April 5, 2001

To: Editors, Outlooks

I am writing this in response to the article “Denialists and the Durban Declaration” published in the April 2001 edition of Outlooks. I encourage you to also publish this response, in the spirit of open discussion and debate that was endorsed by its opening paragraph, that notes the importance of “discussion and debate”. On the question of whether HIV causes AIDS, in my opinion, there is currently far too much public silence interrupted only occasionally by spurts of rhetoric.

I suppose that I am a “Denialist”, although I dislike this derogatory term. I do question whether HIV is the cause of AIDS. I question whether the benefits of antiviral drugs outweigh their side effects. I question whether drugs based on the theory that a virus is causing this disorder are effective. I question whether medicine should be driven by the patient’s ‘numbers’ (such as CD4 counts or viral load) instead of their health. I question whether HIV tests are accurate. I question whether AIDS reflects one disease or many. I question much, but I try not to deny anything, at least not without solid scientific evidence.

The term “Denialist” subtly implies that those who support the HIV=AIDS=Death concept are scientific, whereas those that oppose it are irrational. The Durban Declaration is a good example that quite the opposite is often true. When Simon Wain-Hobson of the Pasteur Institute sent an email around drumming up 5,000 signatures he made two points clear:

1. Signatories had to have “major university qualifications”.
2. Signatories were encouraged to sign even if “HIV/AIDS is not your area”.

In other words, the Durban Declaration was an attempt to use scientific status, not scientific debate, to silence dissenting views. The process of having 5,000 scientists sign the same statement of dogma is totally unscientific. It has more in common with statements of loyalty to a country or religious faith than with scientific discourse.

In response to this catechism, two colleagues and I put together a more heavily referenced rebuttal to the Durban Declaration (http://www.thedurbandeclaration.org). We encourage you to review both documents and decide which one makes the most sense.

Who are these three people that decided that 5,000 scientists were wrong? Robert Johnston is a gay man and one of the founders of HEAL Toronto, one of that rare species, an HIV/AIDS organization that does not promote pharmaceutical solutions ahead of all others. After more than a decade being labelled (as he describes it) HIV-positive, he is in extremely good health, without ever once having taken antiviral medications. Matt Irwin is a medical doctor who is particularly interested in alternative health care and the effects of nutrition and stress on personal health. As for myself, I have a university education in Biology and Mathematics, and as an environmentalist I am very concerned about the exposure of modern humans to chemicals, whether in the form of pesticides, pollution, recreational drugs or pharmaceuticals.

One of the most thought provoking aspects of AIDS is that, for all the assertions that HIV is the absolute, undisputable cause, it has been agreed for several years that one of the first two diseases found in AIDS – Kaposi’s Sarcoma – is now agreed to be definitely not caused by HIV. Although there is a strong associ-
ation with this skin disorder and the use of nitrite inhalant drugs\(^3\), the disease is now blamed by most on Human Herpes Virus 8 (also known as Kaposi’s Sarcoma Herpes Virus, just to ensure that the connection is made). The only problem is that the evidence that this virus is involved is rather weak\(^4\). The virus has never been purified, so it is possible that the genetic material used to ‘detect’ it is actually some poorly understood genetic change that occurs more commonly in Kaposi’s Sarcoma lesions than elsewhere. Furthermore, the virus (if that is what it is) is found in many healthy people, including a high percentage of Egyptian schoolchildren where Kaposi’s Sarcoma is quite rare\(^5\) and in most of a sample of healthy Italians\(^6\).

Even so, Kaposi’s Sarcoma is still included as one of the main AIDS-defining diseases. This requires some mental gymnastics. HIV must cause immune deficiency which is the only way that HHV8 can replicate. But this does not explain HIV-negative men with Kaposi’s Sarcoma nor the virtual absence of Kaposi’s Sarcoma in other AIDS risk groups, such as IV drug abusers and hemophiliacs.

A much better explanation for Kaposi’s Sarcoma is that it is due to the excessive use of nitrite inhalants. These drugs have been marketed almost entirely to the Gay male community, and many are unaware that they are highly immunosuppressive and carcinogenic. This is where organizations such as AIDS Calgary are betraying their community. By focusing entirely on HIV, they are withholding information about other health risks.

It is always difficult for a community, particularly one that has experienced a great deal of hostility and outright hatred, to look inwards at its own problems. But, reviewing early scientific literature on AIDS shows that drug use was virtually 100% among those gay men who got this terrifying disease. This does not mean that all gay men are drug users. The heterosexual community also has a very large drug problem, the main difference being the absence of the use of nitrites.

AIDS is much more complex than just nitrite inhalants and Kaposi’s Sarcoma. Part of the problem is that by lumping 30 different diseases together under one label, and pretending that they all have a single cause, it is very difficult for people labelled as HIV-positive, to determine what their true risk factors for health are.

I am totally convinced, after having read hundreds of scientific papers on the subject, that HIV is not the sole cause of AIDS, and quite possibly not even a contributing factor. I am willing to debate my views in any forum against anyone who believes that they can defend the HIV=AIDS=Death theory. Let the debate begin!

Regards,

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References