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16th to 20th July 1987

Evening Press
16th July 1987

Second AIDS wave has not materialised

From JEREMY CAMPBELL

In Washington
A MORE and more glaring absence of data to support the prediction of a major AIDS epidemic among heterosexuals is the latest medical bombshell and it is leading Americans to question whether the disease heralded as the great equaliser may be a discriminator after all.

In fact what is becoming known as "the enigma of the missing data" threatens to change the psychology of the AIDS crisis, polarising high and lower risk groups and inflaming an already simmering anti-gay militancy.

For three years now, public health officials have been

warning of a second wave of AIDS, in which intermediaries, people who sleep with high-risk individuals, pass on the disease to others who have no direct contact with high-risk groups. This channel of infection was supposed to make AIDS a death-dealer across the whole spectrum of sexual preferences.

But the second wave has yet to break. And a handful of

respected epidemiologists are starting to wonder if they might be misreading the story. Conceivably, they surmise, there is something about American heterosexuals, or their way of life, that makes them less likely to become infected than high-risk people.

"There's something quite hopeful here," said Franklin Judson, Denver's public health director this week.

"The doomsday scenario does not appear to be materialising, the second wave simply has not occurred yet."

Others disagree. Ernest Drucker, a New York Health officer, thinks the "heterosexual spread" is about to take off.

But tests of millions of military service entrants, blood donors and sexually-active heterosexuals over the last

two-and-a-half years show no increase in the incidence of AIDS. In one major city, not one of 162 heterosexuals tested was found to carry the virus.

In Denver, where half of all gay men test positive, only one person, a woman, was found to be infected in a three-year test of 1000 heterosexual patients at a clinic for sexually-transmitted diseases.

Even among the pessimists, there is little agreement as to when we will know if the U.S. is standing on the threshold of a heterosexual explosion of AIDS. Everett Koop, the U.S. Surgeon General, says six to eight months. Other experts think it may be years.

Lurking behind the mass of figures is a striking fact. One of the key reasons, perhaps the main reason, why the disease is spreading more slowly than expected among gays and needle-drug users has to do not with medicine but with behaviour.

American homosexuals are, in general, amazingly more promiscuous than heterosexuals. During the early stages of the AIDS epidemic many gay victims in San Francisco averaged 50 sexual partners a year.

Dr. Harold Jaffe, head of AIDS epidemiology at the Centre for Disease Control in Atlanta, cites this difference in the taste for variety between gays and heterosexuals as a main reason for his belief that most Americans are unlikely to catch the disease.

This shift of opinion could have major political and social consequences. It cannot help but make it easier for the political and social consequences. It cannot help but make it easier for the political right to portray AIDS as a disease of an immoral, insatiably promiscuous, unnatural and disgraceful minority.

Already, conservatives are starting to stress the "difficulty" of catching AIDS if one's lifestyle is reasonably normal.

One does not have to be a monk. It is only a short step from there to the conclusion that monstrous practices bring their own punishment that the non-monstrous are largely spared, and governments can find more deserving causes on which to spend the taxpayers' billions.

Evening Press
16th July 1987

AIDS hits both sexes equally

A study of military recruits found that equal numbers of men and women were infected by AIDS in some areas of the USA — and that twice as many blacks as whites carry the virus, according to report released last night.

Based on blood tests of more than 300,000 recruits from October, 1985-March, 1986, the researchers said the AIDS epidemic in the USA was no longer primarily restricted to homosexuals and intravenous drug users.

The researchers said the incidence of the disease was highest in densely populated urban areas, where a high proportion of the population was often black. The regions found to have the highest rates of infection, with roughly equal numbers of infected men and women, included New York City, particularly the Bronx and Brooklyn boroughs, San Francisco, Washington and Essex, New Jersey.

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Independent
16th July 1987

Private tests for Aids and cancer may be licensed

HEALTH MINISTERS are considering legislation to license private clinics and laboratories which provide tests for Aids and screening for breast and cervical cancer amid mounting concern about standards in some parts of the private sector.

Tony Newton, Minister for Health, said yesterday: "We are considering what further steps are needed either by self-regulation or by additional legal powers to monitor private screening clinics or the laboratories and other services they use."

The move follows evidence that lives are being put at risk by the standard of cervical and breast cancer screening in some private clinics and laboratories.

There is also evidence that Aids tests are being offered by some in the private sector without proper counselling and warnings that a positive result, or even the fact that a test has been done at all, can lead to the refusal of mortgages, and of life and other forms of insurance.

Pressure for licensing is coming from leading members of the Royal Colleges of Pathologists and Radiologists, from Bupa and PPP — who are among market leaders in breast and cervical cancer screening — and from Britain's biggest private pathology laboratory, JSPS, which is warning that anyone can set up a private pathology laboratory with or without qualified technicians and detailed medical supervision.

Bupa, which recently wrote to John Moore, Secretary of State for Social Services, urging regulation yesterday welcomed Mr Newton's statement.

But a spokesman said: "We would back statutory regulation with licensing and inspection rather than self-regulation."

"How do you self-regulate the cowboys? The largest organisations in the market are very reputable and do undertake quality assurance programmes to ensure screening is of a high standard. But there are now approaching 200 clinics offering private screening services, including mobile units, and there is little that self-regulation can do about people operating, in some cases, liter-

By Nicholas Timmins
Health Services
Correspondent

ally out of caravans. The number of private screening services is mushrooming but monitoring is essential to control quality and maintain uniform services."

Dr Peter Trott, pathologist at the Royal Marsden Hospital, who has been attempting to study standards in private cytopathology laboratories on behalf of the Royal College of Pathologists, said: "A voluntary scheme would not really help at all. We need a system that will pick out the laboratories that are not performing properly."

A small group of pathologists working with JSPS, Bupa and the Independent Hospitals Association were devising a scheme that would provide quality control in independent cytopathology laboratories as a first step towards voluntary registration and monitoring of private facilities, he said.

They hoped shortly to be making a public appeal through the medical journals for laboratories to join such a scheme. But that would only ensure high standards in the reputable end of the market. "If it's purely a voluntary scheme people can just continue to operate outside it."

Ministers are believed to be worried about the bureaucracy involved in setting up an inspection and licensing system. But Dr Trott said New Zealand ran a system where labs and clinics paid a fee and inspection and monitoring was carried out by recently retired specialists in return for expenses only.

Many other countries, including the United States and Australia, licensed private facilities, he added.

Concern over standards follows evidence that some private clinics undertaking breast cancer screening have told women their breasts are normal, only for cancer to be discovered weeks later. In tests in which NHS hospitals have put known positive cervical smears among others, all or some of the known positives have been passed as normal by the private labs.

Branson's Aids war

MILLIONAIRE adventurer Richard Branson is lining up a personal campaign in the fight against Aids.

At an award presentation by the Guinness Book of Records for his Atlantic crossing in a hot air balloon yesterday, he said he had been holding talks with leading television executives, including the BBC's Michael Grade.

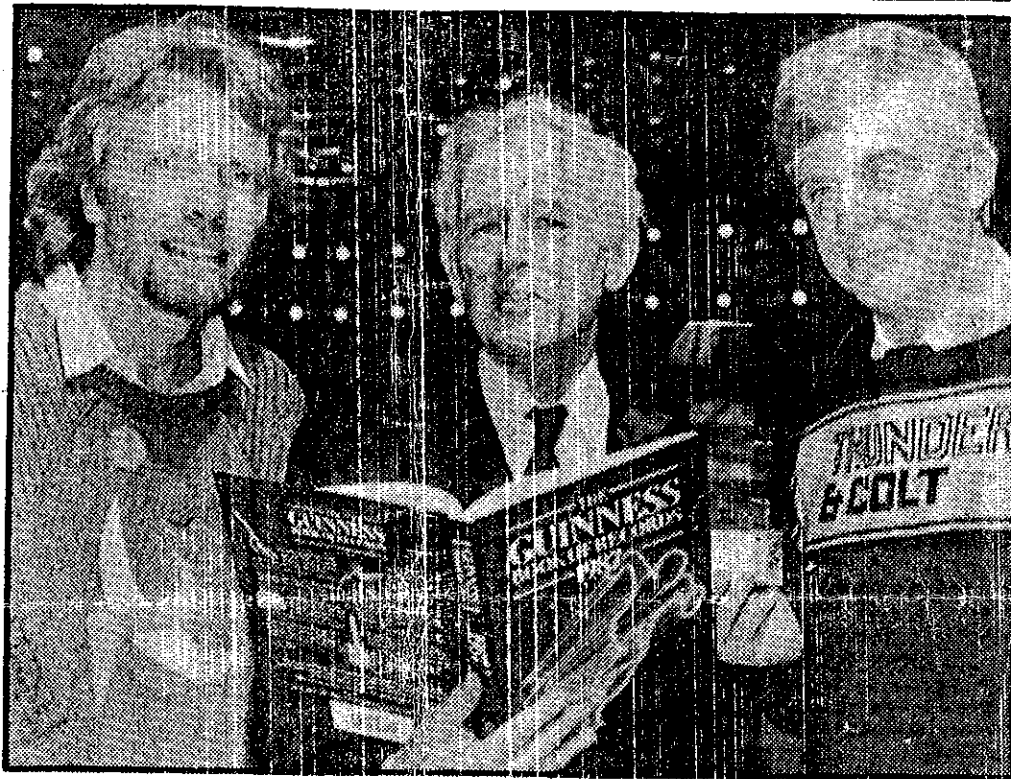
He is due to launch his personal campaign to persuade youngsters to have safer sex on September 1.

Branson set three records on his balloon flight to add to the record for his successful powerboat Atlantic crossing last year.

"I am really trying to keep the adventurous side of my character down while I try to concentrate on being a family man and businessman and on fighting Aids," he said.

"The Government quite sensibly frightened young people, but there was a certain element of moralising. I hope to get the message across and give youngsters a sensible solution."

● Midwives last night overwhelmingly rejected a call for routine Aids screening for all pregnant women, at their annual conference in Manchester.



RECORD BREAKERS: Richard Branson and Per Lindstrand receive an award from Norris McWhirter (centre) of the Guinness Book of Records for their first transatlantic hot air balloon flight.

Irish Press
17th July 1987

Fighting AIDS

DENTISTS and others providing personal public services have professed their fears in recent times over the AIDS virus and a new disinfectant which will help has been developed here in Ireland.

It is called Phoraid and has been approved by the London School of Hygiene and Tropical Medicine as being effective against both AIDS virus and the Hepatitis B virus. The disinfectant diluted to one part to three parts water gives a total kill in two minutes, say the manufacturers, who say this is significant especially for surgical and dental instruments.

The disinfectant only kills the virus outside the human body and was developed to use on the skin, as a wash and surgical scrub. It is also suitable for treating minor surface skin wounds, Smyth Morris Chemicals in Blessington hope to start manufacturing the product soon.

The disinfectant was developed, they say, following an approach from the Greater Manchester Police and is now standard issue for the force's drugs squads in infectious disease kits. The product was only launched in Britain in April and is being sold to schools, hospitals, colleges, dental surgeries, prisons and mortuaries.

Mother innocently dooms her family



A family of tragedy . . . Richard and Irene with (from left) Stuart, Rachel, Claire and Danielle.

A grief-stricken English mother has spoken of how she may have innocently doomed her family to die of AIDS.

Irene Raymond (27) contracted the killer disease after a blood transfusion during the birth of her five-year-old son Stuart.

Her daughter Claire (4), Rachel (3) and Danielle, seven months, were infected by Irene's blood during pregnancy. And her husband, Richard (36), contracted the virus after sexual intercourse with his wife.

Only Stuart, born minutes before the horror transfusion, has been spared.

The family did not know they had the disease until Claire suddenly became desperately sick. Doctors did not know the cause of the illness. As a last resort they gave her an AIDS test. They then realised the full horror of what happened.

In an interview published in London today Irene spoke of her living nightmare. "I know it's not my fault. But I can't help feeling I've condemned us all to death. One by one

we could all die and little Stuart would be the only one left."

WHAT COMFORTS AIDS FAMILIES

Lou Ann Walker's article "What Comforts AIDS Families" (June 21), raised a major ethico-legal issue in the mental-health field. Moreover, by omission, it misinforms on a topic that is currently reshaping professional ethical conduct throughout the country.

I am referring to the section in which Dr. Robert Davis is quoted, discussing a bisexual male patient whose male lover is dying of AIDS and who has, so far, refused to inform his wife, or to wear a condom during sexual intercourse to protect her.

Evidently, neither Dr. Davis nor Ms. Walker is aware of the 1976 landmark decision of the California Supreme Court, in *Tarasoff v. Regents of the University of California*. The case was as simple as it was tragic. Tatania Tarasoff's boyfriend told his therapist, who worked for the University of California, that he was going to kill Tatania. The therapist alerted only the university police, who held the patient for a short while and then let him go. The patient murdered Ms. Tarasoff. Her parents sued. They won. A sad victory. Still, of major significance to the principle of Duty to Protect, sometimes also called Duty to Warn.

When the issue has come up, most jurisdictions in the United States have upheld this decision, including the jurisdiction of the State of New York (*Moskowitz v. M.I.T.*).

From my perspective, Dr. Davis has only to ask one question: Does the informed, willful, possible transmission of AIDS to an unaware partner constitute criminal intent to harm? Never mind the psychodynamics. Does it? I think so.

MAGDA DENES
President, New York State
Psychological Association
New York, N.Y.

There were missed opportunities in Lou Ann Walker's article. Another loss, secondary to the quick killer AIDS, is that many families are robbed of the time needed to

respond to the information that a family member is gay. It is not uncommon for families initially to react with hostility toward a gay member, sometimes refusing to speak to him, disowning him, etc.

Time can be wonderfully therapeutic in the process of reconciliation. But this process goes unfinished when one dies so prematurely from AIDS.

Helping families to accept a member's homosexuality while that person is dying is one of the tremendous challenges facing the mental-health community.

DAVA L. WEINSTEIN
New York, N.Y.

This is an open letter to those relatives of AIDS patients who are more interested in their "social image" than in their dying children's comfort.

Write to a medical center for pamphlets on gay sexual development and read them before you say anything to your dying child. Many biomedical and psychiatric experts believe that homosexuality is not a "choice" people make, but is as natural and unavoidable as colorblindness. If you want to make up with your child, family counseling is great; but don't use it as a vehicle for verbal abuse and self-pity.

NAME WITHHELD

Sunday Tribune
19th July 1987

Gays and the church

SIR — Your correspondent (12 July) Mr John Patten of the Church of Ireland Youth Council is falling into the trap of allowing personal abuse to replace argument. I do not propose to join him at this level of debate. However, there are some points that need to be made. In my reply to his initial attack I indicated my feeling that intellectual honesty was not Mr Patten's strong suit. His latest epistle should confirm this to any impartial observer. His starting point in this controversy was a heavily emotional plea for a discreet silence to spare the feelings of the families of the two young men victimised by the Church of Ireland because of their homosexual relationships. A detailed report of this case appeared in the *Irish Times* some time ago in a two-part article, and no denial or explanation was offered by the Church either at that time or later. The silence, to coin a phrase was deafening. This is a matter of public record and is now beyond dispute although Mr Patten prefers to describe the incident as "alleged". Nowhere however, did I refer to the names of the individuals or the location of the parish involved although I am in possession of this information. I certainly have no desire to inflict pain on either families or individuals.

Mr Patten however, in an astonishing volte-face from his previous position demands that I now make public the "names, facts, incidents" involved in the pogrom that ensued in the wake of the original controversy. I have no intention whatever of being a party to such a gross violation of confidence. I will not comment upon the honesty, intellectual or other of such a demand. Your readers however, will gauge for themselves the degree of consistency of Mr Patten's position.

It would be quite inappropriate for me to comment upon my record as a "gay rights activist" about which Mr Patten is so disparaging. Others must judge this matter. As far as any approaches made to prominent members of the Church of Ireland are concerned, I approached many prominent people for support during the recent Senate Election but did not subject any of them to the kind of sectarian test implied

by your correspondent. The only cleric of any kind among my nominators and assentors was the Dean of St Patrick's, Very Rev Victor Griffin. I was greatly honoured by his seconding of my nomination.

I would suggest in conclusion that if Mr Patten requires confirmation of the details of my "allegations" that he applies to the sources of his episcopal tittle-tattle. They are in a position to supply him with all the facts, names, dates and places that he needs. In confidence, discreetly, and sparing the feelings of all concerned of course!

Senator David Norris,
Seanad Éireann,
Baile Átha Cliath.

Sunday Tribune
19th July 1987

Aids threat classified

• ATLANTA — The United States Centre for Disease Control has for the first time listed Aids among the leading causes of premature death in America. The disease is now 11th among causes of death in people aged below 65, ranking just below pneumonia and influenza and just above lung disease and diabetes. The leading killers are accidents, including motor accidents, cancer and heart disease.



• *SENATOR David Norris: snappy remarks*

The ins and outs of Aids

SINCE the advent of David Norris to the Senate that body has been a livelier place. Take this snappy remark about the proposed new immigration curbs in the United States.

"I was greatly offended by the suggestions of President Reagan, in

flagrant defiance of his medical advice, that immigrants, including Irish immigrants, should be tested for AIDS.

"It seems that, in view of the history of this disease, they would be far better off testing them on the way out than on the way in."

Evening Press
20th July 1987

Disney's teenage AIDS aid

The Walt Disney company has released a video tape in Britain on the dangers of AIDS.

The 18-minute production shows doctors giving a group of youngsters some explicit warnings about gay sex and drug abuse.

Fourteen to 16-year-olds will be told about condoms, and warned not to share needles if they take drugs.

Although the video is aimed at teenagers, the company strongly advises that an adult watches first. It is for use at school sex education classes.

"Mickey Mouse has grown up to keep up with the children of today," said Roger Stratford, of Disney distributors Viewtech.



Community Service Project workers protesting outside their premises at Christchurch Place, Dublin, yesterday. —
(Photograph: Peter Thursfield)

18 voluntary groups in protest

By Jill Nesbitt

EIGHTEEN voluntary organisations moved their desks, chairs, typewriters, phones and staff out onto the street at Christchurch Place yesterday afternoon in protest at what they say is the Minister for Health's decision to sell a building promised to them as alternative accommodation once they are forced to vacate their current premises.

The 18 groups have been sharing office space and facilities there as the Community Services Project in rent-free premises provided on a temporary basis by Dublin Corporation but which has now been sold for redevelopment as a hotel. They include a variety of organisations catering for the disabled, as well as Gamblers Anonymous, the Irish Sudden

Infant Death Association and the AIDS Action Alliance. The CSP said that much of its work complemented the services of the Eastern health Board.

Since November 1988, said Ms Kate O'Sullivan, honorary secretary of the CSP, they had been "jaded to believe" by the Eastern Health Board that they would be accommodated at the former junior doctor's residence of the Richmond Hospital, North Brunswick Street, "subject to clearance by the Minister for Health". The CSP had been given plans of this building and access to view it, but despite management committee arrangements having been drafted by the health board and the corporation, Dr O'Hanlon had now decided to sell this building along with the former hospital.

Ms O'Sullivan added, however, that at a meeting with Dr O'Hanlon some weeks ago the minister had indicated that this was not a final decision and that the door was still open to some extent.

Yesterday Senator David Norris said that the site which had been offered now appeared to be "part of a property deal" and raised questions about the priorities involved. "Are people less important to the authorities than property speculation? Has nothing been learned from the clear message delivered by the voters at the last election?" asked Senator Norris.

Dean Victor Griffin told the protestors that the inner city had already been deprived of many facilities and it was time to impress on those in authority

their responsibility not only to those who bought or invested in the city but to those who lived there. A site for a recreation centre at the top of Francis Street nearby had also been sold off to private developers by Dublin Corporation he said.

Meanwhile, as the protest took place, Dr O'Hanlon, in a written reply in the Dail to Mr Brendan Howlin, TD, failed to answer whether accommodation could be provided at the Richmond Hospital site. Through his intervention, the Minister said the CSP would now be able to stay where they were until October and in the meantime he had requested the Eastern Health Board, along with his Department in association with Dublin Corporation to find alternative accommodation before mid-August.

London Times
20th July 1987

Testing times for fathers

Science and commerce have delivered into the hands of women the most extraordinary weapon — a conclusive paternity test.

The "genetic fingerprint" method is now available over the counter, is relatively cheap and costs less than a summer holiday — and can be done on a single drop of blood.

Its arrival has been greeted with enthusiasm in many quarters, and it is easy to see its benefits in such traditionally troubled areas as affiliation orders. It would also prove invaluable in those rare cases where mothers believe they have been handed the wrong baby in the maternity ward; the recent television film *Whose Baby?* highlighted the long legal battles that can result from inconclusive evidence of paternity.

But already there is uneasy speculation that the weapon may turn out to be a two-edged sword. Until now the real identity of a child's father has been a woman's ultimate secret; in the last analysis, men have had to take their paternity on trust. But not any more: should they require it, the test gives men a sort of sexual lie detector.

Michael Freeman, Professor of English Law at University College, London, has strong reservations. "We may well have opened a Pandora's Box. I don't think all the implications have been thought out. I can see it becoming a weapon in all sorts of family squabbles, custody disputes and acrimonious divorces."

The test is based on the uniqueness of every individual's genetic make-up as determined by the DNA molecule. In the past blood tests have been able to say for sure only that a man was *not* the father. The new test, though

Any man can now prove conclusively that he is — or isn't — the baby's father

Wendy Holle



complicated to carry out — the procedure takes about a week at the moment — produces a clear-cut result. Its end product is a pattern, a series of bands on an X-ray film rather like supermarket "bar codes", representing the genetic make-up of the individual. The child's is put alongside the father's and if there is a matching section, you've got your man, so to speak; it is not even necessary to have a sample from the mother.

The test costs £105 per person and is available from ICI's Cellmark Diagnostics division in Oxfordshire, which owns the world marketing rights. It can be done not only on blood, but on semen, body tissue and even hair, provided that the root is still attached.

The most obvious field for its use is in paternity suits, hence its welcome by organizations such as the National Council for One Parent Families. And a family law expert at the Law Society believes that one of its effects may be to reduce the number of proceedings: "If a test identifies a man he would not, presumably, have a leg to stand on."

The test could be vital in immigration disputes where the Home Office has queried the genuineness of a family relationship. It may also be useful in inheritance or succession cases. It could similarly be used in rape cases where identity, rather than consent, is the issue.

The full social, sexual and legal implications have yet to be explored but it is not hard,

given the potential for conflict in human relationships, to envisage situations where proof of paternity might not be in a woman's interest.

There are no official statistics as to the frequency with which men rear children not their own, but there has been at least one notorious study which had to be called off when the scientists, quite innocently studying families for genetic traits, realized that a large proportion of the children were not in fact sired by the men they accepted as father.

Social psychologist Dr Robert Snowden of the Institute of Population Studies at Exeter University says: "It's quite probable that large numbers of us are not fathered by those we believe but we would be deeply offended if we found out differently. There are times when ignorance is bliss. Women do keep secrets. The advantages of this test to women desiring proof of paternity are undeniable but, as with so many of these advances, there may be disadvantages as well."

Parenthood is an emotionally charged business. A child might have a desperate need to know who his true parents are. Developments like artificial insemination by donor and surrogacy are only adding to the age-old dilemmas of the adopted or illegitimate.

Most people taking the test, of course, will be doing so of their own free will (although it sounds easy enough to obtain a hair by stealth). Its very existence now issues the challenge, in the same way that Aids virus and lie detector tests do.

Liz Gill

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Midwives get Aids guide

By NIKI HILL

MIDWIVES have been warned they would be "unwise in the extreme" if they opposed using expectant mothers in studies concerned with the spread of Aids and HIV infection.

Addressing the annual conference of the Royal College of Midwives which represents 30,000 midwives up and down the country, Miss Margaret Brain, president of the RCA, called Aids a potential disaster.

"Women must be able to understand the implication of any test performed on them. And

study must be properly researched, and those involved given adequate training," she said.

"If ante-natal women are the only group a study of which would give a clue to the spread of the disease into our heterosexual population, we and the mothers concerned would be unwise in the extreme if we opposed this."

Miss Brain said she was dismayed by the British Medical Association's recent decision to

allow Aids testing without consent, at the discretion of the GP.

She said she was concerned that doctors may have been testing expectant mothers without them giving consent. "Would this be acceptable if it was done to us?"

Last year the conference rejected a motion calling for routine screening for all expectant mothers. Delegates will debate the issue again this year.

National blanket screening would involve considerable cost to the Health Service, and it is expected that proposals may be made to carry out screening in selected areas where Aids has a marked incidence.

It seems unlikely at this stage that Northern Ireland mothers will be tested.

Miss Brain also pointed to the relevance of the role of midwives in the prevention of child abuse.

"I have been concerned that the emphasis for professionals is always placed on detection and reaction to such abuse," she said.

"As midwives we are ideally placed to increase activity and expertise in the area of prevention. This surely begins in the preconception period and extends through pregnancy, labour and the post-natal period.

"The midwife is in a particularly unique position to be effective in preventative work."

Police well-suited

UP to £40,000 is being spent on anti-Aids suits for the Birmingham police force — the RUC says it already has protective clothing.

West Midlands Assistant Chief Officer John Hiller said about 100 stations and the same number of cars would be supplied with the suits.

The action stems from

fears that police may be infected by contact with high-risk groups such as prisoners.

The overalls, overboots and face masks will be used at traffic accidents if officers know they are dealing with Aids carriers.

An RUC spokesman said last night that protective gear, including face masks and handwear, is already in

normal use in Northern Ireland.

"The main threat is Hepatitis B. We are always aware of that risk — at traffic accidents or a murder scene, police wear some form of protective clothing and gloves.

"This is not particularly in relation to Aids but I assume the same clothing would do," he said.