

## Isolate AIDS ill, says M.D. in Norway

*Hans B. Svindland is professor of dermatology in Oslo, and former head of Reitgjerdet Hospital in Trondheim, Norway's second-largest city. A specialist in Kaposi's sarcoma, he organized an international conference on it in Trondheim in 1984. He has endorsed California's Proposition 64 (see page 62). The article excerpted here appeared on June 28, 1986 in Adresseavisen, Trondheim's major paper.*

"AIDS should immediately be submitted to venereal disease legislation. In this way, with the law in hand, we can demand AIDS testing of people in the risk groups, and at the same time have the opportunity to isolate the major sources of infection. At the present time, these comprise IV drug users, prostitutes, and a number of homosexual and bisexual men who have multiple and frequent sexual encounters. . . ."

This statement comes from Chief Doctor Hans B. Svindland of the Department of Venereology at the regional Hospital in Trondheim. He is well aware that his views are, to put it mildly, controversial. Therefore, he strongly emphasizes that he is expressing his opinions as a professional and not on behalf of the Regional Hospital or the Venereology Department. . . .

"In fact, I am looked upon as far too restrictive when I demand obligatory AIDS testing and isolation of the sources of infection. However, the AIDS epidemic has become a global threat, and if there is to be any hope of restricting the disease, we have to resort to drastic means, just as we have done in the case of past epidemics. Had the matter concerned tuberculosis or a smallpox epidemic, everyone would have applauded my suggestions. But because it now concerns an epidemic involving, for instance, homosexuals, the whole matter becomes taboo, something to be hushed up and kept secret. I am by no means anti-'gay,' but the homosexual organizations are not the right ones to administer the AIDS issue. It is high time that doctors with experience in fighting epidemics start taking over the job.

"According to the latest figures from the Public Health Department, there are now 24 people in Norway who have been struck by AIDS. Of these, 18 have already died. Moreover, the indications are that between 2,000 and 2,500 persons in the Norwegian population are AIDS-infected and are thus carriers of the virus. If the epidemic continues, we will,

by the end of 1988, have 300-350 new cases of AIDS in Norway. The Public Health Department has pointed out that the AIDS epidemic will affect the majority of the administrative counties in Norway. But why don't they take more drastic measures to limit the extent of the disease?" Dr. Svindland asks.

You wish to test all carriers of the virus, but how do you intend to put this into practice? By rallying the entire Norwegian population for AIDS testing?

"Of course not. I simply insist on having AIDS brought under the same legislation as other sexually transmitted diseases. Then we would have the right to demand blood tests when we are dealing with people in the risk groups. Today they can refuse to have their blood tested and then walk out and infect a lot of people. Once AIDS is submitted to venereal disease legislation, one would also be able to quarantine carriers of the virus who refuse to comply with doctors' instructions on sexual abstinence or use condoms during sexual intercourse. I believe in educational work, but legal restraint should be permitted as a last resort. In this way we managed to eradicate syphilis in Trondheim in the early 1970s. . . ."

But tell me, Dr. Svindland, there is no real treatment for AIDS, and yet you wish to isolate the carriers?

"Certainly, it is problematic. But the alternative is that more and more people become infected and die. Do we want this to happen? For instance, if a woman becomes pregnant after intercourse with an infected bisexual, the child will be born with AIDS. And this child will die before it is three years old.

"For the time being, we have no effective treatment for AIDS, no vaccine which can prevent death. But each time the world is struck by a catastrophe, it speeds up research. This is the one positive aspect amidst all the misery. And at the present time, research on AIDS is in high tension. In Paris, for instance, development of an AIDS vaccine has been making headway. And the discovery of techniques for producing a truly workable vaccine would also prepare the way for vaccines to combat other malignant types of virus, for example, various forms of cancer. . . ."

"It would be natural and should be a matter of routine for our development aid officers, after spending months in AIDS-infected areas, to undergo AIDS-testing upon returning home to Norway. Up to this time, people have been lulled into the belief that AIDS only affects homosexual men, IV drug users, and prostitutes. This is too naive. From Africa we know that women and men in equal numbers are infected. . . . The AIDS virus, as we know, is transmitted through sperm and blood. But when a sufficiently large number of the population is infected, there is increasing danger that the virus can be transmitted by other means than through sexual contact. Also through insect bites. This, at least, is what the Africans believe, and it is my opinion that they have it from many centuries of experience with the AIDS disease," says Dr. Svindland.