BOOK REVIEW

By David Crowe


The creation of a scientific argument is like the building of a house. Watching the construction brick by brick, the viewer must pay close attention to ensure that no corners are cut and the finished product will not collapse.

The book, Mother To Child Transmission Of HIV And Its Prevention With AZT And Nevirapine, allows the reader to observe the construction of an argument that pharmaceutical interventions to prevent mother-to-child transmission of HIV (MTCT) are futile and dangerous. Although this requires a great deal of time and concentration to follow, it is very important. Every brick added to their argument is a brick taken from the current argument that HIV causes AIDS and then death.

The book is the first from the Perth Group, the name taken by a group of scientists (most from Perth, Australia) who argue that HIV tests are meaningless, that AIDS is not a coherent disease, that AIDS drugs are toxic, and, oh yes, that HIV does not exist.

The book title disguises the extent of the overall discussion. The authors do not just argue that the prevention of HIV transmission from mother to child with the antiviral drugs AZT and Nevirapine is useless and dangerous; rather, labeling women and babies as HIV positive requires confidence in the validity of the tests. The authors provide extensive evidence that this faith is misplaced. In fact, they conclude that the lack of any gold standard to validate HIV tests shows that HIV has never been proven to exist.

Most HIV testing is based on the detection of antibodies (ELISA and Western Blot tests). For most diseases, antibodies are interpreted as a sign of past exposure. Yet, with HIV, it is assumed that they prove a current infection, a notion challenged by the Perth Group and one based largely on early work that looked for antibodies found mainly in people with AIDS.

The Perth Group argues that HIV tests must be validated by (among other things) isolation of the virus. I imagine that most HIV scientists would not argue that HIV-related tests amount to isolation, but they often claim that a process known as co-culturing isolates HIV. This process starts with unpurified serum from someone suspected of being HIV-infected. It is added to a culture of cancerous cells along with various stimulating chemicals. After several days or weeks, indirect signs of HIV are taken as proof that the virus is present – by the detection of the reverse transcriptase enzyme and p24 antigens, or by viewing particles of the expected size with an electron microscope.

The Perth Group claims that co-culturing does not result in purified virus, and it does not even amount to proof that any virus, let alone HIV, is present. They claim that purification of the virus is not only necessary to claim isolation, but is the only way to obtain material from which the proteins and genetic material of the virus can be determined.
The most recent HIV testing technique uses Polymerase Chain Reaction to detect HIV DNA or RNA. Although very popular, the test suffers from the same flaws as others tests. How can you know for certain that the DNA or RNA being searched for comes from HIV without first purifying the virus and analyzing the constituents of what, under an electron microscope, is first shown to be pure?

The book provides a general critique of HIV testing, but focuses particularly on the use of testing in HIV-positive mothers, including the claimed detection of HIV in breast milk. Such detection has led to the prohibition or discouragement of breastfeeding by HIV-positive mothers in many countries. Here again we have problems because even the detection of the virus does not prove it is infectious.

Much has been made of a correlation between HIV testing and AIDS (although it is far from perfect). This leads the Perth Group to analyze the term AIDS, which has a definition that has changed over time and varies internationally. The definition of AIDS first involved two rare diseases (Pneumocystis carinii pneumonia and Kaposi's Sarcoma). The definition has since broadened to include about 30 different diseases.

In the United States, the definition goes so far as to include people who are HIV positive and have abnormal CD4 immune cell counts and may not even show any signs of illness.

In places where routine HIV testing is too expensive, such as Africa, however, variants of the Bangui definition are used. Without an HIV test AIDS can be diagnosed with any two major signs:

- weight loss (>10% of body weight),
- diarrhea for more than one month, and
- fever for more than one month.

along with one minor sign, such as a persistent cough.

It is quite clear that Bangui AIDS (unlike the more exotic North American AIDS) has been around as long as there has been poverty and malnutrition, and may not be anything new. The Perth Group provides extensive evidence for this, showing that similar symptoms occur in HIV-positive and HIV-negative children suffering from malnutrition.

The Perth Group has theorized that the link between HIV tests and what is termed “AIDS” occurs because the HIV antibodies detected and the illnesses are both produced by oxidative stress. Even Luc Montagnier, generally believed to be the true discoverer of HIV, admits breakdown of cells due to various insults may be involved in AIDS. For example, the onslaught of malnutrition, malaria and tuberculosis can lead to symptoms that mimic Bangui AIDS. Oxidative stress can be resolved not with expensive pharmaceutical drugs, but with adequate nutrition, rich in, or supplemented with antioxidants, such as Vitamins A, C and E, Selenium and Glutathione. The authors even speculate that it is the addition of oxidizing agents to co-cultures, and not HIV, that causes the signals interpreted as the presence of a virus.

The first part of the book, by deconstructing HIV and AIDS, calls into question the need for drugs to combat HIV or HIV transmission. However, putting aside these arguments, the authors then consider the evidence for the effectiveness and safety of these drugs.

AIDS drugs have received generally positive press, even though most have a long list of known and suspected toxicities. The two drugs used for prevention of MTCT, and the
only drugs discussed at any length in this book, are AZT, the first approved AIDS drug and Nevirapine. AZT is still considered the standard of care in rich countries. Nevirapine is recommended for use in poorer countries because of its simplicity (single dose) and lower cost.

AZT is a nucleoside analog, meaning that it is intended to interfere with cell division. It has a long list of side effects, some fatal. Most worrying, in the context of mothers and their babies, is the knowledge that it crosses the placenta and is a likely carcinogen, mutagen and teratogen. It also causes serious anemia.

Less is known about Nevirapine. The major study with Nevirapine related to MTCT (Guay LA et al. Intrapartum and neonatal single-dose Nevirapine compared with Zidovudine for prevention of mother-to-child transmission of HIV-1 in Kampala, Uganda. Lancet. 1999; 354: 795-802.) has been interpreted as showing that this drug is safe and effective. Yet all it showed was that it was no more toxic than AZT (as there was no placebo in the trial). The rates of adverse effects and deaths were very high, but without a placebo, it is impossible to say if this was due to the therapy or HIV. An application to use Nevirapine in the United States was recently withdrawn by the manufacturer because of irregularities in the Uganda trials. [I just saw the press reports on this on Friday]

The world is clamoring for solutions to the transmission of HIV from mothers to children. Treatment activists are suing the South African government of President Thabo Mbeki to end his reluctance to prescribe AZT and Nevirapine. Many programs to substitute formula for breast milk are underway in the third world, and women in North America and Europe have been banned from breastfeeding their own children. Could this all be a colossal mistake, one that will divert the scarce resources of third world countries and much foreign aid into the pockets of first world drug and formula manufacturers?

The Perth Group's new book is unlikely to change this state of affairs overnight because people involved with AIDS have shown a great reluctance to consider contrary ideas that threaten their careers, income and status. It will not be AIDS Inc. that ends the party. It will have to be people without a financial interest in continuing down the current path.

The book itself will be partly to blame if it is not read widely. It is privately published, so to obtain it you must order it from the Perth Group (email to Dr. Val Turner to get more details: vturner@bigpond.net.au) and pay in Australian dollars. It also has formatting problems that make it difficult to read. The approach of the Perth Group is to present the scientific data with the minimum amount of interpretation. This means that often data are presented on one page for which a context is only provided in a summary several pages later. Consequently, a great deal is expected from readers. While there is little redundancy in the text, a better road map would have been helpful.

[Personally, I would like to see references to other books. I'm okay without it, but I think that references to books by Crewdson, Duesberg and Maggiore would be useful. I would suggest the following…]

If this is your first exposure to people questioning HIV as the cause of AIDS, Christine Maggiore's book "What if everything you thought you knew about AIDS was wrong?" might be a better starting point. Duesberg's 1996 book "Inventing the AIDS Virus" is more readable and better produced, but does not seriously tackle questions of the accuracy of HIV tests nor does Duesberg question whether HIV exists. Crewdson's recent
book "Science Fictions" describes in detail how Gallo's seminal research on HIV was invented, in order to steal credit for the discovery from the Institut Pasteur, although the author does not question HIV as the cause of AIDS.