

## HEMOPHILIA AND AIDS

# Three Physicians Convicted in French 'Blood-Supply Trial'

PARIS—In most trials with political overtones, there is an element of dissatisfaction with the verdict, usually stemming from unanswered questions. Were the right people convicted? Was there a coverup for those higher in the chain of command? At the Palais de Justice here last Friday, such questions were in the forefront as three senior government physicians were convicted of failing to halt the distribution to hemophiliacs of HIV-infected blood clotting factors in 1985. Even before the verdict was announced, there was pandemonium in the street outside the hall, as AIDS activists denounced the trial as a whitewash designed to protect former government ministers. In addition, the trial failed to address an issue some observers thought was central: whether the French government had delayed approval of an American blood test for HIV so that a French test could be licensed first.

The trial focused on the fact that the Paris-based National Center for Blood Transfusion (CNTS) continued distributing infected blood clotting factors—concentrated blood proteins used in treating hemophiliacs—until 1 October 1985, long after it was known that the French blood supply was contaminated with HIV. Although most of France's 1200 HIV-positive hemophiliacs were infected before the risks were known, it is estimated that more than 100 contracted the virus during 1985—after CNTS officials had seen data from a team led by the Pasteur Institute's Luc Montagnier suggesting that heat treatment inactivated the virus. CNTS's motives, claimed the hemophiliacs, were financial:

It would have cost millions of dollars to replace existing stocks of clotting factors with imported, heat-treated products.

Last week, the three trial judges agreed with those claims, sentencing Michel Garretta, head of CNTS at the time, to 4 years in prison. Garretta, the court ruled, was the prime architect of the policy of continuing to distribute the tainted clotting factors. Jean-Pierre Allain, the center's former head of research and development for plasma products, also received a 4-year sentence, but with 2 years suspended. As coordinator of a trial involving 425 hemophiliacs, said the judges, he knew early on that hemophiliacs were being infected by French-produced clotting factors. Jacques Roux, then director-general of health, was given a 4-year suspended sentence, convicted for "nonassis-

tance to people in danger." As an administrator who was fully aware of Garretta's actions, the judges ruled that Roux should have done more to oppose the CNTS policy. Of the four accused, only Robert Netter, then head of the National Health Laboratory, who had only a minor role in the distribution of blood products, was acquitted.

Those verdicts will not end the controversy, in part because the convicted physicians are appealing. Allain, now a professor of transfusion medicine at Cambridge University, is particularly vocal in protesting his innocence. Allain concedes he knew by the end of 1984—from the results of a prototype HIV blood test—that many patients who had received only French-produced clotting factors were seropositive for HIV, and confirms he had also seen Montagnier's data suggesting heat treatment inactivates the virus. But Allain says that beginning in January 1985 he repeatedly urged Garretta to switch to heat-treated blood products, triggering a dispute that led to Allain's departure from CNTS in March 1986.

The guilt or innocence of the three physicians isn't the only issue of concern in the trial.

families of hemophiliacs infected with HIV, the main question is not why charges were brought in the first place but why the indictments didn't reach higher up the ladder. Lawyers for the hemophiliacs argue that Laurent Fabius, prime minister in 1985, Edmond Hervé, his health minister, and Georgina Dufoix, then minister for social affairs, supported the actions of CNTS. The lawyers are now lobbying members of the French Senate to bring the ministers to trial in France's highest court—the only court that can try former ministers for their actions in office.

If the ministers ever wind up in the dock, their trial would no doubt address an accusation that played little role in the one just ended: that the French health ministry delayed licensing the HIV diagnostic blood test marketed by the U.S. company Abbott, so that it wouldn't be released in France before a competing blood test produced by Diagnostic Pasteur, the marketing arm of the Pasteur Institute. That accusation was made in a 1991 report from Michel Lucas, France's inspector general for social affairs. The Lucas report quoted from a May 1985 cabinet meeting, at which former Pasteur Institute director François Gros, a key health adviser to Fabius, said the French company would suffer if Abbott's cheaper kit was released first.

Most French AIDS researchers don't seem to think the Abbott test was treated unfairly, because, they say, the French test was better, giving fewer false positives. But the licensing



**Blood ties.** Garretta, Netter, Roux (left); family of a hemophiliac.

Some experts in dealing with HIV and blood products question the French judiciary's decision to press charges at all. "I get a very unhappy view of the way that trial has been conducted," says hematologist David Aronson, who in 1985 was head of the coagulation branch at the U.S. Food and Drug Administration's center for biologics. At that time, he says, many physicians feared clotting factors would be denatured by heat treatment and as a result would stimulate antibody production in some hemophiliacs, making them almost untreatable. In any case, Aronson says, France introduced heat-treated factors before many of its neighbors. In Switzerland and West Germany, for instance, nonheated products were still being used in the second half of 1986.

But for the French AIDS activists and the

of both tests was probably held up, they say, while the ministers debated the cost of screening blood donors. Furthermore, many scientists argue that, in the tightly centralized French administrative system, the ministers should have known about the risk to hemophiliacs from infected clotting factors. "If they didn't know," says Simon Wain-Hobson, a molecular retrovirologist at the Pasteur Institute, "they weren't running their ministries properly." But in view of the limitations of the trial just ended, finding out whether the ministries were being properly run will have to await another French AIDS trial.

—Peter Aldhous and Catherine Tastemain

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