Press Conference: Secretary Margaret Heckler

United States. Dept. of Health and Human Services

UNITED STATES

DEPARTMENT OF HEALTH AND HUMAN RESOURCES

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PRESS CONFERENCE

SECRETARY MARGARET HECKLER

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I N D E X

P R O C E E D I N G S

MS. DE REAL: Sitting up here on the platform with Secretary Heckler will be Dr. Ed Brandt, Assistant Secretary for Health; Dr. Robert Gallo, Jr., he's the Chief of Laboratory Tumor Cell Biology at NCI; Dr. James Mason, Director of CDC; Dr. Vincent Devita, Director of the National Cancer Institute; Dr. James Weingarten, Director of NIH; and Dr. Peter Fissinger, who is Associate Director of the National Cancer Institute.

The Secretary will make a statement, and then the panel on the Secretary will take questions.

STATEMENT OF MARGARET M. HECKLER, SECRETARY OF HEALTH AND HUMAN SERVICES

SECRETARY HECKLER: Good afternoon.

As I believe you anticipate, this press conference will be devoted to the subject of AIDS, in which area there is, of course, important news. But, unfortunately, we have not made similar breakthroughs in the field of laryngitis. So I apologize for the state of my voice today.

On June 14th of last year, about 10 months ago, I traveled to Denver to tell the United States Conference of Mayors that I had designated the conquest of AIDS as the federal government's number one health priority. I told the Mayors and the American people that this awesome medical problem was a disease of two names. One was AIDS, Acquired Immune Deficiency Syndrome; the other was Fear.

In the intervening months, public education and public understanding have reduced the incidence of fear; the panic which was beginning to spread to the American people has been quieted.

Today, I am pleased to...whisper that...

(Laughter.)

...the arrow of funds, medical expertise, research and experimentation with the Department of Health and Human Services, and its allies around the world, have aimed and fired at the disease AIDS, and has hit the target only two or three rings away from the bullseye itself.

Here are the specifics:

First, the probable cause of AIDS has been found -- a variant of a known human cancer virus, called HTLV-III.

Second, not only has the agent been identified, but a new process has been developed to mass produce this virus. This discovery is crucial because it enables us for the first time to characterize the agent in detail and to understand its behavior.

Thirdly, with discovery of both the virus and this new process, we now have a blood test for AIDS which we hope can be widely available within about six months. We have applied for the patent on this process today.

With the blood test, we can identify AIDS victims with essentially 100 percent certainty. Thus, we should be

able to ensure that blood for tranfusions is free from AIDS. We should be able to prevent transfusion-related AIDS cases, as well as those which might appear in hemophiliacs.

We'll also be able to promptly and easily diagnose people infected by the virus, and perhaps develop ways to prevent the full syndrome from occurring.

Finally, we also believe that the new process will enable us to develop a vaccine to prevent AIDS in the future. We hope to have such a vaccine ready for testing in approximately two years.

The credit for these discoveries belongs to many. Under leadership of the Public Health Service, many scientists, both inside and outside of the government, have given their time and their dedication, and their genius, to solving this problem.

In particular, credit must go to our eminent Dr. Robert Gallo, chief of the National Cancer Institute Laboratory of Tumor Cell Biology, who directed the research that produced this discovery; and to Dr. Edward Brandt, the Assistant Secretary for Health, who has led the Public Health Service effort in the fight against AIDS since its inception; and Dr. Vicent DeVita, very eminent Director of the National Cancer Institute; Dr. James Mason and Dr. James Curran of the Centers for Disease Control, and to their scientific teams.

I would like to turn now to the eminent scientist who

has made the breakthrough which prompts the conference today, to call upon Dr. Robert Gallo, with applause and appreciation, the Secretary of Health and Human Services and the appreciation of the American people. And I'd like to ask Dr. Gallo to come forward to make a brief statement, to respond to your questions; and to be accompanied by Dr. Brandt, who has led this fight, and who, from within the Department, has been a very essential part of the team.

Dr. Gallo...

STATEMENT OF DR. ROBERT GALLO, CHIEF OF THE NCI LABORATORY OF TUMOR CELL BIOLOGY, RE: AIDS

DR. GALLO: Thank you, Madam Secretary.

I should start and be brief by first saying that there are obviously other major contributors. And, in our own group, I have to mention someone who came to us from Czechoslovakia, who has been on rather a permanent stay with us. Dr. Mikulas Popovic, who played a very major role in some of the growth of cells that would be permissive for the large-scale production of the virus. Also, a post-doctoral from Switzerland, Dr. Jorg Schupbach; Dr. Sarngadaran, a colleague of mine for many years, who is a protean chemist; and a technician, who did a lot of work with, I think, a reasonable amount of risk, Betsy Reed.

These were some of the major people in the early part of this work that has just been described, from our laboratory.

Obviously, a lot of this could not have been initiated without the epidemiological studies that have been carried out, the provision of tissues, and the collaborations with many people, including CDC.

Also, a lot of this could not have been done in this period of time without the previous support from the Cancer Institute on the earlier HTLV isolates. These viruses, as this audience is aware, I'm sure, are called retro-viruses. And they were isolated in the first time in human beings by my colleagues and myself in the late 1970's in aggressive forms of human T-cell cancers.

We found other variants of that original virus in ensuing years. But, the dominant type, we called HTLV-1, is linked to a form of aggressive cancer of T-lymphocites. With that background, we focused on AIDS with the idea that a similar, but probably ultimately different retro-virus, but belonging to the same family, might infect the same kind of cell, a T-cell. And, instead of making it grow as a cancer would lead to its rapid death.

There was precedent for that. Many of you know that precedent. In cat leukemia, a virus that causes leukemia, the same family of virus, the retro-virus, but different than the HTLV family, can cause leukemia of T-cells, but a minor variant can cause an AIDS-like disease.

There was also important work that I have to mention

from Max Essex at Harvard, and his colleagues. He has had his neck out for sometime, sometimes with criticisms for using an assay for antibodies in the serum of patients with AIDS or pre-AIDS that was not always completely 100 percent certain; but an assay that he believed was giving him important leads.

We now can state that that assay, for the most part -- there might be some false positives -- but for the most part is able to detect viruses of the whole HTLV family, including the new virus that we call HTLV-III.

It's not as specific. It is certainly not going to be as good as the assays that will come out of having mass-produced the exact right virus. But, the fundamental data published by him and in collaboration with CDC in part, I believe to be correct.

Many of you, or all of you, have seen discussions about work in Paris. There was. There is not. There has never been any fights or controversies between us and a group in France. I came back from a meeting astounded to see this kind of discussion.

The Laboratory at the Pastuer Institute and my Laboratory have been friends for about 15 years. We, in fact, are collaborating. There were some miscommunications while I was away, and some misunderstandings.

We have active collaboration in the coming month if what they identified in science a year ago is the same as what

we now have produced more than 50 isolates of and in mass production, and in detailed characterization. If it turns out to be the same, I certainly will say so, and I will say so with them in the collaboration.

But, it is obvious that that paper one year ago did not tell you that the ediology of AIDS is fairly clear now. It is obviously the fact that there are four papers that are going to be published in Science that have added to this interpretation. And we think the two laboratories are very likely to come together, although I cannot say at this point whether the viruses are identical.

QUESTION: Dr. Gallo, what does this discovery that you and your colleagues have made mean for the thousands of AIDS victims who have the disease now, and are dying from it?

DR. BRANDT: Let me just explain to you what we will be doing now, and I think that's the real answer to the question.

In the first place, as you know, one of the papers describes a process whereby we can test for the presence of the virus in blood. That will allow us to do two things.

One, it will allow us to screen for transfusions; and, second, it will allow us to begin to define the early course of this disease, with the hopes that by some form of early intervention we can prevent it from taking its full toll.

The second is that we should be able to develop a vaccine over the next few years. It's not something that's

going to happen right away.

Finally, it may give us a lead, although, at the moment, we haven't seen it, towards some more definitive treatment.

So what we have at the moment is not particularly of great benefit to people with the disease right now -- that is, immediately -- but it hopefully will be in a short while.

QUESTION: Could I ask a question about the cause of this? It looks to me like it's more very strong circumstantial evidence than hard facts proof.

Have you been able to take this agent, inject it into animals, or expose animals to it, and have an AIDS-like syndrome produced?

DR. GALLO: Yes...do you have more question on it...?

I'll repeat it, if you like.

Judy Rimple, isn't it? Has asked me is it hard and fast proof, or is it a very strong lead? Have we been able to reproduce the disease in animals as the, I suppose, hard and fast proof that she would like?

QUESTION: Well, I mean, that is classic test for an infectious agent it, is it not?

DR. GALLO: Yes, that you can produce a disease in an animal. Yes and no, Judy. It's a very complex issue, but I'll give you the best explanation I can.

Yes, it's being innoculated in animals now. No,

there hasn't been anywhere near enough time to look for a disease.

But let me give you a problem both ways with that kind of an experiment, which was not always fulfilled by Robert Kock, by the way; and he still had been able to draw intelligent devialogical conclusions at a time you didn't have today's technology.

But, first of all, I'll give you an example:

Give an AIDS leukemia virus a vorectoral (ph.) virus, which produces leukemias in the gibbon ape, when innoculated into other monkeys, produces nothing; when innoculated into the Gibbon, produces leukemia.

Conversely, a herpes scenarid virus in a certain species of marmasets that carries the virus produces nothing in the marmaset, that is its natural host. Innoculating into other primates, it causes cancer.

What's the conclusion from the animal study?

I think we have something potentially better than that. In collaboration with the CDC, Jim Kearn and I, and other members of the CDC and members of my Laboratory, have been doing prospective studies -- people who donate blood in blood banks, who then are recipients, develop AIDS, as a consequence of that blood transfusion, might be akin to having the animal innoculation done in human beings, by accident.

SECRETARY HECKLER: Excuse me just a minute. I'd

like to have Dr. Kearn respond as well. He's not here?

Dr. Mason, how about you? Would you like to make a comment for CDC?

DR. MASON: How about letting Dr. Gallo complete his statement?

QUESTION: I'm sorry, please let Dr. Gallo.

SECRETARY HECKLER: Yes.

QUESTION: I appreciate you wanting to --

DR. GALLO: I think what she wanted to do is to show you that they have these blood donors, and they have the serum samples. And we have been testing them and broke the code with Jim Kearn, who belongs to the CDC. And it was an appropriate for an interruption.

In any case, let me say that, obviously, with the collections that knowledge this, with the blood transfusion donors and recipients, material is available to test.

With a good assay to this virus, an assay that is definitive because we have learned how to master this virus. Our problem in the past has been that we've had large numbers of detection of this virus. And I haven't been able to speak about it because I wasn't sure exactly what it was.

But when we learned how to -- you see, that virus, when it infects a human T-cell from a patient's blood in the laboratory, will kill that cell.

So we couldn't keep the virus going. We couldn't

analyze what we had and we were frustrated.

And a lot of people, some of you probably here, were asking me, you know, "Why are you holding this?" Or, "Why don't you say more about that?" Because we had to understand what the heck we were doing. We had to know what this virus was in detail before we would talk about it.

When we learned how to mass produce, we were able to develop reagents, antibodies, nucleic acid probes. We could then go back to the other isolates and know what we had, again. Okay?

And, now, in collaboration with the CDC, when prospective studies of blood transfusion victims and donors, it's like having a human being innoculated with the virus experimentally, isn't it?

So that data is becoming available in the collaborative study that involves CDC and us. And, also, it will involve the Pasteur Institute. And so things will come together. And I suspect the next few months are going to be also exciting times.

Does that answer your question? I think the agent is at hand that produces the disease.

QUESTION: Dr. Gallo, how many patients have you looked at? What percentage have shown response to the antibodies?

DR. GALLO: Yes, okay, what we are publishing in a

few days' times is approximately 90 percent of the people with AIDS have detectable antibodies in their serum that react specifically with this particular virus.

Patients with pre-AIDS -- you know, the at risk groups and the people with lyphadenopathy -- it's about 80 percent. And normal heterosexuals, healthy heterosexuals, it's less than a half -- it's less than one percent, about a half of one percent.

The homosexual population, we haven't done a large survey yet, but what we have done is the people who have come to a clinic, so it's a selected group.

And there's a substantial percent that have antibodies right now, but I can't give you the final data on that.

Now, more recently, in collaboration with Jerome Grupman, in Boston, New England (Beaconist) and Dijun Saphais at Sloane-Kettering, and their sera that they sent to us blind, we scored in a hundred percent of AIDS cases.

That work has not yet been gathered for publication.

QUESTION: Are you testing the Haitian population?

DR. GALLO: Yes, we're testing the Haitian population. I don't have enough statistics to say what percentage, but it's clear that there are Haitians who have antibodies to this virus.

QUESTION: Dr. Gallo, if this does turn out to be the virus, realistically, how many years will it be before

there is a marketable vaccine, based on past experience?

DR. GALLO: I think Dr. Brandt already made a comment, which I would agree with.

DR. BRANDT: Yes, we're estimating a minimum of two years, probably more like three years. In two years, we think it's possible to begin to start human trials. But I think we have a -- one of the first steps that has to be accomplished is to mass produce this virus in sufficient quantity to accomplish that.

So I think we're talking about probably three years.

QUESTION: Excuse me, the French told me this morning that they would predict at least five years. And Lou Montagnier said he thought it might be five to 10 years.

Why are you more optimistic than the French are?

DR. BRANDT: I'm just more optimistic, I guess. I don't know. I'm more optimistic. Except that I believe it can be done, that's all.

QUESTION: It is my understanding that there is no virus presently available for any retrovirus.

DR. BRANDT: No vaccine.

QUESTION: Any vaccine for any retrovirus.

DR. BRANDT: That's correct.

QUESTION: You've got a situation where you have got a number of viruses that have been known for as long as two decades and they haven't been able to produce vaccines.

Why are you confident that you can get one for AIDS in two years?

DR. GALLO: I believe that the reason that there's a wide difference in what time it takes, you know, it obviously is not in the interest of the scientist to give a fast prediction. You'll only press us all, say, "Remember what you said eight months ago, four months ago?" You'll be giving us a clockwatch.

I can only say that we have the problem of mass production solved. I think most of you are aware there's nothing in the literature from any laboratory that says they have an ediological agent that they can mass-produce.

I haven't seen anything published from France, or anywhere else, that if these two viruses are the same, that they even have it continually grown in the laboratory; only that it's trangently transmitted to T-cells. I haven't seen any publication that says they have a line that's permissive that mass produces.

That's one of the significances of what we are telling you today. Therefore, we can develop reagents, and we will develop those reagents rapidly. And it will be less than two years that those reagents will be available.

Now, your question gets tricky. How do you know you'll have one that really works in AIDS patients?

Of course, the prediction for that is impossible.

You have no hundred percent proof that it will be two years, a hundred years, or it may never come from vaccination. It depends on subtleties of biology. But, the principles are there. The likelihood -- the best we can say in Science -- with the technology available, we should have things ready to be able to be tried by then.

And although I said yes to Dr. Brandt that there is no vaccine for any retrovirus, there is work going on in Scotland, William Jarret, who is coming to NIH as a Fogerty Scholar, and he's done a lot of work in vaccinations with cats.

Talking to him last week leads me to believe he does have data that is of interest in the vaccination of cats with leukemia, for the prevention of leukemia. I don't know all that data yet.

There's also a group at Ohio State. And there are also people --

QUESTION: How long before exposure until symptoms occur?

DR. GALLO: How long before exposure to the virus do people get symptoms? I don't have the answer to that yet. In perspective, long-term studies, and collaborations with people at CDC, and with clinicians, we should have that answer.

But, from epidemiological grounds, Jim Kearn already estimated that from the blood transfusion studies to be some-

where from -- I think it's two to eight years. And it was a mediant (ph.) of five-six years...

From other work, Jim Kearn at CDC, I believe he told me at a meeting we were at together that from these blood transfusions, his estimate -- I'm sorry I gave you the wrong answer. They're telling me nine months.

QUESTION: Dr. Gallo, what would you tell to a perspective high risk candidate for AIDS, in nonmedical terms, about the significance of today's announcement, the prospect for developing a cure it? In as basic English as possible.

DR. GALLO: I think the most immediate simple -- I can conceive a lot of applications of this, all right? But you want something fairly simple and fairly quick. It's obvious, the blood bank assay, the transfusion cases, the at risk populations can be detected. That should be of some immediate use. That's a simple one. I'd like to back off with that.

QUESTION: Dr. Gallo, may I follow up on that, if I may?

If you had as a patient in private practice one of the 2,300 currently diagnosed AIDS victims in this country, what would you tell him that this discovery means, if anything, to him?

DR. GALLO: Can somebody else answer that?

DR. BRANDT: I think what we would try to tell that

person is that this discovery may not be of direct benefit to them in the immediate future, but it opens up, for the first time, I think, the real possibility that we may be able to develop an intervention system, that we haven't so far.

QUESTION: But, you're in time to save him?

DR. BRANDT: Well, it depends on how long he lives.

QUESTION: Well, what is the expectation now on the average AIDS victim?

DR. BRANDT: For what? For their lifespan?

QUESTION: Yes, sir.

DR. BRANDT: Slightly over three years.

QUESTION: They have a chance then?

DR. BRANDT: They might.

MS. DEL REAL: Excuse me.

Ladies and gentlemen, the Secretary has to leave now, but I'm sure that a few of the scientists will stay for a few more questions.

Thank you.

QUESTION: De. Brandt, a question about the test.

Will the test be able to determine a person that creates symptoms? How will the test be applied? Will it be a blood test from a person? They'll take a sample of blood and they'll be able to tell if they have AIDS, or pre-AIDS? And will that test solve the problem of hemophylliacs and blood transfusion?

DR. BRANDT: It should solve the problem of both blood transfusions and for hemiphiliacs in the sense that when this test becomes commercially available, then, of course, we will be able to screen blood.

And, by the way, we're talking about real volume. You know, there are over three million blood transfusions given every year. We figure we have to have 23 million tests annually in order to --

QUESTION: Dr. Brandt, they're commercially available to what?

DR. BRANDT: "Commercially available" means that we will have a large enough volume that we can get out to the 1,700 or so blood banks and use it.

Let me finish this question first, if I could.

The second thing is that it should be possible to detect AIDS in the presymptomatic patient so that we can begin to understand the course of this disease. In response to the earlier question about treatment, our hope would be that if we can detect this virus early on, then we might be able to intervene with simpler steps than somebody who already has a suppressed or depressed immune system.

QUESTION: Are you saying then that the presence of HTLV or the presence of antibodies to HTLV indicates that in nine months, or some period of time, this person is definitely going to have AIDS?

DR. BRANDT: We do not know whether or not there is a carrier state for this disease at the present time. So the answer is no, you can't be certain that the presence of the virus would indicate that fullblown AIDS would develop.

Dr. Gallo...

DR. GALLO: Yes, before you keep saying HTLV, say "HTLV-III", and say that it may in time be the same as what has been called LAV in a couple of publications.

And, also, related to therapy, we're collaborating -- in fact, I'm supposed to go tomorrow afternoon to Wistar Institute in Philadelphia for a discussion with Hillary Grapowski (Kaprowski), the Director of that Institute there. And Dr. Danny Bolonaise of Duke University, and a few other people, my colleague, Dr. Fissinger, to discuss ideas for therapy.

We're trying to put our heads together. And one idea that Dr. Grapowski has been discussing with us is the direct therapy of someone with the disease if you catch them early enough, as Dr. Brandt has said, it's by making an antibody to antibody. That antibody to an antibody looks like an antigen, a more effective antigen. It might produce the type of an immune response that eliminates the virus.

And if this disease, if we learn that the pathogenisis of this disease is something like this -- a group of T-cells are infected. They're dying. Virus is released. Other T-4-cells get infected. They die. Eventually, since the T-4 cell

makes the growth factor, the T-cell growth factor, that led us to first isolate HTLV-I, and since T-cell growth factor interleukin-2 makes all the other T-cells grow, in the end you don't have any T-cells at all in AIDS.

But, if, early on, you can knock out the virus with a proper immunilogical approach, it's possible that somebody with the disease, or with the preliminary aspect of the disease, could be greatly benefited.

But we can't say that with certainty. That therapy in practical aspects are now in the first set of an experimental phase, at least for people with the disease.

QUESTION: Dr. Brandt, how much will this test cost, and how much will it add to the cost of blood transfusions?

DR. BRANDT: In the first place, we don't know how much it will cost when we make it commercially available, clearly, since it is commercially available. So I don't know the answer to your question.

QUESTION: Dr. Brandt, when will it become commercially available?

DR. BRANDT: As soon as the entire techniques are worked out. We're anticipating now six months.

QUESTION: You would test everybody who donates blood? Is that how it would work?

DR. BRANDT: I'm sorry?

QUESTION: You'd test everybody who donates?

DR. BRANDT: I'm not sure whether we would test everybody that donates, or whether we would test the blood before it's transfused. Most likely, we would test everybody before it's donated.

QUESTION: Doctor, do you know yet why the groups like Haitians get AIDS as opposed to other ethnic groups?

DR. BRANDT: Not really, no. We -- no.

(Laughter.)

QUESTION: A couple of days ago, the comments about a possible AIDS virus were very tentative and very carefully qualified. And, today, we're getting a very bold statement.

What accounts for the abrupt change of posture?

DR. BRANDT: Well, this is the first time you've heard from us.

(Laughter.)

What the news media has been writing, I can't be accountable for.

QUESTION: I'm talking about people from the NCI as well as the CDC in Atlanta. Very cautiously guarded statements just a couple of days ago and...

DR. BRANDT: Most of those people were not familiar with all the details on the work. That's the explanation for that, as I see it.

QUESTION: Dr. Brandt, in talking about approval of a vaccine, aren't you sort of blithely leaping over what could

be a very difficult, ethical problem, namely, the testing of this for safety and efficacy on healthy individuals?

DR. BRANDT: Absolutely not. I mean, we would certainly test any vaccine. That's why I said earlier that we would go through the whole period of human testing first before we ever put a vaccine on the market, for sure.

QUESTION: Dr. Brandt, could you comment on the difficulty of testing such a vaccine when it concerns a disease with such a fatality rate? Maybe Dr. Gallo would...

DR. BRANDT: I'm not sure I understand the question. I mean...

QUESTION: AIDS has a very high fatality rate. Can you comment on the difficulty of human clinical trial of such a vaccine? Won't you be using a live virus, or kill virus?

DR. BRANDT: Well, we're going to develop the vaccine first. Then we'll be able -- it depends entirely on what kind of vaccine comes out of it. So we certainly are not going to test in humans any vaccine that would put those people at risk of disease.

QUESTION: Dr. Brandt, I don't believe that you answered my earlier question on that very point, which was:

If this is a vaccine to prevent the disease, you're going to have to test it on people who haven't got the disease, and then possibly expose them to the disease to see whether or not it will work.

DR. BRANDT: Yes, but you're making the assumption that-that's the only kind of vaccine there is, the one that exposes people to disease. That's not true, so that that's not the way -- I mean, you're presupposing the kind of vaccine.

QUESTION: I'm not presupposing anything. One, it's a vaccine that will prevent a disease if somebody is exposed to it.

DR. BRANDT: Right.

QUESTION: Are there other kinds?

DR. BRANDT: We don't have a vaccine at the moment. And we would certainly take all --

QUESTION: You're talking about having one in a couple of years.

DR. BRANDT: We will take all the necessary steps to be sure that that vaccine is safe. And we will not expose anybody to this disease, through a vaccine or any other way.

QUESTION: So how are you going to go through your trials on healthy volunteers?

DR. BRANDT: Well, as soon as we see the vaccine, then I'll be able to answer that question.

QUESTION: Dr. Mason talked about these antibody tests that Dr. Gallo has told us about a little bit. I mean, that went by very quickly. Maybe the CDC could tell us a little bit more about that?

DR. MASON: Just a word about it. I think you have

heard a most magnificent report today from Secretary Heckler and Dr. Brandt and Dr. Gallo. And we are just in the beginning stages of what we can actually do to build on these discoveries.

We've described AIDS as a fatal disease with certain characteristics. Now, with the kind of tests that Dr. Gallo has developed, we can begin to look at AIDS as a whole spectrum of disease, a disease that starts probably with an initial infection. It probably has presymptomatic phases. It probably then gets into a lymphanopathy phase. And we have not even completely described the disease yet, because we haven't had the tests available to do so.

And building upon these things that have been reported today, we can begin to test populations of people to see who has antibodies, who does not have antibodies, when do those antibodies after exposure to such things as blood transfusions where we can trace back to the donor?

It just begins a whole series of miracles that can occur as a result of these very basic reports that you've heard here today. We would hope that within a year or two as we meet with you again that we are going to have much, much information that will enable us to control and prevent this horrible disease.

QUESTION: Dr. Gallo cited your data — that's not a good answer, I'm sorry.

DR. BRANDT: What's the question?

QUESTION: The question is: Dr. Gallo cited some perspective antibody tests that were done at CDC as --

DR. GALLO: I said they were going to collect -- the reason they were CDC, they were done in our lab. They may be independently done recently in CDC. There was serum provided by CDC from blood donors, blood recipients, a variety of other perspective --

QUESTION: Would you go over that data for us a little bit?

DR. GALLO: Well, I would rather have it collected completely and have it in the form where I could present it to you properly. I'll just give you the general statement. I'm not going to give you the details on that now, so the answer is no, I won't.

What I'll tell you is that perspective studies mean blood bank donors and recipients, and those people who were followed who eventually got AIDS.

Let's say the collaboration with CDC in that respect with our laboratory is producing fruitful results. The specifics will come later. And that's as far as I go.

I'll get back to -- you wanted to get back to that question?

You keep asking about the vaccine, when it comes up, what's going to be available in two years. As best as a scientist can calculate. We can't predict anything 100 percent.

But you've got to give some answers.

We have the proteans available in large amounts from these viruses by recognity (ph.) and a technology. You're not going to vaccinate with a live virus, in my view. In my view, you'd vaccinate perhaps with the envelop protean of the virus. We'll go to recognity in any technology, we are doing that now.

And we will produce the protean that way. That protean, I would certainly be willing to take if I were a high risk person, and I'd do it voluntarily. I don't know how many people that entails.

That's the direction we're kind of thinking about. Earlier, I was asked and didn't have a chance to answer, when was HTLV-III first found by this...and I said the answer to that, there's no one day I can tell you, only that we have large numbers of isolates that were openly discussed at NCI in meetings that involved 30-40 people in our lab, and many outside people, including members of CDC. That we could not say what they were because we couldn't get them to grow, but we believed firmly for many reasons they were in the HTLV family.

But, because we couldn't get the cells to grow, we were stuck in saying what they were. And we didn't want to report on it because we didn't know the significance of it.

But, when we got -- and I believe this is the only one that exists right now -- a permissive cell, that is, a cell that will grow forever and not be hurt by infection with

the virus, that will mass-produce the virus--when we can do that reproducibly, we now can characterize that virus in detail, make what we call reagents against the mass-produced virus, its proteans, get its nucleic acids, go back to all the earlier isolates, and have the answer.

The first time we saw what wasn't HTLV-I and II, I don't know exactly when. It was certainly over a year ago, a year and a half ago. I don't know.

DR. BRANDT: Let me introduce the other people on the stage. Down here at the far right is Dr. Vince DeVita, who is Director of the National Cancer Institute. Next to him is Dr. James Weinberg, the Director of NIH; and Dr. Peter Fissinger also, from the NCI.

We'll take only one more question and then we'll have to leave. And it's going to be Chris Russell, who has been waving her hands there for a long time.

MS. RUSSELL: It's a couple of questions on the same point.

One, are you going to be proceeding ahead with the blood tests and all of these other clinical things before this whole question of whether we've got the same virus, and so on, is resolved?

DR. BRANDT: Yes.

MS. RUSSELL: Second of all, Dr. Gallo, could you describe how you will work with the French to figure out if they

have got the same virus? And, also, why hasn't that been done already?

DR. BRANDT: Well, let me -- Chris, that's going to take a long time to describe that in any detail. And I think that --

MS. RUSSELL: We have been waiting for the science to be presented, and this is the opportunity that many of us have. And we have a lot of science writers here who would like to get first information.

DR. BRANDT: I understand.

MS. RUSSELL: We the Science Register would like to get the information.

DR. BRANDT: All right, it will be described in some detail. If Dr. Gallo wants to take a quick, easy shot at it, why that's fine.

Do you want to try it?

DR. GALLO: It should not be terribly difficult, having enough reagents sent to us to analyze. Our problem has been this. Originally, one of the French co-workers Francois Sin Sevari (ph.), came to our lab to learn the techniques to grow T-cells. That was two years ago.

We provided them with reagents of HTLV-I and HTLV-II. In other words, in fact, they started out by learning the techniques to grow T-cells in obtaining T-cell growth factor from our laboratory.

There's been a collaboration from day one, in short.

Now what they originally sent us and believed not to be related to the HTLV family did not react with the reagents we had. And that was not clear, what was going on.

In retrospect, if the viruses are the same as what we now have in numbers, we already know they clearly do belong to the HTLV family. It's probably because they really didn't have enough material.

They didn't have enough material to send to us. That's what's been the delay. They don't have a mass producer. As of a few weeks ago, they didn't have it successful in a cell line.

I talked to with Chermon and Montagnier today and two weeks ago. They believe they're getting it into a cell line just now.

When you see the papers published in Science, you will see that we've been mass-producing it for six months. Okay? So we've had it in the cell line for a long time. I was developing reagents over that period of time to go back and do the analyses.

Now what they are sending us are what we call plates with some of the virul proteans that they have obtained put on the plates to see if they react with antibodies. We've made, because we've been able to mass produce virus. Otherwise, you can't get enough virus to make antibodies in a rabbit or a goat.

We will test what they send us now in that way. Also, they will send us DNA from cells infected with their virus. And we will see if there is relationship with the genes we are cloning now from HTLV-III.

Thirdly, one of my co-workers, Dr. Sargar Dar, will go over there in the last week of April, which is very soon, I guess, or the beginning of May, and we will work on protean comparisons directly with them.

I'm not sure they have enough quantity to do everything I'd like to do. But I feel confident that in a matter of a month's time or less, we should be able to have a more definitive answer.

The problem before is there could not be a definitive answer from lack of amount of material that was sent to us.

Lenny Altman QUESTION: Dr. Gallo, I have sort of a political question. And that is if, in fact, your -- the virus you discovered and the French discovery are the same, it sounds like both you and the French believe, isn't this announcement sort of stealing a little bit of the thunder from the French?

I mean, everybody says, "Well, we think the French have been doing great work, but we've..." I mean, it seems somewhere we're taking the credit where the French should share it.

DR. BRANDT: Well, I think Dr. Gallo said in his opening statement that if this turns out to be the same virus,

he's readily going to give them the credit for reporting it first. I don't think that's a problem. I mean, the point is that we've come to this point. We've isolated it. We've mass produced it. He has, I should say, not "we". And it's now available.

DR. GALLO: I could have presented an electron micrograph and reversed transcript activity of a variant a long time ago.

What I'm telling you is there are 50 isolates. They are characterized. Test is available for blood banks. The reagents are available to characterize anything now and a method is available to isolate this virus routinely.

If I held that back from you, you would be mad at me for other reasons.

(Laughter.)

DR. BRANDT: Well, thank you all very much.

(Whereupon, at 2:00 o'clock, p.m., the press conference was concluded.)

REPORTER'S CERTIFICATE

This is to certify that the attached proceedings before The Department of Health & Human Services in the matter of:

The Press Conference of
Secretary Margaret Heckler

Monday, April 23, 1984

were held as herein appears and that this is the original transcript thereof for the file of the Department or Commission.

Official Reporter

DATE: April 24, 1984.