AIDSES

MONTHLY RESEARCH REPORT

AIDS and other Immune Disfunction Syndromes Encyclopedia-Sourcebook

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"Pebbles-phone KISLIFE"

LONG-TERM AIDS SURVIVORS:

What are they doing right?

(Or is it what they aren't doing?)

Experimenting with new foods to see which is best for you, is very different from experimenting with new drugs to find out which kills HIV best.

That difference in attitude seems to be the most consistent quality that distinguishes long-term survivors from the majority of people with AIDS.

Books Reviewed Inside:

SURVIVING AIDS, Michael Callen; 1990 250 pgs, footnotes, $19 hc (Harper, NY)

LIVING WITH AIDS: REACHING OUT, Tom O'Connor + Ahmed Gonzalez-Nunez, 1987 425 pg, footnotes, $19pb (Corwin, Bolinas)

The biggest myth of the epidemic is that AIDS is "uniformly fatal".

The biggest news of the epidemic is why not.

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As of winter 1991, Tom O'Connor and Michael Callen aren't dead yet. Neither are particularly old; but both are much older than they were scientifically expected to get.

Callen was diagnosed with "AIDS" when it was still "GRIDS". By late 1981, he and his doctor, Joseph Sonnabend of NY, had concluded he had what was called "Gay-Related Immune Deficiency Syndrome". He became an official "AIDS" statistic a year later, based on a near-fatal bout with cryptosporidiosis ("a disease previously found only in livestock").

O'Connor goes back even further. Back in late 1980, he had severe diarrhea, night sweats, lymphadenopathy and chronic fatigue. He had what is now known as "HIV disease", which in the mid-1980s was called "ARC" (AIDS-Related Complex). But in 1980 it had no name, not even "GRIDS" (or "gay cancer").

A short life-span seems to be the essence of this disease. Even its names have had short life-spans. So have the theories to explain it (remember the monkey-bite myth?); so have the treatments (remember ribavirin? HPA-23?); and books on the subject have been out-dated before the ink dried.

Callen and O'Connor recovered and have remained in satisfactory health a decade after falling ill with a disease often described as "uniformly fatal".

They may eventually die of AIDS. But if they're still around after another couple decades, even the skeptic will be forced to admit that the disease really isn't "uniformly" fatal after all.

There are more than two exceptions to the uniform-fatality rule. "HIVers" are now averaging over ten years survival from initial infection. Survival after first opportunistic infection is now a matter of years rather than months, due to improved treatment and prevention of PCP. Even among those who first fell ill with HIV disease back before the name "AIDS" was coined, roughly one percent remain alive and more-or-less well, a decade after initial sickness.

What makes O'Connor and Callen so unique is not so much the time-span they've endured, but rather what they've done with their "borrowed" time.

Each has written and theorized on the subject of AIDS in general, and particularly on how best to improve survival.

And their theories and writings are also "long-term survivors".

Statistically speaking, you can't be very confident that what appears to work for the few survivors isn't some sort of coincidence.

Scientists call what-worked-for-me stories "**anecdotal evidence**". Such reports in earlier centuries were called "**old wives' tales**".

Herbs like garlic were the focus of the wife-craft back then. Garlic has subsequently been similarly recommended by Louis Pasteur, Albert Schweitzer, a major article in the March 1985 Scientific American and innumerable others.

So maybe "old wives' tales" are really "**old wise tales**", after all.

Nowadays almost every Tom, Dick and Harry gets to be an old wife; to merely stay alive you no longer need to be particularly healthy.

But an old wife in earlier times was exceptional, equivalent to the long-term-survivors of AIDS.

When someone is still alive and advocating survival theories long after they are statistically likely to be dead, their experiences have a significance. The fact that there are so few long-term survivors reduces the "statistical significance" of their stories, but it increases their "anecdotal significance".

What is true of advocates is also true of the theories they advocate: the theory which still is advocated long after most others are dead, is as "significant" as you can get.

Callen (and Doc Sonnabend) helped launch the **safe-sex** movement, back when AIDS was still "Gay-Related Immune Deficiency", and they've been advocating the **multi-factor** theory with increasing acceptance since before Gallo discovered Montagnier's retrovirus.

For almost as long, O'Connor has been criticizing "**toxomolecular**" medicine, and compiling an alternative featuring the "**garlic breakfast**".

ANNOUNCERS OF PREVENTION

As any old wives can tell you, an ounce of prevention is worth a pound of cure.

P-r-o-p-h-y-l-a-x-i-s is what the scientists call it, and maybe they should call it something else; the science of prevention, more than almost any other science, needs to be spoken of in household terms or it won't be spoken of in enough households.

The biggest life-saving advances of the AIDS decade have all been in prophylaxis rather than treatment: These include safe sex, transfusion screening, pneumonia prevention and sterile needles.

Of these four, Mike Callen and his doctor, Joe Sonnabend are virtual co-discoverers of two.

Prophylaxis of sexually transmitted diseases wasn't actually a brand new idea. Mass use of condoms was one of the marvels of 20th-century technology, until the 1940s when penicillin and other antibiotics seemed to eliminate the need.

Condoms for birth control weren't fully legal until a 1965 US Supreme Court decision. In those primitive times, condoms were politely known as "prophylactics", to make it seem as if they were intended for prevention of disease when ordinarily the real use was to prevent pregnancy, which was still a sin back then.

As "the pill" and other female-responsibility birth control came into general use, condoms had gone more or less into oblivion, along with fountain pens, slide-rules and other antique technology.

During the 1970s, when AIDS was spreading unnoticed, nearly all the experts felt as follows:

> "..**sexually transmissible diseases (or STDs) are only a problem when they're not taken care of.**
>
> **And almost all of them can be taken care of easily.**
>
> **That is, they have sure-fire cures, something that can't be said yet about cancer, for example, or even the common cold."**

That, with emphasis added, is from the first paragraph of the introduction to STD: A COMMONSENSE GUIDE, by M. Corsaro and C. Korzeniowsky, published by St. Martins in 1980.

But even in 1980, hepatitis, herpes and penicillin-resistant gonorrhea were already important exceptions to the easily-cured rule.

And it already should have been obvious that if you rely on antibiotics instead of prevention, you will eventually see an increase in prevalence of whatever germs might be hardest to find cures for.

It will be hard for future generations to grasp this, but **there was practically no such thing as gays using condoms until well into the 1980s and the AIDS epidemic.**

Until around the 1940s there was practically no such thing as gays, period. Not to speak of, anyway.

Repression of "sodomy" was so harsh that few gays had even one partner; there was hardly any opportunity for gay promiscuity and hardly any gay STDs.

By the time of the Stonewall uprising in 1969, there were a few big gay communities with enough multi-partner sex to lead to an epidemic of anal gonorrhea, a previously unrecognized hazard.

With the 1970s came gay liberation, gay pride and gay sex, and with them came **"gay STD clinics"**, where antibiotics were such sure-cures for gay gonorrhea that thousands of satisfied customers kept coming back for more, free from fear of germs, full of confidence in **"magic bullets"**, as antibiotic cures are often called.

Dr. Sonnabend was one of the very few people in the medical profession who had spoken against complacency in the STD field in the years when AIDS was being spread by the unsuspecting.

He wrote the Foreword to the book in which we found the quote about how almost all STDs have sure-fire cures. But he expresses much less faith in treatment:

> **"Clearly the best way to deal with STDs is to take steps not to acquire them in the first place."**

His warning not to acquire STDs was prophetic. When "GRIDS" showed up in gay STD clinics and others saw it as gay-related, Sonnabend saw right away that it was no more "gay" than gonorrhea, and that **prophylactic** measures were needed -- condoms and other avoidance of germs-sharing.

CO-FACTORS IN PERSUASION

When Michael Callen came down with the latest STD in 1981, he apparently made a wise move in choosing Joe Sonnabend as his physician.

What Sonnabend prescribed and theorized, Callen translated into movement activism.

Between the two of them they are the basic authors of the **co-factor** or multi-factor theory of AIDS.

There are various **uni-factor** AIDS theories, which look for one unique explanation for the epidemic, and assume that other factors are much less important than "the cause".

Some say "the cause" is a retrovirus; others have blamed homosexuality; others say "poppers"; others have suspected African Swine Fever Virus or the mycoplasm which Montagnier now sees as a necessary factor.

People still call HIV "the cause" of AIDS, but there's a big trend toward multiple-causation theories.

When Françoise Barré-Sinoussi and her boss, Luc Montagnier, reported a new germ in 1983, they just called it LAV for lymphadenopathy associated virus and said they found it in a patient considered at risk for AIDS.

When Robert Gallo and the Reagan administration discovered the same germ after the Pasteur Institute sent them a sample, it was mis-named a leukemia virus HTLV-III and was declared to be "the AIDS virus".

Gallo took the extreme uni-factor position ("Who needs co-factors when you've been hit by a truck?"). But he later backed off, and proposed that Human Herpes Virus #6 might be the missing co-factor link.

Montagnier is now theorizing that the mycoplasm discovered by Shyh-Ching Lo (and reported in the N Y Native) is what turns harmless HIV/LAV/HTLV-III into deadly AIDS.

Callen and Sonnabend see progress in a two-factor theory but they've assumed all along that there were a multiplicity of factors.

The multi-factor theory as to the cause of AIDS has led its advocates also to a multi-factor theory as to how to un-cause AIDS.

WHY THEY CALL IT A "SYNDROME"

By the time GRIDS was re-named and officially defined as AIDS, there were a couple dozen otherwise-rare diseases recognized to be part of the "syndrome", most of which already were associated with a known germ.

Sonnabend and Callen had experience with many diseases, the doctor having treated them in Africa and in Manhattan STD practice, and the patient having caught them in the N Y gay scene.

They looked at the large number of effects of AIDS, and at the large number of suspicious co-factors and likely causes, and they put two and two together and got "many".

If you see AIDS as a unique thing, you will look for a unique cause, a unique vaccine, a unique cure.

If you see AIDS as a **"syndrome"**, you will assume multiple causes, and look for multiple-prevention and for multiple treatments.

The Gallo-led government approach to AIDS has been the search for the best way to poison "the virus" without killing the patient. But viruses are notoriously hard to poison; many other germs are curable, **but there is still no "cure" for any disease caused by a virus.**

It could be another ten years before the first virus-cure is found. It could be a hundred years. To put all or most research eggs into the one basket of "antivirals" is risky; the multi-factor faction has therefore been the AZT-skeptic faction as well, since the toxicity (Sonnabend says "AZT is incompatible with life") seems unjustified if the drug only attacks one of many factors of comparable importance.

Effective vaccines for some viral diseases have been developed but no HIV vaccine is expected anytime soon yet condoms are an effective prophylaxis not just for HIV but also for a hundred other nasty microbes.

The multi-faction figured out from the start that sharing bodily fluids caused so many different diseases to spread, that "safe-sex" in general and condoms-for-gay-sex in particular would be effective in blocking some of the factors in AIDS.

PCP-PROPHYLAXIS OR HIV-PROPHYLAXIS ?

HIV, like herpes, may be incurable. But it's things like PCP that cause PWAs to become DOAs, and there are several effective cures for PCP.

What they all have in common is they're very poisonous, so they are deadly to even the most resistant PCP strains, and like magic-bullets in general they kill a lot of innocent civilians.

But they are more deadly to the pneumocystis germ than to the human and with the right dosage you can stamp out the PCP without stamping out the PWA.

There's only a small distance, at best, between not-enough and too-much of the PCP drugs.

That distance can be maximized by the old wise formula about an ounce of prevention being worth a pound of cure.

Already back in the 1970s it was known that drugs like Bactrim and pentamidine would prevent as well as cure PCP. If it worked for people whose immune systems are deficient due to leukemia or cancer chemotherapy, Sonnabend figured it would also be true for sexually transmitted immune deficiency, and figured this out about five years before the federal government figured it out. Among the data in support of this theory is the fact that Callen has lived long enough to write these words a decade later:

"I'm certain that one reason why I'm alive today is because I've managed to avoid PCP, the pneumonia that has killed most of those who have died from AIDS.

"The reason is that my doctor insisted, well ahead of his time and despite the contempt of his colleagues, that his patients take two double-strength Bactrim tablets daily to prevent PCP.

"Actually I often feel that I'm alive today more because of what I didn't do than because of what I did.

"Like most PWAs, in the early days I was desperate to do something — to take some drug, any drug. But Dr. Sonnabend always counseled caution. While many of the friends I met in PWA support groups were flying to France for HPA-23, smuggling Ribavirin from Mexico, grasping in desperation at the latest drug du jour, suffering and dying as much from drug-related toxicities as from AIDS itself, I reluctantly took nothing but Bactrim.

"Instead of bone-marrow transplants, high-dose interferon, full-body radiation, combination chemotherapy and toxic nucleoside analogues such as AZT and ddI, I have explored comparatively benign therapies such as plasmapherisis, low-dose naltrexone, egg lipids, high-dose acyclovir and Itraconazole.

"My doctor's philosophy regarding AIDS treatments is simple: In the absence of proven therapies, concentrate on interventions that may or may not help but that you are reasonably certain won't harm you. Although most of my fellow AIDS activists seem unable to comprehend it, no treatment is better than the wrong treatment."

That's from Callen's new book, SURVIVING AIDS, published fall 1990, by Harper & Row, NY.

What his treatments have in common includes:

-- some, like Bactrim, are somewhat toxic, but on the whole they are non-toxic or not very toxic;
-- all are well-proved for some relevant purpose even if still experimental for AIDS;
-- none of them are aimed at HIV.

Acyclovir is the only really successful antiviral so far. It doesn't "cure" but is very good in causing herpes to go into remission and has received many favorable reports as AIDS-prophylaxis.

This was expected since the herpes family includes six different species rampant in PWAs including very big nuisances like cytomegalovirus.

It resembles AZT except that it only becomes toxic in the presence of an enzyme only found in herpes-infected cells. It's still basically poison, but so selective that a dose that is pretty harmless to a human is enough to control most herpes.

Itraconazole is an antifungal with potential benefit against various pests such as cryptococcal meningitis and candida/thrush/yeast, which is the most universal opportunistic infection among PWAs world-wide.

Plasmapheresis involves removing blood, separating and discarding the plasma and returning the cells.

The purpose is to cleanse though it could also work as a stimulator of the immune system. Or its apparent benefits could be the infamous "placebo" effect, the modern equivalent of bleeding and leeching.

But it's very well-proved, being the same technology used in blood plasma donation, so even if it turns out to have little longterm value it probably won't be very harmful.

Naltrexone is an opiate-blocker given to junkies to keep them from getting high. In very small doses it acts as immune-modulator.

Callen calls the dosage "virtually homeopathic", referring to the old theory of infinitesimals, vanishingly small doses used in homeopathy.

As with traditional homeopathy, it might help, and at least such small doses shouldn't do much harm, nor waste too much money.

Egg lipids ("AL-721") are a form of lecithin with phospholipids mixed in a 70%/20%/10% ratio; the name means Active Lipids 7:2:1.

This stuff is the basic material that cell-membranes are made out of. Large amounts aim to increase cell membrane "fluidity" which lubricates the blood.

Lecithin is a well-proved nutrient found especially in eggyolk and soy. AL-721 is a high-technology variant which so far has not lived up to its initial promise and can produce a negative "rebound" if you withdraw from it too abruptly, but being a food-concentrate rather than drug, it's comparatively innocuous.

Bactrim for PCP, acyclovir for herpes and Itraconazole for fungi, all are examples of prophylactic antibiotic chemotherapy in a broad sense, like AZT for HIV except that their toxicity is more selective.

Plasmapheresis, naltrexone and egg lipids are more intended to keep the patient healthy than to selectively kill some pest. Thus, there are no anti-retrovirals in Callen's diet.

THE ANTI-RETROVIRAL BASKET

Speaking of eggs, another thing old wives agree on is that it's not wise to carry all of yours in the same basket.

Government and mainstream science has ignored this principle and put nearly all its eggs into the basket of anti-retroviral drugs.

The theory is that a retrovirus, HIV, is "the cause" of AIDS, and so to fight AIDS you must fight HIV.

It may yet turn out that the best treatment for AIDS is something that selectively poisons retroviruses and not humans. But no such magic-bullet has been found, and there's not much reason to assume that one will be found anytime soon.

From a multi-factor viewpoint it makes no sense to treat anti-HIV drugs as more important than anti-fungals etc.

AZT and its relatives ddI and ddC are the most highly-regarded drugs aimed at HIV. But their toxicity is incomparably less selective than is true for most accepted drugs against other germs, and there is really no basis for assuming any of them will improve long-term survival.

If AIDS = HIV infection, there might be little choice but to take some kind of anti-retroviral. But if AIDS is truly a "syndrome" in cause as in effect, you might be better off taking something for those germs which have well-proved treatments and just ignoring the germs which don't.

Callen has gathered a good deal of evidence in support of his approach. He's interviewed dozens of others who have been exceptions to the uniform fatality rule (his book has profiles of 13 of them). He says:

"When I began interviewing long-term survivors, I had a fantasy that I might discover that all of them were doing something in common.

"I could then simply announce my miraculous finding to the world and the AIDS crisis would be over."

His results weren't quite miraculous but still plenty interesting.

He expected all or most to be on some PCP-prophylactic drug, but as of 1987 when he did most of his initial interviews (and when this was not yet a general practice), most were not. Most are now doing so and are not totally opposed to Western medicine once well-proved, but what seems to be the consensus opinion among them is "**a generally cautious attitude toward experimental drugs**". As a result the most conspicuous trend he found is not what they're doing so much as what they aren't.

> **"To my shock and delight, this skepticism about drugs extended even to the use of AZT.**
> **"As of spring 1990, only five of the 14 long-term survivors profiled here (and only one of the dozen who aren't included) had ever tried AZT despite intense pressure to do so.**
> **"Three who had taken AZT did so very reluctantly and for a very short time and had abandoned it entirely at the first sign of toxicity.**
> **"Since I had suffered tremendous abuse for my anti-AZT heresy, it was reassuring to discover that I am not alone in my belief that it is extremely unlikely that anyone will be a long-term survivor of AIDS if at the same time he or she attempts to be a long-term survivor of AZT."**

Callen found no one thing that the survivors were doing, but there was a general trend toward naturopathic alternatives:

> **"All of the survivors had dabbled with what are generally referred to as holistic approaches."**

Most, like Callen, haven't gone to extremes; seemingly even those who merely "dabbled" have benefitted, in some degree because even dabbling in holistics is enough to make it possible to be pessimistic about toxic drugs while simultaneously remaining optimistic about surviving.

OAKLAND'S "BLACK HOPE":

The longest-survivor interviewed in Callen's book is A. J. Williams, who was borderline-AIDS in 1979 and had KS by 1980-81, both before there was a known epidemic to be declared a statistic of; he got his official "AIDS" death-sentence in early 1982.

After a decade of surviving, A. J. gives an interviewer a lot to write.

He's a UC Berkeley math student, world-traveler, speaks several languages, played viola since he was a little child, in his mid-40s, gay and black, among other things.

He was the oldest of six children of an unmarried welfare mom and was brutalized and sexually molested including at age 12 by a Baptist preacher.

> **"I was getting all kinds of negativity about being a sissy. My mother beat me daily, and when I was 16 she came after me with a butcher knife; I was taken from her and put in a foster home.**
> **"It's strange - even though I was beaten a lot and knocked around for being different, I grew up being everyone's sort of 'Black Hope'. I've always tried to survive in spite of my problems. I created an active public life to make up for what went on at home. I was a Red Cross volunteer, Senior Class President, Student Body President, Alameda County Boy of the Year, You name it, I did it."**

But as unique as A. J.'s biography may be in other ways, the story of his long-term survival of AIDS is utterly typical:

> **"I've tried to learn as much as I could about AIDS and my treatment options. My attitude is to be very suspicious of Western medicine. I did not want to take AZT. I finally gave in in November 1989 but I couldn't tolerate it at all and stopped after two weeks. You can't cure anyone with a poison."**

He's now taking aerosol pentamidine and has taken Bactrim for pneumonia but the only medicine he's had much of is **ketaconazole** for candida.

> **"Everything else was nutritional: garlic pills, vitamin C, germanium - I try things and if they work I stick with them. I find meditation very helpful."**

A WHOLE LIST OF HOLISTICS

If Callen's book is the latest word on surviving AIDS, then Tom O'Connor and Ahmed Gonzalez-Nunez' LIVING WITH AIDS: REACHING OUT is more-or-less the **first** word on the subject, written in 1986 and still remarkably up-to-date long after other books became obsolete.

O'Connor doesn't qualify as a long-term AIDS-survivor since he is considered to have had "ARC" (AIDS-Related Complex) rather than "AIDS". But this is an arbitrary definition; by late 1980 O'Connor was chronically sick with an acquired immune deficiency syndrome and the only reason he did not get the official "AIDS" uniform-death verdict in 1982 was because hepatitis A is too common to be an official opportunistic infection.

Even though O'Connor technically didn't qualify for Callen's book, virtually everything the official AIDS-long-term-survivors told Callen sounds a lot like O'Connor talking.

O'Connor's label, "**toxomolecular**", expresses his version of the trend of caution toward chemical therapy and his reason for encouraging trying some less-toxic alternatives before resorting to AZT.

That term is a take-off on Linus Pauling's "**orthomolecular**" which is a fancy word for nutrition. Pauling at age 90 is still writing articles for the National Academy of Sciences and crediting gram after gram of vitamin C for his own long-term survival.

Pauling is one of two Nobel-Prize-winning biochemists who have led the vitamin C movement. The other, Albert Szent-Györgyi, who discovered it, died at 93. It's no wonder that this vitamin (and foods rich in it) is at the top of almost everybody's list, comparable to garlic itself, among long-term-survivors and wanna-be's.

O'Connor includes a chapter on vitamin C for AIDS by Robt. Cathcart MD; another chapter is a comprehensive nutrition-based AIDS protocol by Keith Barton MD; another chapter, by acupuncturist Misha Cohen, gives an herbal protocol emphasizing Asian traditions like Siberian ginseng, astragalus, ganoderma and shiitake, the mushroom from which lentinan and LEM are derived.

O'Connor writes the coverage of several dozen other subjects found on many survivalists' survival lists.

Another subject among those most often listed is **macrobiotics**, another fancy word for nutrition, literally translated as large-life but this Japanese-coined-Greek term is supposed to mean **long**-life. These technical terms tend to obscure the simplicity of the **you-are-what-you-eat** approach.

Holistics is another of those fancy words without any real meaning of its own, even when spelled with a **W** to suggest "make whole".

What these approaches have in common is a focus on trying to produce health directly, rather than to do so indirectly by killing some germ or tumor.

Where the **anti-biotic** approach is to identify some enemy and kill it (and hope the patient isn't killed - "the treatment was a success but the patient died"), the alternative is sometimes called **pro-biotic**, with focus on efforts to make and keep patients healthier (and hope their own immune systems will be enabled to take care of any germs, cancer, etc.).

Even naturalness isn't much of a criterion; many toxic medicines come from natural sources such as herbs, while many vitamins nowadays are synthesized by high-tech chemistry. The basic polarization is between treatments such as nutrients that are generally considered healthy, and treatments like AZT, that are generally considered unhealthy but taken anyway.

Since healthy treatments tend to take the place of unhealthy ones, it's hard to know what portion of any benefit comes from the healthy things and what portion from avoidance of the unhealthy things.

In O'Connor's case the fundamental idea seems to have been avoidance-of-the-unhealthy. Nutrition was his main focus since it was what he had most potential control over, but he began more with hope of avoiding bad nutrition than of finding a nutritional magic-bullet cure.

In early 1983, after years of poor health, he resolved:

"With my body in such a deficient state, I will try to prevent all toxic or nonbeneficial substances from coming in contact with or entering it."

Long-term health improvement came; some minor ARC symptoms persisted but he mostly recovered and avoided new problems.

O'Connor's approach could be summarized as loose macrobiotics, emphasizing whole grains and vegetables and avoiding very processed or artificial foods.

"The overall goal of my diet is simple: to avoid or limit those those foods that may tax my immune system and thus worsen the quality of my life."

Given the overall positiveness of O'Connor's philosophy, it's remarkable how pervasively negative his nutritional philosophy is, focused on what to "avoid or limit" rather than what to include and maximize. He continues this by listing "the main things I watch for", all six of which are negatives:

-- sugars, even in fruit, compared to complex carbohydrates;
-- cholesterol and other animal fats making cell membranes rigid and vulnerable;
-- natural toxins and carcinogens like aflatoxin in peanuts;
-- artificial hormones, antibiotics and pesticides in non-organically produced animal products;
-- some uncooked foods like sushi can be hazardous for people with immune deficiencies;
-- some otherwise-acceptable foods like mushrooms that are said to be hazards if candida is present.

He's also negative about refined foods, additives, even health-food store staples like yogurt. Nothing is very positive on his scale; even the few things that seem otherwise harmless are hazardously incomplete and imbalanced if you eat too much. Since nothing is all that great, you have to compensate by eating a great variety, which is tough because most things have so many negatives.

O'Connor resolves the crisis of negative-overload by adopting the sliding-scale approach of limiting more than avoiding.

In contrast to Callen who is blissfully addicted to Coca Cola, O'Connor limits his sugar fixes to a couple a week, in raw or minimally processed fruit.

He's negative about animal flesh and products, and also about vegetarianism; so he compromises by eating seafood a few times a week and once a week or so he even eats chicken or beef -- organically grown.

This selective-omnivorism adjusts the avoidance scale based on experience, getting in touch with your body and its responses and figuring out what works best for you.

For O'Connor it's mostly cooked whole grains - rice and oats rotated with millet, wheat berries, barley, rye, buckwheat and quinoa - and veggies in season plus lots of broccoli, onions and seaweed; most everything except his daily carrot juice is basically whole, unrefined and raw or minimally-processed.

He recommends about a hundred foods either as staple or occasional diet ("Next time you go shopping, buy a vegetable you've never had before and try incorporating it into your diet") and unless he feels his health slipping he allows himself a once-in-a-while pizza or other treat.

He calls it an **"open macrobiotic"** diet, and adds:

"Any diet that imposes limits greater than its benefits defeats my purpose.

"Getting in touch with your body allows you to determine what is best for you."

Experimenting to find out what is best for you, is a lot different from experimenting to find out what kills HIV best.

That difference in attitude seems to be the most consistent quality distinguishing the long-term survivors from those for whom AIDS has been so uniformly fatal.

- Anonymous

RECOMMENDED READING-&-WRITING LIST:

SURVIVING AIDS; Michael Callen. Harper Publishers, 10 East 53rd St., NY NY 10022. Contact Callen c/o PWA Coalition NY (see below).

LIVING WITH AIDS/REACHING OUT; Tom O'Connor + Ahmed Gonzalez-Nunoz. Corwin/O'Connor, bx 421, Bolinas CA 94924; 415-868-9059.

NEW YORK NATIVE weekly. Bx 1475, NY NY 10008; 212-627-2120. $49/year; $29/26 wks. The best single source of news about AIDS, and for all practical purposes the only voice of dissent. Specializing in critiques/exposes of Gallo-gate, AZT, HIV theory; summaries of recent scientific articles (e g on Lo's mycoplasm, co-factors, Chronic Fatigue as an acquired immune disorder); reports on new treatments such as Kenya's oral interferon lozenges and Japan's shiitake mushroom extracts (LEM/lentinan).

AIDS TREATMENT NEWS; John James, ed. Bi-weekly; for sample issue & subscription info phone or write: Bx 41 1256, SF CA 94141; 415-255-0588 or 800-TREAT-12. First 75 issues reprinted as book: 550 pg, $13 pb (1989; Celestial Arts, bx 7327, Berkeley CA 94707, 415-524-1801). Covers mainstream & alternative. Best source for new treatment ideas (peptide T, passive immunotherapy, St John's Wort, licorice root, co-enzyme Q-10, etc.) but generally omits the bad news (which the Native specializes in); James describes ATN as "focused on covering the most promising treatments rather than debunking others", partly because readers "want to hear what is promising, not what isn't" and partly because "A debunking publication must spend considerable effort on legal preparation or defense" (from book preface). So if you want to know both what's promising and what isn't, you need to read both the New York Native and AIDS Treatment News.

POISON BY PRESCRIPTION: THE AZT STORY; John Lauritsen, foreword by Peter Duesberg. $12 pb (1990; Asklepios Press NY). Michael Callen says "I do not consider any person well-informed about AIDS unless he has followed John Lauritsen's incisive reporting". Health columnist Gary Null says "John Lauritsen is a tenacious, consistently accurate and scholarly researcher". The "debunking" which John James is so reluctant to do, is what this book does without holding back.

PWA COALITION NY. 31 West 26th St, NY NY 10010; 212-532-0290. Publishes monthly NEWSLINE; also bilingual SIDAhora.

HOLISTIC PROTOCOL FOR THE IMMUNE SYSTEM; Scott Gregory. 85 lg pgs; $15 pb (1989; Tree-of-Life Publ., Bx 126, Joshua Tree CA 92252). For MDs & patients; no Rx needed. Emphasizes oral-gastro-intestinal mucosa, flora; hence oral foods rather than injected drugs.

AIDS THE HIV MYTH; Jad Adams. 250 pgs, $17 hc (1989; St Martins Press, 175 5th Ave, NY NY 10010, 212-674-5151). British science writer argues that HIV is no more than a co-factor; summarizes many other views.

HEALING AIDS NATURALLY; L. Badgley MD. 420 pg, $15 pb; 1987. Also from same publisher: AIDS INC; J. Rappaport. 350 pg, $14 pb; 1988. Human Energy Press 370-D West San Bruno Ave., San Bruno CA 94066; 415-588-4495.

AIDS FIGHTERS; Ian Brighthope. 180 pg, $10 pb (1988; Keats Publ., 27 Pine St., New Canaan Conn 06840, 203-966-8723). Australian nutritionist's report.

PROJECT INFORM. Phone 800-822-7422 (CA: 800-334-7422) for AIDS info packet.