

AIDS and the dangers of denial

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Imagine the scenario: The cafeteria at your child's high school is frequented by a few individuals telling your children that it's fine to smoke. They make passionate exhortations that statistics linking cigarettes to cancer, stroke and heart disease are flawed, because many people have smoked regularly without ever suffering ill effects. They say lung cancer is twice as common in women as it was two generations ago because of other causes, such as exposure to jet fuel fumes, a super-poison unleashed by rogue former KGB agents or a shadowy oil-driven cabal. They tell your child that the link between cigarette smoking and cancer is a hoax perpetrated by personal injury lawyers.

What would you do? Would you contact the school board or the police department and ask that these crackpots be removed from the premises? Or would you defend freedom of speech as an important right that must be preserved under all circumstances, even if it might provoke reckless behaviour and even death?

We live in an time when information is available and disseminated to society, including our children, in myriad ways. In the absence of an effective filter to protect the vulnerable, disinformation can kill. And while we spend billions of dollars worldwide in public service announcements educating our children about the perils of drug use and unsafe sex, we do little or nothing to counter the bewildering chorus of voices arguing that HIV, a virus that has killed more than 25 million people around the world in the course of a single generation, is utterly harmless.

People who argue that HIV does not cause AIDS have formed clubs, published newsletters and freely disseminated terribly harmful information on this subject through the Internet and other widely available channels. Attempts to shut down these sites or to prevent the dissemination of denialist literature are routinely dismissed on the grounds that dissenters have a right to express their views and that the public interest is better served by the defence of freedom of expression.

The latter sentiment appears in a letter to us - researchers on the front lines of the global AIDS crisis - from the provost and vice-president of a well-known U.S. university, after we complained that one of his faculty members had written a book based on an HIV-AIDS denialist position. The university should have shown leadership on the issue and dismissed the faculty member from her position, rather than hiding under the cloak of academic freedom.

We submit that the same standards of public health enforcement should apply to HIV-AIDS as to cigarette smoking and to other organisms, such as tuberculosis, that cause epidemic infectious disease.

We have long accepted that free societies do have an obligation to impose restrictions on freedom of speech in the interest of public safety. Among other jurisprudence, Supreme Court Justice Oliver Wendell Holmes famously opined in *Schenck v. United States* (1919) that the right to free speech does not permit one to falsely yell "fire" in a crowded movie theatre because of the injuries and deaths that would ensue as people stampeded toward the exits.

HIV denialism is lethal. It is responsible for the infections of at least several hundreds of thousands more people around the world than would have otherwise been infected and died. South African President Thabo Mbeki and his health minister, HIV denialists until last year, were among those in Africa whose refusal to be content with mere ostrich-like obliviousness, whose insistence on propagating flagrant disinformation about the disease, amounted to an arguably criminal abrogation of leadership.

Last summer, when political pressure generated by the International AIDS Conference in Toronto caused them to finally reverse their position, a scientific presentation there estimated that the number of HIV-infected people in South Africa was approximately 25 per cent higher than otherwise because of that country's policies.

The reasons for AIDS denial are probably as varied as the deniers themselves, but they're clearly not all motivated by political expediency. In the United States, the daughter of an HIV-infected woman named Christine Maggiore died of AIDS two years ago because she was not treated with anti-HIV drugs. The mother's reasoning was that the drugs could not possibly have done any good, since they act against a virus that has nothing to do with AIDS. In Canada, a similar case resulted in the custody of two HIV-infected children being transferred to foster parents who ensured that proper care was received. Those children have thrived.

In a recent case in Australia, a man was charged with transmitting HIV to several sexual contacts. He had been fully aware of his HIV-positive status, but argued that it had not been conclusively proven that HIV was the cause of AIDS. The defence based its case in part on information found on the websites of members of HIV denialist movements. The man was convicted, but is now appealing, and a spate of similar cases are pending in North America and elsewhere.

Our lawmakers need to enact legislation to put appropriate limits on such irresponsible expression and to counter the ongoing damage perpetrated by denialists. The scientific evidence that HIV causes AIDS is no less incontrovertible than the evidence that cigarette smoking causes cancer and heart disease. At a time when progress in HIV-AIDS drug treatments and life expectancy is informing an alarming new complacency in our children, policy-makers should defer to proven scientific fact and stop the transmission of deadly lies.

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