

38 patients who began treatment with this method, all AIDS symptoms had disappeared within a few weeks. The Kenyan government proceeded to finance the treatment of an additional 3,000 patients, 97% of whom were able to resume their normal lives.

Following this, a few clinics in the United States began tests with the treatment, and they substantially corroborated the Kenyan results. In addition, there was the added advantage that Kemron or Immunex, as the drug came to be called, could be produced relatively inexpensively, and that there were no patents to drive up the price. Was this the sought-for hope for Africa, the straw which could finally be grasped?

At the Berlin congress, the entire therapeutic initiative with low doses of alpha-interferon was swept off the table in a single demonstrative act. At one of the main workshops on new immunotherapies, directed by M. Dietrich from the Tropeninstitut in Hamburg, Germany and R. Schooley from Denver, Colorado, it was announced that an additional paper had been added onto the program, which would deal with the method developed in Kenya. They then presented an abbreviated version of a study from Uganda which had been prepared by scientists from the Kampala Blood Transfusion Center in Uganda, in collaboration with the WHO in Geneva. The study claimed that low doses of interferon have *no effect* on AIDS patients, and that indeed in certain parameters they resulted in a worsening of the disease in comparison to an untreated control group. At the workshop it was emphasized that *this* study was the first to come out of Africa which met high international scientific standards, and that its results were unassailable. Just to make the message crystal-clear, after the paper was presented, a WHO official stepped to the microphone to state that anyone who still talks about the effectiveness of this method, is not scientifically credible.

So is this how one should deal with a question which could well decide whether millions of human beings live or die? Can such a final and conclusive judgment be delivered on the basis of this one study, inserted at the last moment into the conference program, and whose full text could not even be obtained? The demonstrative nature of this "death sentence" pronounced for the Kenyan therapy leads one to suspect that other motives might perhaps be at work.

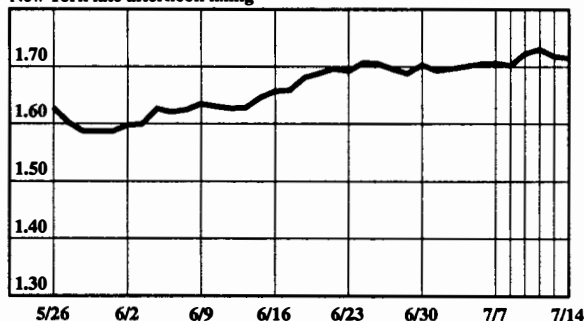
And even if a final resolution of this question will only be possible once the details of the counter-study become available, it is also possible that the procedures for administering the drug were not scrupulously followed. The researchers and doctors in Kenya, as well as Dr. Abdul Alim Muhammad, who works with Kemron at a private clinic in Washington, D.C., have repeatedly emphasized that the drug is only effective if a very precise regimen of ingesting the drug is adhered to. Did the Ugandan study perhaps fail to follow this regimen?

It would be a fatal error indeed, if such a promising and feasible method for treating AIDS victims in the developing countries were to be eliminated by the mere stroke of a pen.

Currency Rates

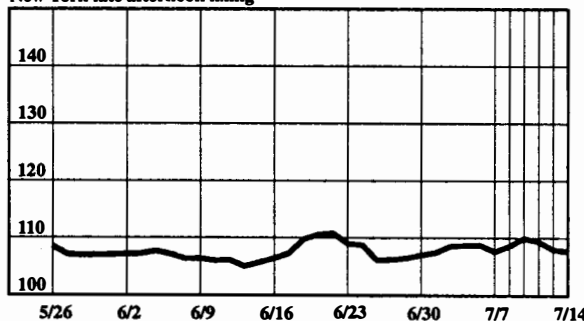
The dollar in deutschmarks

New York late afternoon fixing



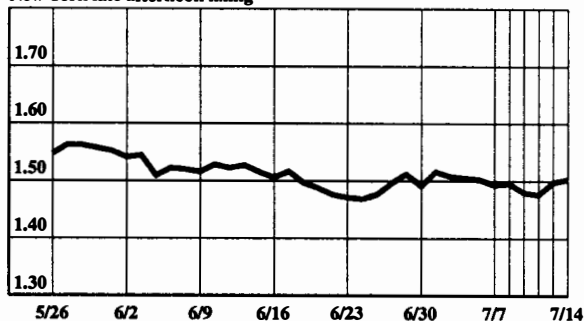
The dollar in yen

New York late afternoon fixing



The British pound in dollars

New York late afternoon fixing



The dollar in Swiss francs

New York late afternoon fixing

