

On HIV:

Science, Medical, Pharmaceutical, Government and Media

by Bradford McIntyre

THE HUMAN IMMUNODEFICIENCY VIRUS

"Disputing the overwhelming evidence that HIV causes AIDS is not only unscientific, but also inexcusably derails the only known approaches that can stop the terrible pandemic of AIDS. While the best approaches to improving health in settings with limited funds and substantial epidemics can be debated, the results of the studies conducted in the last sixteen years are indisputable: HIV causes AIDS. The presence of HIV infection is the only factor that is strongly and consistently associated with the conditions that define AIDS."

The Principal Investigators of the Multicenter AIDS Cohort Study (MACS) and the Women's Interagency HIV Study (WIHS)

"The higher the amount of HIV in the blood, the greater the risk of developing AIDS."
Annals of Internal Medicine 1997; Journal of Acquired Immune Deficiency Syndromes 1999

"When therapies that prevent HIV from replicating were used to drastically reduce the amount of HIV in a patient's blood, there was also a dramatic and unprecedented decrease in the incidence of AIDS and death."

Journal of the American Medical Association 1998

"Even in individuals infected with the virus that causes Kaposi's sarcoma, Kaposi's is extremely unlikely to occur without the immunosuppression caused by HIV infection."

Journal of Infectious Diseases 2000

With HIV infections going on without anyone knowing, the Human Immunodeficiency Virus known as HIV went around the world. We only started to see HIV cases cropping up in 1981. It was even longer before any real understanding of the situation occurred. From the start, people seemed to be dying quite rapidly. We really didn't know how long they had been infected. We didn't have any treatment!

I remember when the AIDS virus was reported on the news by using a picture of the world to show the countries where the virus existed. When we realized there were many strains of HIV, these different strains were marked on a map of the world. Letters from the alphabet were used to identify the different strains. In the beginning, some countries showed one strain, maybe two strains. People were unaware of being infected long before getting tested. Now, mutated strains and multiple exposures have taken place all over the world. We scrambled to learn about HIV, trying to come up with ways to treat infected people.

From the early beginnings of the HIV/AIDS epidemic when HIV first hit the gay community, no treatment forced people into action! People infected sought out complementary therapies and supplements and created a network, - a network for wellness! More people collaborated, sharing experiences and the information network spread, providing anecdotes on immune boosters, vitamin supplements, herbs, botanicals and tinctures. The understanding grew and people acknowledged how important it is to keep the body strong and healthy. Information included incorporating: traditional Chinese medicine, acupuncture, Ayurveda, aromatherapy, homeopathy and naturopathy. Also, the positive effects of: MIND, BODY, SPIRIT connection, using prayer, meditation, visualization, Reiki, reflexology, massage, cranio-sacro, body rebalancing, yoga and many others were being realized as more people opted to try these methods.

In many cases, taking responsibility for their life and health has been overwhelmingly effective. Many people infected with HIV did not die! There are people who have lived the last 20 years without health problems. Others have gone without HIV related drugs and dealt with some of the same health issues as those on the drugs, with great success! Certainly, there are many individuals experiencing the benefits of the HIV/AIDS drug treatments available. Voicing the successes of people not on any of the HIV treatment drugs and the fact those people are doing so well, must be accounted! There is very little mention or recognition given by the government, medical profession, pharmaceutical companies or media, of the successes of people who are not on HIV medications and who are addressing their health through vitamin supplements, herbs and botanicals, complementary therapies and/or naturopathic medicine.

Having lived infected with HIV, without antiretroviral combination therapies, suggests that nutrition, vitamins, minerals, herbs and botanicals can be used to protect the body's healing system and boost the immune system. Vitamins and minerals are necessary for regulating cell function and HIV infection increases the need for vitamin supplements. It is these (not the HIV medications), which are more readily available and being used by millions of people worldwide. With remarkable results! Creating longevity for a happy healthy life!

HIV infects immune cells called CD4

"Healing this disease requires an equal emphasis on vanquishing a viral enemy and strengthening the body's natural defenses. Microbiologists have recently shown that exposure to HIV initiates a long, drawn-out power struggle between invader and host. Over the course of many years, what appears to be a quiet truce in an otherwise healthy person is anything but. Immune 'soldier' cells in the body are constantly fighting to stay ahead of HIV as it reproduces itself.

HIV positive people can outmanoeuvre the virus by strengthening their immune defenses with diet, supplements, herbs, exercise and mind-body medicine. It's up to the individual to take great measures to support their immune systems in that fight. That includes getting enough protein and nutrients while conserving energy and reducing stress.

These efforts enable patients to achieve what I call a 'dynamic equilibrium'. That's when the immune system keeps pace with HIV, preventing active infection and keeping the viral load, as we call it, at low or modest levels."

Dr. Jon Kaiser, author of 'Healing HIV: How To Rebuild Your Immune System'.

How many people have to voice this united understanding? How many letters, articles, research studies, books and web sites devoted to complementary therapies does it take before we recognize and implement the necessary changes in health care? There are scientists, doctors, naturopathic physicians, nutritionists and all those in the healing arts using complementary therapies, including patients who have healed, all expressing the positive results, outside of pharmaceuticals, when it comes to health and healing!

HIV is NOT solely responsible for every health issue facing individuals infected!

When a person tests positive for the HIV virus or a person who is HIV positive goes to the doctor because of feeling unwell, physicians most often recommend anti-viral therapy in both situations. The physician recommends blood work. The blood work is then regarded as a marker for which treatment is prescribed. The underlying concern is for those individuals who may not be having trouble with the virus in their system, as much as having some other factor affecting their health.

Manufacturer's statement in the leaflet accompanying the Western Blot (HIV) test kit, states:

"Positive tests do not prove AIDS or pre AIDS disease status nor that these diseases will be acquired."

NON-PROGRESSORS AND LONG-TIME SURVIVORS

Just because an individual tests HIV positive, this does not automatically mean they will get sick and die. There are people who have been infected since the very beginning of HIV/AIDS, who are NOT sick or on any HIV/AIDS medications and are happy, healthy and alive. Equally so, people who are on drug treatments have learned to address the importance of nutrition, exercise, complementary therapies and supplements, mind, body and spirit. They are living years, 20 years for many, with more to come! Many individuals who have tested positive and many who have never been tested, but are sure they would test positive, have never taken HIV/AIDS drugs. In fact, there are some individuals infected with the HIV virus, who have never had any immunosuppression or virus replicated in their bodies. There are those who have not developed HIV opportunistic infections or disease and who may never develop HIV opportunistic infections or AIDS! There are women who are HIV+ who have never taken any HIV/AIDS medications and have delivered healthy, happy babies. HIV infected mothers have become grandmothers!

For years people have been put on highly active antiretroviral therapy (HAART) just because they tested positive. Depending on where you live, there are still physicians today who are putting individuals on these medications just because they test positive for HIV! Over the years, many friends I loved and many others I came to know are no longer here. People who have died taught us. Many of the people who are still here know a truer sense of what it takes to understand AIDS. The focus is often on the treatment and very little consideration is given to the cause. Having an understanding of HIV is to know that HIV it is not responsible for all illness. So, we have to look to a broader understanding and determine the causes of illness!

It would be wise to look at the contributing factors of immunosuppression:

- poor sanitation
- lack of proper nutrition causing malnutrition
- lack of proper rest
- lack of exercise
- widespread use of antibiotics.

All of these are known to have damaging effects on the immune system.

Contributing to immunosuppression is the fact that we are now into our 3rd and 4th generations of pharmaceutical use. There are immunosuppressive effects caused by cigarette smoking. Individuals who stop smoking may have a positive effect on the immune system with increases upwards of 200 points in their CD4 count! Alcohol, cocaine, crack, crystal meth, ecstasy, special K, poppers and other recreational or street drugs are co-factors of immunosuppression.

All the sexually transmitted diseases, syphilis, gonorrhea, chlamydia, human papilloma virus (HPV), herpes simplex virus (HSV), hepatitis A, B, and C, mononucleosis, Epstein Barr syndrome and HIV are also co-factors. Infections caused by bacteria, viruses, fungi and protozoa, all contribute to illness and are co-factors in immunosuppression. Most AIDS related illnesses are caused by other infections, such as: tuberculosis, bacterial pneumonia, bronchitis, pneumocystis pneumonia (PCP), mycobacterium avium complex (MAC) cytomegalovirus (CMV), candidiasis, cryptococcal meningitis, mononucleosis, cryptosporidiosis and microsporidiosis.

Immune deficiency is responsible for much of the disease today, not just in the area of AIDS, but the cause of most illness and disease.

Thomas McKeown, MD, says, *“Deficiency of almost any essential nutrient may have a marked effect on the manner in which a host responds to an infectious agent.”*

We are all acquiring an immune deficiency to some degree. There are many environmental causes of immunosuppression. The air we breathe; the water we drink and the food we eat are not the quality they once were and therefore are factors. Also, a toxic digestive system, organ system and cellular environment are considered primary causes of immune deficiency. We don't know the immune status of every individual, but we do know HIV is directly responsible for immunosuppression!

All over the world there are people infected with HIV who are reversing damage caused by HIV and actually rebuilding the immune system by replacement therapy! Recognition must be given to the support role that vitamins and minerals provide. The stomach, digestive track and organs require their own needs be met.

Joan Priestly, MD says, *“People who have been exposed to the AIDS virus may have definite nutritional deficits secondary to malabsorption. People, who have the virus in their body, may have difficulty absorbing a multitude of nutrients, for several reasons. The AIDS virus inactivates intestinal cells through cell mechanisms. The AIDS virus also stimulates the person’s own white cells to create autoimmune intestinal disease. AIDS patients have also been found to be lacking in most minerals, such as calcium, magnesium, selenium, molybdenum, iron and zinc. Not all these deficiencies are seen in one person, of course, but various people with AIDS have been studied by various institutions and they are actually deficient in Vitamin C, Vitamin A, Vitamin E and /or all of these other minerals. Why? Because they also lack the ability to make enough stomach acid to absorb proteins and minerals and they also seem to have pancreatic problems.”*

The immune system is made up of proteins and cells and these cells require nutrients. A healthy nutritional diet of protein is necessary to rebuild muscle. Protein provides the building blocks for new cells, including muscle and immune cells. Individuals infected with HIV have much higher protein requirements! Nutritional needs of those infected with HIV are 10% higher than someone not infected with HIV. A nutritional diet, which also includes vitamin-rich fresh fruits and vegetables, has been effective in boosting the immune system and reducing the side effects of the HIV/AIDS medications, as well as maintaining and improving health. Nutrition is a primary defense! However, we don't see or hear this side!

“Food isn’t a magic bullet, it won’t stop people from dying of AIDS,” said UN Food and Agricultural Organizations William Clay, *“but it can help them to live longer, more comfortable and more productive.”*

People in Africa have been dying of malnutrition, dysentery and numerous bacterial infections for years and this continues. Providing nutrition and a safe clean environment for them would have an even greater impact on wellness and mortality and similarly, on the number of cases worldwide! The nutritional aspect of HIV/AIDS has been ignored for a long time. The attention has always focused on drugs.

Viruses, bacteria, fungi and cancers, thrive in low oxygen. Anything we do to improve the amount of oxygen in our body and our blood stream will help to interfere with an environment in which they thrive. A healthy nutritional diet, exercise, and vitamin supplements, herbs and botanicals are all key in creating more oxygen in the body.

Included and well documented as a co-factor in immunosuppression is Mind/Body unity or psychoneuroimmunology, from the mind to the nerves to the immune system, (example: ‘When the Body says NO’ by Dr. Gabor Mate). Although researchers are still learning about the mind-body connection, we do know that how we think and feel plays a key role in the manifestation of **dis**-ease and disease, emotional or physical. Worry, fear, guilt, anger, loss, and stresses can suppress the immune function and contribute to or cause sickness. Our own mind plays a deciding factor in our health!

It is most important to continually ‘Show Up For Life’ with a positive attitude!

“Just as it can now be scientifically insinuated that negative thoughts produce a negative chemical reaction, it has been scientifically shown that positive thoughts can reverse any such process and circumstantial evidence for this is overwhelming. We are talking about harnessing the limitless power of positive mental attitude and it makes no difference how you articulate this idea to yourself: positive thinking, good attitudes, faith in God, faith in yourself.”

Dr. Robert W. Bradford and Michael L. Culbert, D.Sc. authors of ‘Now That You Have Cancer’

My illness showed me how uniquely destructive AIDS is. I discovered that the emotional distress that accompanies AIDS could be almost as debilitating as the illness itself. One of the most important facts I learned is that **the belief that everyone with HIV infection dies of AIDS is not true!** HIV can cause death, but more often, it is now thought to be similar to a chronic illness, manageable and treatable. The truth is that there are people living to whom HIV has not caused illness and death. This information brings joy and hope to the heart of any person who has ever dreaded the onset of AIDS.

Initially, we only saw the deaths of those infected with HIV. Science, medicine and the pharmaceutical companies looked for answers, but fear set the standard that HIV infection was a fatal disease. Many cried out for answers. Pressure led to the release of drugs and the direction was set! High dosages and problems with toxicity played a major role in many of the lives considered plagued with HIV. Although science was looking at the virus for answers, many viewed the situation to be much broader, suggesting many other contributing factors (co-factors that cause weakened immunity and in turn cause illness and disease).

What I do know is this. When it was announced HIV causes AIDS, there were scientists around the world looking at this health problem differently and looking into various areas of treatment. With the announcement, funding was then directed primarily to scientific study of how HIV causes AIDS. What has happened is that the pharmaceutical companies have manipulated the shape of AIDS. They provide the medical profession with treatment information and dosages. As well, they are providing funding and treatment information to the AIDS organizations and in return AIDS organizations are promoting the treatment information provided by the pharmaceutical companies.

AIDS conferences and treatment information seminars are held and funded by the pharmaceutical companies. Even treatment activists wanting drugs fast-tracked often have their airfare and hotel expenses for conferences paid by the pharmaceutical companies. Having activists at AIDS conferences ensures pressure on government to approve drugs. These drug companies know they have a vulnerable market! Drugs are promoted to combat HIV when the suppliers know that many AIDS drugs may be unsuccessful. Whether it's over a short or long term, many do fail. HIV strategies evolve and outwit the immune system. Therefore, some individuals are in constant need of new drugs when their drugs fail and resistance develops. The more HIV/AIDS drugs that an individual takes, the greater the risk of drug resistance occurring.

Another thing, which ensures many individuals choose the drug treatment, is the continual fear promoted by the pharmaceutical companies and the medical profession to influence an individual into believing they will progress to disease and/or die without combination therapies. Often, a physician tells patients that those individuals who do use supplements and complementary therapies: "they die!" Individuals voicing anything other than the pharmaceutical companies ideology of HIV/AIDS and treatments are discredited. This is all too clearly understood by many people throughout the world.

Even the media has not told the true story but only conveys the information provided by the pharmaceutical companies. It is the responsibility of the media to investigate and then report! Interestingly enough, when the media reports on new HIV/AIDS pharmaceuticals, information on the side effects are often left out of the report. It is important and necessary to recognize the need for voices from all walks of life to be heard, thus helping to create change. There are no shortages of scientists and physicians as well as individuals living with HIV, who have realized another understanding of how HIV and other diseases can be affected.

Nature, (our immune system) is the greatest disease fighter on the planet and it is inside of each and every one of us!

HIV has shown us that it is reacting differently from person to person. However, we began by trying to treat everyone infected with HIV alike. Each one of us is physically different with what is happening in our body. In the treatment of any disease, we must be careful not to have tunnel vision, or rely totally upon science, medicine and in particular, pharmaceuticals to maintain our health. The responsibility is ours, not something we pass on for someone or something to fix. There is much we can do in the fight against disease!

It is important to understand the immune system and what it needs to be able to carry out all its functions. Knowledge is necessary of the cells, the nutrients and all they require to be up and running to maximum capacity. The digestive system and organs all require their own needs be met. The immune system knows how to run the body and keep it healthy. On the other hand, we as human beings may not have been as conscientious. This creates far more for the immune system to handle, when the immune system does not have the proper requirements to provide balance and harmony throughout.

Funding, education and implementation of supplements and complementary therapies in health care is paramount. Nutritional supplements can be introduced into health care quickly and effectively, having positive effects on individuals with illness and disease. As a bonus, there are no toxic side effects and they will not cause immunological problems. We must look to what is causing illness and disease and incorporate natural healing with traditional methods. Understand the immune system, all the workings of the body and when the body conveys immune deficiency! Pharmaceuticals have played an important part in the evolution of how we understand disease and treatment. With the uncertainty of long-term effectiveness of experimental approaches and deaths associated with pharmaceuticals, it is time we validated the successes of people using natural supplements in the fight against HIV and all illness and disease. Supplements can have a major impact on health and can add years to one's life. However, the multi-national pharmaceutical industry is providing information about HIV/AIDS to make money and ensure continued financial success. How long will we continue in this direction and at what cost? Will the cost be the risk of causing illness in healthy people?

There is great hope and inspiration for those able and wanting to try these new treatments but nothing available to people who cannot tolerate the severe side effects of triple and quadruple drug combinations. What about these people? What about the people, and there are many, whose viral loads do not go below undetectable? What happens when viral loads in some go below undetectable and then start to climb right back up again? Others with chronic liver problems due to the toxicity of these drugs are no longer able to tolerate them at all. There is no mention that these people exist and of the limited treatments available to them. What about discovering treatments that would help people for whom these drugs can potentially cause severe side effects, illness and death? This is an area seldom discussed or resolved.

What about people who are not having any form of traditional drug therapy? What about their success with maintaining and improving their health? Society's focus is shifting from the problem, to the search for a solution and prevention. I strongly recommend that the world community embrace this shift and redirect the focus from the negative health condition to the positive solution. Provide education and direct attention to the cause.

PHARMACEUTICAL

There are too few individuals who are unafraid to relate that they have been infected with HIV and who are working to create awareness and education in the many issues surrounding HIV/AIDS. If not in total agreement with the pharmaceutical companies and the medical profession's direction for treating HIV with medications, then, very little attention is given to those who advise nutrition and complementary methods in managing HIV/AIDS! Even the voice of AIDS' activists has been lost since many AIDS organizations are receiving funding from both government and pharmaceutical companies. To speak out in support of alternative choices in treatment would upset those who provide the funds and possible removal of support! Specifically, the pharmaceutical companies are affected when too few ways exist for them to make money from many of the complementary methods of treatment.

I was never in agreement with the "hit them hard, hit them early" theory! For years, I wrote letters to all levels of the Canadian government, including all federal and provincial health ministers, and contacted the media in this regard. Along with countless others, I voiced that this was the wrong way to address the HIV situation. Our concerns and opinion were not accepted because science and medicine begged to differ. Now, the "hit them hard, hit them early" is no longer believed to be appropriate or accepted as a line of defense. However, this depends on where you live, because there are still physicians who are putting people on HIV/AIDS drugs just because they test positive for HIV.

There is much debate and concern in regards to combination therapy and protease inhibitors. The pharmaceutical companies promote viral load testing to show that a lower viral load obtained with these combinations actually improves immune function. In some patients, reducing the viral load was successful, but the cd4 count did not go up. Evidence has and continues to show that these drug combinations are toxic to the body. They can suppress immune function and advance progression to full-blown AIDS even while viral load drops to undetectable levels. Some people with AIDS, who take these combinations and have a lowered viral load, are developing life-threatening problems.

Dr. Jon Kaiser says, *“Each antiviral drug carries the risk of severe side effects, including nervous system damage, diarrhea, anemia and liver inflammation. These effects can become cumulative over time, exhausting the immune system and risking liver failure.*

And there's still no proof that any of these drugs completely vanquish HIV, which may continue to "hide out" in lymph nodes and other sites in the body.

Most importantly, in its infinite cleverness HIV can gradually become resistant to most antiretroviral drugs, including the prodigious protease inhibitors.”

With known drug resistance occurring in any or all combinations, this allows the virus to mutate. This has resulted in the development of a virus for which there is no treatment! Resistant HIV!

Lead researcher Hawke Walter said, *“There are an increasing number of patients with multi-drug-resistant viral strains and the therapy options for these patients are extremely limited, in particular due to the high level of cross resistance.”*

Pharmaceutical companies would have us believe that individuals are living longer solely due to antiretrovirals and protease inhibitors. This is only partly true. There ARE people who cannot tolerate or have not taken any antiretroviral drugs. They are living long and healthy and are full of vitality without the drugs! The mortality rate has come down and the benefits of science and medicine cannot be argued. A major reason for the change in mortality is due to those people who have opted out of standard treatments for HIV. Also, there are large numbers of individuals who are infected but with no illness. These two groups of individuals are ignored by the pharmaceutical companies and left out of studies. Others have undertaken the drug combinations along with incorporating a healthy lifestyle that involves boosting the immune system, often with a positive result. In the richer countries of the world, where food and supplements are plentiful and accessible, individuals are living longer! When infected with HIV and living without the necessities of life, such as clean water and quality food, we have progressive illness and many more deaths. With the stigma attached to HIV and AIDS creating so much fear, we do not have people coming forward to have their voices heard in these matters.

Who is to say that individuals did not benefit from the drugs as much as they did from the hope offered and that they started to take charge of their lives and incorporate generally healthier habits?

“The human being is becoming more and more concerned with immediate remedies, and therefore, having lost interest in finding the cause of his problems, he prefers taking a pill to solve them.”

Psychiatrist, Arther Kaufman

For many, it is not until there are no medical resources left, do they then look to see what else can be done and then actively participate in their own treatment.

Science, pharmaceutical companies, the medical profession, government and media are ignoring much of what many people living with HIV and AIDS have to say, which is a major contribution in understanding HIV/AIDS. Myself and countless others who are long time thrivers have learned from each other along the way. All the years that I was HIV positive but not sick, I witnessed every aspect of HIV related illness - every sickness! I watched too many people get sick and too many people die. I came to know individuals who were infected but who were not sick.

A study published by Dr. David Ho of the Aaron Diamond research Center at New York University Medical Center reported, **“5% (1 in 20) gay men who had a confirmed exposure to HIV for at least ten years were not showing any indications of HIV disease progression.”**

From the time I was told that I had “six months to live” by an AIDS specialist in 1985, I learned from other people infected with HIV and included supplements and complementary therapies. These kept me healthy and were responsible for allowing me to address health issues, boost my immune system and avoid going on HIV/AIDS medications for over a dozen years.

It was not that I did not get sick or need medical attention throughout the years, because I certainly did. There were countless doctors' appointments, blood tests at the hospital to keep watch on how my body was reacting to having this virus and more times than I can count trying to fix whatever complications appeared. Throughout these years, large numbers of infected individuals went from a weakened immune system, to no immune system, to one sickness after another, after another. With the advent of newer and better HIV/AIDS medications and a much broader understanding of this illness, individuals have been able to bounce back and have wellness restored with the aid of combination therapies. Equally, throughout everything, sick or well, complementary therapies are a mainstay to address: diarrhea, nausea, neuropathy, irritated skin and rashes, wasting, fatigue, loss of appetite, immunosuppression and more, when it comes to living with HIV. We have learned a much broader understanding of this illness!

After approximately 13 years since diagnosis of infection with HIV, I did become seriously ill. In July of 1998, I developed pneumocystis-carinii-pneumonia, known as PCP. I did not tolerate the medication given me to treat the PCP. My health deteriorated and it looked as though I might die. My only recourse was to try an HIV/AIDS drug combination to boost my compromised immune system enough to fight off the pneumonia. That is exactly what happened. On December 1st, World AIDS Day, 1998, I started my first ever HIV/AIDS drug combination treatment. After just four weeks on the medication, my cd4 count of 40 went up a couple of hundred points; eradicated the PCP and the viral load of several million viral particles went down to thousands. With a reduced viral load, I could once again absorb nutrients. I regained the weight I lost and started to strengthen my body through nutrition, exercise and complementary therapies.

People who knew me were very surprised that I started HIV/AIDS medications. They knew I was very involved in addressing HIV infection through alternative and complementary therapies. Although I was fortunate to have lived 13 years without highly active antiretroviral therapies (HARRT), I was not opposed to them. I was very successful addressing my health concerns without them, but I was aware of the benefits of pharmaceutical treatments and kept myself well informed. I knew there was a possibility of having to go on them one day. It was my hope that I could maintain good health without them, or by the time I needed them that they would be much improved from drugs used in earlier years. It worked out for me in the long run. Without the drug combination therapy, I would not have survived. They saved my life!

Without the availability of these drugs, there would be far more suffering and deaths. Some individuals do not tolerate these medications, as they can be toxic. This is true of the treatments for many people who live with cancer and other illness, but you do not see activists denouncing the use of these life saving drugs. Myself and countless others have gone on to enjoy life, aided by these medications and it is very important to recognize the enormous benefits provided! With any illness, not everyone benefits from the treatments available.

After two years, my HIV/AIDS drug combination began to fail. A genome test showed I was resistant to all the HIV/AIDS medications, even though my only drug usage consisted of AZT for 9 months (years earlier) and the current drug treatment. In 2000, with a resistance to all the existing HIV/AIDS medications, I enrolled in a drug study for a new protease inhibitor, Kaletra. Within the first four weeks on the drug, my cd4 count climbed to 340 and my viral load was undetectable (less than 50 viral particles). Obviously, we are moving forward in the development of more effective drug treatments.

Since the beginning, living with HIV has prompted many to learn about their bodies, to gain understanding of its needs. Large numbers of people have incorporated the knowledge of HIV/AIDS medications, how they work, what they do, dosages to take with or without food, side effects and benefits! Antiretroviral medications deplete many of the micronutrients necessary to keep the body healthy. Without complementary therapies, patients are at a greater risk of failing drug treatments because they can't tolerate the side effects. They may decide to discontinue a treatment, which could have proved beneficial, had they been able to overcome the initial side effects. Complementary therapies can address many of the side effects.

The body needs more than the HIV drug combinations and people all over the world are in agreement! Individuals not on medications know the importance and the work required, to remain off, or go off HIV/AIDS medications. Many individuals on medications are not relying totally on combination therapy. They are including the use of complementary therapies (CAM) and they ARE successfully boosting the immune system, reducing the side effects of the drugs and increasing the efficacy of the HIV/AIDS drugs.

There is a lack of research conducted on complementary therapies and very little information on complementary and alternative therapies in the treatment of HIV/AIDS reported at AIDS Conferences. The medical profession was not taught about these therapies, so there is very little recognition given to them. Government, like the medical profession, lacks education about these therapies, so very little or no money goes towards studies. Some complementary therapies have been discounted, but there are those that work and many more that show promise!

I recognize the significant accomplishments of science, medicine and the pharmaceutical companies and commend the work being done. Many are benefiting and I have seen people who were seriously ill regain a quality of health due to the HIV/AIDS treatments, myself included! I have seen people who were at one time in wheelchairs, recover and return to wellness due to new drug treatments and protease inhibitors. Weight gain, energy and hope have been restored in what might otherwise have meant death without these drugs. Initially, people did not have the treatment options we have today, but they led the way. Many people died in the process. People offered themselves to science in the hope of finding a way to stay well, stay alive and move forward in treatment options. Without individuals engaged in studies and drug trials, we would not have the success in saving lives we have today.

Many benefit and live longer due to the new drug treatments and protease inhibitors available. Along with preventing the virus from replicating and boosting the immune system, we now have yet another obstacle to overcome, which is the toxic side effects of AIDS treatments! A study reported at the 10th Retrovirus Conference documented an increased incidence of heart trouble in people on HIV/AIDS medications.

"Every year you stay on current HIV medication is associated with a 27 per cent higher risk of getting a heart attack", said presenter Dr. Jens Lundgren.

Large numbers of individuals on antiretroviral combination therapies are developing lipodystrophy. This is a wasting of the fat in the face, arms, legs and buttocks and/or an accumulation of fat on the belly and on the neck. Protease inhibitors can increase the risk of diabetes in HIV positive women. The use of HIV/AIDS medications is also putting HIV positive people at a higher risk of developing lung cancer, eight times greater than someone who is not on medications.

Other complications which are a major concern for a large number of individuals on antiretroviral therapy include: muscle loss, weight loss, bone degeneration, peripheral neuropathy, fatigue, shortness of breath, kidney and liver deterioration and failure, pancreatitis and diarrhea. Many of these side effects are related to mitochondrial toxicity caused by nucleoside therapies. Others and myself are often faced with this challenge!

“With the passing of time and the introduction of new and hopefully improved HIV drugs, the relative threat to PWA’s of adverse drug reactions compared to HIV itself is increasing. This trend will continue.

Many of the world’s leading physicians and researchers have predicted that substantial numbers of patients with HIV will be injured and even die from causes related to their treatment.

In addition to holding government accountable for the culpability in these outcomes and convincing them to supply the will and resources for progress, it becomes increasingly vital for PWA’s to assume an informed and active role in monitoring health.

When making treatment decisions and while on therapy, it is important to be familiar with information that is available about HIV drugs and to evaluate your choices according to your own medical circumstances.

You need to be alert to any symptom you are experiencing that could be related to your medication. The sooner you and your doctor are able to identify a reaction and intervene appropriately, the safer you will be”, said Glen Hillson, vice-chair of the Canadian Treatment Action Council and president of BC People With AIDS Society.

Glen Hillson, a recipient of the Commemorative Medal for the Golden Jubilee of Queen Elizabeth, in recognition of his years of hard work and dedication to the HIV/AIDS movement, died June 12th, 2003.

Funding is needed for science and medicine to combat the HIV virus and find a cure, as well as the necessity for more effective drugs with less harmful side effects. Now is not the time for governments to overlook this necessary funding, when the numbers of people infected with HIV or AIDS suggests otherwise! Yet, both the Canadian and American governments have fallen short when it comes to financial support in the fight against HIV and AIDS at home, and abroad.

Along with providing more money for research and development, making newer and better drugs available faster, time and energy must be spent lobbying pharmaceutical companies to lower the cost of these HIV/AIDS drugs, considering the huge profits made. The new HIV/AIDS drug Fuzeon (T20), is priced by manufacturer Roche at \$20,500 a year, costing more than any other HIV/AIDS drug on the market, with expected sales of \$740 million!

Equally unsettling, the World Trade Organization, (WTO) had blocked demands from developing countries, not allowing developing countries to import cheap generic drugs and override patents on drugs, for diseases in emergency situations. Finally, on August 30th, 2003, the World Trade Organization agreed to allow countries without pharmaceutical industries to import cheaper generic drugs to fight disease. However, more than two million people have died of AIDS, in the time that it has taken the World Trade Organization to agree!

An integrated health care system is the will of the people! Governments can include complementary treatment and supplements into health care to benefit those living with disease. Pharmaceuticals are an important part in the treatment and there is no shortage of work ahead for pharmaceuticals. But, what the pharmaceuticals can’t do is address the need the body has for nutrients.

“It is time to end the monopoly that the medical profession and the pharmaceutical industry have on our public health care dollars.

The next step in empowering consumers is to have natural health products and practices paid for by our so-called universal health care system”, says Paula Braitstein, senior policy advisor on health promotion for the BCPWA Society.

Over the last two years my drug combination was no longer able to continue to increase my CD4 count further and the HIV/AIDS drugs were unable to keep my viral load at undetectable. We must not; we cannot, discount the ability of individuals to have a positive impact and create wellness, using every available means they have to combat the HIV virus. Over the past year and half, I have strengthened my immune system (CD4 count) substantially and decreased the viral load to undetectable using regular vitamin C intravenous injections and other vitamins and minerals. There are two measurements for 'undetectable' 1) less than 50 particles or 2) no trace of HIV found in the blood. With my involvement in the treatment of HIV/AIDS using vitamin C intravenous therapy, provided by my naturopathic physician, my blood has shown consistently, for over a year, no trace of HIV. This allowed me to have my first opportunity in five years to go off all HIV/AIDS medications and enjoy a 2-month holiday (treatment interruption).

Researchers at the Northwestern University School of Medicine reported December 6, 2002, *"Antiviral therapy can be safely deferred for patients with CD4-cell counts above 200 and viral loads less than 20,000, as well as for those with CD4-cell counts above 350 and viral loads under 60,000."*

I was aware of the use of intravenous vitamin C in the treatment of cancer and unlike the chemotherapy drugs, it does not have the adverse side effects of chemotherapy. With benefits, which include increasing collagen and boosting the immune system, intravenous vitamin C has been very successful in the treatment of cancerous tumors and many different types of cancers. From the early 80's, in cities like San Francisco, clinics opened due to the demand for intravenous vitamin C by individuals infected with HIV. In people infected with HIV, many are known to suffer from oxidative stress and are deficient in antioxidant micronutrients. Vitamin C reduces the oxidative stress and reduces the viral load.

Dr. Anita Tannis of the Center for Integrated Health says, *"I think there's a lot of similarities between people who have cancer and people who have HIV and in fact people who have any chronic disease.*

One of the things that we actually think is that people with HIV and cancer are on the leading edge of looking at integrating complementary and alternative therapies with conventional ones. I think what it is, is that we are married to this idea that the doctor knows everything and as a result of that what has happened through the years is that we have given up our own autonomy, our own intuition and what can be helpful to us.

The alternative and complementary modalities, what they can do is they can actually decrease stress which helps to promote the better functioning of the immune system.

They can actually have a direct effect upon different types of cells within the body that can affect the immune system. They can enhance a general sense of well-being which then in fact works back with the immune system."

"The success of treatments with ascorbate entirely depends on consistent administration of C sufficient to neutralize the free radicals produced by the various diseases", says Dr. Robert F. Cathcart, M.D.

My vitamin C therapy started with 5g of Ascorbic Acid with increases, which have now reached 20g. The IV bag also includes: Magnesium Chloride 20%, Calcium Gluconate 10%, B12- Hydroxocobalamin (100 mg/cc), B6-Pyridoxine Hydrochloride (100 mg/cc), B5-Dexpanthenol (250 mg/cc), B-Complex, Licorice root extract-Glycyrrhizic (8mg/ml). This treatment has helped to significantly boost my (CD4) immune system and maintain my viral load at undetectable when the drugs could not. Neuropathy and my quality of life have improved in numerous ways!

Dr. Aaron Hoo, ND says, *“The basic principles of naturopathy are to determine and identify the underlying cause of disease. We treat that, as opposed to just treating the symptoms. We also treat the whole person through individualized treatments. We support the person’s natural ability to heal themselves.*

We work also to teach people preventative health care and well-being. The term doctor is Docere in Latin, and that means to teach, which is fundamental for us as naturopathic physicians.

We use a lot of homeopathy, traditional Chinese medicine and acupuncture, as well as hydrotherapy. These are all encompassed within the scope of naturopathic medicine.

Predominantly, we treat people with HIV in terms of the side effects they experience from the medications. In my experience, I have done a lot of treatments with diarrhea associated with the meds or antibiotics, as well as poly-neuropathy and peripheral neuropathy as a result of the meds. For example, with that we would use a lot of B vitamins and they have been very effective. Acupuncture has been phenomenally effective in that realm.”

“The employment of potent antiretrovirals (both orally and intravenously) for the treatment of HIV/AIDS has long been established in the field of complementary and alternative medicine. In my opinion, the progression of HIV and indeed, other chronic pathologies is exacerbated by oxidative stress and the increased production of free radicals in the body.

In the case of HIV, this is often a result of the virus itself as well as the side effect of the antiretrovirals. With this in mind, it is essential that individuals living with HIV are supported using antioxidants like vitamin C, Selenium, Gluthione, and Alpha-lipoic acid among others. Vitamin C intravenous treatments are effective wherever an underlying virus is implicated.”

A strong immune system can fight HIV and a higher cd4 count can often prevent or sustain viral replication. My vitamin C intravenous therapy costs less than \$70.00. I have treatments twice a month at a cost of less than \$150.00 a month. My CPP pension is \$9,663.60 and out of that I paid \$900.00, which covered my vitamin C therapy for a year. The research on intravenous Vitamin C and the benefits is overwhelming. However, this treatment is not covered by health care and I am not always able to afford the treatment. The HIV/AIDS combination cocktail I used cost over \$5,000.00 a month and I was on a minimal drug regimen, of 3 different pills. Patients can be on handfuls of different pills a day, at exorbitant costs! Individuals fighting illness, often one after another, may be using many antibiotics, plus HIV/AIDS combination therapies. They may develop resistance to HIV/AIDS drugs and antibiotic resistance!

This is often a frustration of mine that people who are sick may not be able to afford vitamin supplements and complementary therapies, let alone more costly treatments that are available. Many suffer and even die because they cannot afford these treatments, which are not provided for by health care. Some people may have health care coverage or insurance but many do not. If you are wealthy and sick, you can afford to go to healing centres and have treatments, but what about the majority who cannot? I'll never understand how we can continue to exclude complementary therapies from health care when they provide benefits, which may keep people out of hospitals and avoid the use of expensive pharmaceuticals, thereby providing relief to an already burdened health care system.

Matthias Rath MD explains, *“Already 10 years ago, scientific studies have shown that vitamin C is able to reduce the replication of the HIV-Virus by more than 99%.*

The single most important measure to enhance immunity against infectious diseases is an optimum intake of vitamins B6, B12, Folic Acid and certain other essential nutrients. It is a scientific fact that these biocatalysts of cellular metabolism increase the production of leucocytes, the body's main weapon against any infection.

Withholding this life-saving information about natural, non-patentable alternatives to prevent and fight infectious diseases, not only leads to the death of millions of people, but also to the ruin of the economies of many developing countries.”

Suggested Reading:

- How to Live Longer and Feel Better, by Linus Pauling, PhD
- The Healing Factor: Vitamin C Against Disease, by Irwin Stone
- The Vitamin C Connection, by Emanuel Cheraskin, MD
- Clinical Guide to the Use of Vitamin C, by Lendon H. Smith, MD

In 2001, I met Al Wong (scientist and President of Xymega Corporation) who has been involved with the chemistry of vitamins and minerals for the past 20 years. His company, Xymega Corporation has developed a product composed of plant sterols. Al has made his product available to me and he has included selenium, calcium, magnesium, kale, fish oil and plant sterols, which I take with ground organic flax seed. These have lowered my cholesterol and triglycerides; lessened the diarrhea caused by HIV/AIDS medications; improved my vision and aided in boosting my immune system, which provided me with an increased level of energy.

Originally, we sat down with my blood work results and we saw that the cholesterol and triglycerides were high. For two years, doctors have said that I was at risk of having a heart attack and should be on pharmaceuticals to reduce the high levels of cholesterol. The high cholesterol was attributed to the HIV/AIDS drugs. Instead of taking pharmaceuticals for the high cholesterol, I discussed the situation with AL Wong. I learned from him that my cholesterol was not the problem. The problem really lies in the triglycerides. Once recognized, I changed my diet and eating habits and incorporated the above supplements into my daily routine.

A recent study published in the Journal of the American Medical Association states, "Treatment with highly active antiretroviral therapy does not appear to raise cholesterol levels in HIV-positive men."

Al Wong says, "Plant sterols occur naturally, in small amounts, in many common plant-based foods. These sterols are not steroids.

Plant sterols have been studied and are known to be helpful in boosting the immune system (as characterized, for example, by CD4 cell counts) in HIV infected persons. The typical western diet provides a daily intake of 200-300 mg of plant sterols.

Supplementation is often needed to provide an adequate intake of plant sterols for immune boosting, in addition to those provided by daily consumption of fruits and vegetables. Not all sterols are alike.

Increased intake of certain minerals and vitamins, with plant sterols, can be expected to be beneficial in boosting the immune system. Your body should be the starting point to fight against HIV by first of all boosting the immune system, to maintain a good health status despite the fact that you are infected with HIV.

Quite often, people have to rely on drugs to help them to fight off the infection. The way to get around this is if you're able to boost the immune system then the body itself has the ability to fight off infections."

It really is important that people take the time and research the benefits of complementary and alternative therapies and the positive impacts on your immune system. We have all these resources and we should be combining them rather than saying the only way to treat HIV and AIDS is with pharmaceuticals.

NATUROPATHIC PHYSICIANS

In many countries throughout the world, people are going to naturopathic physicians when faced with a health issue. Unfortunately, where I live in Vancouver, British Columbia, the government is planning to cut back the scope of naturopathic medicine by imposing controls on what a naturopathic physician can and cannot do. The B.C. government does not allow naturopathic physicians to have access to medical labs and x-rays or to prescribe medications. The proposed changes include limiting the ability of naturopathic physicians to perform physical exams, diagnose and treat food allergies and place severe restrictions on the medicines ND's use to treat patients. This year (2003), I have written letters to the Premier of B.C., the Health Minister of B.C. and other members of parliament in B.C. Plus, I have sent letters to every Health Minister and many members of parliament throughout Canada regarding this very important issue of supporting naturopathic physicians. We must not lose the right of choice and the right to choose!

Dr. Garrett Swetlikoff, ND, British Columbia Naturopath Association President says, *“The B.C. Liberal Government is developing scope of practice regulations, which will negatively impact the provision of valid, science-based, natural medicine from licensed naturopathic doctors. In addition, the proposed changes will limit patient health care options.*

Oddly, this comes at a time when preventative medicine is being regarded as an essential component in addressing health care issues.

Even Federal Health Minister Anne McLellan recognizes the benefit of complementary care. In recent correspondence, she referred to naturopathic medicine approaches as well placed to play an important role in advancing living strategies, preventing illness, and improving health. The B.C. Liberal’s view is radically different than the federal view.”

It is naturopathic physicians, not medical doctors, who are specifically educated as physicians but with an expertise in alternative medicine. The naturopathic physician spends years of pre-medical training, which is the same as a medical doctor, as well as spending another four years in naturopathic training at University. The United States, Australia, Canada, Germany, New Zealand and South Africa all have 3-4 year courses with a recognized degree.

Here in Vancouver, the Health Professions Act forbids the College of Physicians and Surgeons of British Columbia from acting against a medical doctor practicing “alternative medicine” unless the therapy can be demonstrated to be more dangerous than the conventional therapy. This same Act demands that naturopathic physicians, who are specialists in alternative medicine, must prove the absolute safety and efficacy of a treatment before it is allowed to be included in their practice. This double standard is ridiculously biased and does not recognize the naturopathic physician’s expertise. Naturopathic physicians are licensed to diagnose and treat all medical conditions. Naturopathic physicians are specifically trained in the appropriate medical use of all natural prescriptions. However, the government continues to deny their ability to treat patients according to their needs by restricting naturopathic doctors from the same access to necessary prescriptions, labs and other diagnostic tools.

Naturopathic physicians are primary care providers! Government recognizes the value and credibility of naturopathic medical care and emphasize more, the value of preventive health care. It is particularly important now when we are experiencing a health care crisis in this province and across Canada. Government can advocate better acceptance of naturopathic medicine by the medical profession!

The naturopathic physician spends a great deal of time with me to explain my health condition and he gets to the root cause of the problem. Often, the naturopathic physician has answers for me where my MD does not! I’m only allowed a very limited time to address a health concern when I see my medical doctor. Usually, a visit is not more than ten minutes! This makes no sense when HIV illness is so complex! My naturopathic physician teaches me and emphasizes specifics in diet improvement, healthy lifestyle changes and approaches, which recognize the importance of a healthy body, mind and spirit. There are few other physicians who are able to take the necessary time with me.

For many people, their primary care provider is a naturopathic physician. Many in the medical profession are on the side of the government to change the scope of naturopathic medicine because they are losing patients! Many people living with HIV/AIDS have turned to naturopathic physicians. It is important to be aware that licensed MDs are legally required to use first line pharmaceutical intervention or risk losing their professional practice.

I. Poeitzer says, “More and more citizens are utilizing naturopathic medicine because it is safer, non-invasive, respects the body’s natural healing potential and it has proven success. This move towards naturopathic and other non-allopathic modalities of health should indicate to you the political will of the people.”

We may have jumped the gun and put all our efforts into pharmaceuticals when it came to fighting AIDS.

Recognizing the ability of the body to heal has prompted many to choose to combat HIV in a non-medical direction. Often, people are effective in preventing illness for years before drug intervention is ever necessary, or not necessary at all. Others have continued to live without any sign of HIV/AIDS related opportunistic infections or disease. For some who have tested positive, there has never been any virus replicated in their body. Equally so, many people who are on drug treatments have learned to address the importance of diet, exercise, alternative therapies and supplements, mind, body and spirit. Let's not close our minds to what is right in front of us showing endless opportunities. There are opportunities for us to learn, grow and have healthy bodies!

"Health is indeed determined by a wide range of influences beyond the traditional health care system.

Opportunities and responsibilities to improve or influence health are shared by everyone, including individuals, communities and governments", says Diane Marleau, former Minister of Health.

In both Canada and the United States, health care systems are being affected by the strains from use and rising costs. Billions are being spent, while people look to the medical profession to care for their illness. There is a whole consciousness that supports disease and we can make an attitude adjustment. If we took a little more care and responsibility for our health and what we put into our bodies, there would be less demand on our health care system. We must not allow ourselves to fall prey to the belief that science and the medical profession have all the answers, nor can we find all our answers in pharmaceuticals. Science, medicine and the use of pharmaceuticals play key roles, but so does the greatest disease fighter on the planet, our immune system.

Those having to make decisions in treatment around choices for healing do not have an easy task. Every person is unique. Each one of us will have different responses to HIV and antiretroviral treatment. There are options and we do have choices. Many have chosen natural healing! Not everyone is OUT publicly about his or her disease and/or treatments and the number if known would be many! In the United States, of those who went to hospitals and sought out medical advice, three times as many people chose alternatives.

It seems there is only money in illness and no money in wellness!

Provincial Health Minister, Colin Hansen has said that the Liberal government has made a commitment to fund health care on the basis of evidence-based medicine. He stated, *"There is certainly a lack of research around alternative therapies and whether or not they do show evidence of better outcomes."*

There are no shortages of researchers exploring the positive benefits of vitamin supplementation and complementary and alternative medicine. However, government funding very often never materializes! Without government funding, how can there be any 'evidence-based' medicine for complementary therapies? Government lags in funding, while science and the general public already realize the benefits of complementary therapies.

Funding, education, implementation of complementary therapies in our health care and recognizing the importance of naturopathic physicians and securing their place in our health care, is paramount! We should be studying the use of supplements and including them in our health care. Funding is necessary for additional research and fast tracking the implementation of them, providing positive effects for individuals with disease. Saving people's lives! It is the responsibility of governments around the world to include and provide these life-saving, natural alternatives in health care systems and ensure natural supplements continue to be available. **With choice there is hope!**

People infected with HIV or have AIDS and all those living with a disability need a quality of life that does not undermine their health. There are people dying due to the stress on an already stressed and suppressed immune system. There is added stress due to a lack of funds available to support nutritional diet and good health. Proper nutrition is necessary for HIV infected individuals, as those who eat well feel better compared to those who consume a less than adequate diet. Malnutrition can compromise their ability to fight off infection. We should be making good nutrition a high priority in AIDS treatment! There are people living with HIV who are in constant need of medical attention due to the poor quality of food and water. Water must be clear of micro-organisms and tap water is not fit to drink by people with a suppressed immune system, as they are susceptible to Cryptosporidiosis and Microsporidiosis. There is a need and an added expense of purchasing bottled water for drinking and cooking. The lack of bottled water contributes to their disease. There is a need for affordable housing, providing a comfortable and stress free environment in which to live.

Health care would have a payback in reduced and delayed usage with these provisions in place, as suggested by studies confirming lower survival associated with these! A call for action is necessary. The present situation dictates that these are vital necessities for people living with HIV/AIDS throughout the world! Since many people infected with HIV have neither the health nor energy to work towards creating awareness and change, it is my intention to speak through my experience for those whom I hope will benefit. Ignoring the importance of meeting these needs will bring an ever-increasing cost to our health care systems and us worldwide. A simple exercise in these directions and implementation would have an enormous impact on the fight against AIDS!

My concern and disappointment is directed at the lack of consideration given to the present situation of poverty, poor nutrition, inadequate sanitation and housing for people living with HIV. These issues are of the utmost importance to individuals who are trying to maintain their health and living. The present situation is driving people below poverty, affecting their health and forcing them to live in standards no one would want to experience! People, who have worked and contributed to society, should not be subjected to living in inadequate conditions due to health and inability to work when diagnosed with a life threatening disease!

We are all here together, connected. Nothing is happening to just one of us, but affecting ALL of us!

MEDICAL PROFESSION

Individuals may not be having trouble with the virus in their system as much as having some other factor affecting their health.

Those suffering with illness and those who have watched loved ones get sick or die know all too well that many health conditions were either not diagnosed or mis-diagnosed, but it was not HIV causing the problem. In my own situation, this has happened numerous times. The medical profession holds the HIV virus responsible for any and all illness when a patient is diagnosed infected with HIV, using the excuse that a condition is HIV related. It is because of this rampant over diagnosis that little or no search is undertaken to discover what is causing the health problem. Other diseases occur and with a condition in progress or uncontrolled with very little attention given it, this allows for many people suffering and dying! This is not caused by HIV, but from an invasion of bacteria, fungi, viruses and cancers, unknown to those not looking!

More consideration has been directed at eradicating the AIDS virus and not enough attention given to patients as individuals. As well as the attention given to decreasing the viral load and the search for a cure for AIDS, maintenance needs to be addressed. Many have experienced side effects of the drugs, pain, discomfort and prolonged illness because science, medicine and the pharmaceutical companies promote the direct attention to an actual VIRUS, rather than to the greater needs of a suffering person.

If a person who is already experiencing problems with their health is an individual who does not tolerate the drug treatment well, then their side effects mask symptoms of another illness.

For some individuals on HIV/AIDS treatments, there are few or no side effects. Others experience side effects, which undermine their ability to be well. Very often when a patient complains of not feeling well, they are told or led to believe it is all due to HIV or the side effects of the drugs. This has been obvious to many others and myself since the beginning of HIV/AIDS.

In 1993, when I was living in Ottawa, my friends Barry and Bruno, who were a couple, were on vacation in cottage country in southern Ontario. Bruno was having abdominal pain and Barry took him into the local hospital. I guess it might have been obvious the two were gay, but even so, that was no excuse for what took place. The doctors and nurses took one look and decided they would not treat Bruno without an HIV test first, just because he looked gay! Barry was furious and demanded they do something without an HIV test. They checked Bruno over superficially but did not determine what was wrong and sent him home. The next day Bruno was still in excruciating pain and they returned to the hospital. Again, the doctors were assuming Bruno had AIDS and said an HIV test had to be done and without an HIV test they would not treat Bruno.

Bruno and Barry knew something was seriously wrong, but they did not feel Bruno had to do an HIV test. They were sent back to the cottage. Barry made phone calls to Ottawa to members of parliament voicing his outrage with the hospital and demanding something be done. Unfortunately, the following day Bruno had to be taken to the hospital by ambulance. His appendix had burst and the infection was rapidly running throughout his body. An incision was made from his groin to his upper chest and the infection was scraped away. Later an HIV test was done and unaware to both Bruno and Barry, Bruno tested positive for HIV. However, Bruno was not symptomatic for HIV; he suffered from appendicitis!

Bruno recovered but he was never the same and in that same year, Barry called and asked me to go with him to the hospital in Montreal. Bruno was dying. After Bruno died, Barry got tested and discovered he was HIV+ as well. Barry was told to go on AZT and DDI. Barry was perfectly happy and healthy and he never showed any signs of problems with his health before going on the HIV/AIDS medications. On the drugs, he got sick and progressively sicker. He lost his hair and suffered from headaches, fatigue, insomnia, nausea and he lost weight. As he continued with the medication, other drugs were prescribed for the side effects he was experiencing. Barry then developed a severe case of diarrhea, which was diagnosed as being HIV related and/or the side effects of the drugs. It wasn't either of these and Barry went untreated for months. He had food poisoning from salmonella and this was not discovered until it was too late. Barry died while I was visiting him in the hospital!

My friend Bob also had to deal with mis-diagnosis or no diagnosis. He was on AZT for several years when he started to have severe abdominal cramps and diarrhea. Again, nothing was done! This is an experience, which many living with HIV as well as their family and friends can attest to. Bob was not suffering from HIV related problems or side effects of the drugs he was taking. Even when his drug regimen was changed, Bob still complained about the problems he was experiencing. Sadly, Bob was suffering from cancer, which hadn't been diagnosed or treated (a cancer which is treatable). Bob died leaving Buddy, his partner of 13 years, devastated and alone!

Those of us who have been living infected with HIV know many illnesses and death can be attributed to the use of HIV/AIDS medications.

From 1996-1999, I was involved in an ongoing program of the University of British Columbia School of Nursing and St. Paul's Hospital and the Center For Excellence through PWA (Person's With AIDS Society). The program was designed to promote understanding of and an appreciation for the realities of living with HIV related illness. This provided opportunities for student nurses to better understand the needs and care of persons living with HIV/AIDS. Individuals who are infected with HIV volunteered and discussed what it is like living with HIV. While volunteering in this program, I met Maureen who was also a volunteer and HIV+.

Like me, Maureen was not on any medications for HIV when we first started volunteering. When Maureen started the meds she developed severe side effects. Protease Inhibitors had come into use by 1998 and Maureen was on a combination, which included them. She developed some of the bizarre and severe side effects found among patients treated with protease inhibitors. The most common effect takes the form of disfiguring fat deposits, an extended belly caused by the drug Crixivan, with nicknames such as the “buffalo hump” and the “protease paunch”. These side effects were reported for the first time at the Fifth Conference on Retroviruses and Opportunistic Infections in 1998, reporting that 60% of HIV patients taking protease inhibitors develop the manifestation.

Maureen could not tolerate the medications and she believed it made no sense to put children, women and men on the same dosages. She believed the reason she wasn't tolerating the medications was because the dosage was too high and with that, too toxic. She was a petite woman of five feet. Like many others, Maureen wasn't sick, but was told by AIDS specialists at St. Paul's Hospital that if she did not continue on the drugs she would die. I saw her just after leaving the hospital, crying because she had been yelled at when she said she wanted to stop taking the treatment. Maureen, like many people living with HIV, is the reason we have advanced in HIV/AIDS treatments. Maureen was so determined to show that the dosages of treatments needed to be regulated differently for children, women and men, that she not only wrote a paper, but presented her findings in Geneva at the AIDS Conference the following year.

Maureen's body was ravaged by the toxicity of the HIV medications. These new antiretrovirals and protease inhibitors can have a negative effect and destroy T cells, B cells, red blood cells, kidney, liver, intestines, muscle tissue and the central nervous system. Quality of life is greatly affected due to the side effects and many diseases are showing up that are caused by the pharmaceuticals because among other things, these drugs can weaken the immune system.

Maureen's death in 2001 was very difficult. Even though I have watched so many people deal with illness and have watched close friends die, Maureen's death touched me in ways I can't really explain. Only to say, she was way too young in her 30's, a gifted and loving person with strong convictions and dedicated to the education of others. Having a close relationship with her family also made her death more difficult. Equally, shortly after Maureen's death, it was announced that Dr. Julio Montaner, Director of Clinical Activities for the B.C. Center for Excellence in HIV/AIDS at St. Paul's Hospital and one of the leading experts overturned the conventional “hit them hard, hit them early” practice in antiretroviral drug therapy, making individualized treatment available. Prior to this announcement, antiretroviral therapy was routinely recommended to anyone infected with HIV. Maureen will be truly missed by all who knew her, but she certainly made a difference in the short time she was with us! Many more people will benefit!!!!

My concern is for individuals who have health problems that are not addressed and who suffer needlessly and possibly die. The AIDS virus is NOT solely responsible for every health issue facing infected individuals. The underlying concern is for those people who may not be having any trouble with the virus in their system as much as having some other factor affecting their health.

Symptoms of illness cannot be overlooked nor can all symptoms be attributed to HIV. Rather than focusing all of the emphasis on attacking the HIV virus, consideration must be given to recognize symptoms of disease. The disguises are many but the faces are those of individuals. In the early 90's, at Howard University Hospital, doctors reported distressing patterns of undiagnosed infections. Findings of 40, HIV+ women who died of AIDS, showed at autopsy, that half of the 40 women had more than one disease unidentified! Seven (7) out of the 40 had several other diseases. The others diseases were recognized only at post mortem. Alarming about this situation was the mis-diagnosis and no diagnosis that took place. Many have died and many have suffered greatly due to mis-diagnosis or no diagnosis.

My own experience with AZT in 1991 was one in which I suffered from all the many side effects of AZT.

After having managed for 6 years without any drugs to combat HIV and a continual bombardment from the medical profession telling me I needed to be on the drugs, I finally agreed and started taking AZT. I had chosen not to take drugs for HIV from the time I was diagnosed until this time, but having lived more years than expected, I thought maybe this was a good time to start some treatments to ensure living even longer.

When I did start AZT, it was with a positive attitude. For the first six months, there were no signs of any problem with my health or side affects. Unfortunately, over the next few months, things changed considerably. There was a progression of symptoms taking place and I started to develop severe side effects caused by AZT. I was suffering from out-of-mind experiences, (years later I would learn many people who were diagnosed with dementia did not have dementia, but were suffering from the toxicity of the AZT), headaches, fatigue, nausea, anemia, insomnia and diarrhea. Along with these, I was suffering with the crippling effects of neuropathy causing a deterioration of the nervous system in my legs and in constant excruciating pain caused by this condition.

Over the months, my health deteriorated and it was apparent something had to be done. I had to find a way to fix what was wrong. Not knowing what or how to do that, I went to see my doctor. Understandably, many people living with HIV/AIDS suffer from anxiety and depression. I was not depressed and if I was anxious, it was only to find out what was wrong. Let's fix it and get on with my life! I related each and every thing I was experiencing to the doctor. I must admit to not having all my wits about me and I may have appeared out of sorts, but I am not a depressed person. Even so, the doctor gave me a prescription for anti-depressants, which I took for several months.

When I stated again my concern regarding the ongoing problems that I originally brought to his attention, he referred me to a psychiatrist. The psychiatrist prescribed an anti-anxiety medication, which I took. I was very upset emotionally due to the bombardment of all these additional drugs and their side effects! My legs were getting worse with more pain as time went on and the other signs that something was wrong still existed! If I had my wits about me and could have analyzed the situation, I would have realized that all the earlier signs, headache, nausea, diarrhea, insomnia, dementia, my legs crippling from neuropathy, discomfort and pain were in fact the side effects of AZT.

It appeared as though my illness was progressing and I might die. I hadn't received any answers from the doctor so I decided to stop taking all the drugs. When I was off all of the drugs and my head cleared and I could think rationally, I happened to find the literature on AZT given to me by my physician. It clearly stated on the paper given me by the doctor, each and every side effect of AZT, all of which I conveyed to the doctor. I changed doctors when the doctor did not recognize that I was suffering from all of the many side effects of AZT, but instead put me on anti-depressants and anti-anxiety meds. Clearly, it was not appropriate for me to continue with a doctor who could not recognize the side effects of the drugs he prescribed! While others were convinced I was dying, had I not decided to stop taking AZT, there is no doubt I would have died. The AZT has caused irreparable damage and its effect on my body has changed the state of my health forever!

Early on, treatment consisted primarily of AZT, every four hours in high dosages. Today, dosages have been reduced considerably and AZT is still used in combination therapy. Also, AZT has been used successfully to prevent the transfer of HIV infection from mother to child. Unfortunately, people died due to HIV illness and the toxicity of AZT. However, many more benefited and many lives were saved. Many people lived until newer more effective drugs became available and are living healthy productive lives today.

I used AZT only for a period of 9 months and after stopping the AZT, I lived 7 years without HIV/AIDS drugs. For a very long time during this drug free period, I had a problem with diarrhea and I tried to get my doctor in Vancouver to validate this condition. I knew my body. I tried everything to address the problem. I was aware that something was going on in my body and I wanted to find out what it was. When I first mentioned to my doctor my interest in being seen by a specialist, he said, *"If I send you to a specialist for a scope and they find nothing and a few months down the road you are in discomfort and need to have it done again, the technicians will not want to do it."* Ridiculous as that sounded, he wouldn't refer me to a gastroenterologist. Instead, he prescribed medication to help relieve the diarrhea.

Each time I went to the doctor with concern about the diarrhea, he would say the AIDS virus caused the diarrhea and that I should be on the HIV/AIDS drugs or I would progress to disease and die. This wasn't the first time I heard this! Many who choose not to go on meds have heard this over and over. I didn't want to go on the drugs. I just wanted to clear up the diarrhea.

Several months later, I visited the doctor again. Still experiencing problems with my bowels, I requested a test be done. The doctor looked at me and in a taken aback kind of way, he said, *"Hold on, I'm the one who decides what tests to do and whether they are necessary!"* Repeatedly on several earlier visits, I described the symptoms I was experiencing. He asked me once again to go through them. Had he not documented them? Obviously, he hadn't validated them! Again, he advised anti-viral therapy, due to his worries and concerns for progression of disease and the likelihood of all my problems being HIV related. He stated that even with tests, there might not be conclusive evidence of what is causing the problem.

I said I wanted to know and that these health issues were not normal. Before I could make a decision to start anti-viral therapy, I felt these health issues needed to be answered. The problems most likely would never be given consideration once on the anti-viral therapy. Unfortunately, very little recognition was given to my health concerns by this doctor, with only HIV/AIDS treatments recommended. So, off I went to find another doctor.

For over twelve years of dealing with HIV infection, I tuned into my body and very often approached physicians with information regarding a health problem. My ability to describe the symptoms, the area affected along with being well read on HIV/AIDS and with my history of HIV, gives me some idea as to what may be the problem. Often, this includes knowledge of tests that may be useful to detect the situation and knowledge of possible treatment required.

My determination and constant pursuit to get to the bottom of an illness led to success. When I did find a new physician, an appointment was made with a specialist in gastroenterology. Later, a scope was done, which showed colitis. For over a year, I tried to get my previous doctor to acknowledge that there was a problem. After six weeks on medication for the colitis, my diarrhea was cleared up.

Having colitis undiagnosed for such an extended period of time, meant I wasn't absorbing essential nutrients, vitamins and minerals needed to keep my immune system running properly. I lost weight because of the constant diarrhea and was not able to gain weight regardless of how nutritious my diet was. Going so long before the colitis was diagnosed and treated was the primary cause of my weakened immune system. These circumstances played havoc with my health, which caused my immune system (cd4 count) to be seriously weakened, putting me at risk -- not HIV!

If I had been satisfied to accept that nothing could be done, I would have continued to suffer much longer. There are many different opportunistic infections and diseases and I feel that validation of the concerns of patients regarding their health should be met. Over and over, we are directed to HIV/AIDS drug treatments as a solution, but the problem isn't necessarily one the HIV/AIDS drugs will eradicate.

Not to take away from the seriousness of HIV, but it is time to let go of the fear!

How we view disease, along with the constant bombardment of fear associated with HIV is cause for alarm. We must educate ourselves, those in the medical profession and our future doctors to address a broader understanding and treatment of disease. The fear and terror associated with HIV and the fact that the medical profession continues to contribute to fear is the first thing we need to overcome! Studies with healthy animals show that when subjected to constant fear and stress they surrender the will to live. Countless deaths of individuals infected with HIV can be attributed to fear. Telling people they are going to progress to disease and die, just because they have been infected with HIV is not true! Yet, these are the messages continually expressed by many in the medical profession.

Even with the latest drug treatments and decline in deaths, many in the medical profession still convey information to patients in a way that promotes fear. Patients are not recommended to take HIV drug treatments, but patients are told to take the drugs or they will progress to disease and die. Physicians should give test results and recommendations for possible interventions and treatments and should extend support without this negative dialogue. My concern is that doctors often provide no hope!

In 1985, I was told by an AIDS specialist to go home, inform my family, arrange my finances and funeral and that I had six months to live! Large numbers of individuals have been given this inhumane death sentence and this continues today! No one should be told he or she has six months to live! Many may give up and not pursue healthy initiatives since the situation was conveyed with less than a hopeful dialogue. Unfortunately, this does not occur just with HIV, but with many physicians who treat all types of illness. This negative dialogue has seriously impacted upon many lives emotionally.

Is it ethical in the diagnosis of disease, to give patients a probable life expectancy? Patients are given negative messaging by the medical profession and told they have six months to live or told there is nothing more that can be done! Health professionals should teach patients to take responsibility for their health and not to be victims! Physicians should assist patients to live! It is important to recognize an individual's willpower. Many patients are told that they will die and do! Many others discover through their will and through the rediscovery of the purpose for being, the ability to live! Often, they live for much longer periods of time than predicted!

Individuals involved in first aid, paramedics, doctors and nurses in emergency rooms and hospitals, they all know first hand the importance to be calm and give patients confidence, avoiding panic and fear! This is equally important in a physician's office and what physicians have been taught and trained to do! It is extremely important for physicians to convey test results and possible treatments accurately and without personal opinions, sarcasm, ridicule and fear tactics! Conveying all available treatments and means to provide help in a supportive and positive way.

When relaying information, doctors must presume that the patient does not have any previous knowledge of their problem. Explanations of test results or treatments should be given in a supportive tone, non-threatening, non-fatalistic and non-judgmental. The language and voice used to convey information is very important and a part of what we call a 'bedside manner'. It is even more important to receive diagnostic information without personal opinions. Relaying information to a patient ensuring they understand as much as possible! NOT placing limitations on a patient's life! Making individuals aware of how much control they have over their lives. Consider to what extent information may undermine health and lack of purpose, as well as affecting or undermining other areas of a person's life. Many health professionals do nothing to eliminate stress and contribute to that stress in avoidable ways.

There are many people who are very much in touch with their bodies and know what is going on in their body. The medical profession can recognize this, rather than dismissing it entirely and relying only on medical knowledge and resources.

Ron Rosenes, a Board Member of the Canadian Treatment Action Council says, "One of the hallmarks of western or allopathic medicine is the belief, proven with microscopes in the 19th Century, that germs cause disease and that killing germs or in this case HIV virus, is the best way to restore health. CAM practices generally strive to promote healing by viewing the individual as a part of a larger framework that includes body, mind, spirit and environment."

Many people who are in touch with their bodies have incorporated nutrition, exercise, controlling stress, herbal and dietary supplements, homeopathy and naturopathy, meditation, visualization and making plans for the future. All of which contributed to their well-being. Recognition of this by the medical profession is lacking. It has been my experience and that of others that insufficient attention is given to the patient who is aware of his or her health and body. When a patient includes alternative therapies in conjunction with medical resources, frequently physicians ignore anything other than the medical resources!

Dr. Jon Kaiser says, *"Many physicians have little faith in the body's ability to heal and that is why they promote reliance on drugs."*

I was told the virus would kill me. Repeatedly, this is expressed to others and myself during discussions with physicians. Patients come out of doctors' offices and AIDS clinics teary eyed, faced with fear conveyed by physicians! However, I do not feel this is proper dialogue. This kind of dialogue does conjure up fear in most individuals, affecting them psychologically as well as physically. AIDS patients do not have to be hopeless, helpless and passive in the face of the illness!

We need to find better ways for providing health care and improving the quality of life for people living with serious disease. We can recognize the influence that our thoughts and emotions have on our health and the importance of holistic therapies that nourish all aspects of being. Positive thinking, nutrition, exercise, supplements and spiritual resources, all contribute to wellness and a longer life span. All this, we should be able to discuss with health professionals, allowing for a peace of mind and a quality of life not given by time allotted diagnosis. I realize the difficulty in making change. However, I do believe we can all work together in order to educate, ensuring proper information and awareness. I am committed to doing everything I can in order to create awareness!

Science and the medical profession provide HIV/AIDS information to the media and the media disseminates it without a real balance of understanding. The fear associated with HIV/AIDS has kept us in the dark. We only see people dying and certainly in many parts of the world, there is malnutrition, lack of medical attention and affordable pharmaceutical resources, all contributing to countless deaths. We only see the fear associated with sex and the need for safe sex practices! We only hear about drug cocktails and the latest approved medications. We only see people taking a handful of pills. We only hear about the resistance to drugs and we see through the media, only those sick with wasting syndrome, PCP pneumonia, Kaposi's sarcoma, or crippled by Neuropathy.

The public needs to understand HIV and let go of the fear with each person taking part in a global, prevention strategy. These days, pharmaceutical resistance is evident with HIV and not only can a person be infected with a strain or possible multiple strains, but along with it, comes the possibility of resistance to all the drugs the infected individual has taken. We do not know how each person will react to HIV infection. We need to put money back into wellness! We must not wane from our efforts in safe sex education, prevention and research. Never was it more important to keep up our efforts, creating less toxic and affordable drugs and providing proper health care, including complementary therapies and supplements. There is a need for research, pharmaceuticals, studies and fast tracking drugs, but why can't we include research, studies and the fast tracking of nutritional supplements and complementary therapies too? Many people worldwide have put into practice and shown us the positive effects of proper nutrition and complementary therapies, when it comes to living with HIV/AIDS today!

AIDS kills more people than any other infectious disease.

Infectious diseases are the 3rd largest cause of death!

Individuals should not have to suffer all losses due to illness!

Men, women and children are suffering with HIV/AIDS. We need to assure that these people are cared for, not discriminated against! We must provide funds for proper nutrition, housing and health care for these individuals to aid and contribute to their well-being. We need to get rid of the false perceptions and judgments. Like Doreen Millman said at the 1996 AIDS Conference in reference to how a 63 year old grandmother got AIDS. She said, *"It just doesn't matter!"* Neither does an individual's race, religion or sexual orientation matter! Don't look for differences; look at how we can help one another.

I do not believe it is naive to think we can make the necessary changes, but rather it is naive to think that we can continue on our current course neglecting those who suffer from poverty, illness and disease. People are judging those who are sick, disabled and poor.

At the X1V International AIDS Conference 2002, Nelson Mandela said, "*Stigma, discrimination and ostracism are the real killers.*"

People living with illness are no different from anyone else, except for their disease. Prior to this, they were hard working people, contributing to society. Once sick, they are expected to do without and not have those things they had in their life before sickness! Why do we allow this?

Many people have nothing due to the lack of funding and the effort it has taken for them to survive through their illness. People should be entitled to the right to a quality and standard of living, which promotes wellness and healing, not death and dying. The stress that people are enduring while trying to maintain a home, food, and health is putting them at risk of continued health problems. This in turn means they are in greater need of medical attention! Once again, this taxes an already taxed health care system.

Illness and poverty can strike any one of us, at any time! What is happening affects us all. We can no longer look at others or view other places in the world where people are sick and dying and continue to neglect caring for them, without recognizing how it affects society. We have the means to provide all that is necessary, but we will have to work together to correct the global imbalance. The richer countries have a moral responsibility to help out poorer countries.

We have been warned by science that we are faced with an ever-increasing battle -- the battle against the bug! Every country is at risk of every disease. Here in North America, many people take for granted our quality of life, while others here and elsewhere in the world are faced with poverty, poor sewage and sanitation, famine, drought, environmental devastation and disease, along with millions of people dying. These are problems facing us all. These very same circumstances affect people in every part of the world. We cannot continue to allow millions to suffer and millions to die and expect we will not be affected.

We have to make the necessary changes and care for one another. If HIV and AIDS have not brought this realization, then surely West Nile, SARS, Mad Cow, Monkey Pox and Ebola are convincing enough! It is time to realize that it is only a matter of time before this major global epidemic will affect each and every one of us and that possibly, we will have to deal with some other new bug as well! This is happening already. Look at the impact of SARS and its effects on health care, travel, tourism, jobs, our economy and relationships with other countries. We would do well to pay attention and learn from the enormous poverty, illness and deaths worldwide caused by HIV/AIDS.

At the XIV International AIDS Conference in 2002, Nelson Mandela in his closing speech said, ***"AIDS is a war against humanity."***

Travel has catapulted the virus from one part of the world to another. HIV/AIDS in Africa is not isolated to Africa; it is a worldwide problem. The Health Laboratory Services estimates that there are 10,000 Africans infected with HIV in Britain. An estimated number of newly infected adults and children in Africa reached 3.5 million by the end of 2002. One out of every three adults is infected with HIV in the southern African countries and 30% of pregnant women under the age of 19 are HIV positive. In Zimbabwe, 2000 people die of AIDS every week. In places like Mumias Kenya, HIV infection and AIDS ravage villages. People don't even have clean drinking water, or food!

“Sixty million Africans have been touched by AIDS in the most immediate way. They are either living with HIV, have died of AIDS or they have lost their parents to AIDS. But the toll of those directly affected is even higher,” says Dr. Peter Piot, Executive Director of the Joint United Nations Programme on HIV/AIDS.

RESOURCE: UNAIDS FACT SHEET (2002)

- 38.6 million adults and 3.2 million children were living with HIV at the end of 2002.
- 14 million children orphaned since the beginning of the HIV/AIDS epidemic.
- In Sub Saharan Africa, 29.4 million adults and children living with HIV/AIDS.
- In North Africa and the Middle East, 550,000 adults and children living with HIV/AIDS.
- UNAIDS estimates that 700,000 adults, 450,000 of them men, became infected in South and Southeast Asia during the course of the year 2001. Overall, as of the end of 2002, the region is estimated to have 6.0 million adults and children living with HIV or AIDS.
- In East Asia and the Pacific, 270,000 adults and children became infected in the course of the year 2002. This brings the number of people living with HIV or AIDS at end of 2002 to 1.2 million.
- In India, with a population of one billion people, there are an estimated 3.8 million adults living with HIV/AIDS.
- In China, 1.5 million people are estimated to be living with HIV or AIDS. It has been estimated that almost 1 million people have been infected with HIV in Thailand since the beginning of the epidemic.
- Latin America has 1.5 Million, with a total of 150,000 newly infected. In Latin America and the Caribbean, 50% of those infected are women.
- Caribbean has 440,000 with a total of 60,000 newly infected. AIDS is the leading cause of death in several Caribbean countries, including Haiti and the Bahamas. AIDS is the single greatest cause of death for Caribbean people ages 15-44.
- Eastern Europe and Central Asia have 1.2 million people living with HIV/AIDS. 250,000 people newly infected with HIV in 2002.
- Western Europe has an estimated 570,000 people living with HIV/AIDS and 30,000 people newly infected.

Russia has more HIV infection than all of Western Europe combined. Official statistics say there are more than 200,000 HIV-infected people in Russia. Federation Council International Relations Committee Chair, Mikhail Margelov said he believes the actual number is closer to 1 million. If current rates of infection continue, 10 million to 12 million Russians may become infected with HIV by 2010. In Moscow, 22,300 HIV-positive individuals are registered. Half of the newly identified HIV-positive cases in 2002 were aged 19 to 25.

Mikhail Margelov said, ***“AIDS is a problem for every country and international efforts must be employed to fight the disease.”***

The proportion of adults living with HIV/AIDS who are women has been steadily increasing. In 2001, 50% of those infected with HIV or living with AIDS were women. AIDS now ranks as one of the leading causes of death among women aged 20 to 40 in several cities in Europe, sub-Saharan Africa and North America.

Many people still have the belief that HIV and AIDS only affects homosexuals! However, 75% of the world population infected with HIV is heterosexual. The United Nations predicts ***"AIDS will cut population by 300 million; 300 million fewer people in the world by the year 2050 from the impact of AIDS."*** The United Nations is predicting the biggest rises in AIDS deaths to be in China (estimated 40 million) and India (estimated 47 million). The population of sub-Saharan Africa will be 19% lower.

In the United States, there are 980,000 people living with HIV/AIDS and 45,000 newly infected. In Canada, 65,000 people are infected with HIV. The rates of infection among our aboriginal population in Canada are reported to rival the worst hit areas of Africa! HIV infection among aboriginal people is twice the rate of infection in non-aboriginal people.

Here in Vancouver, British Columbia, 10,000 people are living with HIV/AIDS and HIV infection is on the rise amongst injection drug users. Similarly, in Pakistan, the International Narcotics Council Board reports HIV/AIDS is rising among the estimated half a million drug addicts. In a population of 140 million people, it is estimated there are 80,000 HIV positive people in Pakistan.

At the 20th Vancouver Annual International AIDS Candlelight Vigil 2003, James Johnstone said, *"Since 1983, there have been 21.8 million deaths due to HIV/AIDS. In 2002, 5 million people became infected with HIV."*

In 2002, 3.1 million deaths were caused from HIV/AIDS, a higher global total than in any other year since the epidemic, despite antiretroviral therapies which reduced HIV/AIDS deaths in the world's richer countries."

The United Nations General Assembly (UNGASS), along with 189 United Nations members, have drafted a Declaration of Commitment stating, ***"HIV/AIDS is a global economic, social and development issue of the highest priority and the single greatest threat to the well-being of future generations in many parts of the world."***

There is no doubt this situation is going to have an enormous effect on all our lives. As well, the World Health Organization (WHO) has estimated 170 million people worldwide are infected with hepatitis C. This figure is four times the number infected with HIV. With these known statistics, one can only ponder the increase on our already strained health care systems. When will our eyes be opened to what is going on all around us? When will sufficient funds be made available and monies applied to health care and health care incorporating all means of treatment? I never expected to live to see the present state of things and I am shocked by our provincial and federal cutbacks to health care in Canada.

Cutbacks make us vulnerable because we don't have the necessary doctors, nurses and health care providers. Over the years, our doctors and nurses have been overworked and underpaid causing many to move and take jobs in the United States and elsewhere. Hospitals and complementary treatment centres have been closed due to funding reductions, when we should be building these centres! There have been cutbacks to AIDS funding and research and cutbacks of funding to AIDS organizations.

"Canada is failing to honour its commitment to combat HIV/AIDS nationally and internationally", says United Nations Special Envoy Stephen Lewis. He states, *"The federal government has frozen funding for prevention, treatment and research for a decade at the level set by Brian Mulroney's Conservative government and the effects are shocking."*

The Canadian government is also failing to provide the necessary resources to prevent the spread of HIV/AIDS and Hepatitis C in prisons.

“Some jurisdictions have totally and abysmally failed to wake up to the reality of HIV/AIDS, Hepatitis C and injection drug use in prisons”, says executive director Ralf Jurgens, “...known cases of HIV/AIDS increased by over 35% in four years.”

The Liberal, provincial government of British Columbia (Canada) has made HIV a reportable illness in BC, making it less likely for individuals to get tested or seek out medical care. The fear of discrimination will only fuel the stigma attached to HIV and increase HIV infection, both of which, many have worked tirelessly to erase. Government cutbacks are seriously affecting people living with HIV and all disabilities. Disability and welfare benefits were already inadequate, forcing people to live 50% below the poverty line, putting children and families at risk of crisis and denying people basic human rights. With the state of our current Health care system, it will be impossible for us to afford the demands placed on us by HIV/AIDS.

We can no longer continue as we have! Health care is homeland security and health care is on everyone's mind, **regardless of where you live!** We must work together and use every available means. We must provide the room for others to be given the opportunity to express their ideas. People infected with HIV have been instrumental in advancing the knowledge of complementary treatment choices when dealing with HIV and it is imperative to emphasize options other than pharmaceuticals! We need more visibility when it comes to treatment options such as supplements and complementary therapies for treating individuals infected with HIV and all disease!

Initially, there were no drugs available to treat HIV/AIDS, but substantial numbers of infected individuals collaborated, shared experiences and found an alternative way. Without medications, people incorporated proper nutrition, exercise and complementary therapies into their lives. People have been successful at staying healthy and/or having wellness restored time after time using complementary therapies, with or without HIV/AIDS medications. We must acknowledge and give credibility to this reality! We must acknowledge all of the many contributions by people infected with HIV. They are the same people who raised funds and started AIDS organizations, thereby providing and developing treatment libraries, which contained files on all the alternative treatments used by people living with HIV/AIDS. When HIV/AIDS drugs did become available, HIV/AIDS research and drug treatment information was included in these libraries.

Researchers, pharmaceutical companies and the medical profession have learned valuable information from infected individuals. Those affected were responsible for instituting what is referred to as treatment holidays, or structured treatment interruptions. A daily regimen while confined to a lifestyle of taking medications and the fact that many were unable to handle the side effects of the HIV/AIDS medications, prompted individuals to stop taking their medications, for months or years. The knowledge gained from these people opened the eyes of researchers and the medical profession. This facilitated change and stopped the insanity of the HIV/AIDS treatment protocol referred to as *'Hit them hard, hit them early'*! It is because of the information gained from people living with HIV that we have moved on and recognition is now given to the importance of individualized treatments. People who have been infected have brought about the understanding of which drugs work and which do not. In this way, they have voiced the need for more effective and affordable drug treatments -- and more!

However, there is an abundance of information, which is not being provided by infected individuals and obviously, this can be attributed to the stigma attached to HIV. Because of the fear, there are people who are not reporting how they are managing their illness. Their status is not known, so they cannot be counted. The numbers of individuals who have chosen natural methods is substantial. Without all the voices of those people heard, this has allowed pharmaceutical companies and the medical profession to have a monopoly over the direction of treatment and treatment information. It is time for affected people to make a stand and have their voices heard! The use of HIV/AIDS medications is one direction of treatment and natural healing with the benefits of complementary therapies is another. Both must be recognized equally! Time, energy and money must be given to both if we are to save millions and millions of lives!

It is time for complementary therapies to be brought to the forefront and on an equal level with pharmaceuticals. We have to persuade everyone, pharmaceutical companies and their shareholders, government, the medical profession, media and the public to recognize the importance of using every available means when it comes to fighting HIV/AIDS and all disease!

How can there be any real understanding about HIV/AIDS and HIV prevention, without the necessary information reported?

HIV/AIDS reported in the news is minimal, at a time when it needs to be at the forefront. Money is being spent to try and determine ways to provide HIV prevention strategies. In order to reach everyone, HIV needs to be in the news! Talking about safe sex and the need to use a condom or providing condoms is not working!

People believe HIV infection will never happen to them and many still associate HIV/AIDS with gay people. Yet men, women and children of every race and religious or spiritual belief are being infected with HIV every day, all over the world! Even the Vatican continues to oppose condom use to fight AIDS while HIV infection escalates! People think because we have antiretroviral therapies there is no need to practice safe sex or worry. There is no guarantee these medications will work on everyone! An infected individual may be resistant to all the drugs taken by the person who transmitted the disease. One out of every 10 Europeans newly infected with HIV has a drug-resistant strain of the virus according to a study released at the 2003 International AIDS Society's 2nd Conference, on HIV Pathogenesis and Treatment, held in Paris. Multiple sex partners means multiple infections can occur with the likelihood of infection with more than one HIV strain. This places an individual in greater danger of illness and or death as well as any person they infect. Some strains of HIV have been shown to cause illness and death rapidly regardless of immune status. Being infected with HIV may also include being infected with hepatitis C, as well as other sexually transmitted diseases (STDs).

For years, the gay community successfully promoted and practiced safe sex practices, which reduced the number of infections dramatically over a period of ten years. With antiretroviral therapies and fewer deaths associated with these treatments, many gay people have discontinued safe sex practices. HIV infection is not disclosed to partners and anal sex without a condom is increasing at alarming rates. So now HIV infection is on the rise again amongst gay people.

Also, the heterosexual community is not practicing safe sex, which is evident in the statistics of HIV infection amongst heterosexuals worldwide. Seventy five percent of the world population infected with HIV is heterosexual. Fifty percent of all HIV infections are in women. Repetition of these facts is warranted, as there has been insufficient time or attention given to the dispersal of proper information through the media regarding HIV and AIDS and HIV prevention.

Studies show that anal sex is common throughout the world and in some countries 60% of adults practice anal sex. Women in the United States are reported to be seven times more likely to engage in unprotected anal sex, than men having sex with men. Condom usage is lower for heterosexual anal sex compared to vaginal sex. Many men who have sex with men do not define themselves as gay. More and more women are being infected with HIV through sexual intercourse with their male partner, unaware their partner is bisexual! In heterosexual relationships, infidelity is also responsible for increases in HIV infection among women.

There is the perception that if you are infected, HIV is manageable. Managing HIV/AIDS can become a full time job! It involves management of your health through doctors' appointments, hospital visits for blood work and appointments at hospital pharmacies to pick up your necessary HIV/AIDS medications. You must manage the side effects of the drugs and drug resistance. There are the demands of managing to overcome each opportunistic infection. All of these are essential to manage to stay alive!

HIV infection does not occur without an opportunity!

HIV can be stopped, but without more public awareness of the risks involved, safe sex practices and the realities of people living with HIV, the numbers of infections will continue to grow and more lives devastated! This awareness cannot be provided by AIDS organizations alone! Government and the media need to play a more active role in HIV prevention. The truth about HIV infection needs to be told!

Health authorities predict by the year 2010, there will be 45 million new infections and 70 million people will die of AIDS by 2020.

UNAIDS estimates as many as two thirds, of the 45 million new HIV infections expected by 2010 could be prevented if prevention programs were immediately expanded.

Reeta Bhatia, senior policy advisor for the International Affairs Directorate of Health Canada says, *“Engaging in international HIV/AIDS work will help protect and preserve decades of investment in the developing world and contribute to the economic growth and stability on which an independent world economy depends to function effectively. Global action is also necessary because HIV/AIDS and other infectious diseases ignore geographical boundaries.*

Until the epidemic is halted globally, every country is at increased risk.

In recent years, a global AIDS movement has developed and continues to grow.

Taken as a whole, this effort constitutes one of the largest international peacetime collaborations in history.

Today, more people than ever before are engaged in the global response to HIV/AIDS, including community-based organizations, business and labor, religious leaders, youth organizations, women’s groups, the entertainment industry and a variety of government sectors.

The strength of networking and effective organization among people living with HIV/AIDS continues to grow and to give an important voice to the epidemic.

The commitment of Canada and Canadians to respond to HIV/AIDS both at home and abroad sends a clear message that isolationism is impossible in an interconnected interdependent world, that we need international awareness and understanding and that we need to recognize our common humanity and the issues that unite us.”

Our own judgments and those we place on others contribute to our **dis**-ease and disease. This plays a role in how we judge the disease. Moving everyone to a reliance on pharmaceuticals leads us into a world where there is more resistance.

- physical resistance to viruses and bacteria.
- resistance to breaking the boundaries of our created differences.

HIV and AIDS has taught and shown me, that we are **ALL** connected and there are endless possibilities!

While dealing with HIV or AIDS, dedicated people have worked tirelessly, creating awareness in the many areas related to HIV and AIDS. Individuals spoke out; ignored the HIV stigma and broke down the barriers of fear and discrimination in their own lives as well as for the sake of others. Among the varied issues, many pioneered the importance of complementary therapies and their uses in treating HIV/AIDS. For some, the benefits from their efforts were not always realized while they were alive. Where some left off striving, others are going onward. This challenging work will continue until science, the medical profession, pharmaceutical companies, governments and media combine all resources to promote the usage of complementary therapies as an integral part of the methods for treatment of illnesses.

These are issues that many others and I encountered and we fought to bring about change.
It is my wish that those who are not aware, become aware
and help in the challenge to bring about change!

by Bradford McIntyre