Print Media

National HIV and AIDS Archives

#NationalHIVArchives

11th to 15th May 1987
AIDS: how we were nearly caught unprepared

IN SOME respects Ireland was ill-prepared and ill-equipped to deal with the AIDS epidemic.

Our facilities for the control of sexually transmitted diseases were lamentable in the 1970s and early 1980s. They consisted of part-time clinics run by part-time personnel, poorly staffed and equipped, with no contact-tracing facilities, save that done on the patient's own initiative.

Facilities for the treatment of the intravenous drug abusers were even less adequate with a small detoxification unit in Jervis Street Hospital serving the entire country and an outpatient referral unit in the hospital.

In the early 1980s it was estimated that there were something in the region of 3000-3500 people abusing intravenous drugs in Dublin alone. They frequently turned to stealing, prostitution and pushing drugs to feed their expensive habit.

It was not until parents became aware of what was happening to their children that neighbourhood campaigns to drive out the pushers began and that the tide started to turn and numbers involved in drug abuse began to fall.

Ireland is a small country with a tight-knit social structure with strong rural ties. Despite superficial appearances, social and sexual reticence is the order of the day for most people, though the bright lights of Leeson Street and the escapes of Greece and Spain may induce some temporary relaxation of these strictures for some, and one can never neglect the strong influence of alcohol on the inhibitions.

In caring for individual cases so far, families and friends have shown great individual care, understanding and love for the patient, which often meant that he could be cared for at home surrounded by his relatives and friends.

Fortunately, we have never had a situation in this country where a person with AIDS was put out on the streets, which has happened in societies less compassionate than our own.

In my experience common sense has always prevailed and when one explains that the infection is transmitted solely by blood and sex, people readily lose their fears about any danger to themselves from day-to-day living and caring for people.

The first cases of AIDS presented in Ireland in 1982. They were both homosexuals with Kaposi's sarcoma. One is known to have died; the other left the country and is presumed to have died. They both contracted their infections outside Ireland.

A further case returned to Ireland from abroad in 1983. Three further cases were reported in 1984: one was a haemophiliac and is alive, the other two contracted their infections abroad.

Three cases were reported in 1985: one was a haemophiliac and the other two were homosexual and would have had the opportunity to acquire the infection either in Ireland or abroad and so represented the first appearance of potential indigenous infection in Ireland. One of these patients is still alive and under treatment.

The figures in 1986 almost doubled, with a further five cases being notified. One was a homosexual and could have contracted his infection either here or abroad and has subsequently died, and one was a haemophiliac. For the first time in the year there was official reporting of cases relating to intravenous drug abuse.

The trickle of cases from 1983 is turning to a steady stream. The initial cases were from the homosexual risk group, which was probably the first group to be infected. Cases from this risk group remain sporadic and are too few in number to show any discernible trends.

The first haemophiliac case was seen in 1984. But it was not until 1983/84 that a definite pattern of haemophilia progression to AIDS was noted. This appears to be building up with some consistency. Intravenous drug abusers related cases did not appear as a sole factor risk group until 1986. It is likely that the infection entered this group in 1983/4 and we are now beginning to see cases of AIDS emerge.

To date all the cases have been in males and the overall mortality rate has been 55 per cent. Reporting of cases is done on a voluntary basis to the Department of Health and they are dealt with in a confidential manner.

AIDS: how we were nearly caught unprepared

By Dr. Derek Freedman

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* Extract from 'Aids' — The Problem in Ireland by Dr. Derek Freedman, published by Town House.
AIDS link denied

A THEOLOGY that AIDS was caused by the worldwide vaccination of smallpox had been dismissed as bizarre speculation.

Scientists said the theory has no more foundation than stories suggesting that the disease was created in an American laboratory or came from outer space.

Dr. Arie Zuckerman, Professor of Microbiology at the London School of Hygiene and Tropical Medicine, said: "There is no scientific basis whatsoever for the suggestion that smallpox vaccination has caused the AIDS epidemic."

The story, reported in The Times yesterday, was based on information from an unidentified adviser to the World Health Organisation who is quoted as saying: "I thought it was just coincidence until we studied the latest findings about the reactions which can be caused by vaccinia (smallpox vaccine virus). Now I believe the smallpox vaccine shared needles."
AIDS panel feud over inclusion of gays

A BACKSTAGE White House battle over whether a proposed AIDS commission should include gay members has snarled hopes that President Reagan would announce the commission's composition before the June 1 opening for the third international conference on the deadly disease.

Reagan is to deliver a major speech on AIDS on May 31, but because of the controversy, the membership list is not expected to be completed in time.

Gary Bauer, the White House official responsible for making recommendations to the President regarding the membership of the commission, opposes recruiting homosexuals.

"I don't want people who have axes to grind," he said, adding, "I can't in good conscience recommend anyone on the basis of their sexual preference. I don't want to know what people do in the privacy of their own bedrooms. I don't feel that we have to have an IV (intravenous) drug-user on the commission. Therefore it doesn't follow that we have a homosexual!"

On the other side of the issue, governors, mayors, medical specialists and others have confronted the disease that has killed 20,000 Americans, have recommended for membership gays and other activists because they are knowledgeable about acquired immune deficiency syndrome and they have been among the leaders in devising ways to fight the disease.

The President is to speak at a dinner sponsored by the American Foundation for AIDS Research, which is headed by actress Elizabeth Taylor. She became active in the issue following the 1985 death from AIDS of actor Rock Hudson, and wrote letters to the president and to first lady Nancy Reagan asking that Reagan speak at the dinner.

The foundation scheduled its dinner to coincide with the opening of the international conference on AIDS, June 1-5.
Did vaccination for smallpox cause AIDS?

The AIDS epidemic may have been triggered by the worldwide vaccination programme which defeated smallpox, some experts fear.

They are the smallpox vaccine used in the drive to eradicate the disease which could have been used for activating the virus infection HIV which can lead to the disease.

The World Health Organisation, which led the drive against smallpox, is studying new scientific evidence about a connection between the programme and the disease.

A medical adviser to the organisation said: "I thought it was just a coincidence until we studied the latest findings, not about the technique which can be caused by Vaccinia (the smallpox vaccine). Now I believe the smallpox vaccine theory is the explanation to the explosion of AIDS."

But doctors are divided about whether Vaccinia, which is known to activate other viruses, is the main catalyst to the AIDS epidemic. Many are reluctant to support the theory for fear of being seen as critical of the World Health Organisation.

The connection between the anti-smallpox campaign and the rise of AIDS was discussed privately last year by experts at WHO. The possibility was discussed then on grounds of unsatisfactory evidence.

However, some epidemiologists gleaned more information about AIDS from remote central African countries, who began to emerge from the new findings when examined against the backdrop of better known about smallpox.

The smallpox vaccine theory is that an earlier epidemic in Africa, which was not as severe as the one that occurred in the 1950s, 1960s and 1970s, is now the cause of the AIDS epidemic.

It also provided an explanation of how the infection could spread more evenly between males and females in Africa than in the west and why there is less sign of infection among girls in 11-year-olds in central Africa. Needless to say, the vaccination programme was the main method of sterilisation.

Although no detailed figures are available, WHO information indicated that the AIDS disease table of central Africa matches the concentration of vaccination.

According to experts there are more than two million carriers of the AIDS virus in Africa and 100,000 deaths have occurred in countries where the smallpox immunisation programme was most intensive.

The 13-year eradication campaign ended in 1980 with the saving of two million lives a year and the prevention of 15 million infections. The global saving from eradication has been put at $1 trillion a year.
WHO seeks evidence over vaccine link to Aids virus

By Pearce Wright and Thomson Prentice

A report in The Times yesterday revealing the theory that the Aids epidemic in Africa may have been triggered by a smallpox immunization programme sparked intense debate among scientists.

Some are increasingly concerned about the safety of potential Aids vaccines based on the original smallpox compound.

An urgent call for evidence to support the theory was called for by the Geneva-based World Health Organization last night.

Dr Jonathan Mann, director of the WHO programme on Aids, said it was "imperative" that any evidence to support the hypothesis should be submitted to expert scrutiny.

He said that WHO was not aware of any scientific data supporting the idea that the global smallpox eradication project, completed in 1980, might be connected with the Aids outbreak. The theory was "not proven".

However, the idea that the smallpox vaccine may have stimulated Aids in people infected with the human immunodeficiency virus (HIV) was discussed by WHO last autumn. It was disclosed yesterday. No action was taken, because of the lack of hard evidence.

They had no follow-up data from the smallpox eradication campaign, because no systematic studies of the complications produced by the mass immunization had been possible.

Some scientists believe more research into the possibility is necessary. Professor Oswald Jarrett, one of a team of Aids vaccine researchers at Glasgow University, said last night: "We need to know whether the virus was spread from a small to a large group of people through the immunization programme."

Dr Laurence Gerlis, a clinical researcher who has been monitoring the progress of Aids, said: "Previous circumstantial evidence looks more persuasive alongside the latest research that shows Aids can be stimulated by smallpox vaccination."

But Dr Jonathan Weber, a leading Aids researcher at the Institute of Cancer Research in London, said: "The smallpox vaccination programme has been and gone. The link between it and the Aids epidemic are in my mind too simplistic."

Miss Renee Sabatier, of the Panos Institute, an independent health research organization, said: "The hypothesis linking the WHO programme with the epidemic in Africa is very difficult to prove or disprove."
Gay pride heading for a fall?

Tory attempts to halt promotion of a positive image of homosexuality in schools may have faltered in Parliament on Friday, but as Andrew Lyckett discovers, parents in Harrogate, north London, are fighting on.

Before last Thursday's meeting of Harrogate Parents' Rights Group (HPRG) the chairman, Pat Head, a 33-year-old mother of four, worried about the video the group had bought to show a CBS Mini-Series film about future Labour leader Tony Blair.

"I'll be in all sorts of trouble if it doesn't come back intact," he said. But Pat voiced Labour's absolutely brilliantly, and the video "we've already sold! I told you so!" about the dangers of being gay, but with Labour and the Conservatives on the same side and the council's committee to fight Harrogate Council's "positive image" policy.

In a parliamentary debate last week, a Bill outlawing the promotion of homosexuality by "tory" MPs was voted down by 120 Labour MPs, and now stands in the way of the council's new scheme.

Before last year's local election, Harrogate's丘仙境 Labour group said they were imposing a ban on the promotion of homosexuality in schools, but when they found out the council had bought a video to show in schools, they decided to sue the council for breach of contract.

The council, in response, issued a statement saying they would not be prosecuted for breach of contract.

Mr Head said: "We have been told by the council that they will not be prosecuted for breach of contract.

Pat Head (left), chairman of the Harrogate Parents Rights Group, and Barry Blackstock who has removed his son Russell from school and is teaching him at home.

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OPTING OUT FROM SCHOOL

Barry Blackstock, 45, whose 13-year-old son Russell was removed from school in Harrogate, north Yorkshire, last year after he was excluded for "gay" reasons, has removed Russell from school again.

Mr Blackstock said he had removed Russell from school because he was afraid that Russell would be subjected to "gay" lessons.

Mr Blackstock said: "I'm not gay, I just don't think they should have any lessons about gay people.

The question is - is the Government going to do anything about it?"
Smallpox vaccine ‘triggered by Aids virus’

By Pearce Wright
Science Editor

The Aids epidemic may have been triggered by the mass vaccination campaign which eradicated smallpox.

The World Health Organization, which mastered the 13-year campaign, is studying new scientific evidence suggesting that immunization with the smallpox vaccine Variola awakened the unsuspected, dormant human immuno deficiency virus (HIV).

Some experts fear that in obliterating one disease, another disease was transformed from a minor endemic illness of the Third World into the current pandemic.

While doctors now accept that Variola can activate other viruses, they are divided about whether it was the main catalyst to the Aids epidemic.

But an adviser to WHO who disclosed the problem, told The Times: “I thought it was just a coincidence until we studied the latest findings about the reactions which can be caused by Variola. Now I believe the smallpox vaccine theory is the explanation to the explosion of Aids.”

Further evidence comes from the Walter Reed Army Medical Centre in Washington.

While smallpox vaccine is no longer kept for public health purposes, new recruits in the American armed services are immunized as a precaution against possible biological warfare.

Routine vaccination of a 19-year-old recruit was the trigger for stimulation of dormant HIV virus into Aids.

This discovery of how people with sub-clinical HIV infection are at risk of rapid development of Aids as a vaccine-induced disease was made by a medical team working with Dr Robert Redfield at Walter Reed.

The recruit who developed Aids after vaccination had been healthy throughout high school. He was given multiple immunizations, followed by his first smallpox vaccination.

Two and a half weeks later he developed fever, headaches, neck stiffness and night sweats. Three weeks later he was admitted to Walter Reed suffering from meningitis and rapidly developed further symptoms of Aids and died after responding for a short time to treatment.

There was no evidence that the recruit had been involved in any homosexual activity.

In describing their discovery in a paper published in the New England Journal of Medicine a fortnight ago, the Walter Reed team gave a warning against a plan to use

Aids epidemic ‘triggered by smallpox vaccine’

Continued from page 1

modified versions of the smallpox vaccine to combat other diseases in developing countries.

Other doctors who accept the connection between the anti-smallpox campaign and the Aids epidemic now see answers to questions which had baffled them. How, for instance, the Aids organism, previously regarded by scientists as “weak, slow and vulnerable”, began to behave like a type capable of creating a plague.

Many experts are reluctant to support the theory publicly because they believe it would be interpreted unfairly as criticism of WHO.

In addition, they are concerned about the impact on other public health campaigns with vaccines, such as against diphtheria and the continued use of Variola in potential Aids research.

The coincidence between the anti-smallpox campaign and the rise in Aids was discussed privately last year by experts at WHO. The possibility was dismissed on grounds of unsatisfactory evidence.

Advisors to the organization believed there was too much attention was being focused on Aids by the media. It is now felt that doubts would have risen sooner if public health authorities in Africa had more willingly reported infection statistics to WHO.

Instead, some African countries continued to ignore the existence of Aids even after US doctors alerted the world to the infection spread to the United States.

However, as epidemiologists gained more information about Aids from countries in Central Africa, clues began to emerge from the new findings when examined against the wealth of detail known about smallpox as recorded in the Final Report of the Global Commission for the Certification of Smallpox Eradication.

The smallpox vaccine theory would account for the position of each of the seven Central African states which top the league table of most-affected countries; why Brazil became the most afflicted Latin American country; and how Haiti became the route for the spread of Aids to the US.

It also provides an explanation of how the infection was spread more evenly over males and females in Africa than in the West and why there is less sign of infection among five to 10-year-olds in Central Africa.

Needles were reused 40 to 60 times in the vaccination campaign. Waving the needle across a face was the main method, but perhaps not totally satisfactory method, of sterilisation.

Although no detailed figures are available, WHO information indicated that the Aids league table of Central Africa matches the concentration of vaccinations.
Scientists dismiss theory linking Aids to smallpox

A THEORY suggesting that the Aids epidemic is a result of the worldwide eradication of smallpox was dismissed yesterday as bizarre speculation.

Scientists said the theory has no more foundation than stories suggesting that the disease was created in an American laboratory or came from outer space.

They feared that the story would join the growing mythology of Aids which has proved difficult to stem.

Dr Artie Zuckerman, professor of microbiology at the London School of Hygiene and Tropical Medicine, said: "There is no scientific basis whatsoever for the suggestion that smallpox vaccination has caused the Aids epidemic."

The story, reported in The Times yesterday, was based on information from an unidentified adviser to the World Health Organisation who is quoted as saying: "I thought it was just coincidental until we studied the latest findings about the reactions which can be caused by vaccinia [smallpox vaccine virus]. Now I believe the smallpox vaccine theory is the explanation to the explosion of Aids."

Two lines of evidence were quoted in support of the theory. The first was that a US military recruit rapidly developed Aids following immunisation against smallpox. The second was that those countries in central Africa worst affected by Aids are the countries in which most smallpox vaccinations were performed during the eradication programme.

In the case of the military recruit Dr Robert Redfield and colleagues at the Walter Reed Army Center in Washington suggest that vaccination accelerated the development of Aids.

However an editorial accompanying Dr Redfield's observations in the New England Journal of Medicine says that the occurrence of Aids in the recruit following vaccination may well be co- incidental because no other cases of this kind have been found.

"The available data indicate that several hundred Aids antibody positive military recruits must have received multiple immunisations without ill effect before routine screening and exclusion of Aids positive applicants," says the editorial.

This shows that if Aids was triggered in the recruit it is a comparatively rare event and could not account for the Aids epidemic in Africa.

"The case of the military recruit can not explain the Aids epidemic in Africa," says Professor Zuckerman. "Even if smallpox vaccination did occasionally trigger quiescent Aids that person would die sooner and be less likely to spread the disease. The theory is nonsensical."

The second argument suggesting that the areas where Aids is most intense coincide geographically with areas where smallpox was eradicated is equally vulnerable to careful examination.

The World Health Organisation which organised the global eradication of smallpox said yesterday that there was no evidence linking vaccination with Aids.

Dr Jonathan Mann, director of the WHO Aids programme, said: "Smallpox was an ancient scourge and smallpox vaccine was widely used in many areas of the world during the last two centuries. During all this time neither the smallpox disease virus nor the smallpox vaccine virus (vaccinia) was ever linked to upsurges in any other disease."

" Globally the geographic distribution of the smallpox eradication and the distribution of Aids are not similar. In Asia, where hundreds of millions of smallpox vaccinations were given in 1967-72, Aids remains rare."

Dr Donald Henderson, who directed the WHO campaign against smallpox, said: "This is a preposterous theory. Mass vaccination has been going on in Africa since at least the 1920s. I am dumbfounded."

By Oliver Gillie  
Medical Editor

BRITISH LAWYERS are predicting an "epidemic" of legal actions by Aids victims following an Aids-related litigation explosion in America, Robert Rice writes.

In the light of Government predictions that 4,000 people in Britain will have died of the disease by 1990, doctors, hospitals and employers in high risk areas face an increasing risk of being sued as the number of Aids sufferers continues to rise.

Much of the litigation in America has been over discrimination against Aids victims or carriers of HIV, but one case raised the question of whether hospitals could be held strictly responsible for supplying contaminated blood, after a 14-year-old haemophiliac contracted Aids from a transfusion.

Although the US courts have treated the supply of blood as a service, excluding the possibility of strict product liability actions succeeding against hospitals, according to two solicitors, David McIntosh and Simon Pearl, writing in the specialist publication Product Liability International, it would almost certainly be considered a product under UK law.

More victims likely to sue
State urged to legalise homosexuality

The Government should be pressured to drop the legislation which criminalises homosexual activity, American priest, the Rev Bernard Lynch, suggests on a new audio cassette on AIDS, launched in Dublin last night by the Auxiliary Bishop of Dublin, Dr Desmond Williams.

Father Lynch who is founder of the AIDS Ministry in New York, says this should be done because people will be sexually active whether anybody approves of it or not.

The cassette, produced by Veritas Publications, features interviews with Father Lynch and Father Paul Lavelle, co-ordinator of the Catholic bishop's National Task Force on AIDS in which both priests come out in favour of the use of condoms to prevent the spread of the disease.

Dr Williams appealed for adequate funds to care for those suffering from AIDS and said a comprehensive education of the public about AIDS was necessary.

"In this time of financial constraint we must be careful to ensure that adequate resources are concentrated on the care of those suffering from either the AIDS virus or the AIDS condition. These resources must be both human and material. We will need to provide human support and assistance to sufferers and will also need to allocate financial resources for the provision of care the sufferers will need in dealing with the disease as it develops," Dr Williams said.

Fr Lavelle said the gay community in Ireland should not be isolated because of the publicity surrounding the problem. "The Government, even at a time of cuts, should consider restoring some financial support to the Gay Health Action Group," he said.
Irish Independent
12th May 1987

THE BLOOD VICTIM

COLMAN CASSIDY ON THE PLIGHT OF HAEMOPHILIACS HIT BY AIDS

"JOHN" (29) is a life-long friend of mine. He is one of the 100 or so Irish haemophiliacs who are HIV antibody positive and as such has a one-in-one chance of a painful death in 10 years. He is also one of the 100 or so who are now HIV antibody positive. He was a 15-year-old boy who had a lifelong love of music. He got a job as a musician and was very successful. He was always a hard worker and never complained about anything. He was always there for his friends, always ready to lend a hand. He was a great fighter and never gave up. He was a great inspiration to everyone around him. He was always smiling and always happy. He was always there for his friends, always ready to lend a hand. He was a great fighter and never gave up. He was always smiling and always happy.
PHONE-IN SERVICE AIDS?

An absolutely confidential telephone advice service attended by doctors, will be available till Friday 15th May.

TUESDAY 12th
2p.m. to 5p.m. and
9.30p.m. to 12p.m. (Midnight)

SIMPLY DIAL 10 AND ASK FOR FREEFONE AIDS
or Dial (01)795577 Direct

Department of Health
AIDS freephone 'quite busy'

The AIDS freephone, operated by the Department of Health, was "quite busy" yesterday, a spokesman for the Health Education Bureau reported. She said the service would operate for extended hours this week because of special programmes RTE would be broadcasting on radio and television to inform and answer people's questions about AIDS.

The hours today and tomorrow are from 2 p.m. to 5 p.m. and 9.30 p.m. to midnight; on Thursday from 7 p.m. to midnight; and Friday from 2 p.m. to 5 p.m. and 9.30 p.m. to 1 a.m. RTE will screen two major "Today Tonight" programmes, presented by Michael Heney, tonight and tomorrow night.

A spokesman for the Department of Health said the response to the availability of the freephone indicated the high level of concern among those who called in.
AIDS PLAGUE MAKES SAN FRANCISCO A CITY AT WAR

From Charles Brenner
San Francisco

You see them everywhere in San Francisco — begging in the rags of the down and out, or sullied, sipping cocktails and leaning on crutches at an elegant party. The AIDS victims are a constant reminder that for many thousands, San Francisco is a city at war. "It's like the London Blitz. A whole middle class is being wiped out," says Mr Bob Ross, editor of the Bay Reporter, the daily newspaper of the city's big homosexual community.

War metaphors are used widely by the leaders of San Francisco's gay community as they describe the ravages of AIDS.

San Francisco has the highest concentration of AIDS cases anywhere. Figures this week showed the disease is still multiplying.

In April 106 new cases were diagnosed, and 47 people died, bringing the total to 432 cases and 243 deaths this year. Since the first case was diagnosed in San Francisco in 1981, 1,906 people have died.

Dr George Rutherford, Chief AIDS officer at the City Health Department, says he expects the incidence of cases to accelerate throughout the 1990s before levelling off. More than half the estimated 70,000 or 80,000 homosexuals in the city's population of 700,000 are carrying the virus, he said.

An air of fatalism has descended on Castro Street, where pretty houses flourished as a hedonistic paradise for gays from across the country in the 1970s. From there the homosexual community emerged from the social ghetto to become a political force. With that community now under siege, the small advertisements on Castro lamp-posts announce deaths and appeal for funds. Young men stroll arm-in-arm, but the old air of festivity has gone.

"The party is over," says Mr Ross. "You're not going to go out to play like you used to. I've become almost inured to the fact that every day is going to bring another death."

Mr Chuck Forester, an assistant to the Mayor, Mrs Diane Feinstein, says he gets used to living in the knowledge "that I will probably die from it". Rob, a regular at the Phoenix, one of the many gay bars on Castro Street, said: "One-night stands haven't gone. People are just more careful. Everybody assumes anyone he takes home tests positive (to the AIDS antibody)."

This week the authorities closed the last gay bath-house, the 21st Street Baths, because dangerous sexual acts were being performed.

The homosexual community says the AIDs plague has brought a little spiritual redemption. "It's good in its way," says Mr Ross, a career journalist in his fifties who says the sense of shared misfortune has proved uplifting.

"It has made us a little more aware of our neighbours. Hundreds of homosexual and 'straight' people are volunteering their services to AIDS care organizations. Some 30 different organizations are ministering to the sick in the city."

Mr Forester says the disease "has taught us to be with people who are dying. It has made San Francisco stronger. San Francisco prides itself on being able to deal with catastrophes. We haven't had one since the earthquake in 1906. Now we've got one and we're handling it."

Mr Forester's boss, Mayor Feinstein, plays down the impact of the epidemic and the power of the gay community.

"The gay community is smaller today than it was. It's a very sad community. It is dealing with mortality and death." Mrs Feinstein, whose predecessor was murdered by an anti-homosexual council official in 1978, says she is allocating $17 million (£10 million) from city funds this year to pay for AIDS treatment and education.

"Education is the single most important thing that can be done," she says. San Francisco is also educating the world on how to tackle an AIDS outbreak. Dr Rutherford and others are avidly sought after by other cities for their expertise.

Mrs Feinstein says the city cannot take the whole financial burden of caring for AIDS cases. Her assistants say the financial future looks bleak. But while AIDS has cast its pall and blighted a whole community, the epidemic has not apparently harmed the thriving electronics economy of Silicon Valley, some 50 miles away.
Cork Examiner
13th May 1987

Boy George—
Why I’m scared of getting AIDS

BOY GEORGE has hidden himself away in a
carefully-guarded Gothic mansion in a London
suburb as he battles his one-time £50 a day drug
habit. And yesterday he spoke out for the first
time about the new — and equally deadly — fear
that now haunts him: AIDS.

The superstar’s house, set on the edge of Wimbledon single,
which also has its own tennis courts, is
fully guarded by security guards and
barred with steel bars.

But George is all too well aware that this elaborate security system is
ever enough against the killer virus.

"You have to be so careful now, with the
danger of AIDS," he
admits. "I’m not
precautionary and I’ve never done
cutaneous."

"In America, boys of old
groups of young boys come
up and ask to kiss me, but I
always lump back and say
no, because I’m frightened of catching a disease."

"But then I give in and
my Ohh, just go to the check
store, and I spend all night
scratching my cheek and
putting on make-up again."

George, whose home is
known to a $100,000 art collection, is now extremely
nervous about his drug
addiction. "I have been
discounted and I’m a
nymphomaniac and I’m a
real number one ever came through.

And the superstar, who
say two to his best friends
the name of drug he’s
to the support of his
brother-in-law’s mother. He’s
gave him the strength of his
addiction.

Throughout his withdrawal anxiety, George
and his friends, who
in the battle of prides,
back were there — in other
considerate, support or lost a
strange-minded individual.

After his arrest on sus-
picion of possession of drugs
just before Christmas, and
then, his friend, Mark Golding, who was
there to stand by

George. Through drug had ac-
terped her own makeup,
ready a drug that she
would not stand by and
watch him become another
friend. George. "I’ll
die," she told him. But
her words got through. For
George it was now that
was the truth — he was
an addict, and nothing
would be half.
Liberace estate to sue on AIDS

THE estate of Liberace has filed a claim against Riverside county, California, alleging the coroner damaged the late entertainer's reputation by linking his death to AIDS. The claim accuses Coroner Raymond Carrillo of ordering an unnecessary post-mortem and of violating state laws by disclosing Liberace's blood, tested positive for the AIDS virus before a cause of death was determined. Mr Carrillo said on Monday he did not violate the law, saying two news conferences held before the cause of Liberace's death was announced only reported evidence the pianist suffered from a contagious disease. His physician, signed a death certificate saying Liberace died of cardiac arrest due to inflammation of the brain.

The body was removed to a mortuary, but Mr Carrillo ordered it returned to Riverside county for a post-mortem, after which the coroner announced that Liberace died of complications caused by AIDS. — (AP)

- The West German border police command yesterday suspended a directive which said border guards should turn back foreigners suspected of being AIDS carriers. — (UPI)
Smallpox virus link with Aids

From Dr Jonathan Mann

Sir, The article (May 11) entitled "Smallpox vaccine 'triggered Aids virus' joins many other unproven and speculative ideas about the origin of Aids. We are not aware of any scientific data which would support the idea that the global smallpox eradication programme might be linked to Aids.

Smallpox was an ancient scourge and smallpox vaccine was used widely in many areas of the world during the last two centuries. During all this time, neither the smallpox disease virus nor the smallpox vaccine virus was ever linked to upsurges in any other disease. The only result we know of from the smallpox eradication programme was the eradication of smallpox itself.

Globally, the geographic distribution of smallpox eradication programmes and the geographic distribution of Aids does not fit. In Asia, where hundreds of millions of smallpox vaccinations were given from 1967 to 1972, Aids remains rare. Conversely, the United States is experiencing a major Aids epidemic, yet smallpox was eradicated there many years ago. As many doses of smallpox vaccine were given in west Africa as in central Africa, yet Aids is less common in west than in central Africa.

As the current World Health Assembly has emphasized, we must concentrate on action to prevent the spread of Aids rather than on speculation about its origins. Further, to overcome any confusion which may have been caused, it is imperative that whatever scientific information was available to support the hypothesis presented in this article be brought to light rapidly and submitted to open, international and scientific scrutiny.

Yours sincerely,
JONATHAN MANN (Director, Special Programme on Aids), World Health Organization, CH-1211 Geneva 27, Switzerland.
May 11.

From Dr Laurence Gerlis

Sir, According to reports today, the World Health Organisation discounts the theory that dormant HIV (human immunodeficiency virus) infection may have been stimulated by the anti-smallpox vaccination campaign in the sixties and seventies.

The theory claims that an endemic disease in central Africa may have been stimulated by vaccination to become more widespread. Since the theory holds that the disease was endemic only in central Africa at that time, the low level of Aids in Asia now does not necessarily invalidate it. The route of transmission of Aids to the United States is well documented as being from Zaire to Haiti and on to the US.

The theory does not criticize the WHO or its vaccination programme in any way, but since there has been speculation about the link between smallpox and HIV, it may be worthy of discussion. This speculation existed prior to the recent case report from the Walter Reed Army Institute of a 19-year-old man who developed Aids after smallpox vaccination.

Since it is acknowledged that this could occur now, one might wish to consider whether it could have occurred in the past. It has implications upon current work with vaccines based on vaccinia to immunise HIV about which the WHO take no position, as well as on the conduct of mass vaccination campaigns.

Yours sincerely,
LAURENCE GERLIS,
21 Devonshire Place, W1.
May 12.
AIDS—Dept. studies free needle swops for addicts

By Bairbre Power

The Department of Health is examining the merits of giving free needle swaps, methadone and phenobarbitone to intravenous drug users as part of the national AIDS campaign.

Department T.D. Tony Gregory had called for the introduction of the scheme — to help halt the AIDS epidemic which has already claimed 12 lives here.

Dr. James Walsh, national coordinator of the AIDS campaign, confirmed that the authorities were “very interested” but were awaiting results from similar schemes abroad before making a decision.

With Irish deaths so tight, he said there was no point in duplicating research in this area.

NEWS ANALYSIS

How Ireland was almost caught unprepared — Dr. Derek Freedman writes on Page 10.

Speaking at the launch of a book by Dr. Derek Freedman, the leading Irish expert on AIDS, Dr. Walsh revealed that the survival rate in Ireland for people diagnosed as having full AIDS is high compared to other countries. In some countries, the survival rate after diagnosis is less than a month, and in Ireland it is between one and two years. None of those diagnosed with AIDS before 1983 has survived.

Eight out of the 19 cases of full AIDS registered here to date were intravenous drug users and a 43.5% revealed that 33-6% of intravenous drug users were antibody positive. Said Dr. Walsh.

“We will have to develop a strategy to deal with intravenous drug users on a one-to-one basis,” he added. “The ordinary strategy will not work in this case. We have to reason that the drug users are not at risk.”

Dr. Walsh said what was needed were an “outreach—research” approach. Involving groups of volunteers and injecting users who knew the helpers. They would be much more effective,” he said.

Meeting to launch this strategy have been going on. Junior Minster Jerry Lawless last Wednesday at the Irish Department of Health with volunteers and Health Board representatives, and a further meeting has been arranged. Dr. Walsh described yesterday’s talk as “extremely useful.”

Ireland was in a type of feedback in terms of where they were going, and by implementing a suitable strategy, they could “retard the extent of the problem considerably,” he said.

Dr. Freedman’s book “AIDS—the Problem in Ireland” outlines the situation here where we have the second-highest European rate of deaths born with the HIV virus — largely because of the very high numbers of people abusing intravenous drugs.

He explained yesterday he was surprised at the number of antibody-positive women who got pregnant.

And he hoped a programme for caring for people who discover they have AIDS antibodies. “We want a great sense of responsibility among the council of people,” he said.

“Others people such as prisoners are being let out and told they are antibodies positive but are not told how to deal with the virus.”
What happens when your husband is gay?

Being married to a man who is homosexual has taken on a new potentially lethal dimension since the advent of AIDS, CAROLINE WALSH reports.

SITTING in the lounge of a big, chic city hotel surrounded by various people, a man sipping 7-Up, two bottles of Coca-Cola, dwarfs whiskey, the pandemonium and life, I was amazed to find myself talking to a gay couple. This might easily have been a mid-life crisis thing, since I had been so successful in my career and had a family of my own, but I could hardly believe that I was actually being asked these questions. I mean, I was asking myself how I could possibly handle this situation. But I felt that I had to, and I did.

I asked the man how he had come to terms with his sexuality, and he said, "I've known all my life that I was gay, but it wasn't until recently that I started to accept it."

"What about your wife?" I asked.

"She's accepted it," he said. "But it's not easy. It's been a long process for both of us."

I asked him if he felt he had made a good decision in staying with his wife, and he said, "Yes, I do. I love her very much, and I know she loves me."

Cauous syphilis and hepatitis B from a man picked up on the Dublin quays.

"I'm not sure I ever felt anything for her," he continued. "I'm not sure I ever really loved her."

"But you don't really want to be married to her," I said.

"No," he replied. "I don't. I want to be with someone who loves me, and I love me."

"But what about your family?" I asked.

"My family has accepted it," he said. "They've been very supportive."

I asked him how he had told his family, and he said, "I told them all at once. I didn't want to keep it a secret any longer."

"But didn't they react badly?" I asked.

"No," he replied. "They were very understanding."

"But what about your career?"

"I've had to change my career," he said. "I can't be open about it here."

"But what about your friends?"

"I've had to cut back on my friends," he said. "I can't be open about it here."

"But what about your health?"

"I've had to see a doctor," he said. "I can't be open about it here."

"But what about your future?"

"I don't know," he said. "I'm just trying to make sense of it all."

I asked him if he had any advice for other gay men who might be in his situation, and he said, "Just be yourself. And don't be afraid to be open about it."

I asked him if he had any regrets, and he said, "No, I don't. I'm happy with myself."

"But you're not married, are you?"

"No," he replied. "I'm not trying to get married. I'm just trying to be happy."

"But what about your children?"

"I don't have any," he said. "I'm not trying to have any."

"But what about your parents?"

"I don't see them very much," he said. "I don't want to."

I asked him if he had any advice for other gay men who might be in his situation, and he said, "Just be yourself. And don't be afraid to be open about it."

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"But what about your parents?"

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Married may be justified using condoms—Jesuit

"FOR MANY" people, especially Catholics, the use of condoms is morally wrong, but there is a theological opinion that the use of condoms in marriage can be justified where the intention is not to prevent conception but to prevent spread of an infection," the Rev. Paul Lavelle, SJ, writes in a new book on AIDS. "The intention redeems the use of a condom in marital intercourse because there is no contraceptive intent it is not a contraceptive act.

"The Church's view is that sexual relationships outside of marriage are morally wrong. I would ask if homosexual activity, adultery or fornication are any more sinful or wrong if protection is taken against transmitting a deadly disease."

Father Lavelle, the full-time pastoral care co-ordinator of the Catholic Social Service Conference task force on AIDS, makes the argument in his contribution to Dr Derek Freyman's "AIDS: The Problem in Ireland," published in Dublin yesterday.

Father Lavelle, whose own work is with drug abusers in Dublin city, said yesterday he was trying to focus on the behaviour of people from a moral point of view.

In relation to drug abusers, he said he was not in a position at this point to come down for or against providing sterile needles or methadone maintenance for people who will continue to use drugs. "It would be very hard for the priest to have to be the one to say 'put these kids on another addictive drug but we would be idiots if we didn't say it should be given some consideration.'

"It would be totally undesirable if such programmes had to be implemented from the point of view of people working to keep young people drug-free. Unfortunately a new situation has developed in Dublin where you are now dealing with a virus that is capable of taking life.

"Heroin abuse messes up your life, destroys your family life. It generally doesn't kill. Now we have a killer virus," he said.

Dr Freyman said he had not made up his mind whether syringes or methadone should be given out, and he had not come down on either side in his book.

His area involves sexually transmitted disease. His view of the overall situation was this: "We have a very grave situation in terms of drug abusers and it's particularly difficult because the facilities for caring for people on the ground and for caring for people with sexually transmitted diseases are so deficient. They are just told they are positive, they are infected and not told what to do with themselves."

Dr. James Walsh, deputy chief medical officer of the Department of Health, said that from this weekend on, all regional health boards would have a confidential telephone service which individuals can call to find out about AIDS. He believed a big problem still exists in getting homosexual or bisexual men, living outside Dublin and who are not in contact with gay groups in Dublin, to come forward for testing.

The book, written for the ordinary lay person, is published by Town House at £3.95 and distributed by Easons.

Pledge of support to drug abusers

The Minister of State at the Department of Health, Mr Leyden, said yesterday that while young people had to be educated to avoid experimentation with drugs, those who were already injecting drugs intravenously should be encouraged and supported in their efforts to discontinue the habit as quickly as possible and, in the meantime, to avoid sharing needles at all costs.

It was known that 30% intravenous drug abusers had been infected with the AIDS virus, and the number might be higher, he said at a meeting in Dublin of personnel working with these abusers.
No move yet on clean needles for addicts

The Deputy Chief Medical Officer of the Department of Health, Dr James Walsh, said yesterday that the Department is "looking" at what is happening in other countries where drug addicts are given clean needles, and methadone as a substitute for heroin, to prevent the spread of AIDS.

"Research is being carried out in Scotland and Italy on giving drug abusers clean needles and indeed syringes and mixing bowls", Dr Walsh said on RTÉ Radio 1 at lunchtime. "But until we know more about it, we wouldn't like to undertake it in this country."

Dr Walsh said he felt there was "a certain amount of merit" in giving addicts methadone tablets as a substitute for heroin, which has been tried in several European countries and in the United States. "We are learning from what's going on in other countries rather than rushing in ourselves. Some of the results in this area are quite good."
Call for early start with antiviral drugs

Treatment with antiviral drugs to combat AIDS should start as soon as people know that they have antibodies to the virus, Robert Gallo, of the US's National Cancer Institute in Bethesda, said in a lecture at the Royal College of Physicians in London at the end of last month. If doctors wait for patients who are infected with human immunodeficiency virus (HIV) to develop symptoms before they prescribe antiviral drugs, it is almost certainly too late, he said. "If we were infected with AIDS," he added, "we would not want to wait until we had AIDS to be treated with an antiviral drug."

Gallo said that he had been in Taiwan with a group of researchers. They had asked the manufacturers of the antiviral drug azidothymidine (AZT) if they could prescribe it for people who were infected with HIV but had not yet developed the symptoms of AIDS. While he was there, the manufacturer's reply came through: No. The drug was apparently in short supply. But Gallo said that he believed that AZT should be available to treat people when they first became infected.

On the spread of AIDS, Gallo said that the most important problem was drug abuse. "This is the most important way that this virus will be spread over the next few decades, not from promiscuity or blood transfusions." It was possible to predict, he added, that the number of cases of HIV infection in haemophiliacs and those resulting from blood transfusions would continue to go down as methods to screen donated blood improved.

The number of cases of AIDS in homosexuals would also drop, Gallo said. Without being callous, a sizeable percentage of homosexuals in the US were already either infected, sick or dead.

Some aspects of AIDS in homosexuals suggest that different factors play a part in the course of the disease in this group, Gallo said. For example, the skin tumour called Kaposi's sarcoma appears six or seven times more frequently in homosexuals than in other high-risk groups. This suggests that other environmental factors are involved in this group.
AIDS testing

The right-wing fanatics are at it again. Secretary of Education William Bennett, whose most recent contribution to education was to complain last December that the schools are not spending enough time teaching the virtues of nuclear war, has now decided he is also an expert on public health.

In a statement that "had the approval of the White House" and "reflected the president's thinking," Bennett declared that "AIDS testing" should be made mandatory. Bennett also said that those who are tested should not have the right to confidentiality. Appropriately, Bennett's diatribe was disrupted by two gay rights activists from the Lavender Hill Mob, Michael Petrelis and Marty Robinson, who shouted "Test drugs, not people!" Petrelis has AIDS.

It is well past time to clear up the issue of testing. It is an issue used by the rightwing who have an agenda of whipping up irrational fears, homophobia and racism. The last thing those advocates of mandatory testing have in mind is the health of the population at large.

There is a great deal of misinformation around about both AIDS and the commonly used test for the HIV virus, called the Elisa test. The misinformation and lack of general awareness is one of the most dangerous aspects of the AIDS crisis.

The misinformed may believe that there would be some benefit to mandatory testing. Actually the currently available test has one main value and that is to screen blood donations. It has successfully made donated blood used by hospitals and doctors safe for everyone. It has done this by testing positive on every infected sample as well as some that are not infected.

And this is where the limits of the test come in. The Elisa test documented to have a very high rate of "false positives" — that is, blood samples that test positive for HIV antibodies but actually do not contain the antibodies. Estimates vary as to the number of false positives from a report in the Journal of the American Medical Association (Jan. 11, 1986), which says that a majority are "false positives," to a New York study recently reported by the American Civil Liberties Union which found that up to 90% of all positives are false.

Further, it should be noted that even a "true positive" on the Elisa test only indicates exposure to the HIV virus and does not indicate whether the person actually has AIDS.

Of course, for those who wish to be tested, it is absolutely imperative that the results are kept completely confidential. Bennett's suggestion that it should be otherwise should have been immediately denounced by every place of authority. Without complete confidentiality, there is the danger of pushing the disease underground as those in need of help are rightfully fearful of government abuse. That there were no outrages from Reagan administration officials or even the Centers for Disease Control over Bennett's remarks is not a good omen.

Those who are advocating mandatory testing (a proposal rejected by the medical community but being pushed by right-wing politicians and appointees in public positions) are afflicted with a narrow world view. They are willing to sacrifice the public health to satisfy their rightwing political agenda.

But AIDS is an issue for all of society. It is a dangerous disease that requires all the resources available to modern science to fight. It will take the work of all of society to eradicate AIDS. The solution is not testing of the population. The most immediate need is education of the population so that the way the disease is spread is clearly understood. That includes understanding why the use of condoms by all men, gay and straight, is absolutely necessary. The other part of the solution is for the government to finally put millions of dollars into research as well as care for people with AIDS.

It is only prejudice and irrational homophobia that is standing in the way of launching an all-out effort that could end the AIDS crisis. That and the refusal of the Reagan administration to provide adequate funding for research. As we've said before, it's time to stop funding Star Wars and start funding a war on AIDS.
Spread of AIDS may be slowing

The spread of AIDS infection may be slowing, according to a new study by the American Centre for Disease Control.

The CDC said it found that the AIDS infection among nearly 800,000 U.S. military recruits remained virtually constant over a period of 18 months, and actually declined slightly among white males.

However, military recruits do not represent a cross-section of the general population, particularly the groups known to be at highest risk — homosexuals, intravenous drug users, and haemophiliacs.

But the centre's Dr. Tim D'Andrea, says: "I'm encouraged that we have not been able to document the predicted rise in the overall pattern of infection among the recruits."
Pledge of support to drug abusers

The Minister of State at the Department of Health, Mr Leyden, said yesterday that while young people had to be educated to avoid experimentation with drugs, those who were already injecting drugs intravenously should be encouraged and supported in their efforts to discontinue the habit as quickly as possible and, in the meantime, to avoid sharing needles at all costs.

It was known that 364 intravenous drug abusers had been infected with the AIDS virus, and the number might be higher, he said at a meeting in Dublin of personnel working with those abusers.
Church
'in Aids
U-turn'

A priest has called for homosexuality to be legalised in Eire in what is being seen as a U-turn by the Roman Catholic Church on the issue.

The Rev Bernard Lynch on an audio tape which features the Rev Paul Lavelle, head of the Church's 'task force on Aids' urges that homosexuality should be made legal.

The tape is aimed at priests and social workers.

The call has almost certainly been made with the approval of the Bishops in response to the Aids crisis.

In the past they have led campaigns against attempts to make homosexuality morally or legally acceptable in Eire.

On the tape, Dr Lynch says Aids is a major problem.

He is founder of the Aids Ministry of the Roman Catholic Church in New York.

Both priests on the tape urge active homosexuals to use condoms - another major departure for the Church.

Dr Lynch says there should be pressure on the Eire Government to drop its law against homosexuals.

"It is necessary that we know what people are doing. People are homosexually active, whether we like it or not," says the priest.