Building alliances

by Carolyn Egan

The following is the text of a speech delivered to the October 22nd AIDS Action Now! rally in Toronto.

I'm proud to be speaking at this AIDS Action Now! rally as an activist in the women's movement, adding feminist voices to the others here tonight, publicly pledging to continue the fight against placebo testing, for life sustaining medication, and for control over defining and combatting this disease which has so affected our community. As the poster says, "Silence Equals Death," and we demand accountability from the three federal parties who seem to feel no need to deal with this life threatening issue.

In the abortion rights struggle we saw very clearly that the state is not neutral in the area of sexual regulation. It is not simply ignoring our needs. It is actively working against them! Women gave a strong and unequivocal NO to state attempts to control our bodies, our sexuality, by denying the right to full access to free abortion, by denying the basic right to health care. Tonight our voices must be raised in that same way.

As you very well know, we are not talking about an abstract struggle. The issues we are fighting for are real and immediate. People are suffering and dying every day because the demands we are raising are being left unmet. It is vital that we continue to come together in rallies such as this, organizing both within our community and outside it. Militant, public actions are crucial both to our growth as a movement and to our individual lives. Our sexuality makes us criminals and outlaws in the eyes of the state! We know that there is a long history of neglect of lesbian and gay health care. This has become horrifyingly clear in our experience with AIDS. We find ourselves between what has been called the "spectre and the promise of medicine."

We must renew the process of building and sustaining our movement. It is only through the strength of a movement, as we saw in the abortion campaign, that our demands can be won. The backdrop of sodomy laws, discrimination in housing and the work force, controls on immigration and the denial of custody rights have created a political context in which gay lives have not been taken seriously. This homophobia, and the racism and class bias shown toward our brothers and sisters in the Black and Hispanic communities in the U.S., has enabled HIV to spread without concern. We know that racism, sexism and homophobia are fully integrated into the class system under which we live, its laws and institutions. As a socialist I believe that we will never have lesbian and gay liberation as long as that systems remains.

Outside the social order

Our sexuality is seen to be outside social order...People of colour are seen to be other...We have long faced the ideological line that divides normal from abnormal, moral from immoral,acceptable from the unacceptable. We and our allies in the union movement, anti-racist organizations, women's groups have been fighting oppressive laws and institutions for years. And we have learned that this struggle, like any other working class or social struggle, is about power and control! The gay and lesbian community is saying very clearly tonight, that we refuse to be seen as victims, or to be once again marginalized, while political, medical or moral "experts" under the auspices of the state, determine our fate. We're taking control of our future!

The struggle against AIDS must be seen in terms of our prior experience of political and social organizing, and must represent a continuation and expansion of that history. And as we saw in the abortion rights movement, we can't do it alone. Most progressive and working class organizations have not taken seriously the question of sexual regulation in general, or AIDS in particular. I believe that we have to bring this message to these movements, so that it becomes an integral part of all political struggle. Otherwise lesbian and gay liberation will always be politically marginalized. None of us is solely gay. We are trade unionists, anti-racist activists, feminists, community workers. These movements must be challenged to understand and concretely work to end the oppressions that we face. At the same time our movement must integrate an anti-racist, class analysis so that we are truly representative of our community, and so that are strategies are based on an understanding of the key role of the working class in any movement for change. We need to say to our allies in the progressive communities, that this is not simply a question of public defense of our civil liberties, or a response to a devastating disease! It is a much more fundamental challenge of attitudes toward sex and sexuality, which are used to regulate all of us!

So we must build alliance, demanding that all progressive organizations take a strong stand in the federal election, and in their ongoing political programs, against placebo testing, and for an end to sexual regulation in all its manifestations. We have no choice but to make a direct response to an incredibly oppressive situation in which life sustaining medication is being denied. We know that we have the collective power to make change. So let's leave this rally, go into the streets, letting the government and the community know, that there is no turning back!

Carolyn Egan is a socialist-feminist with the International Women's Day Committee in Toronto who has been active in the reproductive rights movement for many years, most recently in the campaign for full access to free abortion.

AIDS U·P·D·A·T·E

• By Sean Hosein •

Canadian scientists at McMaster University in Hamilton are working on a vaccine which could be used to help boost the immune systems of people infected with HIV. The McMaster team is using proteins from the core of HIV (see diagram) for their vaccine, which can be given orally. This is an important development, as most of the vaccines have, until recently, been developed for use in uninfected people and are made using proteins from the HIV envelope: gp120. Research indicates that people who develop high levels of antibodies to the core of HIV tend not to develop AIDS. The vaccine is still in the development stage but the researchers plan to collaborate with the Canadian company, Connaught Labs, (which has experience in vaccine manufacturing) to complete further testing of the vaccine.

It is not clear just when it might be available for human testing. **The Medical Post** 27 September 1988. Pgs 2 & 50.

AI 721

Researchers in Omaha, Nebraska have used AI 721 in nine men with ARC. The drug was used for three months (the dose and brand of the drug used were not mentioned). Six of the men improved, two became stable and one became worse. Four of the men gained weight, the average T4 cell counts increased and two patients became HIV antigen negative; that is, the scientists were unable to detect the HIV virus. **Clinical Research** 1988;36:882A.

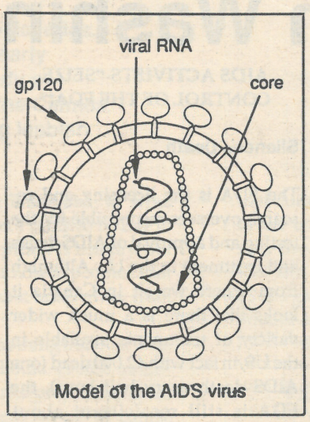
Canadians propose a novel antiviral strategy

Many of the anti-HIV drugs which are undergoing testing, work by blocking various stages of viral production. The drug AZT for example, works by blocking production of the enzyme RT (reverse transcriptase) which is needed if new viruses are to be made. Peptide T and dextran sulphate work by blocking HIV from entering cells while the drug ribavirin prevents final assembly of the virus. People infected with HIV will probably have to take these or other drugs for the rest of their lives to keep the virus under control, as HIV can often remain latent in an otherwise healthy cell for months or years. But because AZT and other drugs all have some toxicity, this could limit a person's treatment options. None of the drug therapies under testing are meant to remove HIV from our cells.

Now however, Canadian researchers in Montreal have studied this problem and devised a possible solution. They have suggested that use of the drugs 5-Aza-C and 5-Aza-dC might be able to destroy or severely damage the HIV genes hiding in human cells.

5- Aza-C and its companion have been successfully used as anticancer therapy so data on their toxicity is available. Previous experiments with them show that these drugs have been able to damage the DNA of Herpes and Epstein Barr viruses hiding in human cells. Preliminary results with 5-Aza-C on HIV infected human cells indicate that they can inhibit HIV production without serious toxicity to the cells. **Annals L'Institute Pasteur: Virology** 1988;139:309-318.

Hope for the infected



Model of the AIDS virus

Interferons in AIDS

When researchers realized that it was a depressed immune system which made people living with AIDS (PLWAs) so prone to infections, they tried to correct the immune deficiency with immune boosting drugs. Many of those early experiments were not successful. One of the drugs which was tried was Interferon Alpha. The interferons are a group of substances produced by the body in order to stop viral infections. One of the reasons that Interferon Alpha or INF-A did not work in many HIV infected people is that there appears to be a substance in the blood of those people that inhibits INF-A.

In order to affect a cell, INF-A must first attach itself to a receptor on the cell's surface, without this receptor INF-A can not help a cell. Canadian scientist Dr. Stan Reed and his colleagues have discovered that as HIV infection becomes more severe, less and less INF-A receptors are available. They also found that prolonged treatment of the cells with INF-A had the effect of reducing the receptors. Another result of their research is that they found HIV infected people did not produce enough of another interferon called Interferon-Gamma. Dr. Reed and his coworkers suggest that INF-Gamma be tried as an immune booster in the treatment of AIDS. **Journal of Clinical Investigation** 1988;82:1415-1421.

Interferon Gamma

Meanwhile, researchers in Japan have conducted experiments which show that HIV replication in human cells was reduced by up to 90 percent due to treatment with Interferon Alpha, Beta and Gamma at concentrations of 3, 11 and 23 IU/ml respectively. At these levels, the drugs did not affect the growth of cells. Other types of human cells required higher levels of interferons to achieve the 90 percent inhibition of HIV. The scientists concluded that regular doses of interferons may be helpful in treating HIV infected people. **Aids Research & Human Retroviruses** 1988;4:287-294.

Interferon Gamma has been used in test tube experiments in California where it significantly reduced the level of HIV replication without serious toxicity to human cells. The researchers suggested that clinical trials of INF-Gamma should be conducted to test the usefulness of this substance as an anti-HIV/immune boosting therapy. **Science** 1988;241:1673-1675.

AIDS and weight loss

In some parts of Africa such as Uganda, AIDS is commonly called "Slim", a reference to the serious weight loss which is a consequence of severe HIV infection. The exact reason for the weight loss is not clear, as it can occur in HIV infected people who do not have diarrhea or intestinal infections. Now researchers in Finland may have discovered the answer to this puzzle; they have found unnaturally high levels of the substance Tumour Necrosis Factor or TNF in the blood of PLWAs. TNF has been shown to have anti-cancer properties and it helps play a role in assisting the body in dealing with injuries. It also causes fats to be broken down. When animals are injected with large doses of TNF they often develop severe weight loss. The Finnish researchers took blood samples from people with various degrees of HIV infection and found that HIV positive-people with no symptoms had normallevels of TNF. People with ARC had higher levels of TNF while PLWAs had the highest levels of all. The high levels of TNF seen in HIV infection may be a protective effect that has gone out of control. **The American Journal of Medicine** 1988;85:289-291.

Kaposi's Sarcoma

One of the hallmarks of AIDS is the development of life threatening infections and/or a type of skin cancer called Kaposi's sarcoma or KS. Recently several of Canada's leading AIDS researchers, among whom were Drs. Stan Reed, Randy Coates and Mary Fanning, published their results of treating KS in AIDS. They tried Interferon-alpha in combination with the anti-cancer drugs actinomycin-D, vinblastine and bleomycin. Because of the poor results that obtained, the researchers concluded that this therapy does not work in people with AIDS who have KS. **Canadian Medical Association Journal** 1988;139:635-639.

The fact that conventional anti-cancer therapy did not work may not be surprising in light of recent work from Dr. Robert Gallo and co-workers at the National Cancer Institute (NCI). According to their research it seems that KS may not be a form of cancer. **Science** 1988;242:430-433.

However, other scientists at the NCI led by Gilbert Jay, say that KS is a cancer. They have discovered that when male mice carry a gene from HIV called "tat" they tend to develop KS. (**Nature** 1988;335:606-611) When the tat gene is 'switched on' it causes HIV to replicate faster. Thus Gilbert Jay and colleagues link HIV with KS. But neither they nor Dr. Gallo's team can explain why it is that not all HIV infected people develop KS. Nor why it is that the incidence of KS is decreasing even though the number of AIDS cases is rising.