

# COLUMBIA SPECTATOR ARCHIVE

Columbia Daily Spectator, Volume CXII, Number 47, 18 November 1987 — Top AIDS experts discuss new treatments and options  
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## Top AIDS experts discuss new treatments and options

By Robin First

About 300 people listened to prominent experts discuss treatment options for the 1.5 million Americans diagnosed with the HIV virus, at a campus forum last night entitled "AIDS: improving the odds."

The first part of the panel sponsored by the Gay Health Advocacy Project and University Health Services dealt with current treatments for people who are high risk, but not diagnosed with AIDS.

The 11 members of the panel disputed at what point a particular treatment has been tested thoroughly to allow it to be used on patients. Barnard Bihari, director King's County Addictive Disease Hospital, stated that in treatment of any disease, "you can't go beyond the data to recommend drugs."

"If I were infected with the HIV virus, I would depend on the non-toxic treatments, predominantly A1721, Naltrexone, and Imuthiol," Bihari said. Poneid Armstrong, chief of Infectious Disease and Director of Microbiology Laboratory, at Memorial—Sloan Kettering Hospital emphatically rejected Bihari's statement by claiming "I know of no drug that is non-toxic."

Michael Lange, assistant chief of Infectious Disease and Epidemiology

at St. Luke's Roosevelt Hospital Center, explained that "deciding which treatment to use is like playing a game of Russian Roulette."

In addition, added Lange, "the substance will not cure the disease; it will only suppress it. I am unwilling to say which one will work the best. Simultaneous trials of all of these substances might begin the process of deciding which one should be used."

Michael Callen, president and Founding Member of the People with AIDS Coalition, discussed the affect of personal attitude on the immune system. "I've interviewed 18 survivors [people who have had AIDS for three years] who felt that their attitudes were the key and that survival is a possibility."

Richard Keeling, chair of the Task Force on AIDS of the American College Health Association, emphasized the importance of hope as well as the utilization of every possible resource in treating AIDS patients. "Treatment is a partnership, it is not oppositional. The purpose is not to keep things from people, but to provide them with as much hope as possible. We are not in a position of withholding."

Keeling received tremendous applause and had the overwhelming support of the audience.

Armstrong assumed a much more conservative perspective in the discussion. "Somebody has to test these treatments through controlled, clinical trials. I sympathize with patients and their doctors, but I also emphasize the importance of research in discovering the safest treatment."

The audience interrupted Armstrong with cries such as "When?", "All this information— its a crock," and "Bullshit, these are real feelings."

In the second part of the panel, preventive

care for people at high risk for AIDS was discussed. Daniel William, clinical instructor in medicine at St. Luke's-Roosevelt Hospital Center, assured the audience that, "the antibody test [AIDS testing] is now much more reliable. In fact, the reliability rate is about 98 percent. Of course, there are still a few false positives and false negatives in the test."

Keeling emphasized the broader problems in the tragedy of AIDS. "A balance must be between the precautions and protection and the quality of life still going on."

Paul Douglas, CC '87, of the Columbia Gay Health Advocacy Project, and a major organizer of the event claimed, "It's been a long three months. I'm extremely pleased. It's exactly what we wanted. If we can convey anything here tonight, I would like for it to be hope."