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September 11, 2007

Doctor, doctor: David Ho

David Ho developed HIV cocktail therapy, which was introduced in the mid 1990s and has since made AIDS a chronic but manageable illness for many. Now he's focused on finding a vaccine. One-on-one with an AIDS pioneer.

By Tim Murphy

Of the countless researchers who've played a role in advancing the understanding and treatment of HIV/AIDS since 1981, Taiwan-born David Ho, 54, stands out. In the 1990s his lab at New York City's Aaron Diamond AIDS Research Center, which Ho helped found, yielded pioneering insights into the years-long battle waged between HIV and the human body's immune system. The results led to the development of highly active antiretroviral therapy (HAART), also known as "cocktail" therapy. The breakthrough earned Ho *Time* magazine's Man of the Year honor in 1996. He spoke to *The Advocate* by phone en route to the airport for a two-week trip to Taiwan, where he was scheduled to teach at a science camp for Chinese students.

You live in Chappaqua, the posh New York City suburb where the Clintons live—and you've traveled to China on AIDS summit trips with Bill. Are you rooting for Hillary in '08?

I'm a little up in the air. I'm an independent, but I'm certainly not voting for the Republican side. I think I'm leaning toward Obama—but [New York City mayor] Bloomberg might be a possibility if he runs.

Who's the best candidate on AIDS issues?

I don't know. Actually, Bush has done a lot better than I expected he would, especially with the programs abroad. Of course, many of them are abstinence-only programs that tie the hands of prevention workers, and that's not helpful. But he's committed a lot of funding.

Bring us up to date on your own research.

It's been focused almost entirely on AIDS vaccine development the past five or six years. Two of our vaccines are in early trials. Both of them inject five HIV genes to make proteins that will stimulate the immune system [to recognize and fight HIV].

Most vaccines tried to date haven't been able to engage both "arms" of the immune system—recognizing and fighting HIV—which is crucial. Will yours?

We think so. In patient samples in the labs we're seeing more of that reactivity.

What else excites you today in AIDS research?

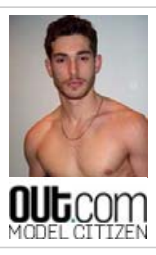
Probably some of the basic research [on how the virus works]. We've learned that every cell in our body contains the ability to counter retroviruses [like HIV], even though HIV has figured out a way to fight back with a protein called Vif. So if we could develop a drug to inactivate Vif, we'd have a new class of anti-HIV drugs.

In the early 1980s, your colleagues would joke that you were always looking for gay men, meaning that you were trying to understand this new disease affecting them. Were you comfortable working with gays?

I trained in internal medicine in West Hollywood, so I had a large proportion of patients who were gay men even before AIDS, especially because I was already quite interested in infectious disease and there was a lot of hepatitis B and other STDs in that community.

Were you homophobic?

I was always very comfortable with gay men. I was even comfortable with my colleagues joking that I was always looking for them. Those early years were very emotional. Many of the patients dying then were the same age I was, and they were dying of mysterious infections of the brain, the retina, and the gut. It was not a dignified end, and, of course, the mystery added to the stigma and discrimination. We took care of a lot of patients who were shunned by family and friends.



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Did you ever have a meltdown or feel like you were burning out?

No. Despite all the personal tragedies, the scientific part was interesting and fascinating and rapidly evolving. That's the part that kept me going.

Do you remember any of your patients particularly?

I remember about half a dozen of them very well—and fortunately, one of them is still alive and well. He's in Boston now, but we stay in touch via e-mail and phone.

Today, your lab works with newly infected patients to see if starting treatment right away can have a special benefit. A lot of those patients are young gay men. Do you ever want to just slap them upside the head?

[Laughs] Yeah, there are times I feel like doing that. They're so young. They have no recollection of the 1980s and early 1990s. It's a reflection of the complacency now toward the disease in this country because it seems to be manageable here.

Many people have accused you over the years of grandstanding and overreaching with your research. More than once, big announcements that you made—that HIV may be eradicable or that there was a multidrug-resistant supervirus afoot in New York City—haven't panned out. Are you arrogant?

I'm confident. People love to simplify and rephrase what I've said, then criticize it. There's not a statement I'd take back. But it all got simplified to a one-sentence thing.

And now new research has revived your early suggestion that long-term treatment may eradicate HIV, especially in patients who start meds right away. Do you feel vindicated?

What I don't understand is that cancer patients want scientists to talk about curing it, but in HIV it's as though you'd committed an assassination to mention a cure. With that attitude we'll never have a cure.

To some you can really come across as someone who's never grieved or raged over AIDS, as if it's all about the science for you. Has working on this disease for 25-plus years changed you at all?

Well, a lot of it is about the science because that's my principal profession. But I think it changed me in that I have become more socially active than if I had worked on some other problem. Especially with our efforts in China, I take on a lot on the economic and humanitarian sides.

And finally, Dr. Ho, tell us something about you that's really gay.

You've completely got me there. I wish I knew what was considered gay.

Are you a Madonna fan?

No, not so much. Why? Would that be considered gay?



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