
AIDS Informationsdienst

Montreal Extra
5. Internationaler Aids Kongreß
4. bis 9. Juni 1989

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Impressum

Herausgeber: Deutsche AIDS-Hilfe e.V., Bundesverband der regionalen AIDS-Hilfen
 Redaktion: Michael Lenz, Klaus P. Graf,
 Druck: Oktoberdruck GmbH, Berlin
 Satz: Reinhold Speckels, Berlin

Der AIDS-Informationsdienst erscheint monatlich. Einzelexemplar: DM 4,-, Jahresabonnement DM 37.50/ für Institutionen DM 75,- - Bestellschein am Ende dieser Ausgabe - für Mitglieder kostenlos. Angemeldet bei der VG Wort, München.

Redaktionsadresse

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In eigener Sache: AIDS-Informationsdienst

Die Fragebögen aus dem AIDS-Informations-Dienst 37/38 zur Neukonzeption sind inzwischen ausgewertet und die Arbeit an der Umsetzung des Ergebnisses in vollem Gange.

Resultat der Befragung: die überwiegende Mehrheit der Abonnenten favorisiert einen redaktionell gestalteten Info-Dienst. Mitte September wird die erste Ausgabe des Info-Dienstes in Magazin-Form erscheinen.

Den noch ausstehenden Berichtszeitraum von Januar bis Juli 1989 werden wir in einem letzten, umfangreichen Info-Dienst in alter Form bearbeiten. In dieser Ausgabe, die Mitte August erscheinen soll, werden wir Ihnen ausführlich das neue Konzept des AIDS-Info-Dienstes vorstellen.



Guten Tag aus Berlin

Seit langer Zeit mal wieder eine aktuelle Ausgabe des AIDS-Informations-Dienstes!

Anlaß ist der 5. Internationale AIDS-Kongreß, der vom 4.-9. Juni dieses Jahres in Montreal stattfand. Ein Ereignis, das wichtig genug erscheint, gesondert dokumentiert zu werden.

Die deutsche Presse hat relativ zurückhaltend über den Kongreß berichtet. Über die Gründe dafür können wir nur spekulieren. Möglicherweise war der Kongreß der deutschen Presse nicht wichtig genug, da bereits im Vorfeld absehbar war, daß der große Durchbruch bei der Suche nach einem Impfstoff in Montreal nicht zu erwarten war – den Medien also das „Spektakuläre“ fehlte.

Ein weiterer Grund ist sicherlich der, daß seit nunmehr fast einem Jahr der Trend in den Medien zu beobachten ist, das Thema AIDS ziemlich niedrig zu hängen. Die AIDS-Debatte ist seit 'er Weglobung der Hauptprotagonisten Rita Süs. ruth und Peter Gauweiler kein medienträchtiges Spektakel mehr. Die Krankheit selbst ist zu einer „alltäglichen Katastrophe“ geworden wie andere auch, und die Luft ist raus aus der oft voyeuristischen Berichterstattung über das Liebesleben der Schwulen, das Elend der Fixer und die „exotische Welt“ der Rotlichtbezirke und das in ihnen ausgeübte Gewerbe, das gerne augenzwinkernd-verklemmt als das „älteste der Welt“ titulierte wird.

Und an einer tiefergehenden kritischen Berichterstattung über AIDS und Politik, über medizinische Forschung, über ethische Fragen bei klinischen Studien mit neuen Medikamenten, über präventive Strategien, über die Situation und Forderungen der Hauptbetroffenengruppen, über AIDS in der Dritten Welt scheint in den Medien kein besonderes Interesse zu bestehen.

So haben wir in diesem Info-Dienst auch eine große Anzahl englischer Artikel aus der Montrealer Tageszeitung „The Gazette“ aufgenommen, die dem Thema AIDS während des Kongresses täglich zwei bis drei Seiten eingeräumt hat, und außer der Kongreßberichterstattung bestimmte Themenkomplexe, wie zum Beispiel AIDS in Afrika ausführlich beleuchtet hat.

Weitere, ausführlichere Auswertungen des 5. Internationalen AIDS-Kongresses durch die Deutsche AIDS-Hilfe sind in Arbeit: im Info-Dienst in neuer Form (siehe Kasten) wird der AIDS-Kongreß ein Schwerpunktthema sein. Darüber hinaus wird über die Themen und Ergebnisse des Kongresses ein Band der Reihe „DAH-Forum“ erstellt, der im Herbst erscheinen soll.

Michael Lenz

Freie Abgabe von Spritzen gefordert

Montreal (dpa): Die Ausbreitung des HI-Virus unter intravenös Drogenabhängigen kann nach Auffassung niederländischer Gesundheitsexperten bestenfalls eingeschränkt, nicht aber gestoppt werden.

Der Holländer Roel Coutino warb für die von vielen Regierungen noch abgelehnte Amsterdamer Praxis, Abhängigen saubere Spritzen zur Verfügung zu stellen. Bei diesen Kontakten könnte auch weitere Aufklärung, etwa mit Hinweisen auf die Benutzung von Kondomen, geleistet werden. An die Politiker richtete er die Warnung, aus dem Kampf gegen die Drogen keinen Kampf gegen die Abhängigen zu machen. Die Drogenabhängigen würden dann in den Untergrund gehen und sich jeder Einflußmöglichkeit entziehen.

„Opportunities for Solidarity“

Konferenz der nicht-staatlichen AIDS-Hilfe-Organisationen

Montreal (aid). Auf der 1. internationalen Konferenz der nicht-staatlichen AIDS-Organisationen, die vom 2.-4. Juni in Montreal stattfand unter dem Motto „Opportunities for Solidarity“, wurde die Gründung eines weltweiten Netzwerkes der AIDS-Hilfen beschlossen. Ziel des neuen „International Council of AIDS Service Organisations“ (ICASO), ist es, die Interessen und Forderungen der von HIV und AIDS gefährdeten und betroffenen Menschen gegenüber Wissenschaft, Forschung, Medizin, Gesellschaft und Politik zu vertreten.

Die Konferenz, an der auch Vertreter der Deutschen AIDS-Hilfe teilnahmen, hat einen zehn Punkte umfassenden Forderungskatalog beschlossen. Im Mittelpunkt der Resolution stehen dabei die Einhaltung der Bürgerrechte gegenüber Menschen mit HIV und AIDS und die Forderung nach Anti-Diskriminierungsgesetzen. Weiter forderten die Vertreter der Selbsthilfegruppen sämtliche Staaten auf, keine Beschränkungen der Reisefreiheit für Menschen mit HIV und AIDS zu erlassen und bestehende wieder rückgängig zu machen. Scharf angegriffen wurde der Mißbrauch von Kranken und Infizierten durch die medizinische Forschung. Die Industriestaaten wurden aufgefordert, einen internationalen Fonds zur Stärkung der AIDS-Aufklärung, Prävention und der medizinischen Versorgung der Menschen in der Dritten Welt zu gründen.



Deutsche AIDS-Hilfe zieht Bilanz

Berlin (aid). „Auf einen drastischen Anstieg von AIDS-Erkrankungen unter intravenös Drogengebrauchern werden sich die mit der Betreuung und Prävention befaßten Organisationen in den nächsten Jahren einstellen müssen“, sagte Uli Meurer, der als D.A.-Vorstandsmitglied an der 5. Internationalen AIDS-Konferenz teilnahm, nach seiner Rückkehr aus Montreal.

Besonderes Interesse bei der D.A.H.-Delegation fanden Ergebnisse von Studien, die die HIV-präventiven Wirkungen von Spritzenaustausch- und Methadonprogrammen belegten. So bietet beispielsweise eine Studie des us-amerikanischen Wissenschaftlers David M. Novick Hinweise darauf, daß Methadon immunstabilisierende Wirkung haben kann.

Vorgestellt wurde auch eine Studie, die im Auftrag der Weltgesundheitsorganisation (WHO) erarbeitet wurde, die in ihrem Resümee die Einhaltung der Menschenrechte gegenüber allen Menschen mit HIV und AIDS fordert. Die adäquate Information von Strafgefangenen über HIV und AIDS, die unbedingte Freiwilligkeit von HIV-Antikörpertests und die qualifizierte medizinische und psychosoziale Versorgung im Strafvollzug seien ebenso notwendig wie die Isolierung HIV-positiver Gefangener unsinnig.

Während es auf dem Gebiet der medizinischen Therapieforschung wenig spektakulär Neues zu vermelden gab, waren der internationale Informationsaustausch über Präventionsstrategien und -Mittel von besonderem Interesse: „Am Kongreß-Stand der D.A.H. herrschte täglich ein 'Riesenandrang' und es gab eine große Nachfrage nach den zielgruppenspezifischen Informationsmaterialien der D.A.H.“, berichtete die Delegation der AIDS-Hilfe. Dies hatte zur Folge, daß die mitgenommenen Materialien bereits in den ersten Tagen des Kongresses vergriffen waren.

Besonders ein 'Safer-Sex' (Porno) Video, das zur Aufklärung bei schwulen Männern eingesetzt werden soll, zog die Zuschauer an den Stand. Nach den Aufführungen „hagelte es Visitenkarten“ wurde berichtet. „Wir haben weltweite Nachfragen nach Kopien, selbst von Mitarbeitern des us-amerikanischen Gesundheitsministeriums.“

AIDS zunehmend Krankheit der sozial Schwachen

Montreal (dpa): AIDS wird immer mehr zur Krankheit der sozial Schwachen, und in amerikanischen Städten zeichnen sich Auseinandersetzungen über die behördliche Maßnahmen zur Kontrolle der Krankheit ab. Dies sind zwei der für Gesellschaftswissenschaftler, Politiker und Mediziner besorgniserregenden Trends, die sich auf dem AIDS-Kongreß in Montreal abzeichnen.

Die wissenschaftliche Auswertung der Daten von derzeit rund 200.000 HIV-Infizierten, 20.000 AIDS-Kranken und bisher etwa 10.700 AIDS-Toten in New York förderten beispielsweise zutage, daß die Zahl der homosexuellen AIDS-Kranken im Vergleich zu Kranken aus der Drogenszene nachläßt. 1981 waren noch dreiviertel der Erkrankten in New York Schwule, 22 Prozent waren Drogenabhängige. 1988 dagegen waren 45 Prozent der AIDS-Kranken Drogenabhängige und nur noch 42 Prozent Schwule.

Diese Umkehr der Zahlenverhältnisse in New York hat dazu geführt, daß AIDS zu einer Epidemie unter den sozial Schwachen und Minderheiten geworden ist. 1981 waren 51 Prozent der AIDS-Fälle unter Weißen registriert. 1988 waren fast 70 Prozent Schwarze und Hispanier.

Heftige Proteste von Betroffenen und kontroverse Diskussionen unter Experten lösten die Vorstellungen des New Yorker Gesundheitschefs Stephen Joseph über die Zukunft der AIDS-Kontrolle aus. Joseph will zwar in New York weiter Vertraulichkeit für Tests und Beratung garantieren. Zugleich bezeichnete er es allerdings als unausweichlich, daß in der Zukunft die Namen von HIV-Infizierten registriert und ihre Kontakte „aggressiver als bisher“ nachvollzogen werden müßten.

Drama AIDS in der Dritten Welt

Montreal (dpa). In Abidjan, Hauptstadt der Elfenbeinküste, ist AIDS inzwischen eine der häufigsten Todesursachen unter Erwachsenen. In Uganda sind in einigen Hospitälern bis zu 50 Prozent der Betten von AIDS-Kranken belegt. Bald 55 Prozent der Mittel im Gesundheitsbereich werden dort von der Krankheit verschlungen. Eine Weltbankstudie für 36 Nationen der Subsahara prognostiziert, daß AIDS das Wirtschaftswachstum in diesen Nationen jährlich um durchschnittlich 0,8 Prozentpunkte verlangsamen wird.

Und AIDS breitet sich weiter aus in der Dritten Welt. Nach wie vor sind die schwarzafrikanischen Staaten besonders betroffen, vor allem Uganda, Tansania, Kenia, Malawi und Burundi.

Für die Kranken in den meisten dieser Länder bedeutet AIDS ohnehin die fast völlige Vernichtung ihrer Existenz - und häufig genug auch die ihrer Familie. Ärzte aus Kenia und Malawi berichteten von zahllosen Fällen, in denen Familien zerbrachen und im Elend versanken, nachdem die Ernährer an AIDS gestorben waren. In einigen Ländern Afrikas bricht in Fällen von AIDS auch das einzig funktionierende soziale Netz zusammen: Kranke werden nicht mehr von ihren Stämmen aufgenommen. AIDS-Kranke sind Ausgestossene, den Lepra-Kranken vergangener Jahrhunderte ähnlich.

Wenn die Kranken überhaupt behandelt werden, dann müssen sie auf fast alle jene Mittel verzichten, die in den Industrienationen inzwischen eingesetzt werden.



AZT: a pill that's hard to swallow

Some call it
a miracle drug
while others
say it's poison

By **NICHOLAS REGUSH**
of *The Gazette*

To fight AIDS, 3,200 Canadians take the drug AZT every four hours.

They are among the more than 20,000 people in 60 countries who risk the drug's severe side effects in the belief that it can extend life.

But hope is a poor substitute for effective drug therapy.

AZT may not offer its users any more relief than common Aspirin.

A *Gazette* investigation shows that there is no firm proof that human use of the drug can suppress the activity of the AIDS-linked human immunodeficiency virus (HIV) — the very pillar upon which claims for AZT's therapeutic uniqueness rests.

"AZT is becoming an absolute fiasco," said Michael Lange, an infectious disease specialist at St. Luke's-Roosevelt Hospital in New York City. Lange has served as a consultant on the drug to the U.S. Food and Drug Administration (FDA).

"AZT can cut down on symptoms such as fever, rashes, and sweating at night for a few months, but this may be due to anti-inflammatory properties the drug has and not due to any effect against HIV," he said. "We hardly need such a toxic drug if something like Aspirin might do the same job."

AZT causes side effects in about 50 per cent of users. These include anemia requiring blood transfusions, liver damage, nausea, headaches and vulnerability to a range of infections.

**"Something like Aspirin
might do the same job"**

"The drug is so toxic that as a doctor I would think twice about giving it to a patient," said Dr. Alastair Clayton, head of the Federal Centre for AIDS in Ottawa. "It is entirely possible that some patients who suffer from AZT's side effects will sue their doctors."

Some Americans with AIDS have publicly denounced the use of the drug, calling it a poison.

New York AIDS activist Michael Callen, who has survived AIDS for seven years on various medications, refuses to take AZT, calling it "Drano in pill form."

And there are signs that tensions about the drug's toxicity and widespread use may be mounting.

One New York City writer on AIDS even feels that the drug should be stolen from people with AIDS in order to save them from the side effects.

There is anger about the costs levied on AZT by its manufacturer, the Burroughs-Wellcome Co. of North Carolina. An annual individual supply of the maximum dose of the drug runs about \$8,000 in the U.S. and is available on prescription.

This prompted a group of people the other day in Atlanta to follow some AZT investigators to a restaurant and spill yellow paint on them.

In Canada, the provinces pay the tab and control the distribution. Doctors register for the test program those patients who have AIDS or have been exposed to HIV and have significant illness.

The Gazette; Montreal,
04.06.1989



Because people with AIDS from outside Canada will participate in the Montreal AIDS conference, Burroughs-Wellcome will beef up security at its sponsored events, according to Dr. Malcolm Fletcher, its Canadian medical director.

All the while, Burroughs-Wellcome maintains that its product is effective.

"I believe that AZT has had an important impact on AIDS," said Sandra Nusinoff-Lehrman, head of the U.S. company's antimicrobial department.

So do many doctors who care for people with AIDS.

"I think that if you would go across (Canada), you'd find there are varying opinions about the drug, but that many doctors feel there are benefits for some people," said Royal Victoria Hospital immunologist Norbert Gilmore. "One of the questions we need to look at is how sustained benefits are."

Said Callen:

"One (New York) doctor came up to me and pleaded with me not to publicly say anything negative about the drug. He wanted me to encourage people to at least try it. And peer pressure to take AZT is enormous. Everybody wants to think the best about this drug. It's been pushed so hard as being effective. People don't want to hear anything negative about it."

But a recent report from Burroughs-Wellcome's own scientists flagged a potential problem with AZT.

The company warned doctors last March that test-tube studies turned up strains of HIV that build up resistance to the drug.

The HIV had been isolated in some severely immune-deficient patients and tested in the laboratory with AZT.

Burroughs-Wellcome qualified this news by saying that there was no evidence that there was a corresponding decline in the health of these patients.

The issue, however, has the company thinking more about combining AZT with other drugs that fight viruses or boost the immune system. Such tests are in the early stages, said Nusinoff-Lehrman.

The furthest along is a treatment combining AZT with Acyclovir, a drug widely used to fight herpes infection, but it is too soon to draw any conclusions, she said in an interview at the company's U.S. headquarters in Triangle Research Park, N.C.

Future treatment of AIDS will require "multiple drugs in sequential combination," she predicted.

But this idea does not sit well with critics of AZT who say Burroughs-Wellcome is stringing out the use of a bad product and will scoop up many people with AIDS for tests who might have enrolled in other drug-testing programs.

Callen worries that a broadening of AZT tests will slow down development of new promising treatments.

For Lange, combination therapy involving AZT will further blur the issue of whether the drug has any real anti-viral therapeutic effect in the body.

"Everybody wants to think the best about this drug"

"The response to AZT is very similar to what I have observed in some patients who are prescribed a non-steroidal anti-inflammatory drug similar to Aspirin."

AZT was first synthesized in 1964 at the Michigan Cancer Foundation in Detroit. It was tested as a cancer drug but proved ineffective and was discarded.

Burroughs-Wellcome is heavily involved in research to find drugs against microbes. When scientists began touting HIV as the cause of AIDS in 1984, the company combed its shelves of products to find an ingredient that would suppress HIV.

AZT was turned up, showed activity against the virus in the test-tube, and the company targeted it for a wide range of experiments in 1985.

The drug can block an enzyme the virus needs to reproduce.

But chemicals that work in the test-tube most often do not become useful drugs in humans as the long and often discouraging history of drug development shows.

One basic reason is that complex conditions in the body that control viral activity are absent in the laboratory.

In February 1986, AZT tests were scheduled for 13 months at 12 U.S. medical sites on 282 people with AIDS who had recovered from a single recent bout with a common AIDS-related pneumonia or who had an impaired immune system and were considered by doctors to be at risk of developing AIDS-related infections.

Eight months later, the tests were halted because among the 137 patients in the placebo group, 19 had died compared with one death among 144 patients taking AZT.

The researchers concluded it was unethical and unfair to continue the group on the placebo. On the basis of this test, the company claimed that AZT could extend and improve the quality of life.

AZT became available in Canada on a test basis in late 1986. But the federal government has so far refused to allow it to be sold on prescription because "all the evidence we'd like to see isn't in," said Clayton.

"Our advisory committee wants us to be very careful. There is a lot of fear about giving it to people (exposed to HIV) who are asymptomatic as is done in the U.S."

In March 1987, the U.S. Food and Drug Administration (FDA) approved AZT for use on prescription although its own ana-



lysts of the drug flagged a series of breakdowns in the scientific rigor surrounding the tests.

"It was generally felt that the government had to do something for AIDS patients," Lange said.

AZT was then licensed for use by people with AIDS and AIDS-Related Complex of Illnesses (ARC) who have a history of a common pneumonia or low counts of a vital immune system cell known as the T-4. ARC patients have persistent symptoms such as fever, diarrhea, heavy sweating at night, extreme fatigue, coughing, unexplained weight loss and lymph-node swelling.

The company had no evidence at the time that HIV in the body was susceptible to the action of AZT as it is in the test-tube.

Attempts by AZT researchers to show that the drug suppresses HIV in the body by demonstrating a decline in the blood of an HIV protein, known as P-24, were inconclusive.

At the FDA hearing on the commercialization of AZT, Lange was concerned about the lack of data and called for a longer study that would better establish AZT's risks and benefits.

"I discovered that other consultants at the hearing, including one or two involved in the Burroughs-Wellcome study, shared my concerns, but remained mute during the closing discussion period. One actually told me that we should let the company recoup its investment in AZT."

Two years later, the company still had no published data to offer on the subject at an FDA-sponsored AZT followup hearing.

A few AZT researchers have since published results on P-24 but the data "is pretty patchy," said New York virologist Joseph Sonnabend, who, like Lange, does not use AZT in treating AIDS patients.

Asked about the available data on P-24 as a measure of HIV replication, Burroughs-Wellcome's Nusinoff-Lehrman allowed that, "there is some controversy over what P-24 means."

"Pumping AZT into these people, I think, is criminal"

At the FDA's AZT follow-up hearing, the company also presented the results of a study involving 4,805 AIDS patients who all took the drug. There was no placebo group because it was assumed that the drug was effective on the basis of the earlier study.

After 44 weeks of therapy, 59 per cent of the patients were alive, 18 per cent had died and information was lacking on the remaining 23 per cent.

The company interpreted these results to mean that AZT was keeping many patients alive longer than what could be expected.

But even avid AZT proponents like virologist John Bartlett of Duke University in North Carolina can't ignore the study's limitations. In an editorial in last November's *Journal of the American Medical Association*, he calls attention to the lack of scientific rigor in patient selection and medical reporting by doctors on their patients.

And the AZT saga is raising another red flag as HIV theory continues to shift.

Back in 1984 when Burroughs-Wellcome began testing AZT, it was generally believed that the massive destruction of T4 cells — and therefore AIDS — was the direct handiwork of HIV. No longer. Because it is now well established that HIV infects relatively few T-cells, scientists are trying to explain ways that the virus may cause indirect damage to them.

Meanwhile, Burroughs-Wellcome has expanded its testing of AZT to people who are not sick at all but who have been exposed to HIV. "We need to know the risk-benefit for these people," Nusinoff-Lehrman said.

Lange sees this move quite differently.

"Given that the statistics show that people who have been exposed to HIV can live for up to at least 10 years without symptoms, pumping AZT into these people, I think, is criminal," he said. □

The Gazette; Montreal, 4.6.89

5. Internationaler AIDS-Kongreß in Montreal

Weitere Versuche, das HIV zu neutralisieren

Montreal (Rö). Bei AIDS-Patienten steigt durch die kontinuierliche Infusion des CD4-Komplexes die Zahl der T-Helfer-Zellen, und der Virus-Titer des p24-Antigens nimmt ab.

Dieses Ergebnis einer Phase-I-Studie, die 1988 begann, hat Professor Dr. Samuel Broder vom National Cancer Institute in Bethesda, Maryland, auf dem Internationalen AIDS-Kongreß in Montreal vorgestellt.

18 Patienten mit AIDS oder mit ARC erhielten CD4 kontinuierlich als Infusion über 19 Tage. Bei keinem traten toxische Effekte auf. Bei 5 von 12 Patienten ergaben sich Anzeichen für eine herabgesetzte Virämie. Diese Veränderungen waren aber statistisch nicht signifikant. Es könne noch nicht geschlossen werden, daß CD4 einen definitiven Effekt habe, sagte Broder. Dazu müßten längere Behandlungszeiten, höhere Dosen und mehr Patienten untersucht werden. Gespannt ist der Wissenschaftler auf eine zweite Generation von CD4-Komplexen wie Hybrid-Proteine oder Kombinationen mit Immunglobulinen. Solche Moleküle hätten in-vitro eine viel längere Halbwertszeit als CD4 allein.



Prof. Dr. Samuel Broder, Direktor des National Cancer Institutes der USA, hofft auf Therapie-Erfolge mit dem CD4-Komplex. Foto: mic

CD4 ist laut Broder ein Protein auf der Oberfläche der T-Helfer-Zellen, dem Ziel von HIV. Es binde daran und dringe in die Zelle ein. Die Hoffnung sei, daß CD4, das dem Patienten gegeben werde, sich an das Virus binde und es damit neutralisiere.

Ärzte Zeitung, Neu-Isenburg,
9./10.06.1989

Ärzte Zeitung; Neu-Isenburg,
08.06.1989

HIV-Risikofaktoren

Sind rauchende Frauen besonders anfällig für AIDS?

Montreal (Rö). Zigarettenrauchen ist ein Risikofaktor für die heterosexuelle Übertragung von HIV-I. Das hat eine Studie von Dr. Halsey Neil von der John-Hopkins-Universität in Baltimore ergeben.

Der Wissenschaftler hatte, wie er auf dem AIDS-Kongreß in Montreal vortrug, 1953 Frauen aus den Slumgebieten von Port-au-Prince in Haiti untersucht.

9,2 Prozent von ihnen waren Sero-positiv. Rauchende Frauen waren sogar zu 18 Prozent infiziert, Nichtraucher nur zu neun Prozent. Frauen, die stärker rauchten, hatten höhere Durchseuchungsraten als solche, die weniger rauchten. Als Begründung gibt Neil an, daß Rauchen die Empfänglichkeit für das Virus erhöht, entweder direkt über Effekte auf die Zervix oder indirekt dadurch, daß es das Risiko erhöht, andere Infektionen zu bekommen, die das Zervixepithel schädigen.



5. Welt-AIDS-Kongreß in Kanada

Langsam aber sicher:

Ärzte Zeitung, Neu-Isenburg,
09.06.1989

HIV nimmt weltweit immer weiter zu

Von Heinz Dieter Rödder

Montreal. Trotz intensiver Aufklärungsmaßnahmen breitet sich HIV in der Allgemeinbevölkerung immer weiter aus, nicht nur in Ländern der Dritten Welt, sondern auch in den Vereinigten Staaten und Europa.

Dies ergibt sich aus mehreren neuen Studien, die von verschiedenen Arbeitsgruppen bei der Internationalen 5. Welt-AIDS-Konferenz in der kanadischen Stadt Montreal vorgestellt worden sind.

In Italien sei beinahe jede tausendste Frau im gebärfähigem Alter infiziert, sagte Dr. Giuseppe Igpulito aus Rom. Zu diesem Schluß war er bei der Auswertung anonymer HIV-Tests im Nabelschnurblut Neugeborener gekommen. Von 20 683 Frauen ohne besonderes Risiko aus 63 italienischen Krankenhäusern waren demnach zwischen Juni und November 1988 18, die gegen Western-blot getestet wurden, HIV-positiv. Im Norden und der Mitte Italiens sei die Prävalenz höher als im Süden des Landes.

Nach einer prospektiven seroepidemiologischen Studie aus Paris von 30 525 Schwangeren im Zeitraum zwischen Februar 1987 und Juli 1988 liegt die Durchseuchung mit HIV bei 0,7 Prozent. 218 Frauen wären HIV-I-positiv, fünf HIV-II-positiv gewesen, erklärte Dr. Alain Gondeau aus Tours in Frankreich.

Dr. John G. McNeil vom Walter Reed Army Institute of Research in Washington in den

USA berichtete, die jährliche Rate neuer HIV-Infektionen in der Armee habe in den vergangenen zehn Jahren konstant bei 0,74 pro tausend Soldaten gelegen, und zwar in den Jahren 1985/86, 1986/87 und 1987/88. Nach McNeils Angaben infizierten sich in seiner Kohorte von 76 787 Armee-Angehörigen durchschnittlich jährlich 500 neu mit HIV.

Der Referent gab an, zu seinen Ergebnissen dadurch gekommen

zu sein, weil er die kontinuierlichen Tests der Armee-Angehörigen statistisch ausgewertet hat. Er betonte, daß es sich bei seiner Kohorte um eine Gruppe mit geringem Risiko handele, weil die Soldaten von ihren städtischen Heimatregionen mit höherer HIV-Prävalenz entwarnt seien. Außerdem hätten die Rekruten durch den anstrengenden Dienst wenig Gelegenheiten, sich zu infizieren.

Von Universitätsstudenten in den USA sind 0,2 Prozent infiziert. Von 13 810 Blutproben waren es 23. Jeweils bis zu 1000 Blutproben waren von den Studenten an 17 Universitäten in den USA gesammelt worden, von denen aus anderen Gründen Blut abgenommen werden mußte. Diese Untersuchungsergebnisse hat Dr. Helene Gayle von den CDC in Atlanta im US-Staat Georgia bei der AIDS-Konferenz vorgestellt. Von den HIV-Positiven waren 87 Prozent männlich und 83 Prozent waren mehr als 21 Jahre alt. Bei den Studenten lag die Seroprävalenz bei 0,5 Prozent, bei den Studentinnen bei 0,04 Prozent. Beson-

ders hohe Durchseuchungsraten wurden von Dr. Jerome Ernst aus dem Bronx-Lebanon-Hospital in New York angegeben. Hier liegt die Durchseuchungsrate mit HIV bei den 25- bis 44-jährigen gar bei 18,8 Prozent. Von 875 untersuchten Patienten dieser Gruppe waren 46 positiv.

Viral agent may hold vital key to AIDS, some scientists think

By **NICHOLAS REGUSH**
of *The Gazette*

Some researchers are abuzz about an agent they believe could be a vital clue in solving the puzzle of AIDS.

It's called virus-like infectious agent (VLIA) and is found in some people with AIDS.

VLIA has also killed animals in laboratory tests.

Some researchers believe it might be related to a killer called African swine fever virus, which causes AIDS-like symptoms in pigs.

Medical pathologist Shyh-Ching Lo, VLIA's 40-year-old discoverer, has not fully identified the family of viruses to which the agent belongs.

But he says that whatever it is he has found, it might be involved in how AIDS develops.

Lo and several colleagues working at the U.S. Armed Forces Institute of Pathology in Washington, D.C., fished VLIA out of cells taken from an AIDS sufferer in 1986. That same year, Lo published his findings in the *American Journal of Tropical Medicine and Hygiene*.

Though Lo's work sparked some interest, scientists wanted more details.

In any event, it has been widely held since 1984 that the human immunodeficiency virus (HIV) causes the destruction of the immune system, a condition seen in people with AIDS.

But Lo now has scientists buzzing. He published more detailed studies, complete with some photographs of VLIA, in the same journal this year.

Shares characteristics

To Jane Teas, a population biologist in Boston, VLIA's unusually large size is a reminder of her investigation of the equally large African swine fever virus.

A chronic version of swine fever causes pigs to suffer symptoms such as immune suppression, swollen lymph nodes, skin lesions and pneumonias. All these afflictions are common in people with AIDS.

It happens that swine-fever epidemics in pigs had preceded AIDS in humans by about two years in Haiti, Uganda, Zaire and Brazil.

In 1983, Teas — then a research fellow at the Harvard School of Public Health — wrote a letter to the British journal the *Lancet* speculating that African swine fever virus could be related to the spread of AIDS.

She wrote that in Haiti, where pigs had been infected with the virus, people soon became sick with AIDS.

The idea turned up around the time that French scientists were about to announce that HIV was the cause of AIDS.

In 1986, Teas teamed up with John Beldekis, then a microbiologist with the Boston University School of Medicine. He conducted studies that suggested people with AIDS might have been exposed to swine fever virus.

Because the swine fever virus is not known to have infected humans, it was thought that a variant had made the jump from pigs, possibly through the consumption of infected pork in Haiti.

The virus then may have been transmitted in humans by means of blood and semen, which are the most efficient transmission routes for African swine fever virus.

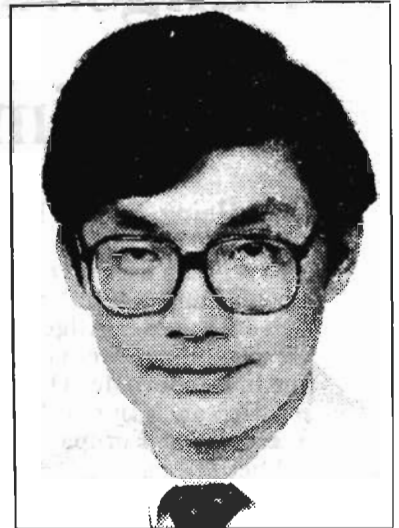
To test the theory, the Centres for Disease Control in Atlanta examined the blood of some AIDS patients. The tests cast doubt on the swine-fever hypothesis, and the United States government decided to drop its investigation.

At a meeting in Cold Spring Harbor, N.Y., in September 1986, 12 people, including U.S. Department of Agriculture and Centres for Disease Control scientists, had recommended to the government not to expend further resources exploring the swine fever virus.

But William Hess, a world expert on the swine virus who attended that meeting, said in an interview last week that more testing of virus might be warranted. Hess recently retired from the agriculture department.

He says photographs of VLIA suggest that it is about the size of the swine fever virus, but their outer envelopes differ.

Hess said Lo might have to work with someone who is well-versed in



SHYH-CHING LO
Findings under wraps

African swine fever virus to make appropriate comparisons.

The actual swine virus would have to be examined. Previous tests by Beldekis and the Centres for Disease Control only involved examining blood for antibodies to that virus.

Teas said tests on the swine virus might be difficult to conduct in the U.S. "because the (agriculture department) has made testing with it illegal."

"There is concern that if it got into the pig population of the U.S., it could wipe out the multibillion-dollar pork industry."

She said Lo would require foreign help in launching a full-scale study of the swine virus.

Test for antibodies

Norbert Rapoza, a virologist with the American Medical Association, has followed Lo's work closely for the past two years. Rapoza says VLIA is more likely a member of the pox virus family, particularly a large Nigerian virus called Yaba.

"Some Romanian scientists are interested in Yaba and they already have a way of testing for antibodies to the virus," Rapoza said.

"What I'm trying to find out is why they are so interested in a virus from Africa. I'm looking into this."



To HIV pioneer Robert Gallo, VLIA may be a "miscellaneous pathogen," his term for a virus that can cause some disease in people with AIDS but is not involved in causing immune suppression.

"That is, of course, if he really has a virus," Gallo said in a phone interview from his office at the National Cancer Institute in Bethesda, Md.

Gallo suggests that VLIA might be a contaminant — the product of a botched experimental process.

To identify VLIA, Gallo wants the lab materials Lo uses to study the agent.

The Institute of Pathology has refused his request.

"It borders on the criminal," Gallo said of that response. "It is important to move on it."

The institute's 24 specialty departments study pathological changes in the body. Its AIDS program focuses on HIV as well as other infections found in the tissues of people who died of the syndrome of illnesses.

"We're still trying to characterize the agent, using molecular biology studies," said Col. Vernon Armbrustmacher, the institute's deputy director.

"We're going slow because it is dangerous to go too fast in science."

Those involved in research with VLIA are also sensitive to the politics surrounding AIDS research. The U.S. government has funded HIV work almost to the exclusion of other approaches.

"There are vested interests and high stakes involved," said Mike Howard, an institute spokesman.

To keep control of VLIA research, the institute will for the next several months release some of its research materials on VLIA only to outside scientists who will sign collaborative research agreements.

"We'll let everything loose in about five months," Armbrustmacher said.

The institute has even put a lid on Lo, who will not attend the Montreal AIDS conference as initially thought. Nor will Lo talk to the media.

"We are protecting him," Armbrustmacher said. There were fears that Lo would be inundated with questions from scientists and media at the conference.

Suspicious growing

Several members of the institute will attend the conference and present more details about VLIA.

Rapoza said some scientists are becoming suspicious of the insti-

tute's posture because it is taking Lo so long to figure out exactly what type of virus he has discovered.

And he questions whether it is ethical to withhold information and materials on VLIA, given that "it could prove to be of some importance."

Lo has applied for patents on VLIA. Rapoza is concerned that this move is also holding things up.

Howard said it is premature to talk about any possible studies at the institute of swine fever virus and other agents that might be related to VLIA.

The drama unfolding around Lo and the institute comes at a time when HIV theory about how AIDS develops is at a crossroads.

Though theories abound, it is still not understood how the virus does damage — and it is 10 years into the epidemic.

It was first thought that HIV could directly attack and destroy key immune system cells known as T-4 cells — and that this was how the immune system wore down.

Then there was talk of how the virus needs to be stirred from a post-

infection state of inactivity to multiply and spread in the body.

It was postulated on the basis of test-tube studies that a wide range of viruses could give HIV a boost.

Then scientists began to pay more attention to the possibility that one or more of these "co-factors" helped HIV to cause AIDS.

But it turns out that HIV is found in relatively few T-4 cells.

And efforts are also under way to determine whether only certain strains of HIV are involved in AIDS.

Meanwhile, Lo has something HIV scientists do not — an agent that shows deadly power in the laboratory.

In one study, Lo found VLIA in seven of 10 AIDS patients.

Four monkeys that were injected with VLIA got sick and died within seven to nine months.

Three of the monkeys had low-grade persistent fever. One had a brief bout of fever. All lost a lot of weight.

Lo was able to fish out signs of VLIA from the tissues of all four monkeys.

But Lo did not find signs of the type of infections and cancers in the monkeys that are commonly associated with AIDS — such as pneumonia, parasitic illness and cancer of the blood vessels.



AIDS vaccine possible soon: HIV discoverer

By MIKE KING
of The Gazette

Health-care professionals from Canada and the United States were told here yesterday that a vaccine to prevent people who are HIV-positive from developing AIDS is on the horizon.

Professor Luc Montagnier, researcher at the renowned Pasteur Institute in Paris, informed delegates to a joint weekend conference of the Canadian and American Medical Associations that such a vaccine "can be achieved in the next few years."

Montagnier, who along with U.S. scientist Robert Gallo in 1984 discovered the human immunodeficiency virus (HIV) believed to cause AIDS, said researchers around the world are making good progress toward developing a vaccine.

"Our goal is to stop people infected (with HIV) from getting the disease," said Montagnier who is head of the viral oncology unit at the Pasteur Institute.

He was quick to add, however, that "research will be required for many more years before AIDS is under control."

Because the virus is "very clever," Montagnier said, the main problem will be to bolster the immune system by developing a protective vaccine.

"There's a possibility we'll have a vaccine that works for the short term but it will be difficult to find one that lasts longer."

He said that if a vaccine could protect HIV-positive people even



LUC MONTAGNIER
"Short-term" vaccine

for several years, "it would have an important role in levelling or stopping the epidemic."

At a news conference, Montagnier said "AZT is the only hope right now." AZT is the controversial drug used by 3,200 Canadians and more than 20,000 people in 60 countries to fight AIDS.

"We still don't know enough about AZT but, after the first few hours (of exposure to HIV), it can prevent cells from being infected," Montagnier said.

He added that, as much as he would like to see more use of animal models in developing a vaccine, animal-rights groups are fighting such experiments.

About 200 people attended the weekend conference.

The Gazette; MONTreal; 8.6.89



AIDS / Infektion mit Herpes simplex Typ 2

Proktitis spricht auf hochdosierte Dauerinfusion mit Aciclovir an

Montreal (Rö). Eine schwere Herpes simplex Typ 2-Proktitis bei Patienten mit AIDS, die auf eine orale oder intravenöse Therapie mit Aciclovir nicht ansprechen, läßt sich erfolgreich mit kontinuierlicher Dauerinfusion des Präparates in hohen Dosen behandeln.

Ein Poster dazu haben Dr. Jeffrey Engel und seine Kollegen von der East Carolina University School of Medicine in Greenville im US-Bundesstaat North Carolina bei der AIDS-Konferenz in Montreal vorgestellt. Die Ärzte berichten auf der Posterwand, sie hätten durch kontinuierliche Infusionen von Aciclovir

mit 1,5 bis zwei Milligramm pro Kilogramm und Stunde über Hickman-Katheter mit Plasmaspiegeln zwischen 20 und 30 Mikromol/Liter nach einer Woche bei beiden Patienten erste Besserung erreicht, und nach der sechsten Woche seien die Läsionen vollständig abgeheilt. Ein Therapieversuch mit oraler Gabe von Aciclovir und anschließender intravenöser Therapie mit dem Präparat über drei Wochen alle acht Stunden hatte bei den Patienten kein Abklingen, aber eine Resistenz bewirkt, auf mehr als den zehnfachen LD₅₀-Wert für Herpes simplex Typ 2. Auch zur Langzeittherapie akuter retinaler

Nekrosen (ARN) durch Herpes-Simplex-Viren oder Varizella-Zoster-Viren bei AIDS-Patienten scheint Aciclovir geeignet zu sein. Nach einem Poster von Dr. Eva-Maria Fabricius vom Krankenhaus Harlaching bei München hat die Ärztin bei einem Patienten durch die Dauergabe von 800 Milligramm Aciclovir (pro Tag oral) inzwischen über sieben Monate ein ARN-Rezidiv verhindert. Im Gegensatz dazu hatte sich bei drei ARN-Patienten nach Abschluß der akuten Therapie das Augenlicht rasch verschlechtert. Fabricius hält ARN indiziert zur Langzeittherapie mit Aciclovir

Ärzte Zeitung; Neu-Isenburg;
14.06.1989

Pneumocystis carinii

Alternative bei erfolgloser Gabe von Pentamidin

Montreal (mf). Bei einer erfolglosen Behandlung der Pneumocystis carinii Pneumonie mit Co-Trimoxazol oder Pentamidin scheint eine kombinierte Therapie aus Clindamycin und dem Malariamittel Primaquin sinnvoll zu sein.

Dies berichten Dr. Emil Toma und seine Mitarbeiter von der Universität Montreal in Quebec, Kanada im Lancet (I, 1989, 1046). Toma und seine Mitarbeiter haben die Pneumocystis carinii Pneumonie mit einer kombinierten Therapie aus Clindamycin und Primaquin 28mal bei 25 Patienten behandelt, von denen 17 zuvor schon erfolglos medikamentös therapiert worden waren. Wie Toma berichte-

te, hatte die Therapie bei vier Personen keinen Erfolg, bei den übrigen Patienten sei in weniger als 48 Stunden eine Besserung eingetreten. Nur fünf der weiterhin beobachteten 23 Patienten hätten einen Rückfall erlitten. Die Therapie wurde im allgemeinen gut vertragen und konnte bei den meisten Patienten nach 15 Tagen abgesetzt werden.

Ärzte Zeitung; Neu-Isenburg;
06.06.1989

Welt-AIDS-Kongreß

Sinkt die Zahl der T-Helferzellen, steigt das Pneumonierisiko

Montreal (Rö). Fällt die Zahl der T-Helferzellen bei einem HIV-Infizierten auf 200 pro Kubikmillimeter, ist dies ein sicheres Zeichen, daß sein Risiko groß ist, bald eine Pneumocystis carinii-Pneumonie zu bekommen.

Dies ist das Ergebnis einer Studie mit 1665 HIV-Infizierten, über die Dr. John P. Thair beim AIDS-Kongreß in Montreal berichtet hat. Von den Patienten mit T₄-Helferzellzahlen unter 200 hätten 8,3 Prozent innerhalb der nächsten sechs Monate, 18 Prozent binnen zwölf Monaten und 38 Prozent innerhalb von 36 Monaten eine Pneumocystis carinii-Pneumonie entwickelt. Bei T-Helferzellzahlen über 200 seien diese Prozentsätze dagegen viel kleiner gewesen, erklärte Thair. Er empfiehlt daher dringend, bei Helferzellzahlen unter 200 pro Kubikmillimeter, eine Prophylaxe der Pneumocystis carinii-Pneumonie, zum Beispiel mit Pentamidin als Aerosol, vorzunehmen.

Ärzte Zeitung; Neu-Isenburg;
9./10.06.1989



Noch bleibt der Aids-Erreger Sieger

Konferenz in Montreal zeigt Machtlosigkeit der Forscher

/ Kombinationstherapie als Hoffnungsschimmer

Süddeutsche Zeitung; München;
08.06.1989

Die neueste Buchveröffentlichung der amerikanischen Stiftung für Aids-Forschung (AmFAR) findet auf dem fünften internationalen Aids-Kongreß in Montreal diese Woche reißenden Absatz: Auf knapp 140 Seiten hat die Stiftung, unterstützt von den nationalen Gesundheitsinstituten (NIH) und der US-Vereinigung der Arzneimittelhersteller, minutiös zusammengetragen, welche Arzneimittel – alleine oder in Kombination – derzeit an welchen Kliniken in den USA zur Behandlung der Immunschwächekrankheit Aids erprobt werden. Das ist auch erforderlich, denn es ist nahezu unmöglich, wie auch die unzähligen Beiträge bei der Tagung deutlich machen, sich derzeit einen Überblick über die laufenden Studien zu verschaffen.

Mehr als 70 Substanzen konnte Tom Merigan von der Stanford Universität seinen Forscherkollegen auflisten, die bereits in klinischen Studien erprobt werden oder demnächst erprobt werden sollen. Zu diesen Mitteln gehören Arzneimittel, die – ähnlich wie das bislang einzige zugelassene Medikament gegen Aids, das Azidothymidin (AZT) – ein bestimmtes Enzym der Erreger und damit dessen Vermehrung hemmen. Erprobt werden aber auch Substanzen, die Gene oder Eiweißstoffe des Erregers, die dessen Vermehrung steuern, unterdrücken sollen.

Palette von Stoffen

Hinzu kommt eine ganze Palette von Stoffen, die das Immunsystem der Patienten beeinflussen könnten. Auch gentechnisch produzierte Chimären aus Antikörpern oder Giftstoffen, die mit Teilen jenes CD4-Rezeptor genannten „Ankerplatz“ des Erregers auf den Zellen verknüpft wurden. Diese Substanzen sollen die Viren – einem klebrigen Fliegenfänger ähnlich – im Blut abfangen und blockieren.

Außerdem haben die Forscher begonnen, auch verschiedene Kombinationen von Arzneimitteln zu erproben. Denn insbesondere von einer Kombinationstherapie erhoffen sich viele Ärzte in der Zukunft entscheidende Fortschritte bei der Aids-Behandlung.

Greifbare Ergebnisse derartiger Behandlungsverfahren konnten die Wissenschaftler bei der Mammuttagung, die am kommenden Freitag zu Ende geht, jedoch noch nicht präsentieren: Die Studien befinden sich noch im Anfangsstadium, bei dem zunächst nur erprobt wird, in welchen Dosierungen die Arzneistoffe verabreicht werden können, ohne schwere Nebenwir-

kungen zu verursachen. Darum sind frühestens in ein bis zwei Jahren Aussagen zur Wirksamkeit möglich.

Anders sieht es demgegenüber bei AZT aus: Erste Langzeituntersuchungen belegen, daß AZT das Leben vieler Aids-Patienten um zwei bis drei Jahre verlängern kann. Immerhin lebt dank AZT die Hälfte der Patienten noch mindestens zwei Jahre nach Ausbruch der Krankheit. Unbehandelt hingegen überleben nur vier Prozent der Aids-Kranken diesen Zeitraum.

„Darum sollte mit der Therapie auch sofort begonnen werden, sobald der Ausbruch der Krankheit diagnostiziert wird“, forderte Margaret Fischl von der Universität von Miami auf der Tagung. Den größten Effekt hat AZT nämlich im ersten Jahr nach Krankheitsausbruch, wie die Adis-Spezialistin feststellt. Von den behandelten Patienten überleben 80 Prozent dieses erste Jahr, von den unbehandelten, das belegen ältere Untersuchungen, hingegen nur 30 Prozent.

Zurückhaltend beurteilte Margaret Fischl jedoch Versuche, bei Menschen, die mit dem Aids-Virus zwar infiziert sind, aber noch keine Krankheitssymptome haben, den Ausbruch von Aids durch AZT zu – mindestens hinauszuschieben. „Wir haben Patienten“, so Fischl, „deren Immunsystem den Erreger bis zu zehn Jahre alleine in Schach halten kann. Da sollten wir mit einem Medikament, das nicht unerhebliche Nebenwirkungen hat, vorsichtig sein.“

Eine „Zuckerpille“ ist AZT – wie jedes hochwirksame Arzneimittel – wahrlich nicht. Übelkeit und Erbrechen gehören dabei noch zu den harmloseren Nebenwirkungen. Gravierender ist hingegen die Wirkung auf die Vorläufer roter und weißer Blutkörperchen im Knochenmark, deren Vermehrung unterdrückt wird. Darum sind bei vielen Patienten immer wieder Bluttransfusionen erforderlich oder die Therapie muß gar abgebrochen werden. Eine weitere Nebenwirkung kommt, so Fischl, jüngsten Untersuchungen zufolge noch hinzu: AZT verursacht bei längerer Anwendung Muskelschäden – offensichtlich hemmt die Substanz auch körpereigene Enzyme, die dem Virus-Enzym ähneln.

Überraschende Ergebnisse

Diese Nebenwirkung, die immerhin bei 25 von 89 untersuchten Patienten beobachtet wurde und deren Häufigkeit deutsche Ärzte, die dem Vortrag lauschten, überraschte, verkündete Margaret Fischl erst auf dem Kongreß. Den Teilnehmern eines Symposiums der Herstellerfirma von AZT, hatte sie diese Neuigkeit zwei

Tage zuvor noch vorenthalten. „Vermutlich wollte Frau Fischl diese Befunde erst dem größeren Kongreß-Auditorium vorstellen“, mutmaßte ein Firmensprecher.

Trotz aller Probleme steht jedoch fest, daß AZT – zumindest in der nächsten Zeit – kaum durch andere Medikamente ergänzt oder gar ersetzt werden kann. „AZT ist wichtig und alles was wir haben“, kommentierte auch Luc Montagnier vom Pasteur-Institut in Paris. Kein „Heilmittel“, das von manchen Scharlatanen empfohlen wurde, hat sich als wirksam erwiesen und andere Stoffe stecken erst „in der Pipeline“, wie NIH-Forscher sich ausdrückten. Dabei setzen sie große Hoffnungen auf die Kombinationstherapie, nicht zuletzt auch deshalb, weil die Wirksamkeit von AZT im Laufe der Behandlung nachzulassen scheint.

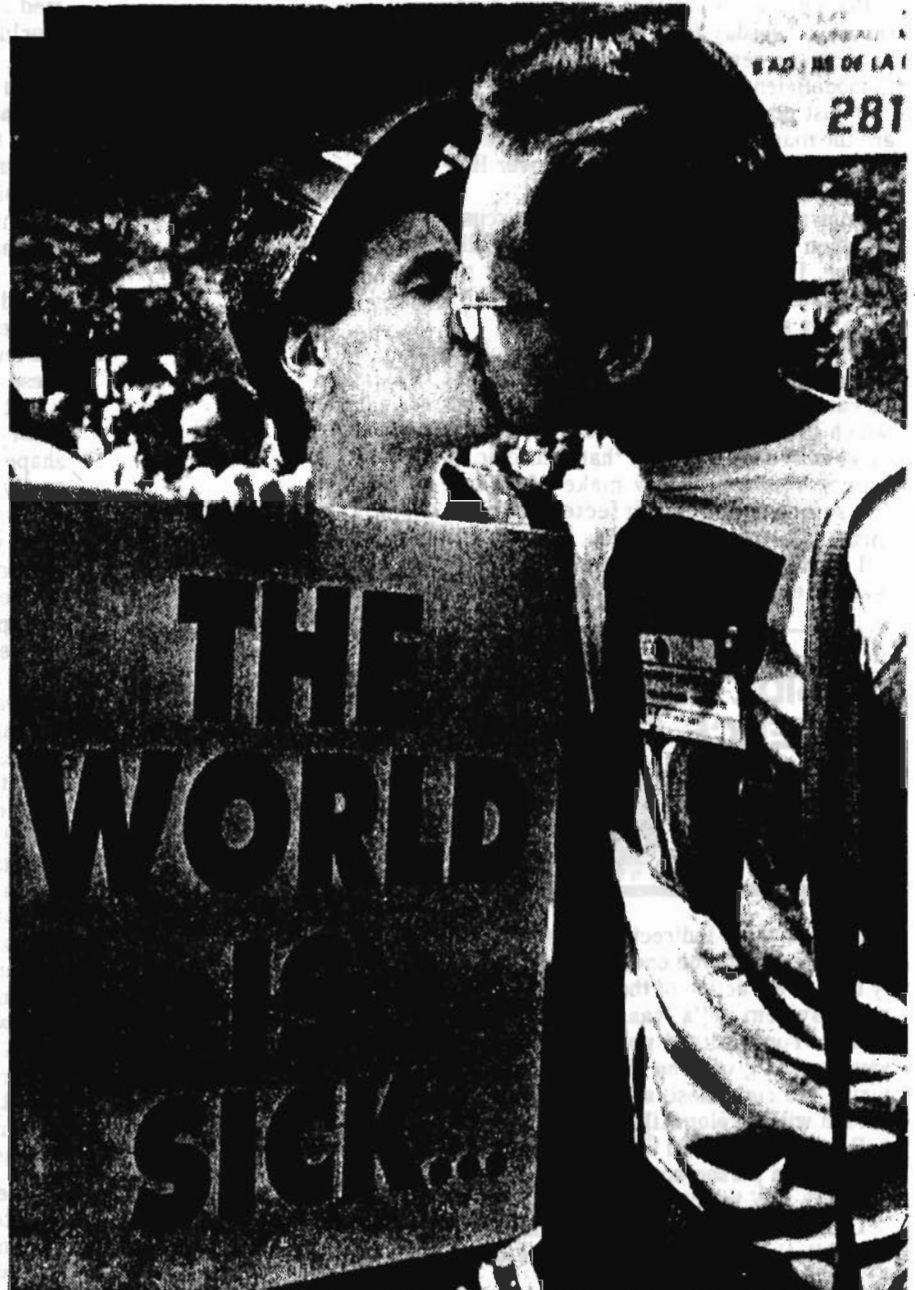
Unklar ist, ob eine Resistenz der Erreger gegen AZT für den Wirkungsverlust verantwortlich ist. Fest steht nur, so belegen Untersuchungen von Douglas Richman von der Universität in San Diego, daß Aids-Erreger, die aus dem Blut von Patienten nach einer mehrmonatigen AZT-Therapie isoliert worden waren, gegenüber dem Medikament zunehmend unempfindlicher wurden. Derartige Resistenzentwicklungen, so hoffen die Ärzte, könnten zukünftig durch eine Kombinationstherapie durchbrochen werden. Zumindest belegen Reagenzglas-Experimente kalifornischer Wissenschaftler, daß die Widerstandsfähigkeit der Erreger gegen eine Substanz – ähnlich wie die Antibiotika-Resistenz von Bakterien – nicht automatisch auch Resistenz gegen andere Arzneimittel bedeutet.

Auch die Nebenwirkungen von AZT wollen die Ärzte durch die Kombinationsbehandlung reduzieren. „Die Nebenwirkungen können wir vielleicht dadurch verringern, sagt Margaret Fischl, „indem wir Arzneimittel mit unterschiedlichen Nebenwirkungen einsetzen.“ Denn eines steht fest: Es dürfte wohl kein wirksames Medikament gegen die Aids-Erreger jemals gefunden werden, das nicht gleichzeitig auch mehr oder weniger schwere Nebenwirkungen im Organismus verursacht. Zu eng ist die Virusvermehrung mit den Lebensprozessen der befallenen Zellen verzahnt, als daß eine Bekämpfung der Erreger ohne Schäden für die Zellen zu bewerkstelligen wäre. Wenn die Arzneimitteldosis bei der Kombinationsbehandlung darüber hinaus jedoch auch noch reduziert werden kann, wie die Forscher hoffen, müßten auch die Nebenwirkungen insgesamt geringer ausfallen.



Die mit Vehemenz von New Yorker Aids-Aktivisten beim Kongreß vorgetragene Forderung „Cure Aids now“ („Heilt Aids jetzt“) zeugt – trotz aller Hoffnungsschimmer am Horizont – eher von Unkenntnis der wissenschaftlichen Möglichkeiten. Die Behandlung wird sich verbessern lassen, „unser Ziel muß sein“, so Jay Levy von der Universität in San Francisco, „daß die Patienten trotz einer Infektion mit dem Aids-Erreger 20, 30 oder gar 40 Jahre überleben.“ Aber eine Methode, die die Infektion wirklich heilen kann, ist noch lange nicht in Sicht.

BARBARA RITZERT



„HEILT AIDS JETZT“ fordern Aktivisten in Montreal von den Wissenschaftlern. Doch diese müssen passen. Trotz vieler Ansätze und einer Fülle von getesteten Substanzen können sie die Krankheit bishernur ein wenig aufhalten.

Photo: Reuter

OK, Bob! Are you going to talk turkey about HIV or not?

Dear Bob Gallo:

People are miffed that you were a no-show on Tuesday for your scheduled talk at the conference on how the human immunodeficiency virus causes AIDS.

It just doesn't look good. After all, you are the man who helped Luc Montagnier of the Pasteur Institute in Paris discover HIV back in 1984.

Anyway, I trust you have a good excuse. But then again, you've skipped out on talks before. I see that your talk has been re-scheduled for 11:45 this morning. I sure hope you show up.

When we spoke on the phone a couple of weeks ago, you offered that HIV can cause disease alone but that there are factors which make it occur more readily, such as other microbes. You said that a chronic infection would probably make life worse for someone already infected with the virus.

I admit I smiled when you said your lab was researching a dozen ways that HIV

INSIDE SCIENCE

Nicholas Regush



could somehow indirectly cause AIDS — considering that you once argued forcefully that direct action of the virus on key immune-system cells was all that was required. You summed up your position by saying that given the right strain of the virus, the right dose and enough time, a person will develop AIDS.

But then you added that it was quite possible that a person could live to a ripe old age with HIV infection and not get AIDS.

Look, Bob, we both know this may sound authoritative to a lot of people, but it really

isn't convincing. And frankly, it is getting quite confusing. We really need the scientific details of how this all works.

People from all walks of life are so worried about HIV. You really owe it to the world to lay all your knowledge on the table.

I'm naturally worried that you are holding back. You said everything that I would need to know to be convinced that HIV causes AIDS is contained in several chapters of the book you are writing.

I must say that I'm pleased you offered to send me the material. But I think that if there are real goodies in those chapters it would be wise to divulge them this week.

I know, I know. You mentioned that not too much new science gets unveiled at these types of conferences.

But Bob, we really need you. The HIV-theory side of the conference is in worse shape than I expected. So far, no one has really come closer to explaining how the virus causes immune destruction than what we've known for a couple of years.

Even Luc Montagnier fizzled out badly on Monday. Get this: he actually had someone speak in his place.

The last-minute replacement was Michael Ascher of the California Department of Health Services. He claimed he and his colleagues have a novel theory of how HIV causes AIDS. It essentially has to do with HIV tricking the immune system into overactivity.

Ha! Versions of this idea have been floating around for years. Mark Wainberg, a prominent Canadian AIDS scientist who was at the talk, opined that some of the new words Ascher had invented such as "panergy" to describe the process reminded him of playing Scrabble.

Now what about Montagnier? Did he have trouble finishing his speech in time, as rumor has it?

To be fair, he did speak for a bit after Ascher. But the information on the slides was definitely old hat. Some people sitting beside me shook their heads.

Later Montagnier told the press that it is not known how HIV causes AIDS.

Now don't get too upset when I tell you that Peter Duesberg phoned me yesterday from the University of California.

I know his insistence that HIV is not the cause of AIDS gives you a lot of grief.



But face it. We both know Peter well enough to conclude that he won't quit raising points about HIV theory. He is convinced that you don't have the data to prove your position on the virus.

Because he sees the AIDS conference as a networking opportunity for HIV backers, and not a meeting for open and forward scientific discussion, he has stayed home.

Still, he's getting some tidbits about the goings-on from some of his friends.

He suggested that Montagnier probably didn't speak because he had nothing of importance to say. And he said the same thing about you.

Prove him wrong, Bob.

The Gazette; Montreal; 8.6.89

AIDS victims living longer, U.S. doctor says

The odds of living 18 months or more after getting an AIDS diagnosis have increased dramatically in recent years, from 30 per cent in 1982 to over 60 per cent today, the head of the U.S. National Cancer Institute says.

Dr. Samuel Broder, speaking at the Fifth International Conference on AIDS at the Palais des congrès yesterday, brought the first bit of excitement about progress in the treatment of AIDS since news of the drug AZT was announced at the conference three years ago.

Broder even used the word "cure" — the first top U.S. government official to talk that way in years.

The word came up during his discussion of an enzyme called reverse transcriptase, which the virus believed to cause AIDS needs to replicate.

"Attacking the virus by this unique enzyme has given us a foundation stone on which we can build new therapies and combination therapies, hopefully ultimately developing a cure for HIV (human immunodeficiency virus) infection, and I use that term specifically," said Broder.

He also said that researchers have genetically engineered a molecule that "definitely works in the labs" at neutralizing the ability of the virus to bind on to the white blood cell that masterminds the immune system, the T-4 lymphocyte. The virus hooks on to the blood cell at a site called the CD4 molecule.

"If I had said that to you when I spoke in Washington two years ago, many of you would have concluded that this was a science-fiction approach, but we are on the verge of being able to adapt such molecules and administer them on an experimental basis to people who are HIV infected," Broder said.

The cancer institute has been a leader in research of AIDS because one of the first infections identified in the syndrome was Kaposi's sarcoma, a form of skin cancer.

Genetically engineered CD4 neutralizing antibodies also show a significant ability to reduce viral production in blood cells called macrophages, which are believed to harbor most of the virus and are the most difficult to penetrate, he said.

The bad news on the treatment front is that some patients taking AZT, the only drug proven to prolong the lives of people with AIDS, are developing resistance.

However, those people might respond to new anti-viral drugs which are in preliminary stages of clinical trials in people.

Broder said researchers are about to begin a study with 200 patients in which they are alternately given one new anti-viral drug and AZT. In a small study of 25 patients switching between the two drugs, the longest survivor has broken the two-year mark and is showing a major drop in the two major measurements for

marking progression of the disease.

An ongoing study of 40 patients treated with a second anti-viral drug shows a similar drop in the two major indicators.

Meanwhile, an update on AZT, presented by Dr. Margaret Fischl, head of AIDS research at the University of Miami school of medicine, showed that 21 per cent of AIDS patients on AZT were still alive at 30 months. The odds of survival increase even more when patients are given aerosol pentamidine to ward off pneumocystis carinii pneumonia, the major cause of death in people with AIDS.

Knight-Ridder Newspapers

The Gazette; Montreal; 8.6.89



No big finds left in AIDS: HIV father

By KATE DUNN
of The Gazette

The superstar of AIDS research said yesterday the public should not expect any more big breakthroughs in science surrounding the syndrome and the virus believed to cause it.

Dr. Robert Gallo of the U.S. giant National Cancer Institute said at a press conference yesterday the days of big discoveries are over and now scientists have to fit together the puzzle pieces they have amassed in previous years of intense scientific exploration.

Gallo, chief of the NCI's laboratory of tumor cell biology, and Luc Montagnier of France's Pasteur Institute are credited with the discovery of human immunodeficiency virus. HIV is believed the cause of AIDS.

Echoing many of the other scientists at the Fifth International Conference on AIDS, Gallo said future work will concentrate on "refinements and extensions and new technology."

Previous meeting

"There will be new findings, but the major things we need are done. I am suspicious that we have the necessary technology and almost the essential information to solve this problem now, but it's a problem of technology and time and testing this or that in certain numbers of ways."

He pooh-poohed arguments made Wednesday by New York doctor and virologist Joseph Sonnabend that HIV is not necessarily the sole cause of AIDS. He said he had missed the sessions earlier this week because he had a previous engagement at Rockefeller University.

Terming the arguments "passé," Gallo said Sonnabend's position is dangerous because "it tells a person who is HIV-infected not to worry. Everybody wants to hear that," and Gallo said they might take chances and spread the virus.

He said his viewpoint is supported by the National Academy of Sciences, the World Health Organization, the Pasteur Institute and other world leaders in medical research.

Sets up milieu

He recognized Sonnabend's point that people can have their immune system suppressed by things other than HIV. But he said those things do not lead to AIDS.

"We cannot explain all aspects of immune system depression by this virus but we can explain a lot. . . . Nonetheless, we probably have more information about how this virus works to cause the disease than we have about any single agent in the history of medicine."

"The virus doesn't (directly) cause Kaposi's (sarcoma), or liver cancer or B-cell lymphomas which occur in AIDS frequently. It sets up a milieu that leads to the probability of those events occurring."

He denied allegations those who believe HIV causes AIDS have a stranglehold on research funds.

"I don't sit on administrative bodies that control funding or ideas. The world is free to fund" other research projects.

A research project that has piqued his curiosity is the idea male testosterone may be the reason why gay men with HIV get Kaposi's sarcoma, a form of skin cancer that can also be found on internal organs.

The Gazette; Montreal; 9.6.89



New blood test may find even more people with HIV

Over dinner, Joseph Sonnabend explained why we may be in for another needless round of AIDS hysteria.

The trigger will be a new blood test called PCR, which screens for the AIDS-linked human immunodeficiency virus (HIV), said the well-known New York AIDS scientist and doctor.

The test — polymerase chain reaction — detects the actual virus in body cells, while standard blood tests flag an immune response to it in the form of antibodies.

The startling point is that some PCR studies, including several discussed at the AIDS conference, are detecting HIV in some people who show up negative on the antibody test. The people tested so far are at risk for AIDS.

PCR identifies in cells sequences of a type of acid that all viruses produce.

HIV hides out in some key immune sys-

INSIDE SCIENCE

Nicholas Regush



tem cells called T-cells, but also possibly in macrophages — large mobile cells that swallow and destroy bacteria and sometimes viruses.

In fact, HIV stays so well hidden that it evades the immune system — but not PCR.

This all suggests that more people may be carrying the virus than expected.

And, of course, it is still too soon to determine how long on average this "silent" infection can last.

One PCR study published on the eve of the conference turned up 31 gay men with the infection out of a group of 133 men who tested antibody negative.

Most of the 31 men did not produce antibodies to HIV for up to three years.

These findings have raised the obvious question about whether the blood supply is safe.

No one has a definite answer, except to say that people at risk are probably not donating blood.

In Canada, as elsewhere, public health laboratories, some hospitals and the Canadian Red Cross Society screen blood samples with the standard antibody tests.

So far, there hasn't been too much commotion about PCR, mainly because scientists are saying that the data are prelimi-

nary and that much larger groups of people must be studied.

But Sonnabend predicts that PCR, or more sophisticated tests like it will eventually show HIV to be quite common in the population.

"This will needlessly frighten people into thinking that they will get AIDS," he said.

But according to Sonnabend's alternative hypothesis of how AIDS develops, signs of HIV do not necessary equal AIDS.

PCR detection of HIV will basically indicate that the body has learned to live with the virus.

In other words, the detected infection represents a kind of biological stability.

"We have evolved with this virus," he said.

Upon infection with HIV, the virus goes into hiding in body cells and becomes inactive.

Only when the body's immune system wears down, say, through cycles of infections, will HIV get a wake-up call.

At that point, the immune system will unleash antibodies to fight the virus.

This is what the antibody test is picking up.

Sonnabend said that HIV reactivation is no different than what happens with other viruses commonly found in people with AIDS such as cytomegalovirus, herpes virus and Epstein-Barr virus.

"The viruses get triggered by the true causes of the immune suppression we find in AIDS," he said.

"HIV is an effect rather than a cause of AIDS."

And he added:

"The true cause or causes remain unknown."

The Gazette; Montreal; 9.6.89



Zeit der Kleinarbeit gegen Aids

Experten-Kongreß endet ohne Aussicht auf Durchbruch

MONTREAL, 9. Juni (dpa). Sechs Tage haben Aids-Forscher ihre neuesten Erkenntnisse ausgetauscht und am Ende war klar: Sensationelle Durchbrüche gab es nicht. Robert Gallo brachte es auf die Formel, „die Zeiten der großen Entdeckungen in der Aids-Forschung sind vorbei“, jetzt sei Kleinarbeit gefragt.

Die tödliche Immunschwächekrankheit breitet sich weiter aus, Impfstoffe sind noch nicht in Sicht, ganz zu schweigen von Heilmitteln. Immerhin haben die großen Forschungsanstrengungen der letzten Jahre aber dazu geführt, daß der Ausbruch von Aids bei einigen jener Menschen, die vom Erreger HIV bereits infiziert sind, in bestimmten Fällen aufgeschoben werden kann. Mittel wie AZT können nach dem Ausbruch der Krankheit die Leiden verringern und den bisher noch immer fast sichern Tod zumindest hinausschieben. Diese Möglichkeiten bieten sich aber nur in den hochindustrialisierten Nationen des Westens und

nur zu enormen Kosten. Die Dritte Welt, vor allem Schwarzafrika, bleibt der sich ausbreitenden Seuche weiterhin ziemlich hilflos ausgeliefert.

Bei vielen Betroffenen schließlich wachsen Wut und Frustration über Behörden und Regierungen, die nach ihrer Meinung nicht flexibel und schnell genug auf neue Ideen und Möglichkeiten der Behandlung reagieren. Und es wächst die Angst vor restriktiven Aids-Gesetzen, die – wie Protestgruppen in Montreal lautstark klagten – die Menschenrechte verletzen könnten.

Die Weltgesundheitsbehörde WHO prognostiziert, daß die 90er Jahre in Bezug auf Aids „schlimmer, vielleicht sogar sehr viel schlimmer“ werden könnten als die 80er. Die Zahl der Erkrankungen wird sich einigen Studien zufolge bis zum Ende des kommenden Jahrzehnts von zur Zeit schätzungsweise 500 000 auf rund fünf Millionen erhöhen. Die Zahl der HIV-Infizierten könnte von gegenwärtig

fünf bis zehn Millionen weltweit auf weit über 15 Millionen steigen. Aids, so wird befürchtet, könnte sich dabei immer mehr zu einer Seuche der sozial Schwachen, der Minderheiten und der Drogenabhängigen entwickeln.

Über die Aussichten für Impfstoffe und für Mittel, die den Ausbruch von Aids herauszögern, herrscht unter Wissenschaftlern unterschiedliche Auffassungen. Es überwiegt jedoch die Meinung,

daß die Entwicklung eines Impfstoffes, wenn dies überhaupt möglich sein sollte, noch lange auf sich warten lassen wird. Es gibt auch einige Hinweise dafür, daß der Ausbruch von Aids bei früher Diagnose der HIV-Infektion in einigen Fällen hinausgeschoben werden kann. Doch die Aussichten auf rasche Fortschritte sind nach Meinung von Luc Montagnier vom Pariser Pasteur-Institut äußerst gering.

Frankfurter Rundschau; 10.6.89

AIDS-Kongreß in Montreal / Können Versuche bestätigt werden, besteht Hoffnung auf Prophylaxe

Salk experimentiert mit bestrahlten HI-Viren

Montreal (Rö). Berichte über die aktive Immunisierung mit abgetötetem HIV, haben auf der AIDS-Konferenz in Montreal für Aufsehen gesorgt. Alexandra Levine von der Universität von Südkalifornien in Los Angeles behandelte 19 Männer mit AIDS-related complex mit durch Bestrahlung abgetöteten HI-Viren, deren Hülle entfernt war.

Wie die Wissenschaftlerin sagte, war das Ziel der Untersuchung, die Toxizität zu prüfen und, ob der Krankheitsverlauf

verändert wird. Im Ergebnis blieben 18 Patienten klinisch unverändert, einer entwickelte das Stadium von AIDS, bei 13 von 18 Patienten ergaben sich höhere T-Helfer-Zellzahlen als erwartet. Die Forscherin folgert daraus, daß das HIV-Immunogen verträglich und eventuell zur Therapie geeignet ist.

An einen Impfstoff gegen HIV denkt der Erfinder des attenuierten Polio-Impfstoffes Professor Dr. Janos Salk. Er behandelte am National Institute of Health

in Bethesda im Staat Maryland drei Schimpansen – zwei seropositive und einen seronegativen – mit bestrahltem, nicht infektiösem HIV. 14 Monate später wurden die Tiere mit zehnfach infektiöser Dosis von HIV belastet. Danach, so Salk, seien bei den zuvor seropositiven Tieren serologisch und virologisch keine Infekt-Symptome mehr festzustellen gewesen. Er hält es für sinnvoll, mit solchen abgetöteten Viren zu immunisieren. Und er geht noch weiter: Er glaubt,

daß die Ausbreitung des Virus im Körper verhindert werden könnte.

Professor Dr. Robert Gallo vom National Cancer Institute in Bethesda bezeichnete diese Experimente als sehr wichtig. Sollten die Ergebnisse bestätigt werden, sieht er Hoffnung, die Krankheit aufzuhalten. Gallo glaubt jedoch, daß kein Arzt Nicht-Infizierten abgeschwächte HI-Viren geben dürfe, da nicht sicher sei, daß wirklich alle Viren getötet würden.

Ärzte Zeitung; Neu-Isenburg;
12.06.1989



AIDS-Kongreß / Ob die polymerase chain reaction Fortschritte

für die Diagnostik bringt, halten Experten noch für ungewiß

Toxoplasmose bei HIV-Infizierten wird zu wenig beachtet

Montreal (Rö). Die fünfte Weltkonferenz zu AIDS im kanadischen Montreal ist vorbei. Deutsche Experten und Kliniker, die die ganze Woche des Kongresses erlebt haben, haben sich nochmals in Montreal getroffen und eine erste kritische Bilanz gezogen.

So ist für Professor Dr. Hans-Dieter Pohle viel zu wenig Klinisches behandelt worden. „Nur 26 Vorträge und Poster zu Toxoplasmose – nach der Pneumozystis-carinii-Pneumonie eine weitere wichtige opportunistische Infektion bei AIDS-Kranken – aber 400 zum Sexualverhalten.“

Eine eigenartige Entwicklung, meint der Berliner AIDS-Experte. Er sieht zwar die große Bedeutung der erfolgreichen Prophylaxe der Pneumozystis-carinii-Pneumonie mit Pentamidin als Aerosol, möchte jedoch, wie er sagt, „Wasser in den Wein gießen, denn Pneumozystis-carinii werden wir demnächst in Organen der AIDS-Patienten finden, wo das Aerosol nicht hinkommt“.

Für dringend erforderlich hält Pohle auch eine Prophylaxe für die Toxoplasmose, wie er auf der Veranstaltung sagte, zu der das Pharmaunternehmen Wellcome eingeladen hatte.

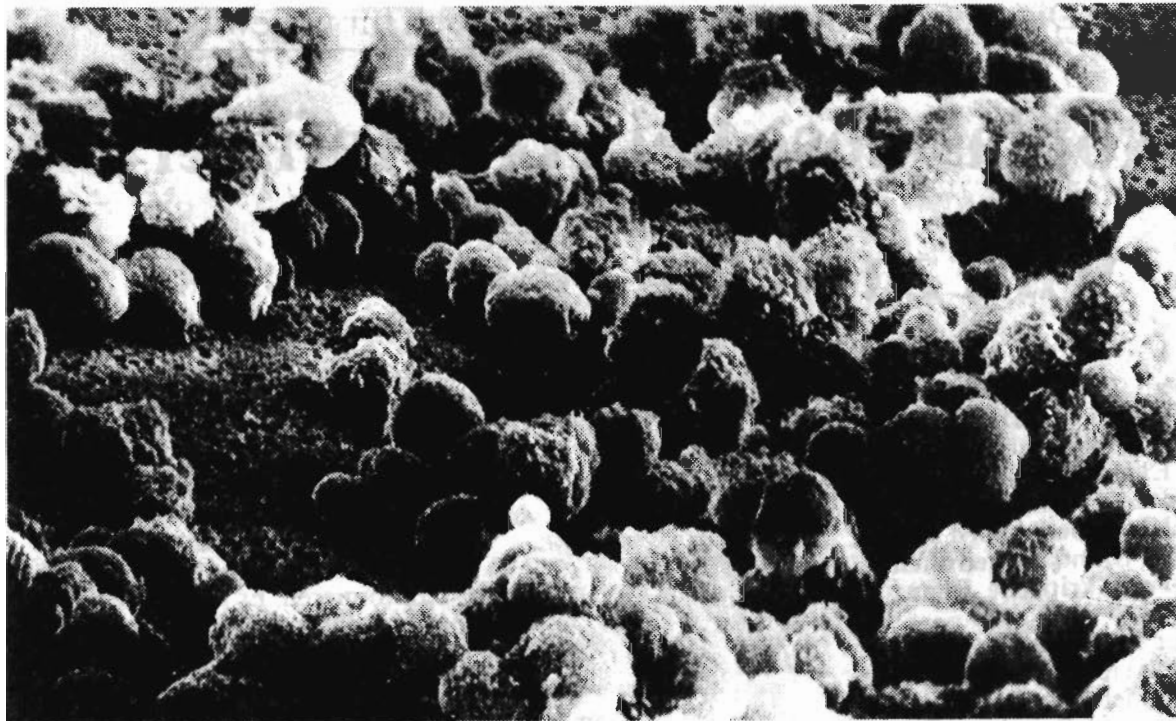
Zur anti-retroviralen Therapie meinte der Internist Professor Dr. Frank-Detlef Goebel aus München, daß es ermutigende

Aussichten auf Kombinationen zur Therapie gebe: „Wir sehen mehr Möglichkeiten als noch bei der AIDS-Konferenz letztes Jahr in Stockholm, Zidovudin und neue Virustatika mit Zytokinen und Immunmodulatoren zu kombinieren. Er kritisierte allerdings, daß es zu viele nur experimentell geprüfte Präparate gebe, von denen die Kliniker eigentlich überzeugt seien, daß sie nicht helfen würden.“

Einen sehr beeindruckenden Aufschwung habe die Pädiatrie auf dem AIDS-Kongreß bekommen, meinte die Berliner Kinderärztin Professor Dr. Ilse Grosch-Wörner. Nach den Ergebnissen des Kongresses betrage die vertikale Transmissionsrate von HIV auf Kinder wahrscheinlich nur 25 Prozent. Ein Problem sei allerdings noch die Diagnostik. Ob die polymerase chain reaction Fortschritte bringe, sei noch abzuwarten, so Grosch-Wörner.

Ärzte Zeitung; Neu-Isenburg;
12.06.1989

Studien zur Impfstoffentwicklung und der Übertragung von HIV beschließen den Aids-Kongreß in Montreal



Zahllose HI-Viren haben sich an der Oberfläche eines weißen Blutkörperchens angeheftet FOTO: OKAPIA

Neuer Ansatz nach altem Vorbild

Insbesondere zwei Eigenschaften von HIV erschweren die Entwicklung eines effektiven und sicheren Impfstoffes: Die große genetische Variabilität des Erregers, der seine äußere Hülle (gp 120-Molekül) ständig verändert, und die Tatsache, daß HIV in infizierten Zellen über viele Jahre „schlummern“ kann, ohne bei der betroffenen Person Krankheitserscheinungen zu verursachen. Beide Wege helfen dem Erreger, der Bekämpfung durch das Immunsystem des Menschen zu entgehen und ließen alle bisherigen Versuche scheitern. Mit besonderem Interesse wurden daher in Montreal die neuesten Ergebnisse der Impfstoffforschung erwartet.

Einen neuen Denkansatz für die Herstellung einer Vakzine stellten britische Wissenschaftler vor: Das Team verwendete für seine Versuche keine (wie man erwarten würde) HI-Viren, sondern abgeschwächte Polioviren, die eine Besonderheit aufwiesen: Mit Hilfe biotechnologischer Verfahren hatte man ihnen die genetische Information zur Ausbildung eines Teils des Oberflächenproteins (gp41) „eingepflanzt“, das Bestandteil der Außenhülle von HIV ist. Der Impfstoff soll die Bildung von Anti-

körpern gegen diesen HIV-spezifischen Eiweißstoff anregen.

Dr. Jonas Salk, Entdecker eines Impfstoffes gegen die Kinderlähmung (Polio), behandelte am National Institute of Health in Bethesda drei Schimpansen – ein gesundes Tier und zwei HIV-infizierte – mit bestrahlten, nichtinfektiösen Aids-Erregern. 14 Monate später wurden die Tiere mit einer besonders hohen Konzentration von HIV infiziert. Danach, so Salk, seien bei den zuvor infizierten Schimpansen keine Anzeichen eines Virusbefalls mehr nachweisbar gewesen. „Wir sind auf dem richtigen Weg,“ erklärte Salk, „aber noch lange nicht am Ende. Die Versuche sind im Anfangsstadium und wir wollen keine falschen Hoffnungen wecken.“

Robert Gallo, einer der Entdecker von HIV, und andere Experten warnen jedoch vor zu viel Enthusiasmus über diese Untersuchungen. Sie glauben, daß Salks Impfstoff in keiner Weise eine Infektion gesunder Zellen ausschließt. So experimentieren andere Gruppen derzeit mit Bestandteilen des Virus, die für die Bindung des Erregers an gesunde Zellen verantwortlich sind. Nach den bisherigen Studien findet HIV einen „Ankerplatz“ an den sogenannten CD4-Mo-

lekülen und dringt so in die gesunden Zellen ein. Bisher ist jedoch nicht geklärt, welche Teile des Virus an dieses kleine Eiweißmolekül binden. Offensichtlich können mehrere Bruchstücke des Virus mit den CD4-Molekülen reagieren und so in die Zellen gelangen.

Eine Forschergruppe der Universität der Universität von Südkalifornien in Los Angeles führte ebenfalls Versuche mit bestrahlten HI-Viren durch, deren äußere Hülle allerdings vorher entfernt worden war. Bei 19 HIV-infizierten Testpersonen, die erste Symptome aufwiesen, zeigte der Impfstoff keine schädlichen Nebenwirkungen. Auch ein Jahr nach der Impfung konnten im Blut von 12 Patienten erhöhte Antikörper-Konzentrationen gemessen werden.

„Daraus können wir jedoch noch keine Schlüsse ziehen, da die Studien lediglich durchgeführt wurden, um die Verträglichkeit (Toxizität) des Impfstoffes zu testen“, erklärt Dr. Alexandra Levine, die diese Untersuchung leitete. Für die nächsten drei Monaten planen die Forscher eine großangelegte Studie mit mehreren hundert HIV-infizierten Personen.

ANTJE BÜLL

Die Welt; Hamburg; 13.06.1989



'Front-line' AIDS workers hold parallel conference

By **SUSAN SEMENAK**
of *The Gazette*

Several hundred AIDS workers and volunteers, in Montreal for a conference of their own this weekend, are aiming to set up a first-ever international AIDS services council.

The *Opportunities for Solidarity* meeting at McGill University this weekend has attracted delegates from 50 countries including Rwanda, Zimbabwe, the Dominican Republic, the Netherlands, the United States, Italy, Bolivia and Thailand.

They work for myriad organizations, such as the Red Cross, the World Health Organization (WHO) and hundreds of community-based groups fighting the war on acquired immunodeficiency syndrome in some 50 countries around the world.

And while scientists and government officials are in town to talk about science and medicine at the Fifth International Conference on AIDS — which opens tomorrow — the "front-line workers" at the parallel AIDS conference have a different agenda.

"Faced with marginalization, discrimination and the impotence of the traditional medical model (to beat AIDS), we the non-governmental organizations, the front-line workers, are filling the gap," said Ken Morrison, a founder of Comité SIDA Aide Montréal (C-SAM) and one of the conference organizers.

"Governments have been sharing information through the WHO for several years now," Morrison, told some 300 people at the opening session yesterday afternoon. "Yet the community-based organizations who do 80 per cent of the work around the world don't even know each other. The time for community input is long overdue."

As a result, he said, much information is never shared.

"We need to get together not just to build solidarity, but to learn from each other and work together."

Tim Brodhead, executive director of the Canadian Council for International Co-operation, said most Canadian non-governmental agencies end up dealing with AIDS, even if that isn't their primary vocation.

"The poorest of the poor have always been our constituency, and these are the most vulnerable to AIDS around the world, because they lack access to health care and because of illiteracy," Brodhead said.

Conference organizers are hoping to set up a world-wide data bank detailing existing AIDS programs.

The Canadian AIDS Society organized the conference, with the Canadian Council for International Co-operation, the Canadian Hemophilia Association, the Canadian Public Health Association, the Canadian Red Cross and the Brazilian Interdisciplinary AIDS Association. It is being funded by the federal and provincial health departments, the WHO and the Canadian International Development Agency.

The Gazette; Montreal; 3.6.89

HIV isolated

The human immunodeficiency virus (HIV) was isolated from more patients after they had been withdrawn temporarily from the AIDS drug AZT than during the time they were on the drug, according to Canadian researchers.

The team, which included doctors at the Jewish General Hospital and Montreal General, also reported finding some buildup of resistance of HIV to AZT after prolonged use by some patients.

The Gazette; Montreal; 7.6.1989

Kaposi advance

Scientists from the U.S. National Cancer Institute identified two growth factors (biological substances) released by Kaposi's sarcoma cells from AIDS patients that can make the cells proliferate. Gay men with AIDS have been at high risk of developing an aggressive form of this type of cancer.

The Gazette; Montreal; 7.6.1989



WHO: Schon heute fünf bis zehn Millionen Menschen HIV-infiziert

AIDS-Konferenz in Montreal mit 10000 Teilnehmern eröffnet

Montreal (dpa). Mit düsteren Prognosen begann am Sonntag in Montreal die 5. internationale AIDS-Konferenz. Jonathan Mann von der Weltgesundheitsbehörde WHO sagte vor den 10 000 Teilnehmern, die 90er Jahre würden schlimmer, vielleicht sehr viel schlimmer als die 80er. Nach Schätzungen von Mann, Direktor des AIDS-Programms der WHO, könnte es am Ende des nächsten Jahrzehntes weltweit über fünf Millionen AIDS-Fälle mit vollentwickeltem Krankheitsbild geben. Allein bis Ende 1991 werden sich die Fälle, in denen AIDS zum Ausbruch kommt, von heute schätzungsweise 500 000 auf etwa 1,1 Millionen verdoppelt haben. Man rechne damit, daß schon heute fünf bis zehn Millionen Menschen mit AIDS infiziert seien, ohne bislang Symptome zu zeigen.

Sambias Präsident Kaunda malte in seiner Eröffnungsrede das Schreckensbild entvölkerter

Landstriche in Afrika, wenn nicht bald Heilmittel gegen AIDS gefunden werden. Kaunda, der selbst einen Sohn durch die tödliche Immunschwächekrankheit verloren hat, verglich die Krankheit mit einer Atombombe und forderte die Atomkräfte zugleich auf, die Milliarden für die Nuklearrüstung in die AIDS-Forschung umzuleiten.

Die Seuche dehnt sich nach den Erkenntnissen der WHO zur Zeit noch auf immer neue Länder aus. Thailand, Indien oder Westafrika sind, so sagte Mann, nur einige der Nationen und Regionen, in denen Wissenschaftler in letzter Zeit eine besorgniserregende Zunahme von HIV-Infektionen beobachtet haben. In Bangkok beispielsweise lag der Anteil jener Drogensüchtigen, die mit dem HI-Virus infiziert sind, Ende 1987 bei einem Prozent. Heute betrage er über 20 Prozent.

Der Tagesspiegel; Berlin;
06.06.1989

Statistische Klimmzüge

Aids-Prognosen auf der Konferenz von Montreal

Verlässliche Daten zur Verbreitung der HIV-Infektion existieren nicht.“ Diese nüchterne Feststellung aus dem Zwischenbericht der Enquete-Kommission Aids des Bundestages sagt alles, was zu den statistischen und epidemiologischen Prognosen in Sachen Aids zu sagen ist. Kein Mensch kann vorhersagen, wie sich die Infektionskrankheit in den nächsten elf Jahren bis zur Jahrtausendwende entwickeln wird. Alles, was gegenwärtig an Zahlen gehandelt und jetzt bei der Aids-Weltkonferenz in Montreal in furiosen Extrapolationen hochgerechnet wird, ist schierer Kaffeesatz.

Wer kann schon Koitus-Frequenzen und Kondom-Anlegequoten in den nächsten Jahren vorhersagen? Werden die 90er prude oder wild? Wer weiß, wieviele Schwule und Heteros auf dieser Welt leben? Wer will den wissenschaftlich-medizinischen Fortschritt, die Infektiosität des Virus, die Anpassungsleistungen des Immunsystems, die Erfolge der Aufklärung, die Rückschläge durch Verdrängung prognostizieren? Wer weiß, welche Strategien in der Krankheitsbekämpfung sich am Ende durchsetzen werden? All dies hat Einfluß auf die Bekämpfung der Pandemie. all dies macht Prognosen der Ausbreitung zu waghalsigen, eigentlich unzulässigen Lotteriespielen.

Man kann es auch apokalyptisches Geschwätz nennen.

Trotzdem: Je weniger man über die Seuche und ihre Dynamik weiß, je hilfloser man sich fühlt, um so hemmungsloser wird gerechnet und spekuliert. Eine Gier nach Zahlen und Daten dominiert die Debatte. Jeder sucht sich im epidemiologischen Gemischtwarenladen etwas aus und macht Stimmung für seine Sache.

Die Sache der WHO ist es, den Regierungen aller Länder möglichst viel Geld für die Bekämpfung der Seuche aus den Rippen zu leihen. Dagegen ist nichts zu sagen, solange man nicht selbst dazu beiträgt, die reale Situation durch die dunklen Zukunftsprojektionen zu verschleiern. Schon heute ist es ein Problem, daß die notwendig gewordene Korrektur der Endzeit-Visionen aus den Anfängen der Aids-Debatte von manchen als Entwarnung mißverstanden wird. Die momentane Ignoranz gegenüber Aids geht ganz wesentlich auf die Hochrechnungen Mitte der 80er Jahre zurück. Nachdem sich das damals vermittelte Bild der neuen Pest nicht bewahrheitet hat, geht es jetzt wieder „zur Sache Schätzchen“ — und zwar ohne Kondom. Die Aids-Realität 1989 ist bedrückend genug, auch ohne die hochgerechneten sechs Millionen Kranken im Jahr 2000. Manfred Kriener

Die Tageszeitung; Berlin;
06.06.1989



Activists storm AIDS conference

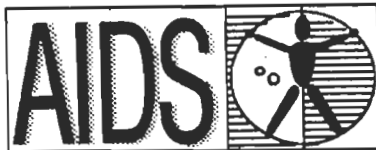
By **PAUL WELLS**
and **RACHELLE HENDERSON**
of *The Gazette*

More than 300 AIDS activists chanted and waved placards as they stormed the main stage of the Fifth International Conference on AIDS at the Palais de Congrès yesterday afternoon.

The official opening of the largest international conference on acquired immune deficiency syndrome was delayed an hour because 50 protesters refused to leave after reading a manifesto.

About 9,200 delegates are attending the conference, which ends Friday. About 600 papers will be presented, and more than 900 speakers are scheduled. Prime Minister Brian Mulroney and Zam-

Montreal — June 4-9



5th International Conference

bian President Kenneth Kaunda spoke at the opening ceremonies.

Most of the protesters belonged to three AIDS-awareness groups — Réaction SIDA of Montreal, AIDS Action Now of Toronto, and AIDS Coalition To Unleash Power

(ACT UP) of New York City.

The protesters wanted to "make sure the concerns we have are addressed at this conference," said Sandor Katz, an ACT UP member.

"At a conference like this, in the coverage of the scientific research, there's a tendency to lose sight of the people who are affected."

Some protesters carried placards that read "Silence = death."

They marched outside the centre shortly before the start of the event, then rode escalators to the main conference hall.

In the hall, protesters denounced the federal government's effort in the fight against AIDS, and read a list of demands for international action on AIDS.

Among the demands are anti-discrimination laws to protect jobs of people who test positive to the AIDS-linked virus, guaranteed access to anti-AIDS drugs, legal recognition of gay relationships, and a worldwide diversion of military spending to health programs and social services.

Many of the hundreds of delegates in the hall applauded the demonstration. When most protesters left, about half the delegates gave them a standing ovation.

The protesters who stayed occupied front-row seats. The event got under way when they agreed to vacate the first three rows.

The Gazette; Montreal; 5.6.1989

The Gazette; Montreal; 9.6.89

Unhappy hookers slam meeting

By **PAUL WELLS**
of *The Gazette*

Calling out prices and encouraging delegates to "get it while it's hot, boys," four prostitutes briefly joined the drug and condom companies plying their wares at the Fifth International Conference on AIDS yesterday.

"Vaginal intercourse with a condom, \$100!" yelled San Francisco prostitute Carol Leigh as she and her colleagues strolled through the exhibitors' hall at the Palais des congrès, followed by dozens of onlookers.

Convention centre security guards made no effort to interfere with the show, and the prostitutes left after about 15 minutes.

Nobody took them up on their offers.

The demonstrators said they are being made scapegoats by scientists and politicians who claim prostitutes are especially likely to spread AIDS.

"If that were true, half the government would be dead already," said Toronto prostitute Valeri Scott, in a brief outdoor news conference before the group entered the centre.

Actually, the demonstrators said, almost all prostitutes use condoms and are well-versed in safe-sex practices.

Cheryl Overs, a member of the Prostitutes' Collective of Victoria, Australia, said she was particularly upset that a panel discussing prostitution earlier in the day was composed mostly of men.

She also complained that the panel had almost ignored the prostitutes' clients as possible spreaders of AIDS.

"The majority of the people involved in prostitution are the men."



Activists oppose plan to trace carriers of HIV

By KATE DUNN
of The Gazette

Waving watches to illustrate time is ticking away for people with AIDS, the group ACT-UP disrupted the speech yesterday of a New York City health bureaucrat who wants to report the names of people with human immunodeficiency virus.

Dr. Stephen Joseph, commissioner of health for New York City, reeled off statistics which make New York the AIDS capital of North America, as about 25 protesters shouted "Shame, shame" and "Resign" and "You don't care" at the conference's opening plenary yesterday morning.

One ACT-UP representative told Joseph at a press conference later in the day that the group had not wanted to disturb his presentation but did so because they fear his plan to have doctors report the names of people who are HIV-positive. HIV is believed to cause AIDS.

In his speech, Joseph said there had been 19,415 AIDS cases reported in New York City as of April 30, 1989, compared with 6,226 in San Francisco, the U.S. city with the next highest incidence of AIDS.

"Within a confidential public-health framework, reporting of seropositives (people with HIV), follow-up to assure adequate treatment, and more aggressive contact tracing (for sex and drug partners) will become standard public health applications for controlling HIV infection and illness," Joseph said in his speech.

Joseph's plan is to use the names to track down the drug and sex partners of people who show up HIV-positive.

Nazi symbol

He said U.S. public health professionals have an "extraordinary reputation of keeping confidentiality."

The protesters are concerned confidentiality could break down.

The ACT-UP members, some of whom represent gay media as well as mainstream media, wear black T-shirts with the pink triangle used by the Nazis in the Second World War to identify and persecute gays.

Joseph estimated 200,000 New Yorkers are infected with HIV, with infection spreading rapidly through those who shoot cocaine and its cheaper cousin, crack.

The protesters jeered he really has no commitment to fighting the spread of HIV because the city's needle-exchange program fell apart for lack of political support. They claimed only 250 needles were given out.

Original activist

"New York is called the New Calcutta, because it's crack city, homeless city, AIDS city," said ACT-UP's Larry Kramer.

An award-winning writer of screenplays and theatre, Kramer is New York's original AIDS activist and helped found the Gay Men's Health Crisis but was considered by other members to be too radical to continue to lead it. He was also reviled by the gay community for his articles warning them to change their sexual behavior.

"Joseph is a politician. He only has so much money. He's more concerned with getting (Mayor Edward) Koch re-elected," Kramer said in an interview.

The ACT-UP protesters also said Joseph had arbitrarily cut the number of people estimated to be HIV-positive in New York from over 400,000 to 200,000, despite opposition from other leading health officials in the U.S.

Joseph said his department is always being criticized, and he said there are scientific reasons for having dropped the HIV estimate.

"I am used to seeing such prolonged outbursts," he said. "It was an importation from New York City." He praised ACT-UP as a group that has "shaken up" the sometimes complacent bureaucracy.

The Gazette; Montreal; 6.6.89

The Gazette; Montreal; 8.6.1989

Catholics split

Disagreements about AIDS prevention reach right into the hierarchy of the Roman Catholic church, theologian Gregory Baum of Montreal said yesterday.

Baum, who teaches at McGill University, told a session at the international AIDS conference that the importance of homosexual behavior, traditionally condemned by the church, and the injection of intravenous drugs as a means of transmitting AIDS has created tension in the Catholic church and in other religions. There is fear that reaching out in compassion to AIDS sufferers might be interpreted as approval of behavior the church condemns.



Aids Seuche der Süchtigen

Streit über die Vertraulichkeit von Daten

Montreal, 6. Juni (dpa). Aids wird immer stärker zu einer Seuche der sozial Schwachen, und in US-amerikanischen Städten zeichnen sich Auseinandersetzungen über behördliche Maßnahmen zur Kontrolle der Krankheit ab. Dies sind zwei der für Gesellschaftswissenschaftler, Politiker und Mediziner besorgniserregenden Trends, die sich in Vorträgen und Arbeitsgruppen am Montag und Dienstag auf der 5. internationalen Aids-Konferenz in Montreal abzeichneten.

Diese Trends gelten zur Zeit noch in erster Linie für die USA, in denen es die meisten Aids-Fälle (Mitte 1989: 92 719) gibt. Doch erwarten Experten in den nächsten Jahren ähnliche Entwicklungen auch in anderen Teilen der Welt.

Die wissenschaftliche Auswertung der Daten von derzeit rund 200 000 HIV-Infizierten, etwas mehr als 20 000 Aids-Kranken und bisher etwa 10 700 Aids-Toten in New York förderte beispielsweise zutage, daß die Zahl der homosexuellen Aids-Kranken im Vergleich zu Kranken aus der Rauschgiftszene nachläßt. 1981 waren noch fast drei Viertel der Erkrankten in New York Homosexuelle, 22 Prozent waren Süchtige. 1988 dagegen waren 45 Prozent der Aids-Kranken Drogenabhängige und nur noch 42 Prozent waren Homosexuelle.

Während sich Süchtige in ihrer Verzweiflung kaum um Vorsichtsmaßnahmen bei der Suche nach Nadeln oder beim Sex kümmern, haben viele Homosexuelle in den USA gefährliche Verhaltensweisen abgelegt. Die Benutzung von

Kondomen ist deutlich weiter verbreitet als noch vor wenigen Jahren, und die Zahl der Partnerwechsel hat nachgelassen.

Diese Umkehr der Zahlenverhältnisse hat in New York dazu geführt, daß Aids zu einer Krankheit unter den sozial Schwachen und Minderheiten geworden ist. 1981 wurden 55 Prozent der Aids-Erkrankungen unter Weißen registriert. 1988 waren fast 70 Prozent Schwarze und Hispanier.

Durch die Verlagerung des Schwerpunktes von den Homosexuellen zu den Drogensüchtigen hat sich auch der Anteil der Frauen an den Aids-Fällen erhöht: In New York von zehn Prozent 1981 auf 16 Prozent 1988. Das kann letztlich die schwächsten Glieder in der Kette treffen: die Kinder. Mehrere in Montreal veröffentlichte Studien aus den USA und aus Europa lassen den Schluß zu, daß Schwangere, die mit dem HIV-Virus infiziert sind, mit 30prozentiger Wahrscheinlichkeit Kinder gebären, die infiziert sind.

Heftige Proteste von Betroffenen und kontroverse Diskussionen unter den Experten lösten die Vorstellungen des New Yorker Gesundheitschefs Stephen Joseph über die Zukunft der Aids-Kontrolle aus. Joseph will in New York zwar weiter Vertraulichkeit für Tests und Beratung garantieren. Zugleich bezeichnete er es allerdings als unausweichlich, daß in Zukunft die Namen von HIV-Infizierten registriert und ihre Kontakte "aggressiver als bisher" nachvollzogen werden müßten.

Aidskranke klagen über Inhaftierung

büll, Montreal

„Aidskranke dürfen wegen ihrer Erkrankung weder inhaftiert noch von Beamten diskriminiert werden“, forderte Don Degagne – selbst HIV-infiziert – auf der 5. Internationalen Aids-Konferenz in Montreal. Vorausgegangen waren dieser Forderung mehrere Verhaftungen Aidskranker an der Grenze zu den USA. Ein Betroffener aus den Niederlanden berichtete vor dem Forum der Aids-Experten: „Als die Beamten bei der Einwanderungsstelle in den USA herausfanden, daß ich HIV-infiziert bin, wurde mir erklärt, ich müsse das Land sofort verlassen oder mit einem Einwanderungsanwalt sprechen. Daraufhin wurde ich fünf Tage in ein Gefängnis gesteckt, bis ich Gelegenheit hatte, mit einem Anwalt zu sprechen.“

Heftige Proteste von Betroffenen und kontroverse Diskussionen unter den Experten lösten die Vorstellungen des New Yorker Gesundheitschefs Stephen Joseph über die Zukunft der Aidskontrolle aus. Joseph will in New York zwar weiter Vertraulichkeit für Tests und Beratung garantieren. Zugleich bezeichnete er es allerdings als unausweichlich, daß in der Zukunft die Namen von HIV-Infizierten registriert und ihre Kontakte „aggressiver als bisher“ nachvollzogen werden müßten.

Ärzte Zeitung; Neu-Isenburg;
07.06.1989

Die Welt; Hamburg; 09.06.1989



Bias shows in 10 per cent of MDs: study

One out of every 10 medical doctors surveyed in a study in the United States showed prejudiced attitudes towards patients with AIDS, a linguist said yesterday at the Fifth International Conference on AIDS.

Robert Norton, a professor at Memphis State University, said the study also revealed that some doctors were more willing to break medical confidentiality if hypothetical patients were described as being women, gay or black.

According to the study, which surveyed 628 general physicians in Tennessee in 1988, some doctors said AIDS was "a sin," "poetic justice" or "the wrath of God" when asked to describe the syndrome.

The study was a proof that physicians need to be made aware of the ethical and legal issues created by AIDS, Norton said.

Norton was speaking at the last symposium in the Ethics and Law series of the conference.

Participants at the symposium, which focused on discrimination and human rights, indicated that anti-discriminatory legislations were needed but insufficient to erase prejudices about AIDS.

"Human-rights statutes have been used but they are not a panacea," Todd Ducharme, a University of Alberta law professor, said at the symposium.

Ignorance and prejudice among politicians and government officials often make legislations difficult to enforce, he said.

The Gazette; Montreal; 6.6.89

Legalize all drugs: writer

Toronto writer June Callwood has called for the decriminalization of street drugs as one way of fighting the spread of AIDS.

In an emotional plea, Callwood urged delegates to support the International Anti-Prohibition League on Drugs whose goal it is to make all drugs legal.

"We're in a war that we shouldn't be in and we can't win," Callwood said quoting a member of the White House task force on drug abuse.

Intravenous drug use is considered the main source for the second wave of HIV infection in New York City, affecting an estimated 120,000 people. About 50,000 homosexual men in the city are estimated to be HIV-positive.

"Take the millions now spent on the hopeless task of trying to enforce drug laws and use the money for rehabilitation programs for addicts," said Callwood, a founder of Casey House, a hospice for dying AIDS patients in Toronto.

"Shooting up with a dirty needle is twice as dangerous as unprotected anal sex."

The root causes of drug abuse leading to AIDS have to be attacked, since some high-risk people are "too broken to be fixed."

Also needed are explicit campaigns about safe sex, which highlight other forms of sex to avoid dangers inherent in penetration.

"If nothing else, it will help people learn a little foreplay," she said.

Addressing the Roman Catholic church, Callwood said the time has come for a change in its opposition to safe sex propaganda.

"It has to yield on its opposition to condoms or watch the faithful die."

The Gazette; Montreal; 6.6.89



GAY POWER LIVES ON

West Coast homosexuals remain a political force

The Gazette; Montreal; 3.6.1989

By KATE DUNN
of The Gazette

SAN FRANCISCO — Barely three years ago, fag bashers crept up to Cleve Jones's house in nearby Sacramento, and waited for him to come home.

They administered a severe beating to Jones, a longtime and powerful activist for gay causes and, more recently, for government help in fighting the AIDS epidemic. A few days earlier, he'd been on *60 Minutes* making his pitch.

"I think they recognized me from the TV show. They beat me and stabbed me. They stabbed me in the back, under the shoulder blade, almost severed the carotid artery and got me slightly across the throat."

They left him for dead, but they didn't succeed.

The survival and return to battle of Cleve Jones is an AIDS-era metaphor for gay power in San Francisco.

Cause was advanced

Despite the decimation of their numbers by AIDS, and the effort the healthy have had to make to care for the sick, the gay community has in fact consolidated its power during the decade of AIDS.

"I completely reject the notion the movement has been derailed," said Jones. A professional lobbyist for gay concerns when he was attacked, Jones is now executive director of the international quilting bee known as The Names Project. It commemorates the lives of those who have died from AIDS.

"Despite the horror of the epidemic, in many ways our cause was advanced by it," he said in an interview in his San Francisco office.

Jones says the suffering of people with AIDS and the loved ones they leave behind has also built bridges between gays and heterosexuals.

Two days before this interview, the city and county government had approved a landmark ordinance rejected in 1982.

Known as the Domestic Partners ordinance, it recognizes homosexual relationships.

Gay elected officials

In the same way straight couples file for marriage licences, gay couples can register their "domestic partnerships" at the County Clerk's office.

Civil service benefits will be extended to such partners of city and county employees.

Harry Britt championed the ordinance. President of the city and county board of supervisors (equivalent to city council in Montreal). Britt is one of two elected San Francisco officials who is openly gay.

"Before the AIDS epidemic, we were in the process of establishing our presence," said Britt.

"AIDS moved that process forward," he said, adding people who might have been wary of homosexuals have responded with empathy to people suffering from a terrible illness, most of whom happen to be gay.

Britt's desk is in the same office once held by Harvey Milk, the first openly gay man elected to San Francisco council. Milk, a supervisor and the liberal Mayor George Moscone were gunned down by an anti-gay supervisor, Dan White, in 1978.

Cleve Jones organized a march that turned into a riot the day White got only six years for the murders.

"That power has been building ever since, despite the losses suffered because of AIDS. AIDS is the leading cause of death among young men in San Francisco, and is likely to take an even bigger toll in the future.

"Ten years ago, there were only two or three openly gay people named to city commissions and boards," said Tim Wolfred, executive director of the San Francisco AIDS Foundation.

"Now there are 30 lesbians and gay men on city commissions. Any candidate for election in San Francisco has to court the gay vote and once in office has to make

gay appointments."

Wolfred, elected to the San Francisco Community College Board which oversees junior colleges, is the other openly gay elected official in the city.

As well, the movement is spreading beyond San Francisco into less liberal parts of California.

Robert Stipicevich, the 26-year-old crew-cut president of the school board in nearby Fremont, came out of the closet May 19.

"People need to see, especially in this suburb, it is OK, it's positive" to be gay, Stipicevich said in an interview.

Half are HIV-positive

The Domestic Partners law is just one example of gay muscle flexing in the political arena in recent years, said Britt. Propositions to ban gays from teaching, and to require that doctors report the names of all people who are HIV-positive, were defeated.

"Every time one of our enemies comes at us, more people come out for us. The city government has been generous in funding AIDS organizations. To maintain that, we have to remain in power," said Wolfred.

While numbers are not available, the Golden Gate Business Association says gays are still moving into San Francisco. Gay men make up an estimated 55,000 or 8 per cent of the city and county population of 678,000. Half those men are thought to be HIV-positive.

The Castro Street neighborhood is where gay men started heading in the 1970s for the freedom to be openly gay. They still come for the lifestyle, but also for the quality and availability of medical care and support services for people with AIDS.

"The Castro district is still doing very well, even though it has been written in the press that people are moving out and it is being overrun by heterosexuals," said Jim Castle, a spokesman for the Golden Gate Business Association. Its membership is made up mainly of gay entrepreneurs.



"We have lost a great number of small-business members" to AIDS, he added. "And some people are moving out of the city. It's stressful, because of AIDS, so they're moving north. But people are still moving here from the east, although much less so than in the late 1970s. There's a trend downward."

Late on a sunny Friday afternoon, just around cocktail hour, the bars and shops along Castro Street and its cross streets are thronged. The neighborhood's orientation is obvious, from the Hot & Hunky Hamburger joint, to the shop with the huge sign: Leather, Latex, Lubricants and Other Male Necessities.

One shop sells feather boas near another advertising the upcoming performance of a female impersonator. His/her specialty: Barbra Streisand.

Other windows sport posters for The World's Longest Conga Line, to raise money for AIDS; The Flotilla For AIDS, the Candlelit March for AIDS, The AIDS Walk, The AIDS Food Bank; The Revival Social Club for People with ARC (AIDS-Related Complex) and AIDS. The reminders are relentless.

Quitting the foundation

Like many gay activists, Wolfred is pulled in two directions. His seat on the college board gives him a political clout; his work with the foundation has him trying to cope with and contain the illness ravaging the community.

The gay community in San Francisco showed its strength and moxy in organizing the support systems government refused to provide when the AIDS epidemic first broke out in the early 1980s.

Now the "San Francisco Model" of voluntarism to deal with AIDS is revered throughout the world.

But at the same time as gay political power is solidifying, the San Francisco Model is starting to teeter. Volunteers and

leaders in the AIDS fight are sick of the sickness, and new troops are needed.

Wolfred is quitting the foundation. He's exhausted, and it needs new blood. What it needs in particular is a leader from the non-gay community to tap volunteers and donors who have yet to get involved. And it should be someone who can wheedle funds out of the nation's wealthy charitable foundations. Of 1,500, only three give money to AIDS causes.

Nationally, four other big names in the U.S. AIDS fight are quitting, along with Wolfred, June 30.

The long haul

"Four years ago, we were highly optimistic we'd be at this fight for maybe three years. We figured there would quickly be a vaccine, a cure," said Wolfred.

"Our prevention programs have been effective, but we also know we're in it for the long haul. We need a second wave of leaders, to gird ourselves for the long run. This ain't going away."

The one-time star of the San Francisco Model was the Shanti project. Shanti volunteers clean house, do the shopping or just lend an ear to people with AIDS. Shanti also has a food bank and emergency housing for its clientele.

Rumors of scandal surrounding its executive director were unfounded according to an investigation by the San Francisco Human Rights Commission, but they hurt fund raising, and Shanti will run a deficit this year.

As well, said Shanti official Holly Smith, there is a problem of "cumulative grief overload in the gay and lesbian community." People are sick of the sickness and death and want to get away from it.

Lesbian candidate

Lesbian power has moved ahead in recent years, arguably because of AIDS. Britt said it probably would have happened anyway, as the male-dominated gay movement became more aware of its need to work with its sisters.

Roberta Actonberg, a lesbian leader, took a good run at the state legislature with strong backing from gay political parties, said Britt. She didn't win, but is

expected to be more successful if she tries for the board of supervisors next year.

"There continue to be sources of friction between gay men and lesbians," said Cleve Jones, "but as gay men are struck down, more and more lesbians are taking leadership positions.

His own health problems in abeyance, Jones has found a new lust for life in the three years since he was attacked, since he was diagnosed HIV-positive. At 34, he is fresh-faced, energetic, and in love.

"The epidemic has brought a lot of people out of the closet," he mused. One Washington radio producer was so moved by an interview with Jones that he immediately declared himself gay in front of his staff.

"Families may not learn their son is gay until he gets AIDS," said Jones. "When he gets sick, they meet his gay family. They become the recipients of love from gay people. They begin to understand."

Student claims he's victim of AIDS bias

Gay activist Ron Kelly, a third-year music student at York University in Toronto, made an emotional appeal for support yesterday against alleged discrimination by the university on the basis of his sexual orientation.

Kelly has tested positive to human immunodeficiency virus (HIV) and suffers from symptoms of the infection. Kelly, 22, says he has been barred from attending his music-performance classes, thereby jeopardizing his academic career.

"Canada is not exempt from AIDS discrimination... particularly in Toronto, the city that claims to have all the answers," Kelly told several thousand delegates.

Twenty-five ACT-UP delegates from New York City insisted that the Fifth International Conference on AIDS "let him speak!" and punctuated his speech with spirited applause.

But in Toronto, York provost Thomas Meininger denied discrimination in the case, saying York had "bent over backwards" so Kelly could meet academic objectives.

Kelly had missed more than seven studio sessions, affecting the work of the other students, Meininger said in an interview.

Kelly confirmed he was absent from classes again yesterday so that he could attend the conference.

"There is an academic regulation that if you miss so many times, you're out automatically," Meininger said.

At first, Kelly had submitted no medical excuses to miss the classes. By January, the faculty had suggested that he not attend performance classes and, with medical excuses, he would be graded on his other course work, without penalty.

In March, a physician's letter said he suffered some symptoms of HIV infection.

"He could complete the course with special arrangements made for the assessment of his singing ability," Meininger said.

But Kelly refused. Instead, he took the case to the Ontario Human Rights Commission.

"I don't think it's possible to satisfy him. He has an issue that's vitally important to him. He had a choice and he made it," Meininger said.

"We are not lepers, we are human beings. I laugh, I cry, I think. I'm very proud to be gay," Kelly told the conference.



Group cuts through red tape to test exotic AIDS drugs

Booth 901 is easy to miss at the AIDS conference.

Situated at one end of the huge exhibition hall at the Palais des congrès, it is small and drab compared with the nearby colorful and glitzy drug and virus-testing displays of major multinational firms.

Only black and white photos of people undergoing treatment for AIDS are pinned to posterboards at the booth — not enough to attract a crowd to the casually dressed man in his 50s holding some literature.

Most people walk by the booth without showing a trace of interest.

But this is a big mistake.

Booth 901's tenant, the Community Research Initiative (CRI) of New York City, represents a grassroots revolution in the care of people with AIDS.

It is a beacon of hope that should not be overlooked by health-care officials, doctors, and people with AIDS.

The CRI involves about 170 community

"The goal is to prevent these infections and stabilize patients in the hope that a new generation of treatments will emerge to keep them alive and well."

Last week, CRI's research was instrumental in the U.S. Food and Drug Administration's approval of the drug pentamidine in aerosol form. The drug prevents the common pneumonia that devastates the majority of people with AIDS. When inhaled it goes directly to the lungs.

CRI even managed to collect good scientific data without the need to give some patients a neutral, drugless substance

called a placebo, which is often used in drug tests. The responses of the placebo group are normally compared to those of the group that gets the drug.

Tests at CRI are also underway to test the effectiveness of a genetically engineered milk product in the treatment of a chronic intestinal disorder in AIDS.

Tests may soon begin on a drug to prevent toxoplasmosis, another infection.

On the exotic side, CRI will look at the effects of a derivative of the Shiitake mushroom that is believed to boost the immune system.

And there is a plan to test a drug that may stimulate the appetite of people with AIDS. Weight loss is a common problem.

A mouth infection also afflicts many people and this might possibly be cleared with a special mouthwash.

"We're looking into this," Bihari said.

In Canada, there is no agency resembling CRI available to people with AIDS.

It is common practice to steer patients to the highly toxic drug AZT, widely touted — without the benefit of firm evidence — as a therapy to suppress HIV.

A doctor may also call up a special government program and ask to prescribe an unapproved drug on an emergency basis. But there is nothing organized about this for testing purposes.

Canadian AIDS therapy has been largely hospital-based and drug testing leans toward giving some patients a placebo.

This strategy was set for Canadian tests of aerosolized pentamidine.

The move drew protests from Canadian AIDS groups who said the test strategy meant some people would needlessly die.

INSIDE SCIENCE

Nicholas Regush



doctors and hundreds of their patients in a research program dedicated to testing promising and hard-to-get new drugs.

CRI is non-profit and is funded by private contributions and contracts for drug testing. A board runs the agency and professionals supervise the out-patient medical care on two floors of an old building.

It began two years ago when several New York doctors and some people with AIDS felt frustrated by the slow progress in drug-testing.

And it was felt that a disproportionate amount of attention was being focused on drugs to suppress the human immunodeficiency virus (HIV).

"We wanted emphasis on therapies aimed at some of the infections associated with AIDS," said Dr. Bernard Bihari, CRI's research and medical director.

"Some of us at CRI signed the petition they were circulating," Bihari said. Some months later, the placebo arm of the test was discontinued when more data came in from the U.S. showing that aerosolized pentamidine is effective.

The Gazette; Montreal; 7.6.1989

AIDS means big bucks for drug firms: activists

The Gazette; Montreal; 7.6.1989

The large and prominent presence of drug companies at the Fifth International Conference on AIDS proves one thing, say doctors, activists and company officials — AIDS is big business.

Dozens of companies are handing out sheafs of glossy product information and giving demonstrations of new devices at the conference.

"It's like a bazaar, everyone selling their wares," Peter Staley, a researcher with the vocal New York AIDS group, ACT-UP, said yesterday on an exhibition floor jammed with the booths of international companies.

"The bottom line is money -- that's the impression this gives."

The tactics for visibility range from a hot-air balloon in the shape of a condom flying above the conference centre to booths displaying devices that claim to diagnose AIDS in less than 10 minutes.

Many doctors are also critical of the drug companies' prominence at the conference and the implicit message that there is profit to be made from the syndrome.

"You begin to wonder how concerned they are with the people who are affected (with AIDS) and how much they're after money," said Dr. Roger Anderson, an AIDS researcher at the University of Pittsburgh. "I'm appalled at the commercialization of the conference."

The companies are vying for a piece of a volatile and desperate market. Because AIDS is still relatively new and full of unknowns, no company has yet developed a standard diagnostic device or treatment method. All are trying to.

AIDS activists say the drug companies are only interested in developing expensive treatments they can patent, and they ignore promising,

cheaper alternatives.

But the companies, while admitting there is money to be made, insist they don't see AIDS as a gold mine. They say their aim is to keep AIDS workers abreast of their research.

Dr. Martin Sherwood, of the Wellcome Foundation, dismisses criticisms of the drug companies. Wellcome makes AZT, an AIDS-treatment drug.

"The AIDS activists attack everything, it seems to me," he said. "But one can share their frustration that progress is not more rapid," he added.

CP

The Gazette; Montreal; 5.6.1989

Paper on egg-yolk therapy rejected

By MIKE KING
of The Gazette

A California researcher is upset that organizers of the Fifth International Conference on AIDS have refused to present his proposal for a chicken egg-yolk extract treatment for HIV-infected people.

"I'm a bit upset about it because a lot of effort, money and time goes into this work," Parris Kidd told *The Gazette* yesterday. "There was no reason given for not accepting my abstract (theoretical paper)."

Undaunted, Kidd is distributing copies of his abstract to other delegates because he and his partner, Wolfgang Huber, "stand behind this work and still want to make the conference participants aware of its existence."

Kidd, a cell biologist, was one of about 350 participants attending an alternative weekend conference at McGill University aimed at setting up the first international AIDS services council.

The meeting, Opportunities for Solidarity, was sponsored by the Canadian AIDS Society, a coalition of community support groups.

Kidd, a cell biologist, is executive vice-president of HK Biomedical Inc. of Berkeley, Calif. He has specialized in AIDS therapy for two years.

He said the egg-yolk lipid extracts have a proven "high benefit-to-risk ratio. That means there is some degree of benefit to offer with little or no risks."

Injected in persons with the HIV virus during clinical studies, the yolk extract therapy "contributed to slower activity of the virus and provided essential support for the immune system," Kidd said.

He said the yolk extract increased blood-cell counts and appeared to strengthen the membranes of cells.

"Although it is not a cure for AIDS," Kidd said, "we're advocating this and other therapies as the cornerstone of maintenance for HIV people."

He claimed the therapies have been able to delay the appearance of symptoms and alleviate them when they are already present.

"We refer to them as 'now' therapies because they are available now and don't need approval because they are non-toxic. They are affordable and ought to be utilized."

Trials in the United States, Germany and Israel have had encouraging results, Kidd said.

He described AIDS as "a potentially manageable chronic disease, not the death sentence once thought."



Die Zahl der infizierten Frauen steigt weltweit

Frauen können sich eher bei ihrem heterosexuellen Partner mit dem Aids-Erreger HIV infizieren als Männer. Zu diesem Ergebnis gelangte eine Untersuchung der Frankfurter Universitätsklinik, die jetzt in Montreal vorgestellt wurde. Nach Angaben von Dr. Schlomo Staszewski wurden 129 sexuell aktive Paare überprüft, von denen einer der Partner Träger von HIV war.

In 27 Fällen wurde das Virus auf den Partner übertragen, wobei Frauen weitaus häufiger infiziert wurden (31 Prozent) als Männer (4,1 Prozent). Zudem stellten die Frankfurter Wissenschaftler fest, daß die Ansteckungsgefahr für den gesunden Partner um so größer ist, je schneller die Krankheit des HIV-Infizierten voranschreitet.

„Die Zahl der Aids-Fälle unter heterosexuellen Partnern, die keiner besonderen Risikogruppe angehören, wird in den nächsten Jahren erschreckend zunehmen“, erklärte Dr. Haran Schlamm vom Bellvue Krankenhaus in New York. „Schon jetzt sehen wir in unserem Krankenhaus immer mehr Frauen, die unwissentlich in den vergangenen Jahren mit dem Aids-Erreger infiziert wurden. Es sind Frauen, die nie Drogen genommen haben und keiner Risikogruppe angehören.“

Besondere Probleme bei der Informationsverbreitung über Vorbeugemaßnahmen gegen die Immunschwächekrankheit, so die Experten des Montrealer Kongresses, gebe es in den Entwicklungsländern, wo Frauen durch Armut in die Prostitution getrieben würden. Dadurch breite sich Aids, so Chandra Mouli, der sambische Beauftragte für Aids-Information, „wie ein Waldbrand“ aus.

Verzicht auf Vorsorge gefährdet vor allem Frauen

Die Mehrzahl der gefährdeten Frauen seien nicht in der Lage, ihre Sexualpartner zu den notwendigen Sicherheitsvorkehrungen zu bewegen, erklärte die Direktorin der Montrealer Behörde für die Aids-Kontrolle, Catherine Hankins. In vielen Ländern würden Prostituierte zwar bei ihren Freiern auf Kondome bestehen, doch ihre privaten Liebhaber würden

sich dagegen wehren. Die Zahl der HIV-infizierten Frauen werde so lange weiter steigen, bis die Frauen in der Gesellschaft gleichberechtigt seien, sagte Frau Hankins. Die Benachteiligung der Frauen in Schule, Haus und Beruf existiere in allen Gesellschaften.

Zahl der HIV-positiven Weißen wird unterschätzt

„In den USA, wo 70 bis 75 Prozent der Armut auf Frauen und Kinder konzentriert sind, spricht man bereits von einer Feminisierung der Armut“, erklärte die Expertin. Wenngleich in den Industrienationen die Zahl der infizierten Frauen auch noch weit unter der der HIV-positiven Männer läge, so seien in Afrika bereits 50 Prozent der Frauen infiziert.

Doch auch die Prostitution der Männer bereitet den Experten Sorgen: Vor allem in Thailand sähe sich eine erhebliche Zahl junger Männer aufgrund der hohen Arbeitslosenzahlen gezwungen, auf diesem Weg ihren täglichen Lebensunterhalt zu finanzieren. Nach Angaben des thailändischen Gesundheitsministeriums sind bereits 100 000 Bewohner des Landes mit dem Aids-Erreger infiziert. Medizinische Kreise gehen gar von einer halben Million HIV-Infizierten aus.

Unterdessen veröffentlicht das Wissenschaftsmagazin „Science“ in seiner jüngsten Ausgabe eine Studie, nach der die Zahl der Infizierten in den Vereinigten Staaten höher ist, als dies in den offiziellen Statistiken angegeben wird. Zudem seien wesentlich mehr Weiße HIV-infiziert, als man bislang glaubte. Das Zentrum für Krankheitskontrolle (Center for Disease Control) in Atlanta, so die Studie, gebe ein falsches Bild von der wirklichen Verbreitung der Krankheit.

Viele Weiße würden nicht erfaßt, weil sie mehr Geld hätten als die Schwarzen des Landes und sich daher diskreter behandeln lassen könnten, meint Edward Laumann von der Universität von Chicago, der an der Studie mitarbeitete. Etwa 72 Prozent der Aids-Erkrankten seien Weiße, statt der bisher angenommenen Zahl von 50 Prozent. ANTJE BÜLL

Die Welt; Hamburg; 13.06.1989

Inequality cited as major factor in risk to women

By KATE DUNN
of The Gazette

The Gazette; Montreal; 8.6.1989

Women around the world will be at risk to AIDS until men and women are equal, a Montreal community-health doctor said yesterday.

To the applause of delegates at the Fifth International Conference on AIDS, Cate Hankins said poverty has combined with male power and sexism to leave women and their babies particularly vulnerable to AIDS.

"Women are admonished to take control, to avoid unprotected vaginal and anal intercourse and to insist that sexual activity be conditional on condom use," said Hankins. Co-ordinator of the Centre for AIDS Studies in Montreal, she has been active in public education and in developing a needle-exchange program for Montreal intravenous drug users to cut down the spread of HIV/AIDS.

"The vast majority of women in both developed and developing countries who are at higher risk for HIV acquisition do not have the power within sexual relationships to negotiate a change in rules," she said in her prepared speech.

She said poverty fosters the conditions for transmission of human immunodeficiency virus (HIV), believed by many to be the cause of AIDS.

"Women often come forward late for treatment. This may be due to expense, to the lack of a previous ongoing relationship with a physician, and to the additional primary care-taking roles of women which prevent them from seeking care for themselves."

Hankins said women have only recently begun to be considered for clinical trials of drug treatments.

"Arguments regarding hormonal differences which might affect drug metabolism have been advanced, but it is suspected that women have been considered unreliable and unlikely to comply with both contraceptive measures and clinical trial protocols (rules)."

Hankins said 25,000 women in 70 countries have AIDS, representing 5.2 per cent of the total in Canada, 10 per cent in the U.S., 12.2 per cent in Europe and 50 per cent in Africa.

HIV testing drove away weddings

Mandatory premarital testing for human immunodeficiency virus, which is linked to AIDS, in Illinois is driving away couples who get married in neighboring states.

Illinois lost \$322,245 in revenue from marriage licences in 1988 because of a dramatic decline in the number of people wanting to get married there after the tests were brought in.

Neighboring states enjoyed a huge jump in marriage-licence revenue, said Chester Kelly, a public health official for the State of Illinois.

The testing is "expensive and inefficient," said Kelly.

Of the 155,458 Illinois residents tested for the human immunodeficiency virus (HIV) in 1988, only 26 tested positive and most of those were from high-risk groups, Kelly said.

Conservative estimates put the cost for each positive test at over \$206,792 for the public plus additional costs for state-paid counselling and follow-up services, he said.

Of the 26 men who tested positive, 6 were intravenous drug users, 6 had heterosexual contact with high-risk partners, 2 were bisexual males, 2 had blood transfusions before 1985 and 10 had undetermined introductions to HIV, Kelly said.

The Gazette; Montreal; 8.6.1989



Babies can get HIV through breast milk: study

By **SUSAN SEMENAK**
of The Gazette

Infants can be infected with the virus believed to cause AIDS through breast milk, says a Zambian researcher.

Eighteen per cent of infants born to infected mothers in a Zambian study were infected with the human immunodeficiency virus (HIV) through breast-feeding, Dr. Subhash Hira, of Lusaka's University Teaching Hospital, told the Fifth International Conference on AIDS.

The transmission of HIV through breast milk presents serious public health problems for developing countries, Hira said.

"We now know that children are being infected through breast milk, but we cannot afford the alternatives," Hira said. "And so we cannot discourage breast-feeding until more studies have been done."

Hira said that while industrialized nations, such as Canada and the United States, counsel HIV-infected women to refrain from breast-feeding, most African nations don't have this luxury. He said developing countries cannot afford to replace breast-feeding, even for children who are at risk.

"There would be more deaths from diarrhea and dehydration from contaminated cow's milk or improperly prepared formula," he said. "Besides, both those options are just too expensive in impoverished developing countries."

In Hira's study, 16 babies and their mothers were found to be free of HIV infection at birth. The mothers later tested HIV-positive.

All of the children in the study were breast-fed until 18 months of age. Of those, three developed the virus within two years. One tested HIV-positive at 18 months, another at 20 months and the third at 22 months.

None had been exposed to any other risk factors, such as contaminated needles or blood transfusions. Hira said he believes the virus might have been transmitted during breast-feeding through minor abrasions in the infants' mouths resulting from teething.

Another study, by researchers in Atlanta, Ga., has found that 30 per cent of infected mothers transmit the AIDS virus to their babies. The study found that while transmission usually occurs in the uterus, the infection might be passed through exposure to vaginal secretions or blood during delivery or through breast-feeding.

Recent studies by the National Cancer Institute in Rockville, Md., have found an HIV transmission rate of 23 per cent from infected mothers to their infants during pregnancy or childbirth. And researcher James Goedert told the conference that the rate of infection among babies born prematurely was twice as high as for full-term babies.

A five-year study by the New York Department of State of 372 women found a 29-per-cent rate of transmission of the HIV virus from infected mothers to their infants. The women were all intravenous drug users or the partners of IV drug users.

The World Health Organization estimates that 1.5 million women worldwide were infected with HIV in 1987-88.

The Gazette; Montreal; 9.6.1989



Die AIDS-Weltkonferenz nimmt Abschied von der Wissenschaft

Von Heinz Dieter Rödder

Die 5. Weltkonferenz über AIDS geht heute zu Ende. Die mehr als 11 000 Delegierten fahren nach Hause und gehen wieder an die Arbeit in den Labors und Büros. Hat sich die Woche in Montreal für sie gelohnt? Da sind Zweifel angebracht. Es war eine Massenkongferenz und mehr als ein grober Überblick einfach nicht zu gewinnen.

Auffallend war, wieviel direkter nordamerikanische Ärzte den Wert der antiretroviralen Therapie in Frage stellen als deutsche. „Was denken Sie sich eigentlich dabei, hier eine Studie zur erfolgreichen Lebensverlängerung vorzustellen?“, wurde eine Professorin gefragt. „So lange ich nicht heilen kann, ist das

mein oberstes Ziel“, sagte die Klinikerin. Es gab fast nichts, worüber nicht gesprochen wurde: Frauendiskriminierung und Unterdrückung von Minderheiten, Rechte von Prostituierten und Transsexuellen, alles war Thema und bekam breiten Raum in Wort und Bild. Den

Im Gespräch

Inhalt vieler Veranstaltungen konnte der Besucher anhand des Programms und Kataloges allerdings nur erahnen.

Kongreßmotto war die wissenschaftliche und soziale Herausforderung durch AIDS. Daß die Ergebnisse der Wissenschaft nur mit harter Arbeit zu erreichen sind, sei es bei einem Impfstoff oder einer verbesserten Therapie, ging und geht aber vielen zu langsam. Dies scheint auch der Grund zu sein, warum die sozialen Themen bei der Konferenz ein Übergewicht bekamen. Die großen Pressekonferenzen jedenfalls wurden von solchen Fragen beherrscht. Auch im wissenschaftlichen Teil der Konferenz fand sich vieles, was es auf anderen solchen Veranstaltungen nicht gab. Alles was zur Behandlung angeblich geeignet ist, wurde in Postern und Vorträgen vorgestellt, ob Extrakt aus Eiern oder aus Pflanzen heimlicher und fremder Länder. Hier könnte einiges an Platz, Zeit und Geld gespart werden. Geld ist gerade bei AIDS der Motor von so manchem. Denn von dem Thema leben Presseagenturen und alternative Firmen, die Presseerklärungen über ihre Mittel herausgeben. Nur,

die Kranken sterben weiterhin, wenn auch nicht mehr ganz so früh wie zu der Zeit, als es noch kein Zidovudin und Pentamidin gab.

Sicher scheint, daß in Zukunft wissenschaftliche Themen weiter zurückgedrängt werden. Wie weit, darf man spekulieren. Wenn nächstes Jahr der Kongreß in San Francisco stattfinden wird, lautet dort das Motto bereits: AIDS in den 90er Jahren – von der Wissenschaft zur Politik. Wer Optimist ist, darf annehmen, daß dann von den Politikern alles getan werden wird, um die weitere Ausbreitung der Seuche zu verhindern. Realistischer ist wohl, daß der Kongreß zum Politikum werden wird, und die Wissenschaftler sich nicht mehr trauen werden, überhaupt noch daran teilzunehmen. Doch haben nur sie die Chance, mit Hilfe der Gentechnik in ihren Labors an Universitäten und in pharmazeutischen Unternehmen etwas zu finden, was AIDS eines Tages nicht mehr ausbrechen läßt. Doch wie soll das möglich sein, wenn keine Studien mehr gemacht werden, sondern alles gleich den Patienten gegeben wird – wie schon auf dieser Konferenz von AIDS-Aktivisten aus New York lautstark gefordert wurde. Beim Pentamidin-Aerosol ist der Weg bereits abgekürzt worden. Doch Forschung wird auch weiterhin Daten brauchen, genauso dringend wie die AIDS-Patienten Medikamente, die sie auch bezahlen können. Diese Diskussion, in Montreal ein Hauptthema, braucht zum Glück in Deutschland nicht geführt zu werden. Auch nach Blüms Reformen nicht.

Ärzte Zeitung; Neu-Isenburg;
9./10.06.1989



INTERVIEW

Aids-Marathon „macht keinen Sinn mehr“

Uli Meurer, Vorstandsmitglied der Deutschen Aids-Hilfe, über die Welt-Aids-Konferenz in Montreal / Großer Ansturm auf Safer-Sex-Porno

taz: In Montreal sollten erstmals die Betroffenen einbezogen und die sozialen Folgen der Krankheit stärker thematisiert werden. Ist dies gelungen?

Uli Meurer: Nur zum Teil. Auf der vorletzten Konferenz in Stockholm war die psychosoziale Thematik noch auf die Mittagspausen beschränkt. Diesmal war eine interdisziplinäre Vernetzung immerhin Bestandteil des Kongresses. Die Betroffenen haben aber selbst sehr viel politischen Druck gemacht und zum Beispiel gleich die Eröffnungsveranstaltung gesprengt. Die konservativ strukturierten Mediziner wollen ihre Kongresse von Betroffenen freihalten. Und der nächste Kongreß in San Francisco wird denn auch wieder stärker medizinisch orientiert sein.

Die Betroffenen-Gruppen hatten in Montreal ein eigenes Treffen organisiert.

Dahinter steht die Idee, ein weltweites Netzwerk von Betroffenen-Gruppen aufzubauen. Es geht darum, gerade in der Dritten Welt die Betroffenen-Seite zu aktivieren und bei Präventions- und Aufklärungskampagnen stärker zu beteiligen. Die westlichen Organisationen sollen Patenschaften für bestimmte Länder übernehmen und dort am Aufbau von Betroffenen-Gruppen mitwirken.

In welchen Ländern gibt es eigentlich Organisationen wie die Aids-Hilfe?

In vielen Ländern der Dritten Welt gibt es überhaupt keine Organisationen. Aber auch in Südeuropa, Portugal, Spanien und Italien existiert nichts Vergleichbares. Die Deutsche Aids-Hilfe ist sicherlich weltweit einzigartig in ihrer Struktur. Von daher gab es ein riesiges Interesse an unserem Stand, und wir haben versucht, etwas von unserem Know-how und unserer Arbeit weiterzugeben. Wir haben Präventionsmaterial vorgestellt, das in vielen anderen Ländern so nicht denkbar ist. Ein Beispiel war die Rohfassung eines Safer-Sex-Pornos für die schwule Szene, den wir gezeigt haben. Das gab ein riesiges Interesse und viele Anfragen nach diesem Video von Kuba, Südafrika bis Moskau.

Vom offiziellen Kongreß meldeten die Medien eher düstere Ausblicke.

Das ist richtig. Eine Kausaltherapie, die Aids heilen wird, steht auf lange Sicht nicht an, und auch in der Impfstoff-Forschung gibt es nur kleine Hoffnungsschimmer. Es zeigen sich aber verbesserte Therapiemöglichkeiten, was die einzelnen durch die Infektion ausgelösten Krankheiten angeht. Hier wird erneut Druck gemacht, zum Test zu gehen. Wenn eine medizinische Behandlung mit besseren Resultaten möglich ist, müsse man früher den HIV-Status ab-

klären, wird argumentiert. Im Moment ist es noch schwer einzuschätzen, wie weit medizinische Fortschritte tatsächlich eine andere Test-Politik rechtfertigen. Man kann allerdings nur zum Test raten, wenn die Diskriminierung von Menschen mit HIV nicht mehr in dem Maße stattfindet.

Welche neuen Informationen gab es über die Situation in der Dritten Welt, dem Schwerpunkt des Kongresses?

Ein Hauptproblem ist sicherlich, daß sich die Betroffenen dort kaum selbst organisieren können. Aus diesen Ländern waren in der Regel auch nur Delegierte der Weltgesundheitsbehörde anwesend. Als zweites großes Problem fehlen in vielen Ländern nach wie vor finanzielle Mittel für wirksame Präventionskampagnen und für die Betreuung von Menschen mit HIV und Aids. Hier muß sehr viel mehr Geld beschafft werden. Es müssen aber auch andere Konzepte her. Der westliche Missionar, der in Kamerun die Monogamie predigt, muß natürlich scheitern. In diesem Land hat nun mal jeder Mann mindestens vier Frauen, und das ist auch gesellschaftlich und religiös verankert. Wir brauchen also stimmige, immanente Präventionskonzepte, die an die Situation der einzelnen Länder angepaßt sind.

Es waren mehr als 11.000 Teilnehmer in Montreal, mehr als 4.000 Präsentationen, über 1.000 Vorträge. Macht das in diesen Größenordnungen überhaupt noch Sinn?

In diesem Rahmen macht das sicherlich keinen Sinn mehr. Die Organisatoren waren total überfordert, der Kongreß war katastrophal schlecht organisiert, und viele der wissenschaftlichen Vorträge haben das Prädikat „wissenschaftlich“ sicher nicht erfüllt.

Interview: Manfred Kriener

Die Tageszeitung; Berlin;
13.06.1989



High Hopes for 1990

AIDS Conference Organizers Confident

Commentary by Dana Van Gorder

Delegates to the 5th International Conference on AIDS may have had differing views on one important issue—just how prominent a role political activism should play in what was first created as a scientific gathering on AIDS. But virtually everyone in Montreal agreed that when this important meeting opens in San Francisco in June of 1990, the 6th International Conference on AIDS will have greater visibility and be accompanied by more political activism than ever before.

The theme of the 6th International is "AIDS in the Nineties: From Science to Public Policy." The focus of the conference will be on developments in basic science, clinical trials, epidemiology and prevention. Because 1990 holds out exciting prospects for research on several experimental AIDS treatments, conference organizers are planning a meeting that sparks optimism as we enter the second decade of this epidemic.

The 6th International Conference will also explore the full range of social science and public policy implications of AIDS. Already, researchers from throughout the world have been invited to submit studies on issues including HIV testing, discrimination, clinical ethics, and access to treatment and clinical trials. The San Francisco conference will examine the ways in which ignorance leads to public policy that will perpetuate AIDS and the ways in which sound science supports policies that are fully responsive to the treatment and civil rights needs of all HIV-infected people.

Montreal was billed by the international press as the first AIDS conference at which AIDS researchers and AIDS activists

confronted the differences in their philosophical and tactical approaches to the scientific and social challenge posed by this epidemic. San Francisco hopes to be the conference at which researchers and activists better appreciate their respective roles in responding to this epidemic and join more fully in confronting the real enemies that stand in the way of an intelligent AIDS public policy.

Already, the 6th International Conference on AIDS has been deeply involved in joining AIDS activists and scientists to resolve an important civil rights issue affecting HIV-infected people. Following the April detention of Hans Paul Verhoef of the Netherlands by United States immigration officials, community groups urged conference organizers to help bring the medical establishment into the fight to alter U.S. policy. The result was a significant shift in government regulations that will allow HIV-infected visitors into the United States for 30 days to obtain medical treatment, attend meetings, visit relatives and conduct business.

Working together in Montreal, San Francisco's conference organizers and community groups presented the International AIDS Society, which sanctions the International AIDS Conference, with a request that it hold future meetings only in countries that permit entry of HIV-infected travelers. And a joint effort led to the adoption of a resolution by the Montreal delegates urging all countries to reverse policies that exclude HIV-infected travelers and seeking assurances from the U.S. government that HIV-infected individuals will be permitted to attend the San Francisco conference.

There are many people who would be thanked for their involvement on this important issue. Among them are Paul Boneberg of the Mobilization Against AIDS, Pat Christen at the San Francisco AIDS Foundation, Ben Schatz of National Gay Rights Advocates, Jim Foster of the San Francisco Health Commission, Clint Hockenberry of the AIDS Legal Referral Panel, Senators Ted Kennedy, Alan Cranston, Pete Wilson, and Representatives Nancy Pelosi, Barbara Boxer, and Tom Campbell.

The issue of travel by HIV-infected people will be given great prominence at the 6th International for two reasons. First, the conference organizers want to bring about further change in U.S. policy on this issue, as well as change by other governments. Second, the local effort surrounding this issue proves that the task of moving governments to adopt a rational and humane public policy on AIDS can be accomplished when scientists and activists confront decision-makers with our knowledge about this disease.

It is fitting and exciting that the 6th International Conference on AIDS will be held in San Francisco. What we take for granted in San Francisco and the United States is the strength of our community resources to fight AIDS other countries are struggling to replicate. Thousands of delegates next June will have an important opportunity to witness first-hand the programs our community activists have assembled to care for HIV-infected people.

San Francisco and U.S. AIDS activists will have the chance to show precisely how medical and



community leaders have united to bring local, state and federal policymakers and voters to a better understanding of the civil rights and treatment needs of HIV-infected people.

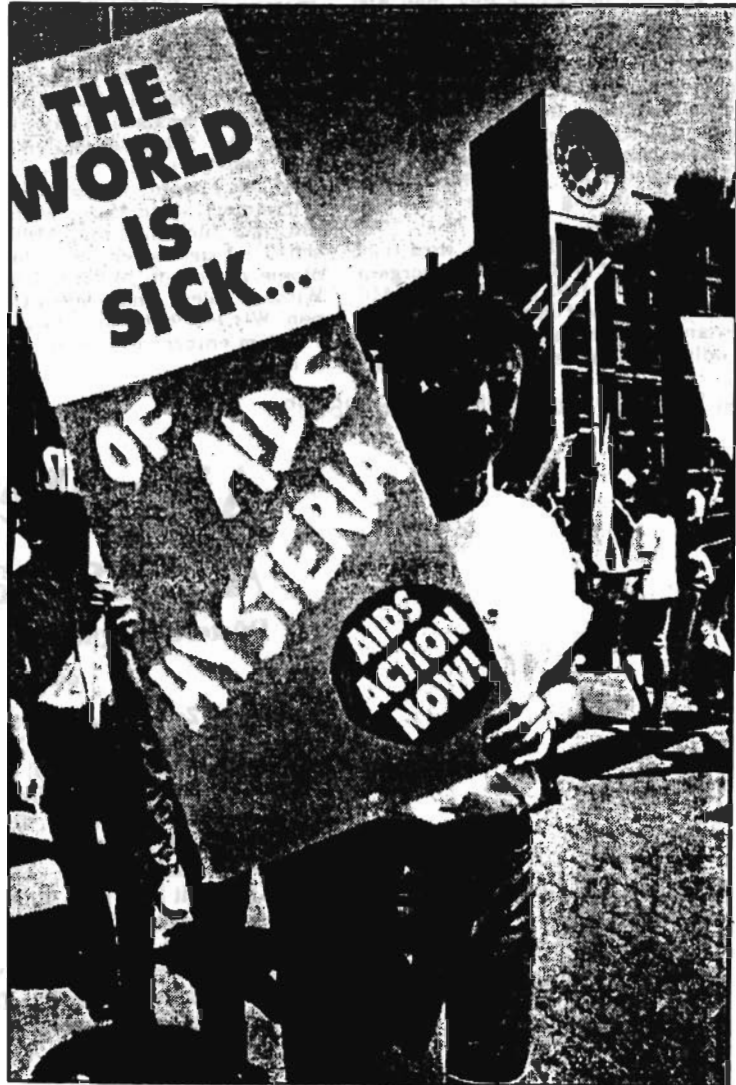
It goes without saying that because it is being held in San Francisco, the 6th International Conference on AIDS will provide visibility for many issues and points of view surrounding AIDS. Not merely by coincidence, the conference takes place during the same week as San Francisco's Gay Pride celebration. Conference organizers will work with Lesbian/Gay Freedom Day

Parade organizers so that conference delegates are well represented in the march as an international display of support for the goals of recognition of equality for lesbians and gay men.

To a person, delegates and staff at the conclusion of the Montreal Conference smiled and wished organizers of the 6th International Conference good luck. Producing these conferences, which are extremely important to the international effort to stop AIDS, and which grow enormously in number of participants and challenges each year, is a monumental and sobering challenge.

We are confident that by working with the enormously talented people available in San Francisco's community-based AIDS care and research organizations, we can organize a conference regarded as a model for future events and which is a major asset in the international effort to control AIDS. And we are confident that we can organize a conference that successfully gives focus to civil rights and treatment issues and that fulfills the needs of delegates for a thorough and free exchange of the AIDS research and information that will speed this epidemic to an end.

Dana Van Gorder is a spokesman for the 6th International Conference on AIDS. ▼



A demonstrator at the Fifth International Conference on AIDS, held recently in Montreal. (Photo: T.L. Litt)

Bay Area Reporter,
San Francisco; 22.06.1989

Aids mit Atombombe verglichen

Sambias Präsident warnt vor „Entvölkerung“ Afrikas

MONTREAL, 5. Juni (dpa/Reuter). Sambias Präsident Kenneth Kaunda hat davor gewarnt, daß ganze Regionen Afrikas eines Tages entvölkert sein könnten, wenn nicht bald Heilmittel gegen die Immunschwächekrankheit Aids gefunden werden. Zum Auftakt der 5. internationalen Aids-Konferenz in Montreal verglich Kaunda die Krankheit am Sonntag mit einer Atombombe und forderte die Atom-mächte zugleich auf, die Milliarden für die Nuklearrüstung in die Aids-Forschung umzuleiten.

Die Zahl der Aids-Kranken wird nach Schätzungen der Weltgesundheitsorganisation (WHO) bis 1993 auf über eine Million steigen. Derzeit leiden 500 000 Menschen an der Immunschwächekrankheit. Die tödliche Krankheit habe noch längst

nicht ihren Höhepunkt erreicht, warnte Jonathan Mann, Direktor des Aids-Programms der WHO vor der Presse. Thailand, Indien oder Westafrika seien nur einige der Nationen und Regionen, in denen Wissenschaftler in letzter Zeit eine besorgniserregende Zunahme von HIV-Infektionen beobachtet hätten.

Die 90er Jahre würden mit Blick auf den Aids-Virus HIV schlimmer als die 80er Jahre werden, möglicherweise „viel schlimmer“, sagte Mann. Man rechne damit, daß fünf bis zehn Millionen Menschen infiziert seien, ohne bislang Symptome zu zeigen. „Wir brauchen alles an Wissen, Talent und Tatkraft der modernen Wissenschaft, um diesem globalen Problem entgegenzutreten zu können“, sagte Mann.

Frankfurter Rundschau; 06.06.89

Aids: Werden Regionen in Afrika bald entvölkert?

Düstere Prognosen bei internationaler Konferenz in Kanada

dpa/AP, Montreal

Die Zahl der Aids-Kranken wird nach Schätzungen der Weltgesundheitsorganisation (WHO) bis 1993 auf eine Million steigen. Derzeit leiden 500 000 Menschen an der Immunschwächekrankheit, die erstmals 1981 erkannt wurde. Die tödliche Krankheit habe noch längst nicht ihre Höhepunkt erreicht, warnte Jonathan Mann, Direktor des Aids-Programms der WHO, zum Auftakt der 5. Internationalen Aids-Konferenz in Montreal. Die Seuche breite sich weiter ungehindert aus.

Sambias Präsident Kenneth Kaunda warnte in der Eröffnungsrede davor, daß ganze Regionen Afrikas eines Tages entvölkert sein könnten, wenn nicht bald Heilmittel gegen die Immunschwächekrankheit Aids gefunden würden. Kaunda verglich die Krankheit mit der Atombombe und forderte die Supermächte zugleich auf, die Milliarden Dollar, die sie für die Nuklearrüstung ausgeben, in die Aids-Forschung umzuleiten. Der Staatspräsident weiß, wovon er redet: Einer seiner sechs Söhne, Masuzgo Gwen, war im Dezember 1986 an Aids gestorben. Der Präsident hatte dies zunächst für über ein Jahr geheim gehalten, sich dann aber an die Spitze einer Bewegung in der Dritten Welt

gesetzt, die sich für eine verstärkte internationale Zusammenarbeit im Kampf gegen die Seuche einsetzt. Die Wahl Kaundas als Eröffnungsredner sollte einen Schwerpunkt der Tagung deutlich machen: Die Auswirkungen von Aids auf Leben, Gesellschaft und Ökonomie in den Entwicklungsländern.

Aids-Experte Mann rechnet damit, daß fünf bis zehn Millionen Menschen infiziert sind, ohne bislang Symptome zu zeigen. Die 90er Jahre würden mit Blick auf den Aids-Erreger HIV schlimmer als die 80er Jahre werden, möglicherweise „viel schlimmer“, sagte er. „Wir brauchen alles an Wissen, Talent und Tatkraft der modernen Wissenschaft, um diesem globalen Problem entgegenzutreten zu können“.

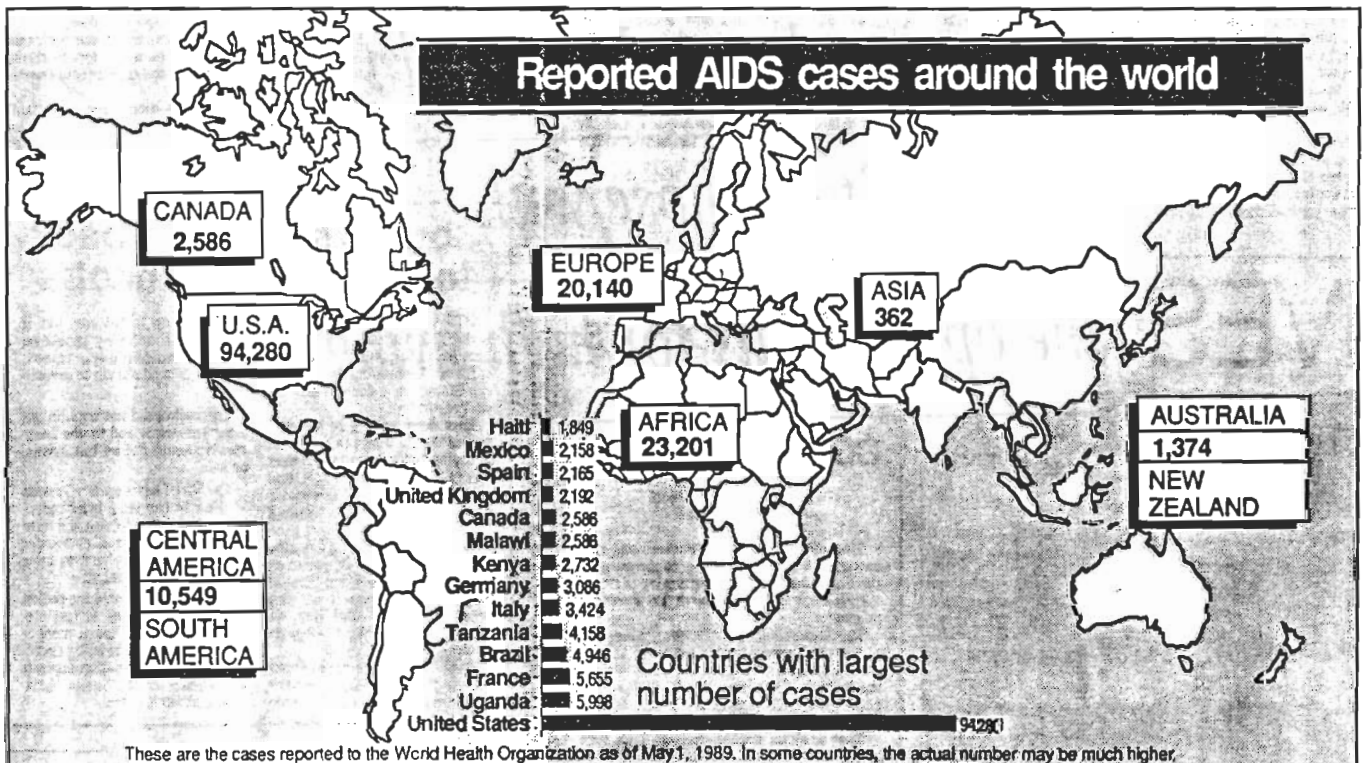
Die Seuche dehne sich zur Zeit noch auf immer neue Länder aus, sie bleibe dynamisch. Thailand, Indien oder Westafrika seien nur einige der Nationen und Regionen, in denen Wissenschaftler eine besorgniserregende Zunahme von HIV-Infektionen beobachtet hätten. Die 10 000 Teilnehmer der Konferenz, die noch bis Freitag andauert, werden unter anderem über die Entwicklung von Medikamenten zur Behandlung der Krankheit diskutieren.

Die Welt; Hamburg; 06.06.1989



AIDS cuts down the best and the brightest in Africa

The Gazette; Montreal; 3.6.89



AIDS cases in Africa number over 23,000, but Dr. Erik Van Praag said many more cases are unreported and the total may approach 100,000.





*"Me I can't get
AIDS," said the
auto mechanic.*

*"AIDS is the disease of money."
The preferred host of the HIV
virus are educated people in
the big cities, those with
the opportunity for high living.*

According to Dr. Erik Van Praag, the WHO representative in Lusaka, 10 to 15 per cent of adults in Lusaka, population 1.2 million, are likely infected with HIV. Up to 7 per cent of rural Zambians are probably infected, he said, depending on the region, with the rate of infection being higher in northern part of the country than in the south.

AIDS is spreading south through black Africa. The epidemic started eight years ago in those countries to Zambia's north, mainly Zaire, Uganda, and Tanzania. It has not yet reached crisis proportions in the countries to Zambia's south, such as Botswana and Mozambique. Right now, Chikankata neatly delineates the southern edge of Africa's expanding AIDS Belt.

As Joseph turns off the highway onto a dirt road which leads to the Salvation Army mission 30 km away, I recall a conversation I had the day before with a businessman in Choma, the capital city of Southern Province. He told me of four Choma men who have died of AIDS in the past year. They were: the manager of the Barclay's Bank branch, the district engineer for the Zambia Electrical Supply Co., the marketing manager of Choma Milling Co. Ltd. and the marketing manager of Zambia Breweries.

This is the terrible thing about AIDS in Africa: the preferred host of the HIV virus is the urban educated elite, those who run countries and economies, those with money and opportunities for high living. Doctors are discovering a direct correlation in Africa between years of schooling and the likelihood of acquiring AIDS. Last year, one of Zambian President Kenneth Kaunda's sons, Masuzyo, died of AIDS. "Me, I can't get AIDS," said a Choma auto mechanic. "AIDS is the disease of money."

The four Choma AIDS victims had two things in common, according to the businessman I spoke to. All were members of the Choma Sports Club, where they played squash, and all had had sexual flings with a married woman who frequented the club's bar. The woman's husband died of AIDS five months ago.

"She had to leave town," said the businessman. "There was talk of witchcraft. People were saying her husband had put a spell on his wife so that everyone she slept with would die. When she left, people said she had gone senile. She was only in her late 20s. I would say."

AIDS in Africa differs from AIDS in the developed world in one important respect. It is transmitted mainly through heterosexual, not homosexual, sex. "It's the average guy and the average woman who are getting it," is how Dr. Ben Chirwa, officer in charge of Zambia's national AIDS-control committee, put it to me.

This is not to say there is no homosexual AIDS in Africa. There is, but it is rare. Although homosexual sex flourishes in Africa's prisons, many African tribes don't even have a word for homosexuality, let alone try to suppress it. Many are not aware of homosexuality as a state of being.

Teaspoon of blood

But heterosexuals in Africa acquire HIV in the same way homosexuals do: through the exchange of blood and semen during intercourse. Among homosexuals, anal intercourse can cause anal lesions, and these lesions facilitate the fluid exchanges. In Africa, sexually transmitted diseases such as syphilis and herpes, which are rampant, often go untreated, and lead to open genital sores. During intercourse, these sores can rip, again aiding fluid exchanges.

According to a doctor at Lusaka's University Teaching Hospital (UTH), a minimum of five to 10 ml of blood or semen (about one teaspoon) must be exchanged for HIV infection to result. Even still, the doctor said, a person has a only 1-in-10 chance of acquiring HIV from an infected partner during a one-time sexual encounter. There's a one-in-four risk if the sex is with an infected prostitute.

As Joseph pulls up in front of the Salvation Army mission in Chikankata, I am greeted by Dr. Clement Chela, a member of Zambia's Bemba tribe. Chela is a graduate of the University of Zambia medical school, and is doing his mandatory two-year rural residency in Chikankata. When the mission's chief medical officer, an Australian, leaves his posting at the end of this year, Chela is to replace him. It will represent the first time a Zambian has been in charge of the mission since it opened in 1947.

The 240-bed mission, which serves 200 villages populated by 100,000 people, is currently building a new 25-bed wing for acute AIDS patients. Among other things, the mission operates a home-care program for

AIDS patients. It also dispatches clinical officers three days a week to the villages to lecture on AIDS prevention. Africa is too poor to treat AIDS patients in hospitals or hospices. Beds are in short supply, so most are returned home to deteriorate and die in front of their families. Said Chirwa: "This reinforces the seriousness of the disease and encourages prevention in the family and in the community."

Chela says the mission knows of 815 people in its territory who tested HIV-positive in tests between Jan. 1, 1987 and last Sept. 30. The actual number of infected, he says, is much higher than 815, as testing has only been done on people who visit the mission complaining of AIDS-related complexes. The mission can't afford to do random testing.

I ask Chela how many AIDS cases the mission expects to see next year. "It's difficult to predict," he says,

"but the numbers will be very large. The quarterly figures keep getting bigger and bigger." In the first quarter of 1987, there were 95 recorded cases; in the third quarter of last year, there were 193.

Chela says tribal customs aren't helping Africa's fight against AIDS. Scarification (making small cuts in the skin) is common among Zambia's 73 tribes, and dirty knives are thought to be spreading the virus in the same way dirty I.V. needles do.

Another custom which has helped AIDS flourish, particularly in the Chikankata region, is the ritual cleansing of widows.

Widow has sex

It is common practice among some Africa tribes that whenever a man dies, his wife has sexual intercourse with one of her husband's brothers in order to cleanse her husband's spirit from her body. If the husband dies of AIDS and has infected his wife with HIV, the wife risks infecting her brother-in-law during the cleansing ritual. In the past four years, a lot of brothers-in-law in the Chikankata region have died of AIDS.

This has not gone unnoticed by Mweemba, the district chief of the Tonga tribe. Six weeks ago, Mweemba called together the 200 village headmen in the Chikankata region and decreed a ban on ritual cleansing through sexual intercourse. Henceforth, Mweemba said, brothers-in-law have two choices. Either the wi-



dow strips naked and sits on the naked brother-in-law's knee, and the two "exchange words," or the widow must strip and leap over a dead cow.

I asked Chela if we could visit Mweemba, as he lives only 11 km from the Salvation Army hospital. But Chela said it is disrespectful to visit such an important man without an appointment. Instead, he took me to a cluster of huts outside Chikankata where the new widow-cleansing ritual is in effect. We were greeted there by three women who were brewing beer in two 40-gallon drums over an open fire.

Chela called together the teenage boys.

"Do you learn about AIDS in school?" he asked.

"Yes," the boys answered, averting direct eye contact with Chela, a sign of respect in Africa.

"So you know how to prevent getting AIDS?"

"Yes," the boys repeated shyly.

Rural Africa needs more Mweembas if it is to control the spread of AIDS. Other tribes can be expected to follow the Tonga's lead. Unfortunately, rural Africa is in decline. Africans are moving to cities in droves — and that is where the AIDS problem is worst.

When the white colonialists pulled out of Africa, agriculture suffered, and millions of hungry Africans, especially Zambians, began moving to cities to take advantage of subsidized food prices. Zambia, where 200 white farmers still produce half the nation's food, is Africa's most urbanized country. The majority of its 7.5 million people live in cities.

And it is in Lusaka, the nervous and dangerous capital city, that the full drama of urban Africa's impending AIDS catastrophe is unfolding like a modern-day horror show.

• • •

I am on my way to Valentino's, Lusaka's most popular nightclub, with John, a western Canadian who is working on an aid project in Zambia. I am in John's car, in the front passenger seat, seat-belted, and John is driving, filling me with frightening stories of the escalating violence in Lusaka.

In the glove compartment of John's car is a 9-mm Browning pistol, which John says is "the weapon of choice of Canadians in Lusaka." Two dozen Canadian families live in the city, and few venture out at night without handguns that have been registered with Lusaka police for self-defence.

Hardly a week passes in Lusaka without some Canadian reporting having heard an hour-long gun battle in his neighborhood. One night last week, residents of the Ibex Hills neighborhood shot and killed eight would-be burglars who were armed variously with steel bars and portable acetylene tanks.

People are desperate in Lusaka. The economy is collapsing. A kilo bag of onions, which costs \$1 in Montreal, costs \$8 Cdn. in Lusaka. A bottle of South African ketchup costs \$13. A coffee maker which sells for \$50 at Canadian Tire costs \$1,300. A refrigerator costs \$8,000. The average wage of a Zambian is \$50 a month.

Add this fact: there are no police patrols at night in Lusaka. It all spells trouble. The patrols were scrapped 10 years ago because the police were using cars for their own purposes. They weren't patrolling. In Lusaka, people must protect themselves.

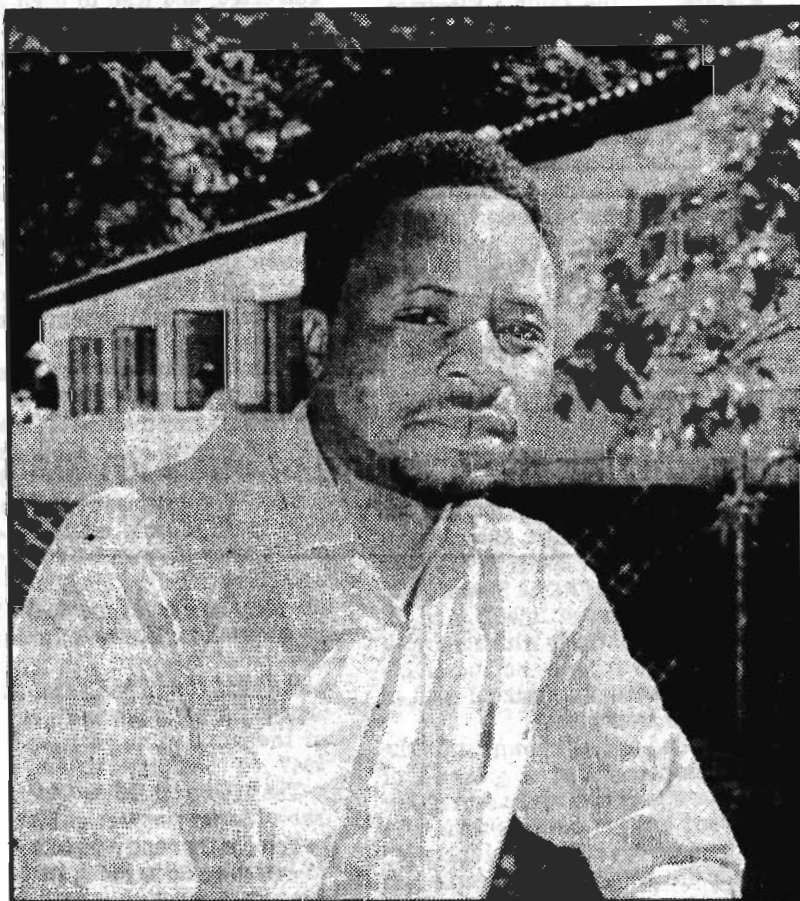
All Canadian homes in Lusaka are equipped with CB radios. The most

recent May Day alert came two weeks ago, when a Canadian aid worker appealed for help while a gang was attacking his home. As he talked, one bandit was trying to get through his bedroom window; another was simultaneously trying to gain entry through the living-room window. The men were armed with metal bars.

The aid worker fired his gun at both bandits, purposely missing. The bandits fled. Police, summoned from the local station, berated the aid worker for not shooting to kill. "You're only making our job tougher," one officer said.

John calls Valentino's "the AIDS epicentre" of Zambia. He parks outside the bar and says, "If you wore HIV glasses in there, like those infra-red or 3-D glasses, you'd be blinded."

We pay our 120-kwacha cover charge (\$15 Canadian) and walk down a corridor to the inner entrance to the club. We are the only whites there. The doorman stops us. He signals the attention of a short, broad-shouldered man nearby. The



Gazette, David Johnston

Dr. Ben Chirwa: people with AIDS are sent home to die.

man walks up to me and asks me to spread my arms and legs wide. He frisks me.

Whites have to be careful in Zambia, some diplomats had told me.

The country is paranoid, often justifiably, about South African spies.

I worry for John. What if they find his gun? I turn and see he has pre-empted his own frisk by pulling out a Swiss Army knife.

"You don't look violent," said the man.

"I'm not," said John, laughing.

We take a table and order drinks. Soon, John sees an acquaintance, a young, handsome Zambian man named Jerry who works as a safari guide and who has studied in England. Urbane, educated; preferred host of HIV. John introduces me to Jerry and explains why I have come to Zambia.

I ask Jerry whether the numbers I hear are true. An ex-patriot UTH doctor told me that many young Lusakan men commonly have 30 sexual partners a year. He said HIV-positive males he spoke to at UTH admitted to an average 14 sexual encounters a week, three with their wives and 11 with two other women.

The doctor used to work in a sex clinic. Sometimes Zambians would visit complaining of impotence. Said the doctor: "We'd ask them, 'Well, how often to you have sex?' And they'd say, 'Twice a night.' Their expectations are considerably higher than the average European's."

Jerry replies that 30 partners a year is not an exaggeration. Doesn't HIV infection worry him and his friends? He looks around the bar, laughs and says, "Yeah, it worries people, especially people like me to have it." In fact, Jerry was joking. He doesn't know if he is infected; he's never been tested. But he is worried.

"What worries me," he says, "is what happens if you fall in love with a girl, and either you test positive or she does? What do you do?"

Valentino's is not a dangerous place. "The danger is *outside* Valentino's," Canadians kept telling me. Most of the clientele appears gentle, well-mannered and in their early 20s. Some of the men are wearing cardigans. Most of the women are wearing dresses that fall below the knee, and sensible shoes.

They are all members of what the Canadians in Lusaka call the Beento tribe. They been to London for

school; they been to Paris for shopping; they been to Los Angeles on vacation.

And yet, UTH doctors figure one in three people in Valentino's on any given night is infected with HIV, and is going to die within five years. Sad. These are nice kids. Rich too: cover charge, plus six imported Beck's beers at \$6 a crack, adds up to the average man's monthly wage. These are the sons and daughters of Africa's best and brightest.

John and I drink up and leave. It is 1 a.m. Outside, I ask about his gun. It turns out he didn't bring it into the bar. He starts his car, then takes the pistol out of the glove compartment. "No good to me in there," he says. He sets it on the floor beside him. The ride back to his place, where I am boarding, is uneventful.

• • •

Last year, Wesley noticed one of his testicles was receding into his body. At the same time, his wife, Mutinta, was having heavy vaginal discharges. She went to UTH, where doctors diagnosed a problem with her fallopian tubes. They also tested her for HIV; she tested positive.

The hospital called in Wesley for a test, and he tested positive, too. The couple, both in their 20s, without children, couldn't believe the results. They asked for a second test; it was conducted in March. Now, two months later, they have returned to the hospital to learn the results of it.

Wesley and Mutinta are sitting in a small windowless room in the UTH skin clinic with Gaston Lungu, a clinical officer who counsels HIV patients. I am also in the room, with Wesley's and Mutinta's permission. Lungu delivers the bad news: the second test has confirmed the first one. Wesley looks defiantly at Lungu; Mutinta drops her face into her right hand.

She turns to Wesley and says, "It's you who brought the infection! You do too much travelling!"

Wesley, a businessman who travels frequently throughout Central Africa, says to his wife, "Keep quiet. We'll talk about it when we get home."

Lungu explains to the couple the difference between HIV and AIDS. He tells them they should consider not having children, as there is a 50-50 risk the child would be born HIV-positive. Lungu says to Wesley, "You're a travelling businessman so

you're high risk. You should restrain your sexual desire until you get back into the city."

Mutinta interjects, addressing Lungu, "I have AIDS. This is why you don't want me to have children. Is this so?"

"No, no," says Lungu. He repeats for the third time that HIV is not the same as AIDS, that HIV often takes years to develop into AIDS. Both Wesley and Mutinta can't understand why, if they don't have AIDS, they can't have children.

The counselling sessions lasts 45 minutes. At the end of it, Lungu sets the next appointment for August, but tells the couple to come in anytime if they feel the need to talk.

UTH is the only civilian hospital serving Lusaka's 1.2 million people. In practice, it is three hospitals in one. There's a maternity hospital; Zambia has one of the highest birth rates in the world. There's a pediatric hospital; 49 per cent of the population is aged under 15. And then there's the rest of the hospital, with 280 beds in general medical wards.

Last year, 8,500 patients occupied those 280 beds. One in every three of those patients was admitted for AIDS or AIDS-related complexes. The number of annual AIDS cases is rising exponentially. One doctor is

projecting UTH will see 6,000 AIDS cases next year. This is equal to 70 per cent of the 8,500 people who were admitted to medical wards in 1988 for ailments of all types. Says Van Praag of the WHO: "We can't cope. The numbers are too high."

The great majority of AIDS sufferers are simply returned home and followed up by home-care workers. But some are too sick to turn away. And as resources are limited, this means UTH is starting to turn away hundreds of non-AIDS patients with treatable afflictions.

"This is the other face of AIDS," one doctor told me. "And it is badly neglected. I have no idea what the secondary mortality will be, but I have no doubt it will be very significant."

• • •

Last year, health authorities in Lusaka invited the public to submit entries for an AIDS-prevention slogan. The winning slogan was, IF YOU MUST LUST, WRAP THAT RASCAL. Second place went to the entrant who proposed, KEEP YOUR CHOPPER SOMEWHERE PROPER.



In fact, most Zambian men, like most African men, like many men most everywhere, loathe condoms. Incredibly, in this country where 30 sexual partners a year is common among the sexually active, most Zambians are convinced that the free distribution of condoms — as the WHO is advocating — will only promote promiscuity.

Chirwa, officer in charge of the national AIDS-control committee, has a cartoon posted in his office which neatly summarizes the Zambian attitude toward condoms and AIDS. The cartoon shows a woman sitting on the side of a bed. Her male lover is standing up. There are condoms over his head, nose, chin, limp penis, right index finger and right middle finger. The caption reads, **AREN'T YOU CARRYING THIS AIDS THING A BIT TOO FAR?**

Dr. Chela told me while I was in Chikankata, "Men here don't like the idea of being covered; they like that contact." Even Dr. Evaristo Njelesani, Zambia's minister of health and President Kaunda's personal physician, said in an interview in his Lusaka office, "If the culture says don't wear a condom, I am *not* going to wear one."

Notwithstanding the country's aversion to condoms, Zambia is doing much more than other Central African countries are to control the spread of AIDS. "I'll give Zambia a lot of credit; there's a real attempt being made at education," said one Canadian diplomat.

Take Zambia's AIDS-prevention posters. They're everywhere. My favorite is the one that is a pun on the word "wasted." First a brief explanation. In Africa, AIDS is also called "slim disease," as most who die from it waste away to skin and bone from severe diarrhea. On the left side of the poster, we see a drawing of a man before acquiring AIDS; he is overweight. On the right is the same man after acquiring AIDS; he is a human rake. The poster carries the message: **JUST ONE GO CAN GET YOU TOTALLY WASTED.**

Zambia has also recruited theatre companies to spread the AIDS-prevention message. The most popular play touring the country these days is the Lusaka Theatre Group's *Father Kalo and the Virus*. Father Kalo is a Roman Catholic priest; the virus is HIV. The play, loaded with humor, explores attitudes of the church, Western doctors and African traditional healers toward AIDS. The message is that neither of the three

have all the answers and must therefore work together to fight AIDS.

Njelesani has offered Zambia up as a guinea pig to the WHO for any and all Third World clinical tests it wishes to conduct. The minister has also launched an AIDS surveillance program, to begin later this month, which will see people in 12 selected regions of Zambia subjected to random HIV testing every three to six months.

Meanwhile, the government is training an army of AIDS counselors like Lungu at UTH. It is preparing for 1992, when the AIDS crisis is expected to peak. The accent is on preventing AIDS, and counselling AIDS patients — not treating AIDS, as developed countries do, with expensive drugs like AZT. Says Njelesani, "We're a poor country. In the absence of nothing, at least we have something."

• • •

One image of Lusaka which sticks in the mind. It is a Wednesday morning, 11:45. Joseph is driving me down Cairo Rd., the city's main boulevard, to an appointment. Two trucks pass us in the fast lane. Both are carrying about 50 teenaged boys. They are standing, squished against one another, fists raised, singing songs.

"Army recruits," said Joseph.

I brought this image up with a UTH doctor. How many will still be in those trucks in five years? The doctor said he has no doubt a third will be dead by then. And he said it won't be bullets that will kill them.

The Gazette; Montreal; 3.6.1989
(6)

A glance at how AIDS will hurt Central Africa

- Unlike in the developed world, the human immunodeficiency virus (HIV) thought to cause AIDS is transmitted in Africa mainly during sex between heterosexuals.

- According to the World Health Organization, up to 25 per cent of people aged 20-45 in the major cities of Central Africa are believed to be infected with HIV.

- HIV testing of urban black African prostitutes has shown HIV-positive rates as high as 90 per cent. Western diplomats believe more than half of commissioned military officers in some countries are infected.

- African hospitals, being too poor to treat AIDS patients with drugs or keep many in scarce hospital beds, send most AIDS patients home to die with family. Patients are visited by home-care workers.

- HIV infection in Africa is worse in cities than in rural areas. It is worse among the urban rich than the urban poor. There exists a direct correlation in Africa between years of schooling and one's likelihood of acquiring AIDS.

- AIDS, if it spreads unchecked, threatens the political and economic stability of Africa.



New wave of colonialism may be Africa's future

LUSAKA, Zambia — One of the more fertile fields for political speculation these days is what Africa's AIDS epidemic means for the future of the continent.

Up to 25 per cent of people aged 20-45 in the major cities of Central Africa are believed to be infected with the human immunodeficiency virus (HIV) thought to cause AIDS. Up to 90 per cent of prostitutes tested in some cities were found to be infected.

Western diplomats suspect the rate of infection is very high among commissioned military officers, senior government bureaucrats and other Africans who enjoy the perks of office that most Africans don't.

One western diplomat here says that if AIDS runs rampant through the 20-45 age group, some countries may be looking at a 70-10-20 population split in 20 years. That is, only 10 per cent of the population will be working to support the children (70 per cent) and the elderly (20 per cent). Already, 49 per cent of Zambia's 7.5 million people is under 15 years of age.

Most diplomats think this worst-case scenario won't happen. But they agree Africa is going to lose many capable people to AIDS and that this could throw the continent into another age of economic colonialism, if not political colonialism.

For example, the Panos Institute, a London-based world authority on AIDS, says a test of HIV-infected workers in Zambia's copper industry revealed that 68 per cent of those who were found to be infected worked in skilled and managerial positions. If they die, who will run the copper mines?

Most Africa watchers agree that unless Nigeria crumbles under an AIDS epidemic, the capitalist powers have nothing to gain from Africa's impending AIDS crisis. Ni-



geria, they say, with its huge oil reserves and big market (one-quarter of Africans are Nigerians), is the only African country left worth exploiting.

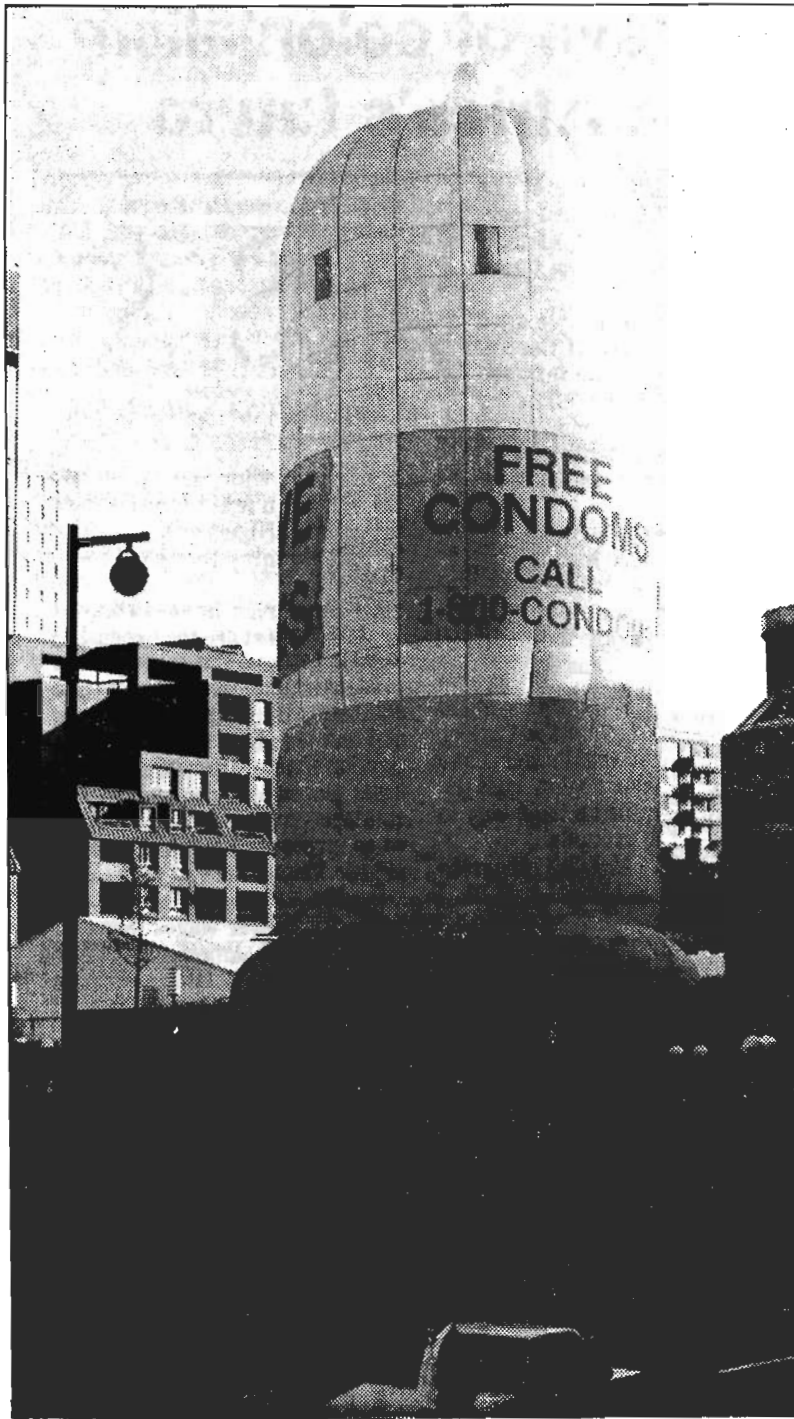
Other countries have valuable minerals, but most are too expensive to retrieve at current market prices. Minerals that have been easy to get at, such as those in strip mines, have already been taken. Said one diplomat: "What's been there in Africa to exploit has already been exploited."

Africa's AIDS losses will probably be India's and China's gains. Since foreign workers have to be paid in foreign currency, and since Asians will work for lower wages than Europeans or North Americans, Africa will probably look to India and China for the skilled manpower it will need.

Just how much India and China might benefit politically is not clear. It depends on just how badly Africa is wounded by AIDS, and on the quality of the workers India and China sends. It also depends on Africans themselves: Africa has a lot of unemployed university graduates.

Increased Indian and Chinese immigration would increase the ethnic composition of African cities, rather than rural areas. But since the Indian and Chinese communities already in Africa don't mix much with the black majority, African cities would likely become ethnic mosaics, not melting pots.

— David Johnston



Medium fits the message

Promoters of safe sex are delivering their message in a big way: this 30-metre hot air balloon shaped like a condom will be on display near the Palais des Congrès during the AIDS conference.

The Gazette; Montreal; 4.6.1989

Condoms for all tastes spring up at meeting

By **ELIZABETH THOMPSON**
of *The Gazette*

They've come to Montreal from around the world in just about every shape, size, color and even scent imaginable.

No, they're not delegates, but condoms.

There's *The Little Helper*, from Denmark, a condom with a pictorial instruction booklet packaged in a discreet black pouch. From Hawaii, there are *Aloha Condoms* so "you don't have to worry about getting lei'd."

Mint-scented

Okamoto Industries from Japan is here, too, trying to penetrate the North American market with a new line of condoms packaged to appeal to women. They come in an elegant, blue, plastic carrying case that could easily pass for a make-up compact.

There's even the *Kiss of Mint* from the United States — mint-scented condoms for those who don't like the smell of latex.

Acquired immune deficiency syndrome (AIDS) has almost single-handedly revived the once-shrinking condom industry. Faced with increasing competition from other methods of birth control, condom sales were sagging, industry representatives said yesterday.

But in 1987 the AIDS epidemic began to stimulate interest in condoms and sales throughout North America grew by 20 to 30 per cent. Sales were more mod-

est last year, rising 5 to 8 per cent. Sales growth has slowed this year.

Stiff competition between condom manufacturers has prompted a record number of them to attend this year's Fifth International Conference on AIDS.

At last year's conference in Stockholm, only one company rented a booth and handed out product samples, said Ian Franks, public-relations manager for London International Group, a condom manufacturer.

This year, condoms have been bursting right, left and centre as at least four manufacturers try to prove to health officials and scientists from around the world that their product can withstand more air or water than their rivals' brands.

Condoms have been so popular at this year's conference that most companies found by the first day that they couldn't keep up with the demand for free samples. Demand was so heavy that most companies had to ration their supply.

Most popular

Stephen Michaels of Okamoto Industries said yesterday he had already given away 10,000 boxes of condoms with up to 12 condoms per box.

Among the most popular brands at the conference were the *Kiss of Mint* — gone in two hours — and condoms containing *Nonoxynol-9*, a spermicide that has been shown to kill the human immunodeficiency virus, which has been linked to AIDS.

The Gazette; Montreal; 9.6.1989



Delegates cruising the city's gay bars say it's safety first

By PETER KUITENBROUWER
of The Gazette

Their week-long talk about disease control hasn't stopped delegates to the Fifth International Conference on AIDS from dabbling in sex in Montreal — as long as it's safe sex.

Following slide shows displaying graph upon graph and monotone lectures in the stale air of the Palais des congrès, many delegates say they've been unwinding with a cruise through the clubs in Montreal's gay village on St. Catherine St. E.

'I get lucky'

Martin Hazel, vice-president of the Terrance Higgins Trust — Britain's largest AIDS service organization — said he's been enjoying himself.

But no risky behavior.

"When I've had sex it's been safe. I like to practise what I preach," he said.

"My life in England is very boring. But when I go to these conferences, I just seem to get lucky."

Delegate Vic Hernandez, a graduate student in neurology from the University of California at Santa Cruz, sang the praises of Montreal men yesterday.

"The men here are so handsome — really nice guys," he said.

But some delegates who've been cruising say they're appalled by the lack of awareness about safe sex among Montrealers.

"In the bars I didn't see any safe-sex information, I haven't seen posters or print material," said J. Cary Stegall of the New York-based group ACT UP (AIDS Coalition to Unleash Power). "I didn't see any condoms."

Sex even came into the conference yesterday, as a group of male

and female prostitutes disrupted a workshop on the sex trade by soliciting the delegates.

"We said, 'If you can sell your stuff, we can too,'" said Daniel Cockerline, a male prostitute from Toronto.

Cockerline said he charges \$300 an hour for his services.

Edward Oneto of ACT UP Long Island said the gay-sex scene in Montreal reminds him of New York five years ago.

"It seems like (AIDS) is not an epidemic here," said Oneto. "People are more in the late '70s or early '80s in their attitude towards cruising here."

Cockerline, who works for the Ontario government at \$30,000 a year to promote safe-sex habits among prostitutes in Toronto, said condom use is much more instinctive in that city than here.

"People in Montreal, gay or straight, are not as informed as they should be about safe sex. Not enough money has been spent on education."

"I've heard that time and time again from a lot of gay guys coming to this conference, which spells out that there's no safe-sex education going on here," Hernandez added.

'Forget it'

"I'm not blaming (Montreal men) for being irresponsible but I'm blaming the government.

"One guy took me to a warehouse and said, 'OK, I want you to (have sex with) me here.'

"And I said, 'OK, have you got a condom?'"

"He said, 'No.'

"And I said, 'Well then, forget it.'

"It would be hypocritical and irresponsible if we (delegates) didn't have safe sex ourselves."

The Gazette; Montreal; 9.6.1989



The Gazette; Montreal; 8.6.1989

Firm offers condom for women to wear



MARY LEEPER
Seeking a distributor

Sex experts say it's not easy for a woman to insist that a man wear a condom.

A pharmaceutical firm is offering what it hopes is the answer to both sexually transmitted disease and unwanted pregnancy: the woman's condom.

Mary Ann Leeper was mobbed yesterday at the Fifth International Conference on AIDS as she explained how to use the woman's condom developed by her company, Wisconsin Pharmacal. It's called WPC-333.

It looks like a long, skinny Baggie with a pliable ring inside the bag at the top, and another ring around the bottom opening.

As with a diaphragm, the ring at the top is pinched so the sides meet, then slipped inside the va-

gina and pushed up so it opens and is held in by the pubic bone.

The bag hangs down and lines the vagina, while the lower ring outside the body protects the external genitals from contact.

"The penis just slips in and out," said Leeper. Unlike the materials from which condoms are made, the woman's condom does not have to be made of an elastic material and so can be used with oils, which can break down condoms.

Leeper said the woman's condom has passed what government hurdles there are in Canada and should be available over the counter in pharmacies within the next six months. "as soon as I find a distributor." It is still awaiting approval from the Food and Drug Administration in the United States.

'Scarlet Harlot' spreads the gospel of safe sex

The Gazette; Montreal; 5.6.1989

By **PAUL WELLS**
of The Gazette

Carol Leigh was easy to pick out in the crowd of protesters at yesterday's AIDS conference opening: She was the large-ish woman with red feathers in her hair and an American-flag costume covering parts of her body.

Leigh, 38, came from San Francisco to tell all who will listen that people in her line of work know a lot about preventing the spread of AIDS.

She's a prostitute.

And a performance artist, and an AIDS activist. The roles go hand-in-hand-in-hand nowadays, as Leigh spreads the gospel of safe sex.

That's intercourse using latex condoms and nonoxydol-9, a spermicide

which has been effective in killing the human immunodeficiency virus believed to cause AIDS. Short of avoiding sex altogether, Leigh said, it's the best way to keep from getting AIDS — and she doesn't think it's realistic to abstain from sex.

In 12 years as a prostitute, Leigh has become expert in condom use — as are, she said, most colleagues. "I think people in the general culture can't deal with the idea that almost all prostitutes use condoms."

Because they do, she said, some studies have shown that prostitutes get AIDS no more frequently than other sexually active women — but "because prostitution is an underground activity, it's hard to tell."

During the AIDS conference, Leigh will crusade for safe sex as "the Scarlet Harlot," her perform-

ance persona. As an official delegate, she'll present her music video, *Safe Sex Slut*, during a seminar on performance and social change.

"I won't become disease infested," she sings in the video. "Me, I'll be so well protected/ I always pay my income tax/ I eat granola for my snacks/... Safe sex, safe sex."

Leigh is also campaigning against mandatory AIDS testing for convicted prostitutes. She says it makes scapegoats of a group that isn't considered a risk group by AIDS experts, and opens HIV-positive prostitutes up to quarantine instead of "job reorientation, vocational training, and disability compensation."

Leigh said she has received a warm welcome from other AIDS activists here. "I think people recognize we are experts in some ways."



Signs of the times: fatal syndrome sparks art of activism

By ANN DUNCAN
Gazette Art Critic

They're witty, poignant, touching, disturbing, simple, sophisticated and some are even downright erotic.

They're the AIDS posters, from around the world, now on display at the Galerie John A. Schweitzer and the Musée d'art contemporain de Montréal to coincide with the Fifth International Conference on AIDS opening here today.

These posters are part of a collection started a couple of years ago by James Miller, an erudite, concerned, English and philosophy professor at the University of Western Ontario in London.

In the beginning, Miller didn't have very ambitious goals for the collection. Nor did he have any direct connections with this incurable condition. He said he didn't even know anyone at that time who had AIDS.

But after one of his three young children had asked about AIDS, Miller said he felt compelled to try to contribute to better public understanding of the deadly syndrome that has spawned so much dread, fear and misinformation.

"As a parent, I found myself dealing with sex and death simultaneously," he said. "My surprise as a parent was having to deal with a new generation growing up with this (the myths). I suddenly found myself being an AIDS activist on the domestic front."

He only hoped that by showing his posters in and around London the public's consciousness might be raised a notch.

"The idea was to create an act of local cultural activism," Miller explained during an interview last week. "We (he and other like-minded people around London) wanted

to make a public statement about how the epidemic was being represented and the politics of that... But we had no idea that the images would be so moving, provocative, strong and humorous that they would prompt reflection of cultural interpretations of the epidemic."

Even before the collection was first shown at London Regional Art Gallery last October word of the project got around.

Cylinders of posters from all parts of the world started turning up on his doorstep almost daily, while offers to stage exhibitions of the posters began pouring in.

The collection has now grown to a total of 220 posters from 35 countries, and exhibitions of the posters have been staged already in Calgary, Switzerland and West Germany. There are plans to show the collection later this year in London, England, and North Carolina. In a way, Miller's collection has taken on a life of its own.

"I wasn't prepared for what a demand there has been," he explained, as he frantically tried to hang the show at Schweitzer's in between press interviews. "And at every stop along the way, we pick up new posters."

Many have been donated spontaneously and free of charge. Others, such as those produced by the French government, were sent for the cost of the postage only.

A large chunk of the posters in Miller's show come from state-sponsored campaigns to promote safe sex. Among the most intelligent of these is Switzerland's campaign, which strangely enough is in English. Miller explained that English is often the language of the bedroom in Switzerland, where French, German and Italian are the official languages.

Most of the Swiss ads carefully avoid singling out any particular group, thereby implying that it is everyone's responsibility to practise safe sex. One ad consists simply of the word "tonight" with the "O" being a rolled up condom.

The message is clear, simple, straightforward and aimed at every adult, he noted. "Like everywhere else in the world, the straights in Switzerland tend to deny that AIDS concerns them."

At the other end of the spectrum, Miller says, is a poster that was produced by Canada's federal Health Department a few years ago. On that poster, the words "Join the Attack on AIDS" look as if they had been spray-painted in blood, while the small print singles out various groups that were then thought to be at particular risk for con-



tracting the illness. Such a poster serves only to spread fear and feed the us-them syndrome, Miller said.

"I think Canada has a long way to go," he said.

Some of the posters are downright funny. From Australia comes a poster of an aborigine, drawn in comic book style and dressed up as a superhero. He's labelled "Condoman" and is saying: "Don't be shame, be game. Use condoms."

That campaign was obviously well thought out as Australian aborigines apparently adore comic books, and this poster was something they could relate to, Miller said.

Among the most poignant "posters" are several hand drawings done by a teenager in central Zambia whose best friend had died of AIDS.

This teenager obviously had no access to a printing press, so had to take matters into his own hands, Miller said. And even though his friend had died of the illness, one of the

posters states: "It's shameful to die of AIDS."

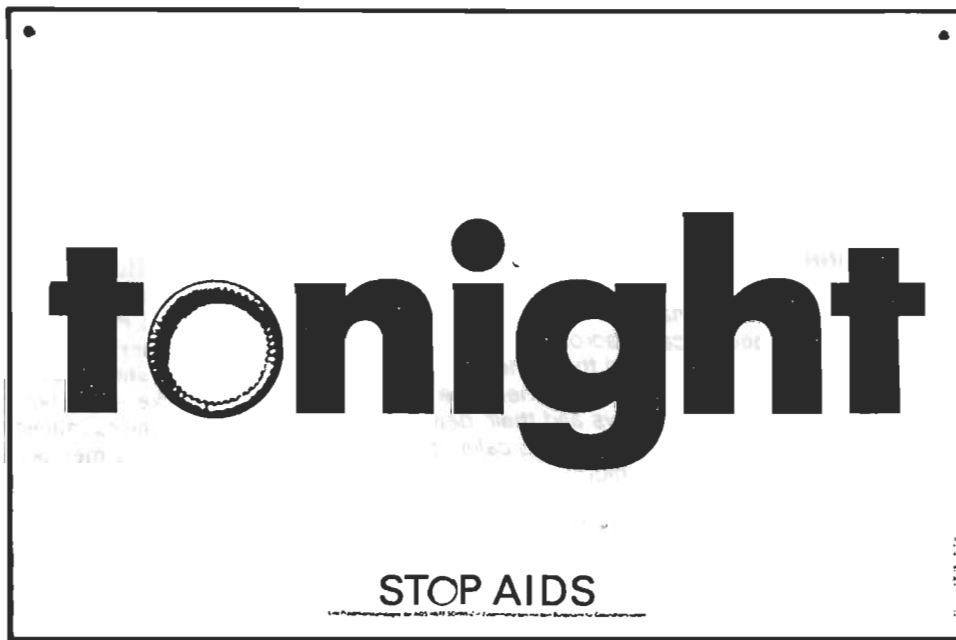
Some of the posters are extremely blunt and are clearly aimed at homosexuals. In London, Ont., Miller put a warning label on the show. Still, he was surprised not to have received a single complaint.

Taken together, this collection has a powerful impact. It shows our shifting views of the disease. "What was a fact about AIDS in 1985, is not necessarily so now."

But much of the power also stems from the very nature of the subject matter, Miller said. "AIDS cuts through all the taboos — death, drug use, sickness and sex." And that, as these exhibitions illustrate, seems to be one of the main reasons why people around the world have so much difficulty in facing it and dealing with AIDS.

The shows, which are free of charge, continue until June 25. The Schweitzer gallery is at 42 Pine Ave. W., while the museum, which is celebrating its 25th anniversary today with a series of free events for the whole family, is at the Cité du Havre. □

The Gazette; Montreal; 4.6.1989



Swiss poster says it all. It's everyone's responsibility to practise safe sex.

AIDS quilt ensures memories of victims won't be forgotten

By TU THANH HA
of The Gazette

When he recognized the quilt he made in memory of his lover, Andrew Carter knelt down and carefully smoothed the corners of the panel, a one-by-two-metre piece of fabric depicting brown leaves falling from a tree.

Carter, a resident of Sydney, Australia, was at the Olympic Velodrome when he spotted his quilt, a part of a memorial for children, women and men who have died from AIDS.

Until Sunday, 1,000 of the 9,500 panels of the AIDS Memorial Quilt will be on display at the velodrome as part of a North American tour.

About 50 panels from Montreal will also be unveiled. Admittance is free.

The project started in 1986 in San Francisco when a community activist named Cleve Jones created a quilt to honor a friend.

Each of the panels represents one or several persons who died from acquired immune deficiency syndrome.

Standing in front of the quilt panel she made, Céline Dubord said her handiwork was dedicated to people she met as a member of Comité SIDA aide Montréal (CSAM), Quebec's largest AIDS support group.

Dubord's quilt showed the Little Prince — a character from Antoine de Saint-Exupéry's classic book — standing on a black background as white birds fly away.

"Even though they've left physically, I have kept memories of them," she said, explaining that the birds were reminders of her deceased friends.

Stitched to many of the quilts were personal belongings: a teddy bear, a U.S. Marines uniform, poems, a denim jacket, photos and a jersey from the Tour de l'Île bicycle event.

Some panels bore famous names. Liberace, scrawled on a sequined quilt. Rock Hudson, printed in front of a mountain reminiscent of Paramount Pictures' logo.

Others were grimly moving in their anonymous simplicity. "Randy Clarke — my boy," one panel said.

As he examined the quilts, Carter, who is a member of the Australian Quilt Project, was introduced to Montreal city councillor Raymond Blain.

A local organizer for the exhibit, Blain is the city's first openly gay politician.

"The quilt shows us the scope of the human tragedy hiding behind AIDS statistics," Blain said.

As Blain showed Carter the quilt he made, he stretched out his hand and dusted the panel softly.

The Gazette; Montreal; 9.6.1989

Pop singer Prince's lyrics an antidote to AIDS: paper

By KATE DUNN
of The Gazette

There's a whole lot of serious science goin' on at the Fifth International Conference on AIDS.

Take Mark Harrington's paper. Please.

He and his colleagues set out to "elucidate the hitherto unexplained impact of the HIV epidemic as deployed in motifs of the seminal work of a major 1980s musician" — to wit, Prince.

The slender prince of funk, it seems, was inspired to include references to AIDS in his songs.

The most telling Prince lyrics are from the song *Sign 'O' The Times*.

"In France a skinny man died of a big disease with a little name. By chance his girlfriend came across a needle and soon she did the same."

"At home there are 17-year-old boys and their idea of fun is being in a gang called the Disciples, high on crack, toting a machine gun."

In Anotherloverholeinyohead, they look at two lines:

*"U need another lover
Like U need a hole in your head."*

Harrington et al conclude the four evils of AIDS are "bureaucracy, greed, homophobia and racism . . . Funk is an antidote to each of these."



An die
Deutsche AIDS-Hilfe e.V.
- Abonnements -
Nestorstr. 8 - 9

1000 Berlin 31

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 Ich bitte um kostenlose Zusendung
 der nachfolgend genannten Material-
 ien in der angegebenen Stückzahl:

- AIDS Info - *Heutiger Wissensstand*
- AIDS-Info (wie oben; *Kurzfassung*)
- *Vorbeugen - Safer Sex* (für Heterosexuelle)
- AIDS-Info - *Fragen zum Test*
- *Wenn ein Freund AIDS hat ...*
- *Für Angehörige AIDS-kranker Menschen*
- *AIDS-Hilfe Auf einen Blick* (Übersicht über AIDS-Hilfe-Org.)
- Info-Zettel für die DAH-Unterrichtseinheit
- Comic für Jugendliche
- *Bestellscheine* für D.A.H.-Material

Übersetzungen AIDS-Info (Kurzfassung)

- englisch
- französisch
- portugiesisch
- spanisch
- italienisch
- griechisch
- polnisch
- serbo-kroatisch
- türkisch
- arabisch

Zielgruppenmaterial

- AIDS-Info für *Fixer*
- Aufkleber für *Fixer*
- Info für *Menschen in Haft*
- Info für *Prostitutierte*
- *Stricher-Faltblatt*

- *Safer Sex Leporello* *
- Kondomfaltblatt *Ich mach's mit* *
- *Safer Sex Comics* *
- *Nr. 6*
- *Nr. 7*
- *Nr. 8*
- *Safer Sex Aufkleber* *

Safer Sex Plakate

- *"Man kann ..."* *
- DIN A1 /DIN A2: *"Übertragungswege"* *
- DIN A1 /DIN A2: *"Klartex"* *
- DIN A1 /DIN A2: *"... was sie immer tun"*
- DIN A1 /DIN A2:

Die mit * versehenen Materialien sind für homo- und bisexuelle Männer konzipiert.

Lieferadresse (kein Postfach!)

wird als Aufkleber verwendet

.....



AIDS BRINGT UNS NICHT AUS DEM TAKT.



Selbst wenn
einer von uns
infiziert wäre,
gäbe es
keinen Grund
ihn hängenzulassen.

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