



Rethinking HIV

by Tom Bethell

Knowledge is never more askew than when it has been silently politicized. This is true of a good deal of government-funded science, which can serve political interests in ways that the public, and even scientists themselves, do not suspect. They put on their white coats and peer into their test tubes, scarcely recognizing the extent to which they may be following political guidelines or prudently considering the continued funding of their labs.

Openly politicized subjects, such as economics, involve a contest for the truth that is at least acknowledged to be unresolved. Nobel prizes are impartially awarded to the proponents of incompatible theories. The field is broadly divided between collectivists and individualists, and the judges seemingly recognize that there is no agreement about truth. This may be untidy, but it is surely healthier than the bogus certitude and the appeals to consensus that stifle so much of modern science.

We look at Soviet science and smugly feel superior: Lysenko was a "charlatan," but of course we have no such problem here. He took orders from Stalin; we are a democracy (mention "checks and balances"). But peer-review imposes its own conformity, and the raised eyebrows of senior colleagues can whip a youthful free-thinker into shape. Grant applications must be submitted, the National Institutes of Health must be kept happy.

The most striking instance of politicized science in recent years has been the phenomenon called AIDS, which is thought of as a disease but which more nearly resembles a federal program. It now seems likely that the 12-year government research and publicity effort has been based on the wrong hypothesis—

that the various diseases called AIDS are caused by a single infectious agent, the human immunodeficiency virus. It is possible that AIDS is not infectious at all, but is the result of damage to the immune system caused by behavior. The many reasons for thinking that a great and shocking mistake has been made are set forth by Robert Root-Bernstein in a new book called *Rethinking AIDS: The Tragic Cost of Premature Consensus*.¹ Root-Bernstein is a professor of physiology at Michigan State University. Here are just a few points that are worth pondering:

The discovery of the cause of AIDS was announced at a press conference in April 1984, by Health and Human Services Secretary Margaret Heckler, at a time when the Reagan administration was under attack for not doing enough. Promising a vaccine within two years, she added: "Those who have said we weren't doing enough have not understood how sound, solid, significant medical research proceeds." Then she introduced the man who was thought to have discovered the virus, NIH virologist Robert Gallo. It turns out that Gallo's virus had been isolated at the Pasteur Institute in Paris by Luc Montagnier, who now says that HIV alone is insufficient to destroy the immune system.

Three years later, in 1987, the Food and Drug Administration, responding to political pressure from homosexual activists, approved the drug AZT for use against AIDS. Synthesized as chemotherapy in 1964, AZT had not hitherto been approved because of its toxic effects. But when the gays started protesting outside FDA's doors—well, something had to be done, because lives were at stake, and so the drug was hurriedly approved.

Two symbiotic interest groups illumi-

nate the politics of AIDS: homosexual activists and the NIH-funded medical-scientific complex. Ten years before AIDS, in 1971, the federal government launched an expensive "war on cancer." A virus was the scientifically fashionable hypothesis because the triumph over polio was still uppermost in many researchers' minds. The polio virus had been isolated, a vaccine developed, and Salk and Sabin were heroes of science. Hordes of new virologists were being turned out by the graduate departments. Interestingly, a retrovirus—just like HIV—was the prime cancer suspect, because cancer is a growing mass of cells and retroviruses usually don't kill the cells they infect. They parasitically use the cell's DNA to crank out new copies of themselves. Viral-cancer theorists thought that, in doing so, retroviruses may mess up the DNA in some way, transforming ordinary cells into cancer cells.

But by 1981 the cancer virus was proving elusive. Frustrated researchers were therefore happy to turn to this intriguing new syndrome, at first called GRID, gay-related immune deficiency. Here was promise. Now they would apprehend the guilty virus and bring it into custody. And the new generation of virologists would become heroes of medicine, just like Salk and Sabin.

Virus, did someone say? That suited the gay activists just fine. Anyone can pick up a virus. It's just a matter of being in the wrong place at the wrong time. A virus is exculpatory (nothing to do with behavior) and egalitarian (we are all at risk). The virus "cloaks AIDS activists in nobility," said ACT-UP specialist Robert Rafsky, who "confronted" Bill Clinton in the New York primary last year. So listen up, straights. That little critter will be replicating away inside you before you know

Tom Bethell is The American Spectator's Washington correspondent.

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it. You're next for the AIDS wards. Better start up condom and needle-exchange programs and fully fund the Ryan White Act and social-security disability payments and fork over some cash for housing people with AIDS. And, hey, while you're at it, how about spending a little more on finding a cure?

Funding for NIH and CDC duly soared, until more money was being spent on HIV than on all previous viruses combined. The white-coats out at NIH's Bethesda campus didn't mind that. Gay protests did wonders for the budget. A lucrative coalition had been forged. Larry Kramer, gay playwright, and Anthony Fauci, head government AIDS researcher, became friends.

But the story didn't have a happy ending. The cure didn't work (may in fact have killed people—long-term chemotherapy isn't normally indicated for anyone). And it turns out that we are *not* all at risk. To a remarkable extent AIDS has remained confined to homosexuals and drug addicts. The African AIDS epidemic now looks very fishy. The numbers are based on extrapolations from inaccurate reports at a handful of hospitals, in countries where officials have an incentive to increase the AIDS count. The flow of funds from the World Health Organization and foreign agencies rise proportionately. Die in an auto accident in Kampala, it's said, and you may be counted as an AIDS statistic. (*Spin* magazine recently had some good reporting on the phony African AIDS story.)

As those who saw ABC's "Day One" program will know, there is growing skepticism about the cause of AIDS. If HIV is added to cell-lines growing in vitro, they go on growing happily. It was this (elementary) discovery that led Montagnier to revise his opinion about HIV. In AIDS patients, the vast majority of T-cells of the immune system are not infected by HIV, nor can it be found in the semen of about 95 percent of those who test positive for the virus. It looks very much as though the virus is swiftly neutralized by antibodies; an antibody test is used because the virus itself is so hard to find. Neither chimps infected with HIV, nor health-care workers who accidentally stick themselves with needles, get AIDS. (The CDC claims there have been seven cases of the latter in a 12-year epidemic.)

The evidence that HIV causes AIDS is simply this: HIV is well correlated with

AIDS. But as Root-Bernstein points out, there are other viruses that are at least as well correlated as HIV. Viruses are like fingerprints in the living room. You can find a lot of them if you bring in a suspicious detective to conduct a search. What relevance they have is another matter. But there's a more important point about the "correlation" between HIV and AIDS. That correlation is itself largely an artifact of the definition of AIDS.

AIDS was first defined in 1982, and redefined, more and more expansively, in 1984, 1985, 1987, and 1993. The frequent redefinition was itself a reflection of the politics of AIDS. The epidemic was failing to match CDC predictions, and was rather conspicuously remaining confined to the two main risk groups: drug addicts and gay bathhouse habitués. Expanding the definition to include cervical cancer, pulmonary TB, and other diseases was therefore congenial to the main political interest groups. But as the definition was expanded, the caveat was added that the new cases must be HIV positive. To that extent, the correlation of the "disease" (which is not a unitary phenomenon at all) and the virus is tautological.

An earlier definition of AIDS did not require HIV positivity, but that was because the syndrome was first defined before the virus had even been discovered. By 1987, in at least half the so-called AIDS cases, no HIV test had been conducted; patients were "presumed" to be positive. The CDC now says that there have been over 43,000 such presumptive diagnoses. Last year, however, there was quite a lot of publicity about cases in which no trace of HIV could be found, despite careful testing, in cases that otherwise looked very much like AIDS (emaciated gays with pneumocystis and ruined immune systems). At that point the CDC swallowed hard and said that this was *an entirely new disease*, which it dubbed idiopathic CD4 T-cell lymphocytopenia, or ICL, in case you were wondering.

"If they had admitted that the ICL cases were really AIDS cases, then that would be the absolute proof that HIV is not a necessary cause of AIDS," Root-Bernstein told me. "Everyone would understand that, and it would undermine everything that they have done in the last ten years. So they could not accept that. And you'll notice that within two weeks they had a new definition of a new dis-

ease. I think in the history of medicine that has to be the fastest."

This is politics, not science. It is also a great scandal. The CDC has now jiggered the definitions of AIDS and ICL in such a way that the correlation of HIV and AIDS is a tautology—true by virtue of the definition of AIDS.

Root-Bernstein also effectively rebuts one of the key assumptions of the official science: that AIDS patients had pristine immune systems until this deadly virus came along and shredded the defending T-cells. An infectious agent was assumed, as early as March 1981, because opportunistic diseases such as pneumocystis, hitherto rare, abruptly became more frequent among gay men and intravenous drug users. The suggestion that this might have something to do with the drugs themselves, and with the increasingly abandoned "gay lifestyle," seems to have been given remarkably short shrift. The fact is, Root-Bernstein argues, "every AIDS patient has multiple causes of immune suppression other than HIV, many of which precede HIV infection and some of which occur in the total absence of HIV." (Hemophiliacs and transfusion recipients also have immunosuppressive factors.)

As to the gays, I'll skip the details, but let me quote selectively from the book's index, under Homosexuals: "amebiasis in; anal intercourse and; antibiotics used by; blood transfusions for; cytomegalovirus in; drug abuse by; fisting and; gay bowel syndrome in; giardiasis in; hepatitis B virus in; malnutrition in; nitrites used by; promiscuity of; rectal injuries of; rimming and; semen antibodies in; sexually transmitted diseases in; shigellosis in . . ." Somehow, the news media managed to overlook all this.

U.C. Berkeley professor Peter Duesberg thinks that HIV plays no role in AIDS, that drugs alone sufficiently explain immune-system collapse, and that homosexuals take lots of them. Root-Bernstein has a complex theory of co-factors, including the immunosuppressive effects of semen and other agents, perhaps including HIV, leading to a civil war within the immune system. It's possible that HIV plays no role at all, he admits.

There's much, much more in the book, and in a newsletter of the same name, *Rethinking AIDS*, available from 2040 Polk St., #321, San Francisco, CA 94109. (\$20 for 12 issues.) □