

The AIDS Denialists are Still Around

By John P. Moore, Jeanne Bergman and Mark A. Wainberg¹

When AIDS denialists are mentioned to HIV professionals, a common response is the question, "Are these people still around?" Unfortunately, they are indeed still active. Their insistence that HIV either does not exist, or that it is a real but harmless passenger virus, continues to confuse and kill. This is particularly true in South Africa where, since 1999, President Mbeki has taken the AIDS denialists all too seriously.^{2,3}

THE RESULTING SCIENTIFICALLY flawed policies of the Mbeki administration, including resistance to scaling up the provision of antiretroviral treatment, cost South Africa an uncountable number of HIV infections and deaths during the explosive expansion of the epidemic there in the 1990s and in the first years of the 21st century. Using the 2003 model developed by the South Africa Actuarial Society, HIV prevalence within the adult population is now estimated to be almost 20%. Recently, AIDS activists and scientists, led by the Treatment Action Campaign (TAC), scored a major victory over the beetroot, garlic and lemon juice quackery promoted by South African Health Minister Manto Tshabalala-Msimang. Improved access to antiretroviral drugs (ARVs) to the many South Africans who need them now seems finally to be happening, thanks in no small part to the courageous position taken by the Deputy Health Minister, Nozizwe Madlala-Routledge, who has led the policy shift on HIV in the South African government.⁴

THIS IS AN important success, but it will not cause the AIDS denialists to disappear overnight. Their activities are largely, but not exclusively, conducted over the internet on websites that thrive on medical conspiracy theories. The manifest nonsense of what



is perpetrated in cyberspace on sites like these is obvious to HIV professionals, but can be highly misleading to the general public, particularly those who are gullible or desperate.

THE REAL-WORLD IMPACT of the arguments made by AIDS denialists is exemplified by an ongoing legal case in Australia. A man convicted for knowingly exposing two women to HIV and infecting one of them is defending himself in the sentencing phase using two classic denialist claims: that HIV does not exist and, even if it were a real virus, it cannot be transmitted heterosexually. The denialist position is represented in court by Valendar Turner and Eleni Papadopoulos-Eleopoulos, staff members of the Royal Perth Hospital who have never worked on HIV themselves.^{5,6} Leading Australian HIV scientists have devoted significant time and effort to the trial, acting as expert witnesses. The participation of AIDS scientists is necessary to debunk denialist misinformation in a highly visible venue, irrespective of whether one believes in the merits of imprisonment for sexual behavior such as the defendant's. A similar criminal case is now pending in Canada. There now needs to be international coordination to prevent further waste of professional resources on scientifically unfounded claims.

ANOTHER HIGH-PROFILE EVENT will take place in Los Angeles later this year. The Medical Board of California filed an accusation of medical neglect against Dr. Paul Fleiss because his inaction led to the death

of a three-year old girl from AIDS. The Attorney General's Office will bring the charges before an Administrative Law Judge later this year. The child's HIV-positive mother, Christine Maggiore, a very active denialist,⁷ proselytizes in *Mothering Magazine* and via the internet against the prophylactic use of ARVs by HIV-positive pregnant women, and in favor of breastfeeding.⁸

MAGGIORE HERSELF TOOK no precautions against perinatal transmission and would not allow her daughter to be tested for HIV even when she was desperately ill – all because she refuses to accept that HIV is a potentially lethal virus. The child, tragically, did not live long enough to be able to formulate her own opinions. The cause of death, according to a September 15, 2005 report by the Los Angeles County Coroner, was AIDS-related pneumonia.⁹ Justice should prevail, but there is always a concern when complex medical and scientific issues about HIV and AIDS are evaluated and applied by laypeople. Substantial media coverage of this trial must be anticipated. The ensuing publicity will increase the likelihood that yet more people will suffer real consequences by acting on misinformation spread by the AIDS denialists.

ROBERTO GIRALDO, ONE of Maggiore's advisors and a research technician at the New York Presbyterian Hospital, appeared

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² Heywood, Mark. *The Price of Denial*. INTERFUND. 2005.

³ Nattras, Nicoli. *AIDS, Science and Government: The Battle Over Antiretroviral Therapy in Post-Apartheid South Africa*. University of Cape Town. 9 March 2006.

⁴ Koenig, Robert. *South Africa Bolsters HIV/AIDS Plan, but Obstacles Remain*. *Science* Vol. 314 No. 5804, pp. 1378-1378. December 2006.

⁵ Bernard, Edwin J. *Australian prosecutions for HIV transmission highlight need for current UK consultations, deadlines approach*. *AIDSMap News*. 31 October 2006.

⁶ Based on information from the legal team involved in the Australian criminal case.

⁷ Maggiore, C. *What if Everything You Knew About AIDS was Wrong?* American Foundation for AIDS Alternatives, revised 2000.

⁸ Gerhard, S. *Safe and Sound Underground: HIV-Positive Women Birthing Outside the System*. *Mothering* No. 108, September/October 2001.

⁹ Ornstein, Charles and Costello, Daniel. *A Mother's Denial, a Daughter's Death*. *LA Times*. September 24, 2005.

in a documentary film that aired in Latin America last year. In it, he encouraged HIV-infected people to stop taking ARVs and instead follow his advice on “better nutrition” as an AIDS remedy. Mexican community advocates have reported that, since it has aired, over 150 people living with HIV in Mexico City, misled by this documentary’s misinformation, have discontinued their antiretroviral treatment, a step which will seriously impair their health if prolonged. Giraldo previously influenced Manto Tshabalala-Msimang’s promotion of “natural remedies” for AIDS in South Africa; the AIDS denialists are all inter-connected, and they operate globally.

THE LINKS BETWEEN AIDS denialism and the alternative medicine industry add yet another twist to the story. Matthias Rath is a multi-millionaire businessman whose efforts to promote the sales of his company’s micronutrient-based AIDS remedies in South Africa are the subject of a recent exposé in *The New Yorker* by Michael Specter. David Rasnick, an AIDS denialist, was employed by Rath to help conduct illegal “clinical trials” of these micronutrients, the results of which were published in a full-page, very expensive advertisement in *The New York Times*¹⁰. Similar advertisements in the South African press, urging South Africans with HIV to reject antiviral medications, are no longer permitted as a result of rulings by the Advertising Standards Authority of South Africa (ASASA).¹¹ Rasnick repeatedly misrepresented himself in the South African press as having a formal affiliation at the University of California, Berkeley; although his eccentric views on HIV/AIDS are similar to those of that university’s Professor Peter Duesberg, Rasnick himself has no status there.¹²

ANOTHER AIDS DENIALIST with close links to Rath is Anthony Brink, who in January 2007 filed a bizarre complaint of genocide against TAC’s founder and current Chair, Zackie Achmat, in the International Criminal Court in The Hague. The indictment alleges that Achmat has poisoned South Africans with ARVs and demands that Achmat be incarcerated, strapped blind-folded to a gurney and forcibly injected with AZT and similar drugs. No doubt the successes of TAC in helping put South African AIDS policies on a rational basis have irked Brink and his fellow AIDS denialists.¹³

IN NEW YORK City, public policy may soon be changed to exclude children from clinical trials, as a direct result of AIDS denialism. Three years ago, a freelance journalist, Liam Scheff, claimed that foster children with AIDS in a New York City specialized care facility were being abused as experimental guinea pigs and poisoned with ARVs. In fact, the children were participating in National Institutes of Health PACTG (Paediatric AIDS Clinical Trials Group) clinical trials coordinated by Columbia University Medical Center. The trials were designed to determine the most effective paediatric dosages of drugs already approved for adults with HIV but not available to children. The medications tested included antiretrovirals, immune system stimulators, drugs to prevent the opportunistic infections that can kill immune-compromised children (such as chicken pox) and it also tested interventions to prevent postnatal seroconversion in HIV-exposed infants. Children were enrolled with the consent of parents or guardians and under the oversight of New York City’s Administration of Children’s Services. Many of these children were African-American, leading to allegations of Tuskegee-style experimentation that prompted local community politicians to become involved without knowing the facts or understanding the science.¹⁴ As a result, a potentially tragic policy change is being contemplated that would exclude foster children from all clinical trials, no matter how urgent the medical emergency. It is ironic that the stunning success of ARVs in paediatric populations seems to have allowed some communities to forget the devastating death rates among HIV-infected children in the 1980s and early 1990s, a situation which drove researchers and physicians to make adult drugs available to children in the first place.

THE BBC IN 2004 broadcast a video version of Scheff’s story, with “research” by the AIDS denialist writer Celia Farber and starring Christine Maggiore. The lurid insinuations were repeated on the BBC website, without any check into the underlying facts. A number of individuals, including the authors of this article, have registered a formal protest with the BBC, identifying many specific errors and misleading claims and noting how this shoddy journalism has damaged public health.¹⁵

LAST SPRING, *Harper’s Magazine* printed a long article by Celia Farber in which she questioned the use of nevirapine to pre-

vent mother-to-child transmission of HIV, despite the astonishing success of the drug in preventing vertical transmission, while lionizing Peter Duesberg, one of the earliest AIDS denialists. Her article repeated many of the scientific errors, innuendo and misconceptions that AIDS denialists usually perpetrate over the internet and has been thoroughly rebutted by scientific experts. Disturbingly, a well-regarded popular science magazine, *Discover*, has now published a long interview/book-plug with Ms Farber.

WHAT CAN HIV professionals do about the continued activities of the AIDS denialists? First, be aware of efforts to counter their campaign of misinformation. HIV scientists and activists have established a website for this purpose at www.AIDStruth.org. We encourage IAS members to read the information posted on this site and forward the link to friends and colleagues. Background information and supporting documentation for a number of the events and issues covered in this article is available on the website at www.AIDStruth.org/iasnewsletter.

SECOND, CHALLENGE AIDS denialism and all pseudoscience whenever it appears in the legitimate local and national press. For example, HIV professionals might consider whether they wish to support in any way magazines like *Harper’s* and *Discover* that give space to AIDS denialists.

THIRD, IF AIDS denialism surfaces within your own institution, particularly if students become involved, bring the weight of your influence and scientific knowledge to rebut its spurious claims.

FINALLY, SERIOUS CONSIDERATION should be given to the consequences of what the AIDS denialists have done and will continue to do, if unchecked. There are well-accepted limits to free speech when it applies to public health (is it considered acceptable to promote cigarette-smoking in schools?). The denialists will not simply disappear; their motivations (publicity-seeking, profit, personal denial) are too strong. Coordination on an international scale is now required to defeat them wherever they surface. HIV professionals need to know what the denialists’ agendas are, and educate their patients and the public accordingly before the deadly impact of this phenomenon has additional opportunities to expand the AIDS epidemic. ■

¹⁰ Professor Leslie London, a medical ethicist at the University of Cape Town, in an affidavit filed before the Cape High Court.

¹¹ The 2005 Africa ASASA ruling is online at www.quackwatch.org/11ind/rath3.html.

¹² Rasnick sets the record straight. *The Citizen*. 31 January 2007.

¹³ Goldacre, Ben. No Way to Treat an AIDS Hero. *The Guardian*. 20 January 2007.

¹⁴ The Tuskegee Syphilis Study of the U.S. Public Health Service followed the course of disease in 399 African-American men with syphilis from 1932 to 1972. The men were denied treatment even after the efficacy of penicillin was discovered in 1947, and were lied to by researchers who told them that they were being treated.

¹⁵ The full complaint is available online at www.AIDStruth.org.