

Denver, Colorado
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Dear Friends,

Current research into the question of whether or not AIDS can be transmitted by saliva is ignoring the main direction of the evidence presented by Dr. Jerome Groopman, Dr. Robert Gallo and others in the October 26th 1984 issue of Science (pages 447-449).

In the Groopman/Gallo study, none of the four AIDS cases had an AIDS-positive saliva. Four out of 10 of the ARC (AIDS-Related Complex) patients had a positive saliva. But ALL FOUR of the AIDS-exposed "healthy homosexual males" had an AIDS-positive saliva!

It is this last group—apparently healthy people who have been exposed to AIDS—that raises the specter of a grave danger to public health. There are about 7000 surviving AIDS cases, all of them diagnosed and many of them hospitalized. There are an estimated 100,000 ARC cases who at least know that they are sick. But there are an estimated one million or even two million AIDS-exposed people, many of them unaware of it, and all of them healthy enough to be in daily, casual contact with other people. The implication of the Groopman/Gallo finding that everyone in this AIDS-exposed group had an AIDS-positive saliva clearly has enormous implications for public health. It also has enormous political and social implications and that is the apparent reason why further research in this direction has not been pursued.

A further implication of this finding is that the so-called epidemiological argument against AIDS transmission by saliva rests upon a false assumption. The assumption is that actual AIDS cases are most likely to spread the disease to those in direct contact with them, such as health care workers and household contacts. But the evidence in the Groopman/Gallo paper is that just the opposite is true—fully developed AIDS cases are LEAST likely to have a positive saliva.

The study by Dr. David Ho and others reported in the December 19th 1985 issue of the New England Journal of Medicine (page 1606) doesn't concentrate on the healthy but AIDS-exposed people that uniformly had an AIDS-positive saliva in the Groopman/Gallo study. Of course it may be necessary to define "healthy" more precisely since that seems to be the key factor. Since even the "healthy" subjects in the Ho study were coming into the hospital, it is questionable how healthy they were and whether they are comparable to those in the Groopman/Gallo study. The blood test results seem to show that they weren't.

The AIDS virus or the antibody to it seems to become much harder to detect as the disease progresses. In the Groopman/Gallo study, the saliva results were paralleled by the results of the ELISA blood test. All of the "healthy homosexual males" who were positive for the saliva test were also unequivocally positive for ELISA. But only one of the actual AIDS cases was positive for the ELISA test. And the ARC cases produced mixed, in-between results for ELISA just as they did for saliva. A negative blood test by someone who is known to be an AIDS carrier isn't taken as proof that the virus is now absent from his blood. It is taken as indicating that a better, more sensitive test is needed. Why shouldn't a similar assumption be made when saliva is tested, especially in more advanced AIDS cases?

The real problem is that the direction and content of AIDS research ^{have} ~~has~~ been heavily influenced by enormous political pressures. A good researcher compensates for the bias of laboratory equipment. But researchers are not even acknowledging the degree to which AIDS research has been politicized. There are obviously strong pressures to reassure the public so as to protect homosexuals from the social consequences of the AIDS epidemic. So there is effective pressure to avoid research results which will alarm the public. Only reassuring results are wanted. It is difficult to produce valid research under such pressures, and, instead of recognizing that reality, the medical establishment is attempting to maintain a facade of objective science, while it is actually trying to serve a political purpose.

The comment at the end of the report in the New England Journal of Medicine gives it away: "These results may be useful in allaying public concern regarding the casual spread of AIDS." Indeed. And that is just the reason why this half-thought-through and half-carried-out study was publicized in the national news media with such indecent haste. Research done under such pressures and for such unscientific purposes is unlikely to hold up.

The public needs reassurance if there is any that can be honestly found, but what it really needs is a clear and convincing answer to the question of whether or not AIDS can be transmitted by saliva. Why hasn't the Groopman/Gallo finding of AIDS-positive saliva in healthy homosexuals been followed up by a study done just the same way upon a much larger sample? Why hasn't the possibility of AIDS transmission by saliva been tested in chimpanzees and monkeys? Instead, they are using health care workers and the general public as guinea pigs, in effect. The question won't go away until it has been answered and it hasn't been answered. The consequences of delaying any longer to carry out a thorough investigation of the question can only be much worse than they are now.

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