

# Call for AIDS denialists to be held accountable

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Despite irrefutable proof that HIV treatments have proven benefits, AIDS denialists continue to deny their value. In a paper just published online in Springer's journal *AIDS and Behavior*, Professor Myron Essex and Dr. Pride Chigwedere, from the Harvard School of Public Health AIDS Initiative in the US, provide additional proof that withholding HIV treatments with proven benefits led to the death of 330,000 people in South Africa as the result of AIDS denialist policies. They also show that the harm has not been reversed and highlight that when denialism enters public health practice, as in South Africa, the consequences are disastrous.

AIDS denialists refute that HIV causes AIDS, that [antiretroviral drugs](#) are useful, and lastly, that millions of people worldwide have died from AIDS. AIDS denialists represent a growing movement that has considerable visibility on the Internet. Despite their views, it is estimated that from 2000 to 2005, at least 330,000 South Africans died prematurely and 35,000 babies were infected with HIV as a result of former president Thabo Mbeki's decision to withhold antiretroviral drugs, based on advice from American AIDS denialists.

In their thought-provoking paper, Essex and Chigwedere review the potent effects of [HIV](#) treatments and their missed opportunities in South Africa. They respond persuasively to AIDS denialist arguments with robust scientific evidence. They also discuss the key implications of the relationship between AIDS denialism and public health practice, using South Africa as the example. Finally, they argue for accountability for

the human rights violations and loss of hundreds of thousands of lives, as well as the need to reform public health practice to include standards and accountability.

The authors conclude: "There is a need for honesty and peer review in situations that impact public health policy. When [AIDS](#) denialism enters public health practice, the consequences are tragic. The implications start in honest science but extend to the need for accountability and, perhaps, [public health](#) reform."

**More information:** Chigwedere P & Essex M (2010). AIDS denialism and public health practice. *AIDS & Behavior*; [DOI:10.1007/s10461-009-9654-7](https://doi.org/10.1007/s10461-009-9654-7)

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