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August 21, 1985

Dr. Harold E. Varmus  
Dept. of Microbiology and Immunology  
Univ. of California, San Francisco  
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San Francisco, CA 94143

Dear Dr. Varmus:

Thank you for your letter of Aug. 12 concerning an appropriate name for the retrovirus believed to be the cause of AIDS.

As president of the American Association of Physicians for Human Rights, I've referred your letter to Dr. Neil Schram, Chairman of our AIDS Task Force, and have asked him to consult with his committee of experienced clinicians and epidemiologists. I will forward his response as soon as received.

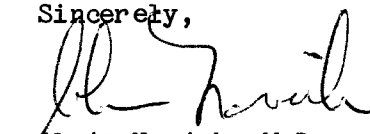
May I express some personal views. I would believe, quite strongly, that the term "AIDS" should be avoided in the name. We have had great difficulty helping patients (since at least 1982) distinguish between AIDS related illnesses (with various designations) and CDC-defined AIDS. The confusion has been compounded freely by clinicians who themselves either failed to perceive a difference or thought it to be inconsequential. More recently, we've had great difficulty distinguishing HTLV-III/LAV antibody positivity from AIDS or the antibody test from an "AIDS" test. There are heavy social consequences to such confusion.

I do not see it as a distinction between a euphemism and a direct name. The virus is apparently the cause (at least as a co-factor) of several illnesses (though most infected people, as far as we currently know the picture, are well, at least for years). To name it after the worst and fatal syndrome is severe and a statement of position which is opposite to "euphemism". It is misleading and actually seems to represent a hidden agenda of pessimism and condemnation.

I would think that a name consisting of unspelled out letters, but including "AIDS" would be an inappropriate position, as well. In truth, we do not know what this virus per se "causes". We do know that it invades and occupies  $T_4$  lymphocytes. I think HT<sub>4</sub>LR or HTLR - human  $T_4$  lymphotropic retrovirus would be suitable.

I fear you wanted an opinion based exclusively on clinical experience vs. scientific and political issues. They can't easily be dissociated. But from a clinical point of view we need to signal to our patients and to our colleagues that HTLVIII/LAV infection and AIDS are not synonymous.

Sincerely,



Alvin Novick, M.D.  
Professor of Biology  
President, AAPHR