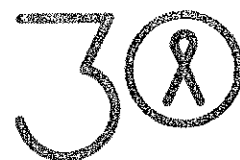


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11th to 20th December 1987

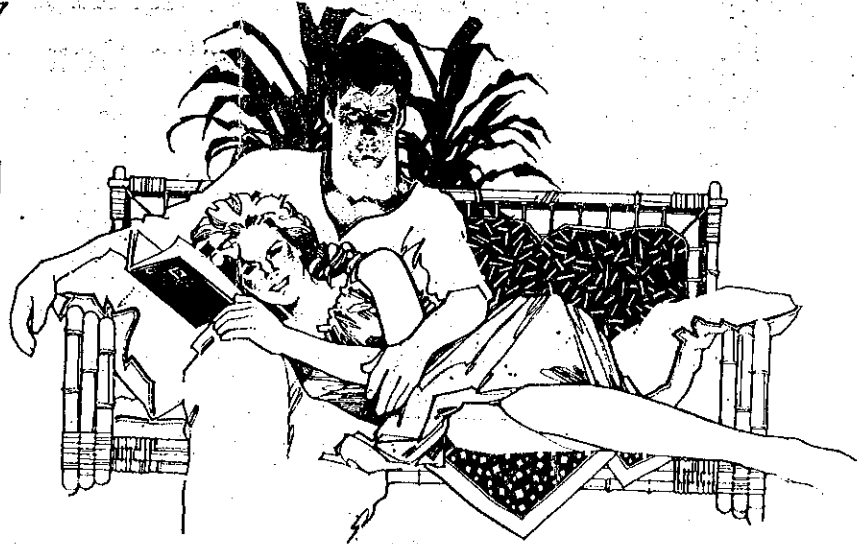
HIV Ireland
1987—2017



TODAY

INTIMATE QUESTIONS

Fear of sex should mean a revival of love, says Grace Wynne Jones



THE number of people being treated or tested for sexually transmitted diseases, including Aids, has gone up by 50 p.c. at St. James's Hospital, Dublin. Aids has got people scared, yet much of the advice about safe sex is falling on deaf ears.

Many people view it as unsatisfactory, embarrassing, or both. It needn't be, in fact it could lead to greater openness and intimacy.

Safe sex needn't be boring. It can be exciting if it makes couples experiment more and communicate their needs, say the experts in the age of Aids. It's a message many women should welcome, for survey after survey shows they want more from lovemaking than intercourse alone.

"Aids is a terrible thing, but it is bringing all sorts of taboo subjects out into the open," says Sheila, a Dublin

New romance and the Aids generation

would agree that the new openness may have a positive spin-off for women.

"Females place a higher value on intimacy than on the genital sex experience," they believe. "But males don't place such a high value on intimacy. Almost all males need to pay more attention to the context of lovemaking. They need to slow down, touch, hold, cuddle, and use romantic words."

And now a similar message is being trumpeted by Aids leaflets and publicity campaigns on television and radio. Heterosexuals and homosexuals are being encouraged to be more imaginative and to explore new ways of expressing intimacy.

Protected intercourse is not ruled out, of course, and some are finding that their newly encouraged sensuality compensates for having to use a condom.

It's surprising, really, that it took Aids to highlight the

narrow, performance oriented view many people have of lovemaking. Women have been backward about coming forward on the issue.

The American feminist Ms Magazine comments: "The deification of intercourse belittles the other aspects of lovemaking that are equally valid and often more enjoyable. Women can't blame men for not knowing the truth about female sexuality if we are not even honest with ourselves."

Tenderness

But there have been rumblings of dissatisfaction for some time, and not just from the many women who contacted Gay Byrne's radio show saying their sexual relationships left a lot to be desired.

When US columnist Ann Landers asked her readers — "Would you be content to be held close and treated tenderly, and forget about

the act?" — 72 per cent of the women who replied said "yes".

American males, understandably, went into a state of shock and sex therapist Donna Brauer saw it as a "spontaneous outpouring of feeling by American women about a gut issue... Women have begun to speak up and say what they want and men are going to have to swallow their egos and restrain some of their natural macho."

Many interpreted the deluge as showing that women wanted more intimacy and affection in their lovemaking and not that they didn't like sex itself.

And Herant Katchadourian, Stanford professor of psychiatry commented: "to contrast tenderness and intercourse as an either/or question is a wrong approach to begin with. The two things are not mutually exclusive... What I find interesting is that Ann Landers'

findings have startled people. There is much more to a sexual relationship than specific genital contact."

One of the dangers of all this is that men may feel they are being unjustly criticised.



Men need emotional intimacy and affection too, though their conditioning makes it less easy for them to admit it.

"We spend a lot of time trying to please and impress you. How are we to know what women want if they don't tell us," one asked woundedly, and he is right.

Women need to communicate what they want to their lovers in a way that doesn't belittle the importance and pleasures of intercourse, but encourages other expressions of emotional and physical intimacy as well.

No one need lose out, for of course men need emotional intimacy and affection too, though their

conditioning makes it less easy for them to admit it.

"I think men often use intercourse as a means of getting other needs met, such as acceptance, warmth and affection. They are not good at making those demands, or meeting them in other ways," says Ann O'Donnell, manager of the Rape Crisis Centre.

Julian Barnes expressed another, bleaker view when he wrote: "The sad truth is that, while for most women bed means love and sex, for most men it means love, sex and power. Women tend to philander from lack of love; men philander from a near-military sense of responsibility to their sex's concept of itself, and as a constant nerve, testing of their own sexual power."

The spectre of Aids haunts us, but something good may come from the heartbreak if it helps men and women gain a more honest understanding of each other's sexual needs.

Joan Cronan, a counsellor at St. James's Hospital's Genito Urinary Department says "Aids has made lots of people feel like kids in a sweetshop being told they can't have their favourite lollipop. It's as important to say what you can do, as what you can't."

Apparently there are lots more sweeties on the shelf. Men, and especially women, might be all the happier for trying them out too.



Women can use the new openness to assert their need for more intimacy and sensuality.

healthworker. "Women can use this new openness to assert their need for more intimacy and sensuality in lovemaking."

American sex therapists Alan and Donna Brauer,

'Women have to voice their needs'

Bishops speak on condoms

AMERICA'S Catholic bishops have offered qualified support for teaching about condoms in educational schemes aimed at fighting the spread of AIDS.

In their first major statement on the disease, the bishops emphasised "We are not promoting the use of prophylactics, but merely providing information that is part of the factual picture." The only "morally correct and medically sure ways" to prevent AIDS, the bishops said, is "abstinence outside of marriage, and fidelity within marriage as well as the avoidance of intravenous drug abuse."

They said their position that teaching about condoms could at times be appropriate, even in Catholic schools, was an acknowledgment that "some people will not act as they can and should."

The 30-page position paper on AIDS, called "The many faces of AIDS: A gospel response," was prepared over the last nine months by a committee headed by Bishop William Hughes of Kentucky.

The paper calls on Catholic schools in America to develop materials to teach about AIDS prevention. The role that condoms can play in preventing AIDS, or acquired immune deficiency syndrome, would be included in these courses as long as it was presented within the framework of Catholic moral teaching, according to the Rev. Thomas Gallagher, an adviser to the bishops who helped draft the document.

Winners and losers in MPs' ballot

'Clean needles' Bill to fight Aids is introduced

By Martin Fletcher
Political Reporter

A private member's Bill which seeks to combat Aids by enabling drug addicts to receive needles and syringes legally was introduced in the Commons yesterday.

Mr Gavin Strang, Labour MP for Edinburgh East, also seeks to enable couples expecting or intending to have children to be screened for Aids, to make it illegal for employers to dismiss employees with the virus, and to oblige health authorities to provide educational material on how to prevent the disease spreading.

Mr Strang believes he has broad cross-party support for these measures, some of which have already been fore-shadowed in government statements. As number seven of twenty private members' Bills formally introduced yesterday, it stands a reasonable chance of success.

Six consecutive Fridays have been allocated from January 16 for the second readings of these Bills. Only the first or perhaps the second Bill debated on the allocated Fridays has any chance of

becoming law unless it has the support of the Government.

Of the top six, three will almost certainly become law. Mr Peter Brinnells, Conservative MP for Leicester East, has all-party support for his Bill to make it an offence to sell crossbows to those under 17.

Mr Winston Churchill (Davyhulme, C) is introducing a Government-backed Bill enabling Servicemen to sue the Crown in personal injury cases.

And Mr Gary Neale, Conservative MP for the agricultural constituency of North Cornwall, expects the Government to give "fair wind" to a Bill enabling the Agricultural Training Board to diversify into training farmers and farmworkers in non-agricultural skills against the day when hand has to be taken out of production to cut EEC surpluses.

Mr David Winnick (Walsall North, Lab) is first in the ballot, but all he will get is publicity for his attempt to give pensioners free television licences.

A Bill being introduced by Mr Archy Kirkwood (Rox-



Mr Gavin Strang, who is seeking Anti-Aids measures.

burgh and Berwickshire, Lib), designed to give individuals access to personal files on themselves kept by various authorities, is unlikely to reach the statute book, but easily the most controversial of the top six is the Bill being introduced by Sir Edward Gardner, QC (Fyfe, C).

Sir Edward wants the European Convention on Human Rights to be incorporated into British law. The Lord Chancellor and the Attorney General support the move. Mrs

Thatcher is said to be unconvinced. Other Cabinet ministers oppose it, principally because it would mean British judges threatening the supremacy of Parliament.

Below the first six a few appear to be sufficiently sensible and uncontroversial that they stand a fair chance of reaching the statute book unopposed.

Mr Michael Martin (Glasgow, Springburn, Lab) is proposing a Bill enabling the Scottish land register to be recorded on computer, microfiche, or something other than paper as the present law stipulates, and Mr Robert Adley (Christchurch, C) wants excessively noisy motor cycle exhaust systems banned. Mr Robert Jones (West Hertfordshire, C) is seeking to extend tree preservation orders to hedgerows.

Two other Bills have broad Government support, but may still fail.

Mr Douglas Hurd, the Home Secretary, has indicated his desire to relax the licensing laws, and Mr Allan Stewart (Eastwood, C) is introducing a Bill giving licensees the discretion to

open for up to 12 hours a day from 10.30am subject to the agreement of local magistrates. However, individual Labour and Conservative MPs may combine to block it.

Mr Gerald Howarth (Canrock and Burntwood, C) has adopted another cause favoured by Mr Hurd, which is to tighten the obscenity law and bring television within the scope of the Obscene Publications Act. Mr Howarth was eleventh in the ballot. His Bill is too contentious to go through on the nod, so its best chance is for the Government to allow it to be debated in Government time.

Mr Alastair Burt (Bury North, C) has chosen to reopen the emotive issue of embryo research which causes deep cross-party divisions. Mr Enoch Powell last year introduced a similar Bill to ban embryo research which fell through its opponents' blocking tactics, but not before it had received a large majority on second reading.

Mr Burt's Bill, at number 14, stands no chance of success, but he believes it will keep the issue in the limelight and force the Government to

enlarge on the legislation it has promised to introduce in the next Parliament on the Warnock report.

Of the remaining Bills, Mr Donald Anderson (Swansea East, Labour) is seeking to modify laws relating to houses in multiple occupation, Mr Tony Lloyd (Stretford, Lab) wants to improve nutritional requirements for school meals, and Mr Terry Lewis (Worsley, Lab), wishes to improve public access to meetings and the records of Community Health Councils.

Mr John Fraser (Norwood, Lab) is seeking to give the Police Complaints Authority the power to publish reports in the public interest, while Mr Willie Hamilton (Central Fife, Lab), who is to stand as Labour candidate in the Devon seat of South Hams at the next election, wants to establish a South West of England Development Agency. Finally, Mr Mark Carlisle (Warrington South, C) will try to give courts the power to suspend youth custody sentences, and Mr Allan Roberts (Bottle, Lab) wants to open school governors' meetings to the press and public.

Irish Medical Times
11th December 1987

Marked increase in candidosis incidence

THE incidence of candidosis has increased dramatically during the last decade, in part due to an increasing interest in the diagnosis of the disease, but also because of the use of broad spectrum antibiotics, steroids and cytotoxic drugs, according to researchers at the

NIHE.

Under research directed by Dr. Daniel O'Hare, the increase in the incidence of the disease is also attributed to the prevalence of candida albicans in diabetics, cancer patients, infants, pregnant women and AIDS patients.

IRISH MEDICAL TIMES

Prostitute with AIDS 'a walking time bomb'

POLICE in South London were today seeking "a walking time bomb" a prostitute believed to be carrying the AIDS virus.

On a local radio station she claimed to have sex with as many as 15 men a night.

Known as Helen, she operates in the Streatham High Road area. She can be arrested only for prostitution and not for spreading a fatal disease, a police spokesman said today.

"We believe she has been treated at two hospitals either as a suspect or an AIDS carrier," the spokesman continued.

"Most of her customers are married men who have sexual intercourse in the back of their cars and many do not use a condom. I feel sorry for the wives because they don't know what's going on. Their husbands are leaving them open to AIDS. She's a walking time bomb."

Irish Times
12th December 1987

AIDS

Sir, — In an increasingly right-wing society letters from the likes of Mary Kennedy (November 30th) on music and condoms worry me. Surely a woman of her obvious intelligence (she can write) would be pleased with a campaign to prevent the spread of AIDS? Less than two years ago (Sir) Bob Geldof was surpassing human strength to bring relief to the starving. Now we have the likes of Mary Kennedy complaining about Bob Geldof's latest campaign to bring to our attention this deadly disease which is claiming fresh lives every day. Letters from her we can do without. If these kinds of people used their efforts in trying to encourage the use of condoms we might be going in the right direction. On the "naughty bits" in the videos Miss Kennedy might, I suggest, play them at normal speed or change channels! —

Yours etc.,
DERMOT LEE,
Apt 14A, The Glen,
Bettyglen, Raheny,
Dublin 5.

AIDS

islanders in revolt

Swedish plans to hold unruly carriers of the AIDS virus under lock and key on an exclusive island in Stockholm's commuter belt have raised a storm of protest from residents who fear it will become an "AIDS Alcatraz".

Despite soothing words from government and local health authorities, the 200 residents of Adelsö Island are furiously opposing the proposed centre in a deserted mansion on the idyllic island, 12 miles west of the Swedish capital.

It is planned as a home for prostitutes and drug addicts whom the authorities fear may deliberately spread the virus. Two unrepentant prostitutes carrying the virus are already being held to prevent them spreading the disease.

Irish Times
14th December 1987

AIDS

Sir,—I refer to Mary Kennedy's letter of November 30th regarding the pop world's "debas-ing influence" on young persons and their "ignorant" encourage-ment of the use of condoms as protection against AIDS.

Firstly, condoms do have a failure rate (usually through mis-use rather than product failure) but it is a proven fact that condoms still significantly reduce the risk of contracting AIDS. How then can Bob Geldof and others support of the use of condoms be seen as a debasing influence? These people are trying to help save young people's lives in no less a way than Geldof's great service to the famine vic-tims of Ethiopia.

Some young people have sex: condoms reduce the risk of con-tracting AIDS. This is the simple and only relevant fact. — Yours,
etc.,

LOUISE HADDEN.
34 Elmpark Avenue,
Ranelagh,
Dublin 6.

Evening Press
14th December 1987

Cardinal bans condom instruction

New York's Cardinal John O'Connor has said that he would not allow instruction about condoms in AIDS education programmes in the schools, hospitals and youth programmes of his archdiocese despite the qualified approval of such an approach by his fellow American bishops.

He characterised as a "very grave mistake" the release of a 30-page policy paper last week by the bishops. It said such instruction could be permitted if presented within the context of Catholic teaching that advocated "abstinence outside of marriage and fidelity within marriage."

The Bishop's paper, the Cardinal added, has resulted in "serious confusion." In an emphatic statement he said he wanted no such confusion in the archdiocese.

"All persons and agencies addressing the issue of AIDS under the cognisances of the Archdiocese of New York will continue to follow the policy guidelines of the archdiocese," the Cardinal said. These guidelines, he said, prohibit instruction about condoms.

Cardinal O'Connor was in Rome on Thursday, the day the document was released by the 50-member administrative board of the U.S. Catholic Conference, the Association of Roman Catholic Bishops, who apply Vatican teaching to the particular needs of Americans. The Cardinal, who reported to Pope John Paul II on his recent mission to Manila, said he had no indication that Vatican officials were even aware of the American policy paper.

The Vatican has issued no official comment on the document. Several Vatican officials in the past few days said they could not render a judgment on the policy paper because they had not read the full text. The officials noted that the Vatican itself had not made a policy statement on the issue of education programmes on prevention of AIDS.



the big taboo

patients and no real programme to help with the specifically Irish problem of drug abusers with the disease.

And with so much needed for medical care, funding for counselling and emotional support of victims is way down on the list of priorities.

"We need to spend more time counselling and just being there for people who have the disease," says Dr. Walsh. In San Francisco where I was last year, they're getting away from treating the physical effects and are spending more time on diet and exercise, on getting the right frame of mind; that's what we should be doing here."

Outreach

"We've come through T.B. and Polio," says Dr. Walsh, "diseases we thought we'd never see a cure for. It's only a matter of time. I estimate 20 years, before we see the Aids virus conquered as well."

"But for the moment we need to develop outreach programmes to help and support people who have the disease."

On such outreach programme is operated by a group of people in Cork.

Just this year Cork Aids Alliance came into being with the express aim of taking action to prevent the spread of Aids and to offer support for those affected by the disease. Cork Aids Alliance now has around 20 members, including nurses, teachers and concerned relatives and friends of those found to be carrying the virus acquired through sexual practices, drug abuse or blood donation.

The Dept. of Health

prides itself on its blood donor programme. They don't buy blood from foreign countries, rather all blood used for transfusions in Ireland is donated by people living in Ireland.

Screening

All donors have to fill in a detailed self-exclusion questionnaire. And finally they operate a screening system they claim is among the safest in Western Europe.

However, there is now a new strain of the Aids virus which avoids even the most rigorous screening techniques. This does nothing to allay fears that the virus can still be acquired from blood transfusions.

It now appears that people can carry the virus for some time before testing positive (dormant). It is precisely these people who are at risk of transmitting the virus when they donate blood.



The London experience in patient hospital care

IT WAS a wet and miserable morning on the Fulham Road in London. Dark clouds, heavy with rain, hung in the air and glowered down on St. Steven's Hospital—a hospital that specialises in the care of people with Aids.

Inside, in marked contrast, the atmosphere and the greeting was warm and cheery. "Hello, my name is Dietmar Bolle."

Tall with dark hair and a full beard, Dietmar Bolle is a charge nurse at St. Stevens. He's 28, German and also a carrier of the Aids virus.

"I'm gay," says Dietmar, "all the patients know it. I think some of them even respect the fact that I chose to work on the ward. I feel they can identify with me. It makes it easy for me to empathise with them."

"I talk to them and hold their hand. I try to be a friend. I see some of them die horrible deaths."

Sr. Jenny James has been at St. Stevens for five years, long before the first Aids patients came to the hospital. A happy, busy woman who views the world through an enormous pair of glasses, she says there's not a lot of difference between treating Aids patients and patients with hepatitis.

"If you accidentally stab yourself with a needle," says Sr. James, "then there could be a problem. Otherwise the risk of contamination is very slight. None of us minds working the Aids ward."

A drugs trolley clattered down an antiseptic corridor and into the ward where Mark Nolan has been for the past ten months.

Mark is in his early 30s. Originally from Dublin, he has lived in London for the past 10 years.

Lately he's refused to eat. He feels lethargic, empty, finds it hard to go on.

He's been diagnosed full blown Aids. His face is gaunt, his hair is in the early stages of falling out. His weight has dropped alarmingly. He sits propped up on a pillow, the veritable bag of bones.

He told me how the attitude towards gays back home in Dublin—the bigotry and hatred, drove him

'This is about the only ward outside the children's where you see staff cuddling patients.'

out. In London, being gay was accepted, there were places to go, people to meet.

He says he's never regretted his lifestyle. He's known love, his kind of love. Now he must prepare for death.

In the Out Patients Department, Dr. Charles Farthing was holding an Aids clinic.

"Last year," says Dr. Farthing, "20 people died from Aids at this hospital. At the moment we have 150 patients at the hospital and the numbers seeking admission are increasing all the time. It can't be too much longer before every hospital in Britain has an Aids ward."

AZT (Azidothymidine) is the new 'wonder' drug being used to fight the disease. A number of patients at St. Stevens are receiving doses. It seems to arrest the disease, but it will never cure it. Still, AZT is a definite break-through and brings with it a ray of hope.

Says Sr. James: "We treat the whole person, the human being. Whatever a nurse's own beliefs on homosexuality, we must remember that the grief and anxiety of the patient's lover or partner is as deep and real as that of a heterosexual patient."

"We encourage nurses to touch patients, because when they leave here, if they leave here, they may find people won't want to come near them. This is about the only ward outside the children's where you see staff cuddling patients."

Visiting hours are very flexible at St. Stevens. Friends and relatives begin arriving at two in the afternoon. When they feel they are ready to go, they leave, and not before then.

"An Aids patient needs to feel loved and wanted," says Sr. James, "drugs can't satisfy this need, only people."

IRELAND is not a great place to be if you suffer from Aids or a related disease.

Various groups have sprung up around the country offering support and guidance for Aids sufferers. In theory, this is great and admirable and in light of the care and attention meted out to sufferers in England, it's exactly what we need here. But in practice it's just not working.

Picture the scene: Your test comes back from the doctor. You're positive HIV 1, with the likelihood that the virus will progress to HIV 4 and full blown Aids. The normal reaction is panic. You need help and fast. But where do you go, who do you turn to?

You happen on a leaflet published by Cairde. You learn that Cairde is a supporting group, set up in 1985 and run by volunteers who have received intensive training in San Francisco.

Yes, Cairde can help you, now; just phone the hotline. The 'hotline' is busy. You phone again, this time an answering machine tells you there's no one available at the present time, but there are some other numbers you can ring.

Volunteers

You try the other numbers. One is the Gay Health Action group. But, guess what, there's no one there. Next on the list is the Hirschfeld Centre just off Dame Street. But that was gutted in a fire some months ago and the new centre is still waiting to have its phone connected.

The last number on the list is, however, ringing.

"Hello, Well Woman Centre." Well Woman Centre? How can the Well Woman Centre help me if I'm suffering from Aids?

"Well, we can't actually help you," says Marguerite Woods of the centre, "we simply make a list of the calls and pass them onto Cairde."

But there's never anyone in Cairde.

"Well, the entire organisation is run by volunteers who have other jobs to do," says Ms. Woods, "you'd have a better chance of getting them at the weekend. Your best bet is to call to their office on Lr. Ormond Quay."

Disarray

On Friday morning there's no one in the Cairde office on Lr. Ormond Quay. On Friday evening there's no one there. Saturday morning and there's still no one at home ... what do you do?

To be fair to the voluntary groups helping victims, most of the disarray has happened because



'Death rate rises — but the funding is a farce' Aids is still

of the fire at the Hirschfeld Centre. But it does illustrate very starkly just how underfunded self-help groups and counselling are.

The World Health Organisation recently published its latest figures dealing with Aids. The number of Aids victims in Ireland doubled last year. And there are now 31 people suffering from full blown Aids in this country.

The Council of Europe says there's still no effective treatment. For the moment all we can do is concentrate on preventive measures.

With the numbers steadily increasing and a cure seemingly years away, what exactly is being done here to tackle the problem?

"With the absence of a

vaccine," says Dr. James Walsh of the Dept. of Health, "all we can do is educate people on what to do and what not to do."

"The trouble with this epidemic is it's affecting young people, people in their teens and early 20s. When you're young it's not time to die, it's time to live and be adventurous."

"The young people of today feel angry and frustrated. Angry at not being allowed to explore fully their own sexuality; frustration at the lack of progress in finding a cure."

Some £800,000 has been allocated by the Dept. of Health to the Aids programme. It's a figure no one is happy with; not the Health Minister Dr. Rory O'Hanlon, who thinks it's far too much, and certainly not the people working in the area of Aids research and treatment, who think £800,000 is nowhere near enough.

With all recorded cases of Aids victims in Ireland between the years 1982 and '86 now dead, it would appear a lot more money is needed and quickly to arrest the spread of the killer virus.

Yet we still have no special Aids wards in hos-

£800,000 has been allocated to the Aids programme ... Minister Rory O'Hanlon thinks it's too much'

Wellcome's U.S. Unit Trims Price of AIDS Drug by 20%

By MARILYN CHASE

Staff Reporter of THE WALL STREET JOURNAL

SAN FRANCISCO—After nine months of high pricing and equally high political pressure, Wellcome PLC's U.S. unit cut by 20% the price of its AIDS drug AZT.

AZT, also known as Retrovir, was approved by the U.S. Food and Drug Administration in March as the first and so far only prescription treatment for acquired immune deficiency syndrome. It was originally priced at about \$7,000 a year wholesale, or \$10,000 a year retail. That price-tag—the highest ever for any prescription drug—touched off congressional hearings in Washington, and outraged cries by patient groups throughout the U.S.

The new price should bring the wholesale price down to about \$5,500 a year, or \$7,800 to \$8,500 retail, depending upon individual patient regimens and varying pharmacy markups, analysts said.

Holly Smith, spokeswoman for the San Francisco AIDS Foundation, called the price cut "imperative." But she added that it isn't enough for patients without private insurance coverage who are not poor enough to qualify for government aid programs such as Medicaid or MediCal.

Production Improvements Cited

Burroughs-Wellcome Co., the U.S. unit of London-based Wellcome, cited production improvements that enabled it to pass along savings to the consumer. A spokeswoman declined to elaborate, but analysts speculated that the move was triggered by a negotiated cut in the price Wellcome pays Pfizer Inc. for thymidine, the raw material for AZT. Burroughs-Wellcome is based in Research Triangle Park, N.C.

"You could look on it as a humanitarian move, or more cynically, as a political response to intense scrutiny," said Samuel B. Isaly, an international pharmaceutical analyst with S.G. Warburg & Co. in New York. He said the move should benefit not only patients, but shareholders too. Nevertheless, Wellcome shares fell 18 pence (33 U.S. cents) to 360 pence (\$6.61) in late trading on London's Stock Exchange.

"To sell a drug at that price over time isn't necessarily good business," Mr. Isaly said, adding he wouldn't be surprised to see further price cuts occur.

Robin Gilbert, an analyst at London stockbrokerage James Capel & Co., said Wellcome set the price of AZT "at a time when it looked as though it would be a small-volume drug and when production methods hadn't yet been sorted out." He said the lack of success of competing drugs, AZT's relatively few side effects, and the growing number of victims of AIDS and related diseases now suggest that AZT may become a big seller.

Fears of Falling Revenue

Mr. Gilbert said the fall in Wellcome's share price reflected the market's belief that the price cut initially will cause the company's revenue to drop.

In hearings in Washington earlier this year, Burroughs-Wellcome's president, T.E. Haigler, told congressmen that the price was set so high because of total development costs of \$80 million—a figure executives later said included capital investments in brick and mortar. Mr. Haigler also said the price was set amid uncertainty over how soon competing drugs might come along to cut into AZT's market.

One London analyst suggested that toxicity problems currently complicating the development of DDC, a drug discovered at the National Institutes of Health, was one reason Wellcome agreed to the price cut. DDC is licensed to Hoffmann-La Roche Inc., a Nutley, N.J.-based unit of F. Hoffmann-La Roche & Co. of Switzerland. Other drugs are in various stages of scientific or regulatory review.

Mr. Isaly added that it's likely Burroughs-Wellcome has recovered its investment, or soon will. With 19,000 patients currently receiving AZT—including 16,000 who pay for it and 3,000 who receive it free in clinical trials—Mr. Isaly estimated that the company is logging AZT sales of nearly \$100 million a year world-wide. "We expect that to grow over the course of the year," he added.

In the U.S., AIDS so far has killed more than 27,000 of the 48,000 people it has stricken. Perhaps as many as 1.5 million U.S. citizens may harbor the virus without symptoms.

Paul Hemp in London contributed to this article.

Aids drug price will be reduced

By James Hutchman
Chemicals Correspondent

The price of AZT, the only approved Aids drug, is to be reduced by 20 per cent, the manufacturers, Wellcome, announced yesterday.

The UK company has been accused of making excessive profits from the drug, also known as Retrovir, in the United States. Wellcome charges £200 for AZT to treat one Aids patient for one year. In Britain the price is £300.

Wellcome said that a reduction in production costs which could not be foreseen earlier had enabled it to cut the price of AZT by 20 per cent in all markets worldwide, although it is not expected to stop the Aids virus reproduction and is taken by 1,000 Aids patients in Britain.

The US authorities have refused for two years to give Wellcome a use patent on the drug and amendments to the US Orphan Drug Act could allow other drug companies to make AZT and cut its price in open competition. Wellcome, however, now controls all available raw materials from which the drug is made.

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A patent case

WELLCOME has taken a fair amount of stick for profiteering on its new Aids treatment drug AZT (or Retrovir), so it is right that its decision to cut the price by 20 per cent, announced yesterday, should be applauded.

But why has it done so and what are the implications for the profitability of this and other drugs in the future? The Wellcome share price fell yesterday, though this may have been more associated with the negative statement by Glaxo on the impact of the dollar.

Wellcome said yesterday it had cut the price because it had been able to reduce its production costs, which is fine. But you have to assume that as a competitive animal it is also seeking to

maximise its overall profits. The interesting question is whether by cutting prices now it may be able better to secure its position in the longer term.

The patent position from Wellcome's point of view is unsatisfactory. It did not invent the drug and so has not been able to get a patent in Britain where you can only get primary patents for discovering a new drug. In the US, the patent position is potentially better, for there are use patents which you get by identifying a new use for a drug. The use in this case was, of course, Aids treatment. But Wellcome has not been able to secure such a use patent, though it does have some protection under the Orphan Drug Act.

We don't know why Wellcome should have been denied a use patent, but within the drug world it is assumed that it is because the US authorities are upset at the price Wellcome has been charging.

Worse, there is a move in Congress to change the Orphan Drug Act to let other companies start producing the drug.

The best and fairest solution would be a deal. This deal would give Wellcome exclusive rights to the drug for a reasonable period, in return for it charging a reasonable price for the product.

The 20 per cent cut makes sense as a gesture from Wellcome that it wants to deal.

The general point here is that all drug companies need the spur of substantial profits from their winners to pay for their inevitable losers. Legislation at the moment in some ways gives too much protection, in some ways not enough. Given the practical difficulties of changing legislation on both sides of the Atlantic, deals between producers and the authorities look the best way of dealing with the symptoms of a commercial ailment.

Guardian
15/12/87, p.18

Drug that leads race against AIDS

Peter Marsh examines efforts to find a cure for the killer disease

WELLCOME, the UK drug manufacturer, looks likely to have a virtual monopoly over AIDS treatments for at least the next 18 months, according to observers in the pharmaceuticals industry.

Beyond this, the future for Retrovir, the formulation in question, is virtually impossible to forecast; there are uncertainties over how the killer disease will develop and how much possible competition there will be for the product.

Retrovir has hit the headlines because it is the only available medication for the disease and because of its high price.

On the second point, Wellcome acted on Monday to forestall growing criticism that it was likely to make excessive profits from the medication. It reduced the price of the drug by a fifth, lowering the cost of a year's treatment to about \$4,000 in Britain, one of 37 countries where Retrovir is available.

The company said the move was designed to pass savings in manufacturing the drug on to customers. Retrovir became available on prescription in April and is being used by roughly 19,000 AIDS sufferers, most of them in the US.

Wellcome based its initial price for the drug on the high cost - about \$50m - of bringing Retrovir into production. Sales in the year to August were about \$16m, making a minimal contribution to pre-tax profits. Taking into account the price change, industry observers expect sales in the current year to be \$100m to \$200m with likely profits of \$20m to \$50m.

Although it appears that no other drug will compete with Retrovir until at least mid-1989, prospects for the drug beyond this are difficult to judge.

More than 60,000 people around the world are known to have contracted AIDS, though there are probably many thousands of further cases where the disease has not been confirmed. The figure includes about 40,000 identified cases of the illness in the US, where the disease has been most highly publicised. Of those, about half have proved fatal.

Speculation about the extent to which the disease will develop - which will obviously affect the potential market for Retrovir - are largely informed guesswork. According to the most gloomy projections, roughly 270,000 people in the US will have contracted AIDS by 1991.

Another uncertainty is potential competitors for Retrovir. According to a recent study by the US Pharmaceutical Manufacturers' Association, at least 60 AIDS-related medications are under development in the US alone.

Mr Ian White, a drugs industry analyst at Greenwell Montagu, a London stockbroker, says attempting to predict a drug to compete with Retrovir is "about as risky as betting on the Grand National".

Retrovir's competitive position is the less strong because the

drug is a palliative, not a cure. It merely slows down the disease. It causes a variety of side-effects, including some cases of severe anaemia, which can require frequent blood transfusions.

Dr David Chernoff, assistant director of the AIDS clinic at the University of California in San Francisco, is treating 100 patients with Retrovir. "In the past you had a patient with AIDS and waited for him to die," he said. "Now at least we can tide him over until something better occurs."

Dr Charles Farthing, an AIDS specialist at St Stephen's Hospital in London, said Retrovir had shown "dramatic results in terms of patient improvement - but we definitely need something better".

Exactly what a better AIDS drug may be is a matter for speculation. Retrovir is based on a chemical that binds on to parts of the AIDS virus, blocking a vital site for further reactions and stopping the virus replicating.

The drawback is that it also interferes with the replication of other, healthy, biochemical fragments in the body, leading to the side-effects.

Several other drugs which work in a similar way to Retrovir, by stopping biochemical reactions related to the disease, are now under study. They include dideoxycytidine, which Hoffman-La Roche of Switzerland is developing; Foscarnet,

under development by Sweden's Astra; and a product known only as AL-721 which is being researched at Ethigen in the US.

Another approach is to boost or modulate the body's immune system to make it fight off the disease by destroying the AIDS virus directly with antibodies. Possible products in this category include Ampligen (under development jointly by Du Pont and HEM Research, both of the US) and Isoprinosine, which is made by the US's Newport Pharmaceuticals.

Although some of these drugs show promise, all have still to run through the full gamut of trials in human patients. Even if they were to be rushed through licensing stages by regulatory authorities - as was the case with Retrovir, where many countries approved the drug with great urgency - most observers believe Wellcome will be unchallenged in anti-AIDS medications for the immediate future.

Ms Lindsay Jenkins, an analyst at the London office of Morgan Stanley, the US bank, said a new AIDS drug was more likely to emerge from research that has yet to reach the stage of clinical trials.

According to Mr David MacCallum, head of health-care research at Hambrecht and Quist, a New York bank, whatever emerges to beat Retrovir is unlikely to be cheap. He thought Wellcome had been unfairly pilloried over the high price of its drug. "The public has to be educated that modern pharmaceuticals are far more elegantly designed than even five years ago and so are very expensive."

US Cardinals revolt on Church condom campaign



A GROUP of Conservative American Roman Catholic bishops, led by Cardinals Bernard Law, of Boston, and John O'Connor, of New York, has rejected a national bishops' conference recommendation that condom use be explained in church-sponsored AIDS education projects.

The policy paper on AIDS "has resulted in serious confusion", Cardinal O'Connor said. "Some portions of the text have been constructed as supporting toleration of educational approaches which I cannot accept as appropriate within my area of Church jurisdiction".

Cardinal O'Connor, who was in Rome when the report was issued in Washington, said he and like-minded

Bishops would not allow condom use to be explained or discussed in their dioceses schools, hospitals and youth programmes.

But Archbishop John May of St. Louis, President of the National Conference of Catholic Bishops, defended the paper.

"For us not to address such aspects of the AIDS phenomenon would be to refuse to learn of them from frankly and responsibly written reports. It would be to advocate 'safe sex' without reference

to a moral perspective", he said in a statement.

"Many public health officials have recommended use of condoms to reduce risk of transmitting or acquiring the AIDS virus, and we acknowledge this fact will be part of a comprehensive factual presentation on the disease."

Cardinal O'Connor said he was deluged with congratulatory messages and calls after criticizing the paper last Sunday, when he

stepped from the Altar of St. Patrick's Cathedral after Mass and told reporters the condom recommendation was "a very serious mistake" that should not have been issued without a full vote of the bishops' Conference.

The paper, addressed by the conference's 50-member administrative board, said education programmes could be permitted if presented within the context of "the Church's teaching which advocates 'abstinence outside of marriage and fidelity within marriage'".

Meanwhile in the Vatican, Pope John Paul II, calling religious freedom essential for "intolerance", said yesterday it is "world suffer for their religious convictions."

The Pontiff devoted his message for the 21th annual World Day of Peace to the issue of religious freedom as "an essential element for peaceful human coexistence".

The Vatican issued the text in advance of the celebration on New Year's Day.

"Millions of people in various parts of the world are still suffering for their religious convictions" Pope John Paul said. "They are victims of repressive and oppressive legislation, victims sometimes of open persecution, more often of subtle forms of discrimination aimed at believers and communities."

"This state of affairs," in itself intolerable, is also a bad omen for peace," he said.



Cardinal John O'Connor

AIDS drug foreseen in 10-20 years

A LEADING AIDS researcher predicts that new drugs capable of preventing and treating the deadly disease will be available in 10 to 20 years, because important "targets of opportunity" have recently been identified inside the tiny AIDS virus.

"I believe we are certain of success, both in the curative chemotherapy of this disease, and also prevention," said Dr. William Haseltine, a molecular biologist of Harvard Medical School. "I'm convinced we can prevent and treat this disease. It's a question of applying, in a systematic way, the knowledge and the opportunities that we have."

Haseltine voiced his optimism about prospects for a cure, and a means of prevention other than vaccines, at the 10th annual Bristol-Myers Symposium on Cancer Research.

He was less optimistic about prospects for a vaccine, noting that the AIDS virus has learned to surround itself with a "cloud" of sugar molecules that "make it invisible to the immune system."

Despite this problem, safety testing of possible vaccines is under way in this nation and in Africa. Until now, few if any researchers have been optimistic that a cure for Acquired Immune Deficiency Syndrome would be found that soon. Indeed, until recently there have been no treatments for any viral infections; there were only vaccines that could prevent infections. Now, however, drugs such as acyclovir can be used against herpes viruses.

Several leading researchers and doctors at the conference said they agree with Haseltine's optimistic stance on anti-AIDS drugs. Dr. John Uittmann, dean of research at the University of Chicago School of Medicine, said the new tools and techniques of molecular biology have given scientists unprecedented power to attack diseases. He said he would not be surprised to see AIDS treatments available even sooner.

For people already infected by the virus, however, 10 to 20 years will be much too long. As of the first of this month, 47,000 people in the United States have been diagnosed as having AIDS, 27,000 have already died, and an

estimated 1 million to 2 million Americans are thought to be infected.

The only drug approved for treating AIDS infections helps control the disease, but does not cure it. Others are being investigated, and Haseltine said he thinks results will gradually improve until a cure is achieved.

Haseltine and his colleagues at Harvard have been systematically dismantling the AIDS virus, learning how each of the organism's genes work to control the virus' deadly life cycle. They have collaborated with other research laboratories, including Dr. Robert Gallo's at the National Cancer Institute and Dr. Max Essex's at the Harvard School of Public Health.

Haseltine told his fellow scientist that AIDS treatments may be developed similar to the way drug therapy for leukemia was developed. After trying for years to cure patients with single drugs, doctors finally devised multiple drug treatments that simultaneously attack leukemia cells in different ways, greatly increasing the cure rate.

The key to AIDS, Haseltine said, is to find chemicals that will keep the virus from reproducing itself. If drugs can be found that prevent parts of the virus from being made, and other drugs to prevent the virus' genes from being activated so the virus can be assembled, an infection may be kept inactive. Despite being infected, a person may then never become sick, and may be unable to pass the virus on to others.

In recent months, about half a dozen small enzymes have been identified inside the virus that the organism needs for reproduction. The genes that make these enzymes have been isolated, cloned and inserted into bacteria, where they make the enzymes in large amounts. As a result, ways to disable each enzyme and halt virus reproduction can probably be worked out, he said.



DJ JANICE LONG: Accuses police chief

The calls flood in to radio's AIDS hotline

By SARA WHITE

CALLS to the BBC radio's AIDS Helpline are pouring in at the rate of 1,000 a day.

Organisers of the campaign, now in its fifth day, say that 85 p.c. of the calls to Helpline's staff of doctors, nurses and social workers were from heterosexuals, and more than half from women.

'They want to know how AIDS can and cannot be passed on, and about safer sex,' said Mr Keith Smith, director of Broadcasting Support Services, which is running the confidential advice service.

'Callers are of all ages. One woman phoned because her grandchildren are visiting her for Christmas and she wanted to be able to tell them the facts.'

Disc jockey Janice Long, one of the radio personalities who have been telling listeners of the campaign, yesterday attacked Greater

Manchester's Chief Constable, Mr James Anderton, for his 'unchristian' outburst against sufferers of the virus.

Mr Anderton had condemned homosexuals and drug users, who are at particular risk from AIDS, as 'the cesspit of humanity.'

But Janice, who was in Manchester for the BBC's Open Air discussion programme, said: 'His comments were negative. The problem is with us, and it is not going to go away.'

'The worst thing you can do is preach to people about it, and it is no good moralising.'

Meanwhile, an Anglican bishop has acted over fears that AIDS can be passed on by sipping Holy Communion wine from the communal chalice.

The Rt. Rev. Michael

Baughen, Bishop of Chester, has told churchgoers they may dip the sacred bread into the chalice rather than risk catching the virus.

A Church of England report states that AIDS cannot be transmitted by saliva on the communion chalice.

But Mr Baughen claims there is medical evidence that it could happen if a communicant with AIDS had a cut lip.

The Church of England report says that the danger from AIDS would disappear if people returned to biblical restraints on sexual behaviour.

● The city dubbed 'the AIDS capital of Europe' has appointed a £10,000-a-year special officer to deal with the problem.

Mr David Taylor, a medical social worker at Edinburgh Royal Infirmary, will co-ordinate education, social and police work in the fight against the virus.

No cash for research into second Aids virus

By Oliver Gillie
Medical Editor

FUNDS CANNOT be found in Britain to investigate a new Aids virus, HIV2, which is threatening a second wave in the worldwide epidemic.

"Medical research here is staggering from crisis to crisis," the Medical Research Council said yesterday. "and important projects are without funds."

"We have a research unit in The Gambia, which is ideally placed to investigate the new Aids virus," Dr Dai Rees, secretary of the council, said. "Now is the time to start research before HIV2 has spread far."

However, all the money given by the Government for Aids research is committed to projects concerned with developing vaccines and new drugs. The council has identified other new areas which need to be investigated if the disease is to be understood — a vital step so that prevention can be properly organised.

"It is most important now to extend our epidemiological studies to get a clearer picture of transmission. We need to know, for example, if transmission among heterosexuals is coming mainly from drug abusers, and what the overlap is between drug abuse and prostitution," Dr Rees said.

The Aids virus has been found to invade the brain, causing dementia. The council wants to organise studies of the brain to find out how this happens.

"We did not know how important this was a year ago when we planned our current research," Dr Rees said. "As the research has developed we have found that it has too narrow a base."

The council needs an extra £4.6m a year to finance this Aids research. The project will include the screening of pregnant women for Aids to find out how the disease is spreading in the population. This will probably be done with the consent of the women so that those found to be positive can be counselled about risks.

Over the last five years the council has had to fund pay rises for staff, which have not been matched by extra funds from government. This led to a cash loss of £2m last year, and £1.1m this year.

"We have been forced to make damaging economies," Dr Rees said. "We need an extra £10m to get over the immediate crisis of a shrinking research base. But we need an extra £40m a year to put us in a healthy state."

Shortage of cash has also meant that the Link programme, set up a year ago by the Cabinet Office to identify areas of commercially exploitable science, has come to nothing.

Call for extra funds for AIDS research

By David Fishlock,
Science Editor

THE MEDICAL Research Council is calling on the Government to double the present national research budget for AIDS.

Last February, the Government said it had earmarked \$14.5m over three years for a new directed research programme managed by the council, focused on the search for a vaccine to prevent AIDS (acquired immuno-deficiency syndrome), and for new drugs to treat the disease.

Dr Dai Rees, the new secretary (chief executive) of the council, said yesterday that it was seeking a further \$4.6m a year for the next three years for AIDS research.

The money was needed to investigate aspects of the disease not included in the original programme designed by Sir James Gowans, his predecessor as secretary, who retired in October.

Sir James said earlier this year that the Government had granted all the money he had requested for the programme.

One aspect which has been of growing concern is AIDS-related dementia, a mental problem for which the council plans basic research involving a brain scanner which alone would cost \$1m to set up.

It also wants to extend epidemiological studies - medical statistics - into various diseases, of which AIDS is the most important, at an estimated additional cost of at least \$500,000 a year.

Another proposal is that it should use its resources in the Gambia, west Africa, to investigate the newer form of the disease, known as HIV II.

The importance of all three, but especially of AIDS-related dementia, had come to light only in the last year or two, Dr Rees said.

He said the council had not received a "final no" from the Government, but the implication was that it should find money from its other research programmes.

Dr Rees said he estimated the council needed an additional \$10m to finance all the immediate demands, including new buildings and others in imminent need of replacement. However, in order to restore British medical science to its former sound state, he believed it needed an extra \$40m a year.

Apart from AIDS, two new project areas the council was eager to fund were cognitive psychology, proposed as a joint venture with two other research councils and seen as important to the next generation of computer, and a project in advanced drug delivery and targeting which could avoid many of the side-effects of present-day drug delivery systems.

Medical Research Council
annual report 1986-87. MRC
Headquarters Office, 20 Park
Crescent, London. WIN 4AL.
\$6.00.

Home Office considers crimes involving Aids

By Anthony Bevins
and Oliver Gillie

THE HOME Office is considering the possibility of making it a criminal offence for an Aids carrier to spread the infection to others, it was revealed last night.

The official review, which could bring so-called "revenge sex" within the ambit of the criminal law, came in a written Commons reply to Chris Butler, the Conservative MP for Warrington South.

He had asked whether the Government planned to bring in legislation "making it a criminal offence to transmit HIV infection deliberately, knowingly or carelessly".

John Patten, the Home Office Minister of State, said the criminal law already applied in cases where, for example, the infection had been transmitted by biting. He added: "The question of wider legislation raises difficult issues, which we are considering."

Dr John Dawson, a spokesman for the British Medical Association, commented last night: "We know those measures an individual can take to avoid Aids. They are in our own personalities. People make choices. It happens when someone chooses to have sex with someone else whether they meet at a party or whether it is with a prostitute. They are making choices. We are concerned about any changes in the law which will stop people coming to their doctors."

The National Council for Civil Liberties last night condemned any legislation to

make transmission of Aids a criminal offence as "vindictive queer bashing".

Nick Billingham, a member of the national committee of the NCCL, said: "How are you going to identify people who have knowingly passed on Aids? It would have to be established that the person had the virus at the time and that he, or she, knew it at the time. It would also have to be established that he knew he did not take safe sex. There are so many imponderables.

"This is another step along the road that would drive the disease underground. We are completely opposed to bringing the criminal law into this area. The way to guard against Aids is by safe sex and proper screening. Any other measure is likely to detract from this," he added.

■ A sexually explicit video warning older children about Aids received its first public screening in London yesterday, *Simon Midgley* writes.

Kenneth Baker, the Secretary of State for Education and Science, spoke at the launch of the 25-minute film. The £100,000 video was made for the Government by the BBC Open University television production team, and includes interviews with young people infected with the HIV virus.

Aids research blocked, page 5

RTE shows AIDS ad in surprise 'breakthrough'

By Seamus Martin

THE first television advertisement warning the people of the Republic about AIDS was screened on RTE in the early hours of Saturday morning — but it was all a mistake.

A chilling voice, accompanied by a picture of the letters AIDS being chiselled on a tombstone, spoke of the disease being spread during sexual intercourse, and advised viewers on RTE 1 to pay attention to a leaflet on AIDS which would come through their letter-boxes shortly.

The 35-second screening of the advertisement began at 12.26 a.m. and was described by an RTE spokesperson as a "breakthrough". It certainly was just that for those who had not seen the British

Government's advertisement on BBC or ITV. About 400,000 homes in the country get RTE only and the "breakthrough" — a technical term for the accidental relaying by one station of an item from another — gave them their first official warning of the dangers of the disease.

There have been short "breakthroughs" before, a spokeswoman for RTE said, but none of them had been as dramatic as that which came through from Channel 4 as late-night viewers watched Warren Beatty's movie "Reds". The advert, with its eerie music, ends dramatically as the tombstone falls down and a bunch of lilies drops on top of it. The voice warns people that if they don't read the leaflet carefully, it could "be the death of you", and the

advertisement's main slogan is: "Don't die of ignorance".

RTE explained that the screening of the advertisement was due to a "switching malfunction" in the main control area. RTE has several links to the British stations over which it records transmissions for rebroadcasting at a later date. At the time of the "breakthrough" one of these links had been in operation to record a Channel 4 programme.

It appears that the link had been left open after the programme had been recorded and Channel 4 then went into an advertising break, in the course of which the AIDS advert was shown. The switching malfunction then transferred it to RTE screens.

RTE stressed yesterday that the malfunction was not due to human error or any deliberate act by a member of its staff. The machinery has been inspected and an investigation will be made with a view to ensuring that similar "breakthroughs" will not occur in future.

A number of phone calls inquiring about the advertisement and its origins had been received by RTE despite the late hour, the spokesperson said.

Viewers may be interested to know that the Channel 4 programme which ended immediately before the dramatic advertising break and was, presumably, being recorded by RTE, was a James Mason movie called "The Deadly Affair".

Unknown
18th December 1987

L7

18/12/88

Professions divided on Aids law

By Frances Gibb, Legal Affairs Correspondent

Doctors and lawyers look set to clash over the desirability of laws making it a criminal offence to spread Aids.

The idea, being considered by the Home Office, was condemned yesterday by the British Medical Association, which said the implications were "enormous".

"This could deter people from coming for counselling treatment and do nothing to help contain the spread of the virus", it said.

The association's view was that efforts should be concentrated on spreading the message that control of the virus was the responsibility of every individual. "It takes two

people [to spread the virus through sexual intercourse], and you cannot blame solely the carrier."

However, Professor Brian Hogan of Leeds University, an eminent law academic, said he could see no reason why it should not be made an offence for someone to infect another.

He cited two examples where prosecutions under such an offence might be appropriate: "There was a case of a prostitute in Bradford who knew she had the HIV virus and continued to ply her trade", he said. "Then there was a case of a carrier in Leeds who donated blood, which led to someone becoming infected."

● An Aids sufferer who robbed a post office in Wolverhampton was sentenced by Stafford Crown Court to seven years' jail yesterday.

Huw Rees, aged 29, of Parkdale, Wolverhampton, admitted robbing £3,000. He told police he wanted the money to buy heroin to kill himself.

Judge Allardice said the issue of Aids had nothing to do with the sentence imposed. "If you are to be treated differently from people in a normal state of health, it seems to me it is for the Home Office or Parliament to decide", he said.

THE WALL STREET JOURNAL, FRIDAY, DECEMBER 18, 1987

SmithKline Says It Found Anti-AIDS Protein Agent

By a WALL STREET JOURNAL Staff Reporter

PHILADELPHIA — SmithKline Beckman Corp. said it developed a protein agent that appears to block the AIDS virus and prevents it from spreading and infecting healthy cells.

Laboratory tests suggest the substance could lead to a new drug for treating acquired immune deficiency syndrome, the drug maker said.

The protein, known as soluble T4 receptor, blocks the principal routes used by the AIDS virus to infect human cells. The discovery, if true, would be significant because scientists have found that when the virus enters the bloodstream, it takes over and destroys the cells that regulate the body's immune system. The victim then becomes susceptible to deadly infections.

SmithKline emphasized it hasn't tested the protein in humans yet and said it won't be ready for wide-scale trials on AIDS patients for at least three years.

SmithKline has submitted its results to Nature for publication next month, a spokesman said. SmithKline began the work over a year ago with scientists at Columbia University.

Meanwhile, researchers for Genentech Inc. of San Francisco will report on their findings concerning the T4 receptor in tomorrow's issue of the journal Science. The company declined comment before publication of its findings.

Dr. James A. Hoxie, an assistant professor of medicine at the University of Pennsylvania, said researchers would probably try to use the T4-receptor molecule as a way to carry a toxic substance directly to the viral particle.

AIDS row splits US bishops

US CATHOLIC bishops have been lining up on either side of a controversy over a policy paper on AIDS, which gave qualified endorsement to teaching in Catholic institutions that condoms prevent AIDS.

The paper was criticised by Cardinal John O'Connor, the Archbishop of New York, who said he would not allow such instruction in his "church jurisdiction" which covers Manhattan, Staten Island, The Bronx and seven northern counties.

But other bishops, including Cardinal Joseph Bernardin of Chicago, praised the policy paper released by the administrative board of the US Catholic Conference as being both faithful to Catholic doctrine "and sensitive to the human dimensions of the issue."

The policy paper was released by the 50-member administrative board, which has the power to speak for the 300 American bishops between their general meetings. The paper said that it was not advocating the use of condoms, but it noted that in a "pluralistic society" where not everyone heeds the bishops calls for sexual abstinence,

it was appropriate to teach about condoms.

The paper also called for compassion toward AIDS victims and "strongly condemned" increasingly "negative attitudes as well as acts of violence directed against gay and lesbian people."

Nearly all of the bishops, including O'Connor, endorsed the call for compassion and an end of violence, but they differed over whether it could ever be appropriate to teach about condoms, even in a negative way, in Catholic institutions.

Bishop Norman McFarland of Orange County, California, a friend of the New York cardinal, differed with his position. McFarland said in an interview with religious news service that he had "no problem" with mentioning that condoms can prevent AIDS so long as the discussion was put "in the proper Catholic context."

Law 'protects AIDS victims'

BY JIMMY BURNS, LABOUR STAFF

EXISTING LEGISLATION is firmly weighted against companies wishing to use the courts to dismiss or transfer a worker suspected of being an AIDS carrier, according to a study on Aids and Employment Law.

The study, written by a specialist in employment law and an industrial relations consultant, is likely to be welcomed as an important contribution to the AIDS debate by victims and their allies on both sides of industry, who have been arguing for a more compassionate, corporate policy towards the disease.

The authors say the following courses of action would render an employer liable under current employment laws.

●**Screening.** Any attempt to make bloodtesting compulsory among an existing workforce would "in almost all cases" be viewed by the courts as a fundamental breach of contract which might amount to constructive dismissal under the Employment Protection (Consolidation) Act 1978.

The authors accept there is no law preventing employers screening prospective recruits. But they argue strongly against such action in the majority of cases, both on medical and industrial relations grounds. The exception should be sectors like the airline industry, where particular jobs such as those of pilots carry risks "which are outside the scope of most occupations."

●**Suspension without pay.** Suspending someone from work because their colleagues complained about them as an AIDS carrier could be a breach of contract. Where employees were making life intolerable for an AIDS suspect carrier or sufferer, it could be lawful to take disciplinary action against those carrying out such acts.

Failure to take such action might place the employer in breach of his duty of mutual trust and confidence in failing to lend reasonable support and assistance to the victim.

●**Redeployment.** An employer could also find himself liable for breach of his duty of mutual trust and confidence such as to justify a constructive dismissal claim, in the event of an employee being sent to an isolated part of the business because of allegations concerning AIDS.

●**AIDS-related discrimination against homosexuals or ethnic minorities.** Employers could be liable under either the Sex Discrimination Act or the Race Relations Act.

●**Selection for redundancy.** The authors accept that an employee severely disabled by one or more symptoms of the disease might be fairly selected, as long as this did not breach the employer's redundancy selection policy. But after examining previous case histories, the authors note that the courts have become sceptical of many redundancies,

to the extent of sometimes accusing employers of bribing their workers in order to get them to leave quickly.

The study by Chris Southam and Gillian Howard is the first book in the UK to tackle AIDS as it relates to employment law.

The authors aim to deter employers who may have been tempted to take their cue from the first industrial tribunal ruling against an AIDS victim earlier this year. The ruling, which upheld the dismissal of a homosexual employee who was sacked because his colleagues feared they might contract AIDS from him, is to be appealed against by Beta, the broadcasting union.

According to the authors, company policies on AIDS in the UK - to the extent that they exist - "range from the draconian to exceptionally enlightened equal opportunities and anti-discriminatory. One unnamed company stated that if an employee was confirmed as having AIDS, he would "under no circumstances be allowed to return to work."

Few employers have so far decided to test for AIDS. However several have introduced a term into new contracts placing them under a duty to submit to medical examination and blood tests if required.

Aids and Employment Law, by Christopher Southam and Gillian Howard; Financial Training Publications; Holland House, 140-144 Euston Road, London W10 6TR £14.95.

Irish Times
19th December 1987

Scientists make AIDS claim

AMERICAN scientists said yesterday that they had developed a protein that could latch onto the AIDS virus, leaving it unable to infect human cells — at least in the test tube.

Researchers from Genentech Inc., of San Francisco, and Hayard Medical School reported their findings about the substance, called "soluble CD4", in the journal *Science*.

On Wednesday researchers at Smith Kline and French Laboratories of Philadelphia, announced in a newspaper that they had made the same finding. — (UPI).

Bonuses buoyant but Aids is still the threat

With all the pre-Christmas marketing hype one would expect from a major insurance company, Norwich Union this week announced its 1988 bonus rates for with-profits and pensions policies.

Peter Gartland reports

Norwich Union's general manager, Hugh Scurfield, says confidently: "We are maintaining our current high bonus rates — both reversionary and terminal — and demonstrating our strength against the background of an All Share Index which has fallen back from its all-time high in July to about where it stood at this time last year."

It may sound like a lot of technical jargon but the reality manifests itself very clearly in the amount of money paid out to policyholders.

Ironing out the peaks and troughs of temporary market fluctuations is a principle of with profits insurance but, as Mr Scurfield argues, "alongside this stability we seek to offer high performance which reflects the rewards of equity investment but without the high risks that can be involved".

The future of bonus rates for both insurance and pension policies has been a talking point ever since the stock market collapse of two months ago.

At that time the effects of **General downturn was expected**

the Black Monday crisis and its aftermath were seen far more vividly in unit-linked policies where price falls of 30 per cent and more were not uncommon.

Subsequently, bonus cut-backs at London Life led people to the conclusion that a general downturn was now on the way.

Not so, according to Norwich Union, which attributes at least some of its success to property investment. Commercial properties in the heart of London let at yields of 11 to 12 per cent have provided growth in a year when ordinary shares have not.

According to Mr Scurfield, both dividends and rents have risen substantially, enabling

his company to give high returns to policyholders.

Norwich Union quotes 16 per cent a year on a 10-year endowment maturing this year (19 per cent after tax relief) and 25 per cent on a pension policy (for basic rate taxpayers).

These are quoted as record-level payouts but they are accompanied by a warning from Norwich Union that, with changes in the investment climate, people must expect changes in the level of investment earnings.

"While longer-term payouts may go on increasing, the industry's short-term policy payouts may very well come down," the company stresses.

In practice, Norwich Union's 1988 bonus declaration sees very little change to payouts. Payouts on 15-year and 25-year endowments are marginally up, while 10-year payouts fall back slightly.

Norwich Union's figures quoted in the table speak for themselves.

Early in the New Year we can expect the traditional deluge of insurance company bonus announcements for 1988. Policyholders will be watching anxiously to see whether the insurance actuaries have taken fright of the stock market crash to such an extent that they drastically cut bonus rates.

Ability to pay will be affected

Whatever the short-term outlook the long-term one for life insurance bonus rates is not a happy one, according to the consulting actuaries, R. Watson & Sons.

Watsons pins most of the blame for the forthcoming cut in bonus rates on the increasing number of deaths from Aids, particularly up to the end of this century.

Watsons points out that in the long run additional deaths from Aids will affect life companies' ability to pay bonuses on with-profits policies, although, the firm says, it would be premature to reduce bonus rates sharply yet.

People whose policies will mature in the immediate future have had little chance of contributing to the number of Aids deaths and it is inappropriate that they should be penalized.

According to Watsons, the high terminal bonuses that many offices are able to pay at present provide a substantial first line of defence.

Nevertheless, falling interest rates and the probability that share prices in future years cannot rise at the same rate as they have in recent years, even allowing for the



Hugh Scurfield: confident

recent fall, must mean that we are in for a decade or more of reducing bonus rates.

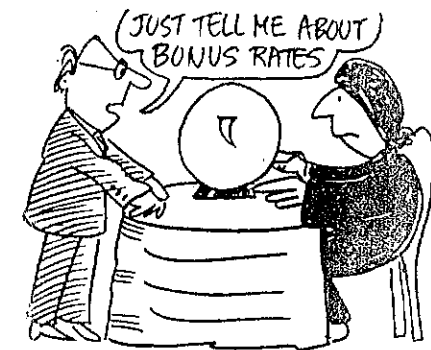
The additional Aids deaths will create further downward pressure on bonuses.

That sounds like a convincing argument for keeping investment and insurance needs separate. Family Money has frequently recommended this separation.

The simplest way to implement it is to satisfy your insurance requirements through high-cover/low-cost term insurance and then plan your investments through a non-insurance route such as investment trusts or unit trusts.

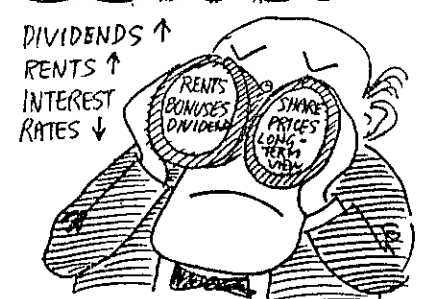
The predictions about how bonus rates will be affected by Aids stress makes this advice even more relevant.

Keep it in mind the next time your insurance broker recommends a 10-year endowment policy.



(JUST TELL ME ABOUT BONUS RATES)

AIDS



DIVIDENDS ↑
RENTS ↑
INTEREST RATES ↓

INTEREST RATES

POLICY PAYOUTS

	Maturing Jan 1, 1987 (£)	Maturing Jan 1, 1988 (£)
10-YEAR POLICY		
Sum insured	3,345	3,322
Annual reversionary bonus	1,975	2,014
Special reversionary bonus	595	449
Additional bonus	2,525	2,508
Total	6,440	8,293
15-YEAR POLICY		
Sum insured	5,052	5,062
Annual reversionary bonus	4,726	4,929
Special reversionary bonus	1,791	1,544
Additional bonus	5,812	5,872
Total	17,381	17,407
25-YEAR POLICY		
Sum insured	8,493	8,245
Annual reversionary bonus	12,646	13,348
Special reversionary bonus	9,011	7,775
Additional bonus	18,048	21,025
Total	48,198	50,393

Contracts are for a with-profits endowment insurance issued to a male aged 30 next birthday, for a monthly premium of £50.

AIDS SCARE

**Dear
Linda,** ★

I AM 28, married with three children. Two weeks ago we went to Cyprus on a holiday. After a few days my husband met some Irish lads and they went off every day playing football and games. I didn't mind.

One of the staff in the hotel would stop and talk to me and I got to like him. I had sex with him, and I'm now very sorry and very worried in case he had AIDS.

I am afraid to sleep with my husband or go near my children or kiss them. I can't go to my GP because I would be too embarrassed. I am afraid to have an AIDS test in case anyone knows me. What am I going to do.
Terrified.

You can get help from: St. James' Hospital, Mater Misericordiae Hospital and the National Drug Advisory and Treatment Centre in Jervis St. Hospital, all in Dublin. Limerick Regional Hospital, Victoria Hospital, Cork and there is a confidential telephone line for Galway 091-64000.

Linda.

Dear Terrified,
YOU cannot have an AIDS test done until two months after suspected infection, but after that time you could go to any of the centres recommended by the Health Education Bureau, without any fear of your identity being revealed.