

# Activism at AIDS conference

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worthwhile destruction of AIDS." He received a sustained standing ovation.

## Monday June 5

Stephen Joseph, NYC Commissioner of Health, spoke at the plenary session where he was confronted by ACT UP. Joseph has long been a target of ACT-UP's fury because of his criminal mismanagement of New York's AIDS crisis and his arbitrary reduction of the estimate of HIV+ people in NYC by 50% from 400,000 to 200,000 last year. This had led ACT UP to occupy Joseph's NYC office earlier this year. Eleven members were recently convicted for this action. As well during his speech at the conference he announced plans to expand NYC's contact tracing programme which puts all anonymous testing in doubt. Using the tuberculosis model as a rationale he argued that improved treatment options make it even more imperative to mandatorily report to public health authorities the names of all HIV+ people. This provoked activists to interrupt his speech with boos, hisses and chanting. (On Thursday ACT UP members in NYC blocked the Brooklyn bridge for 25 minutes in protest against moves towards mandatory reporting.)

Activists took their safe sex mes-

sage to the Montreal Expos baseball game at the Olympic Stadium that evening. They unfurled banners reading "Men use condoms or beat it," "Silence = death," and "AIDS ACTION NOW!" They handed out thousands of condoms and safe sex information. One New York City activist remarked that this action was better received than the one ACT UP did at Shea Stadium last year.

## Tuesday June 6

On Tuesday the big issue was the struggle for anonymous testing. A morning press conference and a lunch time rally focused attention on this issue. The morning press conference created such a stir that Elinor Caplan, the Ontario Minister of Health, cancelled her press conference which was to immediately follow it. The presence of AIDS activists was really being felt. The lunch time rally brought out more than 200 people and a massive police presence to prevent a repeat of Sunday. The police also refused to allow activists to use the sound system for which they had a permit. The rally heard speakers from the three sponsoring activist groups, as well as Linda Gardner of Hassle Free Clinic in Toronto, Valerie Scott of the Canadian Organization for the Rights of Prostitutes, Christian Paquin of the CLSC Metro in Montreal which conducts anonymous testing, and Steven Maynard



Conference participants demonstrating in favour of anonymous testing in front of the Palais de Congress.

and Nancy Tatham of the Kingston AIDS Project. Chants included "keep your laws off my body," and "Mon Corps, Ma Choix." Linda Gardner said that "early identification of anti-body status can save lives." Then she criticized HIV reportability saying "many, many

people are just not going to come in at all. They are afraid that getting tested means being publicly identified. I hear this day after day after day from our clients." Following the demonstration a number of activists went to a session on HIV reportability where public health

## Challenging the AIDS establishment over HIV

by Colman Jones

Amidst the continued activist demonstrations outside the Palais de Congress challenging the AIDS establishment on its testing, treatment, and education policies, another less-noticed but equally significant challenge to prevailing wisdom was taking place inside.

In an impromptu press conference on Wednesday, two leading voices in the AIDS community reminded journalists and delegates that there are still serious doubts about the hypothesis that claims HIV is the sole cause of AIDS. Ten years into the epidemic, they say, it is still unclear why only some people infected with HIV go on to develop AIDS, while others remain free of symptoms. These concerned voices warn that the premature ac-

ceptance of HIV as the only cause of AIDS and the subsequent investment of all available resources into that research avenue may have dire consequences if more than HIV turns out to be involved.

Dr. Joseph Sonnabend, an internationally-renowned microbiologist, a co-founder of the AIDS Medical Foundation, founding editor of the journal *AIDS Research*, and a primary-care community physician in New York City, has treated hundreds of people with AIDS since the beginning of the epidemic. He is convinced that the cause of AIDS is in fact a combination of many different factors, which may or may not include HIV, that together lead to the collapse of the immune system seen in AIDS. These include repeated infections by other sexually transmitted diseases,

exposure to foreign antigens found in semen and blood, drug abuse, and even malnutrition. He notes that while CMV (cytomegalovirus) is a potent immune-suppressive agent, found in many people with AIDS, its role in bringing on immune deficiency has not been explored, nor has the role of the reactivation of EBV (Epstein-Barr virus) infections, the sustained presence of interferon in the blood of people with AIDS, or even poorly-treated syphilis.

One of Dr. Sonnabend's longest surviving patients, Michael Callen, diagnosed seven years ago, agrees. Noting the conspicuous absence of any debate over alternate hypotheses at the Montreal conference, Callen, the publisher of *AIDS FORUM*, a journal devoted to "diverse views about AIDS," reminds

people that, "the precise mechanisms of pathogenesis in AIDS are still not understood... there's a great deal of speculation, but we do not know."

Sonnabend and Callen point out that if HIV is eventually shown not to be the cause of the syndrome, science will need to start again from the very beginning, wasting precious time and countless lives. The singular focus on HIV and retroviral treatments has hindered other potentially crucial avenues of research. Sonnabend notes that the leading killer in people with AIDS to date, pneumonocystis pneumonia, has been preventable and treatable for ten years. Pen-tamidine and Bactrim have been standard treatments for patients immune-suppressed from chemo-

therapy radiation and organ transplants.

"The HIV hypothesis has consumed all our resources and yet hasn't saved a single life," according to Sonnabend.

Says Callen, "while many who question the HIV hypothesis are clearly misguided and without scientific foundation, there is nonetheless a serious critique of HIV, and there are alternate explanations that are at least as plausible."

"We have to explore all the possibilities, including HIV," adds Sonnabend. "Of course, people who believe in HIV should continue to pursue it, but they should give us evidence to show us why HIV causes AIDS. We should invite a broad arena of speculation and ideas."

## Activist research and treatment agenda unveiled

MONTREAL—AIDS activists have taken the development of research and treatments into their own hands in the face of stifling state and medical bureaucracies. It is these research and treatment initiatives which have begun to transform AIDS/HIV into a chronic, manageable condition.

ACT UP New York, unveiled its impressive treatment research agenda at a press conference here on June 6th. This agenda calls for U.S. government research of drugs already found effective in com-

munity-based clinical trials. "There is a vacuum at the heart of the U.S. research and regulatory effort," said Mark Harrington of ACT UP. "The U.S. government is ignoring the opportunistic infections that afflict people with AIDS and HIV, while

focusing too much effort on expensive and often toxic antivirals," to attack HIV, the virus believed to lead to AIDS. In contrast to the failure of the U.S. government programme, AIDS activists outlined a comprehensive alternative for treatment and research. Harrington concluded, "We need new

cheap, non-toxic AIDS drugs, and where the U.S. government cannot take action, AIDS activists will."

The ACT UP paper—"A National AIDS Treatment Research Agenda" opens with 12 principles for a new drug testing system. These include demands that people with AIDS, HIV and their advocates participate in the design and implementation of coordinated and compassionate strategies for drugs of all kinds—especially those that treat opportunistic infections, which is what people are actually dying of. The document outlines

"Five Drugs We Need Now"—DDI, EPO, Fluconazole, Fosarnet, GM-CSF—; "And Treatments We Want Tested Faster" including As-samycin, CD4, Passive Immunotherapy and Peptide T. As the paper states: "The U.S. has failed to carry out its global responsibility. The managers of the AIDS research effort are motivated by profits, patents, and prestige, not by a vision which demands solutions to the real-world problems engendered by AIDS."

The document draws on the experience of community-based re-

search efforts. Pointing to the U.S. government disaster regarding aerosol pentamidine they state that it was the "humane, well-designed, quickly executed clinical trials conducted by San Francisco's County Community Consortium and New York's Community Research Initiative [which] produced data for the approval of aerosol pentamidine. This was the single most important therapeutic advance since 1981. In the meantime the Federal AIDS Program has continued conducting its endless, unproductive protocols."