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

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

Many people view it as unacceptable, unsatisfactory, or both. It is not as if it could lead to greater openness and intimacy. AIDS is not the only thing.

It can be exciting if it makes couples experiment more and communicate their needs say the experts in the field of AIDS. It is 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 housewife. "Women can use the new openness to assert their need for more intimacy and sensuality.

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

Women use this new openness to assert their need for more intimacy and sensuality in lovemaking."
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 20-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."
Clean needle, Bill to fight AIDS is introduced

Winners and losers in MPs' ballot

17 December 1987

London Times
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 NIH.

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.
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.”
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 channel! —

Yours etc.,

DERMOT LEE,

Apt 14A, The Glen,
Bettyglen, Raheny,
Dublin 5.
AIDS islanders in revolt

Swedish plans to hold unrruly 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 250 residents of Adelso 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.
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” encouragement of the use of condoms as protection against AIDS.

Firstly, condoms do have a failure rate (usually through misuse 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 contracting AIDS. This is the simple and only relevant fact. —Yours, etc.,

LOUISE HADDEN.
34 Elm Park Avenue,
Ranelagh,
Dublin 6.
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, he 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 London experience in patient hospital care

IT WAS a wet and miserable morning on the Fulham Road in London. With clouds heavy with rain hanging in the air and a gloomy atmosphere on St. Steven's Hospital—a hospital that specializes in the care of people with AIDS.

Inside, the mood contrasted starkly with the gloomy weather. The atmosphere was warm and welcoming. "Hello, my name is Diane," a nurse

Tall with dark hair and a full beard, Diane Walsh is a charge nurse at St. Steven's. He's a gay man and also a co-founder of the AIDS Alliance.

"Try gay," says Diane, "as the patients know. It's important for them to respect the fact that I chose to work on the ward. I feel a responsibility to them. It makes it easier for me to empathize with them."

"I talk to them and hold their hand. I try to be a friend. I say some of them die some of them receive their diagnosis."

St. Steven's has been at St. Steven's for five years, and during that time, he has seen patients come and go. A happy, busy nurse who visits the world through an enormous part of his life, he says he's seen a lot of people. You can see a lot of difference between treating AIDS patients and hospital patients with hepatitis.

"It's a different world, a different kind of patient. They're more aware of their disease, they're more aware of the world around them."

"I'm very glad to have the opportunity to work here."

"Last year," says Dr. Farthing, "30 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."

"AIDS is a death sentence. It's a death sentence, it's a disease. It's a disease that takes its toll."

"It's a disease that takes its toll. It's a disease that takes its toll."

The Department of Health is proud of its blood donor programme. They don't buy blood from foreign countries, except that they buy some unused blood from the United States. In Ireland, it 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 that relies on the safety of Western Europe. However, there are now a new strain of HIV which avoids even the most stringent screening techniques. This does nothing to stabilize 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 (diagnosing). It is therefore the case that people who are at risk of transmitting the virus when they donate blood.

The big taboo

Outreach

"We've come through T.B. and Poo in," says Dr. Walsh. "We realized we had never been a real one. It's only a matter of time. We estimate 20 years, before we see the AIDS virus conquered as it is with cancer."

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

On such outreach programmes is centered by a group of people in Cork."

"He's been diagnosed with AIDS. His face is gaunt, his body is in the early stages of falling apart. His weight has dropped alarmingly. It's like a bag of bones, a bag of bones."

"He talks about his situation. He's very helpfull and understanding. He's very supportive. He's very caring."

"It's a very difficult time. What we need is support and understanding."

"And the AIDS patients need to feel loved and wanted," says St. Steven's. "We need to show them that we care."
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: You're test comes back from the doctor, you're positive for HIV, 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 CAIDE. You learn that CAIDE is a supporting group, set up in 1985 and run by volunteers who have received intensive training in San Francisco. Yes, CAIDE can help you.

A leaflet on the back to the brochure: "The 'slogan' is help. 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 in the Gay Health Action group. But there's no one there, not even the helpline in the Merrion Centre, just off Dorset Street. But that was greeted in a faze voice some months ago on the new centre is still willing to have you phone connected.

The last number on the back, however, rings:

"Hello, Well Woman Centre. How can we help you?"

"I'm suffering from AIDS."

"We don't actually help you," says Margaret Wood, "we simply make a list of the calls and pass them onto CAIDE."

But there's never anyone at CAIDE.

"Well, the entire organisation is run by volunteers who have other jobs to do," says Mrs. Wood. "You may be better off getting them at the weekend."

Your last bet is to call to their office on 01 876 1845.

Disarray

On Friday morning there's no one in the CAIDE office on 01 876 1845. 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 volunteers groups helping victims, some of the disarray has happened because of the fire at the Merrion Centre, but it does illustrate how understaffed and under-funded groups 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 the 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 number steadily increasing and a cure seemingly years away, what exactly is being done here to tackle the problem?

"With the absence of an official position," says Dr. James Walsh of the Dept. of Health, "all we can do is educate people on what to do and not to do."

The response to this epidemic is: it's affecting young people, people in their teens and early 20s. When you're young it's not time to think of 30, it's time to live and be in love.

The young people of today are angry and frustrated. Anger at not being allowed to express their sexuality; frustration at the lack of progress in finding a cure.

Some 14,000 has been allocated by the Dept. of Health to the AIDS programme. It's fortunate that no one is happy with it; not the Health Minister. Dr. Rory O'Hanlon, who thinks it's far too much; and certainly not the people working in the arm of AIDS research, and treatment, who think it's far too little.

"We have no choice but to use the money we have," he says. "But still no one has any real money to spend."

And just over a year ago, Minister O'Hanlon was asked: "Are we not going to do anything about AIDS?

"Yes," he said, "but we will have to do it with the money we have."
Wellcome’s U.S. Unit Trims Price of AIDS Drug by 20%

By MARILYN CHAIR
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 $7,600 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 ($5.61) 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 $60 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 worldwide. “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 struck. 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 Beacham, Chemical Correspondent

AIDS sufferers have been awaiting a reduction in the price of AZT, the only drug known to be effective in treating the disease. The price has been reduced from £1,200 to £850 per year, and the drug will be available for the first time in the UK this year.

Welshome, the drug's manufacturer, has been criticized for charging excessive prices. The price was set at £450 per year when the drug was first introduced in 1987.

Welshome has been forced to reduce the price by the US authorities, who have been pressing for lower prices to make the drug available to more patients.

The company has said that the reduction will not affect its profitability, as the drug is still making a profit at the lower price.

A patent case

Welshome 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 30 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 Welshome share price fell yesterday, though this may have been more associated with the negative statement by Glaxo on the impact of the dollar.

Welshome said yesterday that it had cut the price because it had been able to reduce its production costs, but, if that is the case, why have to assume that the company is not seeking to maximise its overall profits? The question is whether, by cutting prices now, it may be able to secure its position in the longer term.

The patent position from Welshome's point of view is satisfactory. It did not invent the drug and so has not been able to get a patent in the UK, 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 Welshome has not been able to secure such a-use patent, though it does have some protection under the Graham-Draper Act.

We do not know why Welshome should have been denying their patent, but within the drug world it is assumed that it is because the US authorities are up against the price. Welshome has been charging.

Worse, there is a move in Congress to change the Graham-Draper Act, which gives drug companies a monopoly on the drug.

The best and most sensible move would be to a deal that would give Welshome a reasonable profit to the drug, say, 2 per cent, period, in return for charging a reasonable price for the product.

The 30 per cent cut makes sense as a gesture from Welshome that it wants to deal. The general point here is that all drug companies need the spur of substantial profits from their products to pay for their inevitable losses. Legislation at the moment is providing some protection, but in some ways, not enough. The practical difficulties of changing Welshome legislation on both sides of the Atlantic makes the best way to deal with a situation.
Drug that leads race against AIDS

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 27 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 10,000 AIDS sufferers, mostly of them in the US.

Wellcome based its initial price for the drug on the high cost - about $550m - of bringing Retrovir into production. Sales in the year to August were about $10m, making a minimal contribution to pre-tax profits. Taking into account the price change, industry observers expect sales in the current year to be $120m to $200m with likely profits of $50m to $100m.

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

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 and 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 dideoxyctydine, 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 Ortho in the US.

Although some of these drugs 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.

Mr Lindsay Jenkins, an analyst at the London office of Morgan Stanley, 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."
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 curing, both in the curative chemotherapy of this disease, and also prevention," said Dr. William Haseltine, a molecular biocologist at 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 vaccine, noting that the AIDS virus had 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 the 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 azidothymidine can be used against Herpes simplex.

Several leading researchers and doctors at the conference said they agree with Haseltine's optimistic stance on anti-AIDS drugs. Dr. John O'Shea, dean of chemistry at the University of Chicago School of Medicine, said the new tools and techniques of molecular biology have given huge, 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, 27,000 people in the United States have been found 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 thanks went 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 scientists 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 reassembled, an infection may be kept inactive. Despite being infected, a patient may then never become sick, and may be unable to pass the virus on to others.

In recent months, about half of a dozen small molecules have been identified inside the virus that the enzymes need for replication. The genes that make these enzymes have been isolated, cloned and inserted into bacteria, where they make the enzymes in large amounts. As a way to disable each enzyme and halt virus reproduction, it can probably be worked out.
The calls flood in to radios AIDS hotline

Radio's AIDS hotline

The calls flood in to

16th December 1987

Daily Mail
No cash for research into second Aids virus

By Oliver Gillie
Medical Editor

The Independent
17th December 1987

FUNDING CANNOT be found in Britain to investigate a new Aids virus, HIV-2, 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 widely placed to investigate the new Aids virus," Dr. Neil Brassey, secretary of the council, said. "Now in the five to six months before HIV-2 has spread for.

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 world-step that prevention can be properly organised.

"It is most important now to carry out 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. Brassey said.

The Aids virus has been found to affect 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. Brassey said. "As the research has developed we have found that it has no narrower a base.

The council needs an extra £4m a year to finance its 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 woman 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 £6m last year, and £1m this year.

"We have been forced to make damaging economies," Dr. Brassey said. "We need an extra £4m a year to get over the immediate crisis of a diminishing research base. But we need an extra £8m a year to put us in a healthy state.

Storage 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 £4.5m 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 Giovann, 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 forms 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 go" 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 participate, British medical scientists, he believed it needed an extra £400m 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 computers, and a project in advanced drug delivery and targeting which could avoid many of the side-effects of present-day drug delivery systems.

Home Office considers crimes involving Aids

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 "indictive queer bashing.

Nick Billingham, a member of the national committee of the NCCF, 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 £200,000 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.
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 12.36 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 other “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 was, presumably, being recorded by RTE, was a James Mason movie called “The Deadly Affair”.

Irish Times
17th December 1987
Professions divided on Aids law

By Frances Gibb, Legal Affairs Correspondent

Doctors and lawyers lock 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.
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 Genen-tech 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 adheres to the bishops' call 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 com- panies wishing to use the courts to dismis candidates 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 author/consultant 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 at the tribunal 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 yet decided to test for Aids. However, several have introduced a six-month leave to find out new contracts placing them under a duty to submit to medical examination and blood tests if required.

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 Havard 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 policies.

Peter Gartland reports

Norwich Union's general manager, Hugh Scourfield, says confidently: "We are maintaining our current high bonus rates — both reversionary and terminal — and demonstrating our strength against the backdrop 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 remains that there is very little in the amount of money paid out to policyholders.

Drifting out to pan out is the result of high levels of interest on deposits and this is reflected in the reserves of equity investments that the high rates of bonus which can be "inflated".

The levels of bonus rates for both insurance and general business, he said, are still in line and are speaking volumes against the stock market collapse of two months ago.

At that time the effects of General downturn were expected

the Black Monday crash and its aftermath were seen as "not very vivid" in unit-linked policies where price falls of 20 per cent and more were not uncommon.

Subsequently, bonus cuts at L&G and the 20 per cent the company had to the conclusion that a general downturn was now on its way.

Not so, according to Norwich Union, which attributes at least some of its success to the policy of setting aside reserves in the heart of London at a rate of 11 to 12 per cent, but the new corporation, he said, is now in line for the first time since the corporation set aside reserves of £500 million.

According to Mr Scourfield, both dividends and bonuses 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-high bonus rates 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.

"With higher rates of interest, bonus rates will go on increasing, the industry's short-term policy rates may vary well down," the company stresses.

In principle, Norwich Union's 1988 bonus declaration sees very little change in rates. Payouts on 15-year and 25-year endowments will be marginally lower 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 dole of insurance company bonus announcements for 1988. Policyholders will be watching anxiously to see whether the insurance companies have taken their share 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 for insurance bonus rates is not a happy one, according to the managing director, A. Watson & Sons.

Watson points out that if the long run two additional deaths from AIDS will affect insurance companies' ability to pay bonuses on with-profit policies, although, the firm adds, 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 in the interests of the policyholders that they should be penalized.

According to Watsons, however, the high terminal bonuses that many offices are able to pay next year provide a substantial disincentive to deferral.

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 for the

Hugh Scourfield confident

recent full, must mean that we are in for a period of more or less falling bonus rates.

The additional AIDS deaths will exert further downward pressure on bonuses.

That sounds like a convenient argument for keeping investment and insurance companies on their toes, and it has frequently recommended this approach.

The simplest way to implement it is to adapt your insurance requirements through high-contextual insurance which is a form of endowment policies where the money paid out is either in the form of a lump sum or in instalments and then put your investments through a long-term insurance such as investment trusts or unit trusts.

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

Keep it in mind the next time you discuss your insurance broker's recommendation for a 10-year endowment policy.
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.

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.

Your 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 091-60000.

Linda.