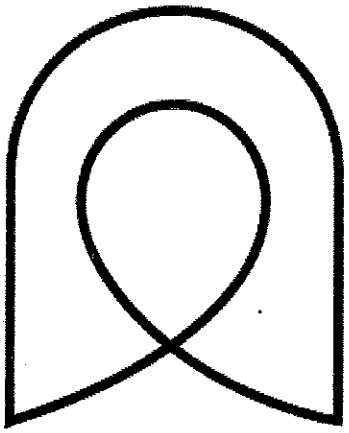

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Print Media

11th to 20th October 1987

HIV Ireland
1987—2017

Sunday Independent
11th October 1987

'Tragedy overload' of an Aids nurse

From MOLLY McANAILLY BURKE

WHEN LISA ALCOTT decided to use her nurses training to work for one of the worst slum clinics in New York City, her parents were horrified.

Lisa herself admits that she has seen things in the last three years that would make any television hospital drama seem pale in comparison. Even amongst employees, Woodhall is known as "the hospital of last resort."

This fun loving New Yorker worked in Dublin's USIT for many years before taking the plunge to do something serious with her life. Lisa is what's known as a Nurse Practitioner, who now takes over the diagnostic role that used to be done by the old-fashioned GP. But after three years of seeing the most destitute and diseased of humanity, where AIDS and drug addiction are increasing at an alarming rate, she's not sure how much longer she can last.

"Tragedy overload" is the term she uses for her despair.

Is AIDS the worst diagnosis you can imagine? For some of Lisa's patients, it's almost a relief for them to be told they are going to die.

• Decayed

Nearly all Lisa's patients are black or Hispanic, victims of the ghetto horror that is the direct product of centuries of racism.

Many of the families have been unemployed for generations, the daughters having children in their early teens, the housing conditions, rat and roach infested, and the family atmosphere breeding violence, alcoholism and addiction.

AIDS is beginning to seem like the bubonic plague in medieval Europe, striking at the already decayed heart of the city, where the people are already too weakened by life to take the proper steps against it.

Lisa Alcott . . . "no-one can take it indefinitely."

How can a middle class white nurse ever fully understand that there are people totally indifferent to whether they live or die? "Privileged people have an idea about what the proper goals in life should be, but none of this applies here" she explains.

Because of this, she has a strong argument against people who believe that all addicts should be hauled in and tested for AIDS, irrespective of the fact that as yet, no proper treatment facilities exist for these people.

"Such an act would be counter-productive" insists Lisa. "Drug addicts tend to have infantile personalities, and if you tell them they have AIDS, their reaction will be to go out and shoot up with the first person they can find. It's their reaction to frustration."

Some brave nurses have actually ventured into the shooting galleries to show addicts how to clean their needles, and though Lisa realises this is dangerous, she thinks it might help more people than mandatory testing.

It's rare that Lisa sees a white homosexual. In the first place, the gay community has shown a tremendous awareness of safe sex practices and have actually reversed the rate of infection amongst themselves. Gay people, explains Lisa, want to live. Those she does see are generally seeking subsidy for the AIDS-retarding drug, AZT, which costs about 1,000 dollars a year.

• Saddest

Medical specialists speculate that within a decade, 50 per cent of hospital beds in New York will be occupied by AIDS victims, and that half the existing drug addicts are currently HIV positive. It creates a frightening picture for the future, because drug addiction is such a huge social problem that even medical breakthroughs may not stem AIDS from becoming rampant in the heterosexual world.

"I've seen many cases of addicts infecting their partners from intercourse alone" explains Lisa. "However, women catch it from men much more easily than men catch it from women. But families living in the most distressing and overcrowded conditions with an AIDS victim do not contract it, even when they share towels and dishes and beds."

Lisa doesn't know how much longer she can continue working amongst the saddest sector of humanity. "No one can take it indefinitely," she says.

"Those who do stay become a burnt-out husk — Mother Theresas are rare."

But though she's frightened for the future, she also feels guilty that she has the luxury to pull out to leave New York, to turn away from the panorama of pain. Who'll be left to carry on? Her work has slim gratification because there's so little a nurse can do to alleviate a social problem of such magnitude.

Evening Press
12th October 1987

Children hard hit by AIDS

Children comprise as many as a third of all AIDS cases in some African countries, a situation that threatens to wipe out reductions in infant mortality of recent decades, according to health officials attending the Second International Symposium on AIDS in Africa.

The conference, whose ...nsors include the World ...ealth Organisation, also heard reports contradicting common ideas about AIDS in Africa which has the greatest estimated incidence of acquired immune deficiency syndrome in the world.

Delegates reported that common use of needles is not a factor in the spread of the virus there, that the disease is not spread widely over the continent but remains concentrated largely in local pockets centring around cities and connecting truck routes, and that there is evidence hinting that the AIDS virus did not originate in African monkeys.

OPENNESS

The two-day conference was marked by a new openness on the part of previously reluctant African governments, who freely discussed the disease a... the rapid progress in some countries in building national AIDS programmes.

Rwanda, one of the countries with a new programme that includes a recently established blood screening effort, reported that 35 per cent of all its officially reported cases of AIDS are in children.

Dr. A. A. Ndikuyeze, an epidemiologist with the Central University of Public Health in Butare, Rwanda, reported that the country has two widely separated peaks in the profile of its AIDS victims — one below age 3 and the other in the prime years of sexual activity between the ages of 20 and 40.

Other central African countries such as Zambia and Zaire also have reported that more than 20 per cent of their AIDS cases involve children.

Delegates said the epidemic among children stems from two factors of the illness in Africa: as many women are infected as men, and African women have the greatest number of children per capita in the world.

Dr. Nathan Clumeck of the Saint Pierre Hospital in Brussels said that among his African AIDS patients he has frequently found that it is as distressing for a woman to hear she should not have children as that she has AIDS.

"It is the major goal in life for many African women. And if they do not have children, they may be rejected by their husbands and their villages," he said.

Jonathan Mann, director of he World Health Organisation's programme on AIDS said: "The projected gains in infant mortality through the massive programme of recent decades may be cancelled by the exponential rise of AIDS among children in some African countries."

African researchers also have been concerned that re-use of needles might be a major risk factor in passing AIDS-infected blood from patient to patient. For health reasons, children are among the most frequently injected.

A shortage of syringes has made re-use of needles common among doctors in some countries, as well as by local "injectionists" — unlicensed local healers — who use unsterilised needles repeatedly in treating a wide variety of illnesses. But several researchers have reported that injections appear to offer little risk.

Dr. Bosenge Ngaly, a resarcher at the Mama Yemo Hospital in Kinshasa, Zaire, reported that in a survey of the hosptial's paediatric emergency ward, there was no difference in the number of injections received by children infected with AIDS and those not infected.

He said the chief means of infection among the infants was to receive it either in the womb or at birth from an infected mother.

OUTBURST

On an issue that brought angry outbursts at the last conference on AIDS two years ago in Brussels, Dr. Luc Montagnier of the Pasteur Institute in Paris said: "The evidence does not support a conclusion that AIDS had its origin in Africa."

Though the place of origin is still unknown, Montagnier said that there are a few pieces of evidence that argue against the origin of the virus in monkeys in Africa, as western scientists have suggested.

He said a study of the prevalence of the virus among pygmies who commonly eat African green monkeys, the type suspected of being the origin of AIDS, showed virtually no AIDS infection. If the virus originated among the monkeys, the pygmies should have been the first infected, he suggested.

He also said that if AIDS originated in Africa, it would be much more likely to have spread first to Europe rather than to the United States.

Irish Times
12th October 1987

AIDS protest

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POLICE estimated that 200,000 homosexual activists marched in Washington yesterday to press calls for increased federal spending on AIDS research and for protection from discrimination. Mr Jesse Jackson, a presidential candidate, spoke at the rally in front of the Capitol. — (AFP)

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Irish Times
12th October 1987

AIDS AND THE MEDIA

S.11.E 7/87

Sir, — The imprisonment of Lorraine Hickey and her daughter raises many questions about the operation of the legal system and the role of the media.

Is it justice when a legal system sends a 22-year-old mother of two, a heroin addict since the age of 14, and a victim of the AIDS epidemic to prison for six months, where treatment facilities are lacking, for the larceny of 200 cigarettes and justifies it on the grounds that she had previous convictions?

Is it right for the media to target the mother against her wishes, give her name and address to the whole country, beset her home, badger her family and justify their actions (insofar as they bothered) on the grounds that they helped to effect her release? They did nothing of the sort. Lorraine was released only because she was legally entitled to appeal the severity of her sentence.

It is my experience that once a citizen comes before the courts media standards of reporting drop as though the citizen no longer retains any right to personal or family privacy. Whenever it is revealed in court that a defendant has AIDS antibodies the media make a point of naming the individual and heralding the fact.

It seems to me unprofessional and unethical for the media to behave in this fashion. There is absolutely no reason why a name and address should be reported. Such reporting causes acute mental anguish and embarrassment to the defendant and the family. Perhaps journalists are not aware of the stigma that attaches to AIDS or perhaps they choose to ignore it when it concerns a defendant before the courts.

No doubt AIDS will lose the stigma it bears after a few years but at present it bears a stigma and it is very real indeed. Media targeting of individual named persons tends to drive the problem underground and fashions it into a disease that nobody can admit to without the fear of being shunned like a leper. This compels its concealment and hastens its spread.

Sensitive and compassionate reporting is in everybody's interest. — Yours, etc.,

JOE COSTELLO,
75 Lr. Sean MacDermott St.,
Dublin 1.

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Irish Times
12th October 1987

Concern over AIDS information

From Dick Hogan, in Kilkenny

ONE OF THE most important issues to rise in the past year was the question of giving information to insurance companies concerning AIDS, the secretary general of the Irish Medical Organisation, Mr M. B. McCann, said at the conference.

When filling in private medical attendance forms, doctors were now being asked about the "lifestyle" of applicants, and this referred to sexually transmitted diseases, and to AIDS in particular.

Mr McCann said guidelines has now been laid down on the matter which had been approved by the council of the Irish Medical Organisation and transmitted to the Irish Insurance Federation. The guidelines were of tremendous importance both medically and legally.

Doctors were being instructed that such questions should be set out as a separate item on the insurance form, and that the implication of a positive response, namely the likelihood of uninsurability, should be clearly stated to the proposer by the doctor.

The doctor should get written personal consent from the proposer for the transmission of the information to an insurance company and, finally, doctors must satisfy themselves that the consent of the patient is an informed one and that he is fully aware of the outcome of a positive response.

Mr McCann said the ethics subcommittee of the IMO had also asked the Insurance Federation to elaborate on its definition of "lifestyles," and whether this included sexually-transmitted diseases other than AIDS, drug abuse or homosexuality. Other questions raised were whether or not the proposer would have a loading on the insurance premium given certain responses, or whether he, or she, would be refused insurance cover altogether because of "lifestyle."

The Insurance Federation, Mr McCann added, had been asked to cosult its medical officers, so that IMO members could be subsequently fully briefed on all matters relating to insurance cover and questions concerning such diseases as AIDS.

The Independent
12th October 1987

High cost of Aids treatment at home

TREATING an Aids patient at home instead of in hospital would still cost at least £20,000 a year, and more than £27,000 for those on the drug AZT, a group of health workers says.

This compares with £5,600 a month, or £67,000 a year, for in-patient care, according to a letter in the *British Medical Journal* from health workers at St Mary's Hospital, Paddington, London, one of the main centres for Aids treatment. Patients survive one year on average, they say.

With the current rate of increase in the disease, 592 hospital beds would be needed for Aids sufferers by 1992. To ease the strain the local Health Authority has devised a system of community care, in which patients would be returned home after a month in hospital.

For four months they would receive day care in hospital, with a home help coming in for an hour a day, the article says. For the remaining seven months they would be nursed by the district nursing service and a home care service, with visits from occupational therapists and a psychologist. Terminal care would come from a "hospice at home" service.

Caring for Aids patients will stay expensive even if care is shifted from hospital to home. As more patients go on AZT, the cost can be expected to rise, the St Mary's team points out.

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Wall Street Journal
12th October 1987

New AIDS Report Punctures Complacency

By J.D. Robinson

A second generation of AIDS blood tests has begun to take the wind out of the sails of those who think they know where this disease is and who remains at risk. Attracting attention are new findings that the human immune deficiency virus, known as HIV, may be quietly multiplying and damaging the body for up to three years before becoming evident in conventional screening tests. This is in addition to the known two- to seven-year incubation period that, up to now, has been measured by the older laboratory methods.

Studies were performed at the National Institutes of Health on blood from Finnish men whose homosexual partners were positive for the virus. These men were selected because they were negative by the conventional ELISA AIDS test. Infection was found in 25% of this contact group using more refined tests that detect sub-units of the virus. When men who'd become positive by the older tests were restudied, they all had earlier evidence of infection, going back as long as 14 months. Fifteen percent of another group of these subjects, with persistently negative standard AIDS tests, were found to have been carrying the virus for from 10 to 34 months.

This research was just reported in The Lancet, the British medical journal, by a multinational team of scientists. Led by Kai Krohn of Tampere, Finland, researchers were startled by their own results, as they had not expected to add years to the timetable for spread of AIDS. These findings would, at first glance, appear to call into question the safety of the blood supply. But, fortunately, in the U.S., the American Red Cross has had an effective three-tier donor self-exclusion procedure since 1983, in addition to the laboratory screening of blood. Only about 1,300 pints of blood have been discarded in the U.S. during the past year as a result of screening with traditional laboratory methods.

The newer techniques suggest that 350 donors might have slipped through that net. But look-back studies of people transfused with contaminated units reveal that 60% died of their primary disease. Thus, out of some 12.5 million transfusions, about 140 people in the U.S. would likely have been affected by contaminated blood.

The other major question raised by this study has to do with discovering early infection and determining the risk to those who have not seemed particularly vulnerable. Policy thinking in America has gotten a little stuck on the issue of whether there will be "breakout" of this disease from the widely acknowledged risk groups into the general population. So far, the older tests have failed to show such a spread and may have provided people with what could be a false level of comfort.

There is ample evidence that outside the U.S. this affliction has spread by conventional heterosexual intercourse, both from man to woman and from woman to man. Dr. Krohn, with a more international perspective, asks why it should be different in the U.S. To him, it appears to be just a question of numbers and time.

In fact, there are some good reasons why this disease has been largely confined to a few groups in the United States. The drug-abusing and homosexual populations have a disproportionate infection rate for a number of organisms, including hepatitis, herpes, and a variety of venereal diseases. Their body systems are in a chronically stimulated state, with increased numbers of immune cells. Paradoxically, this makes them more susceptible to the AIDS virus, which thrives in the very cells of the body mobilized to fight off invaders.

The practices of intravenous drug abusers and male homosexuals made them particularly vulnerable to introduction of an infection with an incubation period measured in years. Many members of both groups have been in the habit of exchanging body fluids with many other people in the course of a year. There appears to be no precedent for such potential chains of behaviorally related transmission of infection, even in instances of wartime crowding, famine or other deprivation.

Several differences between these groups and the general population in the U.S. appear to be at work in slowing the spread of AIDS. The overall health of Americans is quite high, and most people are not walking around with stimulated immune systems. They may therefore be at relatively less risk even if exposed.

Second, the contagiousness of those positive for the virus is rising. Over time, the viral load increases in the body of a person carrying HIV, particularly as the immune system begins to falter. The person with this virus gradually becomes more infectious. Those heterosexually exposed over the past few years to people positive for the virus may have encountered a low level of infectiousness compared with those who'll have contact with carriers during the next few years.

Third, even non-monogamous heterosexuals seem to exchange body fluids with fewer individuals than has been the custom of either male homosexuals or IV drug users.

Last, social group exclusivity may be stronger in the U.S. than Americans' egalitarian philosophy admits. While there are a few hundred documented cases of heterosexual transmission, the overlap between risk groups and the population at large may be much less than has been thought.

We need to drop our usual categorization of risk and look at two underlying factors: We must think in terms of who transmits body fluids and what is the condition of the person who receives them. Then the parallels with the spread of AIDS in the rest of the world become clear.

For example, afflicted groups in Africa, where men and women have indeed been stricken equally with AIDS, live in areas infested with bacterial, parasitic and viral diseases. A large proportion of these people are chronically infected with several such organisms; thus their immune systems are chronically stimulated.

Additionally, urbanized men and women in Africa frequently have multiple sexual partners. While intravenous drug use is uncommon there, medicine men or witch doctors commonly reuse sharp, unsterile implements to scrape and draw blood from areas of the body thought to be causing disease. Primitive rural hospitals are unlikely to have disposable instruments or true sterile surgical technique, and transfused blood is infrequently tested.

Simply put, we do not really know the extent of the spread of AIDS. Most contagious diseases have an incubation period of days or weeks; we have not been equipped to measure a disease that takes up to a decade to develop.

U.S. heterosexuals not living in drug-abusing areas have had the odds in their favor, but the odds are worsening. A blind sampling of 50,000 Americans soon to be undertaken by federal health officials will help to clarify the risks, but the findings in The Lancet demand more elaborate test materials that will complicate the task. The world must not have a false sense of confidence, that the general population is safe from contracting this disease sexually, simply because its spread is not explosive. The time for vigilance has not passed.

Dr. Robinson is a Washington physician who's written on AIDS for The Wall Street Journal.

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Irish Times
13th October 1987

Nobel medicine prize goes to AIDS expert

A JAPANESE scientist, Dr Susumu Tonegawa, was named in Stockholm yesterday the 1987 winner of the Nobel prize for physiology or medicine for his pioneering work on antibodies, a field of particular relevance to the search for a cure for AIDS.

The 48-year-old professor at the Massachusetts Institute of Technology, who is the first Japanese to win the prize, said he hoped his work would help towards a better understanding of the immune system and in developing a response to a number of diseases, including Acquired Immune Deficiency Syndrome.

Interviewed from his home in Cambridge, Massachusetts, Dr Tonegawa said: "If we understand how the (immune) system works, that information will be helpful in understanding what went wrong with it." AIDS breaks down the body's natural defences to disease.

In its citation, the Karolinksa Institute said the prize, worth $341,000, had been awarded for Dr Tonegawa's work explaining how the human body can produce hundreds of millions of different antibodies to counter attack by viruses, bacteria and other micro-organisms before the intruders are even identified.

It said his discoveries had "increased our knowledge about the structure of our immune defence," opening up possibilities of increasing immune response through vaccination and checking unwanted immune reactions.

It went on to say that after publishing a pioneering study in 1976, Dr Tonegawa completely dominated research in his field, and finally answered the question as to how gene material in a limited number of cells could create a seemingly endless number of different antibodies.

Last month Dr Tonegawa was one of three people to share the prestigious Albert Lasker Medical Research Award, and in 1986 he received the $50,000 Bristol-Mayers Award for distinguished achievement in cancer research.

Born in Nagoya in 1939, Dr Tonegawa took a bachelor of science degree at Kyoto University and a doctorate at the University of California-San Diego.

From 1971 to 1981, he worked at the Basel Institute for Immunology, where he did much of the pioneering work on identifying the genes responsible for T-cell receptors, which scientists say are crucial to an understanding of T-cells, white blood cells that perform a variety of tasks in the body's defences.

Dr Tonegawa is the 144th Nobel laureate in medicine or physiology and only the third researcher since 1971 to be awarded the prize for solo work. These days it usually goes to teams rather than individuals. He is the sixth Japanese Nobel prize winner in any category.

The award, the first of the 1987 "Nobel season," will be formally presented in Stockholm on December 10th.

The Nobel peace prize will be announced in Oslo today. President Raul Alfonsin of Argentina and President Corazon Aquino of the Philippines are said to be strong favourites, ahead of the jailed anti-apartheid militant, Mr Nelson Mandela, Soviet psychiatrist, Mr Anatoli Koryagin, the World Health Organisation and Greenpeace. — (AFP)

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Evening Herald
14th October 1987

Chimps focus of Euro action over Aids

SOME 20 chimpanzees at a Dutch research centre are to become the focus of a new European effort to fight Aids.

A decision by EEC Ministers recently to allocate more than £3 million to the Netherlands organisation for applied research has opened the way for new Aids experiments on the animals.

"Chimps are uniquely suited for Aids research because they are the only animals that can be successfully infected with the human Aids virus," said Huub Schellekens, research director at the institute's primate centre in The Hague suburb of Rijswijk.

But unlike humans, chimps carrying the Acquired Immune Deficiency Syndrome virus have so far not contracted the disease and appear to suffer no ill effects, Mr. Schellekens said.

The centre, the only institute outside the United States to breed chimps for bio-medical studies, has had to limit research on Aids because of the difficulty of maintaining large numbers of infected chimps, general manager Carl Pries said.

"We do not have the facilities to keep chimps in long-term isolation in groups, which is the way they are used to living. The EEC decision helps free money for us to build such a facility," Mr. Pries said.

Research, expected to begin in January after the European Parliament approves the ministers' decision, will aim to discover what prevents infected chimps from contracting the disease, Mr Pries said.

Researchers will also try to develop a vaccine against Aids, which breaks down the body's natural defence system and leaves victims susceptible to infections and cancer.

Keeping contaminated chimps together may lead to breeding experiments intended to help scientists learn how Aids is transmitted from one generation to the next, Mr. Schellekens said.

Three of the centre's 110 chimps have already been infected with Aids and have been in solitary isolation since 1982 after experiments aimed at identifying the Aids virus.

Mr. Pires said he hoped new facilities to be built by the institute would allow the three to mingle with other chimps which will receive the virus.

Animal protection groups doubt, however, that using chimps is necessary at all.

"We don't agree with the use of chimps. We don't know how much can be learned about Aids in humans from chimps since they don't get the disease," said Bert van Dyk of the Dutch Society for the Protection of Animals.

"If their use cannot be avoided, the problem of keeping them in solitary isolation must be solved," he added. "Chimps are very social animals and keeping them alone is as terrible as locking up a child alone in a cage."

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Evening Herald
14th October 1987

Worry over Aids quiz

THE ICTU may be asked to spearhead a drive to stop insurance companies asking questions about Aids testing.

Unions are not happy that insurance company questionnaires now seek to establish whether potential clients have had an Aids test.

The controversy was raised at a recent meeting of unions with members directly exposed to the risk of Aids, such as the health and prison services.

They are particularly concerned that life insurance cover may be refused to people who have admitted having an Aids test.

Now they intend asking the ICTU executive to take "appropriate action" on the issue

At the meeting the be recognised as a trade unions agreed it had to union issue and not as a general social problem.

They are insisting that management in areas where a risk is perceived should provide full education, training and information and agreed guidelines for workers on the Aids issue, as well as the highest standards of hygiene.

The unions agreed it was a matter to be decided in the particular circumstances of individual employments.

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London Times
14th October 1987

Haemophiliacs urge fund for Aids sufferers

By Thomson Prentice, Science Correspondent

The Government was accused yesterday of being "insensitive and uncaring" towards 1,200 haemophiliacs who have been infected with the Aids virus through the health service.

The sufferers and their families were described as the victims of a hidden tragedy at the launch of a campaign to win them state help, including a fund to protect their dependants.

The Haemophilia Society is seeking an urgent meeting with Mr John Moore, Secretary of State for Social Services, to discuss special benefits and insurance schemes for members infected with the human immunodeficiency virus (HIV).

Already 60 of the 1,200 have developed the disease and 45 have died. About 200 of those infected are children or teenagers, and several hundred others are under 35 years old.

All were infected through contaminated Factor VIII, a blood-clotting factor necessary to treat their inherited condition. The product, now heat-treated for safety, was imported from America because Britain could not make enough of its own.

Dr Peter Jones, director of the Newcastle Haemophilia Centre, said yesterday: "I am seeing people who are ill and dying as a direct result of their medical treatment, and who are trapped by government inertia. This disaster is producing exactly the same sort of tragedy and misery as did the events at Zeebrugge and Hungerford, but on a much bigger scale." Mr Simon Taylor, an executive member of the Haemophilia Society, said the only response so far from the Department of Health and Social Security was that claims for compensation had to be pursued through the courts.

Haemophiliacs carrying the Aids virus could not get life insurance or mortgage protection because they were "bad risks", and those suffering from Aids needed extra money to meet the costs of caring for them at home. "I don't believe that a caring Government can stand by while widows and children are thrown out of their homes."

● Magistrates at Marlborough Street court, London, yesterday suspended a prison sentence imposed on Wayne Connolly, aged 24, an Aids victim who admitted stealing music cassettes from a London store, after being told that he had less than a year to live.

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Evening Herald
15th October 1987

Irish Aids victims in UK exile

TWENTY IRISH people are dping from full-blown Aids in London, a victimn of the killer disease claimed today.

John Mordaunt from Ringsend, Dublin, who was deported from China at gunpoint in May, said there were as many cases of full Aids among Irish people in London as had been officially diagnosed for the whole of Ireland since 1980.

The Department of Health insists that there have only been 22 cases of full Aids in Ireland, 13 of whom have died.

Speaking from his home in Tottenham, Mr. Mordaunt described the official statistics as "nonsensical".

"Two or three Irish people that I know have already died from Aids over here. And I know another 20 who have the full syndrome. They are mostly gay men who have been living in London for a year or two."

Mr. Mordaunt said he thought 8it likely that many Irish Aids sufferers "leave the country as soon as they are diagnosed. Dozens of my friends who are HIV positive have left Dublin because of attitudes at home and the poor level of health care."

John said his own full-blown Aids condition had only been diagnosed three weeks ago.

"I try not to think about my own mortality, or where this disease is going. I just live for the present and try to help others with the disease. Also, I attend hospital three times a week."

John, who first contracted the virus from dirty needles has since conquered his heroin addiction and now works as a counsellor to other victims, with the Terence Higgins Trust.

He is on steroids, and is taking AL721, an anti-viral drug derived from eggyolk. In three weeks' time he begins taking AZT, a drug which has been found to inhibit replication of the virus, at the Middlesex Hospital.

"AZT is the bottom line for me. And if there is anybody out there on heroin or having unsafe sex, they are fools. Look at me — I am a 29-year-old guy who has spent the last two years in and out of hospital and who may not see 30."

Wall Street Journal
15th October 1987

Warner Drug Shows Hope In Treating AIDS Infection

By a WALL STREET JOURNAL *Staff Reporter*

NEW YORK – An experimental anti-cancer drug developed by Warner-Lambert Co. has shown initial promise in treating the most common infection associated with AIDS and the leading cause of death among AIDS victims.

In a test conducted by the U.S. National Institutes of Health in Bethesda, Md., researchers found that the drug, trimetrexate, was about as effective as – but less toxic than – drugs currently used to fight a life-threatening type of pneumonia. The disease, called pneumocystis carnii pneumonia, or PCP, is caused by a single-celled parasite commonly found in the human lung. About half of PCP patients can't endure the current standard treatments because of side effects, the researchers said.

Morris Plains, N.J.-based Warner has been testing trimetrexate primarily against lung cancer. Because the drug is a potent destroyer of cell machinery, researchers used it in a special combination therapy in which they "rescued" normal tissue cells with an antidote.

In the study, 38 of 49 patients treated with trimetrexate for 21 days remained alive two weeks later, a 78% survival rate similar to standard treatment. But researchers said the results were significant because they occurred in patients who had advanced stages of PCP.

The researchers cautioned that their results, while encouraging, are preliminary and require further testing. The drug hasn't been approved for use by doctors.

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Irish Independent
16th October 1987

AIDS: new drug may prolong lives of patients

AN EXPERIMENTAL cancer drug may help add years to the lives of many AIDS victims without causing side effects by treating the form of pneumonia that is their most common killer, an American study concludes.

The medicine, called Trimetrexate, is effective against an otherwise rare disease known as pneumocystis carinii pneumonia.

About 80 p.c. of AIDS victims get this form of pneumonia, which is the leading cause of death among people with the incurable disease.

The new treatment does not cure AIDS or stop HIV, the virus that destroys victims' immune defences and leaves them

vulnerable to diseases such as pneumocystis.

But researchers said successful treatment of pneumocystis, caused by a protozoa, could give many AIDS patients extra years of life.

Trimetrexate is one of several new treatments for pneumocystis that are being tested. All are intended to replace standard therapies for the disease, which many AIDS patients cannot tolerate because of their side effects.

"This appears to be an effective therapy to treat this highly prevalent infection, and it appears to be a very safe regimen," said Dr. Carmen Allegra.

"At this point, the major advance is that it is well tolerated. Essentially, everyone can take it, which is not true for what's available."

Dr. Allegra, a researcher at the National Cancer Institute in Boston, reported his findings in yesterday's New England Journal of Medicine.

Dr. Martin Hirsch, an AIDS researcher at Massachusetts General Hospital, described trimetrexate as "an advance" but "not a major breakthrough.

"I think there is not enough information yet to say that this is going to replace the other treatments," he said.

Currently, doctors treat pneumocystis with two drugs — Bactrim and Pentamidine. Bactrim is a widely used sulfa drug that rarely causes problems for healthy people, but 50 p.c. to 60 p.c. of AIDS patients are allergic to it.

Equal numbers of people have trouble tolerating Pentamidine, whether or not they have AIDS. In about a quarter of pneumocystis cases, treatment must be stopped because of the reactions.

Doctors tested Trimetrexate on 49 people with AIDS and pneumocystis. Among them were 16 people who were not helped by or could not take Pentamidine and Bactrim. Sixty-nine p.c. of them responded to the new drug and survived.

Overall, 78 p.c. of the patients were still alive two weeks after their treatment. The survival figures were roughly comparable with those of patients treated with the other two drugs.

Irish Times
16th October 1987

AIDS query 'amazes' Minister

AMAZEMENT and disappointment were the reactions of Minister of State for Trade and Marketing Seamus Brennan on being told insurance comanies were declining to give policies to persons who answered "yes" to a query that they had taken a test for AIDS.

He intended taking up this with insurance companies he told the Seanad during a debate on the Second stage of the 1987 Insurance Bill.

Senator David Norris said he had been told insurance companies were asking a "life style" question. If you should answer that you had taken an AIDS test it did not matter to the unsurers whether or not the result was positive or negative you were either refused a life assurance policy or the premium was so high that the applicant was unable to pay.

This was a dangerous development and most discriminatory. It would undermine those who were trying to take the test and some might not take it because they might be refused a policy.

● The real level of AIDS here is being disguised because victims go to Britain for treatment as soon as they are diagnosed, claimed AIDS sufferer John Mordaunt, from Ringsend, Dublin, in an interview.

He said 20 young Irish people, most of them from Dublin, were dying from full blown AIDS in London.

There were almost as many cases of full AIDS among Irish people in London as had been officially diagnosed in the whole of Ireland since 1980.

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Irish Times
16th October 1987

Norris says 'life cover' can be refused after negative AIDS test

THE MINISTER for Trade and Marketing, Mr Seamus Brennan, said yesterday he would be "annoyed and disappointed" if companies offering life assurance precluded from cover people who had undergone an AIDS test and were found to be free of the illness.

The matter was raised during a debate on the Insurance Bill, 1987, by Mr David Norris, who said that he had received information that some insurance companies had added a supplementary question asking if the applicant for life assurance had undergone HIV virus test.

Even if the test had not been positive, the applicant could be refused cover or face a very high premium. "This is very dangerous and highly discriminatory," said Mr Norris.

Mr Brennan assured Mr Norris that he would be looking into the matter within the next few days and said that he had asked insurance companies to be sensitive in dealing with the scourge of AIDS.

He could not push companies into risks which were not commercially possible, but he would ask them to be humane within the bounds of solvency.

Mr Norris also claimed that some insurance companies discriminated against certain parts of Dublin and some had an inner city "blacklist". He knew of people interested in restoring 18th century buildings who were nearly prevented from getting insurance cover.

Mr David Norris

Mr Seamus Brennan

ICI receiver

The Minister also said that the receiver dealing with the affairs of I.C.I. believed that the company could now be restored to profitability.

Mr Brennan said he expected insurance companies to deliver on their promise to lower insurance premiums once the Jury's Bill became law. He would not tolerate any foot dragging on that issue.

He had also called on the Bar Council and asked them to voluntarily reduce the number of lawyers engaged in insurance cases and expected that this would be done.

Earlier, Mr Tom Hussey, said that many businesses were finding it very difficult to survive because of the high cost of insurance.

He said that it was almost impossible for hoteliers, publicans and other business people to get public liability insurance. Those who could get it found it very difficult to pay the premiums.

Small building contractors faced the same difficulty, and he knew of one case where the premium was over £4,000. "It is an area where something will have to be done before the whole system collapses," he said.

Mr Brendan Ryan said he was amazed at the things the insurance companies got away with. The industry had now become an immense business which made those who operated it a power in our society, although they were a relatively small number of people. Was their motivation compatible with the national interest, he asked.

Mr Tony McKenna said it was ridiculous that young people who were just starting work, and needed the use of a car, should be quoted premiums which in many instances were higher than the cost of the car.

Mr Michael Ferris hoped that as a result of the Bill insurance premiums, especially motor insurance, would be reduced. It was now almost impossible for a small community organisation to obtain insurance for a function in a community hall.

He referred to the case of a Wexford truck driver who had played a hero's role in the Zeebrugge tragedy and had now lost his livelihood because the insurance company concerned refused to compensate him for the loss of his truck. The company had considered that he should have been covered by marine insurance.

The second stage of the Bill was agreed and the House adjourned until 2.30 p.m. next Wednesday.

Our reporter in the Senate was Michael O'Regan.

SV

Sunday Press
18th October 1987

AIDS: counting the cost of care

SP. 18/10/ 5.11 6.11

By COLM KEENA

THE COST of caring for an Irish AIDS patient from diagnosis to death is between £12,000 and £18,000, according to a senior official in the Department of Helath.

There are 25 diagnosed AIDS patients in Ireland at the moment, and the pattern is now similar to that found in the US some years ago, with the number of full-blown AIDS cases doubling every ten to 12 months.

And as a definition of exactly what AIDS is, which was introduced in the US on September 1 last, and will be accepted in Europe by the end of the year, will significantly increase the number of people defined as having AIDS in Ireland from 25 to "between 35 and 40", according to Dr. James Walsh, deputy chief medical officer with the Department of Health.

AIDS patients in San Francisco cost on average $10,000 "from diagnosis to death", and similar costs would apply here, according to Dr. Walsh. However, whereas in San Francisco the survival time is a little over 11 months on average, here it is significantly longer — 18 months to two years.

● Dr. James Walsh, deputy chief medical officer, Department of Health

Treatment with the drug Retrovir, recently introduced in this country, prolongs the lives of AIDS patients, but it does not cure sufferers.

The severity of the side effects means that for a lot of the time, sufferers must be kept in hospital. A new definition of what is AIDS is likely to be introduced here, as it has been in the US. "Up to now, you could die of advanced AIDS related complex (ARC), and not be defined as having AIDS", said Dr. Walsh. "With the new definition, advanced ARC patients will be defined as having AIDS".

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Daily Mail
19th October 1987

Every cause for alarm

THE life blood that was to save them has in all too many cases became their death warrant. No tragedy is more poignant than that of the haemophilia sufferers who have contracted AIDS from infected batches of the blood-clotting agent Factor Eight.

No question, they and their families must be given immediate cash help by the Government.

More than three years ago, our sister newspaper The Mail on Sunday tried to alert the Government and the medical authorities to the lethal risk of supplying inadequately treated Factor Eight from the United States.

It was accused of being alarmist and censured by the Press Council.

Who could say now that there was not at that time every cause for alarm? Yet the Press Council has still not withdrawn its censure.

Never, surely, has this watchdog had so hangdog a look. Its subsequent silence is more shameful than its original attempt to muffle the alarm.

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TIME MAGAZINE
19th October 1987

1.11 Origins

The Appalling Saga of Patient Zero

A stunning book traces the mishandling of the AIDS epidemic

Club Baths, San Francisco, November 1982 . . . When the moaning stopped, the young man rolled over on his back for a cigarette Gaetan Dugas reached up for the lights, turning up the rheostat slowly so his partner's eyes would have time to adjust. He then made a point of eyeing the purple lesions on his chest. "Gay cancer," he said, almost as if he were talking to himself. "Maybe you'll get it too."

—Randy Shilts, *And the Band Played On*

Vivid and shocking tales: Author Shilts and an obituary for Dugas

Since the early days of the AIDS epidemic, researchers have reasoned that a handful of people—maybe even a single individual—bore the unknowing responsibility for having introduced the disease to North America and its first large group of victims, the homosexual community. By tracing sexual contacts, officials at the Centers for Disease Control in Atlanta in 1982 found a likely candidate: one man who, through his sexual liaisons and those of his bedmates, could be linked to nine of the first 19 cases in Los Angeles, 22 cases in New York City and nine more in eight other cities—in all, some 40 of the first 248 cases in the U.S. The CDC acknowledged his role with an eerie sobriquet: it called him Patient Zero.

Now Patient Zero is publicly identified for the first time in a stunning new book on the AIDS epidemic, *And the Band Played On* (St. Martin's Press; 630 pages; $24.95). Zero, says Author Randy Shilts, was Gaetan Dugas, a handsome blond steward for Air Canada, who used to survey the men on offer in gay bars and announce with satisfaction, "I'm the prettiest one." Using airline passes, he traveled extensively and picked up men wherever he went. Dugas developed Kaposi's sarcoma, a form of skin cancer common to AIDS victims, in June 1980, before the epidemic had been perceived by physicians. Told later he was endangering anyone he slept with, Dugas unrepentantly carried on—by his estimate, with 250 partners a year—until his death in March 1984, adding countless direct and indirect victims. At least one man indignantly hunted him down. Dugas' charm proved unfailing: he sweet-talked the man into having sex again.

Dugas' identity as the peripatetic Patient Zero was confirmed last week by Professor Marcus Conant of the University of California at San Francisco, a pioneer AIDS researcher. But, Conant adds, "if it hadn't been this man, it would have been some other." Dugas' escapades are just one of many vivid and shocking stories in Shilts' impressively researched and richly detailed narrative. The author has been covering AIDS full time for the San Francisco *Chronicle* since 1983. Most of his tales underscore a theme that is painfully familiar to AIDS researchers: both the Federal Government and the gay community squandered lives and let the disease rage out of control by focusing on ideological preaching instead of public health.

As if to reinforce that judgment, the Reagan Administration demonstrated on two fronts last week how political agendas still burden AIDS policy. Secretary of Education William Bennett disseminated his department's first major recommendations on how to educate young people to avoid the disease. Bennett's 28-page pamphlet, cleared by the White House, is a model of moralizing and seems mainly to be meant as a challenge to Surgeon General C. Everett Koop, an advocate of bluntly practical counsel. Bennett's booklet suggests that schools and parents "teach restraint as a virtue," downplays the use of condoms in sex and does not even mention the importance of clean needles if injecting drugs. Critics condemned Bennett's emphasis on abstinence, noting that by 17, almost half of all boys and nearly a third of girls have had intercourse. Said Congressman Ted Weiss, a Manhattan Democrat: "It's totally out of touch with reality."

The more troubling event was a pair of resignations from President Reagan's advisory commission on AIDS two months before that body was to issue its first report on the "medical, legal, ethical, social and economic impact" of the disease. Since its appointment in July, the 13-member commission has been beset by factional squabbling and accusations that it is heavy on conservatives and light on expertise. The last shortcoming was only intensified by the departures of its chairman, Dr. W. Eugene Mayberry, chief executive of the Mayo Clinic, and its vice chairman, Dr. Woodrow Myers Jr., Indiana's health commissioner. Said Myers: "We did not receive the full degree of support from the Administration." The new chairman is not a medical scientist but retired Admiral James Watkins.

Turmoil in federal AIDS policymaking is anything but new, according to Shilts. His book quotes extensively from internal memos at CDC and the Department of Health and Human Services to show that the very officials who testified before Congress that research scientists had all the money they needed to pursue

Calculating The Odds

AIDS is not easy to catch, even from an infected sex partner. But researchers at last week's 27th Interscience Conference on Antimicrobial Agents and Chemotherapy, in Manhattan, presented further evidence that the odds are not equal for all players in today's sexual roulette. Drawing on a study of 357 men at a venereal-disease clinic in Nairobi, Microbiologist William Cameron reported that uncircumcised men are 9½ times as likely as circumcised males to become infected after exposure. According to Cameron, "The mucosal membrane underneath the foreskin may trap the virus, making it more likely to enter the bloodstream."

Cameron and others at the conference also reported that men with genital ulcers—caused by such infections as herpes simplex 2, syphilis or chancroid—were three times as vulnerable to the AIDS virus as those who were lesion free. "An ulcer breaks the integrity of the skin and allows infected blood to come into contact with a sexual partner," says Cameron. Thus, he adds, controlling treatable diseases like herpes and educating uncircumcised men about their risk could make a slight dent in the so far incurable scourge.

berry robes, bonnets, symbols of their royal

Time - 19/10/1987

the disease were privately arguing just the opposite. He quotes a May 13, 1983, note from Assistant Secretary for Health Edward Brandt seeking new funds. "It has now reached the point," the memo reads, "where important AIDS work cannot be undertaken because of the lack of available resources . . . [which] will have a detrimental effect on CDC's important prevention programs." The memo, Shilts adds, was written just four days after Brandt testified before a House subcommittee that emergency funding was "unnecessary."

Shilts contends that as part of the Administration's efforts to distract attention from its inadequate financing and poor leadership, the U.S. Government "brazenly" conspired to steal credit for discovering the AIDS virus from researchers at France's Pasteur Institute. He dismisses as a myth the competing claim of Robert Gallo of the National Cancer Institute and, quoting U.S. researchers, strongly implies that Gallo stole the French strain and presented it as his own, a charge Gallo denies. Shilts labels as a "pleasant fiction" a 1987 U.S.-French political accord that settled lawsuits and deemed Gallo and France's Dr. Luc Montagnier "co-discoverers" of the virus.

Shilts, who is openly gay, is equally tough on the gay community, which, he says, transformed its civil rights movement in the '70s into "omnipresent carnality." In the face of rampant disease, he says, gay leaders resisted calling for sexual restraint, fearing that it would threaten their hard-won liberation. He adds that the owners of gay "back room" bars and bathhouses were prominent contributors to gay political groups and major advertisers in gay newspapers, and thus unduly influenced the debate. In one grim scene, a bathhouse owner tells a doctor at San Francisco General Hospital, "We're both in it for the same thing. Money. We make money at one end when they come to the baths. You make money from them on the other end when they come here."

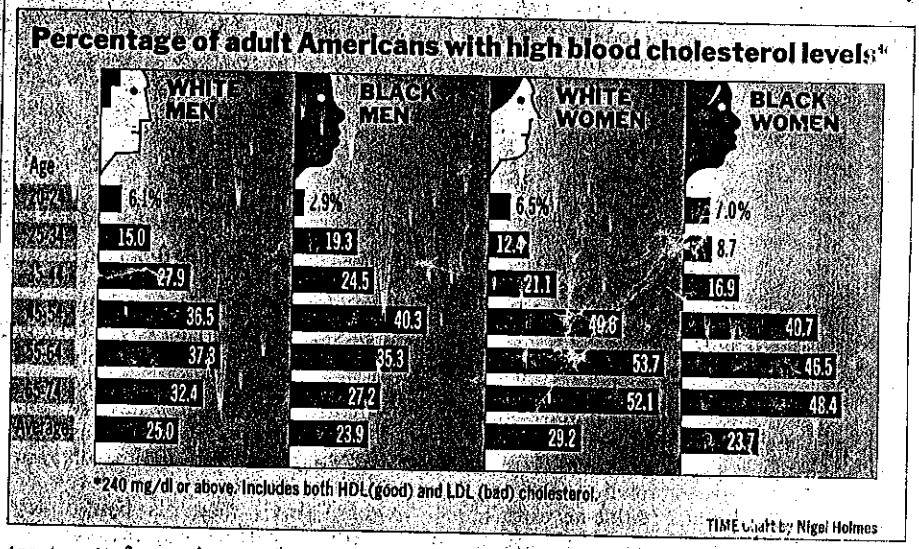
Shilts says he interviewed more than 900 people. He lists dates for eleven interviews with Dr. James Curran, head of the CDC's AIDS program. The most poignant passages recount the first stirrings, before doctors knew there was such a disease. Shilts suggests that the first non-African victim may have been Margrethe Rask, a Danish physician who fell ill in 1976 while working in a primitive village hospital in Zaire and died of AIDS-related pneumonia in 1977. At about the time Rask succumbed, Shilts began interviewing physicians about the health implications of the gay sexual revolution. Often, in private, they noted the spread of various venereal and gastrointestinal diseases and worried about what would happen if a new disease appeared. Dr. Dan William of Manhattan warned, "The plethora of opportunities poses a public health problem that's growing with every new bath in town." That was in 1980, just a year before the doctors learned their worst fears had come true. —*By William A. Henry III*

Health & Fitness

A How-To Guide on Cholesterol

New federal recommendations aim to set doctors straight

Doctors too need prescriptions. Although the link between cholesterol and such ailments as heart disease and stroke has been growing stronger for nearly two decades, physicians have often been slow to put this lesson into practice. A 1986 survey, conducted by the National Heart, Lung and Blood Institute in Bethesda, Md., found that 50% to 75% of physicians failed to provide diet or drug treatment for patients with dangerously high cholesterol levels. Their inaction reflects both long-standing confusion over what constitutes a high cholesterol level and inexperience with the therapies.



To send a clear signal, a panel of experts assembled by the NHLBI last week called for all Americans over age 20 to have their cholesterol levels checked. The group also set forth the first well-defined national cholesterol-level standards for adults and spelled out precisely what physicians should do once a patient's cholesterol level is determined. "Medical practice is going to undergo a major change on the basis of this report," said Panel Chairman DeWitt S. Goodman of Columbia-Presbyterian Medical Center in New York City.

The report delineates three cholesterol ranges (all measured in milligrams per deciliter of blood). Levels below 200 mg/dl are considered desirable, although people in this range are still urged to have their cholesterol rechecked every five years. Those with readings from 200 to 239 mg/dl are viewed as borderline cases and advised to watch their diet and be retested annually. Individuals with levels of 240 mg/dl or more are at high risk and require medical attention, including a second test to determine the ratio of "good" cholesterol (high-density lipoprotein, or HDL) to "bad" cholesterol (low-density lipoprotein, or LDL). People in the borderline range who have additional risk factors, such as smoking, being male, or having a family history of heart disease, are advised to follow the same routine as those at high risk.

The primary prescription for lowering cholesterol levels still reads like a California café menu: low-fat milk and dairy products, lean meat, few eggs and absolutely no animal fat or poultry skin. If cholesterol cannot be reduced with diet alone, the panel directed, physicians should prescribe such drugs as cholestyramine and colestipol, which act in the intestines and cause the body to utilize excess cholesterol. The much touted newer drug lovastatin, which works in the liver, where most of the body's cholesterol is manufactured, is mentioned as a second choice, since its long-term effects remain unknown. Based on the new standards, one in four adults may require diet modifications or drug therapy.

The new guidelines do not apply to children, who have different nutritional requirements; that matter will be addressed by a second national panel, to be convened next year. Nor do they address the problem of imprecise laboratory results. Last year 2.5 million Americans had their cholesterol levels checked, but measurements can be off by as much as 300%, depending on the test, the lab and even what the patient had to eat and drink in the previous twelve hours. The medical-laboratory industry is currently grappling with the problem by employing a "gold standard" developed by the Government in the hope that tests can be made consistent nationwide. —*By Dick Thompson/Washington*

Financial Times
20th October 1987

Washington approves Rorer AIDS drug

3.7

By Our New York Staff

RORER, the ambitious US pharmaceuticals company, has received approval from Washington to distribute a new drug which could hinder the spread of AIDS to haemophiliacs.

The group, which is attempting to take over A.H. Robins, the non-prescription drug company operating under Chapter 11 of the US Bankruptcy Code, said the US Food and Drug Administration had approved its drug, Monoclate, a highly purified form of the blood-clotting factor in plasma that haemophiliacs use to control bleeding.

The drug has been purified by a monoclonal antibody process from Factor VIII:C, which is required to treat Haemophilia A. This is the most common form of the hereditary clotting disorder and affects more than 20,000 Americans.

Haemophiliacs frequently require blood transfusions and have been vulnerable to the spread of viruses in blood, most notably HIV, which causes AIDS. But Rorer said yesterday that its studies had showed "there was a significant reduction in the titer (or concentration) of a variety of tested viruses, including HIV, during the product's manufacturing process."

Dr Peter Levine, a haemophilia expert at Worcester Memorial Hospital in Massachusetts who was involved in the clinical evaluation of the drug, said: "Monoclate appears to prevent newly diagnosed haemophiliacs from being exposed to viruses."

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