

AIDS deaths globally since the beginning of the epidemic: 18.8 million total, 15 million adults, 7.7 of them women, 3.8 million children under 15. (UNAIDS, 2000)



Doubting HIV: The AIDS Dissidents' Case

BY HEATHER K. PEAKE

This spring, South African President Thabo Mbeki stunned the world medical community by announcing that his government would look into "alternative" theories to explain and manage the AIDS epidemic, which has the potential to kill more than a quarter of his nation's 40 million residents in the coming decades.

Mbeki is merely the most recent high-profile convert to the AIDS dissident movement—a small but vocal group that believes the connection between HIV and AIDS has never been conclusively proven. The debate has increased in intensity as the number of asymptomatic HIV cases has grown over the past decade. Today, more than a million Americans and an estimated 20 million people worldwide live with HIV, free of AIDS, in many cases for 15 to 20 years or longer.

The medical establishment credits better testing and earlier, more effective drug protocols with helping HIV patients remain healthy longer. They dismiss dissidents as a group of crackpots, endangering the lives of the newly diagnosed by persuading them away from treatment with voodoo science.

Certainly, there is a fringe element within the movement eager to explain how the U.S. government secretly developed and released the AIDS virus to kill off gays and blacks. But for the most part, it is a collection of HIV-positive men and women who have made the decision to avoid conventional drug treatments, and a cadre of scientists who have raised questions about the supposed pathways between HIV and AIDS.

From HIV to AIDS

Conventional wisdom says HIV enters the bloodstream through one of three pathways: sexual contact, shared needles, or blood transfusions. The retrovirus then attaches it to T-cells, the soldiers of the immune system, and somehow goes dormant for an indeterminate length of time. Then, suddenly, it switches itself back on, and begins killing these T-cells in vast numbers. This leaves the body open to any number of rare opportunistic infections and cancers that can ultimately lead to death.

According to government

guidelines, doctors can diagnose AIDS if the patient is HIV positive and has any one of 26 different diseases, or if T-cell count falls below a specified level. The projected incubation period between the initial infection and the onset of full-blown AIDS has been steadily climbing, today standing at about 15 years.

The dissidents dismiss this as pure conjecture. They say that while HIV certainly exists, it is too small and too weak to do any of the elaborate things it is supposed to do. Some believe that it may play a role in the development of AIDS with the help of another factor; others look at it as a harmless "passenger" virus that passes naturally from mother to child and thus exists benignly in a high proportion of the world population.

Dr. Peter Duesberg has been at the center of the controversy since he first published his views in a paper in 1987. A tenured professor of molecular and cell biology at the University of California at Berkeley, a Nobel Prize nominee for his research in cancer, and the first scientist to actually map a retrovirus, he has become a pariah within the scientific community in the past 13 years for doggedly maintaining that researchers have never proven the connection between HIV and AIDS with anything close to scientific certainty.

Under pressure from activists to come up with a cause for the disease ravaging the gay community, the government simply jumped the gun back in 1985 in announcing the newly isolated strain

called HIV as the sole cause of AIDS, argues Duesberg. That became the starting point, and everything flowed from there. Yet it does not begin to explain all the paradoxes, nor, he claims, does it fulfill the established wisdom about viruses in general.

The why not

Duesberg says that HIV is neither random nor contagious: that is, it does not act as a virus should under normal scientific principles. Viral epidemics hit a population quickly over a period of weeks or months, distributing itself equally through that population, killing off the very old, the very young, and the sick, and then vanishing as the surviving population develops immunity. HIV does none of these things. It has a limited means of transmission. It strikes the portion of the population least likely to die of viral infections: those aged 25 to 49. Instead of growing exponentially, HIV infections grew slowly, plateaued, and slowly declined.

Duesberg believes the types of diseases that, along with an HIV-positive status, are lumped together under the umbrella of "AIDS" are actually the result of long-term abuse of illegal drugs. The epidemic, he says, has followed the crest

of the drug epidemic that began in the early 1970s, and different drugs lead to different, rare diseases. Kaposi's sarcoma, for example, is seen primarily in gay men not because of sexual practices, but because of the popularity of nitrate inhalants or "poppers" in the gay community in the early 1980s.

Far from agreeing that potent new drug combinations have prolonged the lives of those with HIV, Duesberg and his followers charge that AZT and new protease inhibitors are actually responsible for the huge death toll. These highly cytotoxic and immunotoxic substances prescribed to otherwise asymptomatic people with HIV, they say, destroy normally functioning immune systems, opening them up to all kinds of opportunistic infections.

Activist dissident organizations such as Alive and Well and HEAL now have chapters across North America, promoting the view that the best way to stay healthy is to stay away from the drug cocktails promoted by the medical establishment. Most of that establishment sees these groups' activities as harmful, negligent, and potentially fatal. Not so, says Christine Maggorie of Alive and Well. Instead, she

says, it is a fight for the "right to self-determination in health matters."

Are the dissidents right?

Years of rancor have led to a hardening of attitude among mainstream researchers, who tend to overreact to any sign of dissent. For example, in 1990, Dr. Luc Montagnier, the co-discoverer of HIV, announced at a conference that he now believed there had to be some kind of secondary microbial trigger for HIV to progress to AIDS. He was promptly—and angrily—denounced by his colleagues.

It was breathtaking, Duesberg later said: "There was Montagnier, the Jesus of HIV, and they threw him out of the temple." Younger, lesser-known researchers find it difficult to pose divergent questions, much less find funding or facilities.

The evidence that HIV causes AIDS is far stronger than Duesberg and those who share his ideas acknowledge, but there are still real questions about how the transition from HIV to AIDS occurs.

Vermont native Heather Peake lives in Sedona, AZ. ▼



Number of people living with HIV/AIDS worldwide in 1999: 34.3 million total, 33 million adults, 15.7 million of them women, 1.3 million children under 15. (UNAIDS, 2000)

Michael Gigante, Ph.D.
 Psychosynthesis
 Counseling, Psychotherapy, & Consultation

(802) 254-8032 53 Myrtle St., Brattleboro, VT 05301
 email mgigante@together.net

Female Volunteers Needed for a Research Study
 at UVM Dept. of OB/GYN, conducted by Ira Bernstein, MD

This study will examine blood flow to the uterus during the menstrual cycle.

You may be eligible if you are;

- 18-35 years old
- do not smoke
- have regular cycles
- have never been pregnant

(26-32 days apart)

Financial compensation of \$400 will be offered for participation in study.

656-2669

Susan McKenzie MS.

Licensed Psychologist—Master

Experienced therapist specializing in the individual and relationship issues of Lesbian Women and Gay Men

Quechee
 802 295-5533
 Insurance Accepted—Sliding Fee Scale

Montpelier
229-5220
Burlington
860-6360

JOSIE JUHASZ, MA
 Lic. Psychologist - Master
LYNN GOYETTE, MS, MA
 Lic. Clinical Mental Health Counselor
BILL McBROOM, MSW
 Lic. Clinical Social Worker

insurance accepted
sliding fee scale

COUNSELING CENTER OF NORTHERN VERMONT