

Print Media



National HIV and AIDS

Archives

#NationalHIVArchives



19th to 20th May 1987

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19/5/87

Sex 'trivialised' in campaign says bishop

By Tommy Barker

SEX has been "totally trivialised" in the Irish AIDS campaign, the Catholic Bishop of Ferns, Most Rev. Dr. Brendan Comiskey declared last night.

And, said the outspoken bishop, the Catholic church's position in relation to the AIDS threat and the use of condoms had not been clarified, despite a massive media information campaign.

Referring to AIDS and sexual practise, Bishop Comiskey said the whole debate had been trivialised. "Young people are told go out and get a condom, but what does that say about how we see these young people, and what view does it portray in particular of women," he asked.

The Catholic Church was doing all in its power to deal with the AIDS problem, he said, and had given guidelines, provided counselling for victims and their families, and spent money on a

campaign on the issue before the government's public campaign had begun, he said.

Bishop Comiskey also criticised some clergy members who, during the television debates on the AIDS issue, appeared to

favour the use of condoms to prevent spreading the AIDS virus.

Condoms of different forms have been around possibly for thousands of years, pointed out Bishop Comiskey, and he noted that they were still not

100% effective in preventing conception. If that is the case, then it is dangerous to suggest that they are a sure barrier against getting AIDS, he said.

However, the notion that AIDS is a punishment from God for wrongdoing, was, he said, "blasphemous."

Media treatment of the Single European Act also came in for censure by Bishop Comiskey last night in Cork.

In a brief press interview, he declared that the media, and in particular television, had provided entertainment rather than information on the act.

Referring to Bishop Michael Murphy of Cork's outspoken position against the health cuts at the city's North Infirmary hospital, he said it was up to each Bishop to see how the cuts would affect his diocese.

Evening Herald
19th May 1987

Irish Aids babies will all die

BABIES born with the Aids virus have only a slim chance of survival and half of them die before their second birthday, a medical meeting in Dublin was told last night.

But many drug addict mothers with Aids antibodies actually go on to have a second child, said Dr. John O'Connor, acting

consultant at the National Drugs Advisory and Treatment Centre.

Almost half of about 50 pregnant addicts were found to have the Aids virus which initially caused shock and fear among the girls he said.

However, within weeks the addicted girls usually returned to their previous drug habit of sharing

needles — and "safe sex" practices were rarely observed.

Dr. O'Connor told the Dublin City Health Committee of the Easter Health Board that in Germany women must prove they are clear of drugs for two years before they are allowed rear their own children.

Most of the Irish Aids antibody positive pregnant addicts had virtually a total lack of self esteem and they thought themselves "the scum of the earth".

Dr. O'Connor expressed serious concern about the emotional well-being of the many babies born to addicts.

SW

Guardian
19th May 1987

US Aids vaccine trial gets cautious welcome

By Andrew Veitch,
Medical Correspondent

British scientists yesterday welcomed the US decision to allow the first major trial of an Aids vaccine in humans.

But, they warned, there is a long way to go before a vaccine is proved to be safe and effective enough for widespread use. "Don't leap up and down yet and say you've got a vaccine," said Dr Richard Tedder, the Aids virus specialist at the Middlesex Hospital, London.

The version approved for testing by the US Food and Drug Administration yesterday was developed by the small Connecticut biotechnology company of Microgenesys. It consists of a protein derived from the genetic material of the Human Immunodeficiency Virus (HIV).

First tests on 75 uninfected homosexual volunteers are designed to see if it raises an immune response—that is antibodies capable of killing the real virus—without unacceptable side-effects. That will take six months to a year, an FDA spokesman said.

Phase II will be to give the vaccine to more people, testing for the same effects and to determine the best dose. That will take one to two years.

Provided that all goes well, it will then be offered to hundreds of people—possibly thousands—to see if it really protects against infection. That is the key test, and will take another one to two years.

Only if those trials are successful will it be approved for widespread use. The manufacturers will then have to build production lines to supply millions of people in need of protection against the virus.

An estimated 50,000 people in the UK have been infected, with 1.5 million people in the US and at least 10 million worldwide.

The Paris scientist, Dr Daniel Zagury, was the first to test an Aids vaccine. He injected himself and a dozen volunteers in Zaire and France last year. It raised antibodies, but has yet to be tested on significant numbers of people.

The US trial will be carried out at the National Institute of Health, Bethesda, Maryland, by the deputy director of the National Institute of Allergies and Infectious Diseases (NIAID), Dr Clifford Lane.

The volunteers will have to be healthy, uninfected homosexuals whose current sexual behaviour puts them at low risk of infection, said the NIAID director, Dr Anthony Fauci.

"They must have had no possible exposure to HIV during the previous three months, and they must agree to observe safe sexual practices while participating in the study," he added.

The vaccine consists of a purified protein derived from HIV and not the virus itself. "No one can get Aids from the vaccine and we expect no adverse effects," said Dr Fauci.

"At this stage we are not attempting to determine whether the vaccine is actually protective against HIV infection. If we obtain good results from the study we will expand our research."

Dr Gale Smith and her team at Microgenesys, in collaboration with NIAID scientists, made the vaccine by modifying the gene that produces the coat of the virus—the part that the body's immune system first "sees."

They inserted the gene into an insect virus called baculovirus which infects moths and butterflies. That acts as a delivery system.

The Food and Drug Administration in common with the British Committee on the Safety of Medicines, usually insists on comprehensive animal studies before approving tests on humans.

The FDA has short-circuited the requirement because the pandemic is spreading so swiftly. Whether the CSM and the British government would follow suit remains to be seen. Teams in Glasgow, Oxford and London are working on potential vaccines.

● BBC Radio One is to launch a one-week "drug alert" campaign to warn young people of the dangers of injecting heroin and spreading the Aids virus. Ninety short bulletins will be broadcast towards the end of October, the BBC Aids co-ordinator, Mr David Harding said yesterday.

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A public morality to counter the current pursuit of happiness

Hetty Einzig looks
at a book which
explores the
hollow truths of
psychotherapy

"THE MAIN use to which psychology knowledge has been put has been the exploitation of some people by others," states David Smail, professor of clinical psychology at Nottingham University, in his latest book.

He continues: "A very significant part of the psychologist's role is continuous with that of the 'cunning man' and the astrologer, and, as such, is a sham. The evil that we do each other cannot be undone, at least not so easily as we like to think and the ravages of the world cannot be erased."

Not the ravings of an evangelist, but the considered words of an insider. At 48, his hair just turning a distinguished grey, Smail has been practising psychotherapy since 1961. "Therapy has become a massive industry: I don't think most forms of therapy acknowledge their limitations. 'Measurement', 'assessment', 'inter-personal skills' — we're seeing the influence of psychology all over in our post-managerial culture."

He talks with frustration, but

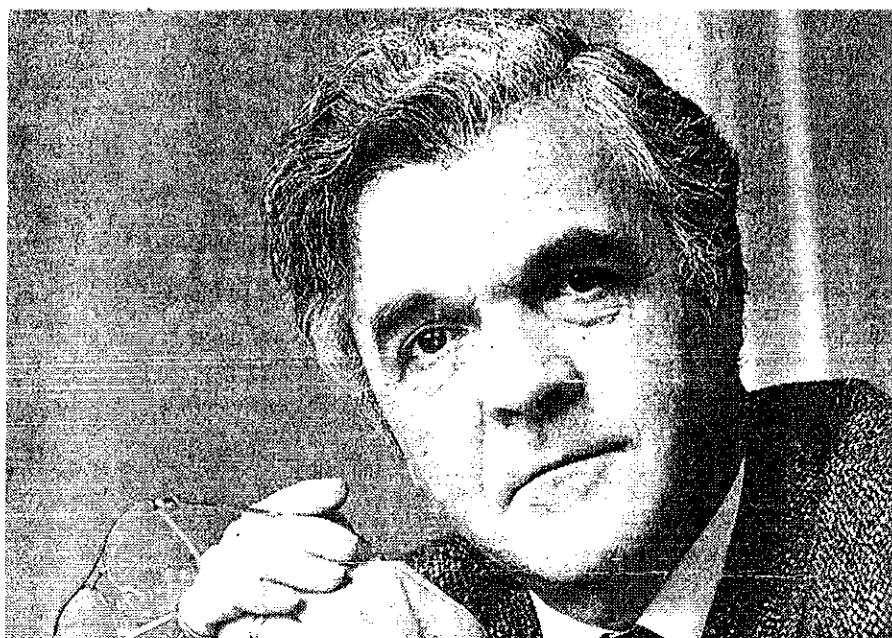
'Looking on others as salvation is a disastrous mistake'

not disenchantment. *Taking Care, an Alternative to Therapy* is Smail's view of the damage we do each other, of the tragedy of our false gods, mistaken dreams and exploitative relationships.

"We're in a hell of a mess in this respect: we look on other people as salvation — a disastrous mistake."

Rather than antidotes, psychology and so-called scientific objectivity are as much part of the picture. "In our eagerness to escape our vulnerability to pain... we construct... technological and therapeutic 'solutions' which share a common origin in the wishful magic of dreaming."

Hence our dogged belief in the pursuit of happiness and its success as a marketable commodity,



David Smail: 'I don't think most forms of therapy acknowledge their limitations'.

But in real life "pain is inescapable". Smail opens his hands emphatically.

"But people are terrified of anything painful as if it were going to destroy them." Like children we want mummy to take away the pain and make all safe again. He adds soberly: "Growing up is a recognition that ultimate bliss is not achievable and things being difficult is not so bad."

Smail is a stoic — dreams and magic are not constructive forces in his world. But one cannot ignore the clarity of the mirror Smail holds up even if the reflection is a most discomfiting one. *Taking Care* is also, it is worth saying, a good read — no psychobabble, cogent and full of a sharp wit. The main trouble, according to Smail, is that our society is one which does not encourage maturity; most of us live in a state of adolescent longing, consumeritis and pain-avoidance.

This is not Marxism in a new wrapping — Smail doesn't simply lay the blame on capitalism. We are all, he argues, caught in the same nexus of self-interest and the illusion that happiness lies only just round the corner.

But neither does Smail blame individual weakness or neurosis. Contrary to psychological orthodoxy, he sees our neuroses as en-

tirely appropriate responses to the uncaring, power-driven world we have created. "People think that those who are emotionally disturbed have a wrong view of the world. But 'negative' may be right. For example, kids brought up in a children's home develop 'shallow effect', because the staff keep moving to new jobs. They develop an expertise in not getting deeply attached — it is crucial to their sanity, but from the staff's point of view it's 'disruptive'."

It is this planting of neurosis squarely within the social structure that makes Smail stand out so sharply from the psychological mainstream. The orthodoxy is based on 'neuroses' being the individual's problem; they are deemed curable or correctable (by experts), through orthodox psychiatry (ECT, drugs etc) or the behaviourist 're-programming' of clinical psychology.

These are the approaches that prevail within the NHS — and any challenger finds himself facing the bastion of beliefs founded on "scientific principles". Smail happily takes his scalpel to such pre-

tensions and points out the obvious: you cannot 'cure' people of their past; people are not computer tape to be wiped clean and re-programmed — their experience is an organic part of their very being. "It's like you can't unlearn a language — although you may learn a new one as well."

With his stance against unorthodox methods it would be tempting to see Smail as the R.D. Laing of the Eighties — particularly given his fire and brimstone prose.

But Smail offers no vision of a brighter future, nor a new *modus operandi*. He accuses even the newer, humanistic schools of psychotherapy of exploiting our weakness for magic by implicitly offering a "cure" couched in other terms. And, in that all therapy is in danger of guilt-mongering by locating the problem within the individual, psychology also panders to maintaining the political status quo. Your fault is you suffer, nothing wrong with society. A public morality is the only workable alternative to our current pursuit of happiness ethic, argues Smail.

By this he does not mean moralism — the dogmatic Victorian brow-beating that threw Christianity into disrepute. What he calls the ethics of public life is

simply the reinstatement of social values that place the fundamental code of 'doing as you would be done by' above the current values of competitiveness, cost-effectiveness and expendability.

"The things that mean a lot to me are Christian ethics from a stoical point of view," and he smiles, almost, but not quite, embarrassed to talk of such things. "Self-sacrifice, loving your neighbour — these are valid aims."

Smail's formative professional experience was the time he spent in a therapeutic community where "staff and patients were in it together: the staff had to divest themselves of any phoney authority. It was the archetypal democracy."

The effectiveness of the daily community meetings left its mark. "One needs to create a public space to talk about things like love and morality — otherwise it becomes the spilling-out of private stuff. They immediately seem sentimental and trivial."

Smail sees therapists' role as that of guiding and clarifying — of de-mystifying. "But insight on its own isn't enough — what then?" In spite of appearances, Smail wouldn't, he says, want to "wipe therapy off the map".

"It is what I like doing best. But it should be a very discreet and private procedure. It's precisely not, for example, an answer to child abuse. It provides a safety valve, but this can also distract

Smail sees the therapists' role as de-mystifying

from tackling the fundamental issues."

Taking Care insists we must develop a more caring attitude to ourselves, our environment and each other if we are to survive, rather than believing we can mend the damage afterwards. But "the responsibility to change is too onerous to lay on the individual. This book emerged because I felt I had left out the political dimension from the last one."

Smail's previous book, *Illusion and Reality, the Meaning of Anxiety*, which deals with similar themes, brought complaints of pessimism from professional colleagues: "I don't think they liked me comparing psychotherapy to prostitution — dispensing love for money."

HEALTH is edited by
Oliver Gillie

Irish Independent
19th May 1987

AIDS show

Sir — After watching the Late Late Show of May 15, I feel that I have to write to your paper to point out that the programme was unbalanced from the Christian, if not the Catholic point of view. I write as a Catholic layman, without training in moral theology.

If we are concerned about the future of our young people, it is not enough to train them to use condoms to counteract their exposure to the dangers of getting AIDS.

Humanity divorced from religious belief is doomed to failure. We, as Christians, must teach

our young people the true and great values of Christianity. If we neglect to teach our young people that Christ taught us that the greatest value we have in the human form is charity, i.e. love for one another, unselfish love that excludes lust, passion and greed.

Perhaps another programme will be shown on TV with spokesmen able to speak more clearly on God's teaching, which will be of more help to parents in trying to help their children deal with this present onslaught on their young virtues.

D. ALEXANDER,
Brookfield Avenue,
Blackrock, Co. Dublin.

Irish Times
19th May 1987

TELEVISION: BRENDAN GLACKEN watched "Today Tonight" "Borderline", "The Celts" and "Bronde"

CONDOMS AND CELTS

APATHY KILLS. Nothing new in that, but when the apathetic ones are mainlining heroin they can kill you, too, by passing AIDS along the line. After all, most addicts appear to be on a slow suicide kick of their own free will, so there isn't much point in talking to them of "safe" sex, as Michael Heney discovered (Today Tonight, RTE 1, Tuesday and Wednesday). What does the word "safety" mean to people who shove hypodermics into their veins?

Heney's report was comprehensively disturbing. In four years' time it's reckoned there may well be a hundred million carriers in the world. Current evidence suggests most of these will succumb to the AIDS syndrome.

To judge by the report, Dublin's addicts, who make up one of the highest risk groups, are simply not concerned about clean or dirty needles, about passing AIDS to their girlfriends/boyfriends, about the risk of babies being born with the virus. And Ireland has the highest rate of these births. Therapeutic abortion is not available, sterilisation is a rare option and, as Heney noted, almost stunned, "the babies keep coming".

Meanwhile, the hidden RTE cameras filmed Dublin prostitutes, many of whom are addicts ready to provide "unsafe" sex at a price, being picked up in cars with rural registrations. What these clients bring home to wives and possibly unborn children may not be curable with penicillin or anything else.

Anyone galled by the suggestion that addicts be given free needles (and condoms) should realise the protection is not for the addicts, but for everyone else.

* * *

ON THURSDAY (RTE 1), Aonghus McAnally chaired a lively debate on the same subject in "Borderline". An addict and AIDS sufferer related how he had been left for seven months before

being informed of his condition: meanwhile, he was having unprotected sex with two girlfriends. While some people just wouldn't want to know, it appears there may be many more victims who simply haven't been told by their doctors.

The demonstration of how to use a condom might have seemed ludicrously unnecessary — until a phonecaller inquired if being on the pill was sufficient protection against AIDS. . . . And when a chemist from rural Ireland pointed out that, for many people, buying condoms was still a huge source of embarrassment, it became clear there's still a lot of growing up to be done in Ireland, and not just among the young.

given to "childish boasting and garrulousness"!

The historical data presented so far is a little tenuous at times, but it's clearly going to be a watchable series, with little expense spared, and lots of tongue-in-cheek stuff, such as the vision of Frank in dress suit playing after-port war games. The vanquishing of Vercingetorix, however, left something to be desired in terms of spectacle. Much more outrageous were the pseudo-historical reconstructions of our ancestors — the ladies in almost full undress — drinking and blathering. The most credible aspect? All the men looked like Billy Connolly clones.

* * *

IN AN era peculiarly obsessed with secrecy and cover-up at the highest levels of power, it's not too surprising that the TV production companies are tagging many of their perfectly ordinary drama serials with the "political thriller" label. What the viewer can then expect is another exposure of low standards in high places, webs of intrigue among the lawmakers and powerbrokers, and casual elimination of those who stumble on to the truth. Also to be expected is a good deal of confusion, as the murkiness of the goings-on generally extends into the actual plottings of the serial.

Latest in the genre is "Bronde" (Channel Four, Wednesday), the eponymous fellow being played by Stratford Johns, positively dripping with cultured evil and glossy amorality. The guileless foil is Robert (John Hannah), a young university student so naive as to nostalgically recall Earlsfort Terrace in the '60s; he just happens to see Bronde casually tip a young boy over a bridge to his death, and the sticky web spins out from there, against an atmospherically threatening Glasgow background. Robert subsequently finds himself visited by horrific hallucinations, nobody having warned him about get-togethers of the Eng Lit Society.



Frank Delaney . . . potholing purposefully into the past.

FRANK DELANEY has begun potholing purposefully into our past in "The Celts" (BBC 2, Thursday) and it's all terribly intense stuff, taking as its starting point the *vurry* interesting fact that the Austrian village of Haalstaad is a *vurry* long way from Tipperary; and no doubt a more desirable place for some initial location work.

All that way to make the discovery that our ancestors were

Irish Times
19th May 1987

Nurses back AIDS show

An Bord Altranais, the Nursing Board, welcomed the public education programmes on AIDS.

Acknowledging the "excellent" role being undertaken by RTE it urged the Department of Health to provide extra resources for the training of nurses looking after AIDS patients.

Irish Times
19th May 1987

RADIO: Howard Kinlay reviews a new history of sex on Radio 4, some of the AIDS debate on Radio 2.

Sex, Sex and More Sex

ALTHOUGH this week's column is going to include some comments about sex (all casual), it will not demonstrate the use of the condom, even on the tip of a pen. There will be those who will feel that this is most improper, for one reason or another.

However, it will not, I feel sure, be for the reason given by one woman interviewed on Radio 4 last week. During the war years, when she was what is now known coyly and misleadingly as "sexually active," she pointed out that "all men used French letters, unless they were cads." Times have not changed.

This was in a new series on the history of 20th century sex which began last Tuesday evening, produced by Peter Everett and presented by Helen Boarden. It provided a sad, piquant context to the AIDS programme being put on here.

The first programme dealt, rather rapidly, with broad attitudes to sex, and sex education in particular, over the last 80 years. What these came down to was two blunt facts. One, everyone agreed that sex education is best left to the parents. Two, everyone agreed that parents had told them nothing about sex, not since 1910 onwards.

This was not a wholly bad, state of affairs in the view of some of those interviewed. "We didn't know what to do but we

had great fun finding out," a voice from the '30s recalled.

"We learnt a lot about love-making," said another, simply because they had to avoid "going the whole way." Maybe AIDS will have the effect of helping people rediscover this joy of sex. Maybe heavy petting will come back into fashion, with courses being run in the art by those who used to sound off against it.

It was in the '60s, of course, that people really started to do something about all this groping in the dark. Martin Cole's historic film on "Growing Up" made then started from the premise that sexual experience was essential for normal development. At a time when even the Family Planning Association in Britain was refusing to give contraceptives to single people unless they could prove that they were not for "pre-marital" use, Cole set out to give teenagers non-judgemental, accurate information.

The film must have had some effect. Not, to lose one's virginity, as a child of the '80s related, one simply got a contraceptive from the machine in the students union, brought the boy friend back home and fed him drink, "and sprang it on him."

This week's programme deals with prostitutes and pornography.

IT SEEMED like a good idea for Mark Cagney to carry the discus-

sion on AIDS that had begun on television over to "Night Train" on Radio 2 (Thursday, 12.02 a.m.). In the event, nothing very new emerged. And the questions raised by listeners didn't help to add to the oft-repeated information that had filled so much TV time.

On the other hand, it was clear from some of those questions that the information still needed to be repeated and repeated some more. One woman seemed to think that being "impotent" would protect her from the virus.

But the call that appalled was from a man called Joe. He wanted to know if the people who advised the use of condoms would take responsibility for the one per cent failure rate of these devices. No-one asked him if the one per cent who try to prevent people using condoms would take responsibility for the 99 per cent of those who might, by their use, have avoided AIDS.

Such attitudes richly deserve the condom-nation that they are likely to invite. It would be interesting to know if these sort of people, who took (grabbed) responsibility for the morals of the nation over the last 80 years, feel there is any link between their behaviour and the present sad pass.

At least we can thank AIDS for having forced us to grab that responsibility back.

Radical AIDS tests measures

THE Right-wing Government in the West German state of Bavaria introduced a radical package of anti-AIDS measures yesterday, including compulsory tests for certain foreigners.

State Interior Minister August Lang told reporters in Munich that all Turks, Yugoslavs and Eastern Europeans applying for a residence permit would be tested.

Africans, Asians, North and South Americans and Australians would also be obliged to submit themselves to a test if they intended to stay in the state for more than three months, Mr Lang said.

The Christian Social Union Government of Prime Minister Franz-Josef Strauss has, however, backed down from its earlier plan to force visitors from other non-European Community countries to undergo checks after severe criticism within Community countries.

All citizens found to be infected with AIDS would be obliged to tell their partners and medical authorities who may require them to be taken to hospital, he said.

The health ministry in Bonn and all other political parties have denounced the plans as draconian.

Wednesday, May 20 1987.

Egg yolk may beat

A PROMISING new Aids drug made from egg yolks is to be tested on patients at one of Britain's major hospitals, it was learned today.

The drug, known as AL 721, is believed to stop or slow down the progression of the disease without toxic side effects. The trial will involve 300 or 400 patients in seven international centres, including St. Mary's Hospital, London.

New Scientist magazine reported today that AL 721 was discovered at the

Aids

Tel Aviv, but that an Weizmann Institute near American Company, Praxis International, owned all world rights to the drug, which consists of a mixture of natural fats made from egg yolks.

It is a yellow, oil liquid which patients can take either in orange juice or spread on bread. The "chen, sink" recipes for magazine added that "kit-preparations" resembling AL 721 had appeared in the American homosexual Press.

Evening Herald
20th May 1987

Bilingual Irish girls for Aids research

By MICHAEL LAVERY

TWO Irish girls leave for Geneva next month to work on a world Aids research programme.

They are among dozens of French and German speaking young people winning plum jobs in European capitals.

Maureen Gaule (18, from Blackrock, Co. Dublin, and Siobhan Treacy (19), from Sligo, are joining the administrative staff of the World Health Organisation's Aids research unit.

The girls, who start on a salary of £16,500 tax free — rising to £18,000 after a month when they complete tests — graduate this week from Dublin's Language Secretarial and Business Centre in Balfe St., along with 98 other girls.

"About 25 per cent of the girls have already got jobs in Paris, Brussels, Frankfurt and Geneva," said Jean Killeullen, director of the centre.

Two other girls, Mary McDonnell, Maynooth and Jackie Doyle, from Kerry have also secured jobs with the World Health Organisation, while three others are already working for the High Commission for Refugees, in Geneva.

About 35 of the girls graduating have completed the centre's two year course, leading to a bilingual diploma. Over 90 per cent of these have already found jobs with law and accountancy firms in Germany, France and Switzerland.

Jean Killeullen, who goes abroad every year on a jobs search, said this year she has been particularly successful. Irish girls, it seems, are much in demand as office staff abroad.

"The Irish have always been popular abroad. They tend to take their work very seriously.

At present, the centre has 250 students, and about 60 per cent of them want to go abroad. Now marketing has also been introduced into the second year diploma, giving the girls a valuable "edge".

Evening Press
20th May 1987

Ban on AIDS testing for life insurance

VZU
29/5/88

PEOPLE applying for health or life insurance policies in New York state will not be required to take a blood test for the presence of the AIDS virus, under a new state regulation announced by Governor Mario Cuomo.

Governor's announcement, during a speech at the Lesbian and Gay Community Services Center in New York City, was greeted with cheers and applause from an audience of several hundred people.

Civil rights advocates and leaders of homosexual groups have said that thousands of applicants for insurance policies have been denied coverage either because they were suspected of being homosexual or because they tested positive for the Hiv-1 virus, which causes AIDS.

Most AIDS victims in the United States have been homosexual men or intravenous drug users, their sexual partners and babies.

An Insurance Department spokesman, Kevin Foley, said there was evidence that insurance companies had denied policies to applicants who refused to be tested. "But we do not know how many are being subjected to such conditions".

The companies have asserted that they have the right to test applicants on the ground that heavy losses to policy holders afflicted with the fatal disorder could cause heavy underwriting losses.

In the district of Columbia, which has banned insurance companies from administering the test for the AIDS virus and a separate blood test that detects damage to the immune system, insurance companies have threatened to stop selling policies.

Foley said he did not expect

a similar reaction in New York, which accounts for a third of the 33,000 AIDS cases reported nationally so far.

New Jersey and Connecticut states allow insurance companies to test policy applicants for the AIDS virus. Among the other states, California prohibits such tests and Massachusetts has adopted a policy against them.

Thomas Stoddard, executive director of the Lambda Legal

Defense and Education Fund, a homosexual rights organisation, said that thousands of homosexuals or people who test positive for the AIDS virus but who may never contract the disease "would sleep better tonight now that the governor had lifted the threat of uninsurability".

Health officials have estimated that 400,000 people in New York state are infected with the AIDS virus.

See

Evening Press
20th May 1987

Condom sales hit family clinics

THE TRADE in condoms has been hit the Irish Family Planning Association.

The Association, once the almost sole supplier of the contraceptives, is facing financial problems now that condoms are widely available in chemists and other outlets in Dublin.

"Financially it had been a bad year for the IFPA," the association's chairwoman, Dr. Sheila Jones admitted in its annual report. "Condoms are now widely available in the Dublin area and our income which depended largely on condom sales, has been badly hit."

The IFPA, she added, received no money from the Eastern Health Board for the "many" patients which they see with medical cards and who cannot pay for the services.

But she vowed that the association's two clinics, at Cathal Brugha Street and Synge Street, would continue to see these clients, with some grant aid from the Department of Health, and from complementary organisations.

With the increasing threat of AIDS, young people will steadily become more aware of the need for sexual responsibility, said Dr. Jones, and it was vital that the IFPA be there to meet their needs.

"The defeat of the divorce referendum, the closing of two pregnancy advice centres and the banning of the book 'Joy of Sex' must mean that we have to prepare ourselves to stand firm against the forces of ignorance and repression in the future," she said.

Almost 6,000 new patients visited the association's two Dublin clinics this year.

Evening Press
20th May 1987

AIDS curb by W. Germany

The right-wing government in the West German state of Bavaria introduced a radical package of anti-AIDS measures yesterday, including compulsory tests for certain foreigners. State Interior Minister, August Land, told reporters in Munich that all Turks, Yugoslavs and Eastern Europeans applying for a residence permit would be tested.

Evening Press
20th May 1987

Tallaght aid for victims

THE Irish Association for Victim Support, which helps people affected by crime, has established a branch in Tallaght.

Already volunteers from the organisation are visiting up to a dozen victims a month offering them support and advise on how to rebuild their lives.

"But we need to let more people in the area know we exist", says Jim Higgins, one of the founder members. "Some people who have been burgled or become victims of crime in some other way may need our help but don't know how to contact us".

He said that while the figures showed a drop of 11½% in the crime rate in Tallaght there were still quite a lot of victims around.

"We give advise on insurance and welfare claims, accompany a victim to court, help them deal with gardai and other official bodies and generally provide a sympathetic ear in the aftermath of a crime", he said.

Mr. Higgins added that their initial success in contacting victims came about mainly through the help of two garda liaison officers in Tallaght, Inspector Eugene Doddy and Sgt. John O'Sullivan.

"Any victims who need help should contact either of them at Tallaght garda station 511232 or contact me at 525174", said Mr. Higgins.

Evening Press
20th May 1987

Virus stores

'insane' — W.H.O.

By ANDREW VEITCH, Medical Correspondent

STOCKS of smallpox virus stored in Atlanta and Moscow should be destroyed by October, the World Health Organisation has demanded.

Countries still vaccinating their armed forces against the disease are urged to stop doing so.

"They fear biological warfare," said Dr. Ralph Henderson, director of WHO's immunisation programme. "It's insane. Smallpox is a bad biological warfare agent and vaccination is causing damage to military recruits."

Four countries are known to immunise troops against the variola virus which causes the disease, senior medical sources say: the United States, Russia, Israel, and Libya.

Few people seriously believe that anyone would risk unleashing smallpox on the world, and none of the four countries, it is understood, is considering using it as a weapon.

Military recruits are vaccinated, sources say, because leaders fear that the mere threat of releasing the bug would cause panic among unprotected armies.

But the live cowpox virus, vaccinia, used to protect against smallpox, carries a substantial risk of sometimes fatal side-effects. Brain damage is the most common problem, when it was given to civilians in Britain, more suffered brain damage than would have contracted smallpox, according to Professor Arie Zuckerman, the British Government's chief adviser on vaccines.

AIDS has brought a new hazard. Vaccinia may trigger the disease in someone who has previously been infected by the AIDS virus. An immune system damaged by AIDS may not be able to cope with a dose of cowpox.

A 19-year-old US recruit has died of a cowpox-like disease after being vaccinated against smallpox. It was subsequently found that he had unknowingly been infected by the AIDS virus.

That may not be much of a problem in countries where AIDS is still rare — the Soviet Union, for example. But in the US, where well over a million people have been infected, it is a cause for concern.

Production and use of biological weapons was outlawed in a 1973 convention. Stocks of the smallpox virus are known to be stored in two centres: Moscow and the US Centre for Disease Control in Atlanta.

Britain sent its entire stock of various virus to Atlanta in 1982. It had been stored at the former germ warfare centre at Porton Down, Wiltshire. A Defence Ministry spokesman said: "We do not vaccinate our soldiers against smallpox."

Officially, the virus is kept strictly for peaceful uses: in case smallpox reappears in a more resistant form and a new vaccine has to be developed in a hurry.

But the critics point out that the US defence Department's budget for research on biological warfare defence soared from \$15 million in 1980 to \$62.5 million in 1984.

Opinion within the military services favouring the smallpox vaccination policy has not been unanimous, according to Dr. Neal Halsey and Dr. David Henderson, at Johns Hopkins University, Baltimore.

They say, in a leading article in the authoritative New England Journal of Medicine: "Those knowledgeable about the potential of different biological-warfare agents regard smallpox virus as the least suitable — in part because it does not spread readily from person to person, and in part because an effective vaccine will confer protection within a week after administration."

They add: "One argument in favour of continuing vaccinations is that the Soviet Union is vaccinating its military services."

Cutbacks 'will hit inner city very seriously'

By Pdraig Yeates

HEALTH cuts were seriously damaging services and employment levels in deprived inner city areas, the Dublin South Inner City Development Association (SICCDA) said yesterday. It also said that health education co-ordinators were being redeployed because of cutbacks and claimed this would disrupt services for drugs abusers and AIDS sufferers.

SICCDA claimed that 25,000 fewer outpatients would be treated at St James's Hospital alone this year and there would be 5,000 fewer taken in for treatment.

Among services being hit were ancillary staff in many hospitals, home helps, youth development leaders, drugs counsellors, health education co-ordinators, community welfare officers and school medical assessors.

"This means that the most vulnerable members of the community will suffer and contradicts the Fianna Fail manifesto claim that there would be 'adequate health facilities for prevention, diagnosis, treatment, education and rehabilitation, with more emphasis on community services'," said Ms Nell Carley, of SICCDA.

"The south inner city has an unemployment rate of 60 per cent and due to the cutbacks many local people employed as temporary staff are returning to the dole queue." In many individual flat blocks as many as 25 people, mainly women and often the only breadwinners for their families,

were being laid off. There were six hospitals in the SICCDA area, all of them major employers of local labour.

There were also 300 recorded drug abusers in the Dublin 8 area, she said. "Last week the Department of Health made a full commitment to supporting AIDS sufferers, but in the same week the health board served notice that the health education co-ordinator and youth development leader, who dealt mainly with drugs abusers, was being transferred."

A spokesman for the Eastern Health Board said last night that health education co-ordinators were being "reverted" to their normal public health nurse roles to mitigate the effects of cutbacks "at the coal face". The board said that these people did not deal directly with clients but co-ordinated services.

SICCDA provided a detailed list of health cuts in the area. Among the services currently under threat of closure were the maternity hospital in St James's, a labour ward in The Coombe and the Sexual Assault Unit in the Rotunda.

Units already closed included the burns section in Dr Steevens' (the only one in the country), the kitchen and varicose vein unit in St James's and 67 beds at the Meath Hospital.

Lay-offs included all temporary staff at St James's, 40 temporary staff in Dr Steevens, 30 trainee nurses at the Meath and seven staff nurses in the same hospital.

Irish Times
20th May 1987

'Irresponsible' **AIDS victims**

Some AIDS victims adopt an irresponsible attitude towards their condition, thereby running the risk of infecting other people, a Dublin hospital chaplain has claimed.

Faher Frank Monks, director of the Chaplaincy Department of the Mater Hospital, said there were quite a few AIDS sufferers who could be really irresponsible and adopt a "to hell with you, I can do what I like" attitude.

Irish Times
20th May 1987

Clinics defend abortion for AIDS carriers

The fact that Ireland is one of the few European countries where abortion is not available to pregnant women who are antibody positive to the AIDS virus, was deplored yesterday by the Defend the Women's Clinics campaign. In a statement, the group points out that a child born to an infected woman has a high risk of developing the fatal disease, and the mother also runs an extremely high risk of developing the disease herself by giving birth.

The clinics said in their statement yesterday, that they uphold the right of a woman who finds herself in this distressing situation as a result of AIDS, to at least be referred to a clinic in Britain for an abortion. The clinics include the Well Woman Centre and Open Line Counselling.

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Irish Times
20th May 1987

Bavaria to order AIDS tests

From Tony Catterall,
in Bonn

THE STATE GOVERNMENT in Bavaria is to go it alone in West Germany in adopting restrictive and compulsory measures to contain the spread of AIDS.

A meeting of the state cabinet in Munich yesterday approved most of a catalogue drawn up by the Under-Secretary of State in the Interior Ministry, Mr Peter Gauweiler. The measures have been strongly criticised by all opposition parties and AIDS help-groups, and rejected as a national model by the Federal Health Minister, Miss Rita Süssmuth.

A wide range of people in Bavaria can now be forced to undergo a blood test to see if they are carrying the AIDS virus (HIV), including applicants for certain jobs in the state civil service: anyone found to be infected will not be employed.

The State Health Office "is to begin investigations when it is proven that a person is ill (with

AIDS), suspected of being ill, suspected of having been infected (with HIV), a carrier (of HIV), or suspected of being a carrier; or when it is to be assumed that someone can be suspected of being infected." Those suspected of being infected include, "in particular male and female prostitutes and intervenous drug addicts."

Should a person in any category refuse a blood test they can be ordered to do so by the Health Office, which can call on the police for assistance. In the event of the tests being negative, it must be repeated at three-monthly intervals so long as the person concerned "continues to belong to the circle of suspected people."

Prostitutes who are "suspected of carrying" HIV are to be "ordered to use condoms during intercourse." Those found to be infected are already banned from continuing in their profession.

The measures to be ordered by the Health Office if an HIV test is

positive include the duty of "informing intimate partners" and doctors; and a ban on "donated blood, sperm, organs or tissue" and on mothers breast-feeding their children "unless the child is already HIV infected."

Infected persons "who are particularly stubborn" in ignoring the instructions "and hence endanger others" can be "isolated in hospitals or other therapeutic institutions" by court order.

Foreigners — other than those from "Western Europe and Scandinavia" — who apply for a residence permit will also have to be tested, and will be expelled if the result is positive.

Just before the Bavarian cabinet decision was announced, the Federal Health Minister, Miss Süssmuth told reporters in Bonn that she remained resolutely against compulsory measures.

She acknowledges that the Federal Epidemics Act gives authorities such power, but — along with her counterparts in all

other states except Bavaria — questions whether it is appropriate in the case of AIDS.

The great fear is that with no hope of a cure, people who are affected will "go underground" and refuse whatever help is available. "Emigrants" from Bavaria were noted in other southern German states when the government in Munich indicated just over two months ago the measures it has now adopted.

London Times
20th May 1987

Aids tests urged for prisoners

By Peter Evans
Home Affairs
Correspondent

Prison officers called yesterday for all inmates to be screened for Aids on reception and regularly throughout the term of their sentence.

A series of resolutions expressing concern about inadequate precautions against Aids and hepatitis in prisons were passed at the Prison Officer's Association conference at Southport.

Mr Jim Kay, assistant secretary of the association, said later that an agreement had been reached between the POA and the Home Office for the introduction of properly equipped isolation units, staffed by association members, wherever there was a need. Inmates with out communicable diseases would also be treated there.

Mr Pat Garrett, of Acklington Prison, near Morpeth, Northumberland, told the conference that compulsory screening was not seen as "an infringement of civil liberties but an eminently sensible solution to a real problem".

However, the Home Office said later that a change in the law would be required to make screening compulsory. "It can't be compulsory at the moment and no testing would be done without the consent of the inmate. The medical officer's relationship with an inmate is very much the same as that of the GP with a patient outside."

Mr Colin Evans, of Stafford Prison, said that an officer who escorted a prisoner diagnosed as Aids positive was told by a doctor that in order to secure life insurance or in response to a questionnaire from an insurance company, he would be compelled to disclose that a blood test for Aids or hepatitis had been carried out.

"This could result in insurance being refused or a hefty loading being imposed", Mr Evans said.

However, the Association of British Insurers said: "Purely because you have had a blood test for Aids doesn't necessarily mean you will not get cover".

Global vaccination check on child Aids victims

By Thomson Prentice
and Pearce Wright

Researchers are testing the effects of live vaccines on Central African children who are infected with the Aids virus to help ensure that an ambitious global vaccination programme, aimed at saving 3.5 million lives a year, is in no danger of adding to the spread of Aids.

Leading scientists believe further research is necessary into whether there is a link between immunization and the development of Aids among people already carrying the human immuno-deficiency virus (HIV).

In *The Times* yesterday, Professor Luc Montagnier, of the Pasteur Institute in Paris, expressed concern about the possible connection. He

said he believed research, possibly using animals, should be considered.

Professor Peter Piot, of the Institute of Tropical Medicine in Antwerp, another leading Aids researcher, said yesterday: "I agree with this important scientific proposal. We have already started related research in Zaire."

The Zaire study is investigating the possible effect of measles, polio and tetanus vaccines on children who have HIV without symptoms of disease, and to compare them with children who have been immunized but are not carrying the infection.

Professor Piot said the study was essential to ensure the future of immunization programmes in developing countries. "The results seem

encouraging in that there have been no signs of progress of Aids. However, the research is still at an early stage."

In Zaire, as in other African countries, Aids has been spread mainly through sexual contact. But research has shown that another leading factor has been transmission through contaminated needles and other medical equipment.

The World Health Organization, which was responsible for the immunization campaign that eradicated smallpox, has dismissed the theory that it may have inadvertently triggered Aids in some people who were carrying the virus but who were otherwise healthy.

It is striving to ensure that current and future mass immunization programmes do not add to the Aids

epidemic. Millions of children in developing countries are to be immunized in the next few years against every disease for which a vaccine exists, with the aim of saving about 3.5 million lives a year.

World Health Organization officials discussed the problems of immunizing children with Aids or HIV infection last year. They weighed the potential risks of live vaccines causing the progression of Aids against the known risks of infants dying from diseases such as measles and polio if vaccinations were withheld.

They decided that halting immunizations because of the fear of Aids would increase deaths among children, while it would do little to stop HIV transmission.

Prison tests, page 3

Insurers Find Ways to Limit Losses Tied to the Disease

By MARILYN CHASE

Staff Reporter of THE WALL STREET JOURNAL

SAN FRANCISCO—Despite political victories in a few key states by homosexual rights groups, the insurance industry is doggedly and rather successfully limiting its exposure to AIDS-related losses—losses it says could be in the billions of dollars.

Insurers are avoiding or reducing claims by isolating high-risk applicants with AIDS antibody tests, fighting off attempts by some states to ban such blood tests, and using substitutes for the tests when they are banned. Insurers are also denying new policies on social grounds and aggressively fighting existing policyholders' claims in court.

To the extent that the industry's tactics are successful, AIDS victims and taxpayers, particularly taxpayers, will have to bear more of the costs. The insurance industry's tactics have been denounced by homosexual advocates and thwarted by regulatory agencies. But there is hope of easing the conflict through the use of so-called risk pools, to spread liability for huge claims among companies and those who pay premiums.

About half of all insurance companies today are trying to use AIDS antibody tests for individual health and life policies. Mutual of Omaha Insurance Cos. requires antibody testing in applicants for life-insurance policies of \$250,000 or more. At Metropolitan Life Insurance Co., the threshold is \$200,000. Some major companies—including Aetna Life & Casualty and Prudential Insurance Co.—refuse to disclose how large a policy triggers the test. "We prefer not to put it out there as a target," says Prudential spokesman Richard Matthews.

Most states still permit insurance carriers to use the AIDS antibody tests to assess the health status of applicants. But their use has been prohibited in California and the District of Columbia; New York and Massachusetts are hostile to the tests, and half a dozen other states may refuse to allow them for insurance screening, according to a trade association spokesman.

What Is Proved

The test doesn't indicate that one has acquired immune deficiency syndrome, only that one is infected with the virus. Usually companies use three tests employing two different technologies—two ELISAs, or enzyme-linked immunosorbent assays, and one Western Blot. Challenges to their use in predicting illness are fading somewhat since many scientists have come to believe that a majority of infected individuals will eventually get sick. The remaining strong challenge has to do with civil rights.

To insurers, confirmation of a positive test usually means that they will deny coverage. In a survey by the American Council of Life Insurers and the Health Insurance Association of America, 91% of companies said they consider an AIDS-in-

fect applicant "uninsurable" at any price.

The industry argues that rejecting such applicants is as legitimate as weighing cigarette-smoking, or a history of heart disease or cancer, in underwriting policies. "We want to preserve the right to use all pertinent forms of medical information," says a spokeswoman for the health and life insurers. Still, critics reply that while cigarette smoking, cancer and heart disease may in some cases merely raise rates or restrict coverage, AIDS infection closes the door utterly.

Pro-test forces are fighting hard. Wisconsin, which originally banned use of the antibody tests, later reversed itself. Companies such as Aetna and Prudential stopped writing new policies in the District of Columbia to protest the test ban. The Paul Revere Life Insurance Co. is lobbying the Massachusetts insurance commissioner, promising privacy, confidentiality and non-discrimination in test use, if he will relent in his opposition. John Budd, the company's senior vice president and general counsel, says that unless the test is allowed, "the epidemic could cause solvency problems."

Sex Questions

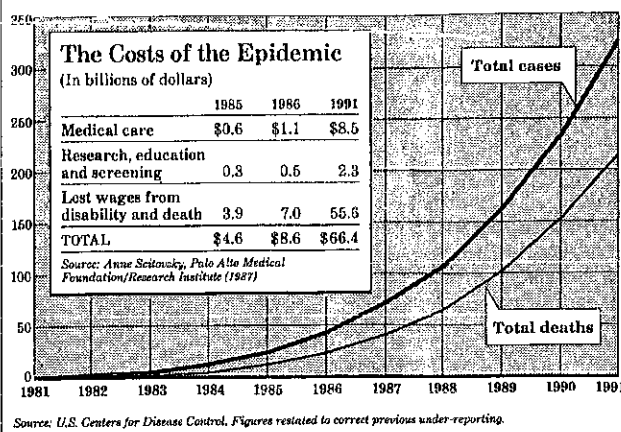
Companies in California, though forbidden to use antibody tests as an insurance tool, have found other ways to assess AIDS risk. Blue Shield of California, for example, is one company that asks applicants if they have a history of sexually transmitted diseases.

"If a person admits to having had hepatitis, gonorrhea, herpes and a touch of syphilis, he's a bad risk right off the bat... though not directly due to AIDS," says Ralph Schaffarzick, Blue Shield's vice president of medical operations. Another widely used surrogate is the T-cell test, which generally measures numbers of infection-fighting white blood cells. Homosexual rights groups don't oppose such tests so long as they are administered evenhandedly to all applicants for insurance, not just to presumed homosexuals, single men, members of certain professions and residents of certain neighborhoods.

In some cases, critics charge, companies may not even bother trying to be circuitous. Last week, National Gay Rights Advocates accused Aetna of asking a San Jose, Calif., man to take the AIDS antibody test in violation of state law. The group filed an angry protest with the state insurance department. In Hartford, Conn., an Aetna spokesman says he is unfamiliar with details of the alleged incident, but, he adds, "We don't think we've done anything wrong."

Finally, companies are aggressively litigating claims. Empire Blue Cross & Blue Shield of New York often goes to court to resist claims submitted by current policyholders, arguing, for example, that a case of Kaposi's Sarcoma or pneumocystis carinii

AIDS Numbers: A Steady Increase (In thousands)



pneumonia, both linked to AIDS, indicates an uninsured "preexisting condition" of AIDS virus infection. Many policies are written to exclude symptoms of illness existing before policies were issued. However, this "contestable period" usually lasts only two years—after which policies are valid for any insured condition. After two years, life insurance policies are generally unchallengeable, too, even if the policyholder misrepresented himself in his application.

A Three-Way Split

Lawsuits involving denied claims usually are "settled for small dollars," says Jerrold Ehrlich, Empire's associate general counsel. Though the industry's average AIDS-related medical claim is about \$36,000, Mr. Ehrlich says settlement negotiations usually involve a three-way splitting of costs between patient, hospital and insurer—with Empire paying only 10% to 25% of the disputed claim.

Benjamin Schatz, an attorney and founder of National Gay Rights Advocates, says the legal tactics are a cynical waiting game. "Companies are betting that people will die before they have a chance to litigate," he says. "The life span of an AIDS patient is shorter than the life span of a lawsuit." Of course, estates can sue, too.

The insurance industry, in talking of billions of dollars in claims and possible insolvency, has "greatly exaggerated" its financial burden, Mr. Schatz says. Claims for AIDS so far aren't out of line with other terminal illnesses that haven't yet bankrupted the nation's 2,000 carriers. Insurers reply that without the ability to screen out high-risk applicants, their costs will explode as the epidemic grows.

Mr. Schatz also argues that antibody tests risk a breach of confidentiality that can cost an applicant his job and home. And though it is predictive of illness, he notes some states prevent carriers from using other medically valid but controversial and

socially sensitive tests—such as a test for sickle-cell anemia or Tay-Sachs disease, genetic diseases principally affecting blacks and Jews, respectively.

"So there is a precedent," he argues, for balancing actuarial risk against discrimination.

Apart from the difficulty of obtaining new policies, Mr. Schatz says he has received hundreds of calls from bona fide policyholders who charge that they are unable to get their AIDS claims paid. Many companies will fish for vague prior signs of any illness and then cite it as a "preexisting condition" of AIDS, he alleges.

"When a policyholder develops AIDS, companies are scanning records for episodes of flu or diarrhea, citing it as a preexisting condition," Mr. Schatz contends.

Brent Nance, an independent Los Angeles insurance agent who is himself a homosexual, says a recent survey disclosed that a majority of the 26 largest health and life carriers still use questionable or even illegal underwriting tools—such as redlining neighborhoods with large homosexual populations, rejecting single men and men designating male friends as beneficiaries.

Insurers, for their part, counter that some homosexuals, knowing themselves to be infected with the AIDS virus, have gone shopping for policies. "It's like buying home insurance on a burning house," a trade group official says.

Whatever the insurance industry's ultimate financial burden might turn out to be, both sides agree that risk pools are a partial solution. Risk pools are funds to which companies contribute for the coverage of "uninsurables," or for payment of million-dollar claims by existing policyholders.

Mr. Nance says both types are necessary to spread risk fairly. But so far only about a dozen states have adopted risk pools, and none of the most populous states have done so.

AIDS Costs

In Lives and Dollars, Epidemic's Toll in U.S. Is Growing Inexorably

Care, Research and Education
Will Take Massive Effort;
By 1991: 324,000 Cases

A Preview in San Francisco

By MARILYN CHASE

Staff Reporter of The Wall Street Journal.
SAN FRANCISCO—Paul Volberding surveys the teeming AIDS clinic at this city's general hospital with apprehension. The clinic handled 16,000 patient visits last year, as much or more than the hospital's medicine or surgery units. But within four years, the influx of sick is expected to soar more than fivefold.

"Given the problem we're having with 3,300 cases, can the medical system survive that onslaught?" asks Dr. Volberding, the hospital's chief of AIDS activities.

This city is the AIDS capital of the U.S., with an estimated male homosexual population of 70,000, at least half of whom are believed to be infected. (The estimate is based on blood tests and a survey conducted in heavily homosexual San Francisco neighborhoods.)

In San Francisco's problems, other cities see a preview of their own future in dealing with the invariably fatal disease. Based on the current level of infection—estimated at more than 1.5 million Americans—the U.S. Centers for Disease Control now expects 324,000 diagnosed cases by the end of 1991, compared with 35,518 counted as of May 11. CDC estimates have all just been increased by 20% to account for previous under-reporting of the disease.

In a newly released study, the U.S. Office of Technology Assessment endorsed a forecast by Anne Schriber, the chief health economist for the Palo Alto Medical Foundation, predicting that medical costs alone will grow eightfold nationally to \$8.5 billion by 1991. Research, education and blood-screening costs will quadruple, to \$2.3 billion.

Mr. Schriber estimates that indirect costs—the lost wages from disability and death of working-age people—could be as high as \$56.6 billion by 1991, although other economists say the wage figure despite the incalculable human toll, could be sharply lower if unemployed or underutilized workers fill the void.

'Horrendous Costs'

"The real costs will come in treatment," says economist Lester Thurow of the Massachusetts Institute of Technology, "and they will be horrendous enough."

Cost predictions, large as they are, may turn out to be too low. These projections are based on the current cases of the disease and on new cases brewing among those already infected. Thus, they are unaffected by any slowing of the disease's spread. Last week, CDC tentatively reported an apparent leveling in the rate of new infections among military recruits. Estimates also don't include the expenses associated with AIDS-related complex, or ARC, an earlier phase of illness that can be as severe—and as costly—as AIDS itself.

In a cruel irony, more effective treatment with new drugs such as AZT—at \$10,000 a year, the most expensive prescription drug in history—may increase the costs of some AIDS cases by prolonging life without curing the disease. If drugs are to cut rather than increase AIDS costs in the future, price competition will have to bloom among pharmaceutical companies or a successful treatment will have to be found to prevent the development of AIDS in infected individuals.

Unpredictable Disease

There are ominous indications that a higher percentage of people exposed to the AIDS virus will eventually fall ill than was once thought. Early estimates put the rate at 20% to 30%. But a long-term study of infected homosexual men has shown 60% of them are ill after seven years of medical observation, "and it's getting worse," says Dr. Volberding.

Moreover, AIDS is an unpredictable disease, with such varied symptoms as pneumonia, cancer, dementia and emaciation. Its sparks can explode in many ways. Keith Sparks, a 28-year-old former law clerk here, ran up bills of \$160,000 last year when he developed multiple symptoms that ravaged his body, reducing his weight to 97 pounds. His bills were picked up by a private insurer, the Travelers Insurance Co.

"I've been hospitalized 12 times in the past year," Mr. Sparks says. "I've been diagnosed with squamous-cell carcinoma, lymphoma, meningitis, pneumonia and a collapsed lung." In addition, he has blinding headaches that render him unable to speak. He takes interferon to boost his immune system and drugs to dull the pain. "I get tired of just preparing for death," Mr. Sparks says.

The cost of caring for one AIDS or ARC patient is very high. Insurers say the average ARC hospitalization claim is almost as high as the average AIDS claim. Caring for the average patient in San Francisco costs about \$35,000 a year, or \$70,000 from diagnosis to death, according to several experts. These averages roughly equal the annual cost of caring for patients with certain terminal cancers, or with kidney failure.

But unlike other catastrophic illnesses, the report by the Office of Technology Assessment notes, "What makes this disease a special case is the increasing

Aids Costs: U.S. Toll Mounts in Both Lives and Dollars

Continued from Page 1

prevalence" of AIDS and its infection. By 1991, total AIDS care will cost the nation more than \$8 billion, double the cost of the nation's total cancer care, according to the study. And auto accident casualties are expected to cost more.

For the economic AIDS toll eventually will be enormous, says the study. The health plan is a subject of conflicting estimates. Medical care for the nation's health plan is a subject of conflicting estimates. Medical care for the nation's health plan is a subject of conflicting estimates. Medical care for the nation's health plan is a subject of conflicting estimates.

San Francisco's experience makes clear that, as the epidemic grows, more and more victims are being reported, and the government's role inevitably increases. But San Francisco's problems also offer a glimpse of the future. The city's AIDS program, which began in 1982, has been a model for other cities. It has been a model for other cities. It has been a model for other cities.

U.S. Airline Gets Go-ahead
For Cheap Fares to Sweden
STOCKHOLM (Reuters)—Sweden's airlines cleared U.S. carrier TWA's Air to Sweden from Stockholm to New York. The move followed an offer from the Swedish government to subsidize the flight.

The proposed TWA Air to Sweden fare for Stockholm-New York route is 185 dollars, but the fare to the city of New York is 185 dollars. The fare to the city of New York is 185 dollars. The fare to the city of New York is 185 dollars.

San Francisco's AIDS program has been a model for other cities. It has been a model for other cities. It has been a model for other cities. It has been a model for other cities. It has been a model for other cities.

AIDS: 'We want them to have a good life'

Continued from Page 1

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Public Spending for AIDS In U.S. to Exceed \$1 Billion

By PAUL BLUSTEIN

Staff Reporter of THE WALL STREET JOURNAL

WASHINGTON — When Gary Bauer, President Reagan's domestic policy adviser, ponders the frightful implications of AIDS, he worries about the grim side effects the epidemic could have on government spending.

In the next decade, Mr. Bauer fears, the U.S. government may be spending tens of billions of dollars a year on AIDS programs research, prevention, treatment and education. "If the worst projections (about the spread of the disease) are true, the next president is going to be facing a significant budget problem in dealing with all the consequences of AIDS," Mr. Bauer says.

The House and Senate have drafted budgets for the next fiscal year that will approximately double the \$416 million currently spent on federal AIDS research and prevention.

Public expenditures—federal, state and local—are mounting rapidly, from a few million dollars in 1983 to more than \$1 billion this year. For hard-hit cities in the eastern U.S., where many AIDS patients are poor and drug-addicted, the epidemic "already is a significant fiscal problem," says Stephen Joseph, the New York City health commissioner. No end to the upward spiral is in sight.

Gathering Support

Pending proposals—for blood testing, for providing experimental drugs, for expanding benefits—are sure to gather support as the disease spreads. As of May 11, 20,567 Americans have died of AIDS, and the U.S. Centers for Disease Control estimates that 215,000 Americans will have died of the disease by the end of 1991.

"There was a lot of indifference about the whole AIDS epidemic in the beginning," says Rep. Henry Waxman, a California Democrat, "because the two groups that were affected seemed to be remote and, to some people, dispensable—the gay man, and the (intravenous) drug abuser." Mr. Waxman, who is the chairman of a House subcommittee on health, believes his efforts to obtain greater federal financing for AIDS programs will receive a major boost because "we already see large numbers of AIDS patients who don't fit into those two categories." He adds, "We're going to see many more added to the list." He is referring to middle-class heterosexuals.

Approximately 80 million Americans have inadequate private health-insurance coverage or none at all, according to a major AIDS study by the National Academy of Sciences, including many who are intravenous drug users. So government will end up absorbing a considerable financial burden—quite possibly the preponderant burden.

The Office of Management and Budget, which has prepared perhaps the only long-range forecast of AIDS expenditures based on current law, estimates that Washington will spend a total of \$1.6 billion on AIDS in 1991, including \$900 million for the federal share of Medicaid, the federal-state medical care program for the poor. AIDS spending will be a small, but rapidly

growing part of the federal budget, according to the National Academy of Sciences. Many afflicted children of drug addicts require hospitalization for ARC, usually at Medicaid's expense.

Congress is likely to appropriate between \$750 million and \$970 million for AIDS research, education and prevention in the next fiscal year; the OMB projection unrealistically assumes that over the next five years lawmakers won't increase the budget beyond President Ronald Reagan's \$533 million request. The National Academy of Sciences recommended annual spending of \$1 billion on research and another \$1 billion on education by 1990, figures that lawmakers are said to be taking seriously.

The experimental drug AZT is becoming available to AIDS victims, and other drugs are being developed. AZT costs as much as \$10,000 per patient per year. Most authorities believe that AZT and similar drugs will raise health-care bills substantially. "AZT is not a curative therapy. It's a life-prolonging therapy," observes William Roper, the administrator of the U.S. Health Care Financing Administration. "It has the impact of adding to health-care expenditures."

Medicare, the federal program for the elderly and disabled, could become an important source of funding for AIDS patients who aren't poor. Currently, the program is barely affected by AIDS because the law requires a two-year wait to qualify for disability payments, and most AIDS patients don't live that long after being diagnosed. But lawmakers are considering legislation that would waive the delay for AIDS victims. The administration estimates the cost of such legislation at between \$1 billion and \$1.5 billion a year in 1991.

As the Epidemic Spreads

Opposition to AIDS spending will become increasingly difficult as the epidemic spreads. Some conservatives privately acknowledge that they may be forced to vote for costly AIDS treatment programs that liberals favor, in order to show compassion and gain public support for the education and mandatory testing some conservatives favor.

In his recent speech advocating mandatory AIDS tests for hospital patients, prisoners and other people, Education Secretary William Bennett said: "We as a society have an obligation to minister to the sick and suffering in our midst. We must, accordingly, do what is necessary to help ensure that families, states, localities, hospitals, hospices and others have the resources to provide adequate medical care and support for those suffering from this disease."

In New York City, the municipal hospital system, known as the Health and Hospitals Corp., is becoming increasingly crowded with AIDS patients, many of them indigent and drug-addicted. Fifty percent of the beds in some of the system's 11 hospitals are occupied by AIDS patients, says Jo Ivey Boufford, the agency's director, who laments that the AIDS problem has arisen at a time when Washington is cutting its aid to local government.

Some liberals see in the AIDS catas-

trope the potential emergence of a comprehensive federal medical-care program. "The AIDS epidemic really underscores and graphically illustrates the huge gaps we have in our health-care system," says Rep. Waxman. Imagine, he says, what will happen when insurance companies refuse coverage to people—currently believed to number 1.5 million—found to have been exposed to the AIDS virus. Such individuals will then be unable to afford care for their other medical problems. And the burden of

Inevitable Increase

But as Congress responds to AIDS with new programs, the cost is certain to rise. Officials say that:

• Taxpayers will bear a large share of the cost of AIDS-related complex, or ARC, a condition manifested by many carriers of the AIDS virus and a precursor of AIDS. The OMB figures don't include the cost of ARC, even though the debilitating condition is much more prevalent than AIDS, strictly

and drug-addicted. Fifty percent of the beds in some of the system's 11 hospitals are occupied by AIDS patients, says Jo Ivey Boufford, the agency's director, who laments that the AIDS problem has arisen at a time when Washington is cutting its aid to local government.

Some liberals see in the AIDS catastrophe the potential emergence of a comprehensive federal medical-care program. "The AIDS epidemic really underscores and graphically illustrates the huge gaps we have in our health-care system," says Rep. Waxman. Imagine, he says, what will happen when insurance companies refuse coverage to people—currently believed to number 1.5 million—found to have been exposed to the AIDS virus. Such individuals will then be unable to afford care for their other medical problems. And the burden of