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 Laboraty, 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 unwill-
ing to say which one will work the
best. Simultaneous trials of all of
these substances might begin the pro-
cess 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 im-
mune 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 Col-
lege 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 pro-
vide 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 conserva-
tive perspective in the discussion.
"Somebody has to test these treatments
through controlled, clinical trials. I sympathize
with patients and their doctors, but I also em-
phasize the importance of research in discover-
ing 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.”