RethinkingAIDS

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MEDIA WATCHDOGS BLAST FUMENTO
Has the politicization of AIDS left science in the lurch?

The political left assumes that a liberal media watch organization like FAIR would critically examine the HIV/AIDS hysteria from the medical-industrial complex. They would be wrong.

by Christine Johnson & Steven Kurvink

Like many advocates of progressive politics, we have always respected organizations like FAIR (Fairness and Accuracy in Reporting), since we share their viewpoint on the issue of media censorship and bias.

You would think that a liberal media watch organization like FAIR would question government and media propaganda regarding AIDS. After all, FAIR claims to "scrutinize media practices that marginalize public interest, minority and dissenting viewpoints," and seeks to "break up the dominant media conglomerates" and "establish independent public broadcasting and promote strong, non-profit, alternative sources of information."

But you would not know this from the November/December 1999 issue of *Extra*, FAIR's bimonthly publication. In it, writer Sam Husseini denounces Michael Fumento — a longstanding opponent of the notion of a heterosexual AIDS epidemic — for an op-ed piece Fumento wrote for the *Washington Times* (June 8, 1999). Since 1987, Fumento has hammered away at the constant exhortations declaring burgeoning AIDS epidemics among heterosexuals, teens, babies, and women. He derides such sloganeering as "AIDS is an Equal Opportunity Destroyer," a view promoted by the American Foundation for AIDS Research (AmFAR).

Fumento is a former AIDS analyst and attorney for the US Commission on Civil Rights and consultant on a National Institutes of Health AIDS project. He published *The Myth of Heterosexual AIDS* in 1991, and for over ten years has published regular updates on the alleged heterosexual AIDS epidemic, around 40 to date (which may be viewed on his web site, www.fumento.com).

Fumento's *Washington Times* article reported what should be good news—a 20% decrease in new AIDS cases—stating "the bottom is truly falling out of the epidemic." However, Husseini didn't see it that way, trivializing Fumento's "cheerful spin" on the situation by saying he ignored two important "facts": 1) the role of protease inhibitors as a major factor in the decrease in new AIDS cases; but 2) no decrease in the number of newly infected people per year (40,000 and holding steady.)

First, Fumento stated in a letter to the *Wall Street Journal* (February 17, 1998) that "AIDS clearly began peaking well before the use of current drug therapies." We agree. Yearly total AIDS cases were on the decline by mid 1995, although protease inhibitors were not introduced until 1996 (*RA*, Dec. 1996). Second, as Fumento has pointed out ("Dealing with good news," *Philanthropy Magazine*, Jan-Feb 2000), any figures giving numbers of HIV infections are pure speculation: "The CDC has used an estimate of 40,000 for several years now, though it has never explained the methodology behind that figure." And since all other STDs are declining, it makes no sense that HIV infection should be escalating. In addition, the gross inaccuracies of HIV antibody tests [as detailed in Johnson's previous work and that of the Perth Group] would invalidate any conclusions based on testing data. ["What you don't know can make you 'HIV-positive': Factors known to cause false-positive HIV antibody tests." Johnson, *Zenger's*. Sept 1996; "Is a positive Western Blot proof of HIV infection?" Eleopulos et. al, *Bio/Technology* 1993, 11:696.]

Husseini invites us to look at the CDC's statistics and "bother doing the math." This is exactly what Fumento has been doing all along, yet Husseini interprets the statistics quite differently, letting his emotions hold sway over dispassionate analysis of the numbers. For instance, Fumento was criticized for pointing out the media's obsession with AIDS among teenagers (citing such headlines as "AIDS runs wild among teenagers," and "Devastating spread of AIDS among US teenagers."). Contrary to these inflammatory headlines, teen AIDS accounted for only 0.06% of all cases in 1998. The total number was 297 cases, 68 of which were classified as due to heterosexual exposure. (It's interesting to note that 61 cases were female and 7 were male.)

Husseini discounts Fumento, stating: "Of course there are relatively few teens with AIDS, since it generally takes about 10 years for the disease to develop." By invoking a 10-year-plus "latency period," Husseini puts himself into a logical vise, since any teen AIDS cases would represent infections at ages 3 to 9 years old. If these infections represented mother-to-infant HIV transmission, then by now we should be seeing an increase in pediatric AIDS (ages 1-12) as well as an increase in teen AIDS. Neither is the case, as total cases in both these categories are declining (from low numbers to even lower numbers: Pediatric cases declined from 992 in 1994 to 322 in 1999. Teen cases declined from 439 in 1994 to 265 in 1999.)

Even if these cases were due to sexual molestation by infected

adults, they hardly make a case for a burgeoning heterosexual epidemic, since only 5% of male teen AIDS cases are attributed to heterosexual contact and 40% of female cases.

MISUSE OF STATISTICS

Husseini seems alarmed by the fact that the percentage of AIDS cases attributed to heterosexual contact is greater among teens (23%) than among adults/adolescents in general (14%). This supposedly suggests that "down the line AIDS contracted via heterosexual contact will continue to constitute a greater portion of the total." First of all, we are already "down the line" and the numbers of cases in all categories are decreasing. Second, even in the unlikely event that 100% of new cases were attributable to heterosexual infection, with total cases decreasing, this would not represent a heterosexual epidemic raging out of control, but rather an epidemic. in decline

While the percentage of AIDS cases attributed to heterosexual contact has been slowly increasing (from 10% in June 1994 to 15% in June 2000), the total numbers in this category have been slowly decreasing (from 8,296 in June 1994 to 6,773 in June 2000).

AIDS authorities play loose with legitimate statistics, but here are two things to keep in mind: (1) a large percentage of a small number is still a small number; and (2) an increasing percentage of a decreasing total will eventually represent a decreasing number.

Juggling percentages doesn't make an epidemic out of thin air. We suspect that if there were only one AIDS case this year, and next year it increased to two cases, someone would be ringing the alarm bells about a "100% increase in AIDS cases." True enough, but two cases is hardly a threat to the health of the nation.

A MORE RADICAL VIEW

While Fumento points out the low numbers of AIDS cases claimed to be heterosexually acquired, his work doesn't deal at all with the substantial body of literature that, when combined, would suggest that heterosexual transmission is next to impossible. At the very least, there is no definitive scientific proof that it takes place.

Nancy Padian is a well-known researcher of HIV transmission between discordant couples. Her oft-cited 1991 study ("Female-to-male transmission of HIV," *JAMA*) showed only one case of transmission from an infected female to her male partner, among 71 couples practicing unprotected sex.

This woman, however, reported over 600 male sex partners, over 3000 acts of intercourse with men in AIDS risk groups (a bisexual, an IVDU, and a man known to be HIV positive). She experienced multiple STDs and gynecological surgery. She would have sex with another partner while her husband watched, and then had sex with her. Over 100 episodes of vaginal or penile bleeding occurred between them. According to insurance industry actuary Peter Plumley's analysis of this case ("An actuarial analysis of the AIDS epidemic as it affects heterosexuals," *Transactions*, 1992), Padian suggested that the husband's "HIV infection may have come from one of the other men who had sex with his wife immediately prior to his sexual activity, rather than from his wife." This situation is in no way representative of the average non-risk-group heterosexual couple's risk of HIV infection, and certainly no conclusive female-to-male transmission took place during this study.

In addition, Padian's latest estimates of female-to-male HIV transmission put the odds at 1 per 8,000 unprotected contacts. [She puts the odds of male-to-female transmission at 1 per 1,000.] (*Am. J. Epidemiology,* 146:350, 1997). At this rate, if the average couple has sex three times per week, it would take 51 years for a man to acquire HIV from his female partner. Thus women act as a "firebreak" which prevents any type of heterosexual epidemic from taking off.

Stuart Brody, a clinical psychologist and expert at risk factor analysis, stated in his 1997 book *Sex at Risk*, "The risk of transmitting HIV through vaginal intercourse is near zero among healthy adults." Brody contends that the two established routes for HIV transmission are intravenous activity and anal intercourse: "…the frequency of vaginal intercourse does not correlate with HIV seroconversion" but anal intercourse does. ("Sex, lies, and HIV transmission," *RA*, Dec 1997).

Even such mainstream publications such as the *Journal of the American Medical Association* have recognized that standard advice to reduce HIV infection risk (fewer sex partners, monogamy, use of condoms and so on) is wrong-headed. In 1988 Hearst asked, "Are we giving our patients the best advice?" (259:16), pointing out that "the single most important recommendation" would be to "avoid choosing a sexual partner who may be at high risk of carrying HIV." Hearst's figures show that a single unprotected encounter with a person of unknown sero-status would have the following likelihood of resulting in HIV infection: If that person is not in any high-risk group, the risk is 1 in 5,000,000; if the person is in a risk group, the risk dramatically increases to between 1 in 1,000 to 1 in 10,000. Where the partner is known to be HIV negative, one unprotected encounter with a non-risk-group person carries a risk of 1 in 500,000,000, whereas if the HIV-negative partner is practicing continuing high-risk behavior, the risk escalates to 1 in 50,000.

Another problem with claims of heterosexual transmission is that public health departments must rely on self-reporting by the person with AIDS. On the initial questionnaire, a person may claim heterosexual transmission, but on aggressive re-interviewing (which is not often done) many people recant and admit to sex with someone in a risk group (e.g., men will admit to homosexual contact). Social scientists are well aware of a phenomenon called "socially desirable responding," a polite name for old-fashioned lying. ("Lying to military physicians about risk factors for HIV infections," *JAMA* 1987, 258:1727; Plumley 1992; Brody, 1997).

This implies that people will answer sensitive or embarrassing questions in such a way as to put themselves in a more favorable light. As Plumley explains, "Seldom would anyone have reason to conceal his heterosexuality. However, the likelihood of someone hiding his homosexuality or IV drug use is significant [as] these lifestyles are condemned by a large part of our society…" (Plumley 1992). As for anal intercourse, it is neither admitted to nor asked about (Brody 1997). [For a detailed analysis of how researchers come to conclusions which ignore the data, see *RA* December 1997.] Brody concludes that "the rare seroconversion observed in HIV coitus transmission studies represents participants who have not been forthright in their self-appraisal of risk exposure, or who have not been asked the specific questions that would have identified their risks." He considers receptive anal intercourse and IV exposure to account for all cases listed as heterosexually acquired.

Ukrainian scientist and HIV-AIDS critic Vladimir Koliadin says, "Although transmission of HIV is widely accepted as [fact], it has never been proven by rigorous methods. The belief in transmission of HIV rests on several logical flaws in interpretation of some epi-

demiological observations and studies" (koliadin@websp.websp.com).

AFRICA: A CASE FOR HETERO TRANSMISSION?

Husseini uses the situation in Africa to support his view, but he does not deviate from the conventional wisdom in terms of the gross inaccuracy of his information. Husseini claims that "every day, Africa buries now 5500 of its sons and daughters who have died from AIDS." This frightening statement has nothing to do with reality. According to the World Health Organization's (WHO) AIDS statistics, the cumulative total of reported AIDS cases in Africa, over the last 19 years, is only 794,444 (compared to 717,430 for the United States). Husseini's factoid of almost 2 million African AIDS deaths per year is more than double the number of reported cases for 19 years! Surely if these millions of dead bodies were actually there, someone would notice and report them to WHO. In fact, all information on AIDS numbers in Africa is based on estimates and not facts, and nothing is increasing in Africa except the degree to which WHO's estimates are inflated every year. Husseini claims "the vast majority of this toll stems from heterosexual transmission." Fumento would say a more likely explanation would be the widespread use and re-use in many poverty-ridden areas of unsterile needles for vaccinations and transfusions (see, *The Myth of Heterosexual AIDS*). Brody states this "effectively places the African patient in a situation not unlike that of IV drug users anywhere sharing unsterile hypodermic equipment" (Brody 1997). This is coupled with a nonspecific clinical case definition which can easily end up mis-diagnosing many common African diseases as AIDS. In addition, HIV antibody tests are rarely used to diagnose AIDS in Africa, and when they are, it must be noted that any number of African diseases can cause false positives (Johnson 1996). The situation in Africa is so hopelessly confounded that any AIDS diagnosis is suspect.

Fumento comments that we are told of third world cases "in such specific terms that one would think the victims had walked through a turnstile with a counter. Yet these are all estimates, and the estimates are from organizations that are given funds if they declare there's more AIDS" (Fumento 2000).

SHORT-CHANGING OTHER DISEASES

Fumento's work pretty much sticks to a "just the facts, Ma'am," analysis of statistics from the CDC. This in itself seems to pose a threat, as Fumento. help but draw some obvious inferences from the data. For instance, he has spoken out against what he considers to be an outrageously overblown and unjustified AIDS budget ("Are We Spending Too Much on AIDS?", *Commentary*, Oct 1990; "The squeaky wheel gets the grease," *American Spectator*, Dec 1998). For example, the NIH budget allocated $70,000 for each AIDS deaths in 1997, but only $5,000 for cancer and less than $2000 for heart disease. (The number of annual AIDS death is less than 8% of cancer deaths and less than 4% of deaths from heart disease.) Fumento wonders, "[if] a rapidly growing epidemic was an excuse for a rapidly growing budget, shouldn't a rapidly shrinking epidemic prompt reallocation of funds? Shouldn't it be of import that AIDS now kills about as many persons in a year as cancer kills every twelve days?"

FAIR'S AIDS COVERAGE SO FAR

FAIR has thus far been unable to see beyond the superficial dogma of "conventional wisdom" on AIDS, very little of which is backed up by hard science.

Writing in the *Arizona Republic in* 1993, FAIR regulars Jeff Cohen and Norman Solomon lambasted *Cosmopolitan* magazine for its "irresponsible" and "deadly" practice of letting women know they could enjoy sex without the terror of "heterosexual AIDS." *Cosmo* correctly reported "There is almost no danger of contracting AIDS through ordinary sexual intercourse" ("Reassuring news about AIDS: A doctor tells why you may not be at risk," February 1988; "AIDS: The real story about risk," March 1992). Cohen and Solomon lump *Cosmo* in with Patrick Buchanan, who "for ideological reasons" has also "denied the reality that AIDS puts most people at risk."

Husseini takes an equally antagonistic tone toward Fumento, seeming to read his position as some right-wing attack on the liberal ideal of defending underdogs such as, in this case, gays, blacks, and Hispanics, who make up a preponderance of AIDS cases.

Fumento's work has mostly appeared in conservative periodicals such as *The National Review* and *Commentary*, and Fumento's other right-wing affiliations, including his present position as senior fellow with the Hudson Institute, lead Husseini to dub him a "virtual poster child for what right-wing institutions can foster."

To the contrary, Fumento is no mouthpiece for right-wing agendas. Soon after joining the US Commission on Civil Rights, Fumento realized conservatives were using the AIDS epidemic to further their own anti-sex and anti-gay agenda. Fumento criticized the right-wing objective of "[restoring] traditional sexual morality" by "[distorting] the true nature of the epidemic" (*The New Republic*, August 8 & 15, 1988). He stated, "It is dishonesty that underlies the entire moralistic scheme to exaggerate the heterosexual AIDS problem. Frustrated with the failure of the message 'Sex will cost you your soul,' the moralists have cynically replaced it with 'Sex will cost you your life.'"

After *The New Republic* article, Fumento was demoted, relieved of his AIDS duties, and warned not to talk to reporters about it. His adherence to honesty about AIDS risks has made him a very unpopular guy who has made enemies on both ends of the political spectrum. Gay activists have targeted him and issued death threats to those who publish his work. After the publication of his book, he was "summarily fired from his job as an editorial writer at Denver's *Rocky Mountain News* and spent two years unemployed" ("Beat the press: Death threats and bullying tactics follow AIDS journalists who contradict the conventional wisdom," Kaufman, *Washington Monthly*, March 1993). Fumento's book was suppressed and he is "routinely called a racist and a homophobe in print." Gina Kolata of *The New York Times* and Dan Lynch of the *Albany Union Times* have received similar treatment for not toeing the line on AIDS.

RA has reported across a spectrum of AIDS dissidents. It would be fair to say that Fumento is among the least radical of them, as he believes that HIV is the cause of AIDS (see: "Heretic: Rethinking AIDS," *Commentary*, July 1993, and "A complicated disease won't have simple answers," *Los Angeles Times*, July 28, 1992).

Yet FAIR's response to Fumento clearly demonstrates a profound lack of tolerance to even the slightest deviation from the establishment party line.

PROGRESSIVES WON'T QUESTION AIDS DOGMA

The Fumento controversy can be seen as part of a larger issue—the relationship between science, politics, journalism and public policy. Fumento argues that science has become increasingly politicized, leading to faulty findings that are accepted as fact by uncritical journalists. The result is a misinformed public, misplaced priorities and

misguided public policy.

It would be naive to assume that science can or should exist in a political vacuum. Policy advocates have always turned to science to substantiate their claims. In and of itself this is not a bad thing, and at times, has led to positive results. For example, regulation of the tobacco industry has its origins in research that demonstrated the harmful effects of smoking. In the 1950's, civil rights attorneys drew on social science research to demonstrate the detrimental effects of segregation on the education of minority children.

Of course, on politically charged issues both sides will engage in a certain amount of selective perception in order to buttress their claim. This can lead to bias, both in the research itself and its intended audience. (An example of this problem is when research indicates that there may be a biological basis for some male-female behavioral differences. Such findings are applauded by cultural conservatives and denounced by feminists. This exemplifies how scientific facts can be used as political resources.)

On an issue like AIDS the conflict intensifies. The disease has taken a tragic toll on the gay community. As a marginalized group, victimized by discrimination past and present, gays are angered by arguments that appear to minimize the impact of AIDS on the rest of society. Arguments like Fumento's—that AIDS does not pose a threat to the heterosexual majority—seem to gays like just another way for heterosexuals to disavow concern for them. It is then tempting to lump Fumento, a political conservative, with ultra-conservatives like Pat Buchanan who not only realize that AIDS is confined to certain groups, but characterize it as God's retribution against members of those groups. But Buchanan's position is not Fumento's, nor ours.

The thrust of Fumento's argument is that the facts compel us to confine our profile of AIDS victims to certain high risk groups. This is not an argument to take the disease lightly. That the victims of prostate cancer are exclusively male does not lessen societal concern. Indeed, it could be argued that at least part of the concern for AIDS is that it does disproportionately affect a minority group that historically has been treated unjustly.

Contrary to what is implied by Husseini, questioning the conventional wisdom regarding AIDS is not incompatible with actively supporting gay rights and other progressive causes. Similarly, true compassion for the victims of AIDS does not include inciting the fears of those not really at risk.

Politics can make strange bedfellows. Today progressives from the labor and environmental movements find themselves in a tactical alliance with populist conservatives in opposition to what both groups perceive as the excesses of globalism.

Certainly we would clash with Fumento on a variety of issues; however, like many other liberals in the RA movement, we align with Fumento on the issue of heterosexual AIDS. Fumento's conservative politics do not invalidate the accuracy of his reporting on AIDS.

FAIR should live up to its own mission statement and examine the profound bias and censorship exercised towards contrarian AIDS reporting. In short, FAIR's attack is unfair.

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Rethinking AIDS

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2. To advocate the absolute right of students, professors, physicians, scientists, government officials, and everyone else to think freely and speak openly on the subject of HIV and AIDS without fear of professional, social, political, economic, or criminal penalties.
3. To assemble scientists, physicians, and other informed people who support rational, open scientific discourse on the subject of HIV and AIDS, and make those persons available for commentary and consultation to interested social groups, media outlets, government agencies, professional organizations, and individuals.