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Letters

AIDS confusion

The recent confusion stemming from instances of AIDS-like symptoms ("The baffling case of an AIDS-like malady," SN: 8/1/92, p.70) brings to mind a hypothetical scenario:

A killer creates panic as he travels around a city slashing women's throats. Investigators become convinced that the cause of the deaths is red skirts, until they find some victims wearing blue skirts. Research focuses on how red and blue skirts can cause the deaths, until one day a woman wearing jeans is found with her throat cut. Initially researchers are confused, until they fall back on the "obvious" answer that the new spate of jean deaths is similar to the skirt deaths. And the cause-effect research into clothing continues.

For several years, some researchers have suggested that the HIV viruses are "companions" to whatever is causing AIDS. Have these recent and troubling developments caused researchers and funding agencies to reconsider the policy of focusing virtually all of their

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time and money on such a narrow target as the HIV viruses?

S.W. Vandermark
Columbus, Ohio

To some of us, "The baffling case of an AIDS-like malady" does not come as a surprise. I and other AIDS researchers have documented dozens of HIV-free AIDS-like cases during the period 1986-1991, and hundreds of cases matching the surveillance definition of AIDS in the pre-HIV era back to 1872. All of these cases have been summarized and published in peer-reviewed scientific journals and ignored by mainstream HIV researchers.

What is particularly disturbing is the refusal of HIV researchers to face these and other equally compelling facts. Their latest theory is that there is another, unidentified virus that acts like HIV. At the same time, they assure us that the blood supply is not contaminated by the unidentified virus. Please! Either there is another virus that we have not detected and it is in the blood supply; or there is no second

virus and we are safe; or this second virus is found almost solely in HIV-positive people and has therefore been accidentally screened from blood by HIV testing.

In the first case, we are all at risk and AIDS experts must admit it. In the second case, there must be nonretroviral causes of AIDS, which is what Peter Duesberg, Joseph Sonnabend, I, and other scientists have been arguing for years.

The third case will completely muddle up the picture. To be screened out of blood by HIV testing, the putative second virus must usually coexist with HIV. Since the putative second virus can presumably cause AIDS in the absence of HIV, then what would be the role of HIV when both viruses were present simultaneously?

Face it: No matter how we explain HIV-free AIDS cases, the answer will force us to rethink everything we thought we knew about AIDS.

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