

[MUSIC PLAYING]

HOWARD MCHALE: The following program contains language or images of a frank or sensitive nature for which may be considered objectionable by some. Listener discretion is advised.

SINGER: (SINGING) I am what I am. I am my own special creation. So come take a look. Give me the hook or the ovation. It's my world that I want to have a little pride in. My world, and it's not a place I have to hide in. Life's not worth a damn till you can say, I am what I am.

HOWARD MCHALE: OK, are we over that song yet? Anybody? Can we take a vote. I'm over that song. OK, I mean, Scott and I have been talking about months for like changing the theme song for *After Hours*. And well, when you count on Scott for anything, you know never get nothing.

Yeah, here's your new theme song, bitch.

[MUSIC PLAYING]

SINGER: (SINGING) love that dare not speaks its name, dare not speak its name.

SCOTT LEWIS: Are we the McGuire Sisters or the Three Stooges tonight?

BRIAN BRADLEY: You can't count, and don't put me in that number anyway.

HOWARD MCHALE: look like Curly.

BRIAN BRADLEY: You look like you need some Mo.

SCOTT LEWIS: He doesn't need any Mo, thanks to-- oh, what's that little establishment on the corner of I-10 and Studemont?

HOWARD MCHALE: Oh, that adult movie house.

BRIAN BRADLEY: That's an art cinema.

SCOTT LEWIS: Art cinema. Thanks to that art cinema, Howard McHale needs no Mo.

HOWARD MCHALE: Go home and tell everyone that's where I'm going on the weekends. That what you said?

[LAUGHTER]

SCOTT LEWIS: This is Scott Lewis, Scott Lewis sitting here with Howard McHale, Howard "Big Daddy" McHale.

HOWARD Good morning, Houston.

MCHALE:

SCOTT LEWIS: And Brian "Big Attitude" Bradley.

BRIAN Mm. I wasn't going to be me now. I wanted to be someone else.

BRADLEY:

SCOTT LEWIS: Well, it's a little late for that.

BRIAN I had a name picked out and everything.

BRADLEY:

SCOTT LEWIS: OK.

BRIAN Trixy "Thunder Pussy."

BRADLEY:

[LAUGHTER]

SCOTT LEWIS: A name you have probably--

BRIAN Hi, Jimmy.

BRADLEY:

SCOTT LEWIS: A name. It's the finger going. A name you've probably earned well. So Brian, where have you been hiding?

BRIAN Well, here and there and out of the country, and away from this cockroach-infested wonderful dump.

BRADLEY:

HOWARD Probably under some rocks.

MCHALE:

BRIAN I didn't see you there.

BRADLEY:

HOWARD I mean, I saw you out and about last night, Miss Bradley, carrying on.

MCHALE:

BRIAN Did we not have a meeting last week and decide we're not going to talk about people's personal lives? Don't get started on me.

HOWARD Nothing personal. Nothing personal. Big Brother is watching us.

MCHALE:

BRIAN No, Big Brother's listening.

BRADLEY:

HOWARD Oh, that's right.

MCHALE:

BRIAN I am big brother.

BRADLEY:

SCOTT LEWIS: Tell him what we're talking about tonight.

HOWARD Hey, we have got a show planned for Houston this morning. We have-- we do. We are going to enlighten and
MCHALE: empower everyone in this Houston listening audience tonight. We have a gentleman with us from the--

RICHARD From the?
ALBIN:

HOWARD From the. Come on, Richard.
MCHALE:

BRIAN Y'all, this ain't no audition. Spit it out.
BRADLEY:

RICHARD I'm Richard Albin. I work with Home Nutritional Services, which is an IV therapy company. And we're going to be
ALBIN: talking about vitamins and minerals and HIV, and nutrition in general.

HOWARD It's funny, because I've noticed that throughout my dealings of going to a drugstore, I think we as a community,
MCHALE: we don't know what to buy. I walked into a Walgreens the other day, and there are 39 trillion bottles of vitamins. And tonight, we're going to try to bring all that together and talk about vitamins, certain needs for HIV-positive people, certain needs for our community and people on the go. Is that true?

RICHARD I hope that's what we're going to talk about.
ALBIN:

HOWARD And Scott, you're a girl on the go. Tell us about your vitamins.
MCHALE:

BRIAN Scott's idea of a balanced meal is a hot dog in each hand.
BRADLEY:

SCOTT LEWIS: That is balanced, isn't it? We're also going to be talking with Steven Fowkes, who wrote or edited *Stop the FDA*, *Smart drugs* and *smart Drugs II*. We're going to get him on the phone in a minute from San Francisco.

HOWARD Palo Alto. He gets real offended when you say San Francisco.
MCHALE:

BRIAN Well, hell, he can't hear this damn radio.
BRADLEY:

HOWARD He might be focusing in.
MCHALE:

BRIAN He's from San Francisco, everybody. You'll tell. You'll be able to tell when you hear his voice.
BRADLEY:

HOWARD And the nice thing about him is that he's done many volunteerist things here in the HIV and AIDS community,
MCHALE: and he's been fighting right now with the FDA on certain rights that the FDA has been banishing certain companies from saying about drugs and herbs. And it's going to be very interesting to talk to him, because he's kind of a hothead like you, Brian. And it ought to be real interesting.

BRIAN We're not going to talk about them aloe vera enemas and things like that though, are we? I don't want to hear
BRADLEY: nothing about that.

HOWARD Just what you need.
MCHALE:

BRIAN A lanolin douche or something.
BRADLEY:

SCOTT LEWIS: Now, be careful Brian. You you might be offending.

HOWARD It might be one of those seven words.
MCHALE:

SCOTT LEWIS: We also have tickets right here in my hand, tickets. Does anybody know who Jason Stewart is?

RICHARD No.
ALBIN:

HOWARD No.
MCHALE:

BRIAN No.
BRADLEY:

HOWARD Are you going to tell us?
MCHALE:

SCOTT LEWIS: Jason Stewart is a hysterical gay comic who's going to be at Rockefeller's next Wednesday night. And we have tickets to give away. We also--

HOWARD Sam Malone, free.
MCHALE:

SCOTT LEWIS: No, Howard McHale is free. We also are going to be giving away some passes to see adult video stars Chase Hunter and Tony DeAngelo.

HOWARD Hey, do we have some of those free tickets to the French Quarter floating around anywhere?
MCHALE:

SCOTT LEWIS: No, but we could give away your membership card.

BRIAN If we could get it off that chain from around his neck.
BRADLEY:

SCOTT LEWIS: Which is easier said than done. All of that planned in store for you here tonight.

BRIAN We are going to get serious later, aren't we?

BRADLEY:

HOWARD Yes, yes.

MCHALE:

BRIAN Educate and inform.

BRADLEY:

SCOTT LEWIS: Oh I was going to say--

HOWARD Enlighten.

MCHALE:

SCOTT LEWIS: I was going to say, you and I aren't going to get serious later on. Yes, do we have a song cued up while we get Steven on the phone?

BRIAN We didn't say anything about Jimmy's clothes. Jimmy is here tonight in probably a good 40 yards of sequins and
BRADLEY: beads.

JIMMY: it's not a dress.

SCOTT LEWIS: Honey, I can see my reflection. I can fix my hair in that vest.

JIMMY: Hey, hey.

HOWARD You see the reflection in your forehead.

MCHALE:

SCOTT LEWIS: So Jimmy, where have you been tonight?

JIMMY: Oh, I have been to the crew of Olympus, Toy Ball.

BRIAN Toy Ball?

BRADLEY:

JIMMY: Yeah.

BRIAN Is that anything like a boy toy?

BRADLEY:

JIMMY: I can't even explain it to you. You just have to be one of the lucky few in this town to get invited.

BRIAN Well, isn't that special.

BRADLEY:

JIMMY: Mm-hmm.

HOWARD How did you get invited, then?

MCHALE:

BRIAN He was doing the catering.

BRADLEY:

JIMMY: Hey, hey, hey, hey.

SCOTT LEWIS: He was the busboy. Can't you tell? Why do you think he's got the sequin vest on?

HOWARD He was cleaning ashtrays all night.

MCHALE:

BRIAN I wondered why he had the name tag that said "Jaime" on there.

BRADLEY:

SCOTT LEWIS: We better go to this song before we get in trouble.

JIMMY: I do want to push QMZ first.

SCOTT LEWIS: OK, well you push anything you want to.

HOWARD Push anything he can around at this stage.

MCHALE:

JIMMY: Because around 1:30, we're going to be going to the QMZ, the Queer Music Zone. And tonight, we're featuring all gay, queer punk music.

HOWARD Punk?

MCHALE:

JIMMY: Punk.

SCOTT LEWIS: Will we be playing this piece of cardboard tonight?

JIMMY: We won't be playing this piece of cardboard. We're going to be playing a new CD from God Is My Co-Pilot called "Straight Not." we're going to be doing a compilation--

SCOTT LEWIS: Didn't I didn't I hear that CD on that station to our left, 89.3? God Is My Co-Pilot?

JIMMY: No, not this one, honey. And then a *Stop Homophobia Compilation* with Fag Bash, Black Angel's Death Song, and Pansy Division. and a group who is newly out of the closet, Happy Flowers.

BRIAN Are you going to play my song?

BRADLEY:

JIMMY: I'm going to play your song.

BRIAN Do you remember what it was?

BRADLEY:

JIMMY: "Famine in the Black Leather Jacket."

HOWARD Hey, what was that song? The Fag Bashers, is that we said?

MCHALE:

JIMMY: Fag Bash is the name of the group.

HOWARD You know, I got death threats last week, and they played this punk song. And it was--

MCHALE:

BRIAN Did you recognize my voice?

BRADLEY:

HOWARD No, no. it was a little Hispanic boy. It goes, boom boom boom boom, fag, die. Boom, boom, boom, boom, fag, die.

MCHALE:

JIMMY: No.

HOWARD Is that it?

MCHALE:

JIMMY: No, no.

HOWARD Maybe it was you, Jimmy.

MCHALE:

JIMMY: No, no.

SCOTT LEWIS: Rated-X Turkey Baster. Where do you get one of those? Can you get those at Kroger?

JIMMY: Oh, yeah, that's the-- turkey baster is the record company out of Austin that put this compilation out.

BRIAN Let me guess. It's a bunch of dykes.

BRADLEY:

JIMMY: Probably.

SCOTT LEWIS: They run that paper.

JIMMY: Anyway, we're going to go to a song, and it's going to be your pick. Either one or number two.

SCOTT LEWIS: I think we'll do number one. Isn't that "Give Me a Homosexual?"

JIMMY: It sure is.

SCOTT LEWIS: Well, we'll go to that right now and be right back with these guys we're going to talk to.

BRIAN We'll learn their names by then.

BRADLEY:

(SINGING) With so many gay men. And so little time.

SCOTT LEWIS: And we're back.

HOWARD We sure are.

MCHALE:

SCOTT LEWIS: Who keeps putting this on continuous? It totally confuses me. And you know that's easy to do.

HOWARD You were confused at birth. Just remember puberty.

MCHALE:

BRIAN He's still there.

BRADLEY:

HOWARD Yeah.

MCHALE:

[LAUGHTER]

BRIAN San Francisco, Palo Alto.

BRADLEY:

HOWARD San Francisco, Palo Alto. Is he there?

MCHALE:

SCOTT LEWIS: Steven are you there?

STEVEN I am here.

FOWKES:

SCOTT LEWIS: This is Steven Fowkes. Did I pronounce that directly?

STEVEN Yes, you did.

FOWKES:

STEVEN Author/editor of *Smart Drugs*, *Smart Drugs II*, *Stop the FDA*, Which I just love the title of that book.

FOWKES:

STEVEN Uh-huh. How'd you like the stop sign on the cover?

FOWKES:

HOWARD And also, tell us about your volunteering for the direct action treatment access.

MCHALE:

STEVEN Yeah. I've been doing this for several years. One of my best friends who's now dead, died of HIV last Easter, he was an activist developing access to all kinds of pharmaceuticals within the underground. And he asked me to head up an organization that would deal with putting out treatment information.

And at the time, he was reacting to a lot of irresponsible information. It's kind of like what they call the treatment of the month mentality. And he was reacting to that, and he wanted me to work on putting out some reliable information. And so I said, OK, I'll do it. So that's how I got into it.

HOWARD MCHALE: Steven, let me tell you about our other guest in the studio here. We have Richard Albin. He's a nutritionist and he works with Home Nutritional Services, IV work here in Houston, Texas. And we kind of want to get you two together and talk about some of the same things.

Basically, what can you say to our audience here in Houston, who this is probably the first time they're ever hearing the words "smarts drugs" and "smarts drugs II?" Give us a little rundown so our audience can hear back here in Houston exactly what your big movement and your push is.

STEVEN FOWKES: Well, my basic idea is that there are nutrients in drugs that enhance mental performance in whatever ways we may want to measure it, whether we're talking about memory, or attentiveness, or vigilance, or sleep, or sex.

All of these are aspects of our mental performance, and there are ways that we can modify that through the use of nutrition and/or drugs. And so that's what that whole issue is about. But that doesn't specifically relate to HIV in a very obvious way, although HIV-related dementias are significant issues in late-stage AIDS.

HOWARD MCHALE: How does the smart drugs-- basically, what we want to speak tonight about is nutrition, AIDS, the FDA, because we know it's a hot issue out there for you in California.

STEVEN FOWKES: Yeah, well, the FDA wants to shut everything down. They deny that to Congress and to the press.

HOWARD MCHALE: They deny what?

STEVEN FOWKES: If you read the [? Dykster ?] report and the advanced proposal of rulemaking that they've published in the Federal Register, it's very clear that they would rather not have nutrients in the over-the-counter market. They would rather control everything.

And in the [? Dykster ?] report, they say that it's to ensure that the existence of dietary supplements on the market do not act as a disincentive for drug development, which is what the FDA's market is. That's the service that they provide for Americans, and they regulate the largest percentage of the gross national product of any federal agency.

BRIAN BRADLEY: Richard-- Steve, I'm sorry. I'm going to jump right in here, since this is really my radio show and not theirs that are talking to you anyway. This is Brian. Are you talking about nutritional supplements as a way to increase mental acuity, or are you talking about food or what? Just be specific so folks will have an idea exactly what we're talking about.

STEVEN FOWKES: Well, I can talk about any of them. I can talk about ways that food enhance mental performance. I can talk about ways that nutrition and dietary supplements enhance mental performance.

BRIAN BRADLEY: Take that one.

STEVEN FOWKES: I can talk about the ways that drugs enhance mental performance.

BRIAN BRADLEY: How about nutritional supplements?

STEVEN FOWKES: Nutritional supplements, yeah. Standard B vitamins, the kind that you find in drugstores, have been measured in children in grade school and high school, and been found to cause increases in intelligence over the period of a single school year. 1/3 of the kids respond with a 10-point IQ increase.

BRIAN BRADLEY: Are these children that initially showed some type of a nutritional lack, or?

STEVEN FOWKES: No. These are average kids that were drawn from Central California, in the Turlock area, and kids in England. Both areas had exactly the same results. There was no specific evidence, and everybody said these were average, everyday kids. But what we now believe is the case is that 1/3 of these kids were suffering functional, maybe subclinical nutritional deficiencies that were not apparent looking at the kind of food that they were eating.

BRIAN BRADLEY: Twinkies and Ding Dongs and things like that.

STEVEN FOWKES: Well, maybe.

BRIAN BRADLEY: OK.

STEVEN FOWKES: But it may be that a certain percentage of people actually have higher nutritional needs than others.

BRIAN BRADLEY: Are you aware of the report that the government, I believe, in conjunction with Medical Center and University this week, with iron? How about you, Richard? There's a study that was released that said just a slight amount of a supplement of iron to your average male's diet would to some degree increase your risk of having various forms of cancer. So now it's the first ever supplement that they're recommending that people just don't take as a matter of course. They need to be tested first to show a deficiency, not unlike women in anemia.

STEVEN FOWKES: It's true, and I've been recommending iron-free formulas for men for 10 years.

HOWARD MCHALE: Richard, how do you feel about iron supplements?

RICHARD ALBIN: Well, I mean, in general, the problem with supplements, and the problem with people going off on their own to a health food store and purchasing supplements, is that there are a number of nutrients that actually have counter-effects against each other, for instance, zinc and copper.

And so someone may read one article in a newspaper and make a decision based on that article to start one supplement without really thinking about the cascading effects that they can have on other nutrients in the body. And you know, I think that's what we see from time to time, is one nutrient becoming very hot, and people thinking, this is really the panacea for health. And then a few years later, they find out that, in fact, there are going to be some other problems that will present themselves once they start using just one supplement.

**BRIAN
BRADLEY:** But Richard or Steve, either one, is there an avenue that some general, new person can go down to find out what would be the basic needs to begin? You know, I know I started doing this myself a couple of months ago. And I had to talk to friends who consider themselves experts. And then I looked at this, and here's the HIV recipe and all this. And eventually, I've come to the conclusion, what I'm taking is probably good.

**STEVEN
FOWKES:** I would have to say that there's really no such thing as an expert in any absolute sense, that no matter how much information you know, there's always more information that you don't know. And as we've looked into the role of nutrition in health, and it's expanding so rapidly, that it really is impossible for any single person to read all the literature that's coming out.

**BRIAN
BRADLEY:** Yeah. That's my point. As the information is expanding rapidly, my health is going down. I don't have time for you to make up your minds. I need to do something now.

**STEVEN
FOWKES:** You have to make a choice. You have to base your decisions on what you know and what you don't know. And you have to fundamentally make a guess about it. There's no way to say in advance how anybody is going to react to a particular kind of supplement with complete certainty.

You may be able to say, oh, 9 out of 10 or 99 out of 100. But there's always going to be some person who has a paradoxical reaction.

**BRIAN
BRADLEY:** Sure.

**RICHARD
ALBIN:** Well, I also think that it's important not to use information that's been developed for a general population or for a different group of people. My understanding is that we're really focusing on nutrition in the HIV population, and there has been some limited research which is fairly clear about nutrition in HIV. And there is a large body of information which is, I think, being disseminated by alternative therapies which has not been documented and is not clear at all.

**STEVEN
FOWKES:** Mm-hmm.

**RICHARD
ALBIN:** So I think there's a limited bit of information about specific areas of nutrition for HIV that are worth considering and probably worth following.

**STEVEN
FOWKES:** Sure. And in 10 years, we may know the answer to these kinds of issues that are currently in front of us. But if you're not going to be alive in 10 years unless you take some kind of proactive stance, you have to make your decision now.

**BRIAN
BRADLEY:** Well for someone who's HIV positive tonight listening, and health is not too bad, not too good, what do you recommend that they take to supplement their diet, in light of the fact that they're HIV positive?

RICHARD ALBIN: Well, first of all, the interesting thing when we start talking about nutrition and HIV, most people want to focus on supplements. And the most powerful aspect of nutrition in HIV has to do with diet. It has to do with overall intake and not supplements. Supplements would be pretty far down on the list of choices that I would say are important to make. So overall, I would say it's important to look at the amount of protein, to try and reduce the amount of fat, since fat in general seems to be immunosuppressive.

BRIAN BRADLEY: There goes my Kentucky Fried Chicken.

RICHARD ALBIN: Absolutely. Quality protein is important. And then overall calories, making sure that calorie intake is adequate enough, which may mean that a person has to maintain a little bit higher body weight than what they've been used to. After all those things are taken into consideration and we start talking about supplements, then there are some vitamins that seem to be very important, for instance, vitamin E.

At somewhere around 800 international units seems to be-- there is some research specifically done with HIV which justifies 800 international units a day. Vitamin A, which is very important, but also can be fairly toxic, is better taken as beta-carotene. And beta-carotene is a water soluble form of the vitamin which the body then converts to vitamin A. And that's somewhere around 75,000 international units, which is a very high dose, but totally safe and seems to be fairly effective, again.

BRIAN BRADLEY: But some people advocate taking 300,000, 400,000 beta carotene a day.

RICHARD ALBIN: And you know, the problem in kind of general American society is if something is proven to be effective at one level, then everyone always assumes that at a higher level, it will probably be more effective.

HOWARD MCHALE: Get more better.

RICHARD ALBIN: And the research is actually very clear with HIV and beta-carotene at 75,000 international units. It's not clear at all above that. And unfortunately, what typically happens with vitamins is there is a bell-shaped curve in terms of the activity. And so at a low level, there's no activity.

At some optimal level, there's a very positive outcome. And at a higher level, actually, there starts to be a negative response to a vitamin. So 300,000, we don't know, but I certainly wouldn't go to 300,000, since 75,000 has been shown to be effective.

BRIAN BRADLEY: I'm going to be dying any minute now, folks. I've been taking 200,000 for three months.

STEVEN FOWKES: Well, let me--

BRIAN BRADLEY: Somehow, I'm orange. Let me

STEVEN FOWKES: Let me politely disagree with Richard a bit about some of the things that he's mentioned. I mean, whenever you find four nutrition people and you put them in a room, you're going to find four completely different opinions. First of all, I don't agree that diet is the most important thing that people can do, because I think you have to look at the lifestyle of the person involved and what they will and will not do.

If you give somebody a particular kind of supplement that requires that they take it three times a day with each meal, and they won't do that, then you're really exposing them to a particular kind of difficulty that isn't going to work. And if somebody will not change their diet but they will take pills, that you're better off working on their diet from the point of view of supplements. It all comes down to what they will and will not do. And you have to recognize that people, their behavior is dependent upon their history. And so I always like to look at that.

Second of all, the level of vitamin E that he was talking about is on the order of 20 or 40 times the amount that you typically get in your diet, at least 10 times. And so you have to resort to supplement in that kind of situation. And the third point is the difference between A and carotene. And very, very large doses of beta-carotene don't really provide much in the way of added vitamin A activity at all. And I recommend, and this is also something that I've discussed with the Down syndrome--

BRIAN BRADLEY: Are you talking in excess of 75,000, or as much as?

STEVEN FOWKES: No. I'm saying that beyond 75,000 units of beta-carotene, it really doesn't do much other than load beta carotene into your peripheral tissues.

BRIAN BRADLEY: That's what Richard was saying also.

STEVEN FOWKES: Right. But I'm saying that if you want to push the vitamin A activity beyond even 10,000 units of vitamin A activity, you're better off using vitamin A itself, because there's a limit to the conversion of beta-carotene to vitamin A. And a vast majority of it will never be converted.

RICHARD ALBIN: Again, we have to go back to, though, we're talking specifically about HIV. And in HIV, the active, or I should say the beneficial effects in terms of immune function, have been seen from beta-carotene. And vitamin A by itself has not shown those same positive effects on immune system. So maybe what you're saying may be effective in the general population, but specifically in HIV, it's beta-carotene that has been effective.

STEVEN FOWKES: Well, I've seen lots of studies that have indicated that beta-carotene is much less effective at stimulating various kinds of immune function than vitamin A is.

BRIAN BRADLEY: But is there any documented evidence that, say, taking 50,000 units of beta-carotene a day will cause any harm?

STEVEN FOWKES: No.

BRIAN BRADLEY: Because I know a lot of people with HIV, their regimen is hope. And if 50,000 units of beta-carotene or chicken manure or whatever can give them some hope, you know, as long as they're not going to hurt them, let them have it.

STEVEN FOWKES: Yeah. There is a problem if people are taking 100,000 units or a million units of vitamin A. There's a real risk of toxicity, at least over the long run. The vitamin A is cumulatively toxic. So it's definitely a more dangerous thing to do the higher and higher dose.

But at least in terms of its biological activity, beta-carotene, it's like the pot spills over and you don't get the effect you can't raise the vitamin A activity in the body up very high, which is a safety factor. But it also limits its maximum effectiveness.

BRIAN BRADLEY: Would a good yardstick to judge vitamins having the capability of rapid toxicity be whether they're water-soluble or fat soluble? Or is that just some fallacy I'm operating on out of?

RICHARD ALBIN: I would say that that's at least a partial yardstick. I mean, certainly, the fat-soluble vitamins can be toxic. There's much more danger with toxicity. But for instance, and you know, I know a lot of people don't like to hear this, but vitamin C, you may not call it toxicity, but you start to experience a lot of negative side effects with vitamin C at fairly high levels, which most people at this point may not consider high. So for instance--

HOWARD MCHALE: Like what?

RICHARD ALBIN: It's not uncommon for people taking a gram, which is 1,000 milligrams of vitamin C in a day, to end up experiencing some problems with diarrhea. When we talk about an HIV population which is constantly dealing with diarrhea,

I'm not sure that I would want to add one more complication to all the other possible side effects of different nutrients, different drugs that are being taken, the possibility of getting diarrhea from high-fat diets, from lactose intolerance. And then you add vitamin C to it. It becomes very difficult to figure out where the problem is. It's even a higher percentage of people with 2 grams of vitamin C having problems with diarrhea.

STEVEN FOWKES: I agree other in an acute dose. But I also know of cases of HIV-positive people who've taken 200 grams IV, and who've taken 50 grams in a day, without having diarrhea. So the variability with that is very different person to person. And a lot just depends on how they take it.

If they take it in a tablet form, which causes intestinal ulcers and all kinds of pH disturbances in their GI tract, it's much more of a problem than if they pre-dissolve it in water, or they buffer it with magnesium and calcium. So there are good reasons to believe that large doses of vitamin C could act as an immune-stabilizing effect.

RICHARD ALBIN: I don't think that's true.

STEVEN FOWKES: In the autoimmune disease model of HIV.

RICHARD ALBIN: I have not seen any good research. In fact, I don't think there's anything out there that would clearly show that vitamin C in the levels you're talking about have been effective at improving immune function. In fact, there's a fairly large body of information using laboratory animals, which is the best we have with vitamin C, showing that at 10 grams, we start to see immune suppression.

So I'm not sure I would advocate vitamin C for an HIV population above something in the order of a gram to 2 grams. Most literature shows that there's tissue saturation at 500 milligrams. If you assume that in HIV, there are problems with absorption and utilization, you could go to a gram or 2 grams.

**STEVEN
FOWKES:**

This all comes down to a fundamental issue of what particular model that you're using. And I think right now, the evidence is accumulating rapidly that there's a central antioxidant breakdown involved in the development of HIV. And vitamin C is certainly a critical issue in that.

And I think that large doses of vitamin C can be very, very beneficial. And I've seen very convincing clinical evidence from Dr. Cathcart, for example, that large doses of vitamin C do act as an immune-stabilizing effect in terms of shutting down a possible autoimmune reaction which may be involved in HIV, that that may actually be beneficial.

When you're dealing with the immune system, it's important to recognize that there's both overactivity and underactivity involved. And so just because something suppresses immunity, it doesn't mean that it's necessarily out of the question.

**BRIAN
BRADLEY:**

You know, has been a controversy for many years, well before HIV ever came along, Linus Pauling and the whole yards. I think for our forum here, what we need to do is make sure that we're not sending a message one way or the other, advocating the use of something or not. We're just providing information, helping people's minds get triggered.

You know, the first dictate of medicine is to do no harm. And we don't want to give someone bad advice. What we want to tell folks is, look at your nutrition, speak to some people, read some books, make some decisions based on your own life. And both sides of the picture will help you get in the middle quicker.

**HOWARD
MCHALE:**

I think what we need to do now also is just talk a little bit, because our audience out there probably don't know what some of the terms that we're using. Let's talk what is beta-carotene and what are antioxidants? Can we?

**STEVEN
FOWKES:**

Sure.

**BRIAN
BRADLEY:**

OK, Richard, you take beta-carotene.

**RICHARD
ALBIN:**

Take beta-carotene.

[LAUGHTER]

Well, I think I already more or less explained what beta carotene is, that it's a water-soluble form of a nutrient which is converted into vitamin A. But in and of itself, it seems to have-- well, in fact, it is the antioxidant form of vitamin A. Vitamin A is not an antioxidant, but beta-carotene is.

And antioxidants, which have gotten a lot of press recently, essentially are like the-- they're kind of like a first-aid kit for cells, and what they do is, since all of our cells are bathed in oxygen, and that's what keeps us alive-- unfortunately, - also deteriorates the fat that exists in cells.

And so as the fat starts to fall apart from being exposed to oxygen, the antioxidants come in and kind of patch them up and fix them back to the way they should have been. And all the antioxidants are being associated with reducing risk of cancer, improving wound healing, preventing tissue degradation. And apparently, there's some value from HIV, since HIV is also destroying tissue in the same fashion.

BRIAN Let me play the devil's advocate here for a moment.

BRADLEY:

STEVEN Can I explain a little bit about the whole issue of oxidation and free radicals?

FOWKES:

BRIAN If you can do it quickly.

BRADLEY:

STEVEN Sure. Basically, we have two different things. You can think of the issue of antioxidants and oxidants as in the model of a fire, that a fire is where the oxygen in the air attacks the wood and burns it, and it generates energy. The same thing happens in our body. The oxygen, which is the oxidizing agent, attacks the body, which may be natural or unnatural, like the carbohydrates. And you burn them for fuel.

FOWKES:

And in the process, what are compounds called free radicals are created. And these are energetically unstable molecules that tend to go around and rip off electrons from other molecules. They're very promiscuous. They attack and destroy other molecules. And that's what the antioxidants do in the body, is they're sacrificial materials close to scavenge these free radicals, before they can attack something that matters like your DNA, or like your membranes of your cells, or like your immune system.

BRIAN OK, Richard. So you've brought up a lot of wonderful great subjects, DNA, free radicals and all of that. I wanted to play the devil's advocate a moment earlier, and you've made it easier for me to do that now. But I'm going to preface that with first thing. I'm no fan of the FDA or insurance companies and all that. I've been in the jail with the FDA and the rest of the activists, the whole nine yards. So I'm not advocating anything the FDA does. Just playing the devil's advocate.

BRADLEY:

As we find out more and more about nutrition and the importance of vitamins, and how they may help stave off cancer or cured, or enhance progression in science with HIV. Don't you feel that the science is going to move forward, that we will have to have more regulation with these types of things, such as the FDA is approving, instead of advocating less and less?

STEVEN Who are you asking?

FOWKES:

BRIAN Anybody. You.

BRADLEY:

STEVEN Oh, me. Absolutely not. I think that regulation in this country for the FDA has become a matter of prohibition, that the FDA's job has been to minimize adverse risk in a very small but visible population, and to ignore the overall benefits involved in those kinds of decisions.

FOWKES:

So for the FDA, one death due to a bad drug is worth a thousand anonymous deaths due to the absence of the drug. And so we don't have a very realistic regulatory pathway that assesses public health.

**BRIAN
BRADLEY:** I guess, but with that problem, though, the 1,000 deaths that come from not taking the drug, no one forced that on someone.

**STEVEN
FOWKES:** Yes, it is. That is absolutely not the case. These drugs are available in the world, and the FDA prevents Americans from getting access to them. I mean, that is a complete lie. The FDA is responsible for over 100,000 deaths due to delays in the approval of beta blockers in terms of heart disease, and you can document those kinds of numbers. The problem is that they have no political or media significance. The same thing is true of AIDS.

**HOWARD
MCHALE:** What drugs are they holding back on, that you know of, the troubles of?

**BRIAN
BRADLEY:** Well, it does take an average of seven years to get any drug approved. I think that's way too long. And we do have many instances, AIDS included, where you have someone who may benefit from a drug who otherwise is going to die. We ought to have some mechanism within our system to allow people to access these drugs, and at the same time, not hold someone else liable should they come to harm or die or whatever.

**STEVEN
FOWKES:** Sure. There's also the cost involved. Why should these drugs be delayed to cost people their lives and to increase their price by a factor of 2 to 10?

**BRIAN
BRADLEY:** Yeah. There was a study out just a week ago that showed Americans pay a great, great, great higher percentage of money for drugs than they do in Europe.

**STEVEN
FOWKES:** Sure.

**BRIAN
BRADLEY:** And we know why that is, so.

**RICHARD
ALBIN:** But another piece of that, which I think is where the FDA has been bashed recently, has to do with the regulations that are being suggested with food supplements and vitamins and minerals supplements. And that, which is really a completely different issue, is that unfortunately, a \$3.3 billion a year industry, which is the vitamin and supplement market, has been able to make incredible and scurrilous claims about what these products are able to do.

And the FDA is saying, you know, Americans unfortunately believe that what they read on a label must be regulated somehow, and must be accurate. And in fact, when you walk into any of the local health food stores and you read the label on any of the herbs, any of the vitamin, mineral supplements, you find that they're making claims that cannot be proven, that have not been well documented.

And the FDA is saying, guys, you have to be able to tell the truth. And if you can't prove it, and if there's not journaled, scientific evidence, you can't put it on a label. And of course, that \$3.3 billion industry is up in arms. And they've got lobbyists all over Washington trying to make sure that it doesn't happen.

STEVEN FOWKES: I think that's a complete fabrication, Richard. I think that it's not true at all. I think that you can look on a label and see information, and that a lot of the bad information on labels is there because there's no competition, because truthful claims are not allowed.

RICHARD ALBIN: So in other words--

STEVEN FOWKES: Fundamentally, the FDA is asking for censorship powers, not to keep false information off the market, but to keep truthful information off the market. And in other aspects of information, in terms of freedom of speech--

BRIAN BRADLEY: I'm going to say one of those things.

STEVEN FOWKES: There is some requirement that people prove that something isn't true before censorship can be allowed.

BRIAN BRADLEY: Well, I'm going to say one of those things that's always getting me in trouble, and I think by and large, the public is stupid. There we go. They go into a store, and I think what Richard said is true. They see a product, and they think Big Brother has looked at it and approved it, and you can take it and you don't have to worry about anything.

I've been in the medical profession for years, and people don't know their own bodies. They don't know drugs. American doctors don't know drugs.

STEVEN FOWKES: Neither does the FDA.

BRIAN BRADLEY: Well, someone is going to have to do something to prevent harm coming from people. Or for instance, these claims that diet companies are able to make. Take this garlic pill and you lose 40 pounds overnight. People believe that crap. You know, what do we need to take care of, their stupidity or the label? I think it'd be easier to take care of the label.

STEVEN FOWKES: Yes, but then you have a bunch of idiots deciding these things for everybody. And they're not only protecting people who may be ignorant. They're also protecting people who are intelligent from saving their lives. And that is a tragedy, and that is also completely unconstitutional, against the foundation principles of this country.

BRIAN BRADLEY: OK. We're going to jump back over to the other side of the topic tonight, maybe, and talk some more about what the average HIV-positive person should do to protect him or herself as far as nutrition and supplements go. How can they enhance their well-being?

HOWARD MCHALE: To make life a little bit more comfortable for them.

STEVEN FOWKES: Well, there are a lot of things they can do, in terms of recognizing that there are malabsorption problems in HIV disease, and trying to correct those kinds of issues, in terms of food, in terms of enhancing digestion and absorption of nutrients, in terms of augmenting their bodies' antioxidant capacities for resisting oxidant stresses. I mean, there are all kinds of things like that that they can do.

BRIAN But how do they do that? Without having to understand all of that that you just said, how can someone do that?

BRADLEY: Once again, the public wants that bottle of prepared stuff already.

STEVEN FOWKES: You want a formula. You want to be able to say they can go out and buy this product or that product and have it handled. There is no such thing. This is all a matter of information based on some effect and speculation, and interpretation and opinion. And you have to find out something that works for you. Now, I've been following--

RICHARD ALBIN: Well, I think that there are some--

STEVEN FOWKES: [INAUDIBLE] for 10 years, and the people who decided, I'm not going to do what the doctors tell me, I'm not going to take AZT, I'm not going to go in and do this, I'm not going to do that, and they go off and they do something else-- from what I've seen, they're the ones that survive a long period of time. It's a psychological attitude behind that.

BRIAN BRADLEY: I agree with that a large percent.

RICHARD ALBIN: There's no question that psychology plays a part. But if we're going to focus on nutrition, I would say anyone who's HIV positive needs to be taking at least a basic multivitamin.

BRIAN BRADLEY: Yeah, no question.

RICHARD ALBIN: Of some sort.

BRIAN BRADLEY: Absolutely.

RICHARD ALBIN: And when I do education programs around the city, I'm always amazed that more than half the people sitting there are not taking a basic multivitamin. So I would say that's a basic requirement. I would say some type of a B12.