not be easy to prove that a vaccine is safe and effective. Because the human immunodeficiency virus (HIV) mutates over time, and even the nature of the disease that it causes differs from place to place, one vaccine might not be effective against all strains. So far, experimental vaccines have

varied in their effectiveness against different strains of the virus in laboratory tests.

Most of the vaccines make use of one of the proteins found on the surface, or envelope, of HIV. When introduced into a healthy individual, the protein causes a person's immune system to respond by producing antibodies. The antibodies



Daniel Zagury, a French AIDS researcher, vaccinated himself

neutralise the protein and, presumably, would do the same to the whole virus should the person come in contact with it. Other candidate vaccines rely on another virus such as vaccinia or adenovirus, to carry the viral gene that produces the protein—often by inserting this gene into the DNA of the carrier virus. No one has yet prescribed a genetically engineered vaccine—for any disease—for humans, and extra precautions to test the safety of such a vaccine will be needed.

There is still uncertainty over how much danger even a piece of the virus poses to an uninfected person. Goldstein has avoided the problem by creating a synthetic protein that closely matches a protein in the core of HIV, but is not identical to it. When administered to animals, the synthetic protein induces antibodies that neutralise the virus. Unfortunately, scientists believe that genes coding for the core of HIV mutate as frequently as those coding for proteins in the virus's envelope.

One unresolved problem is the question of how safe and effective the vaccine has to be in tests on animals before proceeding to tests on humans. Some primates produce antibodies against HIV vaccines, but these animals are not immunologically identical to humans.

Irish Press
3rd April 1987

Aids group starts work

The National Task Force set up by the Catholic Church to combat Aids met for the first time yesterday, and said later that the Government's educational campaign against the disease was "overdue".

The task force includes a member of the Gay Health Action Group. Page 3.

Irish Press
3rd April 1987

AIDS campaign overdue, says new church task force

By ANNE FLAHERTY

THE NATIONAL Task Force on AIDS set up by the Catholic Hierarchy yesterday criticised the delay in launching the Government's £500,000 educational campaign against the disease, and said the campaign was now "overdue." Members of the 19-strong task force, which met for the first time yesterday in Dublin, chaired by District Justice Gillian Hussey, agreed unanimously that the Government should treat the AIDS problem as "a priority."

The role of the task force is to make recommendations on a practical response required from the Church at all levels to the disease.

Its next full meeting will be in Easter Week. A number of sub-committees to produce proposals on education, care, and research were also set up yesterday to make submissions to the full meetings of the group.

But the delay in a structured response from the State was criticised by two members of the Task Force yesterday.

Ciaran McKinney, of the Gay Health Action Group, said it was "criminal" of the Government to delay launching its national campaign to publicise the dangers of AIDS while Paul Sheridan, of the Haemophilic Society, described the delay as "ridiculous."

Fr. Paul Lavelle, the pastoral care co-ordinator for the task force, and who has been responsible for the drugs awareness problem in the Dublin Archdiocese for three years, said it was "unfortunate" that the campaign had been delayed, but he pointed out that the Health Education Board had been running courses for doctors and other health workers on the issue.

The controversial £500,000 anti AIDS advertising campaign was revised by the Health Education Bureau earlier this year because the Department of Health felt it did not place enough emphasis on the threat to drug abusers. It was then postponed until after the General Election.

The Department of Health said yesterday that the Minis-

ter was developing a programme, and the campaign should come on stream shortly.

Among the task force's roles will be that of making information available on the medical and pastoral aspects of AIDS to priests, community and Church workers and schools. It will also support Church programmes to combat drug abuse, and the formation of counselling services for those affected and their families.

Task force members said they were going to work "on common ground" rather than adopting a confrontational manner, despite the diverse views of many of those involved.

Mr. McKinney of the Gay Health Action Group, said they were not trying to get the Church to "change its mind on condoms" through the task force, but to see what areas the Church could get involved as a caring service.

Members of the group include the director of the Medico-Social Research Board, Dr. Geoffrey Dean; Dr. Fiona Mulcahy, of the Sexually Transmitted Diseases Clinic, St. James's Hospital; the Chaplain of Mountjoy Jail, Fr. Michael Cullen. Mr. John Collins, of the Department of Health, journalist Fintan Drury, Dr. John O'Connor, of the Drugs Treatment Centre, Jervis Street Hospital, Mr. Peter Nugent, of the National Catholic Marriage Advisory Council, and other medical and clerical representatives.



Bishop Desmond Williams at yesterday's conference.

Friday, April 3, 1987

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Edited by Caroline Walsh

FELINES

Inter- national AIDS day

TODAY is International AIDS day and events worldwide are scheduled to mark the event. In Britain Bob Geldof, Herbie Hancock, George Michael and Bob George, among others, will be doing their thing at a series of AIDS fund-raising concerts as will a number of female acts like Sandie Shaw. That women should involve themselves in such campaigns is particularly appropriate if — as the evidence is beginning to suggest — they are the most at risk when the virus spreads to the heterosexual community.

On the 16th of May Pandora Press and the Terence Higgins Trust will hold a conference at Regents College, London, designed to give practical advice to women on the implications of the AIDS crisis. People working in health care areas and women's organisations could do well to travel over for the event but if that's out of the question Pandora — also in May — are bringing out a book by psychologist Diane Richardson on the same subject. A lecturer at Sheffield University, she recently travelled to San Francisco as visiting professor to the Centre for Education and Research on Sexuality. The book, "Women and the AIDS Crisis", covers areas like pregnancy, rape, prostitution and living with AIDS. Given recent reports that the virus can be transmitted through breast milk, all this is a new and very frightening aspect of this 20th century plague. Details of the book and the conference can be got from Pandora at 11 New Fetter Lane, London EC4P 4EE.

Nuclear

Shaw

Fruits of frowned-on love to fight AIDS

PRICES soared to spectacular heights in early bidding at the auction of the late Duchess of Windsor's jewels in Geneva last night. The proceeds of the auction, organised by the Pasteur Institute, will go to AIDS research.

The first inscribed piece went for 50 times its estimated value. The piece, with the message "hold tight", the 15th lot of the evening, finally sold for £250,000 after a battle which involved telephone bids from New York against a buyer in Geneva who eventually won. Its basic estimated value was just £5,000.

It was one of 95 top lots offered on the opening night of the sale of mementoes that recall the romance between the American, Mrs Wallis Simpson, and King Edward VIII, who abdicated 50

years ago to marry Mrs Simpson, who was twice-divorced. About 1,000 bidders and 300 media personnel crowded the large marquee which housed the auction's first evening.

Fur coats were very common and streets were lined with Rolls-Royces, Ferraris and other luxury cars which brought the crowd of potential buyers, including members of the Italian royal family.

In New York, about 600 people gathered in Sotheby's main salesroom to view slides of the jewels and to have their bids relayed to Geneva. Next to the screen was a "scoreboard", flashing the current bid in Swiss francs and US dollars. More than 20 phones had been installed at the front of the room. Sotheby staff there took bids from those unable to attend.

The 306-piece Windsor collection ranges from sentimental trinkets etched with intimate inscriptions, to such stunning jewellery as a 31-carat diamond ring. Also offered was a sparkling diamond and ruby necklace, complete with a tassel of rubies, which the King gave to Mrs Simpson on her 40th birthday, a year before they were married. The inscription on the clasp reads: "My Wallis from her David 19.VI.36".

The former Mrs Wallis Simpson became Duchess when Edward abdicated on December 12th, 1936, to become her third husband. She died on April 24th, 1986, and left her fortune, as well as precious objects, to the Pasteur Institute.

One Sotheby's official said he was "staggered" by the amounts

paid. "On average, items are fetching 10 times the maximum estimates," he said.

Sotheby's had put an estimate of \$7.5 million on the entire collection, but admitted that the sale could fetch many times that amount because of the historical and romantic backgrounds to the jewels.

A Cartier cigarette case made of gray and yellow gold, given to the duke on Christmas, 1935, by the future Duchess was knocked down for \$270,000, no less than 100 times the estimate. There is a map of Europe on the back showing cities which the couple visited in 1934 and 1935. Their route is shown in red and blue enamel, and the inscription inside reads: "David from Wallis, Christmas, 1935".

An early lot consisting of two

cufflinks and four diamond-inlaid buttons by Cartier went for \$400,000, against the starting price of \$8,000 to \$11,000.

The famous "pink flamingo brooch" that the duchess wore on a trip to the United States in 1941 went for \$730,000 dollars, against the expected 120,000 dollars.

Record prices were also fetched by the famous panthers created for the duchess by Jeanne Toussaint, who was responsible for Cartier animal jewels in the 1930s. A brooch with a panther on a 152.32-carat cabochon was knocked down for \$930,000 dollars, while the starting price was only \$100,000.

Most of the lots were bought by dealers or intermediaries.

The sale was reported to have raised a total of \$32.5 million.

— (AFP, UPI, PA)

Unknown Source
3rd April 1987

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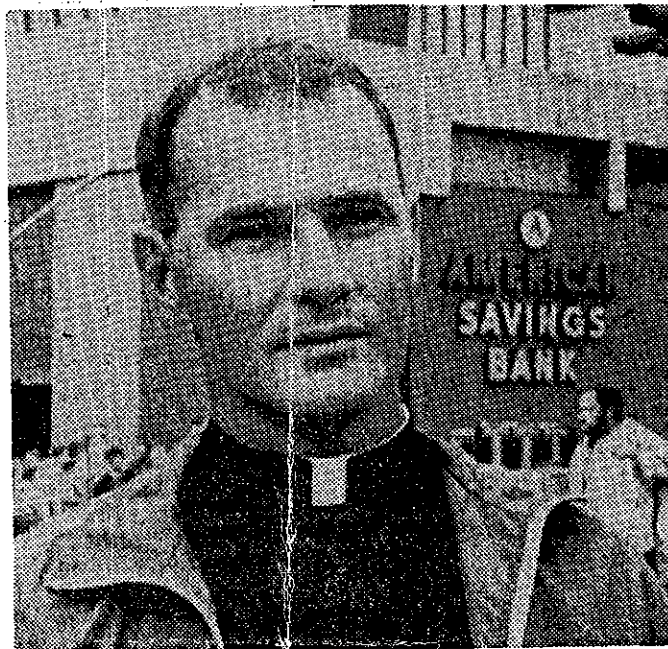
AIDS: A PRIEST'S TESTAMENT

● The Aids epidemic has already killed 15,000 people in New York and the scale of the problem raises awareness to a higher level than in other societies. But, there is also a spiritual dimension to the problem, for both sufferers (and their families) and the priesthood which **AIDS: A PRIEST'S TESTAMENT** highlights in painful detail through the eyes of Irish-born Father Bernard Lynch in the Aids Ministry in New York and of his flock, mainly in the gay community.

Aids: A Priest's Testament takes the form of a letter from Father Lynch to a colleague in Africa, interspersed with interviews and location scenes of PWA (persons with aids).

It shows a Catholic priest struggling with his own conscience, experiencing a fundamental challenge to his faith, but who ultimately finds Christ in his ministry: "These people have converted me to Jesus Christ and to a love of the Church which I never had."

● Life is never simple when the man you love is married to someone else . . . Felicity Kendal, as the delectable Maxine in **'THE MISTRESS'**, knows this only too well, but continues to find herself in farcical situations because of her affair with the wedded Luke (Peter McEnery), in the gentle comedy series repeated on BBC 1 at 9.30.



● "These people have converted me to Jesus Christ" . . . Fr. Bernard Lynch.

The Sunday Press, April 5, 1987

Gays fear backlash over AIDS

By JOHN GIBBONS

DUBLIN'S homosexual community is living in fear of a new wave of AIDS-linked "gay bashing" and reports a "noticeable increase" in violent incidents against gay people in the capital.

"In the last two months a number of gay people have been injured in assaults and stabbings," says Mr. Dave Quinlan of the Gay Health Action group. "Whether this is just homophobia or gay-bashing is hard to tell, but it is certainly a cause for concern."

In Britain and the US there has been a dramatic increase in violent assaults — including murders — of gay people since AIDS first emerged as a major threat. These attacks have been linked to extreme right-wing fundamentalist groups in the US and to the neo-Nazi National Front in Britain.

"People will always look for scapegoats in this type of situation," adds Mr. Quinlan. "In any community there will always be a certain element who will use something like AIDS as a good excuse as any to 'justify' ridiculing and assaulting gay people."

How the media portrays the disease, and the gay community as a whole is crucial in setting the mood of public feeling, argues Dave Quinlan.

The Gay Health Action group has undertaken its own education programme on AIDS, involving circularising 120,000 leaflets to both gays and the community at large. "Education, and non-hysterical media reporting, are the two vital ingredients in preventing AIDS hysteria," he adds.

A gay man we spoke with (who chose to remain anonymous) said that he had been the butt of AIDS "jokes" in recent months, and added: "I've been relatively lucky in that I have not been attacked."

"A few weeks back a couple of friends of mine were not so lucky. AIDS is a great excuse for some morons with axes to grind."

● Meanwhile, yesterday Mr. Arthur Dunne, chairman of the Institute for School Guidance Counsellors, said that the "nightmarish" threat of AIDS must be dealt with in a positive sex education programme in post-primary schools. Everything possible must be done, he said, to protect people from the threat and it must be done now.

SW

Mean Streets

AIDS Heaps Hardship

On Washington Slum

Called 'the Graveyard'

Victims Are Hard to Get To With the Help There Is: The Barriers to Education

Gay Blacks and Needle Users

By RICK WARTZMAN

Staff Reporter of The Wall Street Journal

WASHINGTON—Almost any morning, Squeaky can be found here near 8th and M streets, N.W., leaning on the stoop of a ramshackle house or, if he is too weary, sitting on the sidewalk with his long legs stretched into the gutter.

Gaut and red-eyed, he slings sad songs for passers-by while clutching a bottle of booze. He is in pain, he says, and he is convinced he won't live beyond this, his 39th year. "I don't want him to take me away," Squeaky says, gesturing with black hands at the open sky.

"I'm afraid I'll die," he says, weeping. "They told me I got the virus." The "virus" is HIV, which causes AIDS. Squeaky says that earlier this year when he was a prisoner in Washington's Lorton Reformatory, his blood tested positive for HIV.

More and more, AIDS is threatening to overwhelm inner-city people in the U.S., who already endure enough hardships. Some say it is only a matter of time before the most important occupations at 8th and M—prostitution and drug dealing—are supplanted by the work of undertakers.

Unfair Share
Statistically, one black dies in the U.S. of AIDS every two hours, most often in poverty. Though they make up just 17% of the population, blacks and Hispanics account for 38% of the nation's 45,000 AIDS cases. More than 70% of the women and children who get the disease are from minority groups.

Inner-city AIDS victims have had particularly difficult coping with their fatal illness. Intravenous drug users, among whom AIDS is now spreading the fastest, live in the shadows. Gay blacks, who so far account for more AIDS cases than any other group in the black community (47%, nationally), find themselves a minority within a minority, treated as pariahs by many people—black and white.

At 8th and M, in the city with the fifth-highest incidence of AIDS in the U.S., the disease is impossible to ignore. Called "the Graveyard" by local drug users, this is a dingy neighborhood of 35 hookers and heroin shooting galleries, the last stop in life for many a local junkie. Talk of death here, which for years centered on gunshot wounds and overdoses, now focuses as well on the pneumonia that ultimately kills so many AIDS patients.

"There are only a few places for people like me—jail, the grave and, now, the world of AIDS," says Gloria Smith, a heroin addict whose AIDS was diagnosed about a year ago. Before she got sick, the mother of four visited 8th and M to buy drugs. "Why use" she asks.

Overwhelming Hopelessness

A week spent recently in this bleak neighborhood illuminates the gargantuan problems created by AIDS in the U.S.'s slums. Among them: the frustrations of educating people about a disease entangled with sex and drugs; the difficulties hospitals and other social-service agencies have treating the illness; and the overwhelming sense of hopelessness among residents fearful of contracting AIDS.

Still, few institutions in the inner city acknowledge the AIDS crisis. The church, traditionally the black community's pillar of strength and guidance, is ambivalent about even discussing the sickness. At the 6,000-member Shiloh Baptist Church, a large brick structure at 8th and P, AIDS does get mentioned sometimes, but clergymen are still grappling with how to confront the disease from the pulpit. "It's tough," says the Rev. Ronald K. Austin. "We'll probably have to do something about AIDS, but we don't know what yet."

The black middle class also has been reluctant to offer support to people with AIDS, fearing the disease will be perceived as a black problem and thus increase racism. "It shames me for the color of my skin that my own people won't do anything to help," Ms. Smith says. National black organizations insist that AIDS education is at the top of their agendas. But, for the most part, the word doesn't seem to reach the streets.

Tough Audience

The real work is left to a handful of grassroots groups that are diligently trying to reach the inner city about AIDS. They face a misinformed and greatly skeptical audience, which often discredits this basic appeal: Minimize high-risk behavior by wearing condoms during sexual intercourse and by not sharing needles and syringes. That way, blood and semen are less likely to be exchanged.

Culture complicates things. For many in the black community, condoms suggest involuntary population control—while people trying to limit the number of blacks—and therefore are an abomination. Moreover, unbridled sex remains an expression of machismo for many men. In the District of Columbia, 67.1% of black births are out of wedlock.

Eighth and M isn't far from the parks and monuments of the nation's capital. But it is virtually impossible to walk up 8th toward N—past the piles of garbage heaped in front of Mac's gasoline station and the

Mean Streets: AIDS Heaps Hardship on the Denizens Of a Slum in Washington Referred to as 'the Graveyard'

Continued From First Page

burned-out clapboard facade of the New Fountain Baptist Church—and not find someone who has been touched by the disease.

One man, nicknamed Dog, has seen two friends die of AIDS in just the past few weeks. Franchise, who like others in the neighborhood is unwilling to give her last name, was close to two people who died, and she says she has seen many familiar faces grow thin and sickly and suddenly vanish from the streets. Ship, an intravenous drug user, thinks he might be an HIV carrier, but he is afraid to be tested, and he is afraid of getting AIDS from the women he sleeps with. "These days," he says, "I go to bed with a girl—and then I just pray."

The strain on the system is great. At Washington Hospital Center, a private facility, limited bed space has been made all the more so by the 300 AIDS patients treated there since 1981. The most tragic cases, says Dr. Charles Levy, are those who come from the slums. "It's really America at its worst," he says.

The personnel in unit 1-E of the hospital not knowingly when they hear the words "8th and M." Usually, says nurse Mary Reilly, AIDS victims from such neighborhoods are so sick when they arrive, they are "scopped up" in a comatose state, dumped here, diagnosed, and then they die.

Not Knowing How to Seek Help

That relatively few AIDS patients in Washington receive Medicaid and other benefits for which they are eligible is another part of the AIDS tragedy in the inner city. Although an impoverished person diagnosed with AIDS is automatically eligible for the District of Columbia's General Public Assistance program, only about 75 AIDS victims have applied for it in the past two years. One reason, officials say, is the daunting red tape involved in applying for these benefits, which usually come to about \$225 a month. Additionally, Medicaid will pay all medical expenses for the very poor. But people around 8th and M often don't know how to apply.

Those who do get help live precariously. Cedric, 32 years old, was diagnosed as HIV-positive in 1985—he says he thinks he got it from a woman he picked up at a bar—and since then he has developed AIDS-related complex, symptoms that often lead to a diagnosis of AIDS. He survives on \$225 a month from Social Security, in perpetual fear of being cut off. "I guess I'd have to turn to a life of crime," he says. "Or I'd be back out on the streets."

Caring for addicts presents the greatest challenge. "People can't go to the IV, drug abuser and say, 'We don't care about the rest of your self-defeating behaviors, only about AIDS,'" says Ed Pitt, the director of health and environmental services at the National Urban League. He believes that getting people to stop injecting drugs with dirty needles requires doing something about the underlying causes of addiction, including poverty and the despair that goes with it—while also improving available drug treatment.

District of Columbia social workers have been very successful at finding housing for

people with AIDS, but many families can't stand the regimentation of life under someone else's roof. So they head back to old haunts, where addicts share needles and fresh hypodermics sell illegally for as much as \$3 each.

"So many people use dope today, they don't care which way they go," says Kevin Matthews, an 18-year-old now serving time in a juvenile detention center for dealing drugs on the streets of Washington. "They're just down on their last misery."

For Reed Tuckson, the District of Columbia's health commissioner, AIDS results in difficult dilemmas. "I'm fearful of the choices we'll have to make when given only so much money to spend," he says. "AIDS will compete for resources." Dr. Tuckson's office will spend \$3.6 million—about 4% of its total budget—specifically to combat AIDS in fiscal 1988.

Ruined Lives

Even if limitless sums of money were available, he adds, fighting AIDS still wouldn't be easy. "You have to learn the subtleties of culture," says the 35-year-old District of Columbia native, who watched his best two childhood friends ruin their lives with drugs. One has spent most of his life in prison; the other died of an overdose. "You're really asking people to change their life styles."

At 8th and M, that seems impossible. All day every day, people here are engaged in activities that allow AIDS to thrive: The mornings belong to the addicts. And the nights belong to the drug queens. About 10 a.m., the ghetto awakens. Scores of men and women wander about, looking for an active "oil joint" so they can get their first fix of the day.

"Sunset, Sunset," a drug dealer hawks out, using a local term for heroin. Others act as "fillers," charging about \$5 to find for a buyer a vein that isn't already collapsed from repeated injections. Many times a blither will place the needle in a groin, a neck or, most desperately, a forehead.

One man pulls out a vial of pills—a shot of heroin costs about \$40 or \$50—and then doesn't even wait to get indoors to shoot up. Standing in someone's dusty front yard, he pumps the needle into his arm, ignoring several bystanders. Most of them seem uninterested anyway.

Sex for Sale

When the sun goes down, sex is for sale. Locals say that on some nights, the traffic gets so heavy on 9th Street at N—a spot where men solicit other men—that it approaches gridlock. But even in Washington, where 71% of the black AIDS cases have involved homosexual contact, this promiscuous subculture is a taboo subject. Gay blacks say they are scared of being harassed by the straight men in their neighborhoods, who perceive homosexuality as a sign of weakness.

Many black homosexuals and bisexuals can't bring themselves to admit that they have sex with other men, and they don't think of themselves as gay. Some who have AIDS have created a fictitious history of intravenous drug use rather than confront the real reason for their illness. Such denial

creates a group difficult to reach with messages imploiring condom use and other so-called safer-sex techniques. Meanwhile, women who are intimate with bisexual men can become unsuspecting conduits to other heterosexuals, as can women who go to bed with needle users.

Needing Condoms

"You've got to tell these people they need to wear condoms," says Adrienne Blackwell, an outspoken community activist and 33-year-old transvestite, who serves drinks at the Brasserie Lipp, a black gay bar. "They are not going to abstain." On this night, many of the men will leave the saloon at 13th and I and go to 9th Street in search of a little action.

Such reality has motivated Mrs. Blackwell (who pretends to be thought of as a woman). She says she consistently answers patrons' questions about AIDS and even leaves her home phone number behind the bar, so anybody inhibited about asking a question face to face can call for advice. "There's more to me than a song and dance," she says, "because we've got to do something about this."

For many gay blacks, it is already too late. With relatively little support, blacks say they must turn to traditionally white gay institutions where it is more difficult to find people they can relate to. For instance, without housing provided by the Whitman-Walker Clinic and without a monthly check from Social Security, James McLaurin says he would have perished long ago.

Since last year, when his AIDS was diagnosed, the 37-year-old has lost his job as a house painter. He no longer has health insurance, and he was evicted from his apartment after fellow tenants intimidated the landlord.

Followed by Death

Mr. McLaurin, no stranger to hardship, grew up in downtown Washington and hid his sexuality for most of his life. He fought in Vietnam and lost his first wife, a Cambodian, and their twin daughters to a Viet Cong attack. "For some reason," he says, "death seems to follow me around."

But AIDS for him has been more overwhelming than his other miseries. Until last year—believing that AIDS was a disease of white people—he didn't think much about it. Since being diagnosed, though, he has learned of at least 40 acquaintances who have died of AIDS. "I'm almost all alone," Mr. McLaurin says. Nights are the worst, he says, because he often can't sleep.

When he does manage to doze off, an alarm clock rings every four hours, reminding him to take his AIDS medicine, additively. Even with AZT, an extremely expensive drug paid for in his case by Medicaid, the once-miscellaneous Mr. McLaurin finds his energy sapped. He has been in and out of the hospital and once was in Washington Hospital Center's intensive-care unit with pneumonia.

He says he can't go through that again. A handsome man with a touch of gray in his beard and a melodic voice, Mr. McLaurin has asked two friends to kill him if he is ever completely incapacitated again. He says they have agreed.

Wall Street Journal
5th April 1987

Health experts warned that screening international travelers for AIDS may only briefly slow the spread of the global epidemic. In a meeting called by the World Health Organization in Geneva, they said there is currently no substitute for safe sexual practices to combat the disease.

SL

AIDS AND THE BISHOPS

Sir, — Mary Holland's positive comments about the Hierarchy's task force on AIDS (April 1st) are welcome. However, the context in which they were expressed could leave your readers with the impression that the bishops see their initiative as an alternative to a campaign by the Department of Health, or in competition with it.

Such an impression would be misleading for two reasons. Firstly, the Church is not launching a "campaign". Secondly, the bishops stated explicitly in their statement of March 11th that the task force "would seek to work in co-operation with other bodies which are responding to the AIDS situation."

The decision to establish a task force followed a recommendation by the Church's Pastoral Commission, which in January had been asked by the Hierarchy's standing committee to recommend, as a matter of urgency, practical measures which should be taken by the Church in its *own* ministry.

In setting up the task force, the bishops said that the emphasis in its work would be prevention and care and they specified the following needs:

In the area of education and prevention: 1, to make available information about the medical, psycho-social and pastoral issues to priests, religious, seminarians, community and church workers; 2, to provide support to help prevent discrimination and to ensure just treatment of sufferers; 3, to help schools to provide accurate information within the context of a programme for positive Christian living; 4, to continue and improve Church support for programmes to combat drug abuse.

In the provision of care:

1, Further thought and action about the care of AIDS victims and HIV positive persons and their families in the home, hospital and hospice settings.

2, To help hospitals and hospices prepare, both by staff education and by the development of appropriate policies, for the increase in the number of victims which now appears to be inevitable.

3, To encourage and guide the response which will be required from particular dioceses, parishes, groups and individuals.

4, To help chaplains in hospitals and prisons with special training in pastoral care programmes.

5, To develop counselling services for groups and individuals through existing Catholic agencies, national and diocesan.

6, To bring home to the whole Catholic community the responsibility to pray for victims and their families.

The bishops said the AIDS crisis posed a particular challenge to Christian community: "The plague of AIDS will bring with it suffering, despair, isolation, fear and rejection. Christ's care for the sick and the outcast has always been seen as an inspiration for his Church. The AIDS crisis gives that inspiration a new urgency in our day. We trust that the establishment of the new task force will mark the beginning of a response from the Irish Church and from every member of it which will be generous, practical and compassionate." — Yours, etc.,

JIM CANTWELL,
Director,
Catholic Press and
Information Office,

169 Booterstown Avenue,
Co Dublin.

SL

Unknown Source
7th April 1987

Clare Pearson and Tony Jackson on a sudden halt to fundraising ICN Pharmaceuticals in retreat

7/4/87 37

ICN PHARMACEUTICALS, the US drugs company, looks as though it is on the retreat in the international capital markets after attacking most of the principal currency sectors over the past year or so.

Last week Arab Banking Corporation-Daus, the expected lead-manager of a long-planned Deutsche mark bond issue, said it was delaying the deal. This follows a postponement, announced in February, of the company's introduction to the London Stock Exchange.

ABC-Daus said that the issue was being delayed pending a clarification of the company's acquisition plans. "We have to consider the interests of the bondholder and we cannot at the moment evaluate the growth potential of the share," the bank said.

ICN has launched eight convertible Eurobonds into four different markets over the past year with the aim of building up a "war chest" for the expansion of its activities in Europe.

"The aim of issuing in so many markets was to match our borrowings with the currencies we expect to use in the future," said Mr Daniel Axelrod, vice-president, ICN Europe. But so far the company has made no acquisitions in any of the countries whose capital markets it has tapped.

The secondary aim was to create an investor base in Europe, and for this reason ICN concentrated on issuing bonds convertible into its shares, or those of its subsidiaries, SPI—the marketing and manufacturing arm—and Biomedical, its biochemical division.

Convertible bonds were more appropriate routes into the European markets than direct issues of equity in the light of

the volatility of ICN's shares. A convertible is a far more defensive instrument because its coupon payments are assured.

The chief reason for the shares' volatility is that ICN is the AIDS stock par excellence. Its drug ribavirin, which may have the effect of retarding the disease at an early stage in its development, is the only product of real importance in ICN's portfolio.

Most of the controversy attached to the company has to do with ribavirin, which ICN's founder, the Yugoslavian-born Mr Milan Panic, has put forward as a treatment for an extraordinary range of ailments since it was discovered 17 years ago. It is plainly an unusual drug, active against a wide range of viruses, but its use in the US is still only authorised for a rare disease in infants called respiratory syncytial virus.

"From a starting point of being completely unknown, ICN has built up an incredible retail following in Europe," said J. Henry Schroder Wagg, the company's UK merchant bankers.

Its issuing activity has been something of a tour de force, not only in terms of the number of markets it has used but also of the inventive—and sometimes controversial—issuing structures it has employed.

The Swiss franc foreign bond market has been the main focus of ICN's activities. In 1985, it launched the first dual-share convertible bond, seen in Switzerland. It could be exchanged for shares of either ICN or SPI. This meant that the investor could either choose the New York-listed ICN shares, which have not so far

paid cash dividends, or the dividend-paying SPI shares, which are traded on the over-the-counter market.

This year ICN has gone further down the path of innovation, launching a bond convertible not only into its own shares but also bearer shares of Ciba-Geigy, the Swiss pharmaceuticals company.

This issue proved highly controversial, Ciba-Geigy which had not been informed of the

E. Gutzwiller, a bank partly owned by members of the Gutzwiller and Buegener families, and Fintrelex, a recently established finance company.

From the investor's point of view, however, the bond proved highly attractive as an instrument combining the speculative aspects of ICN with the security of Ciba-Geigy. This has meant that its price has proved resilient despite the volatility of ICN's share price, although the bond is now quoted at around 90 bid compared to the premiums at which it was earlier trading.

Aside from the Swiss franc market, ICN has issued in guilders and Ecu. The Ecu bond—an unusual move in a market that has seen few equity-linked deals—was issued through Pharma Capital Holdings, a Guernsey-based vehicle company (see chart).

ICN's issues in Continental currencies have mainly been collateralised with zero-coupon bonds issued by better quality borrowers, so that their repayment of principal is assured. This has provided a cushion against the falls in ICN's share price. Since in the worst case they can be traded as straight debt instruments.

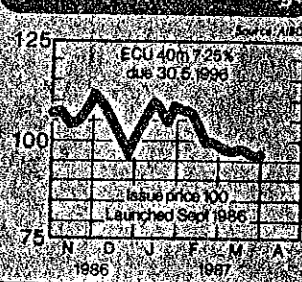
Nevertheless, their prices have moved down as the performance of the underlying equity has deteriorated. The Swiss franc bonds are currently trading at between 90 and 95 and the Ecu bond at about 92.

When it tapped the Euro-dollar market last September, ICN dispensed with the collateral as this is a more sophisticated market used to issues by less well-known borrowers. Most of this issue is believed to have been sold into the United States.

ICN Pharmaceuticals



Pharma Capital Holdings



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Kerry McCarthy meets one of the volunteer buddies in Cairde

Call us if you're in need of a friend

WHEN people train to do something they usually cannot wait to put their training into practice.

But a group of volunteers who began training in 1985 to learn the skills to enable them befriend people with Aids would be very happy if there was never a need for their services.

They are members of Cairde, an organisation set up to train volunteers along the lines of the "buddy" system run by the Terence Higgins Trust in Britain.

So far only one of their 20 volunteers is befriending a person with Aids. The others continue to meet and learn for the day their skills are needed.

Unfortunately, they may not have long to wait. However long the Government delays in its public information campaign to halt the spread of the disease, "the numbers" of people with the HIV virus continues to increase.

Last week in Dublin a medical conference was told by Dr. B. O'Heara, director of community care with the Eastern Health Board, that current studies indicated that Ireland would have 60,000 people with the Aids antibodies by 1992, and over



39,000 people would be suffering from Aids by the year 2000.

The whole situation is nightmarish, for the community generally but especially those who are found to have the HIV antibodies. It is made even worse by public attitudes which look set to treat people with Aids like lepers.

A person dying from cancer, heart disease or almost anything else will usually have the support and comfort of family and friends. But will the person dying from Aids?

It is to ensure that a person with the virus will have somebody to turn for support that Cairde was set up in 1985. Its present volunteers come from all walks of life. They include doctors, nurses, housewives, salesmen and the unemployed.

Alan Johnson (not his

real name) is a psychologist who was one of the founder members of Cairde. He wishes to remain anonymous at public level so that people seen with him won't automatically be assumed to have Aids.

As we talk in his book-lined study a phone call from a social worker asks how Cairde can help a woman who has just discovered that her husband has Aids. After he deals with the call by putting the social worker on to a suitable volunteer, he says that it won't be long before 20 volunteers are not enough.

The service is totally confidential. Only first names are used.

"There is, unfortunately, a terrible sense that a rapid increase in the number of people with Aids is imminent. In the meantime we are using the breathing space to get as much information as possible about the virus. The state of knowledge is changing almost daily," he said.

What makes somebody want to be a "Buddy" to a person with the disease?

Alan Johnson said there was no single reason. But on a training course everyone was asked to examine and talk about their motivation. For some it was the desire to be a better person. Others saw it as a Christian duty. Still others knew what it was to suffer and be marginalised in society.

"The main thing is that we know from the experience in the U.S. and Britain that a person with Aids may really badly need a friend to give them support."

Nobody is under any il-

GET IN TOUCH

ANYBODY wishing to contact Cairde which is in need of funds, should write to P.O. Box 1864, Sheriff St., Dublin. Or from Saturday, April 11 Cairde can be contacted through the new Aids Helpline phone number 307866 which initially will be manned on Saturdays 3.00 to 6.00 p.m. and 7.00 to 10.00 p.m.

lusion that it is a commitment to be entered into lightly. A condition for volunteers is that they attend fortnightly group sessions where they can talk about their anxieties and the strains and stresses.

Anybody who does not keep up these sessions,



even in the absence of Aids suffers to buddy, must drop out. Some of the original members have been attending these group sessions since 1985.

"We had a man with Aids and a "buddy" over from the U.K. to talk to Cairde volunteers a few weeks ago. The man described the shattering

impact it had on him when his buddy let him down.

"He was in tears as he described the experience and it reinforced the importance for us in seeing the role of buddy as a commitment which lasts as long as its needed," said Alan.

The training is rigorous and no details are spared. Some of the volunteers who begin on the training courses decide not to go ahead when they get a clear picture of what is involved.

Compatibility is vital because it is a relationship which can become very intense, very emotional. It is a relationship that is almost certain to end in the death of the client, although that is an aspect Alan Johnson says is harped on about too much in the media.

"My feeling is that we've got to talk about living with Aids, not just dying with it." He says he knows a man in England who has been ill for eight years with kaposi carcinoma, a skin cancer which is one of the oppor-

tunistic diseases that follow Aids. The man was still working and leading a very full life.

Aids wasn't the kind of disease you discovered you had one day and were dead the next week. With the right kind of attitude a person could have a busy, satisfying, rich life.

In his capacity as a psychologist, not as a volunteer, Alan Johnson has counselled a number of



people with the Aids antibodies. Invariably they are shocked, anxious, depressed and fearful.

"But what I have seen is people coming to the realisation that if they under a death sentence then they had better live now. Then they become very positive and began to make the most of their lives. The power of the human spirit is remarkable," he said.

What was vital for a person with Aids was to be able to talk openly, fully and frankly about their feelings and their fears. Even if they have family support there may be areas where they do not feel able to talk about to a loved one.

This is where a "buddy" can be invaluable. When a relationship of trust is built up the client can confide all his or her troubles to the buddy. This is why it is so necessary for the buddy to be able to go to group sessions where he or she can talk about their own troubles.

The idea is not for the buddy to take over the client's life. Rather it is to provide support and companionship so that the person is able to help himself.

For example, if the person with Aids is not ill enough to be in hospital, the buddy would make sure he or she would have access to all the services like home help to which they were entitled. Did volunteers have any fear that they would catch the disease from their clients?

"All of us have been given a great deal of information about how Aids is transmitted. We would know that it cannot be picked up casually through ordinary daily contact."

"When the man with the virus came over to Dublin to talk to us he stayed with me. I didn't feel in the slightest bit nervous. We were going to be able to give him a goodbye hug without fear."

Alan Johnson says that most of the people known to have Aids were in hospital. What was important was that people with the disease knew that Cairde was there and that the volunteers were ready to give help immediately.

Combination of drugs may be more effective

DOCTORS in the US are studying claims that patients taking the anti-AIDS drug azidothymidine (AZT) respond better if they also receive a drug for the treatment of herpes called acyclovir. Trials are about to begin in several centres to assess the effect of such a combination.

Researchers hope that this new approach will allow them to extend treatment to patients not normally considered to benefit from AZT. For example, one team wants to see if the dual therapy will delay the onset of symptoms in people who have antibodies to human immunodeficiency virus (HIV) but are not yet ill.

At present, serious side effects limit the numbers of patients who can benefit from AZT. The drug causes suppression of the bone marrow, which results in severe anaemia. Patients taking AZT need monthly blood transfusions to compensate. For all but the most seriously ill, the side effects outweigh the benefits.

The combination of acyclovir and AZT may allow doctors to reduce the dose of AZT. Because the two drugs appear to act synergistically—that is, their combined effect is greater than the sum of their individual effects—the addition of acyclovir means that it may be possible to gain the same therapeutic effect from a lower dose of AZT. A lower dose results in fewer side effects.

Investigations into the combination of AZT and acyclovir are about to start in Seattle and San Francisco. Ann Collier, acting director of the AIDS treatment unit



Will more patients benefit soon from AZT?

at the University of Washington in Seattle, is planning a study on patients with AIDS-related complex, or ARC, the condition which precedes full-blown AIDS. These patients have relatively mild symptoms such as fever, sweats, aches, fatigue, loss of weight, sickness and diarrhoea.

Collier said: "We are looking towards reducing the dose of AZT so we can treat these less ill patients, but we will also be assessing whether the drugs are safe to give together."

George Rutherford, of the San Francisco Department of Public Health, is planning a more ambitious trial to see whether AZT and acyclovir given together can prevent full-blown AIDS from developing in people who have antibodies to HIV. His group is now looking for volunteers prepared to try the treatment. □

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Scientists work out their strategies for a vaccine

TWO weeks ago, most of the American scientists working on a vaccine against AIDS gathered at the National Institutes of Health in Bethesda, Maryland, to take stock of their progress. Their arsenal of hypotheses and experiments for potential vaccines was impressive. It needs to be, for the battle to develop a vaccine will not be easy.

Scientists cannot even agree on a probable timescale. The US Surgeon General, Everett Koop, has said that a vaccine against human immunodeficiency virus (HIV) may not appear during this century. On the other hand, Daniel Zagury, of the Université Pierre et Marie Curie in Paris, has already tried a candidate vaccine on himself. At the meeting at the National Institutes of Health, however, the chief virologist at the US's Food and Drug Administration promised that systematic trials of vaccines will begin on humans this year.

These differences in opinion, several scientists acknowledged, are due to HIV's confounding behaviour. Infected victims create antibodies, but these fail to eliminate the virus. HIV becomes a permanent resident in the very immune system designed to kill outsiders. The virus also mutates with time. Strains from victims in different parts of the world are genetically and biochemically different. The virus even mutates within one person as time passes.

Virologists are currently at the early stage of trying to find a part of the virus that stays consistently the same, that will not itself cause disease, but that will induce an immune response in laboratory animals.

The really difficult part, determining whether a similar immune response will protect humans, is still a long way off.

Most vaccines make use of an inactivated version of a virus. Alternatively, a vaccine may consist of viral antigens, the markers on an organism that stimulate the body's immune system to produce antibodies. Should a true virus ever enter the body, the antibodies are primed and ready.

In their search for a vaccine against HIV, virologists have so far focused primarily on the proteins gp120 and gp41 in the virus's envelope. But of the virus's several parts, the proteins in the envelope are the most likely to mutate. So antibodies induced by a vaccine based on the envelope proteins may not recognise a real virus.

Some parts of the proteins in the envelope do not mutate at all, however. Presumably, antibodies against these so-called "conserved" sections would respond to every strain of the virus.

Some virologists are manufacturing gp120 and gp41 using genetic engineering. It is possible to produce large quantities of these proteins by inserting the gene that codes for them into the genetic material of microorganisms such as *Escherichia coli*. When the bacteria grow, they also produce the required protein. Other researchers are synthesising the regions of the envelope proteins that do not mutate.

To test these antigens, scientists are injecting them into various laboratory animals. Most of the animals successfully produce antibodies. Some of these antibodies slow

or stop the replication of HIV in the test-tube, or in chimpanzees infected with HIV. However, the antibodies do not recognise all strains of the virus.

Ronald Kennedy, at the Southwest Foundation for Biomedical Research in Texas, and his colleagues in Britain have injected various animals with antibodies (which recognise HIV) produced in mice. The mouse antibodies are foreign to the animals that receive them, so they act as antigens; the animals manufacture their own antibodies against them. Encouragingly, these antibodies have proved effective against HIV in the test tube.

Bernard Moss, a virologist at the National Institute of Allergy and Infectious Diseases, uses the vaccinia virus to carry and express the HIV antigen. (Infection with vaccinia, which causes cowpox, confers immunity to smallpox.) Moss has engineered vaccinia to carry the gene coding for the envelope of HIV. Theoretically, when such an altered vaccinia virus invades a cell, it will begin producing HIV's envelope protein, which may induce a suitable immune response. □

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YOUR VIEW

Church and Aids

I AM sure that I was not the only one to be deeply moved and impressed by Father Bernard Lynch who appeared on the Late

Late Show last week. What a truly extraordinary man he is, full of compassion, wisdom, sensitivity and understanding.

He is deeply upset and angry at the frightful manner in which society and the Church treat gay people. He is horrified by

the unchristian rejection of Aids victims.

He told the utterly heart-rending story of the young man of 19 who was dying from Aids. The young man's parents rejected him to the extent that they would not even attend his funeral. The priest was the only friend the young man had as he died in unspeakable agony.

The priest, Fr. Lynch, took the ashes of this unfortunate young man and buried them in his own mother's grave in Sligo. This, of course, is how Christ wants us to behave. This is the spirit of Mother Teresa and Father Damien.

There is hope for the Catholic Church when it can still produce wonderful priests like Fr. Lynch. Yet I suppose one should not give any credit at all to the Church for the work of compassionate people such as this priest. The Church's lack of compassion and understanding for homosexual people is utterly scandalous and cruel.

It does absolutely nothing to engender a loving or sensitive approach to gay people. On the contrary, its whole approach is characterised by constant denunciation and condemnation.

It refuses to regard the homosexual as a human being with ordinary human needs, with deep human longings and hopes and aspirations. It isolates the purely genital aspect of homosexuality, which CANNOT be understood and legitimately appreciated when examined outside the context of the affective response of the total human person.

The Church, in fact, depersonalises the homosexual and actually denies his or her dignity.

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Unknown Source
10th April 1987



The Princess of Wales talking to nurse Mr Shane Snape (right), during a visit to a special AIDS ward yesterday. Mr Snape has been diagnosed as HIV infected, but has not developed the AIDS symptoms. — (PA wirepicture).

Diana opens AIDS ward

IN A VISIT designed to explode the myth that AIDS can be caught by social contact, the Princess of Wales yesterday shook the hands of nine patients — seven of them confirmed as AIDS sufferers and two recently admitted unconfirmed sufferers — when she officially opened Britain's first purpose-designed AIDS ward at the Middlesex Hospital, in London.

Her programme went 15 minutes over schedule as she spent more than an hour at the hospital. The Princess, in a royal blue dress cut on the knee, sat on the edge of patients' beds and appeared interested, concerned and relaxed.

The Princess was shown round Broderip Ward by ward sister

Jacqui Elliott, who introduced the other nurses and physicians working there.

Princess Diana — who did not, contrary to earlier rumours, wear gloves when she shook hands with the patients — spent the longest time with Mr Shane Snape (28), a state enrolled nurse from Lancashire who carries the AIDS virus and has been diagnosed as HIV positive.

Mr Snape, who has been working on the ward since it opened in January, became infected through unprotected sex with an infected person.

None of the patients wished to be identified after meeting the Princess.

After unveiling a commemorative plaque Princess Diana was

told by Dr John Dunwoody, chairman of Bloomsbury Health Authority: "Your presence will do a great deal to dispel some of the exaggerated and unjustified anxieties and ignorance surrounding this condition."

Broderip Ward was originally a general surgical ward but, after adaptations costing £330,000 it was reopened on January 19th to provide care for in-patients with HIV infection and AIDS. The ward has 12 beds, four of them in single-bed side rooms, and a sittingroom.

As well as the nine inpatients the Princess also met a male outpatient who is recovering from pneumonia. The nine inpatients were all said to be homosexual — (PA).

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