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HIV Ireland

National HIV and AIDS Archives

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4th to 10th June 1987
Waging war against the menace of AIDS

NATIONS worldwide are clamping down on border security in a bid to keep out the killer AIDS virus.

With an estimated ten million people now infected across the world, suspected carriers are being barred from entering many countries.

Frontiers

Prejudice as well as science plays a part. In Japan and China suspicions are so high that it is a disease of the decadent white man.

African nations have protested to European nations about the blocking of aid.

Mail Foreign Service

The States view is that someone suffering from AIDS is no different to someone with cancer. "It's a question of democratic and humanitarian law," said the spokesman.

Volunteers

And France does not envisage any special AIDS tests on foreigners. Officials believe AIDS tests must be put on hold until they can be interpreted as discriminating against visitors.

But as Britain prepares to test all AIDS victims on arrival, the country is already closing its doors to suffers.

The countries which take a tough line against those who have the disease

UNITED STATES: The United States has set up a system to control entry into the country. All visitors must undergo a complete health check. Any visitor who has a medical problem may be denied entry.

UNITED KINGDOM: The United Kingdom has tightened controls on entry into the country. All visitors must undergo a complete health check. Any visitor who has a medical problem may be denied entry.

Fiji: All visitors must undergo a complete health check. Any visitor who has a medical problem may be denied entry.

Kenya: All visitors must undergo a complete health check. Any visitor who has a medical problem may be denied entry.

The countries which take a soft line

CHINA: China is currently considering a system to control entry into the country. All visitors must undergo a complete health check. Any visitor who has a medical problem may be denied entry.

Japan: Japan is currently considering a system to control entry into the country. All visitors must undergo a complete health check. Any visitor who has a medical problem may be denied entry.

The countries which take no line

Australia: Australia is currently considering a system to control entry into the country. All visitors must undergo a complete health check. Any visitor who has a medical problem may be denied entry.
AIDS man accused of rape

A 27-year-old drifter suffering from AIDS was charged in Columbia yesterday with rape and assault and battery with intent to kill.

Terry Lee Phillips was not required to enter a plea in the municipal court regarding an incident on May 9 in which he allegedly raped a woman in a wooded area in Columbia.

"Our theory is that the AIDS virus was as much a deadly weapon as a gun or a knife," said prosecutor James Anders.

"There is no question in our minds that this person went out with the intention to give someone else this virus. His attack on the woman was an attempt to kill her by giving her this terrible disease," he said.

The prosecutor said he would bring murder charges and seek the death penalty if the woman was found to have AIDS and died.

If found guilty, Phillips currently faces a maximum of 30 years on the rape charge and lesser sentences from 20 years down on other charges including resisting arrest. Police said Phillips had spit at an officer.

Police said the victim had told them Phillips asked her for a knife to get some pus out of his finger, then threatened her with the blood before raping her.
AIDS drug to go on sale here

The controversial AIDS drug, Retrovir, will be on sale here within months, according to the National Advisory Board.

Dr. Allene Scott, NDAB medical director, said the Board would grant approval for distribution of Retrovir before the end of June. Some queries concerning side-effects had been made to Wellcome, but "we are quite satisfied, nonetheless, that the drug will become available under rigid control," she said.
Vaccine for AIDS tests 'within year'

An AIDS vaccine will hopefully be tested on human volunteers in Britain within a year, a leading researcher said yesterday.

Professor William Jarrett, of Glasgow University, who has developed the vaccine, said he would be willing to test it on himself as well.

He told the Third International AIDS Conference in Washington: "We are hopeful that within a year we will have a product that we might for suitable volunteers give to them to see if they respond well."

If that happened, and suitable safety tests were devised, a clinical trial could be mounted, he said later on a BBC radio programme.

Asked if he would be willing to put himself forward as a human volunteer for testing the vaccine, he replied: "Oh, absolutely. If you are putting forward a vaccine, you should be ready to take it yourself."

Prof. Jarrett made it clear that vaccines were almost always first tried by scientists themselves. If this proved successful, a small field trial could then be mounted involving people who were at high risk from AIDS.

The vaccine has already been tested on animals with encouraging results. Tests show that they develop antibodies to the virus after being injected.

New York's mayor Ed Koch wants mandatory AIDS testing for all foreigners entering the U.S., including tourists, visitors and business people. Already President Reagan has ordered that AIDS be added to the list of diseases which bars aliens from settling in the U.S.
Koch now calls for AIDS tests on all visitors to US

From Sean Cronin,
In Washington

MAYOR Ed Koch of New York, wants mandatory AIDS testing for all foreigners entering the United States, including tourists, visitors and business people. The call follows a 96-0 Senate vote requiring AIDS testing for immigrants. The amendment now goes to the House.

President Reagan has ordered AIDS added to the list of diseases such as tuberculosis, syphilis and leprosy which bar aliens from settling in the US. However, neither the Senate nor Mr Reagan mentioned testing of foreigners or illegal immigrants who apply for amnesty under last November's immigration law.

Previously, Mr Koch had denounced mandatory testing for US citizens as a violation of confidentiality. Asked why he has changed his attitude, Mr Koch replied: "Many of the undocumented aliens in this country today are people who came here on tourist visas. That's how they got into the country. They didn't slip over the borders illegally."

Irish citizens who enter the US illegally usually come on tourist visas. Mexicans and other Central Americans usually cross overland into Texas and California. Haitians and some other Caribbean people come by sea.

Mr Koch has no authority to bar anyone from the country but 27 million people enter the US anually via New York. His opinion on the matter will carry weight. Presumably, if his advice is followed, visitors would have to produce medical documents proving that they had tested negatively for AIDS. The State Department, whose responsibility this is, had no comment on Mr Koch's remark.

Asked if he favours a test for a short business visit, Mr Koch replied: "What difference does it make? Why not?" He thought there should be such a test for foreigners regardless of how many trips they make to the US. It's not for him to work out the details of how this would be done.

The Director of the World Health Organisation's AIDS Programme, Dr Jonathan Mann, warned an AIDS conference here of "a rising wave of stigmatisation against Westerners in Asia, against Africans in Europe, of homosexuals, of recipients of blood transfusions." Dr Mann went on to explain that the spread of AIDS is "a direct threat to free travel between countries and, more generally, to open international exchange and communication."

See also page 6
I will test the Aids vaccine on myself, says research chief

By Thomson Prentice, Science Correspondent

The prospect of a British vaccine for Aids being developed ahead of the rest of the world is increasingly bright, one of the leading researchers involved confirmed yesterday.

Professor William Jarrett, a veterinary researcher at Glasgow University, also told of his willingness to test the vaccine on himself.

The professor has emerged as an important figure in vaccine development at an international conference on the disease in Washington.

He confirmed that the vaccine he and colleagues in Glasgow are producing is likely to have its first human trials later this year or early next year.

He said that human testing would be "no problem in medicine," and added: "Of course, I will be prepared to do it:"

"I believe in the vaccine and if I did not test it on myself it would be wrong to ask others to go through the same process."

"I don't think there is any real risk. I cannot say for certain what effect it might have on the immune system, but there is certainly no chance that I or any other volunteer would develop Aids as a result."

The work, which is being supported by the Medical Research Council, is largely based on Professor Jarrett's successful work on a vaccine for leukaemia in cats, a condition closely related to Aids in humans.

The first trials may involve volunteers drawn from drug addicts in Edinburgh, where levels of infection of the Aids virus are among the most serious in Britain, or from homosexuals who are at risk from the disease in the South of England.

Professor Jarrett said that there were now solid grounds for optimism about the potential vaccine.

"A year ago there was considerable pessimism, but we have made very good progress since then and although it is still too early to be over-confident my belief is that this vaccine will eventually emerge," he said.

One of the main reasons for the progress has been the emergency funding for Aids vaccine research provided by the Government through the Medical Research Council. More than £14.5 million has been committed to a wide range of projects, including the Glasgow work.

In addition, Professor Jarrett said the MRC had succeeded in minimising delays. "A lot of bureaucratic red tape is being cut and although we must still ensure that all the safety factors are respected this is allowing us to move much more quickly," he said.

He said that discussions on how to plan the first human trials of the vaccine are likely to be held in the next few months. If drug addicts in Edinburgh are among the groups chosen to take part in the studies, the only volunteers involved would be those who are not already infected with the Aids virus.

"Professor Jarrett said: "There is also a willingness among the homosexual community to assist us in this work. Again we would only consider those who are not already infected as participants in our trials."

In addition to funding from the MRC, the unit in Glasgow has benefited from private donations amounting to about £250,000. Professor Jarrett said:

"He declined to disclose the names of the benefactors, but said their money was being used to help provide better equipment, and more modern laboratories. Some of the money has been used to help build a containment laboratory for the research."

Strict regulations at the laboratory eliminate the risk of the virus escaping and all small pieces of equipment which are used in the research can be destroyed after they have been used.

"What is really exciting about our work is that we know that we have produced a successful vaccine against a very similar disease in cats," he said.

"That is a big moral force and to achieve it in one species of animals strongly suggests that it will work in humans. But we can't prove that yet and the human trials are essential before we know that we are definitely on the right lines."

Professor Jarrett said he and his colleagues were now working seven days a week on the research.

" Asked if his wife was concerned about his personal safety if he chose to test the vaccine on himself, he laughed and said: "She has never expressed concern but naturally she is anxious that all the safeguards are observed."

"I think what she hopes for most is that I and other members of the family would stop talking about Aids all the time."
* * *

AIDS ORGANIZATIONS find some allies in the business community.
Traditionally conservative in their philanthropy, corporations "are still the most hesitant to give to this cause," says William Jones of the Gay Men's Health Crisis in New York. Most corporate support has come from insurance companies, says Craig Smith of the newsletter Corporate Philanthropy Report. But more companies are becoming involved. AIDS "is starting to hit bottom lines," says Stanley Karson of the insurance industry's Center for Corporate Public Involvement.

Formation of the National Leadership Coalition on AIDS, which includes several large companies and business groups, is expected to spur corporate involvement. Getting American Telephone & Telegraph to underwrite a $40,000 newspaper ad for the Oct. 5 "Dancing for Life" AIDS benefit in New York was like "the Good Housekeeping seal of approval," says Robert Yesselman of the benefit's board.

Support from the art and entertainment world keeps growing: Today 72 New York galleries open a monthlong benefit featuring 600 artists.

* * *
Mandatory testing and the AIDS epidemic

By Reid Embelton

Alarming reports about the continued growth in the number of AIDS cases have spurred a debate in the Reagan administration over what to do to fight the epidemic that has already afflicted over 35,000 people in the U.S. and taken the lives of 21,000. The proposal for mandatory testing for marriage licenses, hospital entry, immigration, and prisoners is put forth as a viable solution to fight the disease. But is it?

Secretary of Education William J. Bennett is the proponent of mandatory testing and backs an educational campaign of sexual abstinence which tells people not to have sex until marriage. Even within his administration there are those who see Bennett's position as an effort to stop the epidemic. Surgeon General C Everett Koop, the highest ranking medical official in the country, opposes testing. Koop favors sex education starting in grade school level and the distribution of condoms.

One thing must be made clear: there is no test for AIDS. The test only shows exposure to the virus. A positive result on the test means nothing that you have AIDS nor that you will contract AIDS.

The medical and scientific communities are wholeheartedly opposed to mandatory testing as a means of checking the spread of AIDS. This has been true for most of the life of the epidemic.

A few months ago, the Centers for Disease Control (CDC), the federal agency responsible for tracking and controlling illnesses in this country, called a conference on the question of testing where several hundred epidemiologists, activists and medical rights supporters discussed what to do about testing. They concluded that mandatory testing was unacceptable. Instead, an invasion of a patient's privacy and wouldn't slow the epidemic.

Quoted in Newswave magazine of May 5, 1987, Dr. Hunter Handfield of the Seattle-King County Health Department said mandatory testing "would frighten those most needing counseling and voluntary testing from participating in disease control. . . . Therefore, irresponsible proposals like this work against the control of AIDS." Dr. Stephen Joseph, NYC Health Commissioner said, "Frank and explicit education and protection offered by condom use for the sexual activity" is the best way to protect the uninfected.

The World Health Organization has stated that testing people who want to immigrate in an attempt to slow the disease once it appears in a country is likely to be unsuccessful and only divert resources and attention away from dealing with the epidemic.

Picking the bedrooms

Teaching abstinence as sex education clashes with the reality of social relations. By putting everyone back in the closet sexually by picking the bedrooms won't work and will only leave the youth at the mercy of the disease. Historically, during times of Victorian England, ignorance about sexual hygiene led to venereal disease and epidemic proportions. The evidence shows that people get sexually transmitted diseases such as syphilis, gonorrhea or AIDS through unsafe sex because of that ignorance.

Why is there a debate taking place now? For so long the rating class was content to do little, if anything at all, in response to an epidemic that first primarily affected gay men and intravenous drug users. The Reagan administration's political cheerleaders of the religious right were happy to see the oppression and disfranchisement of the anti-gay bigotry, racism, chauvinism and violence.

The new predictions that the disease could reach proportions never before imagined demand action to meet what is now a national emergency.

The federal Office of Technology Assessment forecasts that by 1991 there will be 204,000 diagnosed cases. The medical cost alone will increase 8,000 to $45 billion, and monies spent on research, education and blood screening will quadruple to $28.3 billion.

Exposing Reagan's reaganoid agenda

The problem for the Reagan administration is that to do what is needed to combat the epidemic requires changing the social agenda of racist attacks, sexual repression and chauvinist jingoism. The all right policies in the administration can only offer more repression and attacks on civil liberties.

On the other hand, a working-class, world wide AIDS education, research and care, would put the Pentagon on the national march office at (202) 785-1858 for more information.

March on Washington Oct. 11 for lesbian and gay rights.

Join in mobilizing for this historic demonstration which demands an end to the AIDS crisis. Needed money for AIDS education, research and care, for Pentagon no war! Call the national march office at (202) 785-1858 for more information.
New AIDS drug and a new virus

BRITISH scientists announced the discovery of a drug they claim could have significant potential for the treatment of AIDS and cancer.

They said they had given the drug to a small group of dying cancer patients and now planned further trials involving both cancer and AIDS sufferers.

Previous laboratory and animal studies showed the drug inhibited the spread of cancer and the progression of AIDS infection.

The scientists, from London's Royal Post-Graduate Medical School at Hammersmith Hospital and the Bristol Royal Infirmary, made the announcement at a press conference in London.

One of the four scientists, Mr. Christopher Wood, senior lecturer in surgery at Hammersmith Hospital, said the drug called Contracan, had been injected in 30 patients with various types of cancer.

"Most of them were within days or weeks of death but ten are alive today eight months after starting therapy. The patients also had relief from their symptoms," he said.

An AIDS-like virus that can cause a virulent form of leukaemia has been detected for the first time in American drug addicts, and there are fears it will spread to the general population, scientists at a Washington conference said yesterday.

Previously, the virus was known to exist almost exclusively on parts of Japan and the Caribbean.

Infection from a newly discovered type of AIDS virus is spreading across Europe, has appeared in South America and may occur in the rest of the Americas, a top French AIDS researcher at the conference said.

The Swedish Parliament yesterday decided to shut down sauna clubs for homosexuals in a move to contain the spread of AIDS in Sweden.
AIDS PATIENT INFECTS DENTIST

A New York dentist was apparently infected with AIDS by a patient, but the risk of such transmission is low overall, a medical researcher told the Third International Conference on AIDS. But Dr. Robert Klein told the Washington conference that dentists generally run a low risk of becoming infected with the virus that causes the deadly disease. It was also highly unlikely a patient could get AIDS from a dentist, he said.

"You have much more of a chance of being hit by a car on the way to a dentist's office than you do of getting AIDS from a dentist," he said.

Mr. Klein, an infectious disease specialist, said only one dentist out of more than 1,000 taking part in a study tested positive for the AIDS virus. Researchers also told the conference that an AIDS-like virus that can cause a virulent form of leukemia has been detected for the first time among drug addicts and may spread to the general population. While only a tiny percentage of those with the virus became ill, "we are certainly concerned about the further spread," National Cancer Institute researcher Dr. Stanley Weiss said.

Dr. Weiss said two strains of the virus, identified as HTLV-1 and HTLV-2, were found in over a third of the drug addicts studied in New Orleans, with blacks and Hispanics testing at much higher rates.

A similar study discovered 12 p.c. of addicts in six New Jersey cities were infected. Unlike the AIDS virus, which is thought to strike within five to ten years after infection, Dr. Weiss said researchers believe it may take decades for this virus to cause disease.
Bible best way to beat Aids

THE best protection against the killer disease Aids is to live by the teachings of the Bible, according to the General Assembly.

The assembly yesterday passed a resolution which would allow the Church to distribute its Aids warning and advice leaflets into the homes of all its members.

The Presbyterian leaflet contains a three-point set of rules by which young people in Ulster could protect themselves against the disease.

• Live cleanly.
• Stay well away from drugs and wrong sexual activity.

• Find young people who share these views and accept this lifestyle, such as in the community's churches.

A Presbyterian report on the disease said that in spite of feelings that Aids is a plague sent from God, there must be "resources expanded in the hope of finding a cure."

It warned the disease would tax society to the limits to cater for the sick and dying and that it was a disease which was worse than leprosy or the plague.

The Church report also said there may be no alternatives but to introduce 'isolation hospitals', screening of every person for symptoms of the disease — beginning with pregnant mothers — and identification cards and other "strict requirements".

"The British Government-sponsored scheme of sending a leaflet on Aids into every home and taking advertising space on the media was motivated by a desire to control the rapid spread of the disease."

"It was based on the concept that sexual intercourse could be made safer for those who had regular intercourse with a number of partners — so the use of condoms was recommended."

The report said the Church recognised that innocent people would become infected. It listed these as rape victims, wives of unfaithful husbands and vice versa, victims of vile attentions of adult paedophiles.

"There is no alternative for those who wish to make life safer and the intimate relationships of life safer, than to practise chastity outside of marriage and faithfulness within it."

Only chastity would stop Aids, said the Church. "When you sleep with someone you are sleeping with every one he or she has slept with over the past seven years," it said.
New virus drug raises possibility of cure for Aids

A DRUG has been developed which brings real hope for Aids patients and promises to help treat other virus diseases and cancer.

Ampligen works on a new principle and is much more effective in treating Aids than drugs developed so far.

It seems to rid the body of the Aids virus and for the first time raises the possibility of a cure rather than just a treatment which ameliorates the disease process.

The drug looks like a virus and tricks the body into redoubling its efforts to get rid of invading organisms. It appears to be without the obvious side effects of existing Aids drugs.

Ampligen is made from RNA (ribonucleic acid) — similar to the RNA which is the hereditary material of many viruses including Aids. Virus RNA carries a genetic message telling cells to make more virus RNA. However, ampligen RNA carries what scientists call a nonsense message which is not reproduced by the cell.

Such nonsense RNA was used 10 years ago to treat cancer and was found to be effective but it had too many toxic side effects and was abandoned.

By Oliver Gillie
Medical Editor

Now scientists have found a way to make a nonsense RNA which gets into the cell and stimulates natural defences but is then rapidly destroyed before it causes any major side effects.

Ampligen, like the common form of RNA, is built as a double strand. But ampligen has been deliberately constructed so that portions of the double strand are not properly matched and therefore are kinked.

These kinks make ampligen vulnerable to enzymes (catalysts) which break it up easily into pieces — but not before it has induced the cell to make interferon and a whole galaxy of other substances whose job it is to stimulate white blood cells and "natural killer cells" which then attack invading viruses.

Ampigen, technically described as poly(C):poly(U), has been tested on 16 patients who had either Aids or an early form of the disease called Aids-related complex. After between 10 and 40 days of treatment the patients no longer had Aids virus detectable in their blood and felt much better — their glands became less swollen and they were much less tired.

The work on ampligen, which is published in the current issue of The Lancet under the names of 22 scientists, is being co-ordinated by William C Carter of Hahnemann University in Philadelphia, Pennsylvania.

The scientists say that the advantage of ampligen is that it not only causes a direct attack on RNA viruses, it also stimulates the immune system. Other Aids drugs such as AZT have an adverse effect on the immune system.

The scientists say in The Lancet: "Our findings suggest that ampligen alone may provide effective treatment in the early stages of this disease [Aids] and perhaps may become the foundation for different types of combination regimens for advanced disease."

Ampigen can be combined with other Aids drugs such as AZT and expand their effect or enable them to be used with equal effect in smaller doses. It is also able to cross the blood-brain barrier and so attack the virus where up to now it has been difficult to get at.
America in an unholy mess over AIDS

Jeremy Campbell

IN THE MIDDLE of an interview on what the American Government is doing about AIDS, an official at the Department of Health suddenly started to lower his voice, mumble, put his hand over his mouth and look around as if checking for concealed listening devices.

"God help us with the AIDS epidemic, he almost whispered, because the U.S. Government won't. Washington is not interested in the disease."

Puzzled, the interviewer asked the official, "Why are you so nervous talking about AIDS?"

"Are you kidding?" the official replied. "If you don't say what they want you to, you get reassigned to the Indian reservations."

Blurred confidences such as that suggest reasons why America is in such an unholy mess over AIDS.

Ronald Reagan, who leaves today for the Venice Economic Summit, wants to put AIDS high on the agenda, but he can hardly escape the rich paradox that America, which let AIDS run out of control for years, has the nerve to announce that no one whose test for the disease is positive will be allowed to live here.

Since 1980 when the disease was first noticed, the official U.S. fight against AIDS has been in the hands of mediocrities, inept policymakers, frightened bureaucrats and the easily intimidated. "Never," said a congressional aide concerned with health issues, "has such a bunch of second-rate people been put in charge of such a first-rate problem."

The overlord of the various Government agencies that deal with AIDS is Dr. Otis Bowen, who talks to Mr. Reagan about the state of the country's health.

It is widely believed on Capitol Hill that Bowen's heart is not really in the AIDS struggle. His pet project is catastrophic health insurance for the aged 65 and older.

Bowen virtually handed over the hot potato of AIDS to Dr. Robert Windom, Assistant Secretary of Health.

A colleague described Windom as "a warm, likable back-stabbing fellow, but he's out of his league." A Capitol Hill expert said: "If his IQ were any lower, you'd have to water him."

Recently, and belatedly, things have improved a bit, though, as Elizabeth Taylor said, it will probably take the AIDS death of a famous heterosexual woman to mobilise the people and resources needed to conquer the scourge.

One potent force gauging the government on is the fact that in only three years America's health bill for AIDS will be $10 billion dollars a year.

Yet there is still no official central registry of AIDS in formation. A doctor in California recently lost a patient to cytomegalovirus, a typical AIDS related infection. He could have saved the man by telephoning for advice to a doctor in New York, but he had no means of knowing that.

It has become an embarrassment that so many AIDS breakthroughs have been made not in the U.S. but in Paris, London, Israel and Switzerland.

Americans look at the safe sex campaigns in Europe, especially the installation of condom machines in French universities, and wonder why U.S. efforts are so paltry by comparison.

The result of all this is the usual American response to crisis, inaction, followed by a lurching to extremes because by then it is too late for moderation.

Extremism may take the form of legislation. A bill in Congress would require all American citizens to be tested for AIDS.

Or extremism may take the form of rhetoric. Larry Kramer, author of a play about AIDS, The Normal Heart, said: 'Whatever Ronald Reagan may say, no substantial battle for an AIDS cure will be mounted while he is in office."

"There is only one word to describe his monumental disdain for the dead and dying: genocide."
AIDS kits for export

By NOEL SMITH

Experts producing medical diagnostic kits at a new £5 million Irish plant are moving into the intensive battle against AIDS.

With about a year, the high-tech industry part of a German group of companies, expects to be able to export basic "first generation" kits, to makers such as Asia, which will show whether a person has AIDS antibodies or not.

At the official opening of the new Fleming GmbH, a 63,000 sq ft plant at O'Callaghan Mills, Co. Clare, yesterday, founding directors Ludwig Fresenius and Wolfgang Flemming were praised by Minister for the Marine Brendan Daly and industry promoters for their "tremendous" track record and rapid growth.

Irish and international experts employed at the Clare firm — it began with an investment of £260,000 and six employees in 1982 and now has 100 — research, develop and produce top quality diagnostic tests, including pregnancy tests, ovulation tests and tests for syphilis and rheumatoid illnesses.

Mr. Flemming predicted it would be about four years before more advanced "second generation" AIDS diagnostic kits could be produced. And it would be a minimum of five to seven years before a successful vaccine, if any was developed.

The plant, which produces many of its raw materials on its 290-acre Clare farm, has a turnover of almost £6 million a year and hopes to increase employment to 160 over the next two years. Some 30 per cent of its staff are involved in research and development.
A chestnut AIDS drug?

A drug extracted from an Australian chestnut tree hampers the ability of the AIDS virus to infect and kill blood cells in a test tube, and it may represent a new class of possible AIDS drugs, Dutch scientists report.

Castanospermine apparently sabotages a key protein of the AIDS virus, reducing its ability to make infected cells kill others by fusing with them, researchers said.
Aids boost from Eire

A treatment which is believed to be a major breakthrough in the fight against Aids is being tested by an Eire institute.

The substance is reported to have restored the health of patients suffering from the early stages of Aids.

After 18 weeks of treatment, seven people suffering from Aids Related Complex, the first step in

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Aids boost

From Page One

the illness, had their immune systems restored.

Now the treatment, Ampligen, is to be given widespread tests in America by the Dublin-based Institute of Clinical Pharmacology.

A key figure in the Institute is the former president of Queen's University Students' Union Dr Ian Brick.
AMERICAN SURVEY

MONEY NOT for
CONDOMS

No end to AIDS?

The protesters who chanted, startled and squatted outside the White House this week were no more obstreperous than usual. But the policemen who arrested them wore special battle gear: yellow rubber gloves. Such is the impact of AIDS-related protest. Other opponents of the president’s new AIDS-testing policy booed Mr Reagan from their $250-a-plate tables at an AIDS fund-raising dinner on May 31st. A different group shouted down Mr George Bush at the third international AIDS conference the next morning. They got gentler handling. So, presumably, will Mr Reagan’s six summit partners, who will try to agree upon a common view of AIDS in Venice next week.

Mr Reagan’s first big speech on AIDS stopped short of endorsing the widespread mandatory testing that his conservative advisers and two Republican presidential hopefuls, Mr Bush and Mr Jack Kemp, have been demanding. He ordered compulsory testing only for prisoners in federal prisons and for would-be immigrants and permanent residents, who can be excluded from the country if they are infected.

(Military recruits and foreign-service officers are already subject to testing.) The president also called on states to do “routine” testing of their own prisoners, as well as of patients at sexual-disease and drug clinics and of couples applying for marriage licences. On June 2nd, the Senate unanimously approved compulsory testing for immigrants as well as for illegal aliens in search of amnesty. The mayor of New York would add all foreign visitors.

The tests are intended to provide a more accurate measure of the extent of the epidemic and to slow its spread. But evidence produced by experts at the conference in Washington suggested that compulsory testing may be ineffective for both purposes. Although AIDS tests are reliable for screening high-risk groups, with accuracy rates of 99%, they are much less reliable when applied to large, low-risk populations such as marrying couples; even double checks can produce false positives at a rate as high as 20%. (New tests, promising more accuracy and earlier detection, were reported to the meeting.) The other argument against testing low-risk groups is the misuse of scarce resources: the initial test costs about $5 but confirmatory tests cost around $100. One estimate puts the price of discovering a single AIDS-carrier through mass screening at $10,000. So far about a dozen states, including the biggest AIDS centre, New York, have rejected proposals for pre-marital testing.

The researchers at the Washington conference were virtually unanimous in supporting the widest possible voluntary testing of high-risk groups such as homosexuals and drug addicts. Yet their studies were inconclusive about the effects of testing on AIDS-transmitting behaviour. Surveys of homosexuals in Holland and Canada found that people who tested positive for the AIDS antibody were reducing the numbers of their sexual partners more radically than people who tested negative. Yet in France, Chicago and Baltimore, researchers found that changes in homosexual behaviour were unrelated to test diagnoses. They seemed to be correlated with more information about AIDS, with advice and with social class (71% of upper-middle-class French homosexuals were adopting safer sexual practices, compared with 30% of the less numerous working-class men).

Evidence of behaviour change is less clear among drug addicts, who constitute an increasing proportion of America’s AIDS victims (now 17%) and the main entry point into the heterosexual community. But a San Francisco project found, contrary to the common wisdom, that this group is not wholly immune to persuasion. Over the past year, social workers persuaded two-thirds of a group of addicts to clean their disease-spreading needles with household bleach; many drug-takers also cut down needle-sharing. The project was less successful in inducing them to adopt safer sexual practices. Many researchers argue that using condoms and refraining from anal sex, which is usually the second stage of behaviour change, will have more effect in slowing the spread of AIDS than reducing the numbers of partners. An American study of 5,000 homosexual and bisexual men in four cities found 12% choosing celibacy and 28% monogamy but nearly half still engaging in high-risk sex.

Curiously, the biggest potential benefit of testing as a disease-detector was hardly mentioned at the Washington meeting and was raised as a moral, but not legal, obligation by Mr Reagan. This is the trac-
AMERICAN SURVEY

ing and informing of sexual contacts of AIDS carriers. Studies show that AIDS sufferers are often reluctant to inform their present and past partners of their exposure. Yet if officials take over this function, it can have drawbacks. Sweden, which requires the reporting of AIDS cases, also authorizes the isolation of victims who wilfully spread the infection. It has recently registered a decline in numbers volunteering for tests. This is one reason why AIDS experts stress the need for confidence in testing. Mr Reagan skirted the issue. It will be brought before Congress in a bill jointly sponsored by Senator Edward Kennedy and Mr Henry Waxman, which also seeks to ban discrimination against AIDS victims.

This week the Senate approved an extra $77m for AIDS education and drug subsidies, including $20m to follow Britain’s example in sending out a leaflet to every household. Britain’s AIDS-information policy was widely praised at the conference. Yet British researchers pointed out that the $33m advertising campaign, although it produced a 12-fold increase in demand for testing, mainly from low-risk heterosexuals, had little or no impact on sexual behaviour. They concluded that personal advice is far more effective than scare tactics.

Officially, nearly 36,000 people have AIDS in the United States. But the Centres for Disease Control noted this week that the American figure needs increasing by 10-20% to allow for under-reporting, another 10% for misdiagnoses and 15% for lags in reporting.

A recently broadened definition of AIDS will add another 20%, taking the American caseload alone well above the international total of $1,000 that is registered with the World Health Organisation. Who acknowledges, however, that its world estimate should be at least twice as high. AIDS reporting is a delicate matter politically, especially in Africa, where some high-risk groups such as city prostitutes have infection rates as high as 85%. Africa has reported 4,300 cases, compared with 5,700 in Europe and only 150 in Asia.

Today’s figures pale next to the projections for the future. Some 5m-10m people are now thought to be carrying the AIDS antibody, 1m-1.5m of them in the United States. Given the age and sex distribution, this works out at one man in 30 between the ages of 20 and 50, with blacks at three times as much risk as whites. On current reckoning, at least a third of current carriers will develop the disease within five years, though that proportion could eventually reach three-quarters or higher. By 1991, AIDS will cause more premature deaths in American men than any other disease.

Science offers promise, but not yet more than that, of a means of controlling AIDS. Potential vaccines are beginning to be tested on humans. Other drugs besides AZT, the best known, are being released for experimental use. The doubling of the numbers at this week’s AIDS meeting to nearly 6,000 suggests no shortage of medical talent on the job. Yet politicians have as big a role to play. The Venice summit and a world gathering of health ministers in Britain next January could bring more resources and more co-ordination into the battle.

Iran-contra affair

What never?

WASHINGTON, DC

The American Congress, which does not take kindly to being misled, is being asked to accept some surprising evidence from Mr Elliott Abrams, the assistant secretary for inter-American affairs. “That would be illegal,” expostulates Mr Abrams, shocked at some suggestion of wrong-doing. He likes to portray himself at the Iran-contra hearings as ineructious, compliant and remarkably foolish. Members of the joint committee, remembering the terminologi-

The vagaries of Boland

Mr Richard Secord, the manager of the private airlift to supply the Nicaraguan rebels, said he had heard that the Boland amendment “is a piece of Swiss cheese; that Boland is an act which, if you had the IQ of a genius, you could not trace its meandering.” But not all the witnesses have been so confused. Mr Robert McFarlane, the former national security adviser, said it was clear to him “that Mr Boland didn’t want anybody in the US government assisting the contras.”

Indeed he did not. But the Boland amendment, the brainchild of Mr Edward Boland, a Democrat from Massachusetts, had a troubled history. It was crystal-clear in its author’s intent, as he has plaintively pointed out at the hearings, but frequently reworded, refined, undermined and misinter-

terpreted. Although Mr Boland and his allies meant to stop in its tracks the administration’s covert support for the contras, Congress as a whole was never so single-minded on any of the occasions when the amendment was debated.

Congress had no power to veto covert operations; it could, however, exert the power of the purse. This was the mecha-

nism of the Boland amendment. Broadly speaking, between 1982 and 1986 the House of Representatives opposed the con-

travell and aid to the contras, while the Senate supported it. Horrible disclosures (the CIA-sponsored assassination manual, the mining of Nicaraguan harbours, reports of atrocities) kept opinion in contin-

dual ferment. In conference between the two chambers, compromises resulted that allowed some aid and imposed some re-

strictions. Mr Boland always thought he was sending the administration a clear message that support for the contras should stop. The administration chose to receive a message, generally, that the contras could always be supported somehow.

Against this background, Boland went through five versions, of which three were attached to various appropriations bills for three consecutive fiscal years.

- Version one (in force from December 21 1982 to December 8 1983) barred military aid to the contras by the Pentagon or the CIA for the purpose of overthrowing the Nicaraguan government. The administra-

tion actually endorsed this version. According to Mr McFarlane, it was presented by Congress, in a “surreal” way, as a faveur to the president, allowing him plenty of room to support the contras. It allowed, in fact, the first major deception. The administration knew it could get its money as long as its purpose, according to Boland, was clean. It therefore argued that the contras were being supported merely to stop the flow of arms to guerrillas in El Salvador. The contra leaders, however, made no secret (except when lobbying Congress for money) of their intention to topple the government in Managua. As Mr McFarlane, in his tortured way, admitted, Boland “sowed the seeds, within the executive branch, of misleading, I believe, on our part.” And how.

- Version two (in force from December 8 1983 to September 30 1984) set a cap of $24m on military funds for the contras supplied by the Pentagon, the CIA or “any other agency or entity of the United States

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Diet key in Aids battle

By MARY JANE O'BRIEN

PEOPLE with the Aids virus may be able to prevent it ever becoming active and developing into the fatal, full-blown disease if they change their diet and lifestyle, according to Mr. Rex Laselle, who will be speaking at a public meeting in Dublin tonight.

Mr. Laselle, a London-based osteopath and Shatsu (acupressure therapy) teacher, claims that work carried out by the Boston Medical School shows that conventional medical treatment may not be of any more benefit in helping people survive than if they did without it.

According to Mr. Laselle, "since May 1984, the Boston School has been studying immune function in a group which includes ten men with full-blown Aids who have chosen not to enter conventional treatment. Eight are still alive after an average of 21.5 months after diagnosis."

"They have not been given medical treatment since, nor have they been inpatients since the diagnosis. Most are working. These men seem to be surviving at least as well as patients who have been treated. The average survival rate for men with Aids in New York is 29 months, he says, quoting documentation provided by the Boston School.

He says that the virus becomes active because the immune system has been lowered "out of dietary habits, out of attitudes to life, and out of psychological factors". Mr. Laselle was invited to Dublin by the Irish Holistic Health Association. He has just spent the weekend teaching at a Shatsu workshop in Navan."
IRISH FIRM TO MONITOR AIDS DRUG

AN IRISH company is to supervise testing of a major new breakthrough for people suffering from the early stages of AIDS.

The Institute of Clinical Pharmacology at St. James' Hospital in Dublin will supervise testing of the new drug Ampligen on 200 volunteer AIDS sufferers in the United States.

A spokesman for the Institute confirmed last week that they had been appointed to monitor the tests of Ampligen which a pilot study has shown to restore the health of people suffering from AIDS Related Complex (ARC) — the initial stages of the killer disease.

The first phase of full clinical trials, which starts immediately in two US hospitals, will cost an estimated 10 million dollars.

Ampligen, which was discovered more than 10 years ago for possible cancer treatment, has no apparent side effects and has been found to halt the spread of AIDS in ARC patients and restore their immune systems within seven weeks.
THOUSANDS OF CONDOMS ARE STOLEN FROM IRISH FIRM

VERONICA O'Leary has had her condoms stolen — all 4,320 of them!
She's the boss of Ireland's only condom company and this week she fell victim to a £4,000 theft.
For that's the value of the booty of R3 condoms swiped from her car at Howth, Dublin this week.
She told SUNDAY WORLD: "I'm very frightened about this — especially with the AIDS scare.
"If someone was to tamper with my merchandise and then sell them, God knows what would happen."

Mrs. O'Leary says she's anxious that some "sick-minded person" might somehow infect the condoms or interfere with them before selling them off.
"That would have disastrous consequences for the users and I'm afraid that I will not be able to stand over the effectiveness of the stolen condoms," she said.
A few weeks ago Ms. O'Leary hit the headlines when she slammed RTE's Today Tonight programme which featured rival Durex condoms during an AIDS special.
She said: "Our product is ever bit as good as Durex and we deserve recognition after all, we're providing jobs at home."
AIDS delegates angry at Reagan remarks

BY MARK HENNESSY
INTERNATIONAL de-
legates from last week's
US conference on AIDS
returned home in recent
days dispirited by Presi-
dent Reagan's demand
for mandatory testing of
emigrants and prisoners.
However, they were
left unaware of what
could be the most impor-
tant development so far
in the battle to fight the
fateful disease, a develop-
ment involving the Irish
Institute of Clinical Phar-
macology.

The IFP, which is
headed by Dr. Austin
Darragh, has found that
a new treatment, Ampli-
gen, has improved the
condition of patients
suffering from AIDS Re-
lated Complex (ARC), by
reducing the presence of
the virus without
dangerous side-effects.

Dr. Darragh's company
will shortly supervise a
$10m study on 200 US
AIDS sufferers and the
drug could get the ap-
proval of the US Food
and Drug Administra-
tion within a year.

Though the future for
Ampligen could be
bright, here in Ireland
movement on the treat-
ment may not be as
rapid.

The Health Education
Bureau information
campaign on the disease
is now so low on funding
that it cannot even
attempt an examination
of its actions so far.

Meanwhile, Gay Health
Action, whose informa-
tion booklets have been
the bluntest, but proba-
ble the most successful,
is threatened with clo-
sure from September for
want of a miserly $40,000.

In Ireland, there are
now at least 500 Irish
people infected with the
HIV virus, the first step
for, maybe, half of them
on the road to death by
AIDS.

In all, there have been
19 cases of full-blown
AIDS in this country,
with a breakdown of the
figures showing that
three were intravenous
drug users, nine were
either homosexuals or
bisexuals, five were
haemophiliacs and two
were children infected by
their mothers.

Of the 19, 11 have since
died, including all the
infected drug users, five
of the homosexuals/
bisexuals and three
haemophiliac patients.

Closer to home, there
are some 20 people from
the Cork region known
to have contracted the
virus, with one of these
now suffering from per-
sistent generalised lym-
phadenopathy (PGL) —
one of the two mid-way
stages to full-blown
AIDS.

In the United King-
dom, the Department
of Health and Social Secu-
ritv are reporting an
alarming increase in the
spread of AIDS among
the heterosexual com-
unity — with 95 women
infected through sexual
intercourse.

Meanwhile, in the US
the American Medical
Association, warning of
the dangers of contrac-
ting the virus through
vaginal intercourse, has
urged women to use con-
doms along with a sper-
micide.

The decision by Presi-
dent Reagan to add AIDS
to the list of diseases
such as tuberculosis,
syphilis and leprosy
which prevent people
emigrating to the United
States is for many the
ultimate in irony.

In Dublin today, Gay
Health Action intend to
hold a protest outside
the US Embassy at 12.30
pm to oppose Mr.
Reagan's decision, which
they described as 'back-
ward and dangerous'.

A nation which al-
ready has one in every 30
men between 20 and 50
infected by HIV+ and
will rank AIDS as the
cause of death second
only to accidents by 1991
has hardly the right to
adopt such a holier-
thantouh attitude," said
one commentator.

"However, if the pa-
tient is incapable of mak-
ing a decision it can be
done without his permi-
sion if the patient's fami-
ly and the doctor agree.

"That raises very seri-
ous questions. Killing
people, in my view, is
killing people — no matter
how it is done," he said.

Back at home, the HEB
AIDS television and
newspaper advertise-
ments continue to come
in for attack from medi-
cal, and other interested
sources.

The head of the Sexu-
ally Transmitted Dis-
ases Clinic in the Vic-
toria Hospital in Cork,
Dr. Jack Cantillon, criti-
cised the failure to em-
phasise condoms suffi-
ciently.

"I feel there is an
urgent need for a very
intensive educational
campaign aimed at
young people in schools,
before they become sexu-
ally active," said Dr. Can-
tillon.

The Dutch were
accused, and they have
failed to deny the char-
charges, of practising
euthanasia on 11 AIDS
patients, and others, in-
cluding the elderly.

One of their strongest
critics at the meeting,
Cork doctor Norman
Murphy, said up to 1,800
people have died through
euthanasia.

Normally the decision
to opt for euthanasia is
made by the patient, the
doctor and the patient's
family, said Dr. Murphy,
who claimed the Dutch
were privately willing to
agree than euthanasia
was carried out there.
Hoffmann-La Roche Wins U.S. Rights to an AIDS Treatment

WASHINGTON—The U.S. unit of F. Hoffmann-La Roche & Co., a Swiss chemical and pharmaceutical group, has received exclusive rights to develop a new medication intended to treat acquired immune deficiency syndrome, the U.S. Department of Health and Human Services said.

Hoffmann-La Roche Inc. will be allowed to take over further research on the drug dideoxycytidine, which the National Cancer Institute has been studying, the health department added.

Dideoxycytidine is a variation of a component of deoxyribonucleic acid, which carries hereditary information within living cells. According to preliminary research, dideoxycytidine can block the normal function of an enzyme necessary for the spread of AIDS from one cell to another.

Researchers noted, however, that the study of dideoxycytidine is in preliminary stages, adding that it is impossible to state with any assurance how well the substance will combat AIDS. (AP-DJ)
Ruling on Aids

Doctors must not discuss the cases of patients found to be at risk of Aids infection without their consent, members of the British Medical Association decided yesterday.

A conference of medical academics decided that where tests showed a patient to be at risk, their GP and other practitioners providing clinical care should be informed, but only if the patient agreed.

The decision will become BMA policy if agreed at the annual representatives' meeting later this month.
Wait and see attitude to free drug needles

IT WOULD be better to await the results of experimental programmes in other countries, including Britain, before making a decision on whether to give free needles to intravenous drug abusers, the Minister for Health, Dr. Rory O’Hanlon told the Dail.

He was replying to a question from Mr. T. Gregory (Ind), who claimed that a virtual AIDS epidemic faced intravenous drug abusers here.

Dr. O’Hanlon said that countries had diametrically opposed views on the value and, indeed, the ethics of methadone maintenance programmes. Many people regarded such maintenance as a form of social management rather than medical treatment and found it very objectionable on that basis.

Mr. Gregory asked if the Minister did not agree that the use of infected needles had for some time been the most common means of transmission of the virus among drug abusers and this had reached dangerous proportions. The Minister had recently stated that there were at least 3,000 drug users in Dublin. Would he not agree, therefore, that there was an urgent need for a free-needle scheme.

The Minister said the Department’s HIV testing programmes showed that just under 20% of abusers tested were affected by the virus.

Mr. Emmet Stagg (Lab) said that the official booklet and advertising campaign on AIDS was simplistic, moralising and ineffective, and had been criticised by those directly involved with AIDS sufferers and people at risk. The lack of emphasis on the use of condoms and provision of free needles were serious omissions.

Dr. O’Hanlon said he did not accept that the campaign was limited. It was directed at the whole
AIDS alert for health workers

By JOHN ILLMAN, Medical Correspondent

Doctors have been alerted about a new AIDS threat.

A confidential government report reveals the first cases in the world of health care workers believed to have become infected by the virus after being splashed by contaminated blood.

The warning, in a report from the Communicable Disease Surveillance Centre in Colindale, North London, says all the cases occurred in the U.S. But British experts fear it is only a matter of time before it happens here.

The Health Department has stressed there is no evidence that ordinary social contact with AIDS patients poses a risk. However, it has been urging doctors, nurses and other health workers to maintain sensible standards of hygiene at all times.

The centre's report cites the case of a nurse with chapped hands who became infected.

- More than 600,000 people applying to migrate to America each year are to have mandatory tests for AIDS in their own countries, Attorney-General Edwin Meese announced.
Aids: 'Govt. drive adding to fears'

By SENAN MOLONY

The Department of Health's Aids information campaign has come under new attack — this time from Cairede, the support service for those affected by the disease.

In an open letter to Health Minister Rory O'Hanlon, the group claims that dire pictures of slow, agonising death painted by the television commercials is adding to the fears and social isolation of those already diagnosed as anti-body-positive.

The honorary general secretary of Cairede, Dr. David Magne, said that the present campaign did not cater for the feelings and interests of those who were infected with the Aids virus, now numbering at least 600.

"While we recognise the importance of good information, we believe that this campaign shows no compassion."

He added that the phrase "Aids — don't bring it home" almost implied a betrayal of their families and friends by those who had been infected.

Cairede was founded in September 1985 to help friend and support persons affected by Aids. It consists of 26 trained volunteers and they are currently counselling six people with the killer virus, including drug abusers, haemophiliacs and homosexuals.

Today, the PIHO for the group, Mr. Cari Berkeley, conceded that the Government may be in a "Catch 22" situation — it has to make the message hard enough to be effective, and yet some people are likely to be offended by the explicit or harsh form of advertising.

"However, when somebody is diagnosed as body-positive, they experience great feelings of loneliness and isolation. And then they have to bear themselves talked about as 'pools of infection' moving through society."

"You can also imagine the effect on someone with the virus of these grim warnings about slow and painful deaths. It may drive people who are tested positive underground, or worse, alienate them so much that they don't care what happens."

Mr. Berkeley said that the Aids campaign was also characterised by criticism of sexual irresponsibility, but this could imply that people who become infected were somehow blame for their illness.

"There is also much made of guilty and innocent victims, which is highly unfair to people who are trying to come to terms with the threat facing them."

What about Aids-infected people wanted, he added, was not pity, but some medium of public understanding for their plight.
Campaign on AIDS ‘balanced’, says O’Hanlon

Both the National Co-ordinating Committee on Drug Abuse and the Central Strategy Committee on AIDS would be closely monitoring developments in other countries in relation to both these issues.

Mr Emmet Stagg (Lab, Kildare) said that the official booklet and advertising campaign on AIDS was simplistic, moralising and ineffective, and had been criticised by those directly involved with AIDS sufferers and people at risk. He asked what funds were being provided for the voluntary counselling services who were doing excellent work in preventing the spread of the virus.

Dr O’Hanlon said he did not accept that the campaign was limited. It was well-balanced, and the Government was following the line adopted in other European countries in directing it at the whole population and not just at high-risk groups, because there was more and more evidence that AIDS was spreading throughout the heterosexual community. A strong condom effectively used was the best protection against AIDS and that issue was not avoided in the booklet.

Asked by Mr Stagg if he accepted the WHO recommendation that there should be an anonymous testing service for people at risk, Dr O’Hanlon said he was reviewing facilities in each health board area for sexually transmitted disease clinics to ensure that facilities would be available for anyone who wanted an anonymous blood test to have it.

Replying to the Labour leader, Mr Dick Spring, the Minister said he did not believe that AIDS should be compulsorily notifiable because that might lead to people who should turn up for testing not doing so.

Asked by Mr Alan Shatter (FG, Dublin South) why the official advertisements suggested people should seek medical advice on the use of condoms when everyone over 18 could get condoms and did not need to consult a doctor about them, Dr O’Hanlon said condoms were not 100 per cent effective. They reduced the risk of contracting AIDS but did not eliminate it.

When Mr Stagg pressed the Minister to say how much had been allocated to health boards to fight the disease, the Minister did not reply.

Replying to Mr Gregory the Minister said the testing programme showed that just under 20 per cent of drug abusers tested were affected by the AIDS virus.

A total of 9,539 tests had been carried out and 590 had been found positive to the AIDS virus, the Minister said. And, he added, the health boards were setting up local AIDS programmes. The staff to do this were now in place in all the health boards following a series of training seminars.