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nearly 70% of AIDS cases are the direct or indirect result of sharing dirty needles.

When Bush said, in response to Magic Johnson's announcement of his HIV status, "I can't say I've done enough about AIDS," that may have been the first truthful thing the Republican Administrations have ever said about AIDS. He did appoint Magic Johnson to take Belinda Mason's place on the National AIDS Commission. Ms. Mason died of AIDS a few weeks ago, and President Bush has ignored nearly all of the recommendations of the National AIDS Commission. Perhaps it would have been more accurate if he'd said, "Of course I've never done anything about AIDS."

Legal barriers to the purchase and possession of injection equipment should be removed. Legal barriers do not reduce illicit drug injection. They do, however, limit the availability of new, clean injection equipment, thereby encouraging the sharing of injection equipment, and the increase in HIV transmission.
- from "America Living With AIDS"

What are the facts?

• Sharing needles causes AIDS. This is as true for people who inject steroids as it is for people who inject heroin. Clean needles can and do help prevent HIV infection.

• While legalizing possession and over the counter sale of needles may seem like an inadequate response to AIDS and drug addiction from a policy-maker's vantage point, it is a lifesaving measure for injection drug users, their partners, spouses, and babies. 80% of all pediatric cases in the US are associated with IV drug use.

• Treatment on demand is not available in Massachusetts, Connecticut, New York, or any other state – addicts must get on a waiting list and meet prerequisites for treatment. Increased availability of addiction treatment AND needle exchange are both necessary to combat drug abuse and the spread of AIDS.

• When given the choice between a clean or dirty needle, addicts will take the clean needle. Making a decision to use a clean needle is often addicts' first step to taking charge of their health. Drug users do care about their health and survival. Clean needle programs are an effective bridge to drug treatment programs. This has been proven again and again in Western Europe, Australia, and North America.

• Possession and sale of needles without a prescription is legal in 39 states. The current Massachusetts and Connecticut needle laws were enacted well before the onset of the AIDS crisis. The President's Commission on AIDS has recommended to the US Congress that the federal government remove legal barriers to the purchase and possession of injection equipment.

• Violations of law in distributing clean needles are justified by the need to save lives. A Manhatten judge recently overturned criminal charges against ACT UP/NY activists engaged in distributing sterile needles by saying, "The nature of the crisis facing the city, coupled with the medical evidence offered, warranted the defendants' action."

• Policymakers are entirely capable of enacting needle exchange programs now. The Mayor of New Haven has done so. Mayor Dinkins of New York recently reversed his opposition to clean needle programs and is supporting community-based efforts. Dinkins' former Health Commissioner, Stephen Joseph (who during his administration was a frequent ACT UP target) even testified for the ACT UP/NY needle exchange defendants.

We know that George Bush is out to lunch, but where are Governors Weld and Weicker? Where is David Mulligan, Massachusetts' Commissioner of Public Health? Where is Connecticut's State Commissioner of Health, Susan Addiss?

When it comes to recognizing addiction as a disease rather than a crime; when it comes to realizing that drug addiction is reversible, but HIV infection is not; when it comes to understanding that the availability of clean needles reduces needle sharing and therefore HIV transmission, then Governor Weld of Massachusetts and many other regional officials seem to have their heads buried just as deeply in the sand as George Herbert Walker Bush.

In October, the Massachusetts Dept. of Public Health reported that intravenous drug related AIDS cases are increasing at a faster pace than any other "risk group". The DPH also reported that 50% of the adult female cases in Massachusetts have acquired their infection through IV drug use. An additional 20% of women acquired HIV through sexual contact with an IV drug user. The report states that "although the number of gay cases on average still exceeds the number of IVDU-related cases diagnosed each month, it is predicted that the proportion will reverse at some point in the future". In Hartford, that has been the case for some time.

Needle exchange and the legalization of needles sales, like the distribution of condoms, is not the complete answer to AIDS prevention. But if sending the "wrong message" is the concern, then what is the message of a policy that allows death by AIDS? Injection drug users, their partners, spouses and babies don't deserve to die. ▲

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Passersby do their best to pretend we don't exist

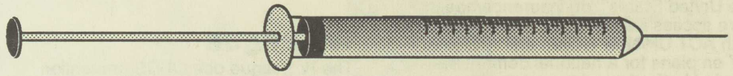
My partner and I distribute clean needles and latex condoms once a week in an area near Boston's theater district, where a large number of our "clientele" are women sex workers. We provide them with the tools they need to avoid contracting or spreading HIV/AIDS.

On the street, we recognize familiar faces from past weeks. Usually these regulars have been waiting for us. They depend on us for their clean supplies. We perform the exchange on the sidewalk, trying to be somewhat discreet. We almost never see police in our area, however, and passersby do their best to pretend we don't exist.

We also approach people. It isn't difficult to spot those in need. In any case, if people don't need bleach kits or needles, they're usually happy to receive free condoms.

On one level the work is rewarding, and I believe in it. The people on our route are certainly appreciative, because they want to prevent themselves from becoming infected. Most of them also realize that we are risking arrest.

It's all damn depressing though. Needle exchange feels like the stop-gap measure that it is. Sometimes it is hard to look at all the sex workers and IV drug users when all we have to offer them are condoms, bleach kits, and needles. We help to prevent the spread of HIV, but we are not equipped to meet any of these peoples' other needs. Treatment on demand just doesn't fit into my shoulder bag. Still, we do what we can, and we provide one valuable piece of what is needed. ▲



Abbot Board Member Target of "Surgical Strike"

How do you get blood from a pound of paper? Ask Abbott Pharmaceuticals. Abbott's so-called "expanded access" program for releasing the drug clarithromycin to people with AIDS - who need the drug to stay alive - involves so much paperwork that most people can't get the drug at all, and they die.

When members of ACT UP's treatment committee interviewed local AIDS doctors and researchers for input on developing standards of care for the treatment of AIDS-related opportunistic infections, two facts kept coming up about clarithromycin. First, since it is already approved for non-AIDS-related treatments and has also been shown to be effective in the treatment of Mycobacterium Avium Complex or MAC, a deadly AIDS-related opportunistic infection, this is a drug that doctors and patients want and need now. Second, it is almost impossible to get it because of Abbott's requirement that doctors fill out a document that is literally the size of phone book.

Doctors at Mass. General Hospital told ACT UP they can only get clarithromycin for two people at a time because of the incredible amount of paperwork invovled. This experience has been repeated across the country. A recent issue of AIDS Treatment News reinforced ACT UP/Boston's findings with a report on the difficulties involved in getting access to clarithromycin.

After Abbott ignored activists' appeals to change their procedure, ACT UP/Boston decided that enough was enough and called for demonstration on Monday, November 18th targetting Frank Austen. A man who was described by one of his co-workers as "a complete asshole", Austen is the Chairman of Rheumatology and Immunology at Brigham & Women's Hospital in Boston and a member of the Board of Directors of Abbott Pharmaceuticals. He refused to meet with ACT UP, dismissing the whole matter by saying, "Clarithromycin is not my project." The theme of the action was "Abbott Has Blood On Its Hands, And So Does Frank Austen."

On the Friday before the scheduled demo, Andre Pernet, VP in charge of antinfectives for Abbot, called ACT UP/Boston member Ben Cheng to ask what he could do to stop the demo. When asked to hold a press conference announcing a reduction in the paperwork, Pernet said it couldn't be done on a 48 hours notice, but that he would send a fax explaining Abbott's new proposal. He also agreed to meet with ACT UP to discuss the matter. The fax was sheer log rolling. ACT UP faxed back that the demonstration was going on as planned.

On Monday morning, an 8 person affinity group snuck into the hospital, dumped a huge pile of paper tied up in red tape in Frank Austen's office, and made a quick escape. In the afternoon, about 75 people demonstrated in front of Brigham & Women's, exposing Dr. Austen's do-nothing attitude about Abbott's bloody paperwork for clarithromycin. Local television reporters, especially Channel 7, did a good job of covering the protest.

Abbott's Mr. Pernet called ACT UP again on Monday to say he was very upset and that negotiations would be difficult. Well, Mr. Pernet, what isn't? Meanwhile, Pfizer Pharmaceuticals, manufacturers of Azithromycin, a drug similar to Clarithromycin and also used to fight MAC, has issued a compassionate use protocal that requires only a minute amount of paperwork. Activists in Boston, New York, and San Francisco are continuing to meet with local doctors to develop ways of putting pressure on Abbott to issue a similar protocal for their drug. ▲

Astra: "Your Money or Your Sight"

Almost three years ago, ACT UP/Boston carried large placards in Boston's Gay Pride Parade portraying yellow "smiley faces" with blood pouring out of their eyes and the words, "Thanks, Astra!". The issue then was Astra Pharmaceutical's refusal to develop a compassionate use program for foscarnet, their drug for treating CMV retinitis – an AIDS-related OI that causes blindness and death.

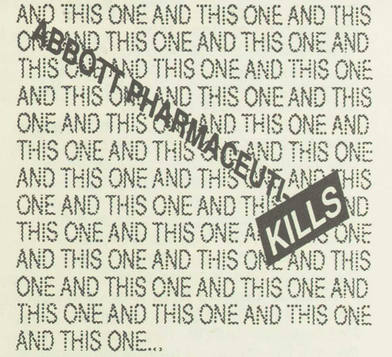
This year, at long last, foscarnet was approved by the FDA for sale in the United States, but Astra's hatefulness hasn't changed a bit.

According to a recent study by the US Public Health Service comparing foscarnet to ganciclovir, foscarnet is not only effective in fighting cytomegalovirus (CMV), but it may also extend the life of people with AIDS. While the two drugs showed equal effectiveness against CMV, patients assigned to foscarnet lived an average of 50% longer than those on ganciclovir. Foscarnet's major clinical drawback is kidney toxicity; people with decreased kidney function are advised to stick to ganciclovir. It is also difficult to administer, taking two hours for daily maintenance therapy.

Meanwhile, Astra (a Swedish company with its US headquarters in Westboro, MA) has set the wholesale price for a year's supply of foscarnet at $21,000. Yes, that's 21 and three zeros! At this price, Astra will recoup its research and development costs in nine months. Foscarnet is IV-infused, adding additional costs to the treatment. The total cost for patients using foscarnet is estimated to be $40,000/year! For people with AIDS without insurance, the choice is between their sight and their food, or their sight and other drugs. Those lucky enough to have third-party plans covering prescription drugs could easily exhaust their plans paying for this one treatment.

Furthermore, the FDA says that foscarnet is the second "simplest" drug they have ever approved. In other words, its chemical composition is not very complex, indicating that it is not a difficult drug to produce. The final insult is that foscarnet was tested and approved mainly through government-funded clinical trials, since Astra was too stingy to invest in clinical trials of their own.

Astra clearly intends to make a "killing" from foscarnet, in less than a year no less, on the backs of people with AIDS who are going blind. Treatment activists Derek Link, Stephen Skuce, and Peter Staley recently met with Astra, and the company refused to lower their price. Perhaps someone will remind Astra what happened to Burroughs-Wellcome after telling Peter Staley they would not lower the price of AZT. ▲



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566

on how quickly the Treatment IND for 566 was made available. Along with an onslaught of phone calls, meetings, and letter writing, an in-hospital videotaped interview was produced with a person with AIDS who was intolerant to AP and sulfa drugs, while he was suffering from a new attack of PCP. Copies of the videotape were sent to decision-makers at Burroughs-Wellcome and the FDA.

A special thanks goes to ACT UP member David Peck, whose persistence in pressuring Burroughs-Wellcome to make 566 available, both before and after the Treatment IND, has been unrelenting. ▲