

Print Media



National HIV and AIDS

Archives

#NationalHIVArchives



11th to 15th May 1987

AIDS: how we were nearly caught unprepared

IN SOME respects Ireland was ill-prepared and ill-equipped to deal with the AIDS epidemic.

Our facilities for the control of sexually transmitted diseases were lamentable in the 1970s and early 1980s.

They consisted of part-time clinics run by part-time personnel, poorly staffed and equipped, with no contact-tracing facilities, save that done on the patient's own initiative.

Facilities for the treatment of the intravenous drug abusers were even less adequate with a small detoxification unit in Jervis Street Hospital serving the entire country and an out-patient referral unit in the hospital.

In the early 1980s it was estimated that there were something in the region of 3000-5000 people abusing intravenous drugs in Dublin alone. They frequently turned to stealing, prostitution and pushing drugs to feed their expensive habit.

It was not until parents became aware of what was happening to their children that neighbourhood campaigns to drive out the pushers began and that the tide started to turn and numbers involved in drug abuse began to fall.

Ireland is a small country with a tight-knit social structure with strong rural ties. Despite superficial ap-

pearances, social and sexual reticence is the order of the day for most people, though the bright lights of Leeson Street and the escapes of Greece and Spain may induce some temporary relaxation of these strictures for some, and one can never neglect the strong influence of alcohol on the inhibitions.

In caring for individual cases so far, families and friends have shown great individual care, understanding and love for the patient, which often meant that he could be cared for at home surrounded by his relatives and friends.

Fortunately, we have never had a situation in this country where a person with AIDS was put out 'on the streets', which has happened in societies less compassionate than our own.

In my experience common sense has always prevailed and when one explains that the infection is transmitted solely by blood and sex, people readily lose their fears about any danger to themselves from day-to-day living and caring for people.

The first cases of AIDS presented in Ireland in 1982. They were both homosexuals with Kaposi's sarcoma. One is known to have died; the other left the country and is presumed to have died. They both contracted their infections outside Ireland,



By Dr.
Derek
Freedman

A further case returned to Ireland from abroad in 1983. Three further cases were reported in 1984: one was a haemophiliac and is alive, the other two contracted their infections abroad.

Three cases were reported in 1985: one was a hemophiliac and the other two were homosexual and would have had the opportunity to acquire the infection either in Ireland or abroad and so represented the first appearance of potential indigenous infection in Ireland. One of these patients is still alive and under treatment.

The figures in 1986 almost doubled, with a further five cases being notified. One was a homosexual and could have contracted his infection either here or

abroad and has subsequently died, and one was a haemophiliac. For the first time in that year there was official reporting of cases relating to intravenous drug abuse.

The trickle of cases from 1983 is turning to a steady stream. The initial cases were from the homosexual risk group, which was probably the first group to be infected. Cases from this risk group remain sporadic and are too few in number to show any discernible trends.

The first haemophiliac case was seen in 1984, but it was not until 1985/6 that a definite pattern of haemophilia progression to AIDS was noted. This appears to be building up with some consistency. Intravenous drug abusing related cases did not appear as a sole factor risk group until 1986. It is likely that the infection entered this group in 1983/4 and we are now beginning to see cases of AIDS emerge.

To date all the cases have been in males and the overall mortality rate has been 55 per cent. Reporting of cases is done on a voluntary basis to the Department of Health and they are dealt with in a confidential manner.

● Extract from "Aids" — The Problem in Ireland by Dr. Derek Freedman, published by Town House.

Evening Herald, Monday, May 11, 1987

AIDS link denied

A THEORY that AIDS was caused by the worldwide vaccination of smallpox had been dismissed as bizarre speculation.

Scientists said the theory has no more foundation than stories suggesting that the disease was created in an American laboratory or came from outer space.

Dr. Arie Zuckerman, Professor of Microbiology at the London School of Hygiene and Tropical Medicine, said: "There is no scientific basis

whatsoever for the suggestion that smallpox vaccination has caused the AIDS epidemic."

The story, reported in The Times yesterday, was based on information from an unidentified adviser to the World Health Organisation who is quoted as saying: "I thought it was just coincidence until we studied the latest findings about the reactions which can be caused by vaccinia (smallpox vaccine virus). Now I believe the smallpox vaccine

theory is the explanation for the explosion of AIDS."

Two lines of evidence were quoted in support of the theory. The first was that a U.S. military recruit rapidly developed AIDS following immunisation against smallpox. The second was that those countries in Central Africa worst affected by AIDS are the countries in which most smallpox vaccinations were performed during the eradication programme, and with shared needles.

Evening Herald
11th May 1987

AIDS panel feud over inclusion of gays

A BACKSTAGE White House battle over whether a proposed AIDS commission should include gay members has snarled hopes that President Reagan would announce the commission's composition before the June 1 opening for the third international conference on the deadly disease.

Reagan is to deliver a major speech on AIDS on May 31, but because of the controversy, the membership list is not expected to be completed in time.

Gary Bauer, the White House official responsible for making recommendations to the President regarding the membership of the commission, opposes recruiting homosexuals.

"I don't want people who have axes to grind", he said, adding, "I can't in good conscience recommend anyone on the basis of their sexual preference. I don't want to know what people do in the privacy of their own bedrooms. I don't feel that we have to have an IV (intravenous) drug-user on the commission. Therefore it doesn't follow that we have a homosexual".

On the other side of the issue, governors, mayors, medical specialists and others have confronted the disease that has killed 20,000 Americans, have recommended for membership gays and other activists because they are knowledgeable about acquired

immune deficiency syndrome and they have been among the leaders in devising ways to fight the disease.

The President is to speak at a dinner sponsored by the American Foundation for AIDS Research, which is headed by actress Elizabeth Taylor. She became active in the issue following the 1985 death from AIDS of actor Rock Hudson, and wrote letters to the president and to first lady Nancy Reagan asking that Reagan speak at the dinner.

The foundation scheduled its dinner to coincide with the opening of the international conference on AIDS, June 1-5.

Evening Press
11th May 1987

Did vaccination for smallpox cause AIDS? ^{Bull}

THE AIDS EPIDEMIC may have been triggered by the worldwide vaccination programme which defeated smallpox, some experts fear.

They say the smallpox vaccine used in the 13-year campaign of immunisation could be to blame for activating the virus infection HIV which can lead to the killer disease.

The World Health Organisation, which led the drive against smallpox, is studying new scientific evidence about a connection between the programme and the disease.

A medical adviser to the organisation said: "I thought it was just a coincidence until we studied the latest findings about the reactions which can be caused by Vaccinia (the smallpox vaccine). Now I believe the smallpox vaccine theory is the explanation to the explosion of AIDS."

But doctors are divided about whether Vaccinia, which is known to activate other viruses, is the main catalyst to the AIDS epidemic. Many are reluctant to support the theory for fear of being seen as critical of the World Health Organisation.

The coincidence between the anti-smallpox campaign and the rise of AIDS was discussed privately last year by experts at W.H.O. The possibility was dismissed then on grounds of unsatisfactory evidence.

However, as epidemiologists gleaned more information about AIDS from reluctant central African countries, clues began to emerge from the new findings when examined against the health of detail known about smallpox.

The smallpox vaccine theory would account for the position of each of the seven central African states which are the world's afflicted countries, why Brazil became the most afflicted Latin American country, and how Haiti became the route for the spread of AIDS to the U.S.

It also provided an explanation of how the infection was spread more evenly between males and females in Africa than in the west and why there is less sign of infection among five to 11 year olds in central Africa. Needles were refused 40 to 60 times in the vaccination campaign. Waving the needle across a flame was the main method of sterilisation.

Although no detailed figures are available, W.H.O. information indicated that the AIDS legue table of central Africa matches the concentration of vaccinations.

According to experts there are more than two million carriers of the AIDS virus in Africa and 50,000 deaths have occurred in countries where the smallpox immunisation programme was most intensive.

The 13-year eradication campaign ended in 1980 with the saving of two million lives a year and the prevention of 15 million infections. The global saving from eradication has been put at \$1,000 million a year.

SL

WHO seeks evidence over vaccine link to Aids virus

By Pearce Wright and Thomson Prentice

A report in *The Times* yesterday revealing the theory that the Aids epidemic in Africa may have been triggered by a smallpox immunization programme sparked intense debate among scientists.

Some are increasingly concerned about the safety of potential Aids vaccines based on the original smallpox compound.

An urgent call for evidence to support the theory was called for by the Geneva-based World Health Organization last night.

Dr Jonathan Mann, director of the WHO programme on Aids, said it was "imperative" that any evidence to support the hypothesis should be submitted to expert scrutiny.

He said that WHO was not aware of any scientific data supporting the idea that the global smallpox eradication project, completed in 1980,

might be connected with the Aids outbreak. The theory was "not proven".

However, the idea that the smallpox vaccine may have stimulated Aids in people infected with the human immunodeficiency virus (HIV) was discussed by WHO last autumn, it was disclosed yesterday. No action was taken, because of the lack of hard evidence.

They had no follow-up data from the smallpox eradication campaign, because no systematic studies of the complications produced by the mass immunization had been possible.

Some scientists believe more research into the possibility is necessary. Professor Oswald Jarrett, one of a team of Aids vaccine researchers at Glasgow University, said last night: "We need to know whether the virus was spread from a

small to a large group of people through the immunization programme."

Dr Laurence Gerlis, a clinical researcher who has been monitoring the progress of Aids, said: "Previous circumstantial evidence looks more persuasive alongside the latest research that shows Aids can be stimulated by smallpox vaccination."

But Dr Jonathan Weber, a leading Aids researcher at the Institute of Cancer Research in London, said: "The smallpox vaccination programme has been and gone. The link between it and the Aids epidemic are in my mind too simplistic."

Miss Renee Sabatier, of the Panos Institute, an independent health research organization, said: "The hypothesis linking the WHO programme with the epidemic in Africa is very difficult to prove or disprove."

SPECTRUM

Gay pride heading for a fall?

Tory attempts to halt the promotion of a positive image of homosexuality in schools may have faltered in Parliament on Friday, but as Andrew Lycett discovers, parents in Haringey, north London, are fighting on

Before last Thursday's meeting of Haringey Parents' Rights Group (HPRG), the chairman, Pat Head, a 33-year-old mother of four, worried about the video machine she had brought to show a CBS Sixty Minutes film about Labour's Loony Left in London. "It'll be in all sorts of trouble if it doesn't work, home fract, she said. When Pat, votes Labour, her husband Brendan is a Conservative who has already said "I told you so", about the antics of Bernie Grant and his Labour-dominated Haringey Council in north London.

Mrs Head set up HPRG shortly after Grant and a hard-left Labour action took power in Haringey last May. A prancing Catholic from an Irish family, she was particularly concerned that the new council's commitment to "a positive image" for gays and lesbians would be tantamount to a natural phenomenon, as indeed promoted, in Haringey's schools.

In a parliamentary debate last week, Bill outlawing the promotion of homosexuality by "loony left" councils, Dame Jill Knight, Conservative MP for Edgely, said of her Labour opponents: "I consider it at least unwise to have named them at all, let alone to have named them at all time." Nevertheless, the Bill will have members working as parent governors in half the schools in the borough. They have given a clear commitment that if the council introduces its pro-gay policies any further into the schools they will withdraw their children, says Dr Harte. His members are exploring their home life teachers and turn their homes into makeshift schools, should the council continue with its plans to teach young children about homosexuality.

Haringey is divided into two parliamentary seats: Hornsey and Wood Green is a Tory stronghold held by Sir Hugh Rossi, Tottenham North is traditionally Labour, but the Conservative vote there has grown considerably. The strong stand taken by some ethnic minority leaders against Haringey's pro-gay policy appears to have frightened Bernie Grant, prospective Labour candidate in the Tottenham North seat currently held by deselected right-winger Norman Atkinson. In a recent interview with a local paper, Grant refused to comment on whether he supported the council's policy on gay rights. Violence has become the norm at meetings for and against Haringey's initiative on



Pat Head (left), chairman of the Haringey Parents' Rights Group, and Barry Blakelock who has removed his son Russell from school and is teaching him at home

parliamentary seats: Hornsey and Wood Green is a Tory stronghold held by Sir Hugh Rossi, Tottenham North is traditionally Labour, but the Conservative vote there has grown considerably. The strong stand taken by some ethnic minority leaders against Haringey's pro-gay policy appears to have frightened Bernie Grant, prospective Labour candidate in the Tottenham North seat currently held by deselected right-winger Norman Atkinson. In a recent interview with a local paper, Grant refused to comment on whether he supported the council's policy on gay rights. Violence has become the norm at meetings for and against Haringey's initiative on

OPTING OUT

For 40-year-old Barry Blakelock, Haringey's equal opportunities policy for homosexuals was "the straw that broke the camel's back", and forced him and his wife Sue to take their bright son Russell, seven on Thursday, out of Risky Avenue Primary School in Tottenham. In the front room of his terraced house, Blakelock says, "I'm not anti-gay, I just don't think they should have more rights than us. I object strongly when the ordinary gay in the street is looked down on as heterosexual."

Dr Patrick Harte, of the Haringey Parents' Association says: "It is clear that 90 per cent of parents would remove their children from schools if the council actively promoted its pro-gay policies there." He says many parents are now sending their children to schools in neighbouring boroughs. Blakelock says it was his "fear of what the council may have up its sleeve" for Haringey's schools which made him act when he did. He and his wife say Russell is working five hours a day (compared with the statutory 10 hours a week required for children education at home), and is reading before expected. Their only grouse is that there is not much support for parents who teach their own children.

Haringey's Education Service distributed a leaflet, *Equal Opportunities: What Every Parent Needs to Know about Lesbian and Gay Issues*, to every home in the borough. The leaflet, available in 10 languages, tries to dispel parents' concerns about Haringey's positive-image campaign. But it stresses: "We will be talking with parents... not about whether to implement the policy, but how to implement it."

Sir Hugh Rossi says the influence of gays and lesbians in education will be a "very hot issue" in the coming General Election campaign. He can't see us avoiding discussing it. The question is - is the Government going to do anything about it?

Just before Easter, as if to show it had not lost interest in the issue,

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Smallpox vaccine 'triggered Aids virus'

By Pearce Wright
Science Editor

The Aids epidemic may have been triggered by the mass vaccination campaign which eradicated smallpox.

The World Health Organization, which masterminded the 13-year campaign, is studying new scientific evidence suggesting that immunization with the smallpox vaccine *Vaccinia* awakened the unsuspected, dormant human immuno defence virus infection (HIV).

Some experts fear that in obliterating one disease, another disease was transformed from a minor endemic illness of the Third World into the current pandemic.

While doctors now accept that *Vaccinia* can activate other viruses, they are divided about whether it was the main catalyst to the Aids epidemic.

But an advisor to WHO who disclosed the problem, told *The Times*: "I thought it was just a coincidence until we studied the latest findings about the reactions which can be caused by *Vaccinia*. Now I believe the smallpox vaccine theory is the explanation to the explosion of Aids."

Further evidence comes from the Walter Reed Army Medical Centre in Washington.

While smallpox vaccine is no longer kept for public health purposes, new recruits to the American armed services are immunized as a precaution against possible biological warfare. Routine vaccination of a 19-year-old recruit was the trigger for stimulation of dormant HIV virus into Aids.

This discovery of how people with sub-clinical HIV infection are at risk of rapid development of Aids as a vaccine-induced disease was made by a medical team working with Dr Robert Redfield at Walter Reed.

The recruit who developed Aids after vaccination had been healthy throughout high school. He was given multiple immunizations, followed by his first smallpox vaccination.

Two and a half weeks later he developed fever, headaches, neck stiffness and night sweats. Three weeks later he was admitted to Walter Reed suffering from meningitis and rapidly developed further symptoms of Aids and died after responding for a short time to treatment.

There was no evidence that the recruit had been involved in any homosexual activity.

In describing their discovery in a paper published in the *New England Journal of Medicine* a fortnight ago, the Walter Reed team gave a warning against a plan to use

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Aids epidemic 'triggered by smallpox vaccine'

Continued from page 1

modified versions of the smallpox vaccine to combat other diseases in developing countries.

Other doctors who accept the connection between the anti-smallpox campaign and the Aids epidemic now see answers to questions which had baffled them. How, for instance, the Aids organism, previously regarded by scientists as "weak, slow and vulnerable", began to behave like a type capable of creating a plague.

Many experts are reluctant to support the theory publicly because they believe it would be interpreted unfairly as criticism of WHO.

In addition, they are concerned about the impact on other public health campaigns with vaccines, such as against diphtheria and the continued use of *Vaccinia* in potential Aids research.

The coincidence between the anti-smallpox campaign and the rise of Aids was discussed privately last year by experts at WHO. The possibility was dismissed on grounds of unsatisfactory evidence.

Advisors to the organization believed then that too much attention was being focussed on Aids by the media. It is now felt that doubts would have risen sooner if public health authorities in Africa had more willingly reported infection statistics to WHO.

Instead, some African countries continued to ignore the existence of Aids even after US doctors alerted the world when the infection spread to the United States.

However, as epidemiologists gleaned more information about Aids from reluctant Central African countries, clues began to emerge from the new findings when examined against the wealth of detail known about smallpox as recorded in the *Final Report of the Global Commission for the Certification of Smallpox Eradication*.

The smallpox vaccine theory would account for the position of each of the seven Central African states which top the league table of most-affected countries; why Brazil became the most afflicted Latin American country; and how Haiti became the route for the spread of Aids to the US.

It also provides an explanation of how the infection was spread more evenly between males and females in Africa than in the West and why there is less sign of infection among five to 11-year-olds in Central Africa.

Needles were reused 40 to 60 times in the vaccination campaign. Waving the needle across a flame was the main, but perhaps not totally satisfactory method, of sterilisation.

Although no detailed figures are available, WHO information indicated that the Aids league table of Central Africa matches the concentration of vaccinations.

The greatest spread of HIV infection coincides with the most intense immunization programmes, with the number of people immunized being as follows:

Zaire	36,878,000;	Zambia	19,060,000;
Tanzania	14,972,000;	Uganda	11,616,000;
Malawi	8,118,000;	Ruanda	3,382,000
Burundi	3,274,000.		

Brazil, the only South American country covered in the eradication campaign, has the highest incidence of Aids in that region.

About 14,000 Haitians, on United Nations secondment to Central Africa, were covered in the campaign. They began to return home at a time when Haiti had become a popular playground for San Francisco homosexuals.

Dr Robert Gello, who first identified the Aids virus in the US, told *The Times*: "The link

Charity and health workers are convinced that millions of new Aids cases are about to hit southern Africa. After a meeting of 50 experts near Geneva this month it was revealed that up to 75 million, one third of the population, could have the disease within the next five years.

Some organizations which have closely studied Africa, such as War on Want, believe that South Africa's black population, so far largely protected from the disease, could be most affected as migrant workers bring it into the country from the worst hit areas further north. The apartheid policy, they predict, will intensify its outbreak by confining the groups into comparatively small, highly populated towns where it will be almost impossible to contain its spread.

between the WHO programme and the epidemic in Africa is an interesting and important hypothesis," cannot say that it actually happened, but I have been saying for some years that the use of live vaccines such as that used for smallpox can activate a dormant infection such as HIV.

"No blame can be attached to WHO, but if the hypothesis is correct it is a tragic situation

Aids was first officially reported from San Francisco in 1981 and it was about two years later before Central African states were implicated. It is now known that these states had become a reservoir of Aids as long ago as the late 1970s.

Although detailed figures of Aids cases in Africa are difficult to collect, the more than two million carriers, and 50,000 deaths, estimated by the World Health Organization are concentrated in the countries where the smallpox immunization programme was most intensive.

The 13-year eradication campaign ended in 1980, with the saving of two million lives a year and 15 million infections. The global saving from eradication has been put at \$1,000 million a year.

SV 03

Scientists dismiss theory linking Aids to smallpox

A THEORY suggesting that the Aids epidemic is a result of the worldwide eradication of smallpox was dismissed yesterday as bizarre speculation.

Scientists said the theory has no more foundation than stories suggesting that the disease was created in an American laboratory or came from outer space.

They feared that the story would join the growing mythology of Aids which has proved difficult to stem.

Dr Arie Zuckerman, professor of microbiology at the London School of Hygiene and Tropical Medicine, said: "There is no scientific basis whatsoever for the suggestion that smallpox vaccination has caused the Aids epidemic."

The story, reported in *The Times* yesterday, was based on information from an unidentified adviser to the World Health Organisation who is quoted as saying: "I thought it was just coincidence until we studied the latest findings about the reactions which can be caused by vaccinia [smallpox vaccine virus]. Now I believe the smallpox vaccine theory is the explanation to the explosion of Aids."

Two lines of evidence were quoted in support of the theory. The first was that a US military recruit rapidly developed Aids following immunisation against smallpox. The second was that

By Oliver Gillie
Medical Editor

those countries in central Africa worst affected by Aids are the countries in which most smallpox vaccinations were performed during the eradication programme.

In the case of the military recruit Dr Robert Redfield and colleagues at the Walter Reed Army Center in Washington suggest that vaccination accelerated the development of Aids.

However an editorial accompanying Dr Redfield's observations in the *New England Journal of Medicine* says that the occurrence of Aids in the recruit following

vaccination may well be co-incidental because no other cases of this kind have been found.

"The available data indicate that several hundred Aids antibody positive military recruits must have received multiple immunisations without ill effect before routine screening and exclusion of Aids positive applicants," says the editorial. This shows that if Aids was triggered in the recruit it is a comparatively rare event and could not account for the Aids epidemic in Africa.

"The case of the military recruit can not explain the Aids epidemic in Africa," says Professor Zuckerman. "Even if smallpox

vaccination did occasionally trigger quiescent Aids that person would die sooner and so be less likely to spread the disease. The theory is nonsensical."

The second argument suggesting that the areas where Aids is most intense co-incide geographically with areas where smallpox was eradicated is equally vulnerable to careful examination.

The World Health Organisation which organised the global eradication of smallpox said yesterday that there was no evidence linking vaccination with Aids.

Dr Jonathan Mann, director of the WHO Aids programme, said: "Smallpox was an ancient scourge and smallpox vaccine was widely used in many areas of the world during the last two centuries. During all this time neither the smallpox disease virus nor the smallpox vaccine virus (vaccinia) was ever linked to upsurges in any other disease.

"Globally the geographic distribution of the smallpox eradication and the distribution of Aids are not similar. In Asia, where hundreds of millions of smallpox vaccinations were given in 1967-72, Aids remains rare."

Dr Donald Henderson, who directed the WHO campaign against smallpox, said: "This is a preposterous theory. Mass vaccination has been going on in Africa since at least the 1920s. I am dumbfounded."

More victims likely to sue

BRITISH LAWYERS are predicting an "epidemic" of legal actions by Aids victims following an Aids related litigation explosion in America, *Robert Rice writes*.

In the light of Government predictions that 4,000 people in Britain will have died of the disease by 1990, doctors, hospitals and employers in high risk areas face an increasing risk of being sued as the number of Aids sufferers continues to rise.

Much of the litigation in America has been over discrimination against Aids victims or carriers of HIV, but one case raised the

question of whether hospitals could be held strictly responsible for supplying contaminated blood, after a 14-year-old haemophiliac contracted Aids from a transfusion.

Although the US courts have treated the supply of blood as a service, excluding the possibility of strict product liability actions succeeding against hospitals, according to two solicitors, David McIntosh and Simon Pearl, writing in the specialist publication *Product Liability International*, it would almost certainly be considered a product under UK law.

State urged to legalise homosexuality

THE Government should be pressurised to drop the legislation which criminalises homosexual activity, American priest, the Rev Bernard Lynch, suggests on a new audio cassette on AIDS, launched in Dublin last night by the Auxiliary Bishop of Dublin, Dr Desmond Williams.

Father Lynch who is founder of the AIDS Ministry in New York, says this should be done because people will be sexually active whether anybody approves of it or not.

The cassette, produced by Veritas Publications, features interviews with Father Lynch and Father Paul Lavelle, co-ordinator of the Catholic bishop's National Task Force on AIDS in which both priests come out in favour of the use of condoms to prevent the spread of the disease.

Dr Williams appealed for adequate funds to care for those

suffering from AIDS and said a comprehensive education of the public about AIDS was necessary.

"In this time of financial constraint we must be careful to ensure that adequate resources are concentrated on the care of those suffering from either the AIDS virus or the AIDS condition. "These resources must be both human and material. We will need to provide human support and assistance to sufferers and will also need to allocate financial resources for the provision of care the sufferers will need in dealing with the disease as it develops," Dr Williams said.

Fr Lavelle said the gay community in Ireland should not be isolated because of the publicity surrounding the problem. "The Government, even at a time of cuts, should consider restoring some financial support to the Gay Health Action Group," he said.

THE BLOOD VICTIM

COLMAN CASSIDY ON THE PLIGHT OF HAEMOPHILIACS HIT BY AIDS

"JOHN" (20), is a life-participant in a macabre lottery. He is one of the 100 or so Irish haemophiliacs who are HIV antibody positive and as such has a one-in-ten chance of a windfall nobody wants.

John loves life, girls, football, hurling and music. Born into an age when medical advances have decreed that haemophiliacs may enjoy normal life-expectancy for the first time in history, fate in the shape of the AIDS virus has dealt him a cruel blow.

Haemophilia is an hereditary disease passed on by females only to their mate offspring. It is characterised by an absence of sufficient clotting power in the blood. Slight injuries may be dangerous and any operation is potentially fatal.

Like most active haemophiliacs who are keen on sport John (a fictitious name) has to inject himself from time to time with the clotting agent "Factor 8" to prevent himself from bleeding. The problem is that Factor 8 until quite recently was not heat-treated to prevent it from

Aids contamination. The result is that one in three of the Irish haemophilic population were exposed to the virus before Factor 8 could be rendered safe.

Even where haemophiliacs are not antibody negative despite using the non heat-treated clotting agent over many years, there can be no guarantee that they will not show HIV positive indefinitely.

Two days before his leaving Cert John was operated on at St. James's Hospital, Dublin, for appendicitis. Before the operation a blood test revealed that he was human immunodeficiency virus (HIV) positive; in other words, his system had been exposed at some time to the AIDS virus.

"It did not hit me at first," he says. "In fact, it took two months to sink in." He told a few friends and immediately regretted it. "I didn't realise the stigma that was attached at the time."

It became a great strain as he suddenly became aware that he had to be extremely careful whom he told. A friend he'd known all his life, just couldn't

accept the seriousness of it all and started slagging. John couldn't take it. This friendship was a liability he couldn't afford to continue.

The reality of the situation surfaces in all kinds of ways. Coming home from a pub one night, a friend's sister offered him a lump of cheese she was carrying: "I took a bit off it and handed it to her, and her brother shouted not to eat it as she might get AIDS from it. I felt explosive at the time, even though it was an entirely innocent remark — and he wasn't aware of my condition."

Another time he asked a shop assistant where he worked to smell a wax-based perfume and she replied, laughing: "I won't. I might get AIDS off it." Again this was a totally innocent response, but it registered.

Yet far from being an introvert, John is unusually out-going, a born organiser, fun-loving life-and-soul-of-the-party type. He's very involved with the Haemophilia Society and spends a fair amount of his time counselling haemophiliacs around his own age who are trying to fight depression.

Often the problems are frightful, particularly for people who may be living in remote areas who, unlike John, do not enjoy the solid support of a family — or the company of other haemophiliacs.

"Traditionally, haemophiliacs just lived with their condition and spent their time between going in and out of hospital distancing themselves from it as best they could. This AIDS thing has, if

anything, made haemophiliacs more isolated than ever. The main problem for society and individuals is one of communications." A common occurrence among haemophiliacs is to look for signs of encroachment by the virus each morning, in themselves the fear of contracting the disease is always there, says John.

John is inclined to approach relationships with trepidation — particularly with the opposite sex. A girl he was going out with has just recently returned home to Australia. He told her before she left and she took the news of his condition very well. He thinks their relationship may resume if she returns to Ireland.

The girl-friend before that reacted well, too. But a third girl with whom he had been going steady for two years took the news very badly. This was a bodyblow: "At first I experienced shock, then acceptance. The cruel fact is that most people are ignorant of the problem."

And what, he asks, may one expect from ordinary people when medical personnel are themselves ignorant in some cases. He cites the experience of a haemophilic from Wexford who was found to be HIV positive when admitted to hospital. "They burned his clothes and even his crutch and sent him to Dublin in a sterilised ambulance. Imagine having to cope with that degree of ignorance among medical personnel."

John has the usual problems of a contemporary Irishman of 20. He's unemployed but is mad

about music. He is due to start a course in sound engineering shortly that he is eagerly anticipating.

He spent last summer in the USA as an "illegal" working as a landscaper and in restaurants. He didn't make much money but the experience was fantastic. On balance, he thinks that HIV positive haemophiliacs are probably better off in Ireland despite the drawbacks he has encountered. A 14-year-old brother is also a haemophilic, but he is HIV antibody negative.

As to the long-term, settling down will be a major problem. "Condoms are the only chance of having a half decent sex life," and, of course, this means that children are out.

The recent stance adopted by the Irish insurance companies is totally ruling out life cover for HIV positive haemophiliacs he naturally deplores. Haemophiliacs, he says, already carried a 50% loading on their life policies without that.

The Haemophilia Society in tandem with similar bodies in Britain and Canada, is fighting an uphill battle on this one. Much more relevant he feels is the mounting campaign for compensation that they hope to bring before the courts soon.

It's not easy to say just who is to blame for the sad situation that John and his haemophilic peers find themselves in. Regardless of whether it is the government, pharmaceutical companies or irresponsible blood donors, one thing is clear. They are the victims.

Irish Times
12th May 1987

PHONE-IN SERVICE AIDS

An absolutely confidential telephone advice service attended by doctors, will be available till Friday 15th May.

TUESDAY 12th
2p.m. to 5p.m. and
9.30p.m. to 12p.m. (Midnight)

**SIMPLY DIAL 10 AND ASK FOR
FREEPHONE AIDS**
or Dial (01)795577 Direct

Department of Health



Sv01

Irish Times
12th May 1987

AIDS freephone 'quite busy'

The AIDS freephone, operated by the Department of Health, was "quite busy" yesterday, a spokeswoman for the health Education Bureau reported.

She said the service would operate for extended hours this week because of special programmes RTE would be broadcasting on radio and television to inform and answer people's questions about AIDS.

The hours today and tomorrow are from 2 p.m. to 5 p.m. and 9.30 p.m. to midnight; on Thursday from 7 p.m. to midnight; and Friday from 2 p.m. to 5 p.m. and 9.30 p.m. to 1 a.m. RTE will screen two major "Today Tonight" programmes, presented by Michael Heney, tonight and tomorrow night.

A spokesman for the Department of Health said the response to the availability of the freephone indicated the high level of concern among those who called in.

54 02

THE TIMES TUESDAY MAY 12 1987

Aids plague makes San Francisco a city at war

From Charles Bremner
San Francisco

You see them everywhere in San Francisco - begging in the rags of the down and out, or sunbanned, sipping cocktails and leaning on crutches at an elegant party. The Aids victims are a constant reminder that for many thousands, San Francisco is a city at war.

"It's like the London Blitz. A whole middle class is being wiped out," says Mr Bob Ross, editor of the *Bay Reporter*, the daily newspaper of the city's big homosexual community.

War metaphors are used widely by the leaders of San Francisco's gay community as they describe the ravages of Aids.

San Francisco has the highest concentration of Aids cases anywhere. Figures this week showed the disease is still multiplying.

In April 106 new cases were diagnosed and 47 people died, bringing the total to 432 cases and

Bonn - West Germany will turn away foreigners suspected of having Aids or carrying the Aids virus, the Interior Ministry said yesterday (Reuter reports). Bavaria already has stringent anti-Aids measures, including compulsory tests for prostitutes, prisoners and drug addicts.

243 deaths this year. Since the first case was diagnosed in San Francisco in 1981, 1,906 people have died.

Dr George Rutherford, Chief Aids officer at the City Health Department, says he expects the incidence of cases to accelerate throughout the 1990s before levelling off.

More than half the estimated 70,000 or 80,000 homosexuals in the city's population of 700,000 are carrying the virus, he said.

An air of fatalism has descended on Castro Street, where pretty houses flourished as a hedonistic paradise for gays from across the country in the 1970s. From there the homosexual community emerged

from the social ghetto to become a political force. With that community now under siege, the small advertisements on Castro lamp-posts announce deaths and appeal for funds. Young men stroll arm-in-arm, but the old air of festivity has gone.

"The party is over," says Mr Ross. "You're not going to go out to play like you used to. I've become almost inured to the fact that every day is going to bring another death."

Mr Chuck Forester, an assistant to the Mayor, Mrs Diane Feinstein, says he gets used to living in the knowledge "that I will probably die from it". Rob, a regular at the Phoenix, one of the many gay bars on Castro Street, said: "One-night stands haven't gone. People are just more careful. Everybody assumes anyone he takes home tests positive (to the Aids antibody)."

This week the authorities closed the last gay bath-house, the 21st Street Baths, because dangerous

sexual acts were being performed.

The homosexual community says the Aids plague has brought a little spiritual redemption. "It's good in its way," says Mr Ross, a career journalist in his fifties who says the sense of shared misfortune has proved uplifting.

"It has made us a little more aware of our neighbours." Hundreds of homosexual and "straight" people are volunteering their services to Aids care organizations. Some 30 different organizations are ministering to the sick in the city.

Mr Forester says the disease "has taught us to be with people who are dying. It has made San Francisco stronger. San Francisco prides itself on being able to deal with catastrophes. We haven't had one since the earthquake in 1906. Now we've got one and we're handling it."

Mr Forester's boss, Mayor Feinstein, plays down the impact of the epidemic and the power of the gay community.

"The gay community is smaller today than it was. It's a very sad community. It is dealing with mortality and death." Mrs Feinstein, whose predecessor was murdered by an anti-homosexual council official in 1978, says she is allocating \$17 million (£10 million) from city funds this year to pay for Aids treatment and education.

"Education is the single most important thing that can be done," she says. San Francisco is also educating the world on how to tackle an Aids outbreak. Dr Rutherford and others are avidly sought after by other cities for their expertise.

Mrs Feinstein says the city cannot take the whole financial burden of caring for Aids cases. Her assistants say the financial future looks bleak. But while Aids has cast its pall and blighted a whole community, the epidemic has not apparently harmed the thriving electronics economy of Silicon Valley, some 50 miles away.



● Boy George and his Irish-born mother, Dinah . . . she has stood by him through all his troubles.

Boy George — Why I'm scared of getting AIDS

BOY GEORGE has hidden himself away in a carefully-guarded Gothic mansion in a London suburb as he battles his one-time £500 a day drug habit. And yesterday he spoke out for the first time about the new — and equally deadly — fear that now haunts him: AIDS.

The superstar's house, set on the edge of Hampstead Heath, is protected by security cameras, floodlights and barbed wire fences.

But George is all too well aware that this elaborate security system is no guard against the killer virus.

"You have to be so careful now, with the dangers of AIDS," he admits. "I'm not promiscuous and I've never slept around."

"In America, loads of old queens or young boys come up and ask to kiss me, but I always jump back and say no, because I am frightened of catching a disease."

"But then I give in and say 'Ooh, just on the cheek then,' and I spend all night scrubbing my cheek and putting on make-up again."

George, whose house is home to a £300,000 art collection, is now extremely self-critical about his drug addiction. "I have been extremely self-indulgent. Looking back now, it's a nightmare and a real wonder I ever came through it."

And the superstar, who saw two of his best friends die because of drugs, pays tribute to the support of his Dublin-born mother, Dinah, gave him in fighting his addiction.

Throughout his withdrawal ordeal, then arrests and the blaze of publicity, she's been there — to offer comfort, support or just a much-needed cuddle to her Boy.

After his arrest on suspected possession of drugs just before Christmas, and the death of his friend, Mark Golding, she was there again to stand by George.

Though Dinah had accepted her son's make-up, music and dress, she just could not stand by and watch him become another drug statistic. "I'll die first," she told him . . . and her words got through. For George it was now time to face the truth — he was an addict, and kicking heroin would be hell.

Irish Times
13th May 1987

Liberace estate to sue on AIDS

THE estate of Liberace has filed a claim against Riverside county, California, alleging the coroner damaged the late entertainer's reputation by linking his death to AIDS. The claim accuses Coroner Raymond Carrillo of ordering an unnecessary post-mortem and of violating state laws by disclosing Liberace's blood, tested positive for the AIDS virus before a cause of death was determined. Mr Carrillo said on Monday he did not violate the law, saying two news conferences held before the cause of Liberace's death was announced only reported evidence the pianist suffered from a contagious disease. His physician signed a death certificate saying Liberace died of cardiac arrest due to inflammation of the brain.

The body was removed to a mortuary, but Mr Carrillo ordered it returned to Riverside county for a post-mortem, after which the coroner announced that Liberace died of complications caused by AIDS. — (AP)

● The West German border police command yesterday suspended a directive which said border guards should turn back foreigners suspected of being AIDS carriers. — (UPI)

SV

Times
13th May 1987

Smallpox virus link with Aids

From Dr Jonathan Mann

Sir, The article (May 11) entitled "Smallpox vaccine triggered Aids virus" joins many other unproven and speculative ideas about the origin of Aids. We are not aware of any scientific data which would support the idea that the global smallpox eradication programme might be linked to Aids.

Smallpox was an ancient scourge and smallpox vaccine was used widely in many areas of the world during the last two centuries. During all this time, neither the smallpox disease virus nor the smallpox vaccine virus was ever linked to upsurges in any other disease. The only result we know of from the smallpox eradication programme was the eradication of smallpox itself.

Globally, the geographic distribution of smallpox eradication programmes and the geographic distribution of Aids does not fit. In Asia, where hundreds of millions of smallpox vaccinations were given from 1967 to 1972, Aids remains rare. Conversely, the United States is experiencing a major Aids epidemic, yet smallpox was eradicated there many years ago. As many doses of smallpox vaccine were given in west Africa as in central Africa, yet Aids is less common in west than in central Africa.

As the current World Health Assembly has emphasized, we must concentrate on action to prevent the spread of Aids rather than on speculation about its origins. Further, to overcome any confusion which may have been caused, it is imperative that whatever scientific information was available to support the hypothesis presented in this article be brought to light rapidly and submitted to open, international and scientific scrutiny.

Yours sincerely,
JONATHAN MANN (Director,
Special Programme on Aids),
World Health Organization,
CH-1211 Geneva 27,
Switzerland.
May 11.

From Dr Laurence Gerlis

Sir, According to reports today, the World Health Organisation discounts the theory that dormant HIV (human immunodeficiency virus) infection may have been stimulated by the anti-smallpox vaccination campaign in the sixties and seventies.

The theory claims that an endemic disease in central Africa may have been stimulated by

vaccination to become more widespread. Since the theory holds that the disease was endemic only in central Africa at that time, the low level of Aids in Asia now does not necessarily invalidate it. The route of transmission of Aids to the United States is well documented as being from Zaire to Haiti and on to the US.

The theory does not criticize the WHO or its vaccination programme in any way, but since there has been speculation about the link between smallpox and HIV, it may be worthy of discussion. This speculation existed prior to the recent case report from the Walter Reed Army Institute of a 19-year-old man who developed Aids after smallpox vaccination.

Since it is acknowledged that this could occur now, one might wish to consider whether it could have occurred in the past. It has implications upon current work with vaccines based on vaccinia to immunise HIV about which the WHO take no position, as well as on the conduct of mass vaccination campaigns.

Yours sincerely,
LAURENCE GERLIS,
21 Devonshire Place, W1.
May 12.

SL 01

AIDS — Dept. studies free needle swops for addicts

By BAIBRE POWER

THE Department of Health is examining the merits of giving free needle swops, methadone and physostigmine to intravenous drug users as part of the national AIDS campaign.

Independent T.D. Tony Gregory had called for the introduction of the scheme to help beat the AIDS epidemic which has already claimed 12 lives here.

Dr. James Walsh, national co-ordinator of the AIDS campaign,

NEWS ANALYSIS

How Ireland was almost caught unprepared — Dr. Derek Freedman writes on Page 10.

confirmed that the authorities were "very interested", but were awaiting results from similar schemes abroad before making a decision.

With Irish funds so tight, he said there was no point in duplicating research in this area.

Speaking at the launch of a book by Dr. Derek Freedman, the leading Irish expert on AIDS, Dr. Walsh revealed that the survival rate in Ireland for people diagnosed as having full AIDS is high compared to other countries. In some countries, the survival rate after diagnosis is four months, and in Ireland it is between one and two years. None of those diagnosed with AIDS before 1985 has survived.

Eight out of the 19 cases of full AIDS registered here to date were intravenous drug users and a survey revealed that 25 p.c. of intravenous

drug users were antibody positive, said Dr. Walsh.

"We will have to develop a strategy to deal with intravenous drug users on a case ground," he added. "The ordinary campaign will not have an effect on them for the same reason that they do not respond unless they are rational."

Dr. Walsh said what was needed was an "eye-ball-to-eye-ball approach" involving groups of volunteers and existing groups who knew the lingo. "They would be much more effective," he says.

Meetings to launch this strategy

have been going on. Junior Minister Terry Leyden met yesterday at the Department of Health with volunteers and Health Board personnel and a further meeting has been arranged. Dr. Walsh described yesterday's talks as "extremely useful."

Ireland was in a type of backward in terms of travellers and, by implementing a suitable strategy, we could "reduce the extent of the problem considerably," he said.

Dr. Freedman's book "AIDS — the Problem in Ireland" outlines the situation here where we have the second-highest European rate of infants

born with the HIV virus — largely because of the very high numbers of people abusing intravenous drugs.

He admitted yesterday he was surprised at the number of antibody positive women who got pregnant.

And he urged a programme for caring for people who discover they have AIDS antibodies. "We have a grave situation regarding the HIV drug abusers," he said.

"Often people such as prisoners are being let out and told they are antibody positive but are not told how to deal with the virus."

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What happens when your husband is gay?

Being married to a man who is homosexual has taken on a new, potentially lethal dimension since the advent of AIDS. CAROLINE WALSH reports.

SITTING in the lounge of a big, centre city hotel surrounded by various people — a nun sipping 7-Up, two businessmen downing whiskey, the pseudonymous Richard and Laura, a professional couple in their mid 30s from a large country town, tell their story. Tell of their sexual experiences he had with "rent boys" in London of how he got syphilis and hepatitis B from a man picked up on the Dublin quays while she was in hospital having had their first child, and of how they'd both been tested for AIDS.

Caught syphilis and hepatitis B from a man picked up on the Dublin quays.

His reaction was humiliation. "I felt as if I'd betrayed her," but for him it all went back to a boy, getting the sight of a good looking fellow, and then feeling guilty about it. Founded at the age of 12 by one of the older boys in the dark auditorium during the school film, he was "thrilled and shocked by it at the same time." As a clerical student his spiritual director insisted that everyone there had the same homosexual feelings; that you'd be against the norm if you didn't. Out of the seminary he heard about and sent for the Sparrows (Gay Club), went to London, and the Young Men's Club, on Kensington High Street, picked up a Filipino male prostitute and went back to his wife. Excitement was followed by guilt.

After that there were sporadic trips to London. A process began of release, guilt, Confession, batten-down-the-hatches and then resolutions never to do it again and all the time he wanted to have a close relationship with someone, to marry, and have children. "I felt that if I had that I would all be corrected." Two and a half years after he met Laura, she wanted, he having told her only about the abortion incident and that the GP had known about his gay leanings, he told him to press ahead with the heterosexual relationship and all would be okay.

And so they went on the honeymoon, he hoping and praying on the plane that it would be alright, she believing that once they had a sexual relationship going he'd enjoy it. "It devastated me after we were married when the switch just didn't come on," he says. The therapy didn't help. "The cure kept trying to back into the prison cell of denial," says Richard — kept pull of denial, turning the key again instead of accepting and helping us cope with the fact — which we now recognise — that he's gay and that we both got to that stage on our own," she says.

Finally, following a trip to Paris during which they went to a heterosexual blue movie together in Pigalle, desperation makes you do many things — they managed to have a sexual intercourse but rather than being a uniting experience for them, the reaction was mainly relief that at last this actual bodily function had finally been notched up. Still, soon she got pregnant and they were thrilled. Trying to explain why he picked up a man while she was in the maternity hospital, he says: "I felt very tense coming up to the birth — also it was the first time I had got from her, because unconsciously I kept a very tight eye on us. Her going to a hospital months ago to get tested for



● Gerald and Carol Pearson with three of their four children. (right) Carol Lyons, Pearson's today



John, Emily and Aaron, and

could pass the virus on to a wife or a child. "Take gay men in an active marriage situation, having several relationships with their partner, do they die? They can't suddenly announce that they want to use a condom because then immediately you would have the wife asking what was going on, what was happening?" There is, however, a potentially good side to it, according to Dr Magee, whereby couples may have to talk about something which for years one, or maybe even both of them, have been unwilling to tackle. Getting an Irish couple to talk on the record about such a situation was impossible but an American housewife and another of four Carol Lyons Pearson has recently decided to go public on her life with a gay man, and how ultimately she nursed him as he died of AIDS.

Called "Goodbye I Love You" her book has just been published in Britain and is currently being made into a CBS TV movie. Both are in the Mormon tradition (she quotes Brigham Young's remark that any young man over 21 and unmarried is a menace to the community), she and her husband Gerald Pearson had a marriage spoiled by many.

Exploring what about his homosexuality he could I like? How dare Gerald do that to me? How dare he do it to us? How dare he let his filthy habits destroy all we had been working for in this life and in the world to come?"

She tried everything — even suggesting he try to be valiant altogether, and found herself hating him one night after she'd watched him get ready for a gay time on. Was he spending more money than usual in his associates? How dare he put on after-shave lotion? How dare he look so handsome?"

Eventually she got used to living with "the constraint dull pain" until they moved to San Francisco. She couldn't carry on, they got divorced but soon he had AIDS and she was visiting him in San Francisco General Hospital and ultimately brought him home to Gerald's death. We were in the hospital for a long time, one hand holding the other. Gerald was a woman. But the dream was gone. There was mother and there was wife."

When word reached members of the gay community here that we had this book there was no shortage of requests to borrow it. It may have happened in the US but there are many here who can identify with it.

"Goodbye I Love You" by Carol Lyons Pearson was published in Britain recently by Columbus Books.

encounters were on a course only having taken place once or twice. These days their own sex life has got better and more frequent and Richard says he enjoys it when he gets going. It is the one area about which she still has some regrets. "I always had to initiate sex and I don't think I find that hard. Of all the things I don't desire me sexually, yes, I don't desire me but I do sometimes just yearn to be desired."

A supportive, relationship like this is, however, probably most unusual. According to psychotherapist Dr Dave Magee

How does a gay man suddenly explain to his wife to use condoms?

through some wives of gay men accept it, he suspects that they are a minority. A member of Cairde, the voluntary befriending group for people with AIDS and those close to them, Dr Magee believes that the greater proportion of married Irish gay men would not be shunning this reality with their wives. Many would be "living it out inside themselves" but many others would for years have been inacting double lives — leading double lives — obviously challenging that way of life," he says. "AIDS is finally easier because most of his

yet there was nothing pleasurable about it. It was really once again person schism. The consequences were horrific however. He was hospitalized and nearly died and because she and the baby had to be tested too, he had to feel her how he had caught the syphilis and hepatitis B. She did not, unbelievable as it may seem to some, blow up. He was so upset and so ill that all she wanted was for him to recover. Even the baby and herself having the accepted saying that had something been diagnosed, it could have been dealt with penicillin. Since then they had a number of other children but do not want to say, in print, how many.

Then, on the grounds that the pick-up had been "ridicled with everything," they decided six months ago to get tested for

An offer to tell one family member was about. She wouldn't believe it and so it was good when recently they went to a meeting in London of SIGMA, a friendship network for people with a gay or bisexual partner, and met another Irish couple and the next meeting of SIGMA is in October. It can be contacted by writing to: M. SIGMA, London WC1N 3XX, England.

While he is not denying his gayness apart from a hug or an embrace he doesn't, he says, envisage having sexual contact with another man. For her part she would not, she says, ask him to be so definitive. "We take it a day at a time." She thinks her acceptance may have come more gradually easier because most of his



● A recent Domesbury cartoon by Garry Trudeau, tackling the subject of being male, married — and gay.

Married may be justified using condoms—Jesuit

"FOR MANY people, especially Catholics, the use of condoms is morally wrong, but there is a theological opinion that the use of condoms in marriage can be justified where the intention is not to prevent conception but to prevent spread of an infection," the Rev. Paul Lavelle, SJ, writes in a new book on AIDS. "The intention redefines the use of a condom in marital intercourse: because there is no contraceptive intent it is not a contraceptive act."

"The Church's view is that sexual relationships outside of marriage are morally wrong. I would ask if homosexual activity, adultery or fornication are any more sinful or wrong if protection is taken against transmitting a deadly disease."

Father Lavelle, the full-time pastoral care co-ordinator of the Catholic Social Service Conference task force on AIDS, makes the argument in his contribution to Dr Derek Freedman's "AIDS — the Problem in Ireland", published in Dublin yesterday.

Father Lavelle, whose own work is with drug abusers in Dublin city, said yesterday he was trying to focus on the behaviour of people from a moral point of view.

In relation to drug abusers, he said he was not in a position at this point to come down for or against providing sterile needles or methadone maintenance for people who will continue to use drugs. "It would be very hard for the priest to have to be the one to say 'put these kids on another addictive drug' but we would be idiots if we didn't say it should be given some consideration."

"It would be totally undesirable if such programmes had to be implemented from the point of view of people working to keep young people drug-free. Unfortunately a new situation has developed in Dublin where you are now dealing with a virus that is capable of taking life."

"Heroin abuse messes up your life, destroys your family life. It generally doesn't kill. Now we have a killer virus," he said.

Dr Freedman said he had not made up his mind whether syringes or methadone should be given out, and he had not come down on either side in his book.

His area involves sexually transmitted disease. His view of the overall situation was this: "We have a very grave situation in terms of drug abusers and it's particularly difficult because the facilities for caring for people on the ground and for caring for people with sexually transmitted diseases are so deficient. They are just told they are positive, they are infected and not told what to do with themselves."

Dr. James Walsh, deputy chief medical officer of the Department of Health, said that from this weekend on, all regional health boards would have a confidential telephone service which individuals can call to find out about AIDS. He believes a big problem still exists in getting homosexual or bisexual men, living outside Dublin and who are not in contact with gay groups in Dublin, to come forward for testing.

The book, written for the ordinary lay person, is published by Town House at £3.95 and distributed by Easons.

Pledge of support to drug abusers

The Minister of State at the Department of Health, Mr Leyden, said yesterday that while young people had to be educated to avoid experimentation with drugs, those who were already injecting drugs intravenously should be encouraged and supported in their efforts to discontinue the habit as quickly as possible and, in the meantime, to avoid sharing needles at all costs.

It was known that 364 intravenous drug abusers had been infected with the AIDS virus, and the number might be higher, he said at a meeting in Dublin of personnel working with those abusers.

Irish Times
14th May 1987

No move yet on clean needles for addicts

THE Deputy Chief Medical Officer of the Department of Health, Dr James Walsh, said yesterday that the Department is "looking" at what is happening in other countries where drug addicts are given clean needles, and methadone as a substitute for heroin, to prevent the spread of AIDS.

"Research is being carried out in Scotland and Italy on giving drug abusers clean needles and indeed syringes and mixing bowls", Dr Walsh said on RTE Radio 1 at lunchtime. "But until we know more about it, we wouldn't like to undertake it in this country."

Dr Walsh said he felt there was "a certain amount of merit" in giving addicts methadone tablets as a substitute for heroin, which has been tried in several European countries and in the United States. "We are learning from what's going on in other countries rather than rushing in ourselves. Some of the results in this area are quite good."

14/5/87²⁹ Call for early start with antiviral drugs *New Scientist*

TREATMENT with antiviral drugs to combat AIDS should start as soon as people know that they have antibodies to the virus, Robert Gallo, of the US's National Cancer Institute in Bethesda, said in a lecture at the Royal College of Physicians in London at the end of last month. If doctors wait for patients who are infected with human immunodeficiency virus (HIV) to develop symptoms before they prescribe antiviral drugs, it is almost certainly too late, he said. "If we were infected with AIDS," he added, "we would not want to wait until we had AIDS to be treated with an antiviral drug."

Gallo said that he had been in Taiwan with a group of researchers. They had asked the manufacturers of the antiviral drug azidothymidine (AZT) if they could prescribe it for people who were infected with HIV but had not yet developed the symptoms of AIDS. While he was there, the manufacturer's reply came through: No. The drug was apparently in short supply. But Gallo said that he believed that AZT should be available to treat people

when they first became infected.

On the spread of AIDS, Gallo said that the most important problem was drug abuse. "This is the most important way that this virus will be spread over the next few decades, not from promiscuity or blood transfusions." It was possible to predict, he added, that the number of cases of HIV infection in haemophiliacs and those resulting from blood transfusions would continue to go down as methods to screen donated blood improved.

The number of cases of AIDS in homosexuals would also drop, Gallo said. Without being callous, a sizeable percentage of homosexuals in the US were already either infected, sick or dead.

Some aspects of AIDS in homosexuals suggest that different factors play a part in the course of the disease in this group, Gallo said. For example, the skin tumour called Kaposi's sarcoma appears six or seven times more frequently in homosexuals than in other high-risk groups. This suggests that other environmental factors are involved in this group. □

EDITORIALS

2.26

AIDS testing

The right-wing fanatics are at it again. Secretary of Education William Bennett, whose most recent contribution to education was to complain last December that the schools are not spending enough time teaching the virtues of nuclear war, has now decided he is also an expert on public health.

In a statement that "had the approval of the White House" and "reflected the president's thinking," Bennett declared that "AIDS testing" should be made mandatory. Bennett also said that those who are tested should not have the right to confidentiality. Appropriately, Bennett's diatribe was disrupted by two gay rights activists from the Lavender Hill Mob, Michael Petrelis and Marty Robinson, who shouted "Test drugs, not people!" Petrelis has AIDS.

It is well past time to clear up the issue of testing. It is an issue used by the rightwing who have an agenda of whipping up irrational fears, homophobia and racism. The last thing these advocates of mandatory testing have in mind is the health of the population at large.

There is a great deal of misinformation around about both AIDS and the commonly used test for the HIV virus, called the Elisa test. The misinformation and lack of general awareness is one of the most dangerous aspects of the AIDS crisis.

The misinformed may believe that there would be some benefit to mandatory testing. Actually the currently available test has one main value and that is to screen blood donations. It has successfully made donated blood used by hospitals and doctors safe for everyone. It has done this by testing positive on every infected sample as well as some that are not infected.

And this is where the limits of the test come in. The Elisa test is documented to have a very high rate of "false positives" — that is, blood samples that test positive for HIV antibodies

but actually do not contain the antibodies. Estimates vary as to the number of false positives from a report in the Journal of the American Medical Association (Jan. 11, 1985), which says that a majority are "false positives," to a New York study recently reported by the American Civil Liberties Union which found that up to 90% of all positives are false.

Further, it should be noted that even a "true positive" on the Elisa test only indicates exposure to the HIV virus and does not indicate whether the person actually has AIDS.

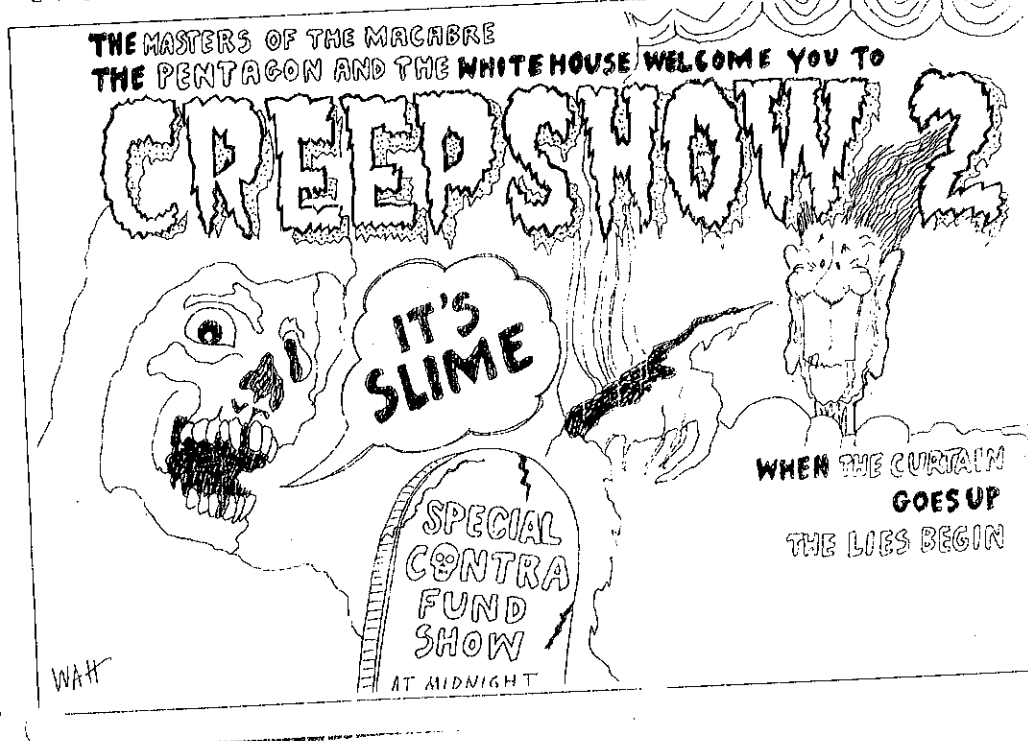
Of course, for those who wish to be tested, it is absolutely imperative that the results are kept completely confidential. Bennett's suggestion that it should be otherwise should have been immediately denounced from every place of authority. Without complete confidentiality, there is the danger of pushing the disease underground as those in need of help are rightfully fearful of government abuse. That there were no outcries from Reagan administration officials or even the Centers for Disease Control over Bennett's remarks is not a good omen.

Those who are advocating mandatory testing (a proposal rejected by the medical com-

munity but being pushed by rightwing politicians and appointees in public positions) are afflicted with a narrow world view. They are willing to sacrifice the public health to satisfy their rightwing political agenda.

But AIDS is an issue for all of society. It is a dangerous disease that requires all the resources available to modern science to fight. It will take the work of all of society to eradicate AIDS. The solution is not testing of the population. The most immediate need is education of the population so that the way the disease is spread is clearly understood. That includes understanding why the use of condoms by all men, gay and straight, is absolutely necessary. The other part of the solution is for the government to finally put millions of dollars into research as well as care for people with AIDS.

It is only prejudice and irrational homophobia that is standing in the way of launching an all-out effort that could end the AIDS crisis. That and the refusal of the Reagan administration to provide adequate funding for research. As we've said before, it's time to stop funding Star Wars and start funding a war on AIDS.



SL

EVENING PRESS, FRIDAY, MAY 15, 1987

Spread of AIDS may be slowing

The spread of AIDS infection may be slowing, according to a new study by America's Centre for Disease Control.

The CDC said it found that the AIDS infection among nearly 800,000 U.S. military recruits remained virtually constant over a period of 15 months and actually declined slightly among white males.

However, military recruits do not represent a cross-section of the general population nor the groups known to be at highest risk — homosexuals, intravenous drug users and haemophiliacs.

But the centre's Dr. Tim Dondero says: "I'm encouraged that we have not been able to document the predicted rise in the overall pattern of infection among the recruits."

SL

Irish Times
15th May 1987

Pledge of support to drug abusers

The Minister of State at the Department of Health, Mr Leyden, said yesterday that while young people had to be educated to avoid experimentation with drugs, those who were already injecting drugs intravenously should be encouraged and supported in their efforts to discontinue the habit as quickly as possible and, in the meantime, to avoid sharing needles at all costs.

It was known that 364 intravenous drug abusers had been infected with the AIDS virus, and the number might be higher, he said at a meeting in Dublin of personnel working with those abusers.

Newsletter
15th May 1987

Church 'in Aids U-turn'

A priest has called for homosexuality to be legalised in Eire in what is being seen as a U-turn by the Roman Catholic Church on the issue.

The Rev Barnard Lynch — on an audio tape which features the Rev Paul Lavelle, head of the Church's task force on Aids — urges that homosexuality should be made legal.

The tape is aimed at priests and social workers.

The call has almost certainly been made with the approval of the Bishops in response to the Aids crisis.

In the past they have led campaigns against attempts to make homosexuality morally or legally acceptable in Eire.

On the tape, Dr Lynch says Aids is a major problem.

He is founder of the Aids Ministry of the Roman Catholic Church in New York.

Both priests on the tape urge active homosexuals to use condoms — another major departure for the Church.

Dr Lynch says there should be pressure on the Eire Government to drop its law against homosexuals.

"It is necessary that we know what people are doing. People are homosexually active, whether we like it or not," says the priest.