Betrayal (from page 1)

Epp's words were shiny, but of course were only words. (Here comes the sort of comedy we could do without.) 365 days after that commitment, Epp's ministry had not introduced a single experimental drug to Canada. 400 days later? None. It was not until December 1987, that the antiviral AZT became available to Canadians. It was 451 days after Epp's shiny words, on December 31 before Canada had its first trial drug. By that date Canada also had 830 reported cases of AIDS.

"Everything possible?" We might still not have AZT if it hadn't been for the agitation of Vancouver's Persons With AIDS Coalition. On June 27, two of its members presented Epp with a petition of over five thousand names urging the faster availability of promising AIDS drugs.
"I've heard for nearly a year now why things are not taking place," one of them said, "but my time is running out."

This month marks 560 days since Epp's promise. How many drugs are available now? Still just one. In various research hospitals around the country several drugs are being tested in small, highly restricted studies. Several drugs are being obtained from the U.S. by those with the strength and income to travel there. Other promising candidates, such as AL-721, are available here in non-prescription forms but are not being tested by Epp's ministry to determine exactly when and how they are effective.

As the prospects for longer lives and lives of better quality increase for people with AIDS, this issue of availability becomes all the more important. Even people with no symptoms of AIDS, but who have tested positive for HIV, may benefit greatly from the early use of AZT, or the preventive use of aerosolized pentamidine or AL-721. Drugs such as Ampligen, Antabuse, Dextrane Sulfate and about a dozen others show strong promise in particular situations. But the Health Protection Branch is not doing "everything possible" to make these accessible to Canadians.

An impartial observer might even conclude that they are doing "everything possible" to restrict our access. When the Branch finally admitted AZT to Canada, the drug was restricted-to about 72 people! In their current plans for testing aerosolized pentamidine in Canada, a drug available in the United States from any physician, the Branch is imposing similar restrictions. Their current plan for testing aerosolized pentamidine even requires some people to breathe air instead of the drug. This means that some will die

because of withheld treatment. Immoral, indecent and scurrilous.

The scenario is grim. To the Ministry of Health, our lives count about as much as those of laboratory mice. But it is not hopeless. If the PWA's from Vancouver could get AZT for PWA's across the country, gay men and our friends can act together to get more drugs available to those who need them.

What can you do?

If you are HIV positive, you should certainly take advantage of the new Resource Centre at the AIDS Committee of Toronto (926-0063) or the phone-line of AIDS ACTION NOW! (591-8489) to inform yourself about the most promising drugs. Three very reliable newsletters are now being published to keep gay men up-to-date. Consult them! Since Epp's ministry has not informed the medical community about these drugs, you cannot rely on your doctor to know about them. But you can educate him/her and stimulate his/her interest in pressuring Epp to make these drugs available.

You may want to let the specialists know you're not going to engage in unethical testing and insist that if you help them in conducting a test, you want their commitment to making the trial drugs available to ALL who may benefit from them, not just a select elite.

You may want to seek out ways by which you can get some of these drugs yourself, either because they are already available here though not widely recognized as AIDS drugs, or import them from the U.S.

Most importantly, you can let your voice be heard by the politicians and the press that we, as a community, are pissed off by the major betrayal of Jake Epp's career—his failure to keep that promise he made 560 days ago. His betrayal has wasted the lives of our community. If this does not quite amount to genocide—as some argue it does—it at least amounts to malicious indifference. Perhaps murder.

AIDS ACTION NEWS!

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Fisons Pentamidine Study

The Fisons aerosolized pentamidine study, which has been opposed by AAN! because of the use of placebos, is indefinitely postponed. On March 16, Fisons held a meeting in Toronto with some of the principal investigators of the study and representatives of the HIV Primary Care Physicians Group, the Health Protection Branch and the Federal Centre for AIDS to discuss the problems with the study. No agreement was reached on a way to eliminate the use of placebos.

After the meeting, the primary care group and the investigators agreed to ask Dr. Arnold Johnson of McMaster University to form an independent opinion as to the design and ethics of the protocol, which would be accepted by both groups. No report has been issued and the study remains in limbo. Even after Dr. Johnson's report, the protocol would still need to be approved by the ethics committee at each participating hospital. It was hoped that Fisons might propose an additional study of aerosolized pentamidine in people after multiple episodes of PCP that did not use a placebo but this hasn't happened.

AIDS and Syphilis

On March 26, 1988 Dr. Stephen Caiazza of New York City addressed a symposium on "AIDS and Syphilis" sponsored by the Community Initiative For AIDS Research (CIFAR). Dr. Caiazza presented his view that the organisms that cause syphilis are the primary causative factor in AIDS. He outlined his current treatment practices involving the administration of large doses of penicillin to AIDS/ARC patients and discussed his promising results to date. Two recent papers published by Dr. Caiazza on his work and a cassette of his presentation are available from CIFAR by writing to CIFAR, 72 Major Street, Toronto, Ontario M5S 2L1 or by phoning 960-2471. A donation of \$10.00 is requested to cover the costs of reproduction.