

S819/23

File No:

MEDICAL RESEARCH COUNCIL
HEADQUARTERS FILE

File No:

S819/23

SERIES SUBJECT

AIDS

FILE TITLE

UK NATIONAL COORDINATING FOR EPIDEMIOLOGICAL
RESEARCH ON AIDS : SETTING UP.

RELATED TO:

REFER TO

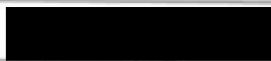
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TC

PLEASE ENSURE THAT THIS
FILE HAS BEEN ENTERED
ON YOUR TRANSIT SHEET

DISPOSAL
INSTRUCTIONS

Signature

Date

Dr Godfrey

You may like to see the note of my recent discussion with Prof Weiss on file opposite.

I have spoken to Dr Tynnell and we are going ahead via arranging a meeting of the main up in April which is the earliest that he can manage.

24/1/86

I understand you wished to see the letter which Dr Tedder recently wrote to Dr Tynnell and the proposed reply which has been put together with suggestions from Sir Richard Doll, Dr Godfrey and I. These are flagged on file. You may also like to see the note of my discussion with Prof Weiss dated 24/1 which covers similar issues.

24/1/86

Have notes

24/1/86

You may like to cast an eye over the brief set of notes I have prepared for the record on Prof Weiss' recent visit to the office. I think it covers the major items discussed. You may also like to know that Sir Richard Doll is not now expected to return from the US until 26/3.

Noted

Thank you

Adrian

14/3

11/3/86

17/3
you

14/3 for information

[redacted]
Sir James may like to know that I
have sent a copy of Prof Weiss's letter of 13/3
to Sir Richard (with Weiss's permission) so
that he has the opportunity to consider
the suggestions before we meet on 25/3.

[redacted] 20/3/86

TJ
20 20/3

[redacted] 25/4

[redacted] has requested draft replies to
the recent letters from Sir Richard Doll +
Prof Miller. I think they could both be
brief + suggestions are on file. Sir James
may like to see the yr of 16/4 on file
which I think summarises our present
view of the position.

I know that Dr Tyrnell has written to
Sir Richard in connection with the WP
meeting on 21/4.

[redacted] 25/4/86

Letter approved.

[redacted] 25/4/86

5819/23.

GENERAL SUBJECT

RESEARCH ON A.I.D.S.
SETTING UP."

1

13.1.86.-

22.4.86

2

27.1.86

25.4.86

3

28.1.86

29.4.86

4

SIR JAMES GOWAN

29.1.86.

3.9.86

5

11.2.86.

5/10/87

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5.4.86

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11.3.86

23.10.87

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13.3.86

27.10.87

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17.3.86

24.7.87

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18.3.86

1

20.7.86

20.7.86

Sir James

21/10/86

20

10

86

cc

I mentioned to you that I saw Sir Donald Acheson on 15th October about the letter of 18 September which he had received from Dr J W G Smith. I put to Sir Donald, the various points noted in [redacted] yellow minute attached and we had a long discussion about how to deal with the sensitivities of the PHLS. In particular, Sir Donald was concerned that within the Service there were personality problems impeding a concerted attack on the AIDS problem. Furthermore, it appeared that although HIV positives were being notified to the PHLS by the National Blood Transfusion Service, full data was not available from STD clinics or from hospital pathology laboratories. It was therefore left that Sir Donald would discuss with Dr Smith some of these problems and consider with him the desirability of the CMO writing to all STD clinics and hospital laboratories.

With regard to other measures that might be taken, Sir Donald Acheson supported the various suggestions made by [redacted] in the last section of her minute of 26 September. He readily agreed that the MRC should have an observer on his expert advisory group on AIDS and [redacted] might like to follow up if no action follows within a reasonable time.

2

MPWG

File away
coordinating committee

9/9/86
11/10/86

[REDACTED]

We discussed Dr Smith's letter to Sir Donald Acheson about AIDS. Although it is not clear quite what Dr Smith wants in reply, I can supply background information and a few thoughts on whether there is anything more we should be doing to ease the concerns.

Background

The basic points are:

(i) The PHLS were unhappy about the CMO coming to us rather than them in the first instance. They also thought that it was unnecessary to bring in an eminent cancer epidemiologist to tell the infectious disease epidemiologists how to do their job. They perceived the real problem as one of lack of resources (a view consistently expressed through our Working Party) rather than lack of expertise.

(ii) Dr Smith's perception of the revised arrangements for the co-ordinating centre agreed by the Subcommittee in May, is correct although Mike Adler's share is for clinical aspects of epidemiology generally, not just GUM.

Comments

I think it is important to be clear that the Subcommittee does not in any way wish to 'diminish the role of CDSC'. The fact that they considered part of the proposal to be outside their remit doesn't mean they don't think it is worth doing, just that if it is to be done it should be supported by a different route.

/ continued ...

continued

[REDACTED]

In retrospect perhaps they should have given clearer guidance on what they wanted.

There is nothing else in the letter with which I would take issue: In fact the PHLs should be congratulated for the work they have initiated. The letter could be interpreted as a request for supplementation of the PHLs budget - but the writer's purpose is not clear.

What more can we do?

We need to ensure

- (i) adequate communication between all parties
- (ii) that the different parts of the -coordinating centre work together, not in opposition.

Liaison between MRC and DHSS could be improved by our having an observer on EAGA: after all we have observers from 3 health departments on our epidemiological subcommittee.

With regard to the operation of the coordinating centre, David Miller will be a key figure in his role as scientific secretary and 'consultant'. I know he has already arranged to get together with Adler and Galbraith so that the 3 of them are clear about how they see the division of responsibilities. It might be helpful to have informal meetings of this kind from time to time which officers of MRC and DHSS (ie [REDACTED] and Pickles) can also attend so that we are all kept in touch with developments.

There have been a number of problems in the way the Working Party and its subcommittees operate and a lot of these have gradually been overcome, e.g. their role in assessing project grant applications. There is still some dissatisfaction about lack of opportunity for discussion of issues in the epidemiological subcommittee and this can be tackled by careful planning of agendas and briefing of Chairman and others.

[REDACTED]

*Adkins
Expert Advisory
Group on AIDS*

Dr Godfrey

1. You asked for a note about the problems with the PHLS over research on ^{the} epidemiology of AIDS, following your discussion with Sir Donald Acheson.
2. [REDACTED] has provided a very helpful background note (attached). I agree with her analysis and with her suggestions in 'what more can be done?' I would add only that there has been a continuing unease on the part of PHLS about the role of the Epidemiology Subcommittee (not just with the initial approach to us by the CMO).
3. I should perhaps also mention that [REDACTED] has recently briefed the Secretary, at his request, on recent developments on AIDS front, including relations with the PHLS.

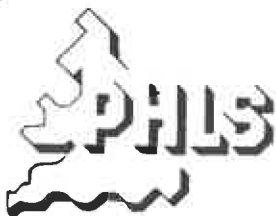
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[REDACTED] has briefed you about the PHLS probes & her note attached may contain nothing new. Nevertheless, I expect that you might wish to glance at it.

I'm committed to going back to Donald Acheson, so that he can reply to [REDACTED]. To avoid risk of causing any wires, please say we have a card.

Thank you. I have read the minute and think a word with the CMO would be a good first step.

3/10/86



Public Health Laboratory Service



Public Health Laboratory Service Board
61 Colindale Avenue
London NW9 5DF
Telephone 01-200 1295

From The Director of the Service

Dr. J.W.G. Smith

Our ref

Your ref

18 September 1986

8th October
Group RD

CONFIDENTIAL

Dear Donald,

Having been badgered (justifiably) by [REDACTED], [REDACTED] and Spence Galbraith, may I set out some concerns that have arisen about AIDS surveillance. Some weeks ago Sir Richard Doll and I met to consider his proposals to divide AIDS epidemiological work into : tropical studies, to be run by [REDACTED] at LSH&TM, clinical studies in GUM clinics, to be run by Mike Adler and David Miller, and national surveillance, by PHLS/CDSC. This seemed to be very sensible, and it capitalised upon existing efforts and was cost-effective. Accordingly, Spence and [REDACTED] submitted an application to the MRC to support the further development of AIDS surveillance. At the recent meeting of the MRC Committee on AIDS epidemiology, a somewhat confused picture emerged, but it looks as though different arrangements may be made which could markedly diminish the role of CDSC. [REDACTED] was at the meeting and is in the picture, but I thought it might help if I tried to clarify the concerns of myself and my colleagues.

You probably know that national surveillance of AIDS was started by CDSC and the PHLS in 1982. Excellent links have been built up all over the country with clinicians and others dealing with the disease, and a high proportion of the available national data derives from this collaborative activity. Additionally, there is a range of essential R&D work going on, for example, the studies Sheila Polakoff is doing with PHLS labs and various GUM clinics in the country, or those of John Craske of PHL Manchester in association with the Haemophilia Centre Directors.

You may be aware that the DHSS has provided us with significant additional funding to sustain AIDS work. This year it adds up to some £740,000. However, these funds are completely committed, notably in providing the AIDS testing and confirmatory service available throughout England and Wales. It has also been possible to use the funds to provide a measure of added support to CDSC and the Virus Reference Laboratory for epidemiological surveillance etc. In addition to this the PHLS has, by adjusting various priorities, diverted some £500,000 of its cash limit funds into AIDS work. If we included the overhead costs of premises, energy, support services, etc., this figure is nearer one million pounds. Notwithstanding all this effort, the centrally organised epidemiological activities rest upon extremely limited resources. It is greatly to the credit of Spence Galbraith and many others that they have managed to do so much on such a slim basis.

I am sorry to refer to money problems (just like the rest of the world, doubtless) but the PHLS has experienced some 12% cut in its funds over the last five years, and has to deal with many other challenges. I am very concerned about resources available for epidemiological work in the PHLS, and that it may not even be possible to sustain our existing efforts on AIDS. Although the AIDS surveillance activities of the PHLS have been, I believe, remarkably successful, there is no doubt that there is considerable scope for development. This formed a background to the application to the MRC.

There is, too, an additional concern. CDSC is seen nationally as the infectious disease surveillance unit, and specifically so in the case of AIDS. The PHLS has successfully gained the trust and co-operation of clinicians and others throughout the country, notwithstanding the extreme sensitivity of everyone about AIDS confidentiality. It could be detrimental to surveillance if other developments elsewhere confused the numerous clinicians and others upon whom we depend. Clearly, there will never be enough money for all the AIDS work which people wish to do, and it is important to see that the AIDS monies which are provided for surveillance and associated research are spent wisely and that there is no unnecessary duplication of resources.

Perhaps there is one other matter which to some extent underlines this problem, as well as other PHLS work in surveillance. Surveillance activities are often difficult to fund from research grants because organisations such as the MRC, or their expert advisers, believe that they should go on as DHSS-funded exercises. For this reason, research grant applications for surveillance work, which may score highly in terms of value, not infrequently fail to secure grant funding. I recently spent 4 years on an MRC Grants Committee and saw this happening. In this area, where the PHLS work lies between research and routine surveillance, the DHSS may have an important role to ensure that such essential work does not fall between the two stools of service and research.

Please understand that I and my colleagues wish to do everything possible to support the necessary work on AIDS, and are keen to collaborate fully with everyone in the field.

Yours sincerely,

Sir Donald Acheson
Chief Medical Officer
Department of Health and Social Security
Alexander Fleming House
Elephant and Castle
London
SE1 6BY

c.c.

[REDACTED]
Dr. N.S. Galbraith
[REDACTED]

25 April 1986

Dear Richard,

Epidemiological Studies of AIDS

Thank you for your letter of 11 April and for bringing me up to date on your suggestions for reorganisation of the Coordinating Centre. Your proposals seem to be a good way of overcoming the difficulties and we are very indebted to you for all the time and thought you have given to arrive at this very satisfactory solution.

I shall be away myself when you return from the States, but I know that [REDACTED] has been speaking informally to all the interested parties and she will be writing to you about the outcome of these discussions.

Yours ever,

James Gowans

Sir Richard Doll OBE MD DSc FRCP FRS
Imperial Cancer Research Fund
Cancer Epidemiology and Clinical
Trials Unit
University of Oxford
Gibson Building
The Radcliffe Infirmary
Oxford
OX2 6HE

20/09

25 April 1986

Dear David,

Thank you for writing to me again about your involvement in the work of the AIDS Epidemiology Subcommittee.

I was very pleased to learn that your major commitments to the pertussis vaccine litigation are likely to be over within a few weeks. Richard Doll has kept me informed of his proposals for reorganising the Coordinating Centre and I understand that these will be considered by the Subcommittee next month. We would certainly welcome your continued involvement in the work along the lines he suggests.

Yours sincerely

James Gowans

Professor D L Miller MD FRCP FFCM
(University of London)
Academic Department of Community
Medicine
St Mary's Hospital Medical School
Praed Street
London
W2 1PG

20/38

DRAFT

24 April 1986

Dear Richard,

Epidemiological Studies of AIDS

Thank you for your letter of 11 April and for bring^{ing} me up to date on your suggestions for reorganisation of the coordinating centre. Your proposals

~~in general~~ seems to be a ~~very~~ good way of overcoming the difficulties ~~and involving all the right people~~, and we are very indebted

✓ you for all the time and thought you have ~~given~~ to arrive at this very satisfactory ~~solution~~

I shall be away myself when you return from the States, but I know that Jane Cope has been speaking informally to all the interested parties and she will be writing to you about the outcome of these discussions.

Yours ~~sincerely~~ *WV*

James Gowans

20/09

24 April 1986

Dear David

*about your involvement in the work of the AIDS
Epidemiology Subcommittee.
see page*

Thank you for writing to me again. I was very pleased to learn that your major commitments to the pertussis vaccine litigation are likely to be over within a few weeks. Richard Doll has kept me informed of his proposals for reorganising the coordinating centre and I understand that these will be considered by the subcommittee next month. We would certainly welcome your continued involvement in the work along the lines he suggests.

Yours sincerely

James Gowans

Prof P L Miller

20/38

Uk Centre for coordination of Epidemiological Studies of AIDS -
Sir Richard Doll's proposal for reorganisation

Proposal

1. Professor Miller to be sole scientific secretary of the subcommittee ^{but} not co-head of the coordinating centres. He will also be a consultant to both Adler and Galbraith i.e. a source of expert epidemiological advice.

2. Three coordinating centres:

Middlesex [redacted] clinical epidemiology
 CDSC [redacted] surveillance
 LSHTM [redacted] tropical epidemiology
 (the last subject to [redacted] advice)

3. [redacted] and [redacted] to join the subcommittee.

4. [redacted] to retain his grant for the 1/2 behavioural scientist (already committed) and 2 staff for provision of statistics (statistician and secretary) but not the epidemiologist.

Comments

I have spoken to [redacted] who all regard this as workable with the following provisos.

1. [redacted] role at the CDSC should be clearly ^{defined} ~~detailed~~ and acceptability to everyone at Colindale ensured.

2. The need for statistical support at the level of [redacted] grant should be looked at more closely as there could still be resentment at him retaining this support. If he does retain it it should be made widely known that the service is there to be used and people should be encouraged to contact him. Miller feels there is a good case for keeping statistics support but accepts that he should lose the epidemiologist.

3. There is some resistance to having [redacted] on the Subcommittee because of his tendency to irrational statements to the press, though some people think it better to involve rather than ignore him. There is a feeling that the wish to strengthen academic epidemiology could be satisfied by [redacted] presence (this is universally welcomed) and that there is no clear need for further addition to an already large committee. Sir Richard's suggestion of a link with [redacted] ^{keeps} the question as to why he should be singled out from the Working Party for special consideration. However [redacted] thinks [redacted] accepts the lack of a scientific need for [redacted] and is suggesting it for political reasons in the hope that he will do less harm on the inside.

4. I would add that the role of scientific secretary should also be defined. Normally it means writing minutes, but we agreed at the outset that this was a committee which the office should minute because of the political content and the case for this remains. A role might be developed along the lines of being generally available for consultation on epidemiological aspects of AIDS research.

Suggestions for action

1. Invite [REDACTED] to join the Subcommittee but do nothing else on the topical side until we have [REDACTED] report from the States.
2. Issues 1, 2 and 4 above should be resolved in discussion with the appropriate individuals prior to the meeting of the Subcommittee on 20/5 when they will be asked to approve the new arrangements. Revised arrangements for Miller's grant should be made asap and revised financial information made available for the June Systems Board.
3. I think we need to discuss the [REDACTED] idea. Probably we should accept Sir Richard's suggestion but it would be helpful to discuss it with him further as we know he has talked to [REDACTED] recently about the Subcommittee's work. I suspect some members would view his appointment with suspicion.
4. Inform [REDACTED] (Board reps on the Subcommittee) of the proposal and seek their views. (I shall do this in the context of briefing for the April Board item)
5. Board to be informed of outcome in June.

Can we please discuss?

[REDACTED]

IMPERIAL CANCER RESEARCH FUND

Cancer Epidemiology and Clinical Trials Unit

UNIVERSITY OF OXFORD

Director: M.C. PIKE, Ph.D.

Telephone: (0865) 53762

Gibson Building
The Radcliffe Infirmary
Oxford OX2 6HE

11 April 1986

RD/CH/1

14/4
Sir James Gowans,
Medical Research Council,
20 Park Crescent,
London W1N 4AL.

Dear Sir,

Epidemiological Subcommittee on AIDS

Since talking to you at Easter, I have been able to see David Miller and to talk to [REDACTED], Michael Adler, and [REDACTED], and am happy to say that the plan I have worked out seems to be not only acceptable to but welcomed by all of them. I have also discussed our research problems with [REDACTED]. What, therefore, I wish to propose (and have written to suggest to David Tyrrell) is that we should

(i) accept David Miller's resignation as co-head of a national centre for coordinating epidemiological research, but ask him to stay on the committee as its sole scientific secretary and epidemiological consultant to Michael Adler and [REDACTED].

(ii) call Michael Adler's centre a centre for coordinating clinical epidemiological research into AIDS.

(iii) ask [REDACTED] to head a centre for coordinating surveillance of AIDS with [REDACTED] as consultant epidemiologist, and

(iv) subject to [REDACTED] approval when he returns from the States, to ask [REDACTED] to head a centre for coordinating tropical epidemiological research into AIDS.

Meanwhile we should ask both [REDACTED] and [REDACTED] to join the committee to strengthen its epidemiological expertise and (I would hope) open a channel of communication with Robin Weiss.

Such a rearrangement, which seems to me sensible as well as politic, would involve some redistribution of the core support. Adler's would remain (indeed we have no justification for removing it). [REDACTED] however, presumably lapses with his resignation except for the 1/2-time sociologist who has already been appointed. I would hope, however, and indeed strongly urge, that he might be allowed to retain the funds for a statistician and a secretary (who would be available under his direction for working with Adler and Galbraith and assisting

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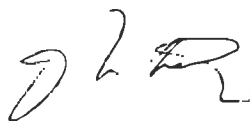
11 April 1986

with analysis of data provided by the Haemophilia and Transfusion directors' committees) although he would abandon the epidemiological appointment.

██████████ ought not to need non-professional support, but as the work develops (and I hope it will increase substantially) he may need a young scientist to work with him.

I am leaving for Washington and Boston on 17 April and won't be back until 3 May, but my secretary will have my phone numbers if the office wants to get hold of me for any reason.

As ever,



Richard Doll

P.S. The above all sounds rather more bureaucratic than scientific but I think it would lay the foundation for considerable improvement in the work which incidentally has developed to some extent (tho' not as rapidly as I would have liked) in the last 6 months.

My main worry for the future is now the narrow interpretation of what it is ethical to do. I am writing to Donald Acheson about this and will send you a copy of my letter to him.

c-3 D. Cope



St. Mary's Hospital Medical School

(University of London)

Academic Department of Community Medicine

Professor D.L. Miller, MD FRCP FFCM

Praed Street
London W2 1PG
01-725' 1673

10th April, 1986

1414

Sir James Gowans,
Secretary,
Medical Research Council,
20 Park Crescent,
London W1N 4AL.

Dear Sir James,

Further to my letter of 27th February and following a conversation with Sir Richard Doll earlier this week, I am writing to bring you up to date on my future availability for active participation in the work of the AIDS Epidemiology Sub-Committee. As expected, the pertussis vaccine litigation has diverted most of my time and energy in the last few weeks but the case has now opened and I expect to be called to give evidence next month. After that I should be clear of major commitments in this direction and, if you feel I could contribute to the AIDS epidemiology work thereafter, I should be glad to do so.

It is clear from my discussion with Sir Richard that the plan for organising this work as originally intended has proved to be unsatisfactory in some respects, but we spoke about a possible new way round the difficulties and how I might fit into the programme, which no doubt he will be discussing with you. I need do no more than indicate my general assent to Sir Richard's proposals. However, if I am to play a significant rôle, my need for staff support will remain, and I hope it would be possible for me to retain the basic support already committed to my Department by the MRC.

I look forward to hearing from you and, I hope, being able to make some contribution in this important subject.

Yours sincerely,

David L. Miller

c.c. Sir Richard Doll

IMPERIAL CANCER RESEARCH FUND

Cancer Epidemiology and Clinical Trials Unit
UNIVERSITY OF OXFORD

Director: M.C. PIKE, Ph.D.
Telephone: (0865) 53762

Gibson Building
The Radcliffe Infirmary
Oxford OX2 6HE

CONFIDENTIAL

9 April 1986

RD/CH

Dr A.J. Tyrrell,
Chairman, MRC Working Party on AIDS,
MRC Common Cold Unit,
Harvard Hospital,
Coombe Road,
Salisbury SP2 8BW.

Dear David,
Thank you for the invitation to join the Council's Working Party on AIDS; I should be glad to do so. Unfortunately, however, I cannot attend the meeting on 21 April as I shall be in the USA.

The subcommittee on epidemiological studies has held three meetings and although its work has not proceeded as quickly as I could have hoped, we have, I think, been able to achieve something. I am, therefore, enclosing a brief report to be included (with or without modification, as you wish) in your report to Council.

Unfortunately one of the subcommittee's scientific secretaries, Professor David Miller, has got heavily involved in the legal proceedings to obtain compensation from the Wellcome Foundation for the children who are thought to have suffered brain damage as a result of being given whooping cough vaccine, and has had to resign his post in the subcommittee and as joint head of the centre for coordinating epidemiological research on AIDS that the MRC had established.

I met with [REDACTED], Professor Adler, Dr Galbraith, and Professor Geoffrey Rose (as an independent epidemiological consultant), at 20 Park Crescent, to discuss what would be the best way of dealing with the position, and although we were not able to come to any definite conclusions at the time I found the discussions helpful and was subsequently able to put some proposals to Jim Gowans. After discussion with Jim, I had a word with [REDACTED] (who has been asked by Jim to review the opportunities open to the MRC for research into AIDS in the tropics) and I also saw David Miller, who has now told me that he thinks his involvement with the law will be over quite soon and that he is keen to continue working actively with our subcommittee on epidemiological studies.

One thing has become very clear over the last few months, and that is that there is a need for more active research to monitor the spread of infection in the population and that this would be best undertaken by the CDSC at Colindale, which is already responsible for monitoring the spread of the clinical disease and is an integral component of the PHLS. Another is that we need the advice of an epidemiologist with experience of research in the tropics. I would, therefore, like to suggest that instead of nominating one centre for coordinating epidemiological research we nominate two or three with special

cont'd

responsibilities for different fields, i.e. a centre for coordinating clinical epidemiological research under Michael Adler at the Middlesex, a centre for coordinating surveillance under [REDACTED] at CDSC, and possibly a centre for coordinating epidemiological research in the tropics under [REDACTED] at the LSH. I say 'possibly' in relation to the last, as it must depend on the advice that [REDACTED] gives after he returns from a visit to the States where he is investigating what is being done there.

We could then bring David Miller back into the picture as scientific secretary to the committee and consultant epidemiologist both to Galbraith and Adler. This is acceptable to Miller, but I have yet to find out whether it would be to the others.

Meanwhile, I should in any case like to strengthen the epidemiological expertise on the subcommittee by bringing in [REDACTED] (irrespective of whether we nominate him as heading a centre for coordinating tropical epidemiological research) and [REDACTED], who is a forceful critic and can help to get people to live up to what they have undertaken to do. He would also serve as a contact with Robin Weiss. This would make the membership rather large, but that cannot be avoided. We have needed to invite people to represent a lot of interests (physicians, obstetricians, and sociologists, as well as genito-urinary medicine and virology), and there is a danger that academic epidemiology (currently represented only by David Miller, [REDACTED] and myself) will be swamped unless we strengthen it.

Lastly, I can report only moderate success in my attempt to get the colleges to approve our ethical guidelines. I thought the discussion we had on this subject at the last meeting was most useful and that we had come up with a practicable approach, but I found considerable difficulty in selling it to the RCP and the RCOG. The former eventually gave rather half-hearted approval, while the latter required a quite major modification and even then the ethics committee of the RCOG could not guarantee that the modified suggestion would be accepted by their Council. I enclose a note on the upshot of the discussion for report at our May meeting.

As ever,



Richard Doll

encls

cc: [REDACTED]

* Q5. The involvement with the ^{case} ~~case~~ that DM envisaged now seems likely to be over sooner than the committee is he is probably seen to coincide with us.

PPS I have now learned the the purpose of the meeting of the committee is accepted to be to

14 / 4 / 86

discussion with Dr Tynnell

1. He is happy with Sir RD's suggestions in general. (letter to him of 9/4)
 2. He has also had a copy of a letter from Sir RD to Sir James in which he asks that P. Miller should be allowed to retain his post for the home behavioural post and the 2 posts for provision of statistics (but not the epidemiologist). He is not convinced of the need of this level of resources for providing statistical service and thus we should request additional information from Miller to justify this.
 3. He has no objection to [redacted] involvement so long as RD can keep him under control.
-

note.

14/4/86

discussion with Prof Adler

1. He is prepared to go along with Sir KD's latest proposals so long as CDSC are prepared to allow David Miller to have a significant input to their work.
2. He understands (from DM) that the intention is that DM should be the sole scientific secretary with a "coordinating" role, going round ensuring that the individual centres are working together and have the resources and advice that they need.
3. He is very resistant to the idea of joining the subcommittee - because of his habit of saying unrealistic and marvellous things to the public - either to the press or in "scientific" lectures. Although obviously v. bright he has a habit of going off at tangents + making unwelcome suggestions. He hasn't supposed to do any AIDS research himself. Prof Adler sees no reason why we need to continue to

pander to Robin Weiss ~~the~~ anyway.




note


5 / 4 86.


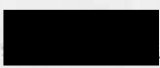
discussion with Prof Miller.

1. He is happy with suggestions so long as his role at CDSC is clearly defined and acceptable to all at Colindale.
2. He accepts that it is probably no longer appropriate for him to have the epidemiologist's role in his grant.
3. He thinks there is a good case for retaining a statistical service at MRC's where the facilities are better than at CDSC or M'ser. However he accepts that this should be looked at again once his "role" has been defined.
4. On [REDACTED] he thinks Sir RD does not expect him to contribute a great

deal to the work of S/C but the suggestion is
political - ~~to~~ ~~by~~ ~~to~~ so that he can't say
no-one listens to what he says



He also mentioned that Sir James had not
formally replied to his earlier letter - he had
assumed that Sir J wished to keep his
options open by not committing himself to
accepting ~~about~~ withdrawal. He had been
v pleased to receive the 'phone call from
 which had reassured him he had not
been forgotten. I assured him he would get
a reply to his latest letter in due course
when the position had been clarified



15 / 4 / 86

discussion with Dr Galloway

1. He is q. enthusiastic about Sir Richard Dill's latest suggestions and would welcome the opportunity of developing further links with D. Miller + with the MEC. Details would need some consideration.
2. He (like Dr Tynnell) is not convinced of the need for a statistical service at St Mary's + agreed with the notion that we should request further justification.
3. On [redacted] he thought it would probably be better to have him in the old, although he is not happy about the way he ^(Pete) talks to the press etc. For this reason he discouraged [redacted] from

getting involved in the work of COSC for fear of upsetting the clinicians who report cases.

2 Copy *LB*
7 April 1986

CONFIDENTIAL

Dear Robin

I have delayed answering your very helpful letter until I had a chance to discuss the future of the AIDS epidemiology programme with Richard Doll. This I did at the weekend on his return from abroad. May I just say that, as a result of Professor Miller giving up the chairmanship, Richard has now given a lot of thought to the structure of the programme and its management and has taken on board your suggestions.

I agree we must not take too narrow a view in implementing the remit set out in the CMO'S letter. [redacted] is taking the lead in coordinating the studies on African AIDS; and I think we should continue to encourage [redacted] to set up studies on retrovirus.

It was good of you to come and talk and I hope we may now get this difficult exercise back on the rails.

Thank you again for writing.

With best wishes,

Yours sincerely

James GOWANS

Professor R A Weiss PhD
Director
The Institute of Cancer Research
Royal Cancer Hospital
Chester Beatty Laboratories
Fulham Road
London SW3 6JE

THE INSTITUTE OF CANCER RESEARCH : ROYAL CANCER HOSPITAL

TELEGRAMS: CANCER, LONDONSW3

TELEPHONE: 01-352 8133.

Director:
PROF. R. A. WEISS, PhD.

CHESTER BEATTY LABORATORIES,
FULHAM ROAD,
LONDON, SW3 6JB.

Sir James Gowans FRS
Medical Research Council
20 Park Crescent
London W1

13th March 1986

CONFIDENTIAL

17/3/86

Dear Jim,

I appreciated the opportunity to discuss AIDS research and related topics with you two weeks ago. I am relieved to hear that the Working Party will be reconvened next month.

During our discussions, you asked me whom amongst experienced epidemiologists I would recommend as secretary to the AIDS Epidemiology Subcommittee if David Miller were unable to continue in this role. I have now given this some thought and would proffer the following names.

1. [REDACTED] (LSHTM)

He would be my first choice if the remit of the Subcommittee included AIDS in tropical countries and wished to discern and contrast the patterns of spread of the causative virus in Africa and in Western countries. He has intelligence and knowledge of both infectious disease and cancer; moreover he has the right personality to get people to work together.

2. [REDACTED] (ICR, Sutton)

He has wished to become involved in AIDS for over a year now and perhaps has the most imaginative ideas about tracking the spread of the virus. He would insist on properly controlled surveys which would annoy individual GUM clinicians but commends him to my mind.

3. [REDACTED] (San Francisco)

He is planning to spend a sabbatical with [REDACTED] on MRC AIDS epidemiology support. Although I do not know him personally, he is highly spoken of and his articles in Lancet and elsewhere have been among the most thought-provoking about AIDS. He has studied the syndrome since its appearance in San Francisco in 1981. He is said to wish to settle back in the U.K. I believe he is of a more sociological bent than [REDACTED] and [REDACTED], who are more mathematical, but that would not matter providing someone like [REDACTED] was welcomed into the fold and had some influence over the design of epidemiological studies. LSHTM might be a suitable venue if he were to settle here.

4. [REDACTED] (PHLS, Colindale)

I do not know her personally, but she is very highly thought of as an up-and-coming, medically trained epidemiologist, and would help to cement links with PHLS.

Contd....

Having seen Donald Acheson's letter to you, I would reiterate more strongly than before that someone with a deep knowledge of retroviruses be invited to join the Epidemiology Subcommittee. Last August, I suggested the names of [REDACTED] or [REDACTED] to Richard Doll. If these people are considered unsuitable or are overcommitted, [REDACTED] (Glasgow) or [REDACTED] or [REDACTED] (both at ICRF) might be considered.

The minutes of the DHSS Expert Advisory Group on AIDS (meeting of 15 January 1986) really do make it clear that DHSS would welcome any suggestions from MRC as to how its objectives in furthering our understanding of AIDS and its transmission might be improved. Therefore I do not think that MRC should take too narrow a view of the specific questions tabulated in the CMO's letter.

You also asked me whether it would be a good idea for NIMR to invest in retrovirus research. If I were to advise the MRC as a whole (for which Fred Brown's Virology Review Committee is the appropriate forum), I would recommend the MRC Virology Unit in Glasgow as a place to build on local veterinary retrovirus strength to pursue human and molecular retrovirus studies. From a purely selfish point of view, however, I would welcome it at NIMR, where I should like to develop close links, particularly when I relinquish the ICR directorship.

With kind regards,

Yours sincerely,

Robin

R A Weiss

[REDACTED]

IMPERIAL CANCER RESEARCH FUND

Cancer Epidemiology and Clinical Trials Unit
UNIVERSITY OF OXFORD

Director: M.C. PIKE, Ph.D.
Telephone: (0865) 53762

Gibson Building
The Radcliffe Infirmary
Oxford OX2 6HE

11 April 1986

RD/CH/3

[REDACTED]
Medical Research Council,
20 Park Crescent,
London W1N 4AL.

Dear [REDACTED]

I'm sorry to be writing you so many letters, but I am trying to clear my desk of the most important items before leaving for the States.

I write now (a) to thank you for the very helpful and accurate note of the office meeting we had on 25.3.86 and (b) to suggest that one small item conflicted with my memory of what was said: namely, that [REDACTED] was not known to have any significant epidemiological experience but was, in any case, committed etc.

Yours, as ever
[Signature]

Richard Doll

P.S. Since writing the above I have received your letter dated 1 April. We seem to be in full agreement as to what should be done.

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The Radcliffe Infirmary
Oxford OX2 6HE

11 April 1986

RD/CH/4

Dr A.D. Acheson,
Chief Medical Officer,
Department of Health & Social Security,
Alexander Fleming House,
Elephant and Castle,
London EC1.

Dear Donald,

I should be most grateful for your advice on one aspect of the work we are trying to stimulate on AIDS: namely, the ethics of examining blood for sero-positivity. I enclose a copy of a note which represents the position we reached on the Epidemiological Subcommittee and which I have put to the Ethics Committees of both the RCP and the RCOG. After some discussion the RCP committee agreed to support our position, but the RCOG committee did not - the furthest it would go was to accept that the examination of unidentified serum was permissible so long as there was a public statement to the effect that it was being examined, probably including notices stuck up in antenatal clinics if random samples of blood taken for other purposes were to be examined.

To make matters worse I have now heard that the MDU is advising laboratories that they can't test unidentified serum as, if any is found to be positive, the individual must be warned!

The position that many people seem to be taking up is, therefore, that you can't take blood for the purpose of testing without an individual's consent to his and his medical attendants being informed if it is positive (with which I think we all agree) but equally that you can't examine blood that has been taken for other purposes without the individual's consent as you would have to tell him if it was positive.

One way and another this makes it almost impossible to keep an eye on the rate at which infection is spreading in the general population - something which I regard as vital in the national interest as if it is going to spread like an ordinary venereal disease and have a high fatality, people must be warned persistently and loudly.

The RCOG committee (God bless it) said everything would be solved if the DHSS issued an edict that unidentified blood was to be examined, but that seems to me to put a burden on the politician's shoulders which he would be very unlikely to accept.

What do you think?

cont'd

11 April 1986

I am leaving for the USA on 17 April and will be away until 3 May. Our next subcommittee meeting is on 20 May.

Incidentally, I think we are slowly overcoming the misunderstandings and downright opposition which we had initially. Part of it was my fault for not having had adequate initial consultation with PHLS. We have, however, been presented with an opportunity for restructuring and I expect to be putting forward proposals to the meeting on 20 May which all the principals concerned have approved. Meanwhile some useful work has been stimulated but it has progressed less rapidly than I would have hoped.

As ever,



Richard Doll

encl

C S 2 Cape

IMPERIAL CANCER RESEARCH FUND

Cancer Epidemiology and Clinical Trials Unit
UNIVERSITY OF OXFORD

Director: M.C. PIKE, Ph.D.
Telephone: (0865) 53762

Gibson Building
The Radcliffe Infirmary
Oxford OX2 6HE

11 April 1986

RD/CH/1

14/4
Sir James Gowans,
Medical Research Council,
20 Park Crescent,
London W1N 4AL.

Dear Sir,

Epidemiological Subcommittee on AIDS

Since talking to you at Easter, I have been able to see David Miller and to talk to [REDACTED], Michael Adler, and [REDACTED], and am happy to say that the plan I have worked out seems to be not only acceptable to but welcomed by all of them. I have also discussed our research problems with [REDACTED]. What, therefore, I wish to propose (and have written to suggest to David Tyrrell) is that we should

(i) accept David Miller's resignation as co-head of a national centre for coordinating epidemiological research, but ask him to stay on the committee as its sole scientific secretary and epidemiological consultant to Michael Adler and Spence Galbraith.

(ii) call Michael Adler's centre a centre for coordinating clinical epidemiological research into AIDS.

(iii) ask [REDACTED] to head a centre for coordinating surveillance of AIDS with D.M. as consultant epidemiologist, and

(iv) subject to [REDACTED]'s approval when he returns from the States, to ask [REDACTED] to head a centre for coordinating tropical epidemiological research into AIDS.

Meanwhile we should ask both [REDACTED] and [REDACTED] to join the committee to strengthen its epidemiological expertise and (I would hope) open a channel of communication with Robin Weiss.

Such a rearrangement, which seems to me sensible as well as politic, would involve some redistribution of the core support. Adler's would remain (indeed we have no justification for removing it). Miller's, however, presumably lapses with his resignation except for the $\frac{1}{2}$ -time sociologist who has already been appointed. I would hope, however, and indeed strongly urge, that he might be allowed to retain the funds for a statistician and a secretary (who would be available under his direction for working with Adler and Galbraith and assisting

cont'd

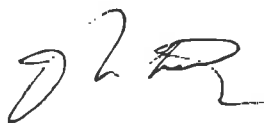
11 April 1986

with analysis of data provided by the Haemophilia and Transfusion directors' committees) although he would abandon the epidemiological appointment.

██████████ ought not to need non-professional support, but as the work develops (and I hope it will increase substantially) he may need a young scientist to work with him.

I am leaving for Washington and Boston on 17 April and won't be back until 3 May, but my secretary will have my phone numbers if the office wants to get hold of me for any reason.

As ever,



Richard Doll

P.S. The above all sounds rather more bureaucratic than scientific but I think it would lay the foundation for considerable improvement in the work which incidentally has developed to some extent (tho' not as rapidly as I would have liked) in the last 6 months.

My main worry for the future is now the narrow interpretation of what it is ethical to do. I am writing to Donald Acheson about this and will send you a copy of my letter to him.

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11 April 1986

RD/CH/4

Dr A.D. Acheson,
Chief Medical Officer,
Department of Health & Social Security,
Alexander Fleming House,
Elephant and Castle,
London EC1.

Dear Donald,

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The RCOG committee (God bless it) said everything would be solved if the DHSS issued an edict that unidentified blood was to be examined, but that seems to me to put a burden on the politician's shoulders which he would be very unlikely to accept.

What do you think?


cont'd

11 April 1986

I am leaving for the USA on 17 April and will be away until 3 May. Our next subcommittee meeting is on 20 May.

Incidentally, I think we are slowly overcoming the misunderstandings and downright opposition which we had initially. Part of it was my fault for not having had adequate initial consultation with PHLs. We have, however, been presented with an opportunity for restructuring and I expect to be putting forward proposals to the meeting on 20 May which all the principals concerned have approved. Meanwhile some useful work has been stimulated but it has progressed less rapidly than I would have hoped.

As ever,



Richard Doll

encl

MONITORING THE SPREAD OF INFECTION WITH HTLV3

Evidence of infection with HTLV3 can now be obtained by examination of human serum several years before the development of the Acquired Immune Deficiency Syndrome (AIDS). The serum tests now used are highly reliable except in the first few weeks (or possibly months) after infection, when false negative results may be obtained. False positive results, in contrast, should practically never occur when the results are checked in a specialist laboratory. We have, therefore, the possibility of monitoring the spread of infection by serum tests which will provide evidence of the spread of the disease in different population groups long before it could be measured by the notification of clinical cases. In the opinion of the MRC's epidemiological subcommittee on AIDS, such monitoring is an urgent national necessity, as it is now almost certain that infection can be spread, like other venereal diseases, by normal heterosexual intercourse, although perhaps not very easily.

Such monitoring can be carried out in two ways. First, by testing samples of serum obtained specifically for the purpose; secondly, by testing aliquots of serum obtained for other purposes.

The first technique (type A) will have to be adopted if it is sought to monitor the spread of infection in such groups as the sexual partners, family contacts, and health care attendants of infected haemophiliacs. The second (type B) could be adopted if it is sought to monitor the spread of infection in the general population by testing the sera of pregnant women.

The epidemiological sub-committee of the MRC's Working Party on AIDS considered the ethical implications of both types of study at its meeting in February and concluded that in the first case, blood samples would be taken and tested only if the subject was told about the purpose of the study and his or her consent was obtained for (i) the performance of the test, and (ii) the result to be reported both to the subject and to his (or her) medical adviser.

In the second case, however, the committee concluded that samples could be tested in a central laboratory, without the subject's consent, on condition that: (i) the samples were not identified by name, and (ii) the clinician who supplied the sample was not notified of the result. The object of the work would be to obtain early warning of the spread of infection in the general population and the policy of not reporting back to the clinician would be justified only so long as the prevalence of infection was very low. Should the prevalence be found to be increasing to a worrying degree, the policy would have to be reconsidered. Clinicians might then need to be advised that a material risk of infection existed and patients' permission for investigation would need to be obtained as with the type A studies described above.

Consideration was given to the possibility of reporting to responsible clinicians positive results of tests on blood, for which the subject's consent had not been obtained, but it was concluded that this would put the clinician in an intolerable position and was impracticable.

The studies that the epidemiological subcommittee is now seeking to carry out include the following:

Type A

(i) A study of the prevalence of infection in members of the family of infected haemophiliacs and in the patients' medical attendants, with tests repeated at regular intervals.

Type B

(i) A study of the prevalence of infection in a random sample of women attending antenatal clinics throughout the country.

(ii) A study of the prevalence of infection in patients suspected of having glandular fever. This will provide evidence of (a) the prevalence in a normal group of sexually active young people, (b) the possibility of clinical confusion between glandular fever and the acute response to HTLV infection, and (c) the possibility that the presence of one infection might interfere with the detection of the other.

Several proposals have been received for detailed investigation of the sexual practices of infected men and women which can be related to the development of infection by their partners and it would be very helpful if the College's committee would be willing to comment on these at a later date, as some of them (e.g. studies of haemophiliacs) will of necessity involve subjects in a large number of health districts.

c.s. 2 Cope



St. Mary's Hospital Medical School

(University of London)

Academic Department of Community Medicine

Professor D.L. Miller, MD FRCP FFCM

Praed Street
London W2 1PG
01-725 1673

10th April, 1986

1414

Sir James Gowans,
Secretary,
Medical Research Council,
20 Park Crescent,
London W1N 4AL.

Dear Sir James,

Further to my letter of 27th February and following a conversation with Sir Richard Doll earlier this week, I am writing to bring you up to date on my future availability for active participation in the work of the AIDS Epidemiology Sub-Committee. As expected, the pertussis vaccine litigation has diverted most of my time and energy in the last few weeks but the case has now opened and I expect to be called to give evidence next month. After that I should be clear of major commitments in this direction and, if you feel I could contribute to the AIDS epidemiology work thereafter, I should be glad to do so.

It is clear from my discussion with Sir Richard that the plan for organising this work as originally intended has proved to be unsatisfactory in some respects, but we spoke about a possible new way round the difficulties and how I might fit into the programme, which no doubt he will be discussing with you. I need do no more than indicate my general assent to Sir Richard's proposals. However, if I am to play a significant rôle, my need for staff support will remain, and I hope it would be possible for me to retain the basic support already committed to my Department by the MRC.

I look forward to hearing from you and, I hope, being able to make some contribution in this important subject.

Yours sincerely,

David L. Miller

c.c. Sir Richard Doll

Informal meeting to discuss future arrangements for the National Coordinating Centre for Epidemiological Studies of AIDS held on 25.3.86 at 1.45 p.m.

Present: Sir Richard Doll
Professor M W Adler
Dr N S Galbraith
[REDACTED]
[REDACTED]

Sir Richard summarised the background to the setting up of the coordinating centre: the request from DHSS, the availability of Health Department funds and the remit of the Subcommittee of the AIDS Working Party which had been set up. The notion of a centre run jointly at the Middlesex and St Mary's Hospitals by Professor Adler and Professor Miller now had to be reconsidered in the light of Professor Miller's request to withdraw from the work. The purpose of this meeting was to review the original rationale for the centre as it had been set up and to consider the options for the future.

Professor Adler said that Professor Miller now expected that the problems which had precipitated his resignation would be over sooner than he had thought. He now hoped that he would be able to resume a role in the AIDS programme within a matter of weeks.

Sir Richard said that with hindsight, he thought that CDSC should have been given a higher profile in the work of the Subcommittee and he now wished to rectify this. Sir Richard had also asked Professor Rose to consider whether the School of Hygiene (LSHTM) could make a contribution to the work of the Subcommittee. [REDACTED] had discussed this with a number of colleagues and they had agreed that no single person was at present able to commit a large proportion of his time to such work. It might however be possible for a consortium of people, including perhaps himself, [REDACTED] to provide some general epidemiological input although there were a number of details which would need to be considered first:

- (i) the role of individuals and centres in the overall effort would need to be clearly defined;
- (ii) the group at LSHTM would wish to be assured that other interested parties were happy about their involvement;
- (iii) the right balance would need to be struck between individuals acting as independent scientists and as agents of the Subcommittee;
- (iv) CDSC should be more intimately involved than hitherto.

The suggestions made by Professor R Weiss in a letter to Sir James were discussed briefly. Dr [REDACTED] was acknowledged by all to be well suited to some sort of role although the time he had available would be limited. [REDACTED] had been considered previously and there were doubts about his ability to secure cooperation. [REDACTED] was to be involved anyway as a visiting scientist at the Middlesex Hospital, but as he would only be in the UK for a year, it would not be prudent to give him a more major role. [REDACTED] was acknowledged to be a competent young epidemiologist but was heavily committed to planning trials of new whooping cough vaccines, especially now that David Miller had relinquished that role also.

Following this discussion, Sir Richard put a proposition to the group, namely, that a single 'coordinating centre' should be set up at LSHTM with

██████████ as Chairman and three members to cover different aspects of work: ██████████ for genitourinary medicine, ██████████ for surveillance and ██████████ for work in the tropics. ██████████, however, did not feel that he could devote sufficient time to an exercise which would give him such a high profile, neither did he think it wise politically as he had not hitherto been involved in AIDS research. As an alternative, it was suggested that the main focus should be at CDSC rather than LSHTM with Sir Richard as Chairman, but this was not greeted with enthusiasm. ██████████ was concerned to clarify the role of his group at the Middlesex since he did not wish to reduce the level of his own commitment even though ██████████ had withdrawn.

No clear conclusion was reached and participants agreed to consider further how the situation should be resolved. Sir Richard Doll agreed to formulate an alternative proposal for consideration with Sir James Gowans.

Postscript

Sir Richard Doll returned to the office later in the afternoon, having fulfilled an engagement at the Royal College of Physicians, to discuss the issues further with ██████████. It was suggested that the major part of the coordination function might best reside with the Subcommittee. There would then be a series of collaborating centres for conducting research in the field and providing statistical support and epidemiological advice. This might help to overcome the difficulty of individual scientists having an ill-defined 'coordinating' role and surrendering their independence as scientists to the Subcommittee.

PRESS RELEASE

Alexander Fleming House
Elephant and Castle
London SE1 6BY

Telephone 01-407 5522

86/244

24 July 1986

ENCOURAGING RESULTS FROM AIDS CAMPAIGN, GOVERNMENT'S CHIEF
MEDICAL OFFICER SAYS

Encouraging research results have emerged from an interim study on the Government's public information campaign on AIDS, Sir Donald Acheson, the Government's Chief Medical Officer, revealed today: some 94 per cent of people interviewed believe it right that the Government should be running the campaign to prevent the spread of AIDS (Acquired Immune Deficiency Syndrome) and allay public fears about how people catch the disease.

"The research has also shown that an appreciable number of respondents to the research study on our campaign - about one quarter - did see our advertisements in the national press during March and April," Sir Donald said. "This is good news. It is a much higher figure than we would normally expect following press advertising. In addition, most of the people who were interviewed said they found our advertisements easy to understand and thought they provided some useful new information on AIDS. They also believed that our campaign would persuade people to change their behaviour so they were less at risk from AIDS. But I must emphasise that there is no room for complacency. This is only the beginning of what will have to be a continuing campaign. Success can only be measured by the extent to which people actually do change their behaviour and stop putting themselves and others at risk. This is the only way we can fight this killer disease."

The findings come from an interim report produced for the DHSS by the British Market Research Bureau (BMRB) on attitudes to the AIDS disease and to the Government's public information campaign on AIDS in this country. Approximately 1,400 adults aged 18 to 64 years were interviewed in their homes and 450 men were interviewed in gay bars or clubs during February and April of this year for the survey. A final report will be produced later on in the campaign after more research is conducted.

"There can be little doubt that a general improvement in people's knowledge and attitude towards AIDS is taking place." Sir Donald continued. "This trend began well in advance of our campaign, although our research study has recorded some changes in perception and attitude between the February and April interviews. It is encouraging to note that these were all in the direction we would wish to see. We would hope that the next stage of our research, to be carried out later this year, will pick up further positive changes in people's awareness about AIDS and the ways in which the infection can be transmitted."

Sir Donald commented that the research had also shown the majority of people still thought there was a lot of confusing advice about AIDS around: "This is one reason why we have this week launched a further round of national newspaper advertising as a part of our public education campaign. We have to dispel the myths. But even more important we must continue to bring home to people what the real dangers are so that they know how to avoid taking unnecessary and avoidable risks which could lead to their deaths or the deaths of others. The campaign is also

being conducted through voluntary bodies such as the Terrence Higgins Trust and the Standing Conference on Drug Abuse who are able to give more specialised information, advice and counselling to groups who are particularly at risk. Other means of carrying forward the campaign are being actively pursued."

NOTES FOR EDITORS

1. AIDS, the Acquired Immune Deficiency Syndrome, is caused by an infection with the virus HIV (HTLVIII/LAV). Although not everyone who has the virus develops the clinical syndrome of AIDS, for which there is no cure, everyone who has the virus can pass it on, even if they feel and look perfectly well. There have been 362 cases of AIDS in the UK to the end of May 1986, with most of these being male homosexuals and bisexuals. So far, just over half of these cases have died. The number infected with the virus in the UK is unknown, but could be in the order of 20,000. At least 10 to 20 per cent of these might be expected to develop AIDS. An increasing proportion of those infected are intravenous drug abusers. We are alert to the possibility of increasing numbers resulting from heterosexual contact, as in some parts of the world (eg central Africa) this is the normal mode of transmission. With no cure available, behavioural modification is the only hope of controlling this disease.

2. Public information campaign details: £1/2 million allocated for 1985/86 and £2 million for 1986/87. Press advertisements in national newspapers 16/17 March and 6/7 April and in other selected publications. Financial support for Healthline telephone service, HEC booklet and voluntary organisations in this field (eg Terrence Higgins Trust and the Standing Conference on Drug Abuse (SCODA)) to support their information campaigns.



DEPARTMENT OF HEALTH & SOCIAL SECURITY
Alexander Fleming House, Elephant & Castle, London SE1 6BY
Telephone 01-407 5522 ext 7442
From the Chief Medical Officer

Dr M Godfrey
Medical Research Council
20 Park Crescent
LONDON W1N 4AL

13 March 1986

13/3
Dear Malcolm,

AIDS ADVERTISING CAMPAIGN

I attach, for your information, a copy of the final proof of the first advertisement on AIDS which will be appearing in the national press on Sunday 16th and Monday 17th March. Copies are being released to the press by Ministers this afternoon.

Also attached is a copy of the HEC leaflet on AIDS to which the advertisement refers.

Yours sincerely

E D ACHESON
DM FRCP FRCM FRCM

ARE YOU AT RISK FROM AIDS?

AIDS is a serious disease. Not all the information available has been entirely accurate, so many people are confused about who is at risk, how the disease is spread and how dangerous it is.

To explain the facts entirely, it is necessary to describe certain sexual practices. These may shock but should not offend you as we are talking about an urgent medical problem.

Please read this carefully. It is up-to-date and authoritative. It is only by knowing the true facts about AIDS that we can hope to control the spread of this disease. This requires an effort by all of us.

Donald Acheson

DR DONALD ACHESON

Emmerton

DR G. CRUMPTON

A. S. Macdonald

DR A. S. MACDONALD

R. J. Wier

DR R. J. WIER

CHIEF MEDICAL OFFICERS TO THE HEALTH DEPARTMENTS OF THE UNITED KINGDOM

WHAT IS AIDS?

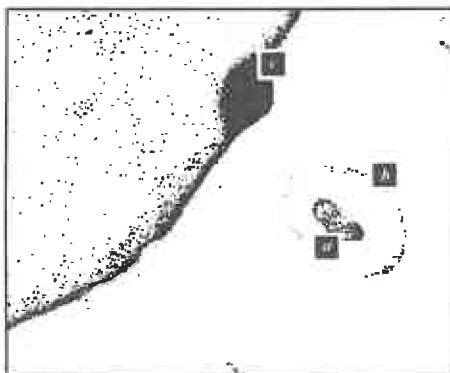
AIDS stands for Acquired Immune Deficiency Syndrome.

It is caused by a virus that attacks the body's natural defence system.

This is why some people who have the virus can fall prey to infections and other illnesses which rarely trouble healthy people.

Not everyone who carries the virus develops AIDS. But, anyone who has the virus can pass it on.

At present there is neither a vaccine to prevent people catching the virus nor a cure for those who develop AIDS.



a AIDS nucleoid containing the biological message in a case of damage
b Lipid membrane, very fragile. Packages virus and allows movement between cells. c Helper cell, white cell.

IS AIDS SPREAD THROUGH NORMAL CONTACT WITH OTHER PEOPLE?

AIDS is caused by a virus which is spread by having sex with an infected person or by injection of contaminated blood.

So normal social contact with a person who carries the virus such as shaking hands, hugging and social kissing

carries no risk. Nor does being at school or at work with infected people.

DOES AIDS ONLY AFFECT HOMOSEXUALS?

NO.

IS AIDS SPREAD BY OBJECTS TOUCHED BY INFECTED PEOPLE?

No-one has ever become infected from toilet seats, door knobs, clothes, towels, swimming pools, food, cups, cutlery or glasses.

ARE BLOOD TRANSFUSIONS SAFE?

Before the virus was discovered, there was a very small risk from blood transfusions. Now all blood donations are screened for the infection. Any blood found to be infected is rejected.

The process of giving blood is not and never has been risky. All the equipment at blood donation centres is sterile and used once only.

HOW IS AIDS SPREAD?

In two ways.

☐ The virus spreads mostly through sexual intercourse with an infected person.

☐ It is also spread if an infected person's blood gets into someone else's blood. The major risk of this happening is to drug users who share needles or other equipment.

☐ Babies of infected mothers are also at risk, in the womb, during birth, or from breast milk.

HOW DO YOU KNOW IF YOU ARE AT RISK?

Injecting drug users are at risk if they share needles or other equipment. By far the best solution is not to inject at all. Those who persist, should not share equipment.

However, the major risk of infection is through sex.

The more sexual partners someone has the more likely they are to have sex with an infected person.

Cutting down on casual relationships cuts down the risk.

The next line of defence is to know what is safe sexual practice and what is not.

WHAT IS SAFE SEX?

☐ Any sex between two people who are uninfected is completely safe.

☐ Hugging, squeezing and feeling are all safe with anyone.

WHAT IS RISKY SEX?

☐ Sexual intercourse with an infected person is risky.

☐ Using a sheath reduces the risk of AIDS and other diseases.

☐ Rectal sex involves the highest risk and should be avoided.

☐ Any act that damages the penis, vagina, anus or mouth is dangerous, particularly if it causes bleeding.

☐ Intimate kissing with an infected person may be risky.

WHAT OF THE FUTURE?

Doctors and scientists around the world are searching urgently for a vaccine or cure.

No-one can predict when this might be found, but it is almost certain it will take some time yet.

But AIDS can be controlled by reducing the spread of infection.

These facts show how it can be done.

MORE INFORMATION

For the booklet on AIDS, containing more detailed information and advice, write to Dept A, P.O. Box 100, Milton Keynes MK1 1TX.

Or call in strict confidence

THE HEALTHLINE
TELEPHONE SERVICE:
01-981 2717,
01-981 7222 or
0345 361151.

If you are calling from outside London, use the 0345 number and you will be charged at local rates.

DON'T AID AIDS

C882

MRC

Medical Research Council
20 Park Crescent, London W1N 4AL

telegrams Medresco London W1
telex 24897 (Medresco London)
telephone 01-636 5422

Your reference

Our reference

18 March 1986

Dear Sir Richard

AIDS meeting 25/2/86

You may know that Sir James invited Robin Weiss in recently to talk about the dissatisfaction he had been voicing on Council support for AIDS research. In the spirit of encouraging a positive contribution Sir James asked him for suggestions as to how improvements might now be made. Having had time to reflect, Robin has sent the attached letter with suggestions both for people we might consider involving instead of David Miller and for strengthening virological input to your Subcommittee should the work go beyond serological study of the virus (eg into virus isolation work).

I have told Robin of our meeting next week and obtained his consent for sending you a copy of his letter, so that you may have the opportunity of considering his suggestions in advance.

With best wishes

Yours sincerely

[Redacted signature]

[Redacted name]

Sir Richard Doll OBE MD DSc FRCP FRS
12 Rawlinson Road
Oxford
OX2 6UE

THE INSTITUTE OF CANCER RESEARCH : ROYAL CANCER HOSPITAL

TELEGRAMS: CANCER, LONDONSW3

TELEPHONE: 01-352 8133.

Director:
PROF. R. A. WEISS, PhD.

CHESTER BEATTY LABORATORIES,
FULHAM ROAD,
LONDON, SW3 6JB.

Sir James Gowans FRS
Medical Research Council
20 Park Crescent
London W1

13th March 1986

CONFIDENTIAL

Dear Jim,

I appreciated the opportunity to discuss AIDS research and related topics with you two weeks ago. I am relieved to hear that the Working Party will be reconvened next month.

During our discussions, you asked me whom amongst experienced epidemiologists I would recommend as secretary to the AIDS Epidemiology Subcommittee if David Miller were unable to continue in this role. I have now given this some thought and would proffer the following names.

1. [REDACTED] (LSHTM)

He would be my first choice if the remit of the Subcommittee included AIDS in tropical countries and wished to discern and contrast the patterns of spread of the causative virus in Africa and in Western countries. He has intelligence and knowledge of both infectious disease and cancer; moreover he has the right personality to get people to work together.

2. [REDACTED] (ICR, Sutton)

He has wished to become involved in AIDS for over a year now and perhaps has the most imaginative ideas about tracking the spread of the virus. He would insist on properly controlled surveys which would annoy individual GUM clinicians but commends him to my mind.

3. [REDACTED] (San Francisco)

He is planning to spend a sabbatical with [REDACTED] on MRC AIDS epidemiology support. Although I do not know him personally, he is highly spoken of and his articles in Lancet and elsewhere have been among the most thought-provoking about AIDS. He has studied the syndrome since its appearance in San Francisco in 1981. He is said to wish to settle back in the U.K. I believe he is of a more sociological bent than Smith and [REDACTED], who are more mathematical, but that would not matter providing someone like [REDACTED] was welcomed into the fold and had some influence over the design of epidemiological studies. LSHTM might be a suitable venue if he were to settle here.

4. [REDACTED] (PHLS, Colindale)

I do not know her personally, but she is very highly thought of as an up-and-coming, medically trained epidemiologist, and would help to cement links with PHLS.

Contd....

Having seen Donald Acheson's letter to you, I would reiterate more strongly than before that someone with a deep knowledge of retroviruses be invited to join the Epidemiology Subcommittee. Last August, I suggested the names of [REDACTED] or [REDACTED] to Richard Doll. If these people are considered unsuitable or are overcommitted, [REDACTED] (Glasgow) or [REDACTED] or [REDACTED] (both at ICRF) might be considered.

The minutes of the DHSS Expert Advisory Group on AIDS (meeting of 15 January 1986) really do make it clear that DHSS would welcome any suggestions from MRC as to how its objectives in furthering our understanding of AIDS and its transmission might be improved. Therefore I do not think that MRC should take too narrow a view of the specific questions tabulated in the CMO's letter.

You also asked me whether it would be a good idea for NIMR to invest in retrovirus research. If I were to advise the MRC as a whole (for which Fred Brown's Virology Review Committee is the appropriate forum), I would recommend the MRC Virology Unit in Glasgow as a place to build on local veterinary retrovirus strength to pursue human and molecular retrovirus studies. From a purely selfish point of view, however, I would welcome it at NIMR, where I should like to develop close links, particularly when I relinquish the ICR directorship.

With kind regards,

Yours sincerely,

R A Weiss

R A Weiss

Note for fileMeeting between Sir James Gowans and Professor R. Weiss 26.2.86

Professor Weiss came into the office to talk to Sir James about the concerns he had about Council initiatives on epidemiological studies of AIDS.

Professor Weiss summarised the points he had raised in correspondence with Dr Tyrrell and in earlier discussion with the Office. The main items were:

- (i) the hurt caused by taking initiative away from those who had worked hard to promote AIDS research;
- (ii) a disproportionate amount of money was now earmarked for 'epidemiological studies' in comparison with that available for other AIDS research;
- (iii) the Working Party had not been kept sufficiently informed, and it was inadvisable for the Subcommittee to bypass the Working Party and report directly to the Board(s);
- (iv) St Stephen's Hospital was in danger of being left out of the coordination;
- (v) the Subcommittee was not aware of some of the work already under way on epidemiology.

Sir James explained, in some detail, the background to the action that had been taken including:

- (i) the original written request from Dr Acheson (which was shown to Professor Weiss) spelling out very specifically information which was required about transmission of the infection;
- (ii) the meeting in July between Dr Acheson and MRC representatives and the approach to Sir Richard Doll;
- (iii) the subsequent meeting at which it was agreed that the work could not be supported from the Council's grant-in-aid and additional funds would need to be made available by the Health Departments;
- (iv) the involvement of Professor Miller on advice from Dr Acheson and Sir Richard as to his standing as an infectious disease epidemiologist.

Sir James also emphasised that the Health Departments' money was very clearly earmarked for epidemiology and not available for research on any aspect of AIDS as Dr Acheson had recently suggested.

Professor Weiss raised the suggestion of an MRC Unit on AIDS to be based at

St Mary's under [REDACTED] direction. In discussion it was not clear what the case for this was. It was agreed that this would not have been the best way to respond to Dr Acheson's request.

Professor Weiss said that he was considering renouncing his MRC grant because he did not want his seroepidemiological studies to be run by the Subcommittee, but wished to retain independence. This point was not resolved explicitly although he did seem to be adopting a more positive view generally towards the end of the discussion.

Sir James asked what additional virology was needed; for example if (for the sake of argument) a certain amount of money was earmarked, would there be much competition? It seemed not. He had already said that neither he nor [REDACTED] wished to apply for additional support (in fact they had been offended by our exhortations to so do!). Professor Weiss was surprised to learn that [REDACTED] planned to set up a retrovirus laboratory at NIMR - he thought the field was already well covered by other laboratories around the country.

Professor Weiss suggested that a true retrovirologist should be recruited onto Sir Richard Doll's Subcommittee. This came as a surprise as he had previously said (on two separate occasions) that he thought that [REDACTED] could deal quite adequately with the virology.

Finally he suggested that it would be helpful to ensure that the Coordinating Centre adopts a tactful approach in its dealings with other research groups so that the latter do not feel they are being 'taken over'.

[REDACTED]

Draft

Note for file

Meeting between Sir James Gowans and Professor R Weiss 26.2.86

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Professor Weiss summarised the points he had raised in correspondence with Dr Tyrrell and in earlier discussion with the Office. The main items were:

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Finally he suggested that it would be helpful to ensure that the Coordinating Centre adopts a tactful approach in its dealings with other research groups so that the latter do not feel they are being 'taken over'.

You asked me to prepare a note for Sir James on the implications of Professor D L Miller's withdrawal from activities on whooping cough and AIDS. In the absence of [REDACTED] on leave I am passing this directly to you.

1. Whooping cough vaccines

Professor Miller has already spoken to [REDACTED], Chairman of CDVIP, about his intention to resign from the Subcommittee on Whooping Cough Vaccines of which he is Chairman. I think it likely that [REDACTED] himself will take the chair at the meeting on 17 March. [REDACTED] plans to approach Dr Don Reid (Director of the Scottish Communicable Disease Unit), who is already a member, to see if he would take it on for the longer term. This would depend on whether he can make the commitment in time. The alternative would be Professor H P Lambert though [REDACTED] is reluctant to approach him [REDACTED]. If it becomes necessary to ask Professor Lambert it might be possible to delay till autumn when he comes off the Systems Board. So far as trials are concerned, the main focus will be with [REDACTED] at CDSC Colindale with laboratory work at CAMR Porton ([REDACTED]) and NIBSC ([REDACTED]). It should therefore be possible for the work to proceed much as planned. If there are difficulties associated with Professor Miller's departure, they should become clear at the forthcoming meeting, and I shall be able to brief you thereafter.

2. AIDS

I understand from informal discussion with Professor Miller last week that he wishes to resign as joint Scientific Secretary of the Working Party's Subcommittee on Epidemiological Studies and will no longer be able to take a leading role [REDACTED] or in initiating research. [REDACTED]

[REDACTED] He hopes to maintain a collaborative relationship with Professor Adler at the Middlesex, although this will not be very active in the short-term because of the time he must devote to the court case. I believe (though I have not seen his recent letter) that he does not wish to resign from membership of the Subcommittee at this stage.

Professor Miller had discussed his problems with Sir Richard Doll before last week's meeting of the Subcommittee. Sir Richard briefed Dr Tyrrell and I on the developments before our meeting and suggested that we should convene a small group to consider the changes that would be necessary in the operation of the Subcommittee and the Coordinating Centre.

Contd/....

Li Jones 7/3

Please keep me informed.

We agreed to arrange a meeting as soon as possible after Sir Richard's return from the USA which would be attended by:

Professor M W Adler (representing the Coordinating Centre)
Dr N S Galbraith (CDSC)

[REDACTED]
[REDACTED]
Sir Richard Doll

Dr Tyrrell will be away in Australia and unable to attend. Sir Richard hopes that it may be possible to involve an epidemiologist from the London School of Hygiene and Tropical Medicine (LSHTM) as a replacement for Professor Miller, particularly as they have an interest in African AIDS.

[REDACTED] will therefore be asked to advise initially and would perhaps nominate someone who might be appropriate for more detailed involvement. I was not able to discuss a detailed agenda for this meeting with Sir Richard before he left, though I know he is keen that the opportunity should be taken to substantially reduce Professor Miller's role (and his grant). At the same time, the roles of CDSC, the Middlesex and LSHTM in the work of the Subcommittee will need to be clearly defined. This will need careful handling in view of the resentment that has been caused in some quarters by our earlier initiatives. The Subcommittee were not informed of the change in circumstances at their meeting last week because we (Sir Richard, Dr Tyrrell and I) thought that we needed time to consider our options and have alternative arrangements with which to present them before doing this. I will be briefing some members in the context of convening our meeting, and the Board, the main Working Party and the Subcommittee will be informed of the outcome of the meeting, ^(and we consulted as appropriate) In the meantime the work of the Subcommittee is proceeding; a number of applications for special project grants to the Systems Board and TMRB are in the pipeline.

Sir Richard Doll returns from USA on 14 March, so would presumably be available in Oxford over the weekend of 15th/16th. We plan to convene our meeting between then and the end of the month.

[REDACTED]
cc [REDACTED] - to await return

36b/06

* likely date: 25 March
+ he has agreed to do this.

Registry

Desk:

File No.

(Please give series or file number where you can)

(1) Please file and return

(2) Please file and pass to

(3) Please file away

Signed :-

Date :

1/5



REDACTED



REDACTED

24 January 1986

Dear Dick,

Before going on [REDACTED] wrote and asked if we could provide a draft reply to a letter which Sir Keith Joseph had received from the Secretary of State for Wales. I now enclose a draft.

Yours sincerely,

[REDACTED]

R P Norton, Esq.
Department of Education and Science
Elizabeth House
York Road
London SE1 7PH

enc

DRAFT - 24.1.86

Dear [REDACTED]

AIDS

I was very pleased to hear that you are prepared in principle to contribute to the funding of the national centre for co-ordination of epidemiological research on AIDS which has been set up by the Medical Research Council.

As you know, the Council have taken this initiative in response to a request from the Chief Medical Officer of DHSS. A sub-committee of the Council's Working Party on AIDS has been set up to review existing research on the epidemiology of AIDS and to identify the additional work needed to establish the modes of transmission of the AIDS virus and the risks attached to different forms of sexual and other contact. The co-ordinating centre will provide a focus for the sub-committee's work in the field; it will also provide advice and facilities to research workers planning or undertaking epidemiological studies of AIDS.

The co-ordinating centre is located jointly at the Middlesex and St Mary's Hospital Medical Schools where there has already been considerable experience with AIDS patients. Staff at the centre will work closely with the Public Health Laboratory Service, the Blood Transfusion Service and the directors of Haemophilia Centres - and all are represented on the sub-committee. It is expected that during the first year, projects will be launched on heterosexual transmission of HTLV-III virus infection in a number of population groups; the possible transmission of AIDS through casual household contact; the establishment of an effective monitoring system for HTLV-III antibody prevalence in order to provide early warning of spread among previously uninfected groups; and studies of sexual behaviour in homosexual men and its possible modification in response to health education advice. The planning of a number of these studies is already under way.

cont.../

The Council are at present preparing a more detailed statement of the centre's aims which will be made available to interested parties. The way in which your Office keeps in touch with the work of the new centre - perhaps by means of an observer on the Working Party - is, of course, something you will wish to discuss with the MRC.

Yours sincerely,

Keith Joseph

The Rt Hon Nicholas Edwards, MP
Welsh Office
Gwydyr House
Whitehall
London SW1A 2ER

AIDS and the Welsh Office

Please see the attached letter from the Welsh Office and the covering letter from DES. Is it possible for us to provide DES with the additional detail requested, plus a view on whether they (Welsh Office) can be observers? You will see that [redacted] requests a response by early next week.

[redacted]

[redacted]

This is a fact already being dealt with. We had a request through ABEC for a draft reply to Sir Keith to send to [redacted] which I provided earlier this month. I understand that the draft is likely to go over to ABEC from Dr Goddard's office today. [redacted] has all the details. If you need further information [redacted]

Please can you let me know where this is filed.



23
Department of Education and Science
Elizabeth House York Road London SE1 7PH

Direct Line 01-834 4376
Switchboard 01-834 9000
GTN Number 2914
Telex 23171



Medical Research Council
20 Park Crescent,
London W1N 6AL

Your reference

Our reference

21 January 1986

Dear 

AIDS RESEARCH : WELSH OFFICE LETTER.

We spoke and I promised to send you
a copy of the letter - attached.

Could you please give me some answers
to the Welsh Office questions, so I can get
the Secretary of State to reply. It would be helpful
if you could reach me early next week.



SCIENCE BRANCH

CONFIDENTIAL

Ms Gandy dr + file



SWYODFA GYMREIG
GWYDYR HOUSE
WHITEHALL LONDON SW1A 2ER
Tel. 01-233 3000 (Switsfwrdd)
01-233 6106 (Llinell Union)

Oddi wrth Ysgrifennydd Gwladol Cymru

WELSH OFFICE 6
GWYDYR HOUSE
WHITEHALL LONDON SW1A 2ER
Tel. 01-233 3000 (Switchboard)
01-233 6106 (Direct Line)

From The Secretary of State for Wales

The Rt Hon Nicholas Edwards MP

24 December 1985

De Reat

AIDS

I have been following with interest your correspondence with Norman Fowler regarding the proposed national centre for co-ordination of epidemiological research on AIDS.

I agree that we must respond urgently to research needs identified in relation to AIDS and I am content in principle to contribute to the funding of this project. I understand that it is proposed that my contribution would be about £15,000 per annum.

You will appreciate, however, that it would be helpful before I make a final commitment to have rather more detail of what is planned than has so far been provided for my officials or is available to me. I would want also to be sure that the Welsh Office is involved adequately in the project, perhaps through an observer on the relevant steering group. Perhaps I may have a more detailed account of what is being proposed.

/ I am copying this letter to all members of the Cabinet and to Sir Robert Armstrong and Sir Robin Nicholson.

✓ an Mark

The Rt Hon Keith Joseph Bt MP
Secretary of State for Education and Science
Department of Education and Science
Elizabeth House
York Road
LONDON
SW1 7PH



DES



CONFIDENTIAL

RU31/12

3/1

Sir James Gowans

13

1

86

The DES have asked for a draft letter for Sir Keith Joseph to send to the Secretary of State for Wales about the Welsh Office contribution towards the national centre for co-ordination of epidemiological research on AIDS (correspondence flagged) and [REDACTED] has prepared the attached draft. May I draw your attention to two points please:

- i) I believe that originally the Secretary of State for Scotland was going to provide up to £35,000 a year from 1986/87. DES have now said that this should be £30,000 a year.
- ii) In his letter to Sir Keith Joseph of 24 December, the Secretary of State for Wales has raised the question of how the Welsh Office might be adequately involved in the project, perhaps through an observer on the relevant steering group. As [REDACTED] points out in her minute of 10 January attached, this is not really unreasonable - but may be a straw in the wind regarding [REDACTED] proposal for a generally higher visibility for the Welsh Office in medical research.

Are you happy about the general line taken in the proposed draft reply for Sir Keith Joseph and do you have any comments at this stage about Welsh Office representation on the AIDS Epidemiology Working Party?

MPWG

8 January 1986

As soon as possible

Please see the attached letter from [REDACTED] of the ABRC Secretariat. I should be most grateful if you would provide a suitable draft reply for Sir Keith Joseph to send to the Secretary of State for Wales. The "scientific" side you will have at your fingertips; the question of Welsh Office involvement ties in with a move by that Office to assert independence from the DHSS. We will need to think whether there is any case for giving way on that point - and thereby establishing a precedent - or if we stick by the letter of the 1980 Concordat with the Health Departments which, I think, specified that the DHSS would take account of Welsh interests. But clearly that is not something that Sir Keith Joseph would want to get involved with and is a matter for discussion between the Welsh Office and the MRC.

MPWG

Orig. [unclear]
[unclear] laid



Advisory Board for the Research Councils

Elizabeth House 39 York Road London SE1 7PH

Telegrams Aristides London SE1 Telex 23171

Telephone

NEW TELEPHONE NUMBERS

From 4 March 1985

Direct line 01-934

Switchboard 01-934 9000

Dr M P W Godfrey
Second Secretary
Medical Research Council
20 Park Crescent
London
W1N 4AL

Your reference

Our reference

Date 6 January 1986 1/1

Dear Dr Godfrey,

AIDS: NEW CENTRE FOR COORDINATION OF EPIDEMIOLOGICAL RESEARCH

When my Secretary of State wrote to Sir James Gowans on 9 December he indicated that the DHSS had agreed to make available up to about £0.25m towards the estimated annual costs of this centre (£0.5m) from 1986-87. He said that "In addition, the Secretaries of State for Scotland and Wales have agreed to consider contributing so as to make the total Health Departments' contribution up to about £0.3m."

I think you already know that the Secretary of State for Scotland subsequently agreed to contribute up to £35,000 p.a. from 1986-87. The Secretary of State for Wales has now written to Sir Keith Joseph indicating willingness in principle to contribute to the funding of the centre, but requesting further information about its work (see copy of his letter enclosed, third paragraph).

I should be very grateful for your assistance in formulating a draft reply for my Secretary of State to send [redacted] has seen a copy of Sir David Phillips' letter to Sir Keith Joseph of 29 November (copy enclosed for you - you may recall we discussed it in draft) but has so far had no further information than that letter contains.

There is no desperate urgency about getting a reply to [redacted] but I suppose it would be tidy to tie up this loose end without too much delay. I may be on special leave from about 13 January: if you are unable to get a draft reply to me before then, would you please send it instead to [redacted]?

Yours sincerely,

[redacted signature]

(rest of enc not copied)

3 FEB 1986

TELEGRAMS: CANCER, LONDON SW3
TELEPHONE: 01-352 8133.

CHESTER BEATTY LABORATORIES,
FULHAM ROAD,

LONDON, SW3 6JB.

Director:
PROF. R. A. WEISS, PhD.

27 January 1986

Dr. D. A. J. Tyrrell FRS
MRC Common Cold Unit
Harvard Hospital
Coombe Road
Salisbury
Wilts. SP2 8BW.

CONFIDENTIAL

Dear David,

The lack of co-ordination in setting up the Co-ordinating Centre for AIDS Epidemiology continues to bewilder me.

At the EAGA meeting on 15 January, Donald Ascherson made it clear that no strings were attached to the new DHSS/SHHD funding save that it should be directed to research on AIDS. Yet your letter of 7 January (which I did not receive before the EAGA meeting) states that the Centre as currently proposed is being set up 'in response to a specific request from the DHSS'. If this is really the case, should not the monies be politely handed back to DHSS for the Department to dispense in directly commissioned research?

Before doing anything so rash, however, we should take the CMO at his word in that MRC should propose modification in distribution of the funding. He did say the Department would lend a most sympathetic ear to that, provided MRC took the initiative. Therefore I think you should convene an early meeting of the Working Party on AIDS to advise MRC on the appropriate balance of AIDS research in the light of a trebling of the total research funds available.

As you know, Richard Doll has written a most conciliatory letter to me concerning the Centre and I much appreciate the trouble he has taken. But my worries about the Centre have only deepened, for it is almost inevitable in its proposed setting that it will become the Centre for Research rather than the Centre for Co-ordination.


That is why I would propose an AIDS Research Unit if an MRC Centre is to be set up at all. I would place the Unit at St. Mary's Hospital under the direction of Tony Pinching, and an outpost in Lusaka under [REDACTED] supervision would be a superb addition. The reason for choosing St. Mary's is that Tony is the best and most energetic clinical AIDS researcher in the UK. The reason for establishing a Unit is that any co-ordinating of research has to be multidisciplinary, involving clinicians, virologists, immunologists, neurologists, psychologists and epidemiologists. Most of these disciplines

are well represented at St. Mary's, but the Unit/Centre must be under the direction of someone who is already active and highly respected in the AIDS field.

I know that these arguments do not provide what you requested of me, that is a detailed description of what the Unit would do in concrete terms to enhance research in AIDS. But if there is to be a Centre for Research at all, can you think of a better one? Such a Unit could also encompass the laboratory facilities necessary for clinical trials. If we are to co-ordinate only the epidemiological projects, all we need is an office, preferably linked to CDSC, over which the joint secretaries of the Epidemiology Subcommittee could exercise a supervisory role. Then all of us as individual project holders can pool our information, and the Subcommittee can help to guide which projects are most actively pursued, and by whom, i.e. - fulfill its co-ordinating role.

With best wishes,

Yours sincerely,

A handwritten signature in cursive script, appearing to read 'Robin'.

Robin A. Weiss

THE INSTITUTE OF CANCER RESEARCH : ROYAL CANCER HOSPITAL

TELEGRAMS: CANCER, LONDON SW3

TELEPHONE: 01-352 8133

Director:
PROF. R. A. WEISS, PhD.

Dr A J Tyrrell FRS
Chairman
MRC Working Party on AIDS
MRC Common Cold Unit
Harvard Hospital
Coombe Road
Salisbury
Wilts SP2 8BW

CHESTER BEATTY LABORATORIES,
FULHAM ROAD,
LONDON, SW3 6JB.

18th February 1986

Dear David,

Richard Tedder has shown me your letter of 24 January, only because it refers to me and is copied to the Second Secretary and to Sir Richard Doll. I have not seen any other correspondence, and he has not seen mine with you and Sir Richard Doll.

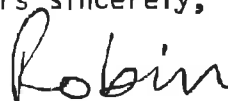
I regret that you think I have been 'wasting my energies' in criticising the MRC on AIDS. As you know, I believe it is the MRC that is about to waste rather more human resources, goodwill and money, and that has been my reason for acting as Cassandra. Furthermore, I thought I had been constructive in my criticism in suggesting alternative paths and in trying to prevent the problems mushrooming.

I more deeply regret that you should imagine I have been lobbying others, speaking out of turn, etc. I have not. I have addressed my criticisms to MRC and to DHSS and nowhere else. There is indeed a deep schism between those who have got AIDS research going in this country on their own initiative, and those who would now wish to 'co-ordinate' it. Let us be thankful that the press and politicians remain unaware of this.

Because the Working Party has not met since April 1985, there has been no opportunity to help formulate informed policy other than writing pained letters on hearing by chance that MRC funding into AIDS has trebled. More than 75% of total MRC funding for AIDS is being channelled into epidemiological studies, under the aegis of a Subcommittee that has no retrovirologist and that will not report to its main Committee in seeking authorization for expenditure.

I also regret that you should imply that the doubts raised by virologists and immunologists have a selfish base, wanting more grant support for their own work. My AIDS funding from MRC amounts to a special project grant supporting one technician, wholly devoted to sero-epidemiological studies. I now plan to terminate this grant after one year (31.3.86) instead of three, if only to preserve my freedom to comment without being accused of self-interest. In any case, as neither Prof Adler nor Prof Miller have contacted me since 11 October when they agreed to take on an 'urgent co-ordinating' role, it would perhaps be for the best if my laboratory conducted its epidemiological studies on AIDS outside the remit of the MRC.

Yours sincerely,



R A Weiss

cc [redacted] Dr Malcolm Godfrey, Dr A Pinching, Sir Richard Doll.

Department of Medical Microbiology

THE MIDDLESEX HOSPITAL MEDICAL SCHOOL
AND UNIVERSITY COLLEGE LONDON

Please reply to:
School of Pathology
The Middlesex Hospital Medical School
Ridinghouse Street
London W1P 7PN
Tel: 01-636 8333 Ext. 7393

Virology Section

Faculty of Clinical Sciences
University College London
University Street
London WC1E 6JJ

Head of Department: Professor J. R. Pattison

21 February 1986

Dr D A J Tyrell, C.B.E.
Director
MRC Common Cold Unit
Harvard Hospital
Coombe Road
SALISBURY
Wilts
SP2 8BW

Dear David,

Thank you for your letter. I have not replied until now because of my recent visit to Central Africa, seeing at first hand the size of the HTLV 3 epidemic.

It saddens me that you interpret my concern as 'a wasteful expenditure of energy' brought on by a concern to protect funding of my own particular interests. I cannot agree, so be it.

The AIDS working party is a widely based group, incorporating many individuals of diverse interests and experience. As such, it is potentially in a better position to examine objectively the overall strategies for HTLV 3/AIDS research in the UK, an important function when we consider the potential short fall of resources, than perhaps some of the more specialised subcommittees. Far from suggesting that the Working Party should be scrapped it is an invaluable forum for discussion and its function and authority, in the loose sense, should not be weakened. I do feel that the decision to increase the spending of the MRC some three fold, albeit with monies initially from other sources, and for this to be in the narrow field of Epidemiology is a very significant one, worthy at least of discussion in the Working Party. I do not want this to be discussed by small groups, this favours the evolution

of cabals which would be unfortunate. I ask again - please may we discuss this in the Working Party as soon as possible?

Yours sincerely



Richard S Tedder
Consultant Virologist

cc Sir Richard Doll
Chairman, AIDS Epidemiology Subcommittee

Dr Malcolm Godfrey
Second Secretary
Medical Research Council



Secretariat
Medical Research Council



Secretary
AIDS Working Party



Medical Research Council
20 Park Crescent, London W1N 4AL

telephone 01-636 5422
telex 24897 (Medresco London)

from the Second Secretary

Dr. Malcolm Godfrey

3 February 1986

Dear Donald

MRC Research on AIDS

Thank you for your letter of 24 January. We spoke briefly over the telephone and I promised to let you have a note on how things stood from our point of view.

The "official" title of the new centre is "UK Centre for Coordination of Epidemiological Research on AIDS" which reflects the real purpose of the development and is, I think, also in accord with what you say. It is of course unfortunate that there have been references to a "surveillance centre" - because this was never intended to be part of the title or of the Centre's role.

With regard to the virological studies which need to be carried out in parallel with epidemiological work (and which were discussed at your meeting with Jim, David and me in July), perhaps I can try to reassure you on this point by summarising the steps we have taken so far on research into modes of transmission and the risks attached to various forms of contact. I think we all agreed in the summer that epidemiology should take the lead in this and we therefore set up a committee on epidemiological studies of AIDS with Richard Doll as Chairman. It was decided subsequently that this would operate most effectively if it were to be made a subcommittee of the Council's existing Working Party on AIDS.

The work carried out under the subcommittee's auspices and for which support is contributed by the Health Departments will comprise wide-ranging studies performed both by the coordinating centre and other collaborating groups in the research community and the service sector. The aim is to develop a number of approaches to the study of transmission and how it might be controlled, using "epidemiological studies" as a convenient umbrella title. Thus in addition to epidemiological studies of a traditional kind relating to heterosexual transmission there will, for example, be studies to monitor seroprevalence in a number of population groups and behavioural studies focussing upon perceptions of risk, health knowledge and health behaviour in relation to AIDS. The subcommittee have yet to begin consideration of detailed research protocols, but it is clear that virology will play an essential role in many of these studies and virologists will be directly involved in the work.

Contd/.....

The main Working Party on AIDS will continue to take an overall view of AIDS research and advise the Council on further needs. I know that they are especially concerned about developing virological research and will be discussing this in detail at their next meeting. There are two aspects which they want to keep under review: basic virology and virology supporting other activities, in particular epidemiology and therapeutic studies and we are certainly aware of needs in both of these areas. Our efforts in basic retrovirus research is to be expanded by setting up a new group at NIMR; supporting virology is also being promoted through the designation of an additional laboratory at St Mary's Hospital Medical School which will be used for clinical evaluation of antiviral agents. Further proposals may well come forward.

As you know, we are preparing a statement on the initiatives which the MRC have taken to respond to your request last summer and this should be ready later this month. The statement can certainly be made available to your expert group and others interested in AIDS research and will, I hope, help to dispel some of the concern that has recently been expressed.

Does this note provide the sort of information that you wanted? If not, I'd be pleased to meet and discuss.

Yours sincerely



Malcolm Godfrey

Dr E D Acheson DM FRCP FFCM
Department of Health and Social Security
Alexander Fleming House
Elephant and Castle
London SE1 6BY

Draft

J. A. R.

117

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3 February 1986

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Does this note ^{provide} ~~promote~~ the sort of information that you wanted? If not, I'd be pleased to meet and discuss.

Yours sincerely

Malcolm Godfrey

Dr E D Acheson DM FRCP FFCM
Department of Health and Social Security
Alexander Fleming House
Elephant and Castle
London SE1 6BY

Dr. Godfrey3/2/86

I have drafted a reply to Dr. Acheson's letter of 24/1/86 as requested. I find it quite difficult to be nearly positive about virology because I think most studies will initially involve more serology (i.e. testing for antibody) than virology. The technology needs to develop a little further before virus isolation can become a routine part of epidemiology. It is difficult to bring out a scientific point if this sort of thing is nearly a matter for the subcommittee to judge when they consider the detailed protocols.

Draft

Dear Donald

3 February 1986

MRC Research on AIDS

Thank you for your letter of 24 January. I promised to let you ^{know} how things stand from our point of view.

The title of the new centre is "UK Centre for Coordination of Epidemiological Research on AIDS" which reflects the ^{real} purpose ~~as we see it~~ and I think is also in accord with what you say. It is ^{of course} unfortunate that there have been references to a "surveillance centre" ^{because this was never intended to be its title or its role.}

^{while regard}
~~You also refer~~ to the virological studies which need to be carried out in parallel with epidemiological work and ^{discussed at our meeting in July.}

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^{should take the lead in the research you requested on (modes of transmission and risks attached to various forms of contact. We therefore set up a committee on epidemiological studies of AIDS with Richard Doll as Chairman. We also decided subsequently that this would operate most effectively if it were to be made a subcommittee of the Council's Working Party on AIDS.)}

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~~I hope this answers the points you raised, but if you have any further queries please let me know.~~

Yours sincerely

Malcolm Godfrey

As you know, we are preparing a statement on the
initiatives we have ^{you} taken ^{to} respond to ^{later this} request ^{of} ^{month} ^{of} ^{month}

This can extend to make another to your other groups & others
interested in Davis situation & well, I hope, help to dispel some
of the concern and as nearly true expression

Dr E D Acheson DM FRCP FFCM
Department of Health and Social Security
Alexander Fleming House
Elephant and Castle
London SE1 6BY

Does this note provide the rest of information that
you wanted? If not, I'd be pleased to meet for a
discussion

These notes may be helpful in responding to Dr Acheson's letter of 24 January.

1. The title of the centre is "UK Centre for the Coordination of Epidemiological Research on AIDS". I think this makes it clear that its function is "to coordinate and execute epidemiological research", but if Dr Acheson wishes to propose an alternative then we could ask the Subcommittee to consider it.
2. It has never been intended that surveillance should either be a function of the centre or appear in its title.
3. The concern about virology raised in Dr Acheson's letter of 25 June was about lack of facilities i.e. dedicated laboratories with category 3 containment which can be used for studies involving growth of HTLV-III (as opposed to simply handling contaminated samples). This situation is improving: as well as facilities at the Institute of Cancer Research, the Middlesex Hospital Medical School and St Mary's Hospital Medical School, there are new retrovirus laboratories to be set up at both CRC and MIMR and an additional laboratory is to be made available at St Mary's.

4. The high level meeting we had in July agreed that among other things:

"there was an urgent need for detailed information on the modes of transmission of infection and the factors determining the development of clinical symptoms in infected persons".

"there was a need for coordinated effort on a nationwide basis the work would have strong epidemiological and virological components".

This seems to be the point that Dr Acheson is now raising with regard to virology. The meeting did also agree that "such national coordination could best be achieved under the direction of a distinguished epidemiologist or scientist who would command the respect of all those involved", so I think it was clear that epidemiology would lead and that the role of virology in this enterprise would be supporting. The Subcommittee will of course wish to ensure that all the appropriate virology is performed in conjunction with the epidemiological work, when the detailed proposals for specific projects come through. I think therefore that we can reassure Dr Acheson on his second point as he asks.

5. Additional funding was secured from the Health Departments on the basis that it would be used for the new centre for coordination of epidemiological research and associated projects. This was made explicit in the letter we received from Sir Keith Joseph. In this context "epidemiological research" will be

interpreted widely to include supporting virology (eg studies on the prevalence of antibody or prevalence of virus itself in blood from various populations such as blood donors) and behavioural studies, because these are relevant to the overall aim of determining how the virus is transmitted and how spread can be controlled.

6. Dr Acheson presumably has in mind the fact that AIDS virologists have been expressing dissatisfaction. Their concern is that basic virology should be supported as well as that associated with the epidemiological work which is of great practical importance but less challenging scientifically. This is something which will be taken up by the main AIDS Working Party, at their next meeting. The Council will continue ^{love} to consider, and support ^{where appropriate} from its grant-in-aid, proposals for AIDS research outside those areas requested by the CMO, particularly where priorities are identified by the Working Party (eg basic virology, therapeutic studies).

Robert



DEPARTMENT OF HEALTH AND SOCIAL SECURITY

Alexander Fleming House, Elephant & Castle, London SE1 6BY

Telephone 01-407 5522 ext 7442

From the Chief Medical Officer

PERSONAL

Dr Malcom Godfrey
Medical Research Council
20 Park Crescent
LONDON
W1N 4AL

24 January 1986

29/1

Dear Malcolm

MRC RESEARCH ON AIDS

I wonder whether it would be helpful for us to have a meeting fairly soon in view of the misunderstandings which have emerged about the Council's Research Programme in this field.

It seems to me that many of the current problems would disappear if the title of the 'Centre' made it clear that its function was to co-ordinate and execute epidemiological research, but not to take over the surveillance function of CDSC. A second helpful point would be an indication that as was mentioned in my original letter to you last summer virological studies in parallel with survey work have to form an essential part of the programme.

With best wishes.

Yours sincerely

E D ACHESON
DM FRCP FFCM FFOM

PS Since our telephone conversation!

Visit to the Institute for Cancer Research - 22nd January 1986

I had asked Prof Weiss if I could visit him to discuss his concerns about the AIDS research which the Health Departments had asked the Council to do, and the way the Council had set about responding to this request. We had a long and friendly discussion.

Main items of contention

1. That there had been a lack of consultation in both MRC and DHSS.
2. Earmarking of a large sum of money for AIDS epidemiology would lead to an imbalanced portfolio of Council supported AIDS research.
3. There has been insufficient recognition of the achievements of research workers in the UK - particularly virologists - who have taken initiatives and put considerable personal effort into getting good research off the ground with relatively little resources.
4. It is demoralising to the people mentioned in 3. to bring in an epidemiologist who has not previously shown any commitment to AIDS research and to set him up with a large MRC grant, without him having submitted any innovative research proposals. Prof Weiss was worried that people would not want to cooperate with such a person.
5. The "Coordinating Centre" which has been set up is more of a centre for research than coordination. Coordination should be done by someone not directly involved in research and could best be based at Colindale where CDSC were already doing quite a lot in the way of coordination. The continuing emphasis of Middlesex and St Mary's meant that other centres, such as St Stephens, where some unique epidemiological work had been done, were being excluded.
6. People involved in AIDS research in the UK had already put aside much of their rivalry and were working together much more than in the early days. Some credit for this should go to David Tyrrell and Tony Pinching for their handling of the MRC Working Party. Recent developments were now jeopardising good working relationships.

Discussion

I explained to Prof Weiss the background to the request from DHSS and the setting up of the coordinating centre. Because the immediate prospects for chemotherapy of and vaccination against AIDS are poor, control must rest on health education. The CMO therefore requested research to determine the risks associated with various kinds of sexual and other contact. The Council has a responsibility to respond to such requests and when funds are provided has no grounds for refusing to take it on.

Richard Doll had been invited to chair a Steering Committee for this work because it was clear that people with a number of interests would need to work together; it was thought that someone of Sir Richard's standing would be able to achieve the necessary cooperation. Since the remit of the new committee was an extension of part of the remit of the main Working Party, it was deemed appropriate to make it a Subcommittee. This did not, however, mean that the Working Party should expect to be asked to endorse every activity of and every decision taken by either of its Subcommittees. It was important that the Chairman of the Working Party should be a party to the work of both Subcommittees, as he had in fact been from the outset.

Prof Weiss accepted that the Working Party cannot be consulted about all the work of the Subcommittees or there would be no point in having subcommittees. However, he felt that in spite of the urgency, the Working Party should have been more involved in the decision to set up the Coordinating Centre, its location, and the people who would run it. It was not sufficient for members to receive minutes of meetings, some weeks after the event. Although the Subcommittee on Epidemiological Studies had quite properly been asked to give formal endorsement for the proposal for a Centre, there had clearly been little opportunity for discussion of the details. In particular, the principal PHLS representative had been absent and the other members would not have felt able to question the appropriateness of asking Prof Miller and Prof Adler to take this on, when they were both present at the meeting. I expressed some sympathy with these views and agreed that in retrospect we should perhaps have made the effort to involve the Working Party more. We agreed that it would now be helpful to convene a meeting of the Working Party to review the activities of its subcommittees, allow members to voice concerns, make suggestions etc., and to ensure that, irrespective of the needs of the Health Departments, research which the Working Party considered to be of high priority is set up.

There remained some unfortunate misunderstandings about the funds available for research. Up to £300K p.a. would be available from the Health Departments; this was earmarked for "epidemiology" (in spite of the fact that the CMO had recently implied that it was not), but we proposed to interpret this in the widest sense since many different types of research would contribute to the overall aim, including, for example, seroprevalence studies and behavioural studies. Although we had initially put in a bid for £500K p.a. this did not now mean that we had specifically earmarked a further £200K p.a. from our funds for epidemiology-related research. If the Subcommittee on Epidemiological studies identified a need for the Council to supplement the funding of its work, then funds could be made available. However, if good proposals were received on other aspects of AIDS research or if specific recommendations were made by the Working Party or its other subcommittee, these would be given equal consideration.

I agreed that we should take on board the point about giving due credit to UK virologists who had taken the lead in many aspects of AIDS research in the UK. The development of our own antibody test had not been mentioned in the last annual report because it had not occurred in the period covered by that report - it would appear in the next one. Prof Weiss suggested that when we do have publicity about our activities we should make it clear that the new initiatives are based on hard work behind the scenes, particularly by the clinical virologists.

We went on to discuss the rationale for the coordinating centre and its setting up. The idea had resulted from Richard Doll's private consultations before the first meeting of the Subcommittee. Since we were all conscious of the urgency felt by the CMO, that consultation had not perhaps been as wide as it might have been in other circumstances. I had felt strongly that Mike Adler should be involved in setting up the new research needed. This was partly because he had already gone to a good deal of trouble to put together proposals for studies of heterosexual transmission and behavioural studies, (with the CMO's encouragement) and had submitted a formal application for project grant support, but also he had the right contacts and had a reputation for getting good collaboration going. David Miller had been brought in because it had been thought that an epidemiologist of repute should also be involved. The fact that this was to be a Middlesex/Mary's venture was in fact secondary to the fact that these two people were considered to be best for the job. We discussed what we meant by coordination and I agreed that the intention was not that the coordinating centre should simply be an office for collecting data and ensuring that all the right people were in touch with each other, research would also be a prime element in the work. In fact, coordination was a role for the Subcommittee as much if not more as it was for the coordinating centre.

Prof Weiss was worried that lack of awareness of work in progress would lead to duplication. We certainly did not intend this. For example, for the work on haemophiliacs we would be providing resources to supplement the existing work of the Haemophilia Centre Directors, not supplant it. The Chairman had asked members of the Subcommittee to inform him of work under way and it was hoped that the membership was sufficiently wide that in time the Subcommittee and the co-ordinating centre would be in touch with all the research workers in the country.

Conclusions

1. The main Working Party should be more involved in the activities of its subcommittees; it will also wish to ensure that all the priorities for research are addressed, and that the Council maintains a balanced portfolio of AIDS research.
2. In publicity we should give due weight to scientific achievements to date as well as our own initiatives.
3. While some aspects of the coordinating centre were not ideal e.g. the involvement of 2 sites, it was ~~not~~^{now} important for all of us to work towards making it a success.

4. London-based epidemiological work should not be confined to Middlesex and Mary's; in particular St Stephen's Hospital should be involved.

Prof Weiss agreed to get in touch if there were any other points he was not happy with.

Other business

As a number of groups are planning to study AIDS in Zambia, Prof Weiss thought it important to ensure coordination and complementarity, rather than competition. The LSHTM group would be working in the north of the country in the copper belt, while [REDACTED] proposed to collaborate with [REDACTED] in Lusaka. [REDACTED] and [REDACTED] would be interested in linking in to the Lusaka group to do some virology, though there had not been time to prepare a joint application with [REDACTED] for March TMRB. I said we would certainly be happy to consider a further application at a later stage.

[REDACTED] the intention was that she would stay in Lusaka (probably with some other University post) to do AIDS research and provide advice on AIDS to less experienced clinicians. He asked whether the MRC would be interested in providing, perhaps, long-term support for [REDACTED] work. I said that we would certainly be interested in principle and that it would be for her to come and talk to us about the work she wanted to do before we could advise on the form of support for which it would be most appropriate for her to apply.

I mentioned to Prof Weiss that a second laboratory for AIDS virology was likely to be made available at St Mary's Hospital. This would provide facilities for the back-up to the therapeutic studies being planned. He was very pleased to hear this.

Finally, Prof Weiss showed me round his own laboratories and some of the others in the Institute.

[REDACTED]

.....Dr. Godfrey.....

.....23/1/86.....

I visited Professor Weiss this morning and will let you have a full note of our discussion in due course.

We have agreed that it would be helpful for the Working Party to be more actively involved in the work of both its sub-committees (without necessarily being consulted on every point). In particular, the WP can play a role in helping to ensure that the Council's portfolio of AIDS research is not too heavily weighted in favour of epidemiology if there are other areas which should be supported. I am sure that Dr. Tyrrell will go along with this. There is no immediate danger of Professor Weiss resigning from the WP.

The CMO apparently told EAGA last week that the money given to MRC was for "AIDS research" not earmarked for epidemiology! I had to say that our understanding was that it was specifically for epidemiology, since this had been ^{stated} explicitly in a letter from Sir Keith Joseph. However, we would be interpreting "epidemiology" in the widest sense, since a variety of different types of study would be relevant to the ultimate goal of providing a sound scientific basis for health education and other control measures.

Sir James

To see.

Thank you. JG 24/1

Thank you.

Please keep me in touch as things develop.

MPWG
23/1/86

PS I have reported back to Dr. Tyrrell.

MPWG

P. Jones

to rec.

Dr. Godfrey 22/1

22/1/86

I visited Prof Weiss this morning and will let you have a full note of our discussion in due course.

We have agreed that it would be helpful for the Working Party to be more actively involved in the work of both its subcommittees (without necessarily being consulted on every point). In particular, the WP can play a role in ^{helping} ensuring that the Council's portfolio of MDS research is not too heavily weighted in favour of epidemiology if there are other areas which should be supported. I am sure that Dr Tyrnell will go along with this. There is no immediate danger of Prof Weiss resigning from the WP.


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22/1

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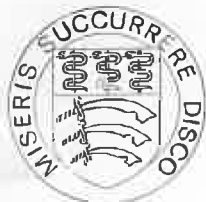
DRAFT

Epidemiology of AIDS

The Council has agreed to assist the Health Departments by actively promoting and co-ordinating epidemiological research on AIDS in order to provide reliable scientific data on which methods of combatting the spread of the disease can be based. To undertake this task, a subcommittee of the Council's Working Party on AIDS has been set up under the chairmanship of Sir Richard Doll. Members of the subcommittee include representatives of the Public Health Laboratory Service, the Blood Transfusion Service and the Haemophilia Centre Directors, as well as experts in the clinical management of AIDS patients and specialists in relevant medical disciplines.'

The subcommittee will review existing research and identify the additional work needed to establish the clinical implication of infection with HTLV-III, the modes of transmission of the virus and the risks attached to different forms of sexual and other contact, and the rate of spread in the community. The work of the subcommittee will be supported jointly by the Health Departments and the Council: up to £300k p.a. towards to the cost will be provided by the Health Departments, with additional resources coming from the Council's grant-in-aid. It is expected that some of the work will straddle the traditional boundary between service functions provided by the NHS and PHLS on the one hand and research supported through the Council on the other: a joint effort will ensure that responsibility is accepted for such intermediate functions as the monitoring of HTLV-III antibody prevalence. Some activities will continue independently of the subcommittee: in particular the surveillance of AIDS cases performed by the PHLS Communicable Disease Surveillance Centre on which the subcommittee will depend heavily. The Council will continue to consider applications for support of any aspect of AIDS research in the usual way.

A National Co-ordinating Centre for Epidemiological Research on AIDS has been set up to provide a focus for the Subcommittee's research. The Centre will act as a resource centre, providing advice and facilities to research workers planning or undertaking studies of AIDS. It will also initiate additional studies required by the subcommittee in collaboration with specialists in clinical management, virology, immunology, etc. as appropriate. Results of Council supported research will be collated at the Centre and it is hoped that teams supported by other organisations will make their data available to the Centre so that a comprehensive database of AIDS epidemiology can be built up. The Co-ordinating Centre will be run on a day-to-day basis by Professor D L Miller (Professor of Community Medicine, St Mary's Hospital Medical School) and Professor M W Adler (Professor of Genito-urinary Medicine, the Middlesex Hospital Medical School). Special project grants to a total value of £396k over 3 years have been awarded to both Medical Schools for recruitment of a core staff; further awards will be made for individual projects as appropriate, either to the Centre or to collaborating teams.



The Middlesex Hospital Medical School
(University of London)

**Academic Department of
Genito-Urinary Medicine**

Professor M. W. Adler, MD, FRCP, FFCM
Dr. A. Mindel, MSc, MRCP
Dr. I. V. D. Weller, BSc, MD, MRCP

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23 JAN 1986

██████████
Medical Research Council,
20 Park Crescent,
London W1N 4AL.

22nd January, 1986

Dear ██████████

Thank you for sending me the statement concerning the Co-ordinating Centre. I think it reads well apart from the first sentence. I would like to suggest that it is changed to read as follows :-

'The Council has agreed to assist the Health Departments by actively promoting and co-ordinating epidemiological and behavioural research on A.I.D.S. in order that high priority may be given to the development of suitable control measures to combat the spread of the disease'.

Kind regards,

Yours sincerely,


M. W. Adler



Medical Research Council

World Health Organisation
Collaborating Centre for
Virus Reference and Research

MRC Common Cold Unit
Harvard Hospital
Coombe Road
Salisbury, Wilts
SP2 8BW

telegrams Harvard, Salisbury
telephone Salisbury (0722) 22485

Your reference

Our reference

STRICTLY CONFIDENTIAL

Dr R S Tedder
Virology Section
School of Pathology
The Middlesex Hospital Medical School
Ridinghouse Street
London W1P 7PN

24 January 1986

Dear Richard

MRC AIDS WORKING PARTY/THE DOLL COMMITTEE

Thank you for your letter of 13 January. As you no doubt know, Robin Weiss has been making the same points to a number of people at meetings, personally and in letters. I am naturally concerned about this. It seems to me that we are faced with a serious national health problem and we don't have a lot of resources, particularly human resources, with which to deal with it, and it will be particularly wasteful if people are expending their energies arguing and criticizing rather than tackling the scientific and clinical problems.

Your first comments turn on how what you call the Surveillance Centre was set up, and I think several points need to be made. First, I should emphasize that the Council is setting up a centre for coordination of epidemiological research, not "a surveillance centre"; undoubtedly CDSC are best fitted to conduct surveillance and we are not proposing to take over their job. As you know the Working Party's terms of reference are "to advise" etc, not to control the way the subject of AIDS is tackled, which is for the Council to decide. In this instance, the Council was asked by the DHSS (which, with the other Health Departments, will be providing a substantial proportion of the cost) to coordinate research on the epidemiology of AIDS and undertake additional research on modes of transmission in order that appropriate public health measures can be developed. The Council has a responsibility to respond to such requests and in this case the Secretary - in consultation with me - took the action he considered necessary. You will remember that in the Working Party's review of research needs, we said that further work and better coordination of epidemiological studies were needed and I would have thought that it is just as reasonable to say that we were glad that the Council had decided to set up a centre as to criticize the way in which it was done.

The Secretary's action, in the first instance, was to invite Richard Doll to chair a committee to plan and oversee the work requested by the DHSS. In subsequent consideration of the details of how the committee would operate, it was suggested that the best coordination and cooperation might be achieved by making the new committee

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a subcommittee of the Working Party, which would nevertheless act more or less independently so far as epidemiological work was concerned. This was a suggestion which I welcomed. The suggestion of a coordinating centre arose from Richard Doll's consultations before the first meeting of his subcommittee; I supported it because of what had been said about epidemiology in the Working Party. A formal resolution was put to the Subcommittee who agreed unanimously that a coordinating centre should be set up, with the subcommittee acting as a steering committee and David Miller and Mike Adler responsible for day-to-day running on their behalf. I don't think it was ever intended that all the decisions and activities of its subcommittees should be referred to the Working Party for approval; this would be too cumbersome. I see the Working Party's role as being to maintain an overview of work in progress, rather than being directly involved in all the activities of its subcommittees. So far as any budget for epidemiological studies is concerned, the subcommittee will make recommendations directly to the Systems Board.

As to your suggestion that the Working Party should be scrapped, I would have thought that the very points that you are making indicate that some sort of forum for discussion was still needed, though perhaps what you are really getting at is that you would like to fight it out under another Chairman!

As to your second point, it seems clear to me that since the epidemiology of AIDS is, indeed, different in different parts of the world, then it's particularly important that we discover in as much depth as possible what is going on in the UK. Of course, if you take the view implicit in your paragraph that the Centre would be set up in opposition to CDSC, then there is an argument against doing it. On the other hand, if the Centre provides support, not only to CDSC but to any other group working in the field, then it can enhance work on a wide basis. If it does not take on such a supportive role then we can certainly make clear that it has gone wrong; equally, the funds for specific projects will be passed through a full peer review.

To complete this letter I would like to deal with what seems to me to be the unspoken premiss of your argument, namely that there is antagonism in my mind, or somebody else's, to British workers looking at the basic phenomena of the virology of the viruses or the immune response. I do not believe this is true. I would stand by the views that the Working Party have expressed on a number of occasions that we should concentrate on the areas of research in which we have particular expertise or advantage and not support unnecessary duplication of work under way elsewhere; this is quite different from saying that all the necessary basic work is being done elsewhere and that we shouldn't be involved. We all recognise the importance of the work you and Robin, among others, are doing. As you know, we are in the process of meeting Robin's criticism that there are inadequate laboratory facilities for doing virus isolation studies, etc. to service clinical trials, and it's my hope that a laboratory for this purpose will be working within a

STRICTLY CONFIDENTIAL

matter of months. If you want more support for your own virological and immunological studies, the Council are certainly willing to consider proposals and I would suggest that you produce a grant application; I know that Jane Cope would be happy to discuss this with you initially if you think that would be helpful.

I realise that it's difficult to deal with a complex matter like this in a short letter and I deliberately side-step issues of personalities, confidence and competence. If you think a discussion would be helpful we should arrange one, and perhaps we could bring Robin in too.

With best personal regards.

Yours sincerely




D A J Tyrrell
Chairman
MRC Working Party
on AIDS

Copy to:

Sir Richard Doll
Imperial Cancer Research Fund
Cancer Epidemiology Unit
University of Oxford
Gibson Building
The Radcliffe Infirmary
Oxford OX2 6He

Dr Malcolm Godfrey ✓
Second Secretary
Medical Research Council
20 Park Crescent
London W1N 4AL


Medical Research Council
20 Park Crescent
London W1N 4AL



St. Mary's Hospital Medical School

(University of London)

21 JAN 1986

Academic Department of Community Medicine

Professor D.L. Miller, MD FRCP FFCM

Praed Street
London W2 1PG
01-927 1673

17th January, 1986

██████████
Medical Research Council,
20 Park Crescent,
London W1N 4AL.

Dear ██████████

Re.: Epidemiology of AIDS

Thank you for your letter of yesterday's date enclosing the draft statement of initiative, which I return herewith with a few suggested alterations marked in red.

My main point is that I think we should consolidate the reference to the setting up of the Co-ordinating Centre at the end - it is obviously extremely important to emphasise that no-one's current activities will be undermined or pre-empted by the setting up of the Centre. It must be clear that the Sub-Committee exists to assist all relevant research and not only to sponsor the Co-ordinating Centre.

With best wishes,

Yours sincerely,

David L. Miller

c.c. Professor M. Adler

Please note that from
1st February, 1986
our telephone no. will
be 01-725 1673

MRC

Medical Research Council

World Health Organisation
Collaborating Centre for
Virus Reference and Research

MRC Common Cold Unit
Harvard Hospital
Coombe Road
Salisbury, Wilts
SP2 8BW

telegrams Harvard, Salisbury
telephone Salisbury (0722) 22485

Your reference

Our reference

CONFIDENTIAL

Medical Research Council
20 Park Crescent
London W1N 4AL

17 January 1986

Dear [REDACTED]

Thank you for your letter and the draft of the document on the epidemiology of AIDS. I have comments on two passages.

The first is the opening sentence which I think should explain that the objective is to provide reliable scientific data on which health education material can be based to make it as effective as possible.

The second is in the next paragraph. Somewhere about the middle I think it would be desirable to indicate that the sort of studies in which the Centre would take part would include work initiated and/or contributed to by clinicians, virologists, immunologists, etc.

I have discussed things a little further with Malcolm Godfrey today and he may have further points to make in modification.

Yours sincerely



D A J Tyrrell
Director

P.S. I've just had a phone call from Jay Rinehart. He and his colleagues have suggested to him they'd like to have a meeting of the Working Party to go over the difficulties. I've suggested we wait till personal talks e.g. you and R.W. are finished and then arrange a meeting which would be a constructive one to plan more efforts - and not a place to start fighting again -

it would have to be before I went to
Australia in March.

DRAFT

Epidemiology of AIDS

H.Ed. not the only approach to prevention

The Council has agreed to assist the Health Departments by actively promoting and co-ordinating epidemiological research on AIDS in order that high priority may be given to the development of (health education material) ^{means} to combat the spread of the disease. ^{for example,} To undertake this task, a subcommittee of the Council's Working Party on AIDS has been set up under the chairmanship of Sir Richard Doll. Members of the subcommittee include representatives of the Public Health Laboratory Service, the Blood Transfusion Service and the Haemophilia Centre Directors, as well as experts in the clinical management of AIDS patients and specialists in relevant medical disciplines.

The subcommittee will review existing research and identify the additional work ^{to monitor the spread of the disease,} needed to establish the modes of transmission of HTLV-III infection and the risks attached to different forms of sexual and other contact. ^{and to develop means of control} A National Co-ordinating Centre for Epidemiological Research on AIDS has been set up to provide a focus for the Subcommittee's ^{research} work in the field. The Centre will act as a resource centre, providing advice and facilities to research workers planning or undertaking studies of AIDS, ^{in collaboration with others doing similar research.} It will also be responsible for initiating additional studies required by the subcommittee. Results of Council supported research will be collated at the Centre and it is hoped that teams supported by other organisations will make their data available to the Centre so that a comprehensive database of AIDS epidemiology can be built up.

The work of the subcommittee ~~and the Co-ordinating Centre~~ will be supported jointly by the Health Departments and the Council: up to £300k p.a. towards to the cost will be provided by the Health Departments, with additional resources coming from the Council's grant-in-aid. It is expected that some of the work will straddle the traditional boundary between service functions provided by the NHS and PHLS on the one hand and research supported through the Council on the other: a joint effort will ensure that responsibility is accepted for such intermediate functions as the monitoring of HTLV-III antibody prevalence. ^{Some} Other activities will continue independently: ^{of the Committee} in particular the surveillance of AIDS cases performed by the PHLS Communicable Disease Surveillance Centre on which the subcommittee ~~and the Co-ordinating Centre~~ will depend heavily. The Council will continue to consider applications for support of any aspect of AIDS research in the usual way. ^{other}

The Co-ordinating Centre will be run on a day-to-day basis by Professor D L Miller (Professor of Community Medicine, St Mary's Hospital Medical School) and Professor M W Adler (Professor of Genito-urinary Medicine, the Middlesex Hospital Medical School). Special project grants to a total value of £396k over 3 years have been awarded to both Medical Schools for recruitment of a core staff; further awards will be made for individual projects as appropriate, either to the Centre or to collaborating teams.

16th January 1986

Dear David

Epidemiology of AIDS

You will recall that at the subcommittee meeting just before Christmas we agreed to prepare a statement about our initiative, setting the proposed work of the Coordinating Centre in context. It is expected that the statement will be used as a brief for responding to press and other queries; copies may be sent to interested parties but we do not intend a final press release at this stage.

I would be grateful for your comments on the attached first draft which is being circulated only to Working Party/Subcommittee Chairmen and Centre Coordinators at this stage.

With best wishes,
Yours sincerely,

[Redacted]

Professor D L Miller
St Mary's Hospital Medical School
Academic Dept of Community Medicine
Praed Street
London W2 1PG

36b/43

16th January 1986

Dear David

Epidemiology of AIDS

You will recall that at the subcommittee meeting just before Christmas we agreed to prepare a statement about our initiative, setting the proposed work of the Coordinating Centre in context. It is expected that the statement will be used as a brief for responding to press and other queries; copies may be sent to interested parties but we do not intend a final press release at this stage.

I would be grateful for your comments on the attached first draft which is being circulated only to Working Party/Subcommittee Chairmen and Centre Coordinators at this stage.

With best wishes,
Yours sincerely,



Dr D A J Tyrrell CBE MD DSc
FRCP FRCPATH FRS
MRC Common Cold Unit
Harvard Hospital
Coombe Road
Salisbury
Wilts SP2 8BW

36b/42

16th January 1986


Dear Mike

Epidemiology of AIDS

You will recall that at the subcommittee meeting just before Christmas we agreed to prepare a statement about our initiative, setting the proposed work of the Coordinating Centre in context. It is expected that the statement will be used as a brief for responding to press and other queries; copies may be sent to interested parties but we do not intend a final press release at this stage.

I would be grateful for your comments on the attached first draft which is being circulated only to Working Party/Subcommittee Chairmen and Centre Coordinators at this stage.

With best wishes,
Yours sincerely,



Professor M W Adler MD MRCP
Department of Genito-Urinary Medicine
Middlesex Hospital Medical School
Mortimer Street
London W1P 7PN

36b/44

DRAFT

Epidemiology of AIDS

The Council has agreed to assist the Health Departments by actively promoting and co-ordinating epidemiological research on AIDS in order that high priority may be given to the development of health education material to combat the spread of the disease. To undertake this task, a subcommittee of the Council's Working Party on AIDS has been set up under the chairmanship of Sir Richard Doll. Members of the subcommittee include representatives of the Public Health Laboratory Service, the Blood Transfusion Service and the Haemophilia Centre Directors, as well as experts in the clinical management of AIDS patients and specialists in relevant medical disciplines.

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The work of the subcommittee and the Co-ordinating Centre will be supported jointly by the Health Departments and the Council: up to £300k p.a. towards to the cost will be provided by the Health Departments, with additional resources coming from the Council's grant-in-aid. It is expected that some of the work will straddle the traditional boundary between service functions provided by the NHS and PHLS on the one hand and research supported through the Council on the other: a joint effort will ensure that responsibility is accepted for such intermediate functions as the monitoring of HTLV-III antibody prevalence. Other activities will continue independently: in particular the surveillance of AIDS cases performed by the PHLS Communicable Disease Surveillance Centre on which the subcommittee and the Co-ordinating Centre will depend heavily. The Council will continue to consider applications for support of any aspect of AIDS research in the usual way.

The Co-ordinating Centre will be run on a day-to-day basis by Professor D L Miller (Professor of Community Medicine, St Mary's Hospital Medical School) and Professor M W Adler (Professor of Genito-urinary Medicine, the Middlesex Hospital Medical School). Special project grants to a total value of £396k over 3 years have been awarded to both Medical Schools for recruitment of a core staff; further awards will be made for individual projects as appropriate, either to the Centre or to collaborating teams.

File No.

Dr Godfrey

Dr Tyrrell
advised
21/1

21/1/86

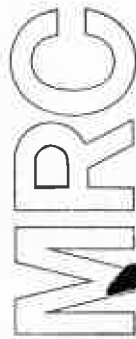
I have looked at Dr Tyrrell's revised draft to Tedder: the third paragraph is new, presumably suggested by Richard Doll.

I don't think it is true that the decision to set up a centre was taken "centrally by the MEC" - formally the decision (in principle at least) was taken by the subcommittee.

The chronology is also not quite right, and although it doesn't affect the argument it could create further confusion as it stands. I have attached an alternative version of this para which I think is more correct.

amendment to 3rd para.
reply to Tedder

(X) The Secretary's action, in the first instance, was to ^{invite} guide Richard Doll to chair a committee to plan and oversee the work requested by the DHSS. In the subsequent consideration of the details of how the committee would operate, it was suggested that the best ^{coordination} coordination and cooperation might be achieved by making the new committee a subcommittee of the Working Party, which would nevertheless act more or less independently so far as epidemiological work was concerned. This was a suggestion which I ^{welcomed} mentioned. The suggestion of a coordinating centre arose from Richard Doll's consultations before the first meeting of his subcommittee; I supported it in ^{informal} internal discussions because of what had been said about epidemiology in the Working Party. A formal resolution was subsequently put to the Subcommittee who agreed unanimously that a coordinating centre should be set up, with the subcommittee acting as a steering committee and David Miller and Mike Adler responsible for day-to-day running on their behalf. I don't think it was ever intended that all the decisions and activities of its subcommittees should be referred to the Working Party for approval; this would be too cumbersome. I see the Working Party's role ~~now~~ as being to maintain an overview of work in progress, rather than being ^{by} directors involved in all the activities of its subcommittees.



Medical Research Council

MRC Common Cold Unit
Harvard Hospital,
Coombe Road,
Salisbury, Wilts,
SP2 8BW

telephone Salisbury (0722) 22485

I have included your comments and those of
Richard Doll. I will ring to check that you are
happy for this version to be sent to Richard Tedder.

David Tyrrell

with compliments

21/1

DRAFT
STRICTLY CONFIDENTIAL

Dr R S Tedder
Virology Section
School of Pathology
The Middlesex Hospital Medical School
Ridinghouse Street
London W1P 7PN

Dear Richard

MRC AIDS WORKING PARTY/THE DOLL COMMITTEE

Thank you for your letter of 13 January. As you no doubt know, Robin Weiss has been making the same points to a number of people at meetings, personally and in letters. I am naturally concerned about this. It seems to me that we are faced with a serious national health problem and we don't have a lot of resources, particularly human resources, with which to deal with it, and it will be particularly wasteful if people are expending their energies arguing and criticizing rather than tackling the scientific and clinical problems.

Let you all be
Your first comments turn on how ~~the~~ Surveillance Centre was set up, and I think several points need to be made. First, I should emphasize that the Council is setting up a centre for coordination of epidemiological research, not "a surveillance centre"; undoubtedly CDSC are best fitted to conduct surveillance and we are not proposing to take over their job. As you know the Working Party's terms of reference are "to advise" etc, not to control the way the subject of AIDS is tackled, which is for the Council to decide. In this instance, the Council was asked by the DHSS (which, with the other Health Departments, will be providing a substantial proportion of the cost) to coordinate research on the epidemiology of AIDS and undertake additional research on

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modes of transmission in order that appropriate public health measures can be developed. The Council has a responsibility to respond to such requests and in this case the Secretary - in consultation with me - took the action he considered necessary. You will remember that in the Working Party's review of research needs, we said that further work and better coordination of epidemiological studies were needed and I would have thought that it is just as reasonable to say that we were glad that the Council had decided to set up a centre as to criticize the way in which it was done.

del *engage*
Furthermore, *the* decision to set up an epidemiological centre was taken centrally by the MRC ~~when~~ they asked Richard Doll to *chair* ~~set up~~ an independent committee. This decision was, of course, taken in consultation with me and I agreed to it because of what we had said about epidemiological studies. It was only subsequently, in discussion with me and Head Office staff, that Richard suggested that to secure the best coordination, his committee should be formally a sub-committee of ours, while acting more or less independently so far as epidemiological work was concerned. There was, for example, never any intention that by becoming a sub-committee of ours the recommendations that his committee might make for epidemiological research should have to be referred to us for approval. So far as any budget for epidemiological studies is concerned, his committee is to *make* *recommendations* ~~report~~ directly to the Systems Board.

delete + replace with
(X)

As to your suggestion that the Working Party should be scrapped, I would have thought that the very points that you are making

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indicate that some sort of forum for discussion was still needed, though perhaps what you are really getting at is that you would like to fight it out under another Chairman!

As to your second point, it seems clear to me that since the epidemiology of AIDS is, indeed, different in different parts of the world, then it's particularly important that we discover in as much depth as possible what is going on in the UK. Of course, if you take the view implicit in your paragraph that the Centre would be set up in opposition to CDSC, then there is an argument against doing it. On the other hand, if the Centre provides support, not only to CDSC but to any other [?]group working in the field, then it can enhance work on a wide basis. If it does not take on such a supportive role then we can certainly make clear that it has gone wrong; equally, the funds for specific projects will be passed through a full peer review.

To complete this letter I would like to deal with what seems to me to be the unspoken premiss of your argument, namely that there is antagonism in my mind, or somebody else's, to British workers looking at the basic phenomena of the virology of the viruses or the immune response. I do not believe this is true. I would stand by the views that the Working Party have expressed on a number of occasions that we should concentrate on the areas of research in which we have particular expertise or advantage and not support unnecessary duplication of work under way elsewhere; this is quite different from saying that all the necessary basic work is being done elsewhere and that we shouldn't be involved.

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We all recognise the importance of the work you and Robin, among others, are doing. As you know, we are in the process of meeting Robin's criticism that there are inadequate laboratory facilities for doing virus isolation studies, etc. to service clinical trials, and it's my hope that a laboratory for this purpose will be working within a matter of months. If you want more support for your own virological and immunological studies, the Council are certainly willing to consider proposals and I would suggest that you produce a grant application; I know that Jane Cope would be happy to discuss this with you initially if you think that would be helpful.

I realise that it's difficult to deal with a complex matter like this in a short letter and I deliberately side-step issues of personalities, confidence and competence. If you think a discussion would be helpful we should arrange one, and perhaps we could bring Robin in too.

With best personal regards.

Yours sincerely

D A J Tyrrell
Chairman
MRC Working Party
on AIDS



Medical Research Council

World Health Organisation
Collaborating Centre for
Virus Reference and Research

MRC Common Cold Unit
Harvard Hospital
Coombe Road
Salisbury, Wilts
SP2 8BW

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Your reference

Our reference

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Sir Richard Doll
Imperial Cancer Research Fund
Cancer Epidemiology Unit
Gilson Laboratories
Radcliffe Infirmary
Oxford
OX2 6HE

16 JAN 1986

15 January 1986

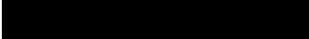
Dear Richard

I think this is an echo of what Robin Weiss has been saying to several people on several occasions and am anxious to deal with it wisely in order to avoid antagonisms developing which would hinder the proper working of the Centre. I think it's important that I answer this letter directly, but I want to be sure that you agree with the way this is done. Would you, therefore, look carefully at the draft letter enclosed and get any comments and suggested alterations back to me soon.

Yours sincerely

D A J Tyrrell
Chairman
MRC Working Party
on AIDS

Copy to:


Medical Research Council
20 Park Crescent
London W1N 4AL



Medical Research Council

World Health Organisation
Collaborating Centre for
Virus Reference and Research

MRC Common Cold Unit
Harvard Hospital
Coombe Road
Salisbury, Wilts
SP2 8BW

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telephone Salisbury (0722) 22485

Your reference

Our reference

STRICTLY CONFIDENTIAL

Dr Malcolm Godfrey
Second Secretary
Medical Research Council
20 Park Crescent
London W1N 4AL

15 January 1986

Dear Malcolm

I think that the enclosed letter echoes things which Robin Weiss has been saying along with his threat to withdraw his cooperation. I think it's necessary for me to answer the letter directly but I want to be sure that you and others in the MRC are happy with the way I do it, so will you please have a look at the enclosed draft reply and let me have your comments or suggested alterations as soon as possible.

Thank you for your trouble.

Yours sincerely

D A J Tyrrell
Chairman
MRC Working Party on AID

Copy to:

15 JAN 1986

Department of Medical Microbiology
THE MIDDLESEX HOSPITAL MEDICAL SCHOOL
AND UNIVERSITY COLLEGE LONDON

Please reply to:
School of Pathology
The Middlesex Hospital Medical School
Ridinghouse Street
London W1P 7PN
Tel: 01-636 8333 Ext. 7393

Virology Section

Faculty of Clinical Sciences
University College London
University Street
London WC1E 6JJ

Head of Department: Professor J. R. Pattison

13th January 1986

Dr D Tyrell
Director
MRC Common Cold Unit
Harvard Hospital
Coombe Road
SALISBURY
Wilts
SP2 8BW

Dear David,

re: MRC AIDS Working Party/ the Doll Committee

I am sure that I will not be alone in expressing my concern vis-a-vis the MRC's role in funding of the National Epidemiological Surveillance Centre. There are two reasons why the decision to put large sums of money into this venture leaves me uneasy.

Firstly, I cannot accept that this decision was properly 'constituted' no matter how prestigious were those persons involved. At no time has this venture been considered by the main MRC AIDS forum of which you are the chairman. Thus the decision to place the largest sum of MRC funds so far allocated into a single area was taken without the prior knowledge of, let alone discussion within, the AIDS Working Party. This must call into question the future viability of that committee which should be discussed at the next meeting. Nor has this matter been discussed at the FAGA and I know there is widespread intention with the FAGA to bring up the whole question of why there was no reference to the FAGA.

The second, perhaps more important concern is whether epidemiology is the appropriate area to support in such a large scale when we are all painfully aware of the shortage of resources. There is a real danger that we will only be following the Americans in a voyeuristic manner and at a 4 year disadvantage; there seems to have been a decision, I'm not sure if it was consciously taken, by the MRC to say that all necessary scientifically-valid immunology and virology is being pursued in the U.S. and it behoves us not to duplicate this in the U.K.. I deplore this if it is the case. The epidemiology in the U.K. should be of good quality but I can see little opportunity here to conduct studies which have not perhaps already been started and even finished in the U.S.. Surely such a major disbursement into a

research area (since I assume it was decided that CDSC were unable to serve this function) should be subject to scientific discussion and review as has been the case up until now? If not, why not?

Yours

aje

Richard S Tedder

Dr Richard S Tedder

cc Dr Alison Smithies

DRAFT
STRICTLY CONFIDENTIAL

Dr R S Tedder
Virology Section
School of Pathology
The Middlesex Hospital Medical School
Ridinghouse Street
London W1P 7PN

Dear Richard

MRC AIDS WORKING PARTY/THE DOLL COMMITTEE

Thank you for your letter of 13 January. As you no doubt know, Robin Weiss has been making the same points to a number of people at meetings, personally and in letters. I am naturally concerned about this. It seems to me that we are faced with a serious national health problem and we don't have a lot of resources, particularly human resources, with which to deal with it, ^{it will be} and particularly wasteful if people are expending their energies arguing and criticizing rather than tackling the scientific and clinical problems.

Your first comments turn on how the Surveillance Centre was set up, and I think several points need to be made. Firstly, our Terms of Reference are to "advise" etc. and not to control the way the subject of AIDS is tackled. Thus, if the Council agrees to organize research on the epidemiology, or any other aspect of a disease, it is the Council's responsibility to decide ultimately how that was done, for example by setting up a Unit. As you will remember, in our review of the research needs we said that further work and better coordination of epidemiological studies ^{work} ~~was~~ needed and I would have thought that it was just as reasonable to say that we were glad that the Council had decided to set up a Centre as to criticize the way in which this was done.

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As to your suggestion that the Working Party should be scrapped, I would have thought that the very points that you are making indicate that some sort of forum for discussion was still needed, though perhaps what you are really getting at is that you would like to fight it out under another Chairman!

As to your second point, it seems clear to me that since the epidemiology of AIDS is, indeed, different in different parts of the world, then it's particularly important that we discover in as much depth as possible what is going on in the UK. Of course, if you take the view implicit in your paragraph that the Centre would be set up in opposition to CDSC, then there is an argument against doing it. On the other hand, if the Centre provides support, not only to CDSC but to any other group working in the field, then it can enhance work on a wide basis. If it does not take on such a supportive role then we can certainly make clear that it has gone wrong; equally, the funds for specific projects will be passed through a full peer review.

To complete this letter I would like to deal with what seems to me to be the unspoken premiss of your argument, namely that there is antagonism in my mind, or somebody else's, to British workers looking at the basic phenomena of the viology of the viruses or the immune response. I do not believe this is true. As you know, we are in the process of meeting Robin's criticism that there are inadequate laboratory facilities for doing virus isolation studies, etc. to service clinical trials, and it's my hope that a laboratory for this purpose will be working within a matter of months. If you want more support for your own virological and immunological

STRICTLY CONFIDENTIAL

studies I would suggest that you produce a grant application; I am sure it will get a fair refereeing.

I realise that it's difficult to deal with a complex matter like this in a short letter and I deliberately side-step issues of personalities, confidence and competence. If you think a discussion would be helpful we should arrange one, and perhaps we could bring Robin in too.

With best personal regards.

Yours sincerely

D A J Tyrrell
Chairman
MRC Working Party on AIDS

3C - To see if file follows
17th January 1986

IN STRICT CONFIDENCE

Dear David,

Many thanks for your letter of 15th January which we discussed over the telephone today. [REDACTED] and I have discussed your excellent draft letter to Richard Tedder and in the light of recent developments, would like to suggest the following amendments:

On page 1, second paragraph, delete after the first sentence "...need to be made." and substitute: First, I should emphasize that the Council is setting up a centre for coordination of epidemiological research, not "a surveillance centre"; undoubtedly CDSC are best fitted to conduct surveillance and we are not proposing to take over their job. As you know the Working Party's terms of reference are "to advise" etc, not to control the way the subject of AIDS is tackled, which is for the Council to decide. In this instance, the Council was asked by the DHSS (which, with the other Health Departments, will be providing a substantial proportion of the cost) to coordinate research on the epidemiology of AIDS and undertake additional research on modes of transmission in order that appropriate public health measures can be developed. The Council has a responsibility to respond to such requests and in this case the Secretary - in consultation with me - took the action he considered necessary. You will remember that in the Working Party's review of research needs, we said that further work and better coordination of epidemiological studies were needed and I would have thought that it is just as reasonable to say that we were glad that the Council had decided to set up a centre as to criticise the way in which it was done.

On the second page, final paragraph, after the second sentence "...is true." insert: I would stand by the views that the Working Party have expressed on a number of occasions that we should concentrate on the areas of research in which we have particular expertise or advantage and not support unnecessary duplication of work under way elsewhere; this is quite different from saying that all the necessary basic work is being done elsewhere and that we shouldn't be involved. We all recognise the importance of the work you and Robin, among others, are doing.

Finally, delete the final sentence of this paragraph beginning "If you..." and substitute: If you want more support for your own virological and immunological studies, the Council are certainly willing to consider proposals and I would suggest that you produce a grant application; I know that Jane Cope would be happy to discuss this with you initially if you think that would be helpful.

Kindest regards,

Yours sincerely,

Malcolm Godfrey

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